

Agenda - Joint Committee Meeting in Public
between
NHS Buckinghamshire, Oxfordshire and Berkshire West (BOB)
Integrated Care Board
and
NHS Frimley Integrated Care Board

Tuesday 18 November between 10.30am and 12.00pm

Held via MS Teams


Quorum Joint Committee	
<p>The quorum for the meeting will be:</p> <p>a) Chair or Deputy Chair</p> <p>b) At least two Core Executive Members (from either ICB)</p> <p>c) At least two Core Non-Executive Members (from either ICB)</p> <p>d) At least two Core Partner Members (from either ICB)</p>	
Quorum BOB	Quorum Frimley
<p>The quorum for a meeting will be two thirds of members, including:</p> <p>a) either the Chief Executive or Chief Finance Officer</p> <p>b) either the Chief Medical Officer or the Chief Nursing Officer</p> <p>c) at least three non-executive members</p> <p>d) at least one Partner Member</p>	<p>The quorum for a meeting will be seven members, including:</p> <p>a) Either the Chair or Vice Chair</p> <p>b) Either the Chief Executive or the Chief Finance Officer</p> <p>c) Either the Chief Medical Officer or the Chief Nursing Officer</p> <p>d) At least one non-executive member</p> <p>e) At least one Provider Member</p> <p>f) At least one Practice Member</p> <p>g) At least one Local Authority Member</p>

Timing	No	Item	Action	Delivery	Lead
10.30am	1.	Welcome, apologies for absence and Chair's introduction	-	Verbal	Priya Singh, Chair
	2.	<p>Declarations of Conflicts of Interest</p> <p><i>Members are asked to declare any conflicts with regards to agenda items. Each ICB will be responsible for maintaining separate Registers of Interest - copies of which are accessible on the websites of the two ICBs</i></p>	Note	Paper	Priya Singh, Chair
	3.1	<ul style="list-style-type: none"> • Draft minutes BOB Meeting in Public – 9 September 2025 	Approve	Papers	Priya Singh, Chair
	3.2	<ul style="list-style-type: none"> • Draft Minutes Frimley Meeting in Public – 16 September 2025 			

Timing	No	Item	Action	Delivery	Lead
10.35am	3.3	Chair and CEO update	Note	Paper	Priya Singh, Chair Nick Broughton, Chief Executive Officer BOB and Frimley
	4.	Delivery of 2025/26 Priorities			
10.40am	4.1	Finance, Planning and Transformation Reports for BOB and Frimley	Note	Papers	Rich Chapman – Chief Finance Officer BOB and Frimley & Matthew Tait Chief Delivery Officer BOB and Mark Sellman Interim Chief Transformation and Digital Officer Frimley
	4.2	Quality Reports for BOB and Frimley	Note	Papers	Sarah Bellars – Chief Nursing Officer BOB and Frimley
	4.3	Workforce Reports for BOB and Frimley	Note	Papers	Caroline Corrigan -Chief People Officer Frimley and Sandra Grant - Chief People Officer BOB
	5.	Strategic Commissioning Update			
10.55am	5.1	Neighbourhood Health Update	Note	Slides on the day	Ben Riley – Chief Medical Officer BOB and Sarah Bellars - Chief Nursing Officer BOB and Frimley
	6.	Planning for 2026/27			
11.10am	6.1	Update on the development of the 26/27 TV ICB Planning Framework	Note	Slides on the day	Rich Chapman - Chief Finance Officer BOB and Frimley and Hannah Iqbal – Chief Strategy, Digital and Transformation Officer BOB
	7.	ICB Transition			
11.20am	7.1	Transition Programme Director's Report	Note	Papers	Caroline Corrigan – SRO Transition /

Timing	No	Item	Action	Delivery	Lead
					Alison Edgington - Transition Programme Director
	8.	NHS Frimley ICB			
11.25am	8.1	Policies on assisted reproductive treatments (ART) for infertile patients	Note	Paper	Lalitha Iyer – Chief Medical Officer Frimley
11.30am	8.2	EPRR Annual Assurance Report	Approve	Paper	Mark Sellman- Interim Chief Transformation and Digital Officer Frimley
	9.	NHS Buckinghamshire, Oxfordshire and Berkshire West ICB			
11.35am	9.1	Safeguarding Governance	Approve	Paper	Sarah Bellars - Chief Nursing Officer BOB and Frimley
	10.	Board Assurance Frameworks			
11.40am	10.1	NHS Buckinghamshire Oxfordshire and Berkshire West Board Assurance Framework	Approve	Paper	Rich Chapman - Chief Finance Officer BOB and Frimley and Caroline Corrigan - Chief People Officer Frimley
	10.2	NHS Frimley Board Assurance Framework	Approve	Paper	
	11.	Joint Committee Assurance Committee Reports			
11.50am	11.1	NHS Buckinghamshire, Oxfordshire and Berkshire West: <ul style="list-style-type: none">Audit and Risk CommitteeSystem Productivity Committee	Note	Paper	Committee Chairs
	11.2	NHS Frimley: <ul style="list-style-type: none">Audit CommitteeFinance and Performance Committee	Note	Paper	
	12.	Close of all business			

Timing	No	Item	Action	Delivery	Lead
11.55am	12.1	Any Other Business	-	Verbal	Chair
	12.2	Questions received from Public			
	13.	Date of next meetings in public and private: Tuesday 13 January 2026 between 10.30am 12.00pm	-	Verbal	Chair
12.00pm	14.	Close	-	Verbal	Chair

BOB ICB Board Members - Declarations of Interest								 Buckinghamshire, Oxfordshire and Berkshire West <i>Integrated Care Board</i>					
07 November 2025													
Name	Current position(s) held in the ICB	Declared Interest (Name of the organisation and nature of business)	Type of Interest	Is the interest direct or indirect (including details of the relationship with the person who has the interest where indirect)	Nature of Interest	Date of Interest		Action taken to mitigate risk	Audit & Risk Committee	People Committee	Population Health & Patient Experience Committee	Place & System Delivery Committee	System Productivity Committee
						From	To						
ALI Saqib	Non-Executive Director Chair of Audit & Risk Committee Conflict of Interest Guardian	1. NHS Cambridgeshire and Peterborough ICB 2. Astra Zeneca 3. ZM Technology Ltd. 4. ZeroPA Madad UK Ltd. 5. ZeroPA Madad CiC 6. The Interest Free Loans Company Ltd 7. SA Consulting Services Ltd 8. Berkeley Square Investment Co Ltd 9. Wixams Parish Council 10. Houghton Conquest Parish Council 11. Bedford Credit Union 12. Our Future Health 13. Queen Elizabeth Hospital Kings Lynn 14. Bohnhurst & Keysoe Parish Council 15. Milton Ernest Parish Council	Financial Financial Financial Financial Financial Financial Financial Financial Non-financial personal Non-financial personal Non-financial personal Indirect Financial Financial Financial	Direct Direct Direct Direct Direct Direct Direct Direct Indirect Indirect Direct Direct Direct Direct	1. Non-Executive Director and Audit Chair 2. Astra Zeneca shares (£200) 3. Chief Executive Officer (Shareholder) 4. Chief Executive Officer (Founder) 5. Chief Executive Officer (Shareholder) 6. Chief Executive Officer (Shareholder) 7. Chief Executive Officer (Shareholder) 8. Chief Executive Officer (Shareholder) 9. Chair and Parish Councillor 10. Parish Councillor 11. Director 12. Brother is CEO and Chief Medical Officer 13. Non-executive Director Audit Chair 14. Clerk (40 Hours per month) 15. Clerk (20 Hours per month)	01/07/2022 2020 2021 1997 2021 2022 1994 1999 2015 2023 2021 2022 22/07/2024 01/07/2025 01/10/2025	06/12/2025 Current Current Current Current Current Current 30/05/2025 30/09/2025 Current Current Current Current Current Current	Standing declarations – actions to be taken as deemed appropriate if conflict identified	Chair				Member
BELLARS Sarah	Interim Chief Nursing Officer - Joint BOB and Frimley ICB Cluster (as of 01.08.2025)	1. BOB ICB	Indirect	Indirect	1. Family member is employed by the BOB ICB (under a different Directorate).	21-Jul-25	Current	Standing declarations – actions to be taken as deemed appropriate if conflict identified	Attendee	Member	Member		
BROUGHTON Nick	Chief Executive Officer - Joint BOB & Frimley ICB Cluster (as of 01.10.2025)	1. Oxford Academic Health Partners (formerly Oxford Academic Health Science Centre) 2. Oxford Academic Health Partners (formerly AHSN) 3. Oxfordshire Health & Wellbeing Board 4. Buckinghamshire Health & Wellbeing Board 5. Thames Valley Academic Health Science Network 6. Charlie Waller Trust (mental health charity) 7. Unloc Advisory Board for 2023 8. Green Templeton College, Oxford University 9. University of Oxford 10. Thames Valley Cancer Alliance 11. James's Place (Charity)	Non-financial professional Non-financial professional Non-financial professional Non-financial professional Non-financial professional Non-financial personal Non-financial professional Non-financial professional Non-financial professional Non-financial personal	Direct Direct Direct Direct Direct Direct Direct Direct Direct Direct	1. Board Member 2. Board Member - Oxford Academic Health Partners (AHSN) 3. Attendee 4. Attendee 5. Member 6. Trustee 7. Working alongside industry professionals to apply knowledge and experience to advise Unloc (an education non-profit helping schools, colleges and organisations inspire and empower young people through programmes in entrepreneurship, leadership, career pathways and student voice). Not a remunerated position. Will not be part of commissioning decisions involving the Trust procuring any work or services from Unloc whilst a member of their Advisory Board. 8. Associate Fellow 9. Member of the Department of Psychiatry 10. Interim Chair 11. Trustee	Jun-20 2023 Jun-20 Jun-20 Jun-20 2014 Apr-23 Jan-24 Jan-24 Jul-24 Mar-25	Current Current Current Current Current Current Current Current Current Current	Standing declarations – actions to be taken as deemed appropriate if conflict identified	Attendee	Member			
CHAPMAN Richard	Chief Financial Officer - Joint BOB & Frimley ICB Cluster (as of 01.10.2025)	None	N/A	N/A	N/A	N/A	N/A	N/A	Attendee				
CORSER Rachel (LEFT BOB ICB 30/09/2025)	Chief Nursing Officer	1. The Grange School, Aylesbury 2. Burdett Nursing Trust 3. Wokingham Borough Council	Non-financial personal Non-financial professional Indirect	Indirect Direct Indirect	1. Associate Governor 2. Trustee 3. Stepister is employed as Director of Children Services	Sep-21 Mar-23 Apr-24	Current Current Current	Standing Declaration - actions to be taken as deemed appropriate if conflict identified		Member	Member		
CROWTHER Simon	NHS Trust/Foundation Trust Partner Member, BOB ICB Board	1. Oxford University Hospitals NHS Foundation Trust 2. Healthcare Financial Management Association (HFMA) 3. National Finance Academy	Financial Non-financial professional Non-financial professional	Direct Indirect Indirect	1. Interim Chief Executive, Oxford University Hospitals NHS Foundation Trust 2. Vice President 3. Vice President	Sep-25 Dec-19 Mar-24	Current Current Current	Standing Declaration - actions to be taken as deemed appropriate if conflict identified					
GAVRIEL George (Dr)	Primary Medical Services Partner Member, BOB ICB Board	1. The Swan Practice - Buckinghamshire 2. The Swan Network 3. Buckinghamshire GP Provider Alliance 4. Gavriel Professional Services Ltd 4a. Boehringer Ingelheim 5. League of Friends, Bucks Community Hospital 6. RCGP - Thames Valley Leadership and Management Course 7. Thames Valley Professional Support and Wellbeing Service 8. FedBucks	Financial Financial Financial Financial Non-financial professional Non-financial professional Indirect Interest Non-financial professional	Direct Direct Direct Direct Direct Direct Indirect Direct	1. GP Partner 2. Accountable Clinical Director 3. Director 4. Director 4a. Paid to provide consultancy expertise with regards to Primary Care and Neighbourhoods to Boehringer Ingelheim (https://www.boehringer-ingelheim.com/uk) 5. GP Member 6. Course Organiser and Facilitator 7. Spouse - Associate Director 8. Shareholder	Sep-15 Apr-21 Jul-22 Oct-22 Sept-25 Apr-21 Nov-17 Sep-21 Apr-24	Current Current Current Current Current Current Current Current	Standing Declaration - actions to be taken as deemed appropriate if conflict identified 414a Standing Declaration - declare at all meetings. Actions to be taken as deemed appropriate if conflict identified			Member		
MACDONALD Grant	Board Mental Health Representative	1. Oxford Academic Health Science Partnership Trustee 2. CEO Oxford Health NHS Foundation Trust	Financial Financial	Direct Direct	1. Trustee 2. Chief Executive	8 Jan 25 20 Mar 22	Current Current	Standing declarations – actions to be taken as deemed appropriate if conflict identified					
NOLAN Tim	Non-Executive Director and Chair of the System Productivity Committee (Finance & Resources)	1. Royal Marsden NHS Foundation Trust 2. Labour and Co-operatives political parties	Non-financial professional Non-financial personal	Direct Direct	1. Governor 2. Member	May-19 Jul-23	Current Current	Standing declarations – actions to be taken as deemed appropriate if conflict identified		Member			Chair
PARSONAGE Susan	Partner Member, Local Authorities, CEO Wokingham Council	1. Chief Executive Officer, Wokingham Borough Council	Financial	Direct	1. Chief Executive Officer	TBA	Current	Standing declaration – actions to be taken as deemed appropriate if conflict identified					
RAVE Aidan	Non-Executive Director and Senior Independent Director and Chair of the Place & Organisational Development Committee	1. Bell Paul Ltd 2. Ernst & Young 3. Good Governance Institute (professional services LLP) 4. Royal Society of Arts	Financial Financial Financial Non-financial professional	Direct Direct Direct Direct	1. Shareowner (50%) 2. Ad hoc consultancy role (none undertaken since March 2020) 3. Principle Consultant 4. Fellow	Aug-14 Aug-14 Jul-22 2010	Current Current Current Current	Standing declarations – actions to be taken as deemed appropriate if conflict identified	Member			Chair	

BOB ICB Board Members - Declarations of Interest										NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board			
07 November 2025													
Name	Current position(s) held in the ICB	Declared Interest (Name of the organisation and nature of business)	Type of Interest	Is the interest direct or indirect (including details of the relationship with the person who has the interest where indirect)	Nature of Interest	Date of Interest		Action taken to mitigate risk	Audit & Risk Committee	People Committee	Population Health & Patient Experience Committee	Place & System Delivery Committee	System Productivity Committee
						From	To						
RILEY Ben (Dr)	Chief Medical Officer BOB ICB	1. Royal College of General Practitioners 2. Oxford Health NHS Foundation Trust 3. Beaumont Street Surgery / Healthier Oxford PCN, Oxford 4. Oxford Federation for GP & Primary Care (OxFed Health & Care Ltd.)	Non-financial professional Indirect Indirect Indirect	Direct Indirect Indirect Indirect	1. Fellow 2. Former Board Director and Chief Operating Officer for Community Health Services, Primary Care & Dentistry. 3. Former GP Partner and PCN Clinical Director 4. Former Chair and Director	2011 Apr-20 Dec-14 Dec-14	Current Feb-25 Sep-21 Sep-20	Standing declarations – actions to be taken as deemed appropriate if conflict identified	Attendee				
SCAVAZZA Sim	Non-Executive Director and Deputy Chair, BOB ICB	1. Imperial College Healthcare Trust 3. Seacole Group 4. Royal Society of Arts 5. Smart Works, registered UK Charity 6. National Saturday Club, registered UK Charity 7. Office of the Independent Adjudicator for Higher Education, England and Wales	Financial Non-financial personal Non-financial personal Non-financial personal Non-financial personal Financial	Direct Direct Direct Direct Direct	1. Non-Executive Director and Chair of People Committee 3. Chair 4. Member/Fellow 5. Trustee 6. Trustee 7. Chair	Oct-20 Sep-24 2018 May-22 Jul-22 Oct-23	Current Current Current Current Current Current	Standing declarations – actions to be taken as deemed appropriate if conflict identified		Chair	Member	Member	Member
SINGH Priya (Dr)	Chair of Joint BOB ICB and Frimley ICB Cluster (as of 01.09.2025)	1. NHS Frimley Integrated Care Board 2. Regulatory Oversight Board (Cricket Regulator) 3. Royal Trinity Hospice 4. CAF Nominees 5. PG Mutual Insurance 6. National Council for Voluntary Organisations (NCVO) 7. Society of Assistance of Medical Families	Financial Non-financial professional Non-financial professional Non-financial professional Financial Financial Financial	Direct Indirect Indirect Direct Indirect Direct Direct	1. Chair 2. Non-Executive Director. The Regulatory Board provides independent oversight of the Cricket Regulator, the regulatory body for cricket in England. 3. Trustee. Royal Trinity Hospice is the local hospice for south west and central London. They provide free specialist palliative and end of life care for people living in Wandsworth and parts of Lambeth, Merton, Westminster, Hammersmith & Fulham, Kensington & Chelsea and Richmond. Founded in 1891. 4. Charitable Trustee. Provides expert advice, funding, and financial solutions to the charitable sector, partnering with donors on charitable giving. 5. Non-Executive Director. Provide income protection cover for professionals. 6. Chair of Board of Trustees. Secondary Employment. 7. Executive Director. Secondary Employment.	TBA 15/04/2024 01/04/2024 12/04/2024 01/11/2023 01/11/2020 01/04/2021	Current Current Current Current Current Current Current	Standing declarations – actions to be taken as deemed appropriate if conflict identified					
A conflict of interest is defined as "a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold."													

BOB ICB Non-Board Member Directors - Declarations of Interest

07 November 2025



Name	Current position(s) held in the ICB	Declared Interest (Name of the organisation and nature of business)	Type of interest	Is the interest direct or indirect (including details of the relationship with the person who has the interest where indirect)	Nature of Interest	Date of interest		Action taken to mitigate risk	Last Review/ Update	Audit & Risk Committee	People Committee	Population Health & Patient Experience Committee	Place & System Delivery Committee	System Productivity Committee
						From	To							
ADAIR Sarah	Associate Director of Communications & Engagement	None	N/A	N/A	N/A	N/A	N/A	N/A	29 September 2025					
EDGINGTON Alison	Transition Programme Director- Frimley ICB (Joint working with BOB ICB)	1. AE Interim Solutions Ltd 2. Currie and Brown Ltd	Financial Financial	Direct Direct	1. Owner of a limited company offering strategic leadership, consultancy, programme management and executive coaching. 2. I am the executive coach for a senior individual in Currie and Brown Ltd and organisation that has extensive contracts with the NHS	1. 01/12/2024	1. Current	Standing declaration – actions to be taken as deemed appropriate if conflict identified	22 September 2025					
GRANT Sandra	Chief People Officer	1. Sophies Legacy- Childrens Cancer Charity	Non- financial personal	Indirect	1. Trustee	1. Oct 2023	1. Current	Standing declaration- to declare potential conflict of interest if engaged in decisions related ot childrens cancer.	11 December 2024		Member			
GROOM Alastair	Director of Financial Improvement / (Interim Chief Finance Officer until 31.12.25), BOB ICB	1. Single Source Regulations Office (SSRO). Gov.uk 2. Afsang Advisory Associates 1 Limited 3. KPMG, PWC and NHS England 4. Newcastle Upon Tyne NHS Trust	Financial Financial Indirect Indirect	Direct Direct Indirect Indirect	1. Non-executive member 2. Director and Shareholder 3. Professional relationships with individuals (former partner) 4. Persoanal relationships with Consultant Clinical Psychologist	Oct-21	Current	Standing Declaration- actions to be taken as deemed appropriate if conflict identified	25 May 2024					
IQBAL Hannah	Chief Strategy, Digital & Transformation Officer	1. John Radcliffe Hospital- Oxford University Hospitals (OUH)	Indirect	Indirect	1. Spouse employed as senior registrar in paediatrics	1. Aug 2023	1. Current	Standing declaration – actions to be taken as deemed appropriate if conflict identified	19 February 2025	Attendeo			Member	
TAIT Matthew	Chief Delivery Officer	1. Cyclability- recieves funding from Active Oxford 2. Consultation Institute (TIC)	Indirect Indirect	Indirect Indirect	1. Spouse is Director of "Cyclability" which is a CIC providing inclusive cycling services in Oxford. The organisation has a relationship and receives funding from Active Oxford. There is a relationship between Active Oxford and the ICB in terms of health inequalities priorities and potential funding. As we start to work through planning priorities for 2024/25. I have taken the view that this should be a declared potential conflict from the 05/02/2024. 2. Is a Fellow	1. 13/02/2023	1. Current	Standing declaration – actions to be taken as deemed appropriate if conflict identified- taken the view that this should be a declared potential conflict from the 05/02/2024.	28 October 2025				Member	Member

Frimley ICB Board Register of Interest - October 2025

Job Title	Firstname	Lastname	Interest	Description of Interest	Type of interest			Actions agreed with line manager to mitigate risk
Members:								
Chief Nursing Officer	Sarah	Bellars	FHFT	Son and Daughter in Law work for FHFT	Declarations of Interest – Other	Indirect	Indirect	Seek the advice of other senior members of the executive and Non-executive team if there is a potential conflict
Frimley ICB Non Executive Member	Ilona	Blue	General Dental Council	Lay Council Member	Declarations of Interest – Other	Non-Financial Professional	Direct	I do not anticipate any direct conflicts of interest as I do not expect the ICB or its audit committee to engage in direct discussions/decisions related to individual dental professionals; or dental education establishments. My role in GDC does not involve any direct decisions about individual professionals as these are handled through independent hearing panels.
Frimley ICB Non Executive Member	Ilona	Blue	Accent Housing Group Limited	Non-executive director	Declarations of Interest – Other	Non-Financial Professional	Direct	I don't anticipate any direct conflicts, but should any discussions arise relating to housing in Frimley I would flag my interest and if necessary recuse myself from any discussions/decisions.
Frimley ICB Non Executive Member	Ilona	Blue	NB Solutions	I am a director (I own 25% and my husband Robert Nichols owns 75%) of NB Solutions. My husband is the sole employee.	Declarations of Interest – Other	Financial	Direct	I do not anticipate any conflicts of interest. NB Solutions' clients could sell into the NHS but my husband would not be directly involved in such commercial arrangements and I do not expect the ICB to be directly engaged with third party suppliers to provider organisations in the patch. My lack of direct involvement in any such commercial arrangements mitigates the risk of conflict.

Frimley ICB Non Executive Member	Ilona	Blue	Defence Equipment and Support, an arms' length body of the MoD	Non-executive member of the Audit and Risk Assurance Committee	Declarations of Interest – Other	Non-Financial Professional	Direct	No conflicts anticipated.
Frimley ICB Non Executive Member	Ilona	Blue	Active Travel England, an executive agency of the Department for Transport	I am a non-executive director and Audit Chair	Declarations of Interest – Other	Non-Financial Professional	Direct	No conflicts anticipated
Frimley ICB Non Executive Member	Ilona	Blue	Network Rail, an arms' length body of the Department for Transport	I am an independent advisor to the Audit & Risk Committee and the Treasury Committee	Declarations of Interest – Other	Non-Financial Professional	Direct	None anticipated
Frimley ICB Non Executive Member	Ilona	Blue	Maritime and Coastguard Agency, an executive agency of the Department for Transport	Interim Non-executive director and Audit Chair. Term of appointment 1/2/25 to 31/10/25.	Declarations of Interest – Other	Non-Financial Professional	Direct	No conflicts anticipated
Managing Director	Samuel	Burrows	Eightway Solutions Ltd	My spouse is the owner and operator of the company Eightway Solutions Ltd.	Declarations of Interest – Other	Indirect	Indirect	Sought advice from the Governance team and communicated to Line Manager. Will ensure that if this conflict of interest has the potential to become direct this will be immediately disclosed in order to identify further mitigations.
Chief Finance Officer	Richard	Chapman			Nil Declaration			
Chief People Officer	Caroline	Corrigan			Nil Declaration			

Local Authority Partner Member from Rushmoor Borough Council	Karen	Edwards	Land and property from which Rushmoor Borough Council as my employer would receive an income or profit may be under discussion	As an Executive Director of Rushmoor Borough Council with the responsibility for land and property there will be occasions when land and property from which the Council would receive an income or profit may be under discussion.	Declarations of Interest – Other	Non-Financial Professional	Direct	In the event that a land or property transaction comes forward to the benefit of the Council and it is a decision of the Board then I would ensure that proposals were submitted by another officer of the Council and I would not take part in any decision making unless clarifications were helpful and requested.
Frimley ICB Non Executive Member	Paul	Farmer	Frimley ICS	My son works for the Public Affairs agency PLMR. On occasion, he works with their healthcare clients.	Declarations of Interest – Other	Indirect	Indirect	
Frimley ICB Non Executive Member	Paul	Farmer	Frimley ICS	I am employed by Age UK as Chief Executive. Age UK is a charity which works with older people. It is federated with independent local charities, which may work with Frimley ICS in the provision of services.	Declarations of Interest – Other	Financial	Indirect	If contracts related to Age UK are discussed, I will recuse myself from discussions.
NHS Provider Partner Member from Berkshire Healthcare FT	Alex	Gild	Berkshire Healthcare NHS Foundation Trust	I am Deputy Chief Executive and voting Board member of Berkshire Healthcare NHS Foundation Trust, and provider partner member of the Frimley ICB.	Declarations of Interest – Other	Non-Financial Professional	Direct	Will declare interests on specific ICB business if and when needed.
Chief Medical Officer	Lalitha	Iyer	Women's Scan Clinic	Director of private scanning company (company listed as Polar Diagnostics LLP)	Declarations of Interest – Other	Financial	Direct	Will declare COI and leave meetings if any relevant discussions take place
Chief Medical Officer	Lalitha	Iyer	Globe Management Consultants	I am the Secretary of the company which is owned by my spouse. I have no shareholding in this company.	Declarations of Interest – Other	Non-Financial Professional	Indirect	This company has no dealings with the Health Sector/NHS/CCG

Chief Medical Officer	Lalitha	Iyer	Thames Hospice	I have accepted a role as a clinical trustee at the Thames Hospice in Maidenhead. it is anticipated that the start date will be the 7/7/25 . It is an unpaid voluntary role. This was with the permission of the CEO.	Declarations of Interest – Other	Non-Financial Professional	Indirect	I will recuse myself out of any decision making for the commissioning of services for the Thames Hospice.
Non-Executive Member	Sajjad	Khan	States Consulting Ltd	Director and Shareholder	Declarations of Interest – Other	Financial	Direct	No work currently being done within healthcare or public sector
Non-Executive Member	Sajjad	Khan	National Council for Voluntary Organisations (NCVO)	I have been appointed as an independent member of the Finance and Commercial Committee for the NCVO.	Declarations of Interest – Other	Non-Financial Professional	Indirect	In line with the COI policy.
Chief Executive - FHFT	Lance	McCarthy	Frimley Health NHS Foundation Trust	I am the Chief Executive of Frimley Health NHS Foundation Trust, an acute and community provider in the Frimley Health system.	Declarations of Interest – Other	Non-Financial Professional	Direct	Will excuse myself if there is a conflict of interests in any agenda items.
Primary Care Partner Member	Prash	Patel	Magnolia House	I am a profit sharing GP Partner	Declarations of Interest – Other	Financial	Direct	
Primary Care Partner Member	Prash	Patel	Frimley Health Foundation Trust	I am an employee of the FHFT	Declarations of Interest – Other	Non-Financial Professional	Direct	
Primary Care Partner Member	Prash	Patel	Berkshire Primary Care Ltd	I am the CEO and Medical Director	Declarations of Interest – Other	Financial	Direct	
Primary Care Partner Member	Prash	Patel	Ascot Primary Care Network	I am the Clinical Director of the Primary Care Network under the PCN Direct Enhanced Service Specification	Declarations of Interest – Other	Financial	Direct	
Primary Care Partner Member	Prash	Patel	Thames Valley Primary Care Ltd	Director at Private Medical Services	Declarations of Interest – Other	Financial	Direct	
Chief Transformation and Digital Officer	Mark	Sellman			Nil Declaration			
NHS Frimley Non-Executive Member	Gareth	Shepherd			Nil Declaration			

Bracknell Forest Council	Grainne	Siggins	Association of Directors of Social Services	Member of ADASS. Joint Chair of South East ADASS Regional Branch	Declarations of Interest – Other	Non-Financial Professional	Direct	Declaration was needed, however, membership of ADASS does not present as a risk.
Bracknell Forest Council	Grainne	Siggins	Bracknell Forest Council	Employed as Executive Director of People Services	Declarations of Interest – Other	Financial	Direct	
Bracknell Forest Council	Grainne	Siggins	Association of Directors of Children Services	Member of ADCS	Declarations of Interest – Other	Non-Financial Professional	Indirect	
Chair of Frimley ICB	Priya	Singh	National Council for Voluntary Organisations	Appointed November 2020 - Chair of Board of Trustees	Outside Employment			
Chair of Frimley ICB	Priya	Singh	Society for Assistance of Medical Families	Appointed January 2018 - Executive Director	Outside Employment			
Chair of Frimley ICB	Priya	Singh	PG Mutual Insurance	Non-Executive Director	Declarations of Interest – Other	Financial	Indirect	Manage in accordance with COI policy.
Chair of Frimley ICB	Priya	Singh	CAF Nominees	Charitable Trustee	Declarations of Interest – Other	Non-Financial Professional	Direct	
Chair of Frimley ICB	Priya	Singh	Royal Trinity Hospice	Trustee	Declarations of Interest – Other	Non-Financial Professional	Indirect	In line of the COI policy.
Chair of Frimley ICB	Priya	Singh	Regulatory Oversight Board (Cricket Regulator)	Non Executive Director	Declarations of Interest – Other	Non-Financial Professional	Indirect	In line with the COI policy.
Chair of Frimley ICB	Priya	Singh	BOB ICB	Chair	Declarations of Interest – Other	Financial	Direct	Managed in accordance with policy.
Place Clinical Lead RBWM	Huw	Thomas	Claremont and Holyport practice	Partner in the practice	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	Maidenhead Primary Care Network	Practice is a member of Maidenhead PCN	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	Frimley Health NHS Foundation Trust	Spouse employed by Trust as Clinical Nurse Specialist	Declarations of Interest – Other	Indirect	Indirect	Will be managed in accordance with policy

Place Clinical Lead RBWM	Huw	Thomas	East Berkshire Primary Care	Work on sessional basis for East Berkshire Primary Care. EBPC provide out of hours care and other primary care services.	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	Holy Trinity Primary School, Cookham	Governor at school	Declarations of Interest – Other	Indirect	Indirect	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	Royal Borough of Windsor and Maidenhead	Practice subcontracted to provide opiate substitute prescribing services for the Royal Borough of Windsor and Maidenhead	Declarations of Interest – Other	Financial	Direct	Manage in accordance with policy
NHS Provider Partner Member	Graham	Wareham	Surrey and Borders Partnership NHS FT	Employed as CEO	Declarations of Interest – Other	Non-Financial Professional	Direct	Will excuse if conflict of interest occurs
Attendees:								
Transition Programme Director	Alison	Edgington	AE Interim Solutions Ltd	Owner of a limited company offering strategic leadership, consultancy, programme management and executive coaching.	Declarations of Interest – Other	Financial	Direct	Declaration of Col.
Transition Programme Director	Alison	Edgington	Currie and Brown Ltd	I am the executive coach for a senior individual in Currie and Brown Ltd and organisation that has extensive contracts with the NHS	Declarations of Interest – Other	Financial	Indirect	Declaration of Col.
ED & I System Lead	Safina	Nadeem	Purple Infusion Ltd	Director of a limited company which provides training to health and social care sectors	Declarations of Interest – Other	Financial	Indirect	Do no provide any training via company to Frimley ICS
ED & I System Lead	Safina	Nadeem	BHA	Trustee for a Charity	Declarations of Interest – Other	Indirect	Indirect	
ED & I System Lead	Safina	Nadeem	Lancashire Cricket Foundation	No conflicts anticipated	Declarations of Interest – Other	Non-Financial Professional	Indirect	

Minutes

Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) – Meeting in Public
Tuesday 9 September 2025, 13:30-15.55
Unipart House, Garsington Road, Oxford, OX4 2PG

Name	Role	Attendance
Members		
Priya Singh	Chair	Present
Saqhib Ali	Non-Executive Director	Present
Sarah Bellars	Chief Nursing Officer	Present
Nick Broughton	Chief Executive Officer	Present
Simon Crowther	Partner member – NHS and Foundation Trusts	Apologies
George Gavriel	Partner member – Primary Medical Services	Present
Alastair Groom	Interim Chief Financial Officer	Present
Grant Macdonald	Member for Mental Health	Present on Teams
Tim Nolan	Non-Executive Director	Present
Susan Parsonage	Partner Member – Local Authorities	Present on Teams
Aidan Rave	Non-Executive Director	Present
Ben Riley	Chief Medical Officer	Present
Sim Scavazza	Deputy Chair, Non-Executive Director	Present
Attendees		
Sarah Adair	Associate Director Communications	Present
Dr Michelle Brennan	Chair, Oxfordshire GP Leadership Group	Present on Teams - item 10
Darcy Carter	Strategic Programmes Manager	Present
Caroline Corrigan	SRO – BOB & Frimley ICBs Joint Transition Programme	Apologies
Alison Edgington	Transition Programme Director	Present
Sandra Grant	Chief People Officer	Apologies
Hannah Iqbal	Chief Strategy, Digital and Transformation Officer	Present
Dan Leveson	Director for Place and Communities	Present
Joe Smart	Interim Director for Organisational Development	Present
Paul Swan	Head of Strategic Commissioning and Planning	Present
Kelly Sutherland	Senior Corporate Office Manager	Present - minuting
Matthew Tait	Chief Delivery Officer	Present

Board Business	
1.	<p>Welcome and Introductions</p> <p>The Chair (Priya Singh, Chair) opened the meeting and welcomed attendees. It was clarified this was a Board meeting in public, not a public meeting.</p>
2.	<p>Apologies for Absence</p> <p>Apologies were received from Simon Crowther, Partner Member – NHS and Foundation Trusts and Sandra Grant, Chief People Officer.</p> <p>The Board noted that Joe Smart, Interim Director for Organisational Development was attending in place of Sandra Grant.</p>
3.	<p>Declarations of Interest</p> <p>Current register included within the papers. Where there are any specific interests against the agenda items, where known, this has been reflected on the front sheet of papers with an outline of how these will be managed. The nature of our Board means there are inherent interests because of the organisations members lead or are part of. All reports in public at this meeting are for assurance/ discussion and some for approval.</p>
4.	<p>Minutes from Last Meeting on 8 July 2025 and Matters Arising</p> <p>The Board approved the minutes as an accurate record.</p> <p>The action log was presented and had been updated with a request to close actions 11.</p> <p>The Board approved the changes to the action log.</p>

5.	<p>Questions from the public</p> <p>One question had been received ahead of the meeting, which related to neighbourhood health and the future structure of the ICB. It was agreed that the Chief Medical Officer would answer the question as part of his update under item 6. The Chair read out the question which was as follows:</p> <p><i>In the Thames Valley implementation of neighbourhood health care does the board envisage that there will be a coordinator for neighbourhood care, a budget-holder and legal person for each place or neighbourhood, as appears to be the case for the London boroughs, or just a partnership of participating organisations, like the existing ICP, but on a more local level?</i></p>
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6.	<p>Chief Executive and Chief Officers' report</p> <p>Nick Broughton, Chief Executive Officer, presented Item 6, the Chief Executive and Chief Officers' report, which gives an update for the Board on key topics and items for escalation, and covers various topics and initiatives related to the BOB ICB and its system partners. The following items were highlighted:</p> <ul style="list-style-type: none"> • A detailed league table report had been published today – BOB ICB's Community and Mental Health Trusts had both been placed in the top segment – BHMT ranked 3rd and Oxford Health ranked 13th. The three Acute Trusts ranked between 34th and 54th. • A few minutes prior to the meeting, Karen Smith made a statement to the House of Commons confirming that the Thames Valley ICB would be established on 1st April 2026. Nick Broughton welcomed the confirmation of this deadline. • A new NHS Planning Framework had been published in early September which would be discussed in further detail under Item 9. • In July, the CEO had taken part in a panel interview as part of a license renewal application for the Applied Thames Valley Research Collaboration. The result of the renewal application was still awaited but if successful it represents a contract value of over £12m to support applied research and care across the whole of the Thames Valley. • The CEO formally welcomed Sarah Bellars, BOB ICB's new Chief Nursing Officer (CNO) to her first public board meeting and noted that Sarah was also the CNO at Frimley ICB. He also thanked BOB ICB's Interim Chief Financial Officer, Alastair Groom for all his work with the finance team to introduce improved rigour, grip and control over the past year and noted that Rich Chapman, Chief Financial Officer at Frimley ICB would be taking over from Alastair from 1st October. Alastair would remain with BOB ICB until the end of December to ensure a smooth handover. • The Chief Delivery Officer reported that winter plans were being developed across the system supported by a Board Assurance Framework at both Trust and ICB level. A Regional Winter Plan event was held on 8th September which was attended by Hannah Mills from the ICB and representatives from the Trusts. The final plan must be submitted by 30th September and the Board was asked to delegate the submission and final assurance statement to the Chief Delivery Officer and CEO. • The Interim Chief Finance Officer drew the Board's attention to a paper on ISEF2 at page 90 of the agenda, which highlighted significant concerns that have been raised in connection with the new NHSE accounting software which is due to go live on 1st October. The project team were working to address the concerns and contingency plans were in place in case of any issues. • It was also noted that NHSE had issued further guidance on financial management in August and the Finance team were working on two significant pieces of financial analysis, namely analysis of underlying performance and analysis and deconstruction of the 'block' elements of the contract. • A Mutually Agreed Resignation Scheme (MARS) had gone live for all staff across BOB and Frimley ICBs this week. • In response to the public question regarding how neighbourhood working teams might be organised, the Chief Medical Officer explained that the structure of the new ICB was still being developed and arrangements for delivery would also need to be discussed further with partners. The Board would receive regular updates on this as work progressed. • The ICB had hosted a Neighbourhood Working workshops to encourage discussions and partnership working in this space – one was held face to face and one was online and in total 85 different organisations were represented. The following suggested definition of neighbourhood working emerged from the discussions – 'Neighbourhood working is the coordinated effort of statutory and voluntary organisations, in partnership with communities, to identify and deliver local
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priorities that improve population health and wellbeing. It builds on local strengths, fosters trust, and empowers people to co-create solutions that matter to them.'

- All three places in the ICB submitted strong applications to the national Neighbourhood Health development programme. It had recently been confirmed that Buckinghamshire's application was successful and Berkshire West had been accepted onto the accelerated neighbourhood development scheme. It was important to note that learning would be shared across all three places and Oxfordshire would also receive support to encourage continued development of neighbourhood health.
- The Chief Nursing Officer shared a number of highlights from July's System Quality Group (SQG) meeting. Progress had been made with paediatric hearing services, with a process in place which should allow for all affected individuals to be recalled by the end of the first quarter 2026. A series of regional maternity insight visits had been conducted and an announcement was awaited as to which Trusts might be part of the rapid National Investigation into Maternity and Neonatal services.
- The Chief Strategy, Digital and Transformation Officer thanked the Digital team for continuing to deliver exemplar work and supporting NHSE at a time when there was a lot of uncertainty around where their role would sit in the future. She also highlighted the work of Sarah Adair and the Community Insights team who were working closely with Healthwatch and other partners to develop a community insights bank.
- It was important that wider changes in local government such as the introduction of Family First Hubs should be taken into account as neighbourhood health progressed. The Chair noted that there were opportunities arising from different programmes of work across the system and it was vital to align resources, in order to achieve better outcomes for residents.

The Board noted the report and the Board Assurance Framework.

The Board approved:

- **the carrying forward of BOB ICBs 2024/25 Strategic Objectives (including Risk Appetite) into 2025/26**
- **The adoption of the new Joint Strategic Objective in relation to "Safe dissolution of the ICB and creation of the Thames Valley ICB"**

2025/26 Delivery

7. 2025/26 Finance M04

Alastair Groom, Interim Chief Financial Officer introduced the Finance M04 report and highlighted the following:

- The ICS as a whole was performing marginally favourably against plan year to date and this was expected to be the same at M05, due to mitigations that had been put in place. However, the situation remained challenging, in light of unplanned costs of industrial action and possible cost increases.
- The ICB plan included provision for transition costs but no redundancy costs. It was noted that the recently launched MAR scheme was self-funding.
- Cash situation had begun to stabilise as organisations have focussed on this. ICB have offered support and had been commended by NHSE for strong system-wide working.
- System Review meeting last week with regional finance team confirmed that BOB ICB finances were satisfactory and Q3 deficit support funding would be paid.

A non-executive director commended Alastair Groom and the Finance team for their work and welcomed the news that the ICB and the wider system remained on plan year to date. He also expressed some caution as it was likely that winter could be challenging and the mitigations that had been used so far might not be able to be maintained over the full 12 months.

There was a discussion about activity management plans in relation to ADHD and Autism services and concerns were raised about systemwide impacts of financial reductions. Alastair Groom explained that contracts with indicative activity plans could be subject to formal activity management plans – this was not about cutting costs but trying to ensure that costs were delivered in line with plans. Matthew Tait pointed out that IAPs would only reflect the existing waiting lists and not take into account any new emerging demand. It was noted that there would need to be a wider impact assessment as part of the planning process as the ICB's financial envelope decreases.

The Board noted the Finance M04 report.

8. Performance and Quality Report M03

Matthew Tait, Chief Delivery Officer introduced the Performance and Quality Report M03 and the following main points were noted:

- Urgent emergency care performance was generally good against plan. South Central Ambulance Service (SCAS) had struggled in June with performance against category 2 target, but this was now improving.
- Elective care had been a pressure point for BHT which was now in formal tiering arrangements. This was due to complications with their triage model and a recovery plan had been put in place.
- All Trusts had managed the recent industrial action by resident doctors well.
- £2m had been released to support work to recover the 62-day Cancer performance – RBFT was coming out of tiering and Oxford was also showing more consistent performance in this area.
- ADHD and Autism – there continued to be long waits for both children and adults to gain a diagnosis and access to ADHD treatments, but the ICB was working with Trusts to reopen services where possible.

Sarah Bellars, Chief Nursing Officer highlighted that a Never Event had been reported. As a result, the quality teams across both BOB and Frimley ICBS were joining together to establish an improvement collective to review the recent Never Events and share learning. In connection with long ADHD and Autism waiting lists, the CNO advised that she was working to make more useful information readily available on the website to offer support to those waiting to be diagnosed.

Ben Riley, Chief Medical Officer highlighted that there were a number of schemes currently running to improve access to dental care, as it was apparent that in some areas, there was a mismatch in terms of capacity and demand.

Tim Nolan, non-executive director was pleased to see the improvement in cancer diagnosis time but remained concerned about the 62-day wait performance. He reported that he was meeting with the Thames Valley Cancer Alliance later in the week to discuss how this might be improved. The Chair commented that it would also be good to embed measures of equitable outcomes at neighbourhood level.

The Board noted the Performance and Quality Report M03.

Building for the Future

9. Approach to Thames Valley Medium Term Planning

The Chair welcomed Paul Swan, Head of Strategic Commissioning and Planning to the meeting. He introduced the report and highlighted the following key points:

- A new NHS Planning Framework had been introduced and a key change was a shift from an annual planning cycle to a five-year rolling plan. Whilst ICBs and Trusts would have to submit their own planning submissions, there was also a duty to collaborate to produce credible and aligned plans.
- Five core national planning principles were set out on the framework – 1) outcome focussed 2) accountable and transparent 3) evidence-based 4) multi-disciplinary and 5) credible and deliverable.
- In light of BOB and Frimley ICB clustering arrangements from 1st October, a joint planning team had been established led by Hannah Iqbal, BOB Chief Strategic, Digital and Transformation Officer and Rich Chapman, Chief Financial Officer at Frimley as the Executive Leads. The team were meeting weekly to progress outline commissioning intentions which need to be set out by the end of September.
- It was noted that this was a significant task, planning across the larger geography of the new Thames Valley ICB and it was important to lay foundations for value-based care, whilst being realistic about what could be achieved.
- If the Board were happy with the proposed approach, a progress report would be presented back to the next Board.

The Chair invited questions and comments. In response to questions and during the subsequent discussions the following main points were noted:

- In response to a comment about the need to establish a shared understanding of what 'strategic commissioning' is, Hannah Iqbal explained that strategic commissioning was about commissioning services in line with a clear strategy, which was aligned with finances and the outcomes that you want to deliver for the population. Strategic Commissioning represents the levers that the ICB can pull in order to impact change. The 10-yr plan provided high level strategic goals and the ICB could begin to tell a story, but it would be difficult to move from A to B immediately.
- Whilst engaging with partners was key, the initial commissioning intentions had to be submitted by end of September, so it was envisaged that more meaningful engagement with system partners might take place during October, once further planning guidance had been received and ahead of the final submissions being made in December.
- Board members were excited by the prospect of this planning approach and how it might 'turbo-charge' ICBs in their second phase of development. It was important for the Board to provide clear leadership and support for this process.
- Nick Broughton commented that the annual planning cycle had not enabled the ICB to address health inequalities and long-term health needs, whereas a five-year planning cycle would encourage a value-based approach to healthcare and deliver improvements to population health. However, he acknowledged that it would be very challenging to produce the plan in such a short space of time.
- The Chair agreed and recognised the size of both the opportunity and the task ahead. It was important to understand where the ICB was starting from and work that had taken place over the past year would help with this.

The Board considered the required ICB activities and outputs set out in the planning framework and endorsed the proposed joint planning approach, governance arrangements and the next steps.

10. **Spotlight on Neighbourhood Health – Oxfordshire Case Study**

The Chair welcomed Dan Leveson, Director for Place and Communities and Dr Michelle Brennan, Chair of Oxfordshire GP Leadership Group, who joined the meeting on MS Teams. Dan, Michelle and Grant Macdonald presented an overview of the Oxfordshire experience of developing Neighbourhood Health, and the following main points were noted:

- Key shifts in the NHS 10-Yr Plan included delivering care closer to home (Hospital to Community) and focussing on prevention (Sickness to Prevention). This would take time to deliver and there would be clinical and financial risks to navigate, as well as significant culture shift, but neighbourhood working would be key.
- There were different interpretations of what neighbourhoods are, but essentially the vision is of integrated multi-disciplinary neighbourhood teams incorporating NHS, local authorities and VCSE focussed on preventative care or supporting people with long-term conditions to stay well for as long as possible.
- Dan Leveson expressed the view that building relationships and trust across partners was more important than focussing on estates or organisational structures.
- Dr Michelle Brennan explained how the Oxfordshire Community and Primary Care Board held its inaugural meeting in September. Stakeholder workshops were also held facilitated by Prof Malcom McCulloch, a system transformation expert from Oxford University and from the workshop a vision for Oxfordshire's neighbourhood health and care system was agreed and key challenges identified.
- Oxfordshire was taking a form follows function approach rather than focussing on geography, although this were now beginning to emerge. Some NHS services were already being delivered in the community, such as cardiology, dermatology and some diabetes clinics and the team were looking to build on this.
- Grant Macdonald commented that it was very important make a clear case to residents that the neighbourhood approach will provide better outcomes and to work with them to develop a model that works for their local area.
- Oxfordshire had a lot of community assets that would be important in supporting neighbourhood working. Dan Leveson gave the example of Wantage Community Hospital which had closed its

inpatient unit, but with funding from Community Infrastructure Levy (CIL) it would be redeveloped to offer outpatient clinic services such as physiotherapy from Spring 2026.

In response to questions and during the subsequent discussions, the following points were noted:

- NHS colleagues were developing closer working relationships with local authorities and particularly the district councils, for example, social prescribers might refer clients for help with housing issues and debt management support. There also needed to be stronger links between CAMHS, school counsellors and VCSE colleagues. Often there was no need to create a new service, it was more a case of maximising the existing support that is already available.
- Neighbourhood working would give opportunities for partners to share spaces and consideration should be given to taking promotional activity to places where people gather, such as churches or supermarkets as happened during Covid.
- In response to a question about the other shift in the NHS 10-yr plan, from Analogue to Digital, it was noted that whilst AI was developing very fast, it would have to be used carefully in a neighbourhood context. There were concerns that whilst digital can be an enabler it could also widen health inequalities. It was important that residents could access healthcare via multiple channels. Often people with more complex needs really needed to be seen face to face, in order to assess them fully.

The Chair thanked Dan Leveson, Dr Michelle Brennan and Grant Macdonald for sharing their learning and the Board noted the report.

BOB and Frimley ICB Transition

11. Transition Update

The Chair welcomed Alison Edgington, Transition Programme Director to the meeting. Alison Edgington introduced the update report and highlighted the following:

- The report included a suite of governance documents which would enable closer working between BOB ICB and Frimley ICB in a clustering arrangement from 1 October.
- Priya Singh had recently been confirmed as the Chair of the BOB and Frimley ICB Cluster. The Designate ICB Chief Executive Officer (CEO) process was underway nationally and the next steps would soon be announced. Today the Board was asked to agree an amendment to the BOB ICB Constitution, in order to enable the appointment of the Designate CEO.
- Following engagement with both BOB ICB and Frimley ICB Boards over the summer regarding governance options, a Collaboration Agreement along with Terms of Reference for a Joint Committee of BOB ICB and Frimley ICB and a Collaboration Agreement Scheme of Reservation and Delegation (SORD) were submitted for consideration and approval.
- It was noted that whilst a Joint Committee would be established, each organisation would remain sovereign entities until April 2026 but would be able to delegate some responsibilities to the Joint Committee, in order to enable effective clustering arrangements. It was noted that the Collaboration Agreement SORD would not replace the existing BOB ICB SORD but would be complementary to it.
- Extensive engagement with staff to inform the organisational design project had now been completed.
- BOB and Frimley were working with other ICBs in the Southeast region to consider how best to deliver the responsibilities of the Commissioning Support Units (CSUs) There was an emerging risk that some staff in CSUs might be eligible for TUPE transfer across to ICBs – this was being investigated further.
- The South Frimley transfer project was progressing, with principles agreed to identify which staff would transfer to Hampshire and Isle of Wight ICB or Surrey Heartlands ICB.

In response to questions and during the subsequent discussions, the following key points were noted:

- It was noted that in Appendix 4, paragraph 1.1 'West' was missing after Berkshire in the full title of the BOB ICB. It was also pointed out that under the list of members for the Joint Committee, BOB non-executive directors had their committee chair duties noted but this wasn't consistently recorded for Frimley non-executive members. It was agreed that Alison Edgington would make these updates to the document. **ACTION: Alison Edgington**

- Alastair Groom, Interim Chief Finance Officer advised that BOB ICB had suspended its financial delegations and all responsibility currently sat with the CEO. Any changes to this would need to be considered. Alison Edgington explained that the collaboration agreement would be the beginning of an iterative process of working through which elements of responsibility each ICB wanted to retain, rather than delegating to the Joint Committee. There would still be a requirement for the BOB ICB and Frimley ICB Boards to meet, although this might run concurrently to a Joint Committee meeting.

The Chair thanked Alison Edgington for taking the Board through the approvals that were required.

The Board:

- **Noted the Transition Summary Report and Risks (Appendix 1)**
- **Approved the alteration to the BOB ICB Constitution to enable the appointment of a Designate Chief Executive (Appendix 2)**
- **Approved the proposal to form a cluster partnership with NHS Frimley ICB from 01 October 2025.**
- **Approved the Collaboration Agreement (Appendix 3) as the legal framework for cluster governance.**
- **Approved BOB and Frimley Boards' Joint Committee Terms of Reference (Appendix 4).**
- **Approved the Collaboration Agreement SORD (Appendix 5)**

Annual Staff Survey

Joe Smart introduced a report on the NHS Annual Staff Survey, which explained the decision made by both BOB and Frimley Executive Management teams and the Joint Transition Executive to not participate in the Annual Staff Survey as usual this year and outlined alternative methods of staff engagement that would be used instead.

Following discussions about the light touch survey approach proposed, the importance of capturing race equality and disability equality standards data and being able to respond to staff feedback in an agile way, Nick Broughton assured the Board that staff feedback was very important and the ICB wanted to respond in a timely and effective way. The Chair noted that the proposal had been tested widely by the Executives and endorsed by the People Committee.

The Board approved the recommendations made by the Joint Transition Executive (JTE) and BOB Executive Management Team, which is to endorse the alternative staff engagement approach, acknowledging the mitigation measure in place to meet the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) reporting requirements and National Performance Assurance Framework (NPAF).

Assurance Reports

12. 12a) Safeguarding Annual Report

Sarah Bellars, Chief Nursing Officer, introduced the Annual Safeguarding Report, which demonstrated the multiagency safeguarding approach across BOB. The report included an overview of 36 statutory safeguarding reviews, compliance with the Safeguarding Accountability and Assurance Framework and details of 10 Safeguarding and Looked After Children Inspections that had been supported across the year.

There was a discussion about how learning from safeguarding reviews and inspections was shared and how any concerns could be escalated. Susan Parsonage, Partner Member- Local Authorities asked if it would be possible to have a report back to Board to explain the Safeguarding governance.

ACTION: Chief Nursing Officer

12b) Modern Slavery Statement

Sarah Bellars introduced the updated BOB ICB Modern Slavery Statement. It was noted that on the first page of the statement, p256 of the agenda pack, reference is made to 'The Governing Body' – this should be replaced with 'The Board'. **ACTION: Chief Nursing Officer**

12c) Committee AAA and Annual Reports

Audit and Risk Committee (ARC)

The ARC Chair highlighted the Alert on the introduction of the new IEFS as mentioned previously by the Interim Chief Financial Officer. He also noted that it was important to ensure that a tailored internal audit plan was in place as the transition progresses.

Remuneration Committee

The Remuneration Committee Chair reported that the Mutually Agreed Resignation Scheme, which had been mentioned earlier, had been considered and approved by Remuneration Committee.

People Committee

The People Committee Chair wanted to highlight the importance of OD support through change. She recognised that it is a difficult time for staff wellbeing and the Committee wanted to assure the Board that they were looking very carefully at the support offer.

Systems and Productivity Committee (SPC)

The Chair agreed with the Alert raised by the ARC Chairman regarding the new Finance system going live on 1st October. He also reported that SPC had received a positive report from Henry Wright, Head of Transformation, on the ICB's approach to AI and the work that was being undertaken to identify processes that AI could be used for.

The Board noted the content of the Annual Safeguarding report, the Modern Slavery Statement and the Committee AAA and Annual Reports.

The Chair thanked all guests who attended the meeting in person or online.

There being no other business, the meeting closed at 15.55

END 15.55

Date of Next Meeting: 11 November 2025

Minutes of NHS Frimley Integrated Care Board

**Held in Public on Tuesday 16 September 2025 from 11.00am – 12.30am
via MS Teams**

Chair – Priya Singh

Present:	
Dr Priya Singh	Chair
Sarah Bellars	Chief Nursing Officer
Richard Chapman	Chief Finance Officer
Alex Gild	NHS Provider Partner Member
Alison Edgington	Transition Programme Director, BOB & Frimley Integrated Care Boards
Dr Lalitha Iyer	Chief Medical Officer
Mark Sellman	Chief Transformation and Digital Officer
Sajjad Khan	Non-Executive Member
Iona Blue	Non-Executive Member
Paul Farmer	Non-Executive Member
Prof Helen Rostill	Deputy Chief Executive and Director of Therapies, Chief Executive's Office
Grainne Siggins	Local Authority Partner Member
Dr Prash Patel	Primary Care Partner Member
Dr Huw Thomas	Primary Care Partner Member
In Attendance:	
Safina Nadeem	Equality, Diversity, and Inclusion System Lead
Caroline Hutton	Deputy Chief Executive (deputising for Lance McCarthy)
Mary-Jane Steijger	Head of Governance
Tom Allinson	Senior Governance Manager
Otilia Neagu	Governance Coordinator (secretariat)
Sam Branscombe	Governance Support Officer
Apologies for Absence:	
Caroline Corrigan	Chief People Officer
Sam Burrows	Interim Chief Executive Officer

1.	Welcome and Apologies for Absence
	<p>The Chair opened the meeting and welcomed members of the NHS Frimley Integrated Care Board.</p> <p>The meeting was noted to be quorate. Apologies were received as recorded above.</p> <p>Members agreed for the meeting to be recorded. The recording would then be uploaded to the public website along with the meeting papers</p>
2.	Declaration of Conflicts of Interest

	Members noted the Conflicts of Interest register, and Caroline Hutton added for the purpose of the Minutes that she is Deputy Chief Executive at Frimley Health NHS Foundation Trust.
3.	Minutes of the last meeting in Public held on 22 July 2025 Action Tracker, and matters arising
	The minutes of the last meeting in public were taken as accurate and approved without further comment. There were no matters arising.
4.	Chief Executive Update
	<p>Sarah Bellars shared reflections on Sam Burrows’ behalf, beginning with a positive review of in-year performance following Q1, noting that the organisation had been ahead of plan in most areas. Staff had continued to demonstrate professionalism and dedication despite uncertainty amidst continued organisational change. Formal confirmation of Thames Valley ICB was noted, with the new organisation forming on 1 April 2026.</p> <p>Sarah Bellars formally congratulated Priya Singh on her newly announced role as Chair Designate for Thames Valley ICB and confirmed that planning for the next year had commenced, including the upcoming publication of commissioning intentions. This work was being jointly developed with Buckinghamshire, Oxfordshire, and Berkshire West (“BOB”) ICB and marked a significant milestone for the planning process for 2026/27. Further success in securing a neighbourhood national pilot for Slough and parts of East Berkshire was also noted, presenting a major opportunity for local providers and service users.</p> <p>Sajjad Khan asked about the five-year planning benefits for community health. Lalitha Iyer responded, highlighting the integration of population health into commissioning, supported by Connected Care data. Mark Sellman added that both quantitative and qualitative data were being used to inform decisions, ensuring a holistic approach.</p> <p>Richard Chapman shared data insights, noting that Slough’s Core 20+5 population had significantly higher emergency department attendance and non-elective admissions. He emphasised that addressing health inequalities through the neighbourhood model would benefit both targeted populations and overall system capacity.</p> <p>Prash Patel concluded by expressing enthusiasm from East Berkshire GPs, citing the opportunity to build on a decade of progress in primary care. He stressed the importance of addressing wider determinants of health and fostering collaboration with local authorities to keep patients healthier within their communities. He viewed the initiative as a long-term, transformative opportunity led by primary care.</p> <p><i>The Board formally <u>noted</u> the update.</i></p>
5.	Frimley and BOB Transition
	<p>5.1 Transition Programme Director’s Report to Boards</p> <p>Alison Edgington presented the Programme Director Report, outlining progress across seven projects and two workstreams. The programme had remained broadly on track, though funding for redundancies and meeting reduced running cost targets had been identified as key risks.</p> <p>The primary focus of the update was governance. Over the past month, Frimley and BOB boards had collaborated to develop governance options, culminating in a proposed Collaboration Agreement to formalise clustering arrangements from 1st October. The NHS Frimley Board was asked to review and approve the Collaboration Agreement as the legal framework for cluster governance.</p>

A Joint Committee of both Boards was proposed to begin meeting from 1st October until the new organisation launch in April 2026. While both Boards would retain sovereign status, the Joint Committee would serve as a delegated decision-making body. Supporting documents included a clustering Scheme of Reservation and Delegation, clarifying which responsibilities could and could not be delegated to the Joint Committee.

Alison Edgington also requested Board approval for a constitutional amendment to allow the appointment of a Designate CEO for the Frimley and BOB cluster, and eventually for the Thames Valley Organisation. All documents had already been approved by the BOB Board on 9th September.

Board members expressed strong support. Ilona Blue and Paul Farmer commended Alison Edgington's engagement and leadership, noting the emphasis on patient care and citizen health despite financial pressures. Alison Edgington reassured the Board that equality and quality were embedded throughout the programme, with dedicated workstreams ensuring positive outcomes for local populations.

Sajjad Khan sought confirmation of legal scrutiny, and Alison Edgington confirmed that independent expert legal advice had been sought on the terms of the Collaboration Agreement, and no issues had been identified.

The Board noted the Transition Programme Summary Report and Risks

Following discussion, the Board approved the following items, including:

- *The Transition Programme Summary Report and Risks*
- *The alteration to the Frimley ICB Constitution to enable the appointment of a Designate Chief Executive*
- *The proposal to form a cluster partnership with NHS BOB ICB from 01 October 2025*
- *The Collaboration Agreement as the legal framework for cluster governance*
- *The BOB and Frimley Boards' Joint Committee Terms of Reference*
- *The Collaboration Agreement SORD*

6. Outstanding Use of Resources

6.1 Planning Guidance

Richard Chapman presented the planning framework published by NHS England on 13th August, which introduced a rolling five-year planning horizon. This approach aimed at supporting transformational change through proactive and strategic planning across treatment, prevention, and digital transformation.

All organisations were required to produce credible, integrated five-year plans. Commissioners were tasked with forecasting demand assuming no intervention, identifying mitigation strategies to reduce that demand, and addressing wider determinants of health. Providers, meanwhile, were expected to prepare capacity plans, benchmark productivity, and demonstrate improvements in utilisation. These elements would be combined into an integrated plan comprising:

- A five-year strategic commissioning plan
- A five-year integrated delivery plan
- Neighbourhood health plans

National plan submissions were due by the end of December, followed by a three-month assurance period ahead of the new financial year. The framework also outlined a coordinated planning approach across the Thames Valley cluster.

	<p>Ilona Blue queried the ambitious timetable and the challenge of adopting a strategic approach across a new geography. She cautioned against defaulting to previous composite planning models and stressed the need for a fresh perspective. Richard Chapman acknowledged the challenge and emphasised that the plan would be iterative, not static allowing for continuous refinement and improvement.</p> <p>Caroline Hutton highlighted the importance of aligning the planning process with assumptions underpinning the New Hospital Programme. She stressed the need to incorporate neighbourhood models and demand reduction strategies into the five-year cycle. Richard Chapman agreed, noting that successful transformation was critical to the hospital future viability and warning of potential risks from fragmented commissioning.</p> <p>Priya Singh concluded by reinforcing the importance of using the hospital programme as a catalyst for transformation, leveraging the system’s strengths in data and analytics to drive meaningful change beyond short-term planning.</p>
7.	Leadership and Culture
	<p>7.1 Annual Modern Slavery Statement</p> <p>Sarah Bellars confirmed that the organisation had reviewed and updated its Modern Slavery Statement in line with the requirements of the Modern Slavery Act 2015. She assured the Board that the statement was relevant to the current year and appropriate for NHS Frimley ICB.</p> <p><i>The Board proceeded to formally <u>approve</u> the statement.</i></p> <p>7.2 Annual Assurance on the Fit and Proper Person Test</p> <p>The Board received confirmation that all NHS Frimley ICB Board members had been assessed and verified as fit and proper persons in accordance with the established framework. The Remuneration Committee had reviewed the process during its meeting on 10th March, ensuring alignment with the appraisal system. The CSU had been commissioned to carry out the checks independently.</p> <p><i>The Board formally <u>noted</u> the paper.</i></p>
8.	Performance Reporting
	<p>8.1 Quality Performance Report</p> <p>Sarah Bellars presented the Quality Performance Report, beginning with an update on the urgent re-procurement of community equipment services following the national collapse of a supplier. The failure had affected East Berkshire and other BOB areas. West Berkshire led the re-procurement effort, resulting in a new supplier taking over the service from 1st August. Despite the short notice, the transition had been relatively smooth, though some delays in supply delivery were noted and monitored for potential harm.</p> <p>Sarah Bellars then shared complaints data from the past year, including primary care. The most common themes related to mental health, pharmacy, and out-of-hours services, with general practice complaints being the most frequent.</p> <p>Further updates were provided on CQC inspections:</p> <ul style="list-style-type: none"> • Slough SEND inspection took place in July, with the outcome still pending. • Wexham Park Hospital, previously rated inadequate in 2013/14, had now achieved an outstanding rating, a significant milestone reflecting years of hard work and improvement. • Bracknell Urgent Care Centre, inspected in February 2025, had been rated good across all domains.

- Across the system, provider compliance was generally rated good or outstanding, with only two ambulance service providers requiring improvement or rated inadequate. These were being closely monitored as part of ongoing improvement journeys.

The Board formally noted the paper.

8.2 Finance Performance Report

Richard Chapman presented the Finance Performance Report, confirming that NHS Frimley ICB had remained on plan at the end of month three. However, several material pressures were impacting the system, including:

- ADHD Right to Choose referrals
- Elective referrals to independent acute providers
- Section 117 pressures in Hampshire
- Overspend in pharmacy, optometry, and dentistry (POD), a service delegated from NHS England with an inherited deficit

Efforts were underway to mitigate these pressures, though a rejected proposal to limit independent sector referrals had made this more challenging. If left unaddressed, these issues could result in a £10 million cost pressure across the system. The ICB and its partners would need to make difficult decisions to restore financial balance.

Richard Chapman highlighted the impact of urgent and emergency care demand, noting over 450 attendances at each ED site in a single day, unusually high for the time of year and placing strain on Frimley Health's financial position.

On cancer performance, the 62-day target had been met, though urology remained a risk area. In primary care, access timeliness had improved slightly, with 84% of appointments offered same or next day, compared to 83% the previous year. The system had a lower proportion of face-to-face appointments than the national average, attributed to its strong virtual and online service offer.

Mental health metrics showed positive results:

- 86% of individuals aged 14 and over on learning disability registers had received annual health checks, exceeding the 75% target.
- The average length of stay in adult acute mental health beds was 51 days, well below the 72-day target.

The Board formally noted the paper.

8.3 Workforce Performance Report

Sarah Bellars presented the Workforce Performance Report on behalf of Caroline Corrigan, focusing on key metrics from July 2025. A slight decrease in headcount was noted, although both headcount and full-time equivalent figures had remained broadly stable over the past year, aside from a small increase in spring.

Turnover had returned to near-regular levels. A notable concern was a 12.5% rise in short-term sickness absence during July and August.

Sarah Bellars confirmed that the executive team was actively monitoring these trends and working with teams to address them.

The Board formally noted the paper.

9.	Board Assurance Framework
	<p>Sarah Bellars presented the Board Assurance Framework (BAF) interim position for Q2 2025/26 for the Board to approve.</p> <p>The Board was reminded that at its July Private meeting, it had conducted its annual review of the Strategic Objectives for 2025/26 which were approved at that meeting and now featured on the updated BAF. The Board had also reviewed and approved its Risk Appetite statement for 2025/26 in July.</p> <p>A key outcome of this session was the decision to develop a new 7th Strategic Objective (SO7), focused on supporting the organisation’s transition priorities.</p> <p>The Governance Team had supported Alison Edgington, Transition Programme Director, and Frimley NEMs to develop SO7: “Safe dissolution of the ICB and creation of the Thames Valley ICB” and its corresponding principal risk which now also featured on the BAF. This corresponded with Buckinghamshire, Oxfordshire and Berkshire West (“BOB”) ICB’s own BAF which had been approved at its last public meeting on 9 September to ensure alignment between the two organisations during the transition period.</p> <p>The Board was asked to <u>approve</u> the addition of SO7: “Safe dissolution of the ICB and creation of the Thames Valley ICB” and to <u>note</u> its alignment to both BOB ICB’s BAF and the Transition Programme’s Risks, Assumptions, Issues, and Decisions (“RAID”) Log.</p> <p>The Board noted that Chief Officers had been provided assurance of the work to update the BAF in 2025/26 and had endorsed the approach outlined within the papers at the Integrated Risk Group (“IRG”) meeting on 4 September. Further assurance was provided that the Audit Committee had remained sighted on the work to update the BAF over 2025/26.</p> <p>Ilona Blue expressed support for the additions to the BAF, noting they reflected the evolving nature of the organisation. She suggested pausing to review the red-rated risks that were outside appetite, and to consider whether current or future mitigating actions might alter those ratings.</p> <p>Sarah Bellars confirmed that the red-rated risks had remained largely unchanged. Richard Chapman elaborated on SO6, highlighting financial risks and the organisation’s efforts to address the in-year financial gap through stringent controls and risk-balancing measures.</p> <p>Cybersecurity (SO6B) had also been discussed at the Audit Committee. Immediate actions had been taken, including Windows 11 upgrades due to the end of Windows 10 support, and updates to corporate IT and primary care equipment. SO7 had been incorporated into the risk management system and was considered covered.</p> <p>Sarah Bellars added that SO1 (“Starting Well”), remained out of appetite. This related to challenges in implementing the Right to Choose framework for ADHD and neurodiversity pathways, particularly due to waiting list pressures.</p> <p>The Board was asked to <u>note</u> and <u>approve</u> the current Interim Q2 position of the BAF as described below:</p>

Strategic Objective	Risk Appetite	Risk Threshold	September 2025 position
SO1 (Starting Well)	Cautious	8	OUT (9)
SO2 (Living Well)	Cautious	8	IN (6)
SO3 (People, Places and Communities)	Seek	16	IN (9)
SO4 A (Our People) - Workforce	Open	12	IN (12)
SO4 B (Our People) – <u>WorkWell</u>	Open	12	IN (12)
SO5 (Leadership and Culture)	Open	12	IN (12)
SO6 A (Outstanding Use of Resource) - Finance	Open	12	OUT (20)
SO6 B (Outstanding Use of Resource) - Cyber	Open	12	OUT (15)
SO7 (Safe dissolution of the ICB and creation of the Thames Valley ICB)	Open	12	OUT (16)

The Board noted the outcome of the 2025/26 Strategic Objectives refresh, and approved the following:

- The addition of Strategic Objective 7: “Safe dissolution of the ICB and creation of the Thames Valley ICB” which was aligned to BOB ICB’s BAF and the Transition Programme’s RAID log
- The interim Q2 2025/26 position of its Board Assurance Framework as outlined above

10. Annual General Meeting

10.1 2024-25 Annual Report and Accounts

Sarah Bellars opened the item on Sam Burrows’ behalf with reflections on a challenging yet productive year. Despite financial pressures, NHS Frimley ICB had achieved notable progress. The system was proud to have Frimley Park Hospital included in phase one of the New Hospital Programme and welcomed the release of Lord Darzi’s review and the government’s “three shift” strategy, which prompted extensive community engagement. This outreach helped inform both the 10-year plan and future strategic planning for the new Thames Valley Organisation.

Sarah Bellars also acknowledged the departure of Chief Executive Fiona Edwards in February 2025, who had moved to a national role within NHS England. She praised the system’s continued innovation and strong partnerships, which would be carried forward into the next phase of development.

Richard Chapman presented the financial overview. Despite a challenging year, the ICB had delivered a modest surplus of £27,000, achieved through stringent cost control and strategic financial planning. The system continued to face an underlying deficit, compounded by inflationary pressures and rising demand. Frimley Park Hospital’s operational challenges were highlighted, with 65% of its estate built using RAAC concrete, leading to inefficiencies and increased investment needs. To help manage demand, the system had become a national leader in remote monitoring and virtual wards, with the highest per capita coverage.

A robust financial strategy had been implemented, prioritising sustainable transformation over traditional turnaround methods. Enhanced financial controls had been introduced, including a “no purchase order, no pay” policy. The System Resourcing Group, comprising all major partners (FHFT, BHF, SABP), continued to oversee investment decisions, requiring unanimous agreement for any cost increases.

Richard Chapman concluded by noting that £1.7 billion had been committed across the system, with a slight increase in acute service spend—rising from 47.0% to 47.9%—largely due to non-recurrent national funding via the elective recovery scheme.

Lalitha Iyer presented a comprehensive overview of NHS Frimley achievements in population health and system innovation throughout 2024–25. She highlighted strong collaboration across communities, providers, local authorities, and voluntary organisations, including a major listening and engagement programme launched in November 2024. This initiative helped rebuild trust and shape future priorities, aligning with Lord Darzi’s review, Grenfell recommendations, and the government’s 10-year NHS plan. Vaccination efforts focused on co-administering flu and COVID vaccines, with uptake slightly lower than the previous year but still above national averages. The new RSV vaccination programme delivered over 22,000 doses. Frimley’s lung cancer screening programme reached 11,400 patients, diagnosing 75% of lung cancers at early stages, and also identified other serious conditions. Co-location of services such as smoking cessation improved accessibility.

In Bracknell, a new Centre for Health had been established to support integrated care, housing GP practices, community health, and maternity services—demonstrating strong partnership working.

Community pharmacy developments included the successful rollout of the Pharmacy First service, with over 81,000 consultations conducted and 5,000 GP appointments freed up. Pharmacies also delivered 33,000 blood pressure checks and participated in the IP Pathfinder programme, expanding prescribing capabilities.

Virtual wards remained central to Frimley’s care model, enabling hospital-level treatment at home. Over 24,000 patients had been admitted to virtual wards, with average stays of 1–4 days. Two case studies illustrated the impact: a frail elderly patient receiving complex care at home, and a cancer patient safely discharged and monitored remotely—both reflecting patient-centred care and system efficiency.

Frimley’s cardiovascular disease prevention programme achieved national recognition:

- Over 90% hypertension control (CVD Prevent data: 71.7%)
- Ranked 8th nationally and 1st in the southeast for hypertension
- Ranked 14th nationally for cholesterol management

The NHS Digital Weight Management Programme also saw strong uptake, placing Frimley 4th nationally and 1st in the southeast. The programme was praised for its flexibility, accessibility, and impact on reducing health inequalities, especially in deprived communities.

Lalitha Iyer explained that Frimley’s strength lay in frailty virtual wards, with efforts underway to expand into cardiology, respiratory care, and paediatrics. She highlighted the development of a single point of access and the ambition to harmonise care models across the Thames Valley ICB.

Mark Sellman added that the new ICP offered opportunities to adopt best practice by default, citing remote monitoring and single access services as scalable models.

Sajjad Khan raised concerns about barriers in deprived communities and rising childhood obesity. Lalitha Iyer stressed the importance of disaggregated data to identify inequalities, noting underrepresentation in virtual wards among ethnic minorities. She shared that digital weight management had surprisingly high uptake in deprived areas, and the system was exploring medication options for severely obese children in collaboration with public health teams.

Prash Patel praised the achievements in screening and preventative care, crediting primary and community care teams, especially clinical pharmacists, for their impact. He emphasised general practice’s central role in proactive care and called for bold decisions to shift funding from acute services to community-based models, arguing that this would yield greater returns and support the 10-year plan.

	<p>Richard Chapman agreed, stressing the need to create financial headroom to permanently shift resources from high-intensity interventions to prevention. He affirmed this must be central to the five-year plan to avoid future capacity shortfalls.</p> <p>Priya Singh thanked all contributors and closed the Annual General Meeting, acknowledging the system-wide efforts documented in the annual report.</p>
11.	Close of Business
	<p>11.1 Questions from the public received in advance of today’s meeting</p> <p><i>There were no questions from the public received in advance of the meeting.</i></p> <p>11.2 Any Other Business</p> <p><i>None discussed</i></p> <p>11.3 Close</p> <p>The Chair closed the meeting at 12.30pm.</p> <p>The next Board meeting in public was scheduled for 18th November, with updates to be posted online if dates changed due to clustering arrangements.</p>
	Date of next meeting in public: 18 November 2025, 11.30 – 12.30

Buckinghamshire, Oxfordshire and Berkshire West

and Frimley Integrated Care Boards

Joint Committee

Title of Paper	Chief Executive and Chief Officers' Report		
Agenda Item	3.3	Date of meeting	18 November 2025
Exec Lead	Nick Broughton, Chief Executive		
Author(s)	Nick Broughton		

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

Decision required	Joint Committee	<input checked="" type="checkbox"/>
	BOB only	<input type="checkbox"/>
	Frimley only	<input type="checkbox"/>
	Meeting in Public	<input checked="" type="checkbox"/>

Executive Summary	
<p>This report provides an update for the Joint Committee on key topics and items for escalation since the BOB Board meeting in public on 09 September 2025 that are not covered in other items on the agenda.</p> <p>The work of the Chief Executive is wide ranging and impacts upon all the ICB and System's objectives:</p> <ul style="list-style-type: none"> • <i>Improving outcomes in population health and health care</i> • <i>Tackling inequalities in outcomes, experience and access</i> • <i>Enhancing productivity and value for money</i> • <i>Helping the NHS to support broader social and economic development</i> 	
Recommendation	The Joint Committee is asked to note the updates within the report.

Conflict of interest identified
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Detail: This report contains information relating to organisations that partner members of the Joint Committee lead/are employed by. The perspective of these members is an important aspect to enable the Board to focus on where the ICB (Integrated Care Board) and system contribute to improvement.

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
N/A		

Chief Executive and Chief Officers' Report

Context

1. This report provided an update to the Joint Committee regarding key topics of relevance in the Integrated Care Systems (ICS) and items for escalation.
2. The report shares highlights from the work of the Chief Executive, the Integrated Care Boards (ICBs) and their partners, together with key issues that are not reported elsewhere on the Joint Committee agenda.
3. Today's agenda includes Finance, Planning, Transformation, Workforce, and Quality Reports. There are updates on Neighbourhood Health and 2026/27 Thames Valley ICB planning. Frimley EPRR and assisted reproductive treatments, and BOB Safeguarding will be discussed.

Chief Executive update

ICB Mergers and Boundary Changes.

4. On 23 September 2025, NHS England announced the proposed merger of NHS Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB with part of NHS Frimley ICB to establish a new NHS Thames Valley ICB that will become a legal entity on 1 April 2026. In keeping with this the formal clustering arrangement between the two ICBs came into effect on 1 October this year. On that date I became the Chief Executive Officer for both organisations. I would like to put on record my thanks to Sam Burrows who had been the Interim Chief Executive for Frimley up until that point for the leadership he provided. Sam has now assumed the role of Managing Director for the Frimley ICB, and I am very grateful for his ongoing support.
5. On 1 October Rich Chapman became the Chief Finance Officer and Sarah Bellars became Chief Nursing Officer for BOB as well as Frimley ICB.

Planning

6. On 24 October 2025 NHS England published the Medium-Term Planning Framework. This sets out the national financial and planning context, the service standards that we will need to deliver together with the major system transformations we will need to achieve in order to progress the delivery of the 10-year plan. The framework marks a clear shift away from the previous short-term planning cycles towards longer term, more transformational planning. Under the guidance both ICBs and provider organisations are required to submit 3-year detailed numerical plans together with 5-year strategic plans.
7. On 4 November the accompanying Strategic Commissioning Framework was published. This supports ICBs in developing strategic commissioning capability and we await publication of further key documents that will support the planning framework including additional technical guidance and productivity packs together with the financial allocations for the new financial year.
8. A joint planning team for the ICBs has been established led by Hannah Iqbal and Rich Chapman. The team has already developed the commissioning intentions for the new Thames Valley system and will lead the work to develop the required plans.

South Central Ambulance Service (SCAS) and Southeast Coast Ambulance Services (SECAm)

9. It has been announced that, whilst these organisations will remain independent, they will be working collaboratively to provide services across their two areas.

Board Development Programme Year 1 Expression of Interest

10. Frimley Health Foundation Trust, Berkshire Health Foundation Trust, and Royal Berkshire Foundation Trust, together with Berkshire West Primary Care Alliance as an observer participant, have applied to take part in the first year of the national Board Development programme.

Conferences

11. I was pleased to be part of a panel discussing the new financial and commissioning framework for integrated care at the Integrated Care Delivery Forum conference in London on 5 November. I will also be chairing a panel which will discuss innovative approaches to commissioning in the mental health sector at the NHS Professionals conference in Manchester on 11 November.

Partner Engagement

12. I have continued to meet with our key system partners including local MPs, the Chief Constable of Thames Valley Police, the Chief Executive Officers of the system's Local Authorities and the Chief Executive Officers of the system's NHS provider trusts. Along with our Chair I also attended a meeting of the BOB Joint Health Oversight and Scrutiny Committee on 16 October. I also attended the board meeting of the Oxford and Thames Valley Health Innovation Network on 10 November.

Transition update

13. A full Transition update is provided to the Joint Committee as part of the agenda.
14. I would like to highlight that the consultation in respect of the executive structure for the new Thames Valley ICB was launched, as planned, on 29 September and ended on 19 October. The outcome of the formal consultation on the proposal to establish a single executive team was presented to and approved by the Remuneration Committee in Common on 28 October. We are now progressing to appointing to the roles within the new team.
15. I would like to put on record my thanks to all my executive colleagues for the professionalism they have displayed during this personally challenging and uncertain period.

Research and Innovation

16. The National Institute for Health and Care Research (NIHR) has announced a £157 million investment over 5 years in 10 NIHR Applied Research Collaborations (ARCs) including the Thames Valley ARC.
17. From April 2026, the new ARCs will support the transformation set out in the NHS 10 Year Plan, the Life Sciences Sector Plan and the Government's Health and Growth Missions by tackling some of the UK's most pressing health and social care challenges through high-quality applied research. They will also drive effective interventions and models of care into practice at pace.
18. The NIHR ARCs are collaborative partnerships between universities, NHS trusts, local authorities, Health Innovation Networks, Integrated Care Boards and the voluntary sector.
19. Through these partnerships, the ARCs will identify, develop and deliver high-quality research on applied health, public health and social care that tackles the UK's healthcare challenges, particularly in under-represented areas; provide greater resource and expertise to support implementation of effective interventions and models of care into practice across the country, working closely with system partners; provide enhanced health economic expertise to ensure the economic impact of evidence is better understood to support decisions on efficiency and growth; collaborate with commercial companies to evaluate and implement new NHS treatments and technologies, fostering UK economic growth; speed up the implementation of research findings through the use of knowledge mobilisation; and address health inequalities by embedding inclusive approaches across all projects.
20. Oxford Health NHS Foundation Trust will host the Thames Valley ARC, and I am encouraged by the increasingly strong strategic partnership that is developing between the ARC and the ICB.

Oxfordshire County Council (OCC) announcement

21. On 30 October it was announced that Stephen Chandler would be retiring from the County Council. Stephen had been with OCC since 2019 initially as Director of Adult Services, then interim Chief Executive and most recently the Deputy Chief Executive and Executive Director of People and Transformation. He was instrumental in helping develop the Oxfordshire Place Based Partnership and the joint commissioning arrangements that are in place between the ICB and the local authority.

Chief Officer updates

Managing Director, Frimley ICB

22. The Frimley system continues to perform well against the stretching plan which was submitted at the start of the year. As of M6, performance against flagship access targets in cancer, diagnostics, urgent care and elective RTT times are on plan.
23. We continue to pay close attention to managing in year risk with regard to the financial position and this is a key area of bi-lateral focus with the leadership team at Frimley Health Foundation Trust.
24. The NHS England Mid-Year review process was a helpful opportunity to review progress year to date as a system and review outstanding areas of risk and mitigation plans. The Frimley system was regarded to be in the lowest risk segment nationally and was reviewed on this basis.
25. Frimley ICB is one of the most impacted statutory bodies by the nationally led changes to the commissioning sector. As a result of the three-way split to the Frimley boundary, significant work continues to put in place arrangements with other partners to make this change safe for residents and staff.
26. Looking to the future, the first meeting of the Frimley South Partnership Board was held, bringing together leadership teams from NHS Providers operating in the geography and local Primary Care Leaders. This Board has the potential to lead and drive changes to the way in which services are organised to deliver the ambition of the Ten-Year Plan.
27. Finally, excellent progress continues to be made with the steps needed to progress the construction of a new hospital for the Frimley Park geography. A Strategic Outline Case has now been submitted which we are expecting to be considered imminently by the national Investment Committee.

Chief Delivery Officer, BOB ICB

28. NHS England has undertaken mid-year reviews with providers and ICBs to review plans for finance and performance to assure organisations have trajectories to deliver key targets including those in relation to urgent and emergency care, elective care together with achieving financial balance in 2025/26. Within BOB meetings have taken place with OUH, RBFT, BHT and a joint meeting took place covering BOB and Frimley ICBs. The meetings were generally positive in terms of forecasts and deliverability, but key risks were noted including the impact of future industrial action.
29. Oxfordshire underwent a formal SEND monitoring visit that took place during September, the outcome of the visit has been shared for factual accuracy checking with statutory partners. The visit focused on reviewing whether the local area partnership had succeeded in taking effective action against the priority action areas identified in the 2023 inspection report.
30. The British Medical Association has given notice of industrial action by its members who are resident doctors from 14 to 19 November. The ICB will be working with providers to ensure that suitable plans are in place to maintain core services, minimise cancellations and ensuring robust incident response capability is in place.
31. Our winter operating model is now live and integrated across Frimley and BOB with clear reporting and escalation arrangements in place. These include daily touchpoint calls at a place, system and regional level and systematic reporting through the Single Health Resilience Early Warning Database (SHREWD) platform.
32. The BOB executive team has recently reviewed our emerging plans to address both the service delivery and financial pressures facing our provision of Adult ADHD services including working on our shared care protocols, access criteria, enhanced community models and ensuring effective market management

and engagement. We are working closely with Frimley colleagues in relation to this along with colleagues across the southeast region.

Chief Finance Officer

33. In common with the NHS nationally, the in-year and recurrent positions remain challenging. A full finance report is on the agenda, but there is, in both systems, a requirement for a step change in expenditure run rate in the final 5 months of the financial year.

Chief Medical Officers (Joint Update)

GP online consultations

34. From 1 October 2025, all practices across Thames Valley have been required to provide online access through a form completed by the patient or their carer, from 8am to 6.30pm, as part of the national roll-out. Patients can request appointments, ask questions and describe symptoms. The aim of this programme is to help free up practice phone lines and make it more convenient for patients to access appointments.

Primary Care Estates Development

35. We are delighted to report that the BOB ICB Primary Care Estates Team has been shortlisted as a finalist for the *Royal Town Planning Institute (RTPI) In-House Planning Team of the Year Award*. This national recognition highlights the team's commitment to sustainable development, collaborative planning, and innovation in primary care infrastructure. We wish the team every success at the upcoming awards ceremony!
36. The building of a new GP surgery at Lace Hill in Buckingham is progressing well with the frame of the building now constructed.
37. The Primary Care Estates team has submitted the BOB ICB response to the Buckinghamshire Local Plan, setting out our views on the health implications for housing growth.

Urgent Dental Care

38. Across BOB ICB, 74 dental practices are offering urgent and unscheduled care appointments (for anyone requiring treatment within 7 days) through the dental urgent care incentive scheme, contributing to the Government's manifesto pledge to provide 700,000 more urgent care appointments nationally. We are also focusing on plans to further reduce waiting times for children requiring procedures under general anaesthetic, building on the significant improvements achieved in the past year.

Pharmacy First

39. The scheme has been extended to include the provision of free emergency contraception without the need for the patient to obtain a prescription from a GP.

Women's Health & Maternity in Frimley

40. The Frimley ICB team presented at the national Network of Women's health Champions meeting on 23 October. This was positively received, and the regional lead has requested a visit to Frimley. The Healthwatch report which included views from 580 women from across East Berkshire was a key element of the Women's health focus and highlighted that waiting times, being cared for by someone who was knowledgeable, kind and compassionate, having information in different languages and care at or near the GP were important for women. We continue to work on embedding women's health pathways, most recently female sterilisation and recurrent miscarriage, to add to the suite of established pathways on the DXS (digital platform).
41. Frimley Health NHS Foundation Trust (FHFT) has achieved compliance with *Saving Babies Lives* and is working towards all safety actions within the *Maternity Incentive Scheme*. The Trust received a positive report from the regional visit with some areas of focus and learning identified. The equity programme including antenatal education in Urdu and Nepali, rapid communication cards and understanding the differences in late bookings for black women continues. We await the national evaluation of the genetic risk programme for which Slough is one of 10 high need areas nationally. Locally we have seen improved data and wider learning across health professionals supported by our *Close Relative Marriage* midwife.

Primary and Secondary Care interface and referral management

42. There has been ongoing work to optimise the interface between primary and secondary care through our local Clinical Interface Committees. In BOB ICS, this work has focused on improving outpatient communications with GPs and progressing plans for implementing Electronic Prescribing Systems in our Acute Trusts. In Frimley ICS, this has included clarification around responsibility for prior approval and Individual Funding Request (IFR) applications and new DXS referral pathways for several specialist pathways for example gynaecology, orthopaedics, vascular surgery and general surgery.

Neighbourhood Health Development

43. To support the Thames Valley planning work in taking forward the commissioning intentions into deliverable plans we have established a Neighbourhood Health Collaborative Leadership Group. Although hosted by BOB ICB, this has both BOB and Frimley representation to provide alignment and coordination and a more task-focused Enabling Project Group for delivery. Alongside this, place-level neighbourhood plans are being progressed by our Health & Wellbeing Boards to feed into the ICB's population health strategy by Dec 2025.
44. A successful Neighbourhood Health development day was held with Frimley Primary Care Network clinical directors and clinicians from stakeholder organisations. Slough and Maidenhead are accelerator sites as part of the National Neighbourhood Health programme.

Neighbourhood Development - Place updates

45. Berkshire West

- The Neighbourhood Health programme is being jointly led by Berkshire West Primary Care Alliance and Berkshire Health Foundation Trust.
- Active workstreams: Community Wellness Outreach (nearly 9000 health checks delivered), Population Health management data, Integrated Neighbourhood Team development (with focus on heart failure and long-term conditions).
- Locally identified risks: Ensuring partner engagement across health and local authorities, tight timelines, financial challenges, uncertainty around ICB and local government reform.
- Next steps: To produce neighbourhood health plans, expand multidisciplinary teams, launch 100-day delivery project, align metrics and governance.

46. Bracknell Forest

- Coming into winter encouraging patients to have vaccinations and to reassure that practices are using digital tools such as online consultations and remote monitoring to maximise patient access to appropriate appointment whilst also prioritising proactive care of long-term conditions.

47. Buckinghamshire

- Strong partnership across Buckinghamshire Healthcare NHS Trust, Council, FedBucks, VCSE, and the ICB.
- Six Integrated Neighbourhood Teams (INTs) launched, with integration leads and population health packs.
- Successful bid for Wave One of the National Neighbourhood Health Implementation Programme (NNHIP).
- Locally identified risks: Limitations on digital infrastructure and uncertainty on funding flows.
- Next steps: To pilot proactive frailty model, expand children's MDTs, recruit community health workers, and measure impact through staff and community activation.

48. North-East Hampshire

- Productive conversations with Hampshire and Isle of Wight and Surrey and Sussex ICBs in relation to ICB transition.

49. Oxfordshire

- The Oxfordshire Place Partnership has established a locally led Primary & Community Board and Neighbourhood Steering Group.
- Oxfordshire has defined four multi-neighbourhood clusters; building capacity in population health management.
- Locally identified risks: interoperability of digital systems, need for top-down vs bottom-up balance, lack of a county-wide framework.

- Next steps: To develop population health management training, define neighbourhood geography, engage with children and young people programmes.

50. Royal Borough of Windsor and Maidenhead

- **Have Your Say: A Healthier Royal Borough:** The Royal Borough of Windsor and Maidenhead (RBWM) has launched its draft Joint Health and Wellbeing Strategy – a ten-year plan setting out how we aim to improve the health and wellbeing of all our residents, including those communities that need extra support. We're inviting everyone to share their views and help shape a healthier, happier Royal Borough for the future. The public consultation is open until midnight on Sunday 7 December 2025.
- If you'd like help by completing the online survey or want to print a paper copy of the strategy, friendly staff at any of our local libraries will be happy to assist. Have your say and find out more here:
[🔗 https://rbwmtogether.rbwm.gov.uk/a-healthier-royal-borough](https://rbwmtogether.rbwm.gov.uk/a-healthier-royal-borough)

51. Slough

- Selected as one of the national demonstrator sites for the National Neighbourhood Health Implementation Programme (NNHIP), and the team attended the first regional learning workshop at the Kia Oval on 5 November.
- Local focus is on diabetes prevention and management, using neighbourhood data and community insight to design culturally tailored interventions that reduce avoidable admissions and improve healthy life expectancy.
- The event showcased Slough's strong population-health and digital foundations (including Connected Care), and highlighted our collaborative work across NHS, local authority, and VCSE partners to test innovative approaches to tackling health inequalities.

Single Points of Access

52. Since last winter, all systems have been required to operate Single Points of Access (SPoA) to facilitate easy access to same-day care for patients at risk of hospital admission. These have been operating in BOB ICS for some time and continue to develop to improve access to and coordination of a growing range of health and social care services. Local SPoAs also operate for mental health and children's 0-19 services in some areas.
53. The Frimley ICS now has a fully operational SPoA for frailty pathways linking up the SCAS and SECamb ambulance services with the Urgent Community Response (UCR) and frailty Same-Day Emergency Care (SDEC) teams. This will be expanded to other pathways such as medical SDEC in the coming months.
54. Frimley ICB has been successful in a bid for Point of Care testing to identify respiratory tract infection as part of the National action plan to tackle antimicrobial resistance. A PCR test for Covid/FluA/FluB/RSV and finger prick CRP to support antibiotic/antiviral prescription in eligible patients at 3 locations across Frimley. This will enable appropriate treatments to be delivered in a timely manner.

TV Medicines Optimisation

55. The Medicines Optimisation Teams have developed the following strategic priorities, to help inform the design and planning work for the new Thames Valley ICB:
- To support the development of neighbourhood teams with the ambitions and participation of Medicines Optimisation and Community Pharmacy teams
 - Pharmacists and Pharmacy teams will increasingly contribute to "complex medication regimens" and provide support to help reduce hospital admissions linked to medication issues
 - Accelerating the role and adoption of independent prescribing across all disciplines of pharmacy
 - Maximising the outcomes delivered through medications with a focus on value driven decision making. For example, horizon scanning, effective biosimilar uptake, reduction of polypharmacy and active switching
 - Focus on NHS England's National medicines optimisation opportunities particularly in relation to overprescribing, deprescribing and repeat prescribing management:
 - Financial accountability and governance for ICB medicines spend annually, including delivery of defined efficiency targets.
 - Data-driven strategic commissioning of medicines, using prescribing and outcomes data to guide local decisions and ensure all system partners act on shared intelligence.

- Strategic planning and oversight for the use of medicines as a driver for improving population health, to promote quality, safety and a reduction in health inequalities, and to support the effective development of neighbourhood health services
- Leadership of innovation uptake and digital transformation, including commissioning strategies to support the timely adoption of new medicines and preparing systems to safely and effectively deliver them, and leading effective technology adoption across pharmacy sectors.

56. The Medium-Term Planning Framework sets out the Medicines Optimisation Team's Focus:

- Continue to work with national ICB Chief Pharmacist network to input into the plans for the introduction of a Single National Formulary to create headroom for adopting innovations
- Reducing exposure to antibiotics to meet thresholds set in recent guidance and addressing problematic polypharmacy to reduce avoidable harm
- Continue developing the relationships between general practice and community pharmacy to support access to pharmacy services
- Maximise use of the Discharge Medicines Service to reduce medicines harm and reduce readmissions

Chief Nursing Officer

57. The first BOB/Frimley Quality Oversight Group (QOG) met on 24 October. Work is happening within the two Nursing and Quality directorates to align ways of working and reporting. QOG agreed its terms of reference, and they are ready for approval by the Joint Committee.

58. The [Area SEND inspection of Slough Local Partnership](#) was published on 6 November. The inspection took place in July 2025. The inspection outcome reported widespread/and or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND), which the local area must address urgently. A monitoring inspection will be carried out within approximately 18 months. The next full reinspection will be within approximately three years. As a result of this inspection, the Chief Inspector of Children's Services requires the local area partnership to prepare and submit a priority action plan (area SEND) to address the identified areas for priority action. Slough LA and the Frimley ICB team are working together to produce the priority action plan.

59. Since the last meeting there have been 3 Lead Safeguarding Partner (LSP) meetings, these are requirement under working together. The LSPs for safeguarding partners are: Chief Executives of Local Authorities, Chief Executives of the ICBs, and Chief Officers of police forces. Each LSP is responsible for discharging their own statutory and legislative duties to safeguard and promote the welfare of children. As leaders of their organisations and the statutory safeguarding partners, it is for LSPs to assure themselves that their local arrangements are effective and keep children safe. This includes systems of assurance and accountability within each of their organisations, including inspection findings. LSP meetings for Oxford, RBWM and Berkshire West, were attended by the ICB LSP and a designated safeguarding partner (DSP). Until very recently there was a joint arrangement between Reading, Wokingham and West Berkshire; the locally authorities have decided that the joint arrangement was not working for their local areas and made moves to disaggregate the arrangements. This will be a challenge for both Thames Valley Police and the ICB; however, both are in discussion with the Local Authorities to ensure appropriate participation in new arrangements.

60. Allied Health Professions (AHPs) Day on 14 October, was an occasion for AHPs to unite, celebrate their contribution and spotlight the remarkable impact AHPs have on the delivery of care. The theme for AHPs' Day 2025 was the 3 shifts: hospital to community; treatment to prevention; and analogue to digital.

61. BOB providers all held an event on the day and the BOB director for AHPs attended 2 events at the Royal Berkshire Hospital and at Oxford University Hospitals, speaking at the latter about the future of BOB ICB and the commissioning intentions with an AHP lens and participating in Q&A with attendees.

62. There were 3 services in BOB shortlisted for a national Chief Allied Health Professions Officer (CAHPO) award and the BOB AHP director was a judge in the research category

Creative Provision of Placements Award – awarded by the Council of Deans of Health

*Oxford Brookes Student Physiotherapy Clinic: Enhancing Health, Training and Community
Buckinghamshire Healthcare NHS Trust Children and Young People's Speech and Language Therapy team, Reading University and Reading University Speech and Language Therapy students*

AHP Research Impact Award – awarded by the Council for Allied Health Professions Research and the National Institute for Health and Care Research

OPTIN Trial Team, Research team, Oxford University Hospitals NHS Foundation Trust

63. In Frimley ICB a personal letter, co-signed by Sylvia Wojciechowski and Sarah Bellars, was sent to all AHPs working across organisations and sectors, acknowledging their dedication and contribution. A very successful AHP Conference was held bringing together over 100 attendees, with strong engagement around this year's theme: The Three Shifts. Each shift was explored through inspiring keynote speakers and local showcases of innovation, highlighting the breadth of transformation happening across the system. Awards were presented for AHP of the Year (Georgina Linstead, advanced practice physiotherapist in Critical Care at FHFT) and Support Worker of the Year (Yvonne Olney in the community Team at BHFT), celebrating excellence and commitment. Sylvia Wojciechowski hosted a well-attended live leadership Q&A alongside FHFT's Tina Benson and Julie West, further amplifying the visibility and leadership of AHPs within the system. Both ICBs communication teams supported and promoted awareness of AHP day.

Frimley Chief People Officer

64. The Temporary Staffing Collaborative, hosted by the ICB with executive leadership provided by Julian Emms, CEO Berkshire Healthcare Foundation Trust, and senior responsible officer, Caroline Corrigan, CPO, has recently communicated with all southeast Trust CEOs about the continuation of the collaborative work programme.
65. Last year, working together under a collaborative arrangement, the trusts in the region saved £178 million (-13%). Headline figures from across the region demonstrate a further £81 million (-13%) reduction in temporary staffing, at M6 25/26, compared to the same period last year. If we maintained this trajectory, we would save approximately £160 million, as a region this year, and £140 million next year (i.e. 2026/27). As we move at pace towards 2026/27, we are also starting to see savings in the medical temporary staffing arena, an area which had been slower to progress, and is now gaining momentum with groups of trusts working together to move as one to reduce both rates and usage. So far this year we have seen a £35 million (-18%) reduction in medical temporary staffing across the Southeast, our biggest reduction to date
66. Given the emphasis in the NHS Medium Term Planning Framework on Temporary Staffing reductions, we continue to drive forward collaborative efforts to maximise the improvement in both the costs and volume of temporary staffing deployment in NHS Trusts.
67. Further updates are provided in the Joint Committee papers regarding ICB workforce programmes.

BOB Chief People Officer

68. ICB workforce- BOB and Frimley ICB are progressing their Mutually Agreed Resignation Schemes, approving 29 applications, with 26 proceeding to formal sign off. The full people and cost impact of this programme will be confirmed by 30 November whilst we await return of all settlement agreements.
69. The organisational change programme continues to progress but, at the time of writing, funding for change confirmation is awaited. Given the scale of running cost reduction required, support has been requested by all ICBs within the Southeast to fund areas such as Voluntary and potentially Compulsory redundancy programmes. The Board will be updated should confirmation of funding be received, and a revised timeline for change will be shared. The Remuneration Committees in Common will be required to approve the application of a Voluntary Redundancy Scheme, should the funding for this be confirmed.
70. System workforce – the performance report demonstrates our progress against system workforce plans. We are working with NHSE to agree our approach to performance and assurance as we implement the new model ICB and Region.

Total Workforce Variance (WTE):

Across the SE, M6 saw a total workforce is 0.7% (1,404 WTE) over plan. This is a similar position to M5. BOB ICS remains the only system where total workforce is below plan in all categories.

Substantive Workforce Variance (WTE):

SE substantive workforce use is 0.6% over plan - BOB is 0.3% under plan.

Temporary Staffing Variance (WTE):

Across the SE there has been a continued movement away from agency to bank use for the provision of temporary staffing.

At M6 SE agency use was 6.5% under plan - 18.8% under plan in BOB.
At M6 SE bank is 2.9% over plan - BOB used 12.5% less bank staff than planned.

Chief Transformation and Information Officer, Frimley ICB

71. Governance arrangements being established to support in year delivery of urgent care and elective priorities to support in year delivery. Programmes organised and delivering.
72. New capabilities developed within shared record to support proactive care, integrated care and an enabler for neighbourhood working. Presented at TVS Programme Board
73. Good progress being made across BOB ICB and Frimley ICB in the transition away from analytics provided by the Commissioning Support Unit to new delivery models

**Buckinghamshire, Oxfordshire and Berkshire West
and Frimley Integrated Care Boards**

Joint Committee

Title of Paper	Joint Finance and Performance Paper M6		
Agenda Item	4.1	Date of meeting	18 November 2025
Exec Lead	Richard Chapman		
Author(s)	Veronica Lowthian and Dilani Russell		

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

Decision required	Joint Committee	<input checked="" type="checkbox"/>
	BOB only	<input type="checkbox"/>
	Frimley only	<input type="checkbox"/>
	Meeting in Public	<input checked="" type="checkbox"/>

Executive Summary

The attached report includes the Month 6 Finance and Performance reports for BOB and Frimley. The performance date is as at Month 5. The Frimley report was reviewed by the Finance and Performance Committee on 23 October, and the BOB report was reviewed by Executive Management Team on 3rd November

Frimley Integrated finance and Performance Report M6:

- The year to date at month 6 is showing Frimley ICB marginally ahead of plan and FHFT better than plan resulting in a system YTD variance of £0.2m ahead of plan. The forecast position remains at breakeven.
- The ICB is experiencing several cost pressures in year these are currently being mitigated by underspends within other budget areas, principally CHC, and through the release of one-off benefits in the position.
- Remedial action plans have been developed for IPTS and GP referrals, S117 and ADHD "Right to Choose". These are being closely monitored, the impact of the IPTS & GP referral RAP is starting to show improvements in the financial position in September. The others will impact later in the year.
- The Frimley system is forecasting a breakeven position at year end as per the plan submission, this assumes full receipt of the deficit support funding in quarter 4.
- The performance information for Frimley is as at Month 5 due to the timing of the production of the reports

BOB

- At M06, the overall BOB ICB position is breakeven YTD and FOT. Pressures within Mental Health due to S117 and Right to Choose and Acute activity are being mitigated by opportunities elsewhere.
- The BOB system reported a YTD £32.8m deficit (including deficit support funding), which is £0.3m favourable to plan.
- BOB System YTD efficiency delivery at M06 was £1.2m favourable to plan, with adverse efficiency positions at the ICB (£3.8m) and OUH (£1.0m) offset by over-delivery in RBFT.

- 95% of BOB system efficiency plans were fully developed at M06 (91% at M05), with £16.0m of CIPs previously categorised as fully developed at M05 reclassified as unidentified at M6 (OUH – following guidance from region about the treatment of wholly owned subsidiaries).
- Cash balances at OUH and RBFT remain favourable to plan at M06, partly due to the cash impact of the backdated pay award in August. There remain cash challenges to be managed within the system from M09, and the acute trusts are monitoring this situation closely

The joint Committee is asked to note that a number of data sources included in this report are from unvalidated daily sitreps and are for internal management information purposes only and not suitable for publication.

The Committee is asked to note the performance challenges faced by all areas across our systems.

Recommendation	The Joint Committee is asked to note the report
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Conflict of interest identified
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Detail

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Frimley ICB Finance and Performance Committee (Frimley system only section)	23 rd October 2025	Report noted
BOB ICB Executive Management Team (EMT).	3 rd November 2025	



Integrated Finance and Performance Report

Month 06
Executive Summary



Frimley System Position as at Month 6

Year To Date - £0.2m better than plan

Forecast Outturn – Break Even

Overall position by Organisation	Plan	Actual	Variance	Plan	Actual	Variance
	YTD			FOT		
	£m			£m		
FHFT Position Surplus/(Deficit)	(6.6)	(6.4)	0.2	0.0	0.0	0.0
ICB Position Surplus/(Deficit)	0.0	0.0	0.0	0.0	0.0	0.0
ICB Statutory Position Surplus/(Deficit)	(6.6)	(6.4)	0.2	0.0	0.0	0.0

ICB remains marginally ahead of plan
ICB cost pressures:

- Acute provider – overperformance
- ADHD 'right to choose' referrals
- S117 pressures in Hampshire
- Independent Sector referrals continue to exceed the planned activity
- Pharmacy and Optometry spend in POD

Remedial action plan for Referrals to Independent Sector has been developed and is showing an improvement in M06, however still behind target. Remedial actions plans have been developed for S117 and RTC ADHD in year pressures.

The acute provider overperformance data will be challenged with possible issue of an Activity Query Notice.

These pressures are **currently being mitigated by underspends**, principally in **CHC** and **the release of one-off benefits YTD**.

Deficit Support Funding (DSF) Q3 received, Q4 receipt dependent upon the system having a credible plan and on track to deliver. **Forecast assumes full receipt**.

This holds **risk** around receipt of allocation against the funding in the submitted plan as the Frimley system has inbuilt cost pressures due to ongoing RAAC in the Frimley Park site

FHFT remains better than plan YTD

- Income lifted in month by Education & Training and Private Patients
- Pay costs below plan with reductions in both Bank and Agency
- Non-Pay costs above plan in month with higher Prescribing, Clinical Supplies and backdated rental charges.
- CIPs were ahead of plan in month and the year-to-date adverse variance has fallen this month.
- Underlying deficit is unchanged from month 5.

Integrated Finance and Performance Report - Finance Oversight

FHFT Capital



- Capital expenditure in month of £5.1m, taking YTD spend to £30.9m, £10.2m under plan YTD.
- Main driver of underspend seen against national programme areas (predominantly NHP, UEC and Estates Safety programmes), with the core provider allocation also £1.4m behind plan following slippage in the Slough CDC programme.
- Other variances seen due to profile of spend vs plan and expected to remain on plan for the year.
- Full year forecast remains on plan for core programme areas.
- National programme funding areas, including NHP, remain subject to approval. To date; RAAC, Estates Safety, Solar, EV Charging and DDCP funding allocations have been approved alongside NHP in part to deliver the SOC.
- South CDC further reprofiled to reduce spend in year to £0.5m with the balance of the £15m deferred to future years.
- UEC forecast updated to reflect latest proposals due to be submitted to NHSE.
- Additional £0.2m recognised in month for CDC pathway equipment funding awarded.
- Full schedule of in year movements can be seen in appendix 7.
- Donated assets spend of £0.1m recognised previously, falls outside of the capital allocation.
- As a result, the total capital programme for the year now £96.7m.

Capital Expenditure (£m)	Annual Plan (£m)	Revised Annual Plan (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)	FY Forecast (£m)	FY Variance (£m)
Provider Allocation							
Slough CDC	10.0	10.0	7.0	5.2	1.8	10.0	0.0
Estates	20.5	20.5	9.6	8.5	1.1	20.5	0.0
Digital Services	5.5	5.5	2.6	3.1	(0.5)	5.5	0.0
Medical Equipment	6.5	6.5	3.0	4.1	(1.1)	6.5	0.0
UEC 24/25 Performance	0.0	1.0	0.0	0.0	0.0	1.0	0.0
Sub-total	42.5	43.5	22.2	20.8	1.4	43.5	0.0
Donated Assets							
Donated Assets	0.0	0.1	0.0	0.1	(0.1)	0.1	0.0
Sub-total	0.0	0.1	0.0	0.1	(0.1)	0.1	0.0
National Programme							
NHP	12.3	10.6	5.7	3.7	2.0	10.6	0.0
RAAC	11.8	11.8	5.3	4.3	1.0	11.8	0.0
Estates Safety	10.1	10.1	4.7	2.1	2.6	10.1	0.0
UEC	10.5	5.1	2.4	0.0	2.4	5.1	0.0
South CDC	15.0	0.5	0.8	0.0	0.7	0.5	0.0
Diagnostics Equipment	0.5	0.5	0.0	0.0	0.0	0.5	0.0
Elective	1.3	1.3	0.0	0.0	0.0	1.3	0.0
Solar Programme	0.0	6.1	0.0	0.0	(0.0)	6.1	0.0
EV Chargepoint	0.0	0.1	0.0	0.0	0.0	0.1	0.0
DDCP (BSPS) - Point of Care Testing	0.0	3.3	0.0	0.0	(0.0)	3.3	0.0
DDCP (BSPS) - TIE	0.0	0.5	0.0	0.0	0.0	0.5	0.0
DDCP (BSPS) - Order Comms (ICE)	0.0	2.2	0.0	0.0	0.0	2.2	0.0
DDCP (BSPS) - Universal Order Comms (ICE)	0.0	0.8	0.0	0.0	0.0	0.8	0.0
CDC Pathway Equipment	0.0	0.2	0.0	0.0	0.0	0.2	0.0
Sub-total	61.4	53.1	18.9	10.1	8.8	53.1	0.0
Total Capital Expenditure	103.9	96.7	41.1	30.9	10.2	96.7	0.0

Integrated Finance and Performance Report - Finance Oversight

ICB Capital

ICB Capital

Frimley ICB has submitted the 2025-26 Commissioner Capital Plan which has been approved in principle by NHS England.

The MIG working group has met to review the submitted expressions of interest from GP Practices. While the GPIT BAU Replacement & Refresh PID is currently being worked on, ahead of submission to the ICB's Chief Finance Officer.

Frimley ICB also received additional Capital in 25-26 for the Utilisation & Modernisation Fund for GP Practices of £1.2million. Schemes have been submitted against this £1.2m and approved in principle, with the Estates and Primary Care Team prioritising the schemes based on the PCN Toolkit, clinical need, Estates principles and Premises Cost Direction guidance.

Approved Schemes:

NHSEI PID Reference	Scheme Name	Rationale	Scheme Category	Full PID Value	PIDs awaiting submission	PIDs awaiting approval	PIDs Approved	Balance remaining
				£'000				
QNQ-2526-001	GPIT & Corporate replacement for Out of Warranty / Breakfix devices	Replacement programme for out of warranty GPIT equipment	GPIT	368	0	368	0	0
QNQ-2526-003	GPIT Core - N365 Licences	To sustain the existing provision of N365 licenses in general practice	GPIT	174	0	174	0	0
QNQ-2526-004	GPIT Core - EMIS XA Licence	To sustain the existing provision of EMIS XA licenses within the system	GPIT	178	0	178	0	0
QNQ-2526-002	Frimley ICB Primary Care MIG Scheme - LANGLEY	Increasing clinical and admin capacity, improving access and infection control. Includes an increase on schemes, to cover any GPIT expenditure.	MIG	726	0	726	0	0
QNQ-2526- UMF	Frimley ICB Modernisation and Utilisation Fund Schemes	Increasing clinical capacity for Primary Care Services. Supporting schemes for reconfiguration & refurbishment of existing estates that increase utilisation and capacity.	UMF	1,200	0	1,200	0	0
QNQ-2526-PY	Prior Year Capital Underspend	PY Underspend on Health Hubs. This can be re-purposed in 25/26 towards another capital scheme (following approval by NHS England on a Capital PID).	TBC	58	0	58	0	0
Total Frimley ICB Capital Schemes				2,703	0	2,703	0	0



Performance Data for Month 05



Integrated Finance and Performance Report - Executive Summary

National Priorities - RTT

Indicator	Actual	Target	Trend
<div style="display: flex; justify-content: space-between; align-items: center;"> 768 ▼ </div> <p>E.B.40 Percentage of RTT patients waiting 18 weeks or less</p>	<p>56.6%</p> <p>01 August 2025</p>	<p>56%</p> <p>(End of year Target is 60%)</p>	
<div style="display: flex; justify-content: space-between; align-items: center;"> 630 ▼ </div> <p>E.B.18 RTT waiting list - 52+ weeks</p>	<p>1912</p> <p>01 August 2025</p>	<p>707</p> <p>(Target is 1% of total wait list)</p>	
<div style="display: flex; justify-content: space-between; align-items: center;"> 634 ▼ </div> <p>E.B.40 RTT waiting list - less than 18 weeks</p>	<p>42814</p> <p>01 August 2025</p>	<p>No National Target</p>	
<div style="display: flex; justify-content: space-between; align-items: center;"> 633 ▼ </div> <p>E.B.3a RTT waiting list - total</p>	<p>75591</p> <p>01 August 2025</p>	<p>No National Target</p>	

Integrated Finance and Performance Report - Executive Summary

National Priorities - Cancer

Indicator	Actual	Target	Trend ● Actual ● Plan ● Target
672 E.B.27 Percentage of patients receiving communication of cancer diagnosis within 28d faster diagnosis standard	73.1% 01 August 2025	78% (End of year Target is 80%)	
669 E.B.35 Cancer - Percentage of patients seen within 62d	79.6% 01 August 2025	72% (End of year Target is 75%)	
674 E.B.38 Percentage of people treated beginning first or subsequent treatment of cancer within 31 days of receiving a decision to treat/earliest clinically...	94.2% 01 August 2025	(Blank) (End of year Plan is 95%)	

Integrated Finance and Performance Report - Executive Summary

National Priorities - MH, LDA, CYP

Indicator	Actual	Target	Trend
9001 <input type="checkbox"/> % of Annual Health Checks carried out for persons aged 14 years or over on the QOF Learning Disability Register in the period	32.3% 01 August 2025	No National Target	
787 <input type="checkbox"/> E.H.37 Mean Length of stay for discharges in the RP for people aged 18 and over from adult acute, older adult acute and PICU beds (MHS156b)	56.2 01 August 2025	72	
790 <input type="checkbox"/> E.A.5 Active inappropriate adult acute mental health out of areas placements (OAPs) (OAP03a)	0 01 July 2025	No National Target	
766 <input type="checkbox"/> E.H.9 CYP Access - Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact (MHS95)	10810 01 August 2025	9180	

Integrated Finance and Performance Report - Executive Summary

National Priorities - UEC

Indicator	Actual	Target	Trend ● Actual ● Plan ● Target
736 E.M.13 Percentage of attendances at Type 1, 2, 3 A&E departments, departing in less than 4 hours	75.3% 01 August 2025	78%	
741 E.M.13 Total number of attendances at Type 1, 2, 3 A&E departments.	33719 01 August 2025	No National Target	
331 AQI A31 Cat 2 Mean Response Time - SCAS	27.2 01 August 2025	30.0	
332 AQI A31 Cat 2 Mean Response Time - SECAMB	28.5 01 August 2025	30.0	

Integrated Finance and Performance Report - Executive Summary

National Priorities - Primary Care

Indicator	Actual	Target	Trend
<div style="display: flex; justify-content: space-between; align-items: center;"> 837 ▼ </div> <p>% of Appointments within 14 days</p>	<p>72.4%</p> <p>01 July 2025</p>	<p>No National Target</p>	
<div style="display: flex; justify-content: space-between; align-items: center;"> 836 ▼ </div> <p>Appointments within 14 days</p>	<p>293207</p> <p>01 July 2025</p>	<p>No National Target</p>	
<div style="display: flex; justify-content: space-between; align-items: center;"> 796 ▼ </div> <p>E.D.19 Appointments in General Practice and Primary Care Networks</p>	<p>362856</p> <p>01 July 2025</p>	<p>No National Target</p>	
<div style="display: flex; justify-content: space-between; align-items: center;"> 861 ▼ </div> <p>Units of Dental Activity Delivered by Foundation Dentists</p>	<p>3283</p> <p>01 May 2025</p>	<p>No National Target</p>	

BOB ICB Finance Report

Month 06 - 2025/26

BOB system summary position M06

Surplus / (Deficit) - Adjusted Financial Position Organisation	YTD Plan	YTD Actual	YTD Variance	Annual Plan	Forecast Outturn	Forecast Variance	Annual Plan Income/ Allocation
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Berkshire Healthcare NHS Foundation Trust	1.3	1.3	0.0	1.7	1.7	0.0	(396.1)
Buckinghamshire Healthcare NHS Trust	(5.8)	(5.8)	0.0	(0.8)	(0.8)	0.0	(687.2)
Oxford Health NHS Foundation Trust	1.4	1.5	0.0	4.8	4.8	0.0	(706.7)
Oxford University Hospitals NHS Foundation Trust	(7.0)	(6.7)	0.3	2.0	2.0	0.0	(1,722.3)
Royal Berkshire NHS Foundation Trust	(10.1)	(10.1)	0.0	(7.8)	(7.8)	0.0	(663.2)
TOTAL In-System Providers Surplus/ (Deficit)	(20.2)	(19.9)	0.3	(0.2)	(0.1)	0.0	
Buckinghamshire, Oxfordshire And Berkshire West ICB	(12.9)	(12.9)	0.0	0.1	0.1	0.0	(4,457.9)
BOB ICS Surplus/ (Deficit)	(33.1)	(32.8)	0.3	(0.0)	(0.0)	0.0	

* The column figures represent each individual organisations income so BOB's £4,458m would include an element of the income reflected in the provider lines.

YTD system overview at M06:

- The system reported a YTD £32.8m deficit (including deficit support funding), which is £0.3m favourable to plan.
- YTD efficiency delivery at M06 was £1.2m favourable to plan, with adverse efficiency positions at the ICB (£3.8m) and OUH (£1.0m) offset by over-delivery in RBFT.
- 95% of system efficiency plans were fully developed at M06 (91% at M05), with £16.0m of CIPs previously categorised as fully developed at M05 reclassified as unidentified at M6 (OUH – following guidance from Region about the treatment of wholly owned subsidiaries).
- Cash balances at OUH and RBFT remain favourable to plan at M06, partly due to the cash impact of the backdated pay award in August. There remain cash challenges to be managed within the system from M09, and the acute trusts are monitoring this situation closely.
- A risk share has been agreed to deliver recurrent savings to mitigate the £24m allocated to the in-system acute providers at planning stage. At M06, £3.0m has been provisionally agreed as being delivered (subject to data quality reviews underway) with a further £21m of schemes identified to mitigate by year-end. This is an increase from M05 and demonstrates the progress that has been made across the workstreams following the system workshop held in September. Each scheme will be developed to have a defined delivery plan and milestone tracker, monitored through the weekly workstream governance process. This ensures early identification of delivery risks, targeted mitigating actions, and sustained focus on achieving identified savings.

ICB Overall position M06

BOB ICB OVERALL by Service Line M6	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£'m	£'m	£'m	£'m	£'m	£'m
Acute	1,032.0	1,031.9	0.1	2,036.2	2,041.8	(5.6)
Community Health Services	213.6	214.1	(0.5)	428.4	430.7	(2.3)
Continuing Care	112.4	116.4	(4.0)	225.0	229.9	(4.9)
Mental Health	206.9	213.9	(7.0)	410.8	424.2	(13.3)
Other Programme	10.5	(3.8)	14.4	31.0	3.4	27.6
Primary Care	24.0	24.5	(0.6)	48.1	48.8	(0.7)
Prescribing, Central Drugs and Oxygen	147.7	150.1	(2.3)	292.3	293.1	(0.7)
Delegated Specialised Commissioning	238.2	238.2	0.0	478.7	478.7	0.0
Pharmacy, Optometry and Dentistry (POD)	77.3	77.3	0.0	155.3	155.3	0.0
Delegated Co-Commissioning	196.1	196.1	0.0	391.4	391.4	0.0
Total Programme Commissioned Costs	2,258.6	2,258.6	0.0	4,497.2	4,497.2	(0.0)
Admin Costs	13.4	13.4	(0.0)	26.8	26.8	0.0
Total before ICB Surplus/(Deficit)	2,272.0	2,272.0	0.0	4,524.0	4,524.0	0.0
ICB Surplus / (Deficit)			(12.9)	0.2	0.0	0.2
Total after Surplus/ (Deficit)	2,259.2	2,272.0	(12.9)	4,524.2	4,524.0	0.1

At M06, the overall ICB position is breakeven YTD and FOT.

The main drivers of the movement are:

- **Acute (adverse £5.6m)** – activity over performance against plan for Frimley Trust, BHT, Circle and Ramsay. There are, however, other cost pressures and under performances together with on-going activity data issues that are being investigated through data validation and the challenge process.
- **Community (adverse £2.3m)** - due to Physio and Endoscopy over performance (£1.2m) and Equipment (£1.9m) due to the national change in provider (NRS to Millbrook).
- **Mental Health & LD (adverse £13.3m)** - predominantly due to Sec.117, ADHD Right to Choose spend increase against budget. A deep dive exercise is being carried out to ascertain the drivers.

The overall YTD and full year position also included underspends and other mitigations such as releasing uncommitted prior year accruals, favourable dispute resolutions and projected underspends in vacancies to support the breakeven position.

ICB Staff WTEs M06

ICB Staff WTEs M6	2025/26 Pay Budget			2025/26 Permanent staff in post M6			2025/26 WTE Variances post M6			OPWs inc Agency		
	Running costs	Programme	Total	Running costs	Programme	Total	Running costs	Programme	Total	Running costs	Programme	Total
Directorate	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Corporate/Senior Leadership Team	9.4	0.0	9.4	8.1	0.0	8.1	(1.3)	0.0	(1.3)	0.0	0.0	0.0
Medical	14.0	87.7	101.7	10.5	63.1	73.6	(3.5)	(24.6)	(28.1)	0.0	3.4	3.4
Delivery Performance & Oversight	35.3	53.1	88.4	24.3	46.3	70.5	(11.0)	(6.8)	(17.9)	1.0	2.0	3.0
Nursing	24.0	190.8	214.8	18.7	124.7	143.4	(5.3)	(66.2)	(71.4)	0.0	28.3	28.3
Finance & Contracting	77.0	0.0	77.0	57.5	0.4	57.9	(19.5)	0.4	(19.1)	4.5	0.0	4.5
People	13.0		13.0	6.6		6.6	(6.4)	0.0	(6.4)	4.0	0.0	4.0
Strategy Digital & Transformation	50.9	35.1	86.0	37.7	26.1	63.8	(13.2)	(9.0)	(22.2)	0.2	0.0	0.2
Totals	224	367	590	163	261	424	(60)	(106)	(166)	9.7	33.7	43.4

Per the table above, overall actual Staff in Post at M06 is showing 166 WTE less than plan across both running cost and programme budgets. This is mainly due to vacancies across all directorates. 43 of these vacancies are then being covered by Off Payroll Workers (OPW).

MEMO M6 ESR and Payroll data:

Funded WTE (incl TVCA wte)	590
Permanent WTE on payroll	436
Off Payroll Workers WTE	43
Headcount on payroll	490

ICB Staff Costs M06

ICB Staff YTD M6	2025/26 Pay Budget			2025/26 Permanent staff in post M6			2025/26 Variances in post M6			OPWs inc Agency		
	Running costs	Programme	Total	Running costs	Programme	Total	Running costs	Programme	Total	Running costs	Programme	Total
Directorate	£m's	£m's	£m's	£m's	£m's	£m's	£m's	£m's	£m's	£m's	£m's	£m's
Corporate/Senior Leadership Team	1.0	0.0	1.0	0.9	0.0	0.9	(0.1)	0.0	(0.1)	0.00	0.00	0.00
Medical	0.8	2.6	3.3	0.7	2.4	3.1	(0.1)	(0.1)	(0.2)	0.00	0.16	0.16
Delivery Performance & Oversight	1.6	0.9	2.5	1.3	1.9	3.2	(0.3)	1.0	0.7	0.04	0.18	0.22
Nursing	0.9	5.0	5.9	0.8	3.6	4.4	(0.1)	(1.4)	(1.5)	0.00	1.38	1.38
Finance & Contracting	2.8	0.1	2.8	2.2	0.0	2.2	(0.6)	(0.0)	(0.6)	0.42	0.00	0.42
People	0.6		0.6	0.3	0.0	0.3	(0.3)	0.0	(0.3)	0.17	0.00	0.17
Strategy Digital & Transformation	2.2	1.6	3.8	1.6	1.3	2.8	(0.7)	(0.3)	(1.0)	0.02	0.00	0.02
Uplift					0.0	0.0		0.0	0.0			
Totals	9.8	10.1	19.9	7.7	9.3	17.0	(2.1)	(0.9)	(3.0)	0.65	1.72	2.37

The underspend is indicative of the on-going vacancies as a result of the recruitment freeze, the £3m variance does not include any costs of filling vacancies with agency staff or secondments and any off-payroll workers . These costs have been shown at the far side of the table.

The budgets have been uplifted to reflect the wage award staff received in M05.

CIP Summary by Workstream M6

Workstream	Executive Lead	YTD M6 Plan £m	YTD M6 Actual £m	YTD M6 Variance £m	Full Year Plan £m	Full Year Forecast £m	Variance £m
Acute	Matthew Tait	8.1	8.0	0.1	20.6	20.6	-
AACCC	Sarah Bellars	7.1	5.2	1.9	14.0	14.0	0.0
Community	Matthew Tait	1.9	1.8	0.1	2.9	2.9	-
Primary Care	Ben Riley	2.3	1.9	0.4	4.4	4.4	-
Other Programme	Alastair Groom	2.8	2.7	0.1	5.2	5.2	-
Primary Care Prescribing	Ben Riley	6.6	5.8	0.9	16.4	16.4	-
Running Cost	Alastair Groom	0.8	0.8	-	1.5	1.5	-
DDAT	Hannah Iqbal	0.4	0.4	-	0.7	0.7	-
Mental Health	Matthew Tait	0.8	0.5	0.3	2.0	2.0	-
Total		30.7	26.9	3.8	67.7	67.7	0.0

Workstream Full Year Forecast Risk RAG Rating Summary			
Low £m	Medium £m	High £m	Full Year Forecast £m
19.1	1.0	0.5	20.6
10.2	-	3.8	14.0
2.4	-	0.5	2.9
3.4	-	1.0	4.4
5.0	-	0.2	5.2
10.6	1.7	4.1	16.4
1.5	-	-	1.5
0.7	-	-	0.7
-	1.5	0.5	2.0
52.8	4.2	10.7	67.7

Delivery to M6 is £26.9m against a plan of £30.7m giving a shortfall to plan of £3.8m (M5 - £3.9m) This is largely due to stretch CIPs being phased too early in the year and a number of schemes delivering below plan.

The year end forecast for CIP delivery remains on plan but there are considerable risks, with schemes RAG rated High risk totalling £10.7m (M5 - £7.3m) and schemes RAG rated Medium risk totalling £4.2m (M5- £11.3m). Details of both High and Medium Risk rated schemes are included in the following slide.

The material changes from M5 include:

- The AACCC Stretch target (forecast £3.8m) increased from medium risk to high risk as the overall year end forecast indicates total spend will be above budget. CIP schemes need to be identified to deliver stretch CIP target.
- Primary Care Prescribing net reduction in year end forecast, for a number of CIP schemes not expected to deliver savings by year end. The team is reviewing options to mitigate shortfall.
- High-Cost Devices scheme forecast savings of £0.5m, risk rating increased from medium to high risk as detailed delivery plans yet to be confirmed
- £1.5m of medical CIP stretch target has now been fully mitigated reduced from medium to low risk.

Overall, while the total year end forecast remains on plan, achievement is dependent on resolving the identified high-risk schemes.

ICB Other Financial Statements – Balance Sheet M06

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Statement of financial position as at:	As at 31 March 25 £m	As at 31 August 25 £m	Movement £m	As at 30 September 25 £m
30 September 2025				
Non current assets	1.6	1.3	(0.1)	1.3
Total non current assets	1.6	1.3	(0.1)	1.3
NHS receivables -revenue	1.2	0.2	(0.2)	0.0
NHS prepayments and accrued income	1.7	27.5	(23.7)	3.8
Non-NHS receivables - revenue	2.1	0.7	2.7	3.5
Non-NHS prepayments and accrued income	3.9	11.1	(1.1)	10.0
Other receivables	25.9	4.6	(1.9)	2.7
Total trade and other	34.7	44.1	(24.1)	20.0
Cash	1.0	3.1	(0.9)	2.3
Total current assets	37.3	48.5	(25.0)	23.5
NHS payables - revenue	(11.9)	(5.8)	(1.5)	(7.2)
NHS accruals and deferred income	(29.6)	(4.3)	(1.5)	(5.8)
Non-NHS payables - revenue	(33.5)	(5.9)	(5.2)	(11.2)
Non-NHS payables - capital	(0.1)	(0.0)	0.0	(0.0)
Non-NHS accruals and deferred income	(103.8)	(131.5)	(9.0)	(140.5)
Other payables	(55.2)	(42.0)	8.8	(33.2)
Borrowings	0.0	(0.2)	0.2	0.0
Provisions	(3.2)	(2.5)	0.0	(2.5)
Total current liabilities	(237.3)	(192.2)	(8.2)	(200.4)
Total non current liabilities	(0.6)	(1.1)	0.0	(1.1)
Total assets employed	(200.6)	(144.8)	(33.2)	(178.0)
General fund	(200.6)	(144.8)	(33.2)	(178.0)
Total taxpayers equity	(200.6)	(144.8)	(33.2)	(178.0)

The statement of financial position summarises the assets and liabilities of the ICB at a point in time.

- Receivables have decreased by £24.1m and now stand at £20.0m.
- Cash ledger balance at 30 September stands at £2.3m.
- Current liabilities have increased by £8.2m and now stand at £200.4m.
- The net result is an increase in total taxpayers equity of £33.2m.

ICB Other Financial Statements Receivables and Cash M06

Receivables

Aged receivables	NHS receivables		Non NHS receivables		Total	
	Value (£m)	No	Value (£m)	No	Value (£m)	No
Less than 31 days (not due)	0.0	0	3.0	17	3.0	17
Between 31 - 60 days	0.0	1	0.0	2	0.0	3
Between 61 - 90 days	0.0	0	0.0	1	0.0	1
Greater than 90 days	0.0	0	0.5	3	0.5	3
Total	0.0	1	3.5	23	3.5	24

At the end of month, BOB ICB had 3 non NHS overdue invoices over 90 days.

Non NHS over 90 days debts amounts are being proactively chased, and outstanding salary overpayment, efforts to recover amount is being progressed via legal route.

Cash drawings

Main cash drawdown to date	Prescribing to date	Total cash drawings to date	Current allocation	Drawings to date as a % of allocation
£m	£m	£m	£m	%
2,103.0	191.6	2,294.6	4,522.8	50.7%

- The ICB processed a cash drawdown of £325.2m in September resulting in a total annual figure of £2,103.0m.
- The drawings against prescribing stand at £191.6m (including £38.4m dental).
- The cash drawn down to date is £2,294.6m which represents 50.7% utilisation against annual cash allocation limit of £4,522.8m.
- At the end of the month the ICB had £2.3m cash at bank which represents 0.7% of cash drawn down for the month.
- The ICB has achieved NHSE cash at bank target which should be no greater than 1.25% of cash drawn down for the month.

ICB Other Financial Statements – Payables M06

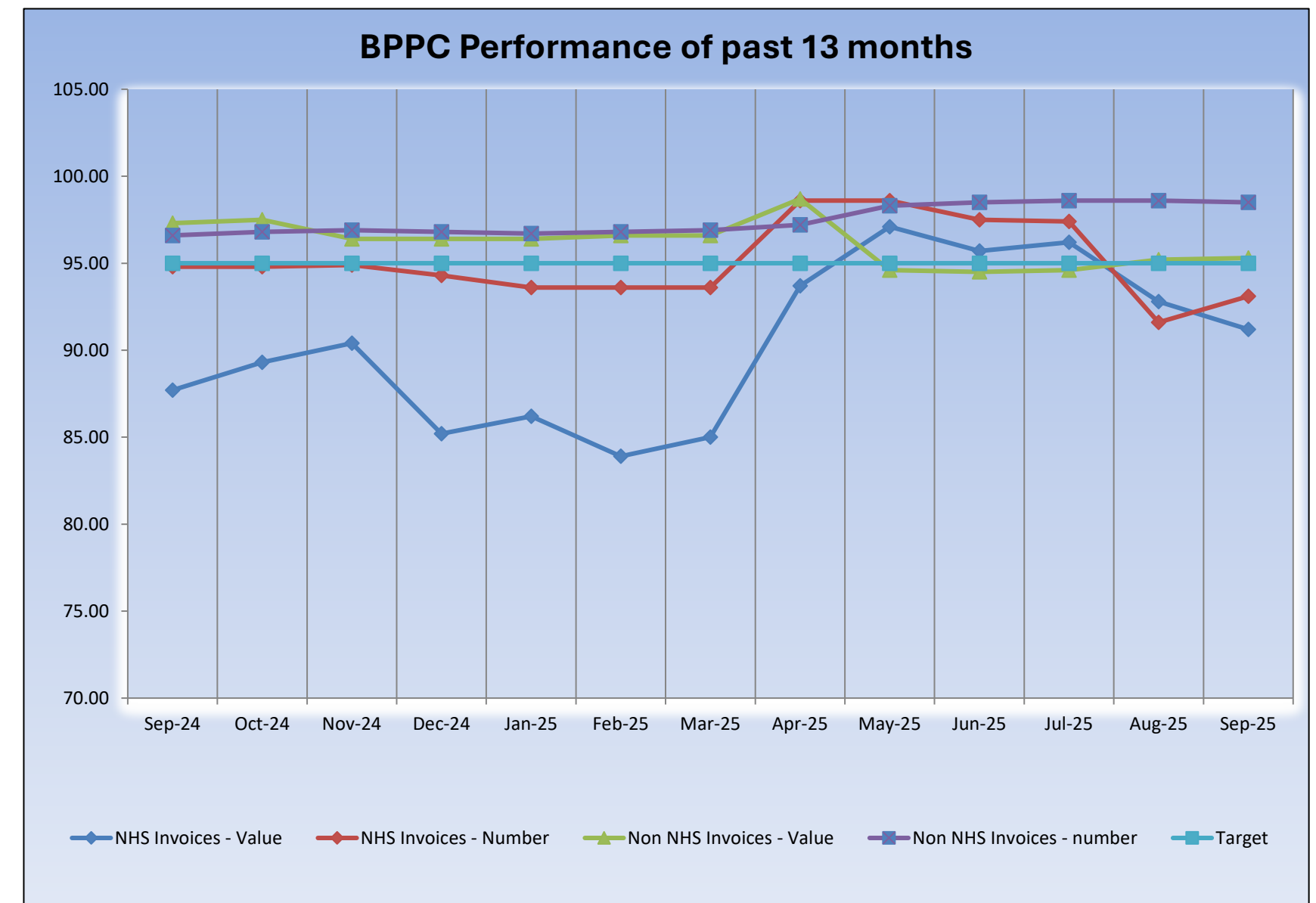
Aged payables - value	Not Due	Overdue	Overdue	Overdue	Overdue	Total
	1-30 days	31-60 days	61-90 days	90+ days		
	£m	£m	£m	£m	£m	£m
At 31 July	13.8	9.2	1.8	4.6	17.7	47.1
At 31 August	12.1	4.9	3.9	1.1	17.7	39.7
At 30 September	18.2	4.3	1.4	1.9	5.6	31.5
Aged payables - volume	Nos	Nos	Nos	Nos	Nos	Total Nos
At 31 July	1,444	531	262	178	1,067	3,482
At 31 August	1,353	490	319	191	1,127	3,480
At 30 September	769	493	290	252	1,025	2,829

The value of NHS invoices has been significantly reduced with the introduction of block payments, which are not invoiced, and therefore not included in the figures above.

The Better payment practice code requires the ICB to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The target for achievement is 95%. The ICB is achieving its target of paying NHS invoices by volume and value.

Better payment practice code - payment within 30 days (cumulative ytd)	NHS invoices		Non NHS invoices		Total	
	Value of invoice £m	Number	Value of invoices £m	Number	Value of invoice £m	Number
Total invoices paid	14.9	507	230.6	24,559	245.5	25,066
Total invoices paid within 30 days	13.6	472	219.8	24,200	233.4	24,672
% Paid within 30 days	91.2%	93.1%	95.3%	98.5%	95.1%	98.4%
Rating	Amber	Amber	Green	Green	Green	Green

95% or more
75% to 95%
Less than 75%

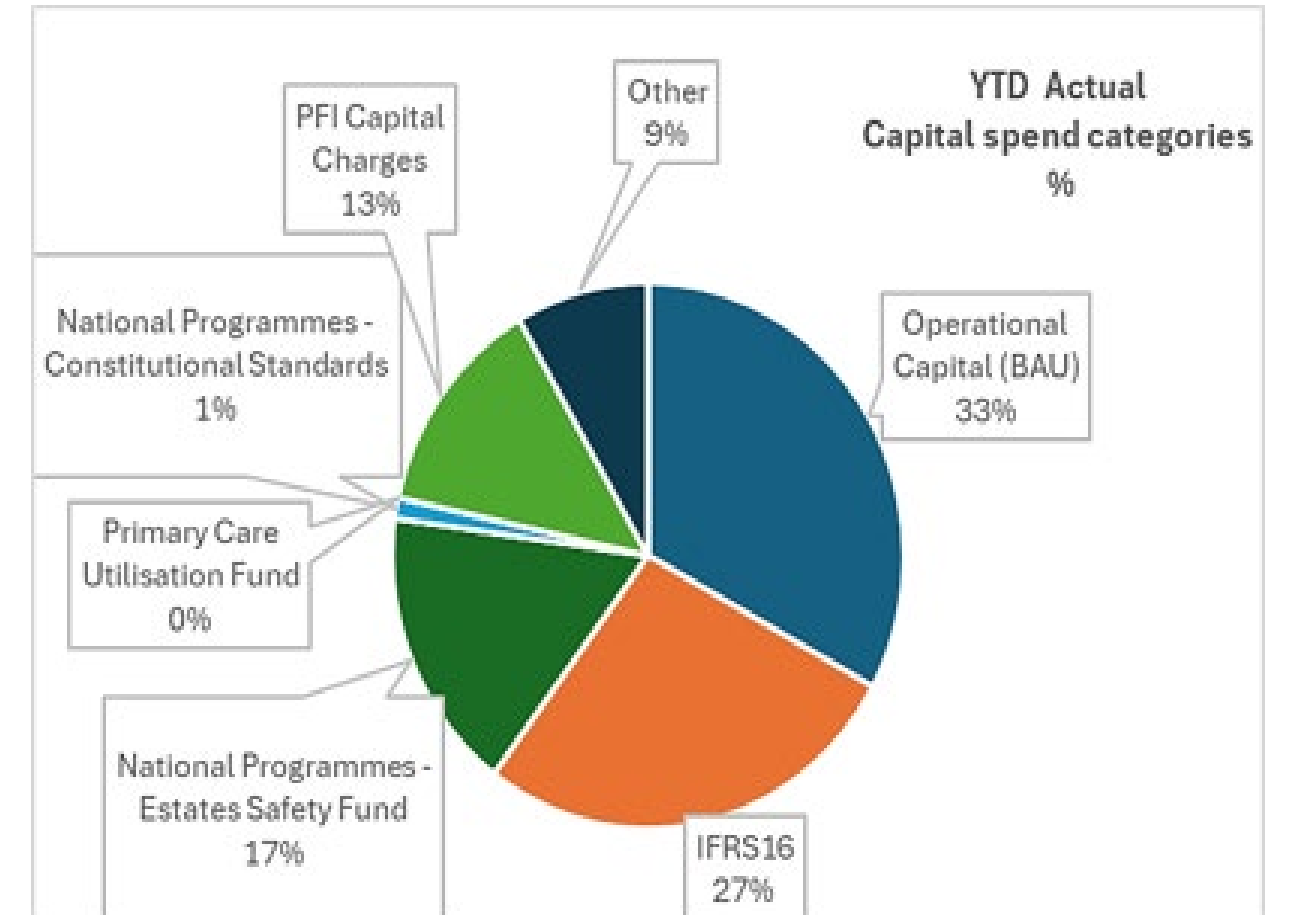


ICS Capital 2025/26 M06



Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Category	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Updated TOTAL Allocation	Forecast Variance vs Allocation
Operational Capital (BAU)	28.5	13.3	15.3	74.3	73.2	74.4	1.1
IFRS16	11.0	11.0	0.0	48.8	53.0	51.9	(1.1)
National Programmes - Estates Safety Fund	11.6	6.8	4.8	37.1	37.1	37.1	(0.0)
National Programmes - Constitutional Standards	3.5	0.5	3.0	39.6	29.2	41.5	12.3
Primary Care Utilisation Fund	1.4	0.0	1.4	2.8	2.8	2.8	0.0
PFI Capital Charges	5.3	5.3	0.0	10.6	10.6		
Other	5.0	3.4	1.6	13.3	17.4		
BOB ICS TOTAL	66.3	40.3	26.1	226.5	223.3	207.6	12.3
ICS CDEL total	62.1	37.1	25.0	216.3	213.0	205.7	(7.3)
Berkshire Healthcare NHS Foundation Trust	5.2	2.9	2.4	22.4	22.4	20.8	(1.6)
Buckinghamshire Healthcare NHS Trust	14.9	11.6	3.2	66.6	58.7	65.1	6.5
Oxford Health NHS Foundation Trust	9.1	2.0	7.0	20.9	21.1	20.6	(0.5)
Oxford University Hospitals NHS Foundation Trust	18.4	12.3	6.1	62.7	64.6	57.4	(7.1)
Royal Berkshire NHS Foundation Trust	11.2	8.3	3.0	37.4	39.7	35.1	(4.6)
Buckinghamshire, Oxfordshire and Berkshire West ICB	3.3	0.0	3.3	6.2	6.6	6.6	0.0
ICS Non-CDEL total	4.2	3.2	1.0	10.2	10.2	1.9	19.6



Gross Capital values: Owned (all funding sources), IFRS16 and PFI/ IFRIC 12 assets *Source: Provider PFR (per PFR tab 16)*

- System YTD capital was underspent by £26.1m due to plan profiles, of which:
 - £15.3m of the operational capital schemes underspend relates to OHFT (£5.3m), RBFT (£3.7m), BHT (£3.1m), BOB ICB (£1.9m) and others (£1.3m).
 - National Programmes (Estates Safety, Constitutional Standards and Primary Care Utilisation Fund) are underspent by £9.2m and others (£1.6m) YTD.
- The full-year forecast is to catchup up on capital spend in H2 with an outturn underspend of £12.3m against approved plans and allocations. Anticipated allocation adjustment to be completed by NHSE on the BHT endoscopy project (to be spent in 2026/27). Once the adjustment is completed, this will eliminate the in-year forecast underspend.
- IFRS 16 is forecast to be £1.1m overspent. This relates to RBFT and OUH. Other operational capital has been adjusted to ensure that total forecast spend remains within the ICS allocation.

BOB ICS Key Capital Priorities are:

- BOB ICS Estates and Capital Workstream (BAU)
- National Programme Estates Safety Fund (CIR)
- National Programme Constitutional Standards
- Primary Care IT
- Primary Care Utilisation Fund



BOB Performance Data for Month 05



National Priorities - RTT

	Indicator	Actual	Target	Trend ● Actual ● Plan ● Target	Actions
768 ▾	E.B.40 Percentage of RTT patients waiting 18 weeks or less	64% 01 August 2025	65.0%		Work continues to drive down waiting times, including the mobilisation of the Ophthalmology SPOA with other HVLC procedures being explored by the APC.
630 ▾	E.B.18 RTT waiting list - 52+ weeks	4,175 01 August 2025	1,857		Work is in train to deliver operating plan trajectories and elimination of any >65wks by December, including the use of mutual aid and mitigating any risks to delivery associated with Industrial Action
634 ▾	E.B.40 RTT waiting list - less than 18 weeks	118,783 01 August 2025	N/A		The APC work in managing HVLC demand through a SPOA model is working well in Ophthalmology with other specialities now being explored.
633 ▾	E.B.3a RTT waiting list - total	185,730 01 August 2025	181,416		All Trusts participated in the waiting list validation sprint in Qu1 and Qu2 to ensure waiting list are accurate and advice and guidance continues to be promoted as an alternative to referral where clinically appropriate

National Priorities - Cancer

	Indicator	Actual	Target	Trend	Actions
672	E.B.27 Percentage of patients receiving communication of cancer diagnosis within 28d faster diagnosis standard	78.0% 01 August 2025	80.0%		<p>BHT - increase in referrals for breast, UGI and LGI. Breast - radiology vacancy impacting one stop clinic.</p> <p>OUH - Driven by Gyane and Urology impacting position</p> <p>RBH - increase in skin referrals</p> <p>Funding in place</p>
669	E.B.35 Cancer - Percentage of patients seen within 62d	65.0% 01 August 2025	75.0%		<p>BHT - position driven by Urology and breast.</p> <p>OUH - dip in performance due to PC and AL</p> <p>RBH - Driven by urology, LGI and gynae, however seeing increases in Breast.</p> <p>TVCA funding in place, supporting key pathways</p>
674	E.B.38 Percentage of people treated beginning first or subsequent treatment of cancer within 31 days of receiving a decision to treat/earliest clinically appropriate date	84.2% 01 August 2025	N/A		<p>BHT - highest breaches in skin followed by breast</p> <p>OUH - driven by Gynae, urology, LGI and lung</p> <p>RBH - performance dip driven by capacity in surgery impacting gynae, urology and LGI</p>

BOB - Integrated Finance and Performance Report - Executive Summary

National Priorities - MH, LDA & CYP

	Indicator	Actual	Target	Trend	Actions
9001	% of Annual Health Checks carried out for persons aged 14 years or over on the QOF Learning Disability Register in the period	12.5% 01 June 2025	N/A		Monitoring of LD health check uptake rates continues to be addressed through performance dashboards and practice discussions / visits.
787	E.H.37 Mean Length of stay for discharges in the RP for people aged 18 and over from adult acute, older adult acute and PICU beds (MHS156b)	48 01 August 2025	50		on track
790	E.A.5 Active inappropriate adult acute mental health out of areas placements (OAPs) (OAP03a)	5 01 August 2025	0		on track
766	E.H.9 CYP Access - Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact (MHS95)	26,705 01 August 2025	26,531		on track

BOB - Integrated Finance and Performance Report - Executive Summary

National Priorities - UEC

	Indicator	Actual	Target	Trend ● Actual ● Plan ● Target	Actions
736 ▾	E.M.13 Percentage of attendances at Type 1, 2, 3 A&E departments, departing in less than 4 hours	75.5% 01 September 2025	78.0%		Winter plans in place at Trust, Place and System level to mitigate pressures and deliver operating plan trajectories throughout the winter period, including the mitigations of any risks associated with Industrial Action
741 ▾	E.M.13 Total number of attendances at Type 1, 2, 3 A&E departments.	51,537 01 September 2025	N/A		Work continues with place partners to optimise use and promote available alternatives to ED through SPOA, UCR, 111 first, Pharmacy first.
331 ▾	AQI A31 Cat 2 Mean Response Time - SCAS	27.2 01 August 2025	30		SCAS continue to drive improvements to support Cat2 response times and are forecasting year end performance to be better than the national target of 30mins. SCAS continues to work collaboratively with Trusts to further reduce handover delays

BOB - Integrated Finance and Performance Report - Executive Summary

National Priorities - Primary Care

	Indicator	Actual	Target	Trend ● Actual ● Plan ● Target	Actions																																								
837 ▾	% of Appointments within 14 days	82.3% 01 July 2025	N/A	<table border="1"> <caption>% of Appointments within 14 days</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Apr 2024</td><td>82%</td></tr> <tr><td>May 2024</td><td>83%</td></tr> <tr><td>Jun 2024</td><td>83%</td></tr> <tr><td>Jul 2024</td><td>83%</td></tr> <tr><td>Aug 2024</td><td>84%</td></tr> <tr><td>Sep 2024</td><td>83%</td></tr> <tr><td>Oct 2024</td><td>76%</td></tr> <tr><td>Nov 2024</td><td>82%</td></tr> <tr><td>Dec 2024</td><td>85%</td></tr> <tr><td>Jan 2025</td><td>84%</td></tr> <tr><td>Feb 2025</td><td>85%</td></tr> <tr><td>Mar 2025</td><td>84%</td></tr> <tr><td>Apr 2025</td><td>82%</td></tr> <tr><td>May 2025</td><td>83%</td></tr> <tr><td>Jun 2025</td><td>83%</td></tr> <tr><td>Jul 2025</td><td>83%</td></tr> </tbody> </table>	Month	Value	Apr 2024	82%	May 2024	83%	Jun 2024	83%	Jul 2024	83%	Aug 2024	84%	Sep 2024	83%	Oct 2024	76%	Nov 2024	82%	Dec 2024	85%	Jan 2025	84%	Feb 2025	85%	Mar 2025	84%	Apr 2025	82%	May 2025	83%	Jun 2025	83%	Jul 2025	83%	High no. of appts. continue to be delivered within 14 days. Requirement to introduce online consultation tools in practices from Oct25 is expected to increase % as it will support triaging and signposting.						
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**Buckinghamshire, Oxfordshire and Berkshire West
and Frimley Integrated Care Boards
Joint Committee**

Title of Paper	Joint ICB Quality Report		
Agenda Item	4.2	Date of meeting	18 November 2025
Exec Lead	Sarah Bellars, CNO Frimley ICB and Interim CNO BOB ICB		
Author(s)	Heidi Beddall, DCNO BOB ICB and Melanie Bessant DCNO Frimley ICB		

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

Decision required	Joint Committee	<input checked="" type="checkbox"/>
	BOB only	<input type="checkbox"/>
	Frimley only	<input type="checkbox"/>
	Meeting in Public	<input checked="" type="checkbox"/>

Executive Summary	
<p>The report will provide high level surveillance of developing quality issues and a precis of current issues and concerns.</p> <p>Areas acknowledged in the report are Patient Advice & Complaints (PACT) data, escalations to the ICB's by providers, Never Events and/or patient safety incidents, CQC updates and external reviews or visits.</p>	
Recommendation	The Joint Committee is asked to note the quality issues and mitigations highlighted in this report.

Conflict of interest identified
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Detail

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome

Joint Quality Boards in Common Public Report

Date of Writing: 5th November 2025

1. Introduction

The purpose of this report is to provide the Boards in Common with high level surveillance of developing quality issues and soft intelligence. The report provides a precis of current issues and concerns that may not be covered in the Quality Report due to the nature of the concern or level of quantifiable assurance at the time of writing.

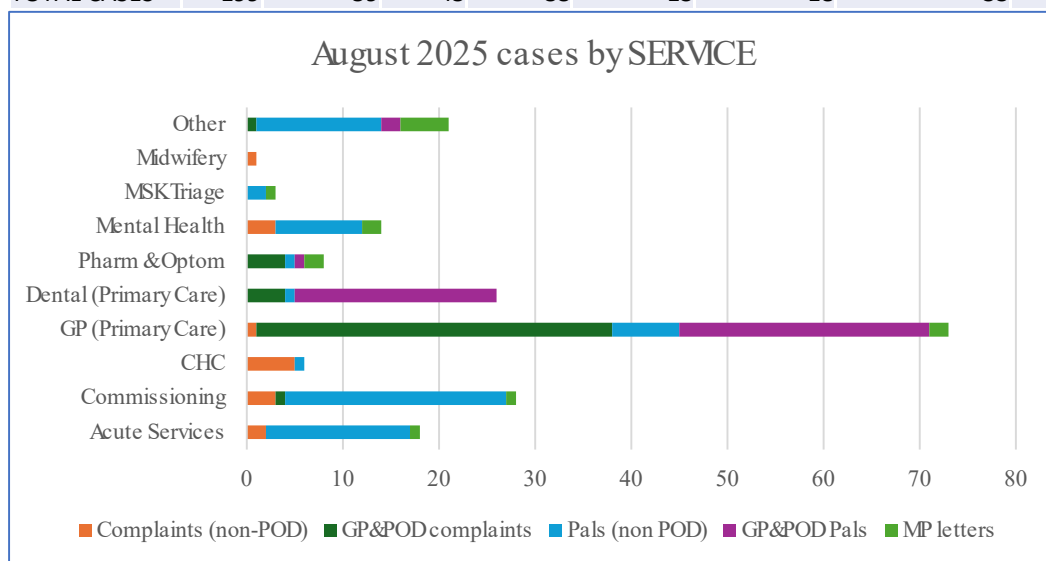
2. Surveillance Update

2.1. Complaints

2.1.1. BOB ICB Update

Patient Advice & Complaints (PACT) Update

August 2025 By SUBJECT	No. Rec'd	Did not proceed with ICB	Clinical Care	Access & Waiting	Attitude & Behaviour	Financial or Policy Issues	Communication	Other
Complaints (non-POD)	15	3	4	2	2	4	1	2
GP&POD complaints	47	40	22	16	5	0	7	3
Pals (non POD)	73	7	11	29	3	9	22	1
GP&POD Pals	50	7	7	33	3	1	3	4
MP letters	14	2	1	8	0	4	0	1
TOTAL CASES	199	59	45	88	13	18	33	11



* 'OTHER' includes wheelchair service, sexual health, covid vacc, diabetic eye screening

There have been 199 cases in August, 59 cases did not proceed to full investigation as 40 cases had been dealt with by local resolution with the patient and GP practice/dental practice.

The key themes continue to be access and waiting, clinical care, and communication. Most of these relate to primary care (GP and Dental), and Pharmacy & Optometry.

Other cases include wheelchair services, sexual health, covid vaccinations and diabetic eye screening.

There have been an increased number of inquiries relating to weight loss injections and difficulty accessing weight management interventions, particularly the Oviva service. The ICB website will be updated with FAQ's regarding this.

There continues to be dissatisfaction around ADHD assessments and barriers to accessing ongoing prescribing of medications under shared care protocols in primary care. The ICB website will be updated with FAQ's regarding this.

2.1.2. Frimley ICB Update

From April 2020, the South Central and West Commissioning Support Unit (CSU) has provided the CCG and ICB with a PALS and complaints service through a service level agreement (SLA) which extended to GP and POD complaints from April 2025.

At the time of writing this report, the CSU team have responded to the following contacts.

<p>Of the 141 complaints logged so far in 2025/2026 (to 30 September):</p> <ul style="list-style-type: none"> • 26 Primary Care complaints resulted in Final Response Letters (FRLs): 22 GP and 4 Dental. • 8 non-Primary Care complaints resulted in FRLs. • 53 Primary Care complaints (48 GP, 4 Dental, 1 Pharmacy) were classified as referred to other organisations (withdrawn, redirected, no consent, or no further communication). • 24 non-Primary Care complaints were classified in the same way. 	<p>PALS Enquires:</p> <table border="1" data-bbox="810 1330 1378 1637"> <thead> <tr> <th>Category</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Logged PALS Enquiries</td> <td>306</td> </tr> <tr> <td>Reclassified Complaints</td> <td>77</td> </tr> <tr> <td>Total</td> <td>383</td> </tr> </tbody> </table>	Category	Count	Logged PALS Enquiries	306	Reclassified Complaints	77	Total	383
Category	Count								
Logged PALS Enquiries	306								
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<ul style="list-style-type: none"> • 29 complaints remain open: 18 Primary Care (14 GP, 3 Dental, 1 Pharmacy) and 11 non-Primary Care. 	
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2.2. Never Events or Patient Safety Incidents

FHFT – At a recent Patient Safety Incident Review Group (PSIRG) meeting and further discussion with the ICB Deputy Chief Nursing Officer, FHFT are going to declare a Never Event following a wrong site surgery. The ICB Quality Lead will be part of the Patient Safety Incident Investigation (PSII) panel as part of our oversight responsibilities and good practice with FHFT.

BHT declared a Never Event on 4th November 2025 involving an overdose of insulin due to the use of an incorrect device. Immediate clinical interventions were implemented, and the patient was safely discharged the following day.

3. Escalations by Provider

BHT – Paediatric Audiology Improvement Programme. The recall process is in progress. The Trust have been supported by the ICB with a 12 week pause in hearing aid follow ups, but the Trust are drafting an options appraisal as this is not considered to provide the capacity, they require to address the recall work. There is a need to confirm mutual aid agreements for the hearing aid work as well as bone-anchored hearing aid (Baja) service which is high risk and not formally commissioned. Waiting lists, prioritisation, and tracking of patients is being monitored.

OUH Epilepsy Service Capacity is leading to long waits. Adult first seizure outpatient Initial appointment wait is currently 9 months when the national standard is two Weeks. New tertiary patients are waiting 1 year compared to a 4-week target, follow up wait is 12-15months. Children’s reviews are 10-12 weeks for initial appointment, and this should be within two weeks.

OUH maternity in 14 trusts named in the national maternity investigation.

BHFT Sodium Valproate National Audit. The Trust have reported difficulties Identifying patients prescribed Sodium Valproate to include in the National Audit. This is because patients are coded per diagnosis and not per drug prescribed.

4. External Reviews or Visits

OUH The Thames Valley & Wessex Adult Critical Care Network visited the Oxford Cardiothoracic Critical Care Unit in July. Recommendations have been made to the Trust, good practice noted.

5. CQC Updates

St Andrews Healthcare. CQC imposed conditions in May, BOB patients have had in person safe and well checks. Further follow up arranged as required.

Primary Care. London Street Surgery had a CQC visit on 29/10/25. Feedback awaited. For Frimley ICB, there have been no CQC visits in October.

OUH Maternity had an unannounced CQC inspection including the four freestanding midwifery led units. Some initial actions required regarding the observation area at John Radcliffe have been undertaken. Further feedback awaited.

RBH Nuclear Medicine were issued a CQC improvement notice in relation to Ionising Radiation (Medical Exposure) Regulations 2017, Regulation 6 Employer's duties: establishment of general procedures, protocols and quality assurance programmes. This has been completed by the Trust ahead of the deadline.

Care Homes –in November Frimley had one Care Home CQC report published for Langley Haven, with a rating of Good.

6. Conclusion

This report has outlined a number of quality issues and concerns that the teams will be working with system partner organisations on during December 2025. Progress on these concerns will be reported to the Boards in Common through a future public report.

Authors:

Heidi Beddall, Deputy CNO, BOB ICB

Melanie Bessant, Deputy CNO, Frimley ICB

Joint Workforce Report (Frimley ICB/ BOB ICB)

November 2025

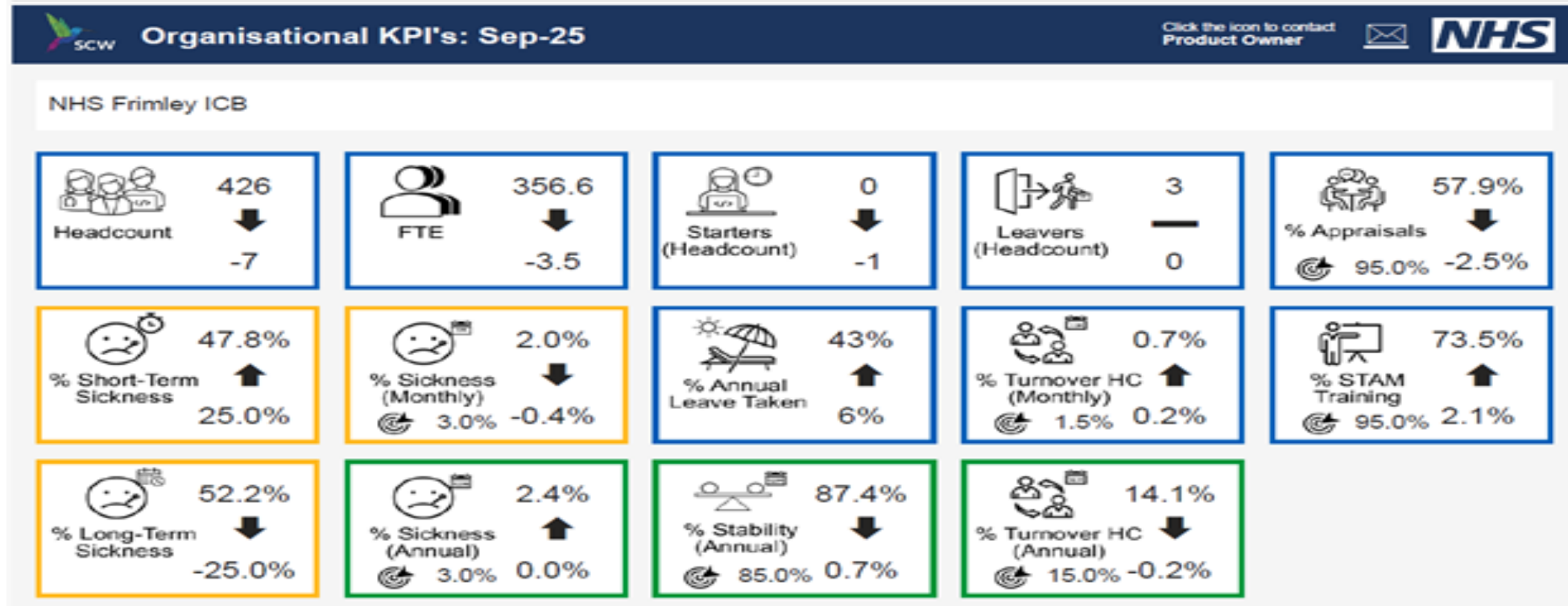
Introduction and Contents

Transition work and development is now underway in the People and OD Directorate, and we are actively re-prioritising work across the directorate to ensure alignment with our strategic goals and operational needs. We have redeployed resource to support the Change Programme whilst we continue to digest and develop the requirements of the 10-year plan to understand the long-term strategic workforce objectives.

This document outlines our key activity over October 2025.

3	Frimley ICB workforce metrics
4	BOB ICB workforce metrics
5 -6	Organisational Development
7-8	Frimley Academy
9-10	Primary Care Training Hub
11-12	Work Well

ICB Workforce Metrics (M06) - Frimley

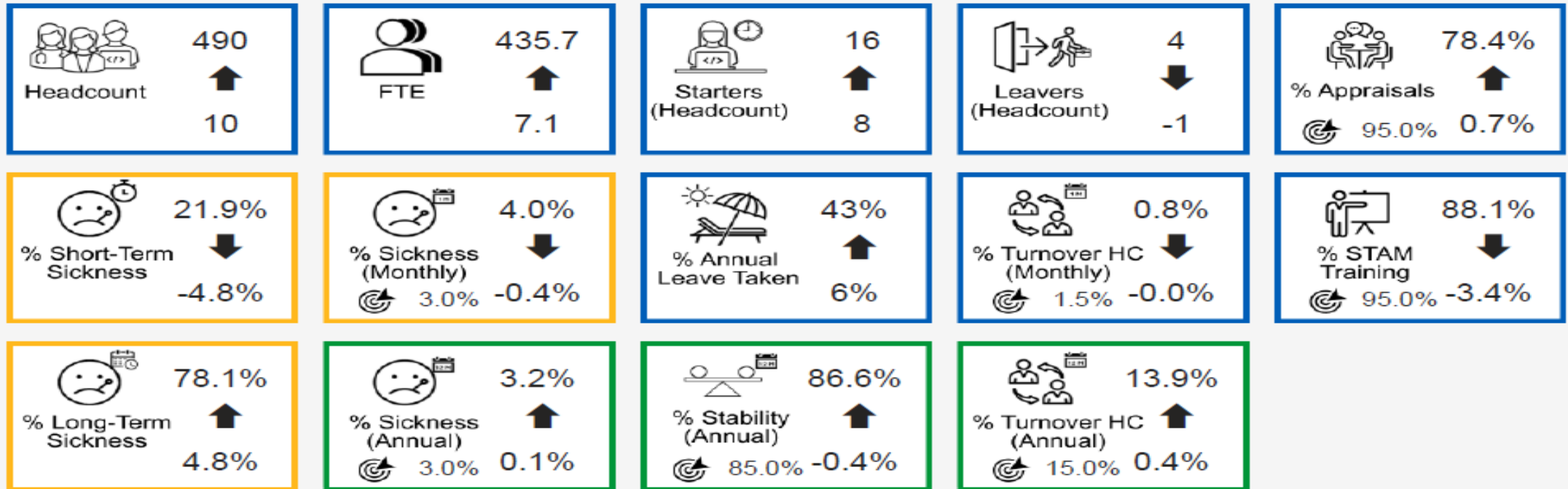


- Headcount and FTE have remained stable over the last 12 months, with September’s headcount at 426 and FTE at 356.6. This is a slight decrease from August (433 headcount, 360.1 FTE), reflecting a reduction of 7 staff and 3.5 FTE. Overall numbers remain relatively stable.
- Annual turnover in September 2025 is 14.1%, a small decrease from August’s 14.3%, and remains below the 15% target. Monthly turnover is steady at between 0.5 and 0.7% over recent months with current levels reflecting a period of stability following the last restructure.
- There were no starters and three leavers in September 2025. Stability remains high at 87%, exceeding the target and reflecting limited movement of staff.
- Monthly sickness absence in September was 2.0%, down from 2.5% in August, and continues to track below the 3% target. The annual absence rate is 2.4%, also the lowest in the past year. This ongoing improvement is likely due to the closure of several long-term absence cases. The People Team continues to monitor and support all sickness absence cases.

ICB Workforce Metrics (M06) BOB

SCW **Organisational KPI's: Sep-25** Click the icon to contact Product Owner

NHS Buckinghamshire, Oxfordshire and Berkshire West ICB



- There were 16 new starters and 4 leavers (headcount) September 2025. New starters included 12 in Nursing Directorate, 4 in Delivery (TVCA). This compares to 8 new starters and 4 leavers (headcount) in August and 12 new starters and 3 leavers (headcount) in July 2025.
- Staff turnover for the 12-month period ending in September 2025 was 13.9% compared to 13.5% for the 12-month period ending in August 2025 and 13.1% for the 12-month period ending in July 2025.
- The annual absence rate over the last 12 months was 3.0% (a slight reduction from 3.1% in August and July). The main reason reasons for sickness absence were anxiety/stress/depression/other psychiatric illnesses, other known causes - not elsewhere classified, Injury, fracture

Programme Summary Report - Organisational Development

Completed by: Joe Smart
Reporting period: October 2025

Month 2 2025/26	
	Programmes/ milestone missed or not on track to be delivered in line with plan and no remedial action is in place
	Programme/ milestone at risk of not being delivered in line with plan but a remedial plan is in place
	Programme/ milestone on track to be delivered in line with plan
	Programme/ milestone has been delivered

Last period	This period	Summary of current Programme Status
Time	Time	OD workstream has met project deadlines in timelines set.
Scope	Scope	reprioritisation of OD workstream has been undertaken and resource redeployed to support Change programme
Cost	Cost	OD projects are within budget.

Workstream status

#	Workstream	Achievements in this period	Activities planned for next period	Time	Scope	Cost
1.	Joint OD Support through change	Explored Coaching support that combines the BOB & Frimley approaches. Constant promotion of NHS Elect and LinkedIn Learning Resources to Staff. Launch of new training package from CSU. Agreement to launch Pensions Support	LinkedIn Learning contract ends 31 December so constant promotion to ensure full value given to workforce. 'On Demand' sessions of change courses now available. New course called 'Managing Self through Turbulent Teams' starts in November			
2.	Line Manager and Senior Leader Forum	Delivery of Capacity Priority Frameworks to support managers and teams prioritise their workload across both ICBS which have been well received	Completion of guide to working in a clustered organisation after collating all the feedback from Senior Leaders and Trade Unions.			
3.	EDI Reporting	Delivery of Black History Month events across the ICB	EQIA process in place and ready to used in the change programme			
4.	Staff Survey	Staff Survey launched and closed with 410 respondents	Analysis of results and share the outputs with the ICB			

Risks and issues (key programme level risks and issues)

Risk / issue ID	Project Risk description	RAG	Mitigation/ update	Responsible group/ individual/ organisation
1.	Staff disengage and productivity drops	Red	Ongoing engagement activities, support through change	OD
2.	Sickness increases as work place stress builds	Yellow	Focus on wellbeing and supporting with capacity and priority frameworks	OD
3.		Yellow		

RAG Key

Red	Risk/ issue needs resolution quickly as impact on programme is large
Yellow	Risk/ issue should not be tolerated and needs resolution in medium term
Green	Risk/ issue can be tolerated as impact on programme is small

Key decisions or recommendations for progression

	Decision description	Decision Owner	Decision Status	RAG
1.	Exploring further wellbeing support to mitigate workplace stress	CPO	Ongoing	Yellow

Frimley Academy Programme Summary Report -

Completed by: Bobby Cowan
Reporting period: October 2025

Last period	This period	Summary of current Programme Status
Time	Time	Academy programmes successfully delivered and continue to drive system wide collaborative leadership, innovation, and transformation. we're building a stronger more inclusive system culture and better outcomes for the people we serve.
Scope	Scope	2025 Delivery – clarity on the future of the Academy, it's function and programme delivery plans are pending the outcome of TV ICB design work.
Cost	Cost	All programmes delivered in 2025 under budget (further cost savings possible)

Month 6 25/26	
	Programmes/ milestone missed or not on track to be delivered in line with plan and no remedial action is in place
	Programme/ milestone at risk of not being delivered in line with plan but a remedial plan is in place
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Workstream status

#	Workstream	Achievements in this period	Activities planned for next period	Time	Scope	Cost
1.	20/20 C11 (Train, Retain, Reform)	20/20 (Cohort 11) - directly supported 40 leaders and managers across the system . We also adapted closing day design to create 2020 system supercharge event uniting fellows and alumni from par cohorts to amplify the cross-system leadership community.	Winding up programme, evaluation analysis, evidence gathering (PDCA)			
2.	Wavelength C9 (Train, Retain, Reform)	Wavelength Cohort 9 – Supported a further 45 digital role models system-wide, strengthening digital leadership and driving measurable improvements in care, automation, and data use. Culminated in a system Supercharge Day.	Winding up programme, evaluation analysis, evidence gathering. (PDCA)			
3.	CQ, 4D, Mirror Board, Staff support, C&M	System CQ session – cross system facilitated CQ session delivered at the EDI Conference on 5th November was very well received and generated significant cross-system interest in scaling CQ.	CQ: Workshop 5, on 2 nd . Of December (oversubscribed) CQ : Explore BOB and wider region collaboration 4D Teams: Invited by SELA to explore supporting a potential rollout of NASA's 4D model across the NHSE London Region Ops Directorate—a valuable opportunity with minimal time commitment.			
4.	Joint Transition and Support Through change	Support on various JPC & OD workstreams	CQ : Explore BOB/Frimley and wider region collaboration Coaching/Peer Support: explore joint BOB Frimley coaching approach.			

Frimley Academy risks and issues (key programme level risks and issues)					RAG Key	
Risk / issue ID	Project Risk description	RAG	Mitigation/ update	Responsible group/ individual/ organisation		
1.	Disinvestment in scaling cross-system leadership and culture capability, currently enabled by the Frimley Academy, due to pressures of forming new ICB structures within a 50% reduced budget. Risks eroding vital relational infrastructure amid major system restructure.		<p>1a. Internal Efficiency & Delivery Options While awaiting clarity on future ICB structures, the team will scope phased delivery models focused on cost reduction—such as blended formats, tiered-cost pilots, and co-facilitation—designed to maintain programme quality and impact under financial constraint.</p> <p>1b. Strategic Integration with Related NHS Functions There is an opportunity to explore greater alignment with related capabilities, such as Primary Care Training Hubs and other NHS partners, should these functions also be retained. This approach reflects a growing appetite for joined-up capability development reflecting the needs of 10-Year Plan’s focus on neighbourhood health, strategic commissioning, and integrated place-based leadership.</p> <p>1c. Cross-Sector Alliance Model (Longer-Term Opportunity) Looking further ahead, a broader cross-sector Alliance model offers a bold opportunity to co-develop collaborative leadership and culture capabilities across public, private, and voluntary sectors. While its long-term sustainability and cost-effectiveness are yet to be proven, early interest suggests momentum is building. Realising this vision will require partners to move beyond organisational silos—mapping interdependencies, building trust, and co-creating a shared, evidence-based value proposition strong enough to attract cross-system commitment and unlock collective impact.</p>	Academy Team		<p>Risk/ issue needs resolution quickly as impact on programme is large</p> <p>Risk/ issue should not be tolerated and needs resolution in medium term</p> <p>Risk/ issue can be tolerated as impact on programme is small</p>





Key decisions or recommendations for progression

	Decision description	Decision Owner	Decision Status	RAG
4.	Frimley Academy, future fit and function - to agree to the future positioning and role of Frimley Academy within the reset ICS.	Caroline Corrigan/Joint Executive	<p>Pending Recommendation: Agree that the system leadership and culture capability function currently delivered through the Frimley Academy is retained and embedded within the future ICB design with a view, to establishing a pan-system approach.</p> <p>To Note:</p> <p>1. The Frimley System Academy model of combining proven, scalable, and system-owned flagship programmes (20/20 and Wavelength) with a system-focused leadership and learning engine is recognised externally as a leading example of building inclusive, cross-system collaborative leadership and cultural readiness capability at scale.</p> <p>2. The Academy function continues to demonstrate proven adaptability and strategic value through how it connects, equips, and supports community and cross-system workforce at every level, to build shared learning, alignment and collaborative leadership that enables delivery, integration, and transformation. It has clear potential to be adapted and targeted to support the future Thames Valley ICB priorities, emerging system wide recovery and reform priorities</p>	










Programme Summary Report - Primary Care Training Hub

Completed by: Andrea Hollister
Reporting period: October 2025

Last period	This period	Summary of current Programme Status
Time	Time	Most programmes running to time plan. One programme with delays: attracting clinical educators to train. F2F roll out of OMMT has commenced
Scope	Scope	4 programmes remain paused due to staffing constraints and reprioritisation stemming from organisational restructuring: Roll out of national induction, scoping the future clinical mentoring offer, and defining the scope and functions of the training hub within Frimley ICB have been paused.
Cost	Cost	No change. Continue with permanent reduction in staffing and vacancies. Planning for reduction of 1 fte project manager mat leave commencing Nov 25.

Month 7 25/26	
	Programmes/ milestone missed or not on track to be delivered in line with plan and no remedial action is in place
	Programme/ milestone at risk of not being delivered in line with plan but a remedial plan is in place
	Programme/ milestone on track to be delivered in line with plan
	Programme/ milestone has been delivered

Workstream status

#	Workstream	Achievements in this period	Activities planned for next period	Time	Scope	Cost
1.	Train	OMMT delivery started. Two tier 2 places offered Started evaluation of Learning Needs Analysis (LNA) . Education and Training Plan (ETAP) evaluation submitted to NHSE Continue Fundamentals programme Advertising GPA programme Apprenticeships Wave 4 induction programme completed Promoted and got sign up for local management programme = 8 trainees (7 Dental, 1GP)	Plan expansion of OMMT booking to BOB primary care Continue in depth analysis LNA Evaluation of GPN fundamentals Plan and recruit to HCA programme Jan – Mar 26 Wave 4 apprenticeship programme commences			
2.	Retain	Wild Monday Health and Wellbeing webinar x 2 Protected Learning Time (PLT events) delivered x 4 GPSS went live in October. CPD events x 13 Continue with Fellowships and mentorships Evaluation of multiprofessional conference People Promise Exemplar planning of website pages, social media and supporting webinar	Continue PLT delivery. Finalise one-page menu Continue with people promise programme and develop comms plan Continue to connect primary care with standardised induction Prepare MoU for non-clinical CPD funds			
3.	Reform	Delivered PCN development day. Leadership exchange launched – 8 pairs Website - CPD and OMMT pages developed Attended PCN transformation support meetings x 2, supporting NHS App delivery group Completed KPI data for Training Hub review	MDT development – meeting to be set up to link with Neighbourhood Health – paused . Continue with PCN transformation support meetings Supporting workforce resilience winter campaign			

Risks and issues (key programme level risks and issues)

RAG Key

Risk / issue ID	Project Risk description	RAG	Mitigation/ update	Responsible group/ individual/ organisation		
1.	Apprenticeship continuation: increase in NIC and changes to apprenticeship levy risk destabilising use of apprenticeships in primary care, Level 7 apprenticeship to be defunded.	Green	General practice contract uplift. Government exemption of NIC for Primary care has not been voted through parliament. Support through NHS for clinical Level 7 programmes	Central government	Red	Risk/ issue needs resolution quickly as impact on programme is large
2.	Physicians Associates expansion in primary care; scope of practice revised leading to possible redundancies	Green	Employ other workforce to fill the service gap. ARRS rules have changed, and funding can be used for any professional including newly qualified GPs	GMC	Yellow	Risk/ issue should not be tolerated and needs resolution in medium term
3.	Supervisor capacity is not expanding in primary care despite a funded programme being available. The programme is perceived as too onerous to allow staff to be released.	Yellow	Explore alternative supervisor accreditation courses. NHSE elect offer a suitable alternative that takes less time for accreditation. Pursuing this option nationally	NHSE	Green	Risk/ issue can be tolerated as impact on programme is small
4.	Future of primary care training hub functions as part of the ICB blueprint review	Yellow	Agree what the future form and functions of a training hub are and agree where the functions should go in the system	Frimley ICB exec		

Key decisions or recommendations for progression

	Decision description	Decision Owner	Decision Status	RAG
1.	Options for safe transfer of training hub function during organisational transition	Caroline Corrigan	Pending	Yellow

Programme Summary Report - WorkWell

Completed by: Karen Hampton
Reporting period: October 2025

Month 6 25/26

Last period	This period	Summary of current Programme Status
Time	Time	The National WorkWell Pilot 1.0 will now run till the End of June 2026. No new referrals can be made during April to June 2026 Actions have been completed against the Remedial action plan.
Scope	Scope	Pilot areas are onboarded as planned as part of the 'start small, review, improve and scale' approach. Services are provided in Slough, Surrey Heath and North East Hants and Farnham. Work is progressing to set up service in Bracknell. RBWM are engaged through the WorkWell Primary Care Innovation fund and will start during November 2025
Cost	Cost	Submission of pilot spend submitted to DWP quarterly includes service delivery costs, internal and external staffing costs externally IT support (JOY app and GetUBetter app) Additional project support resource will start in November.

	Programmes/ milestone missed or not on track to be delivered in line with plan and no remedial action is in place
	Programme/ milestone at risk of not being delivered in line with plan but a remedial plan is in place
	Programme/ milestone on track to be delivered in line with plan
	Programme/ milestone has been delivered

Workstream status

	Workstream	Achievements in this period	Activities planned for next period	Time	Scope	Cost
1.	Programme Management of WorkWell Pilot	DWP formerly asked Frimley to develop an Accelerated Actions Plan (Remedial Plan) with the aim for improving the low participant rate. A root cause analysis workshop took place, and action plan development and submitted to DWP. All actions have been completed. We are awaiting confirmation of the future of WorkWell post April 2026	Review of live dashboard to monitor referrals. In communication with DWP on the future of WorkWell from April 2026. Work has begun internally on sustainability plans for April and the new ICB footprint			
2.	Implementation of the local WorkWell Service	Slough, Rushmore Voluntary Services and Rushmore Citizens Advice and Surrey Heath are all successfully seeing participants and accepting self-referrals. We achieved 92% of our Target during Quarter 2 of 2025/26	Marketing to continue with flyers and a radio advert in Slough and NEH&F Attending Job fairs and employers' meetings to promote WorkWell. Focused social media advertising being developed.			
3.	Procurement of additional support services	The JOY app is being onboarded across the system. Weekly meetings facilitate quick and efficient onboarding. The get u better app also hoists a link to the WorkWell service so people who are using the app can then self-refer	Information from the Joy app is being collected on participant outcomes and benefits to support areas of development and to identify gaps in provision of support			
4.	Information Governance and Data insights	Review of current referral pathways, self-referral using a QR code working well form on website has enabled referrals form Job Centre Plus	Working with integration leads at place to establish WorkWell referrals within the fit note process. Establishing how to make the use of Joy App facilitate feedback to the service providers.			
5.	Creating a strategy for the future	The "ecosystem" has been created to support the local strategy working with local authorities to include WorkWell as pillar within the Get Britain Working plans. Engaged with local authority employment and skills meetings and Prosperity boards to raise profile of WorkWell and embed within strategic conversations	Providing support and input into the Get Berkshire working action plan			
6.	Evaluation and sharing the learning of the WorkWell Programme	Frimley ICB and Surrey CC are working with BearingPoint on the external WorkWell evaluation, Data has been submitted	Further data and interviews to take place.			

Risks and issues (key programme level risks and issues)

Risk / issue ID	Project Risk description	RAG	Mitigation/ update	Responsible group/ individual/ organisation
1.	Increase in National Insurance thresholds and payments by employers in the Nov 24 budget may leave a financial gap in our budget costings	Yellow	We have asked DWP to confirm if there will be any amendments to the proposed £806 per participant for the next financial year to allow for offsetting the additional cost.	DWP NHS Frimley
2.	Agenda for change pay increase not reflective in currently leadership allocation for 2025/26	Yellow	As above	DWP NHS Frimley
3.	An internal DPIA will need to be signed by all providers, as there is a delay in process sign off, we may need to start without it in place	Green	DPIA has been signed off	NHS Frimley DWP Joy Connect
4.	Four out of Five places within Frimley ICS are included in the programme, RBWM did not take part in the initial bid, this could lead to inequality across our system?	Yellow	Director of Public Health for RBWM is the Chair of the Working delivery Group and has had internal conversation with SLT at RBWM. Discussions with Integrated Leads have taken Place RBWM will take part in the Innovation fund element of WorkWell	NHS Frimley RBWM
5.	We will not achieve the 3400 participants required for the programme	Yellow	Additional support offered to PCN to identify participants Workshop taken place and actions identified to increase referrals. Self-referral pathway implemented. Further discussions with DWP arranged to discuss referrals.	NHS Frimley PCN

RAG Key

Red	Risk/ issue needs resolution quickly as impact on programme is large
Yellow	Risk/ issue should not be tolerated and needs resolution in medium term
Green	Risk/ issue can be tolerated as impact on programme is small

Key decisions or recommendations for progression

	Decision description	Decision Owner	Decision Status	RAG
1.	WorkWell 2.0 (April 26) To agree the approach to supporting the future of WorkWell with the development of Thames Valley ICB from April 2026	Frimley ICB and BOB ICB DWP and DHSC	Recommendation: Explore the opportunities for growth and development across the BOB footprint. To note: WorkWell Programme will continue until 2028. DWP and DHSC are awaiting confirmation on the scale of the Programme from April 2026 given boundary changes of ICB's and the level of funding available for 2026/2027 Conversations with Hampshire and IoW and Surrey County Council have commenced on the continuation of the programme. There are opportunities to scope the future programme with areas of BOB through support to the get Britain working plan with Berkshire and the prosperity board as well as strong engagement with Job Centres across Berkshire who have requested WorkWell support for West Berkshire.	Yellow

**Buckinghamshire, Oxfordshire and Berkshire West
and Frimley Integrated Care Boards
Joint Committee**

Title of Paper	Transition Programme Directors Report to the Joint Committee		
Agenda Item	7.1	Date of meeting	18 November 2025
Exec Lead	Caroline Corrigan, Transition Programme SRO BOB and Frimley; Chief People Officer Frimley		
Author(s)	Alison Edgington, Transition Programme Director BOB and Frimley		

Purpose	To Approve	<input type="checkbox"/>	Decision required	Joint Committee	<input checked="" type="checkbox"/>
	To Ratify	<input type="checkbox"/>		BOB only	<input type="checkbox"/>
	To Discuss	<input type="checkbox"/>		Frimley only	<input type="checkbox"/>
	To Note	<input checked="" type="checkbox"/>		Meeting in Public	<input checked="" type="checkbox"/>

Executive Summary
<p>This report provides an update to the Joint Committee of Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) and Frimley ICB on progress to deliver the Transition Programme which encompasses all projects and workstreams associated with the closedown of Frimley and BOB, and formation of the proposed NHS Thames Valley ICB from the 01 April 2026.</p> <p>A Programme Summary Report and Risks is included in Appendix 1 which demonstrates that the Programme is broadly on track for delivery. As reported previously the most significant risk relates to the feasibility of delivering a plan to achieve the required cost reduction within the timescales required given the uncertainty surrounding redundancy costs and funding.</p> <ul style="list-style-type: none"> • The inaugural meeting of the Joint Committee of BOB and Frimley Boards occurred on the 14 October 2024 when in relation to the Transition Programme, the Joint Committee approved the Terms of Reference for the Transition Programme Board and the delegation of the operational agenda to the Joint Committee. • The Thames Valley registered business address for the interim period was endorsed by the Programme Board to be Unipart House in Oxfordshire. • The Transition Programme Board has approved the Cluster participation in a collaborative commissioning approach to Ambulance Services to be hosted by Surrey and Sussex ICB from 01 April 2025. • The Transition Programme Board endorsed the decision of the Cluster executive to become the host for the South-East Office of the Pan-ICBs, noting that assurance will be required regarding the workforce and financial implications for the new Thames Valley ICB. • There have been alterations to the RAID as set out in Appendix 2. • The South-East ICBs Transition Directors are working collaboratively to review the functions that could be provided once across all 4 ICBs. The work to conclude which functions are prioritised to be 'done once' will be complete by the end of November 2025. • The consultation process for the Thames Valley ICB Executive posts, approved by the Remuneration Committees (in Common) will conclude the week commencing 01

December 2025 which is 4 weeks delayed against the approved Programme Plan. Executives have committed to ensuring that the planned steps to complete the organisational structure will not be delayed by this change.

- With regard to the **South Frimley Transfer** the lack of alignment between Frimley and Hampshire & the Isle of Wight (HIOW) ICBs has not been resolved. The Managing Director for Frimley ICB is working through the detail with the HIOW CEO.
- Positive feedback from NHS England during the **Assurance Checkpoint meeting** (13 October 2025) regarding the leadership of the programme, programme strategy and approach to delivery.

Recommendation

The Joint Committee is asked to:

- **Note** the decisions and considerations of the Transition Programme Board on the 04 November 2025.
- **Note** Programme Summary in Appendix 1
- **Note** all other updates in this report

Conflict of interest identified

Yes No

Detail

Reporting – has this paper been discussed at other meetings

Committee Name	Date discussed	Outcome
Items contained in the report have been discussed at Joint Transition Executive; Various Project Boards; and the Transition Programme Board as directed in the paper.	October 2025	Further development of the Programme.

Transition Programme Director's Report to the Joint Committee

1. Introduction

This report provides a regular update to the Joint Committee of Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) and Frimley ICB on progress to deliver the Transition Programme which encompasses all projects and workstreams associated with the closedown of Frimley and BOB, and formation of the proposed NHS Thames Valley ICB from the 01 April 2026.

A Programme Summary Report and Risks is included in Appendix 1 which demonstrates that the Programme is broadly on track for delivery. As reported previously the most significant risk to the Programme remains the feasibility of delivering a plan to achieve the required cost reduction within the timescales required given the uncertainty surrounding redundancy costs and funding.

2. Joint Committee Inaugural Meeting 14 October 2025

The Joint Committee of the Boards met for the first time in private on the 14 October 2025. This followed formal approval from the BOB and Frimley ICBs during their formal Board sessions on the 09 September 2025 and the Frimley ICB respectively to proceed with forming a Cluster under a Collaboration Agreement from the 01 October 2024.

The Joint Committee session marked an important milestone in the genesis of the **Transition Programme**: that is the merger between BOB and Frimley ICBs (Berkshire East), and boundary changes affecting North-East Hampshire and Farnham which will transfer to Hampshire and the Isle of Wight ICB; and Surrey Heath which will transfer to the new merger of Surrey and Sussex ICB. The strengthened governance structure has enabled both boards to collaborate on a shared agenda and reduce administrative duplication while continuing to retain their sovereignty as separate legal entities. Both organisations will merge from the 01 April 2026 to become Thames Valley ICB.

During this session the Joint Committee made the following recommendations:

- **Approved** the Terms of Reference for the Transition Programme Board which leads and makes decisions in connection with the Transition Programme, and
- **Approved** the delegation of the operational agenda to the Joint Committee in recognition that most ICB functions can be delegated under the NHS Act 2006 (amended) by both ICBs to the Joint Committee.

The Joint Committee noted that the following functions would be reserved separately for BOB and Frimley ICBs and not delegated to the Joint Committee.

BOB ICB

- Freedom to Speak Up Annual Report
- Emergency Preparedness, Resilience and Response (EPRR) Annual Report

Frimley ICB

- New Hospital Programme
- Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Report
- Assisted Conception Policy
- Mirror Board evaluation and next steps

3. Transition Programme Board Update

The Transition Programme Board met on the **04 November 2025** chaired by Sim Scravazza Non-Executive Director of BOB ICB. This section sets out the key decisions taken by that forum.

3.1 Thames Valley Registered Business Address

The Transition Programme Board **endorsed** the decision of the Cluster Chief Executive supported by the Joint Transition Executive to approve the registered **business address for the Thames Valley ICB to be Unipart House in Oxfordshire.**

The Cluster was required to respond to NHS England before the 12 November 2025 to comply with the timescales associated with the registration of an Organisation Data Service (ODS) code and to help the organisation comply with relevant statutory duties and regulations. Unipart House was selected on the basis that it is central in the geography of Thames Valley and has the required infrastructure to be the postal address.

King Edward VII was also considered however the location is not central to the geography and would involve greater administrative effort to manage the transition.

It is important to differentiate the registered business address from the notion of an HQ for the new organisation. The approach and stakeholder engagement for determining an HQ will form part of the Estates Transition Plan which is scheduled to be received by the Transition Programme Board in December. Once an HQ has been selected, the registered business address will be altered to align accordingly.

3.2 Ambulance Commissioning

The Transition Programme Board **approved** the proposal for BOB/Frimley to a collaborative approach to commissioning for **Ambulance Services** with the other South-East ICBs. This is a well-developed proposal where Surrey & Sussex ICB will take a strategic commissioning role to facilitate better collaboration between the two ambulance providers (South-East Coast Ambulance Service and South-Central Ambulance Service) on behalf of the ICBs.

3.3 Office of the pan-ICBs (OPIC)

The Transition Programme Board **endorsed** the decision of the Cluster executive to host the OPIC on behalf of the South-East ICBs. All NHS Regions are required to convene an OPIC primarily to enable the transfer of commissioning functions when NHS England is dissolved in 2027. This means that Thames Valley ICB would become responsible for hosting Specialised Commissioning, Health Justice, Screening and Vaccinations, and Pharmacy, Optometry and Dental Commissioning (POD) on behalf of the ICBs. The

Transition Programme Board noted that this undertaking had followed previous commitment expressed by Frimley ICB to host delegated functions from NHS England, and support from the other ICB Chief Executives. The Transition Programme Board acknowledged this would be a significant workforce and financial responsibility, and that the Cluster Joint Committee (and the future Thames Valley ICB) would require robust assurance of feasibility given the challenging and complex organisational change already facing the Cluster executive. Sam Burrows Managing Director for Frimley is leading the OPIC development and it was agreed that this important project would be fully integrated into the Transition Programme Plan.

3.4 RAID (Risks, Assumptions, Issues and Dependencies)

The Transition Programme Board received the RAID Log and **approved:**

- 6 new risks (Appendix 2), the transfer of risk to an issue relating to the Aldershot Centre for Health Workforce Consultation (see Appendix 2 and section 7 for details),
- The closure of risk TP009 relating to the change in executive leadership for the Operating Model and Organisational Design Project, and

The resolution and closure of an assumption: The Transition Programme Organisational design will not be completed in time for a workforce consultation scheduled for February 2026. This is now assumed post 1 Apr 2026, with consultation and implementation thereafter.

3.5 Other agenda items noted by the Transition Programme Board

The Programme Board **noted:**

- The **Executive Consultation completed on the 28 October 2025** and the selection and appointment process has now commenced. This is expected to conclude with the announcement of the Designate Executive Team the week commencing 01 December 2025. The Programme Board noted that this represents a delay to the approved Programme Plan by 4 weeks and the dependency with completion of organisational design/directorate structures which is also required by the end of November. Executives have unanimously given their commitment to ensuring that the organisational design is complete as per plan.
- A **Stakeholder Communication and Engagement Update**, noting that the next Phase Plan will be received by the Transition Programme Board in December.
- An update on the **Operating Model Efficiencies Project** (currently focussed on GP IT, Connected Care, Medicines Optimisation and All Age Continuing Care). This work focuses on what functions will be in or out of scope of the £19 per head of population target.
- Positive feedback from NHS England during the **Assurance Checkpoint meeting** (13 October 2025) regarding the leadership of the programme, programme strategy and approach to delivery. The next checkpoint session is expected in December (date to be confirmed).
- South Frimley Transfer update: See section 10.

- The ICB Transition Directors are working collaboratively to review the functions currently provided by Commissioning Support Units to the Region. The work to conclude which areas will be the subject of South-East Region collaboration will be complete by the end of November 2025 (see section 5.1)

The Joint Committee is asked to **note** the decisions and considerations of the Transition Programme Board on the 04 November 2025.

4. National Update

4.1 National update formal staff consultation.

NHS England is awaiting confirmation that from HM Treasury that support to the funding of redundancies will be made available to ICBs in-year. This will enable the Programme to progress as planned with formal staff consultation on organisational change occurring in the new calendar year.

4.2 Medium Term Planning Framework – Delivering Change Together (2026/27-2028/29)

NHS England published a medium-term planning framework on the 24 October 2025. This sets out a longer-term planning horizon from annual to a 3-5 year planning cycle with financial expectations of system stability and sustainability (breakeven), potentially involving multi-year budgets and productivity gains.

The key implications for the developing operating model for the new organisation are:

- **Integration of places and neighbourhoods:** The framework emphasises care closer to home, neighbourhood models, integrated delivery with local authorities and VCSE.
- **Governance and operating model design:** Devolved decision-making, clear accountability, streamlined structures.
- **Focus on digital and data:** The need to embed strong digital capabilities and data platforms to meet national expectations.
- **Equity, prevention, population health:** Embedded strategies for tackling health inequalities, improving population health outcomes, and shifting care upstream—not just managing hospital demand.
- **Timing and readiness:** Plans that can be adapted in respect of future shifting national mandates.

The document acknowledges that not all the necessary technical guidance for ICBs is currently available. Further planning documents can be anticipated shortly including:

- Technical guidance on multi-year revenue and capital allocations (Autumn 2025).
- A Strategic Commissioning Framework (Autumn 2025).
- A Draft Foundation Trust Framework (for providers) for consultation in (November 2025).

- A Model Neighbourhood Framework to focus on delivery at neighbourhood/primary care levels (November 2025)
- Service frameworks (for example for Cardiovascular Disease, serious mental illness and sepsis) (Publication dates into 2026).

The cluster partnership has an initial plan in place that aligns well with the framework: the **Thames Valley Commissioning Intentions 2026/27 – 2029/30**, which was submitted to NHS England at the end of September 2025.

The next step is the submission of 3-year numerical plans within a December timeframe, and final fuller plans expected early in February 2026.

4.3 Proposed changes to take effect on the 01 April 2026

NHS England has formally confirmed that nationally 12 existing ICBs will be abolished, and 6 new ICBs will be established through mergers, 5 of which involve boundary changes (over and above the combined outer boundary of the existing merging ICBs).

The national picture as follows:

- **NHS Norfolk and Suffolk ICB** – abolishing Norfolk and Waveney ICB and Suffolk and North-East Essex ICB
- **NHS Essex ICB** – abolishing Mid and South Essex ICB, incorporating West Essex and North-East Essex
- **NHS Central East ICB** – abolishing Hertfordshire and West Essex ICB, Bedfordshire, Luton and Milton Keynes ICB, and Cambridgeshire and Peterborough ICB
- **NHS Thames Valley ICB** – abolishing Buckinghamshire, Oxfordshire and Berkshire West ICB and Frimley ICB, and incorporating East Berkshire from Frimley ICB
- **NHS Surrey and Sussex ICB** – abolishing Surrey Heartlands ICB and Sussex ICB, and incorporating Surrey Heath from Frimley ICB
- **NHS West and North London ICB** – abolishing North Central London ICB and North-West London ICB
- **NHS Hampshire and Isle of Wight ICB** – boundary change to incorporate the North-East Hampshire and Farnham from Frimley ICB

5. Regional Update

5.1 South East Collaboration

The ICB Chief Executives Group have agreed that the development of the pan-ICB functions will be strengthened by improved co-ordination through the ICB Transition Director's Group (BOB and Frimley represented by Caroline Corrigan on this group) and improved programme resourcing.

The Transition Directors have met to commence the scoping of the pan-ICB activities.

This work will be supported by the internal South-East Collaboration Working Group which reports into the Joint Executive and aligns to the Operational Model and Organisational Design Project.

6. The Operating Model and Organisational Design Project

The first phase of the Operating Model and Organisational Design Project has been delivered to plan and the next step is to involve the designate executives in the build of their directorates noting this has been delayed by 4 weeks against the approved plan. The project team are working closely to manage the dependencies with the People & Culture, and Finance & Estates, projects.

As reported previously the **Pharmacy, Optometry and Dental (POD) Operating Model Project** and the **South-East Collaboration Project** have been amalgamated into the Operating Model and Organisational Design Project.

The POD Operating Model project has concluded design workshops during the last period with the positive engagement and participation from the other ICBs who are party to the current commissioning team and operating model hosted by Frimley ICB. In broad terms there is unanimous support to establish a pan-ICB Pharmacy Hub, with collective agreement that dental functionality will transfer to individual ICBs. The options for optometry remain under discussion. The workshops have highlighted critical model dependencies between the NHS Business Services Authority and NHS England Regional Commissioning Services, which need to be mapped and managed.

The South-East Collaboration Working Group has met twice and has started to map the various groups that have emerged across the South-East community of ICBs in response to the eventual dissolution of the Commissioning Support Units in 2027 and other collaborative work including Emergency Preparedness, Resilience and Response (EPRR), and Ambulance Services Commissioning.

Paul Bentley has joined the Programme and will be working with executives to complete the organisational structures including supporting the determination of those functions which can be managed at across the 4 South-East ICBs, by the end of November as per the approved programme plan. There is critical path dependency between the completion of this work and formal workforce consultation for organisational change.

7. People and Culture

The MARS process which was successfully launched on 4 September 2025 is expected to conclude in November with 33 applicants to the scheme across both organisations. The outcomes were communicated to applicants on the 17 October 2025 with final settlements to be signed by all parties at the end of November.

The staff consultation regarding the transfer of the Aldershot Centre for Health estate to Hampshire and Isle of Wight ICB has commenced and is scheduled to conclude on the 15 November 2025. Two staff meetings (one online and one face to face) took place on the 15 and 22 October 2025 respectively.

It is important to note that this has been flagged as an issue to the programme due to lack of Trade Union support for the consultation. A meeting with Trade Unions took place on the 30 October 2025 – the outcome was positive with Trade Union representatives acknowledging the steps being taken by the project team to engage with staff.

More broadly, the people and culture approach to supporting staff wellbeing is well established and the following have been achieved to the end of October 2025,

- Pensions support webinars have been scheduled over coming weeks
- Our internally developed Staff Survey was launched in October
- Our antiracism programme continues to support staff in the current climate
- There has been a focus on wellbeing with staff support continuing through Senior Leaders and Managers networks
- A series of support tools have been agreed for capacity planning and prioritisation
- A range of Black History Month events taken place
- The alterations to the executive process and the staff consultation on organisational redesign have been set out in section 5.1.

8. Finance and Estates

The Operating Model Efficiencies (OME) project to explore greater operational efficiency potential across GPIT, all age continuing healthcare, Connected Care and Medicines Optimisation continues with dependencies acknowledged between this, and the Operating Model and Organisational Design Project.

More broadly, financial analysis and planning is considering the eventual cost of the new ICB operating model based upon workforce reduction, improved estate utilisation and improved collaboration at scale with other ICBs.

9. Closedown and Set-up

Having completed the initial phase to scope a comprehensive safe transfer due diligence checklist involving all key personnel across both BOB and Frimley organisations, the closedown and set-up project is entering a 'test and refine' and 'gap analysis' phase to ensure that all key critical actions (MVPs) are included in the due diligence checklist, and that any interdependencies between the functions and risks are identified and managed. The next step is a gap analysis to enable a clearer understanding of where the current state of due diligence activity (what's been done, how it's done, and what information is available) does not yet meet the required or ideal state (what's needed for assurance, compliance, or decision-making). This process helps to ensure all regulatory, financial, operational, clinical and governance bases are covered before approval and implementation of closedown and set-up plans.

NHS England has published a national due diligence process for ICBs which is being integrated into Closedown and Set-Up Project.

The Closedown and Set-up project critical path is on track to deliver the required elements as per the Programme Plan.

10. South Frimley Transfer

The previous Transition Programme Board was made aware that there has been a lack of alignment between Frimley ICB and Hampshire and the Isle of Wight ICB regarding the treatment of staff potentially affected by the South Frimley Transfer which has been escalated to CEOs. Conversations and negotiations continue in a positive direction, and the project team expect to have resolved the issue by the next session of the Programme Board.

The due diligence process for the transfer of assets and liabilities continues to be overseen by the Closedown and Set-up Project. A report detailing the novation of contracts and transfer of procurement plans to Hampshire and the Isle of Wight, and Surrey and Sussex ICBs respectively was considered by the Frimley Board Seminar on the 28 October 2025 and assurance taken from the presentation.

11. Conclusion

The Joint Committee is asked to:

- **Note** the decisions and considerations of the Transition Programme Board on the 04 November 2025.
- **Note** Programme Summary in Appendix 1
- **Note** all other updates in this report

Appendix 1: Transition Programme Summary Report

Transition Programme Summary Report (1) All Projects and Workstreams

Completed by: Lisa Higham Transition Head of PMO
Reporting period: October 2025

Time/Scope/Cost
■ Programmes/ Project milestone missed or not on track to be delivered in line with plan and no remedial action is in place
■ Programmes/ Project milestone at risk of not being delivered in line with plan but a remedial plan is in place
■ Programmes/ Project milestone on track to be delivered in line with plan
■ Programmes/Project milestone has been delivered

Last period	This Period	Summary of current Programme Status
■	■	The Transition Programme entered the Clustering Partnership phase from the 01 October with Nick Broughton announced as the Cluster CEO and the first all staff briefing joined across both areas taking place on the 08/10/2025.
■	■	This follows the strengthening of governance through a Joint Committee of the BOB/Frimley Boards, and the establishment of a Transition Programme Board.
■	■	The Programme Plan has been approved by the Programme Board – this will now form the baseline against which risks and issue to the programme will be identified. Key the completion of the Programme Plan has been the management of interdependencies between the People & Culture, Ops Model & Org Design and Executive process plans.
■	■	The RAG rating for scope is moving closer to green indicating that scope is almost on track as per the plan. Cost remains RAG red in view of the high risks associated with confirming cost reduction initiatives within org design, SE collaboration and people. An update on the risk register is included in the slide deck.

Project/Workstream status						
#	Workstream	Achievements in this period	Activities planned for next period	Time	Scope	Cost
1.	Operational Model and Organisational Design Project Includes: 1a SE Collaboration 1b POD Operating model	<ol style="list-style-type: none"> A first draft of the Thames Valley ICB Operating Model has been developed, defining why the ICB exists, what it does, and how it works with others across the system. The model combines five components—Purpose, What We Do, What Informs Us, Who We Work With, and What We Deliver—and embeds the previously developed six functional groupings as its core functions. The 21-10-25 Exec-to-Exec endorsed the approach and agreed it will underpin future staff, partner, and executive engagement and further refinement. 	<ol style="list-style-type: none"> The next period will focus on testing and refining the draft Operating Model with the executive team. Engagement sessions will confirm alignment between the model's five components and emerging executive portfolios. A clear visual will be developed to accompany the narrative version, supporting communication and shared understanding. Plans will also be agreed for wider staff and partner engagement, ensuring the model reflects system priorities before handover to the Thames Valley Executive for final development and integration into directorate design. 	■	■	■
1a	South-East Collaboration Project	<ol style="list-style-type: none"> Services provided by CSU to BOB & Frimley have been reviewed for opportunities to collaborate from a BOB/Frimley perspective and fed back to the SE Transition Director's Group Agreement in principle between BOB/Frimley and HIOW to for a collaborative to provide EPRR services. Agreement in principle between all SE ICBs to collaborative on commissioning Ambulance Services hosted by Surrey/Sussex. Led by Sam Burrows, SE ICB CEOs have agreement in principle to collaborate on an OPIC for NHSE delegated commissioning functions. 	<ol style="list-style-type: none"> Further refinement of BOB/Frimley appetite to collaborate on key areas of opportunity. Confirmation of the agreement to collaborate on EPRR Formal approvals process for collaborative on commissioning Ambulance Services. Agreement which ICB in principle will host the OPIC 	■	■	■

Transition Programme Summary Report (2) All Projects and Workstreams

Completed by: Lisa Higham, Head of PMO
Reporting period: October 2025

Project/Workstream status						
#	Workstream	Achievements in this period	Activities planned for next period	Time	Scope	Cost
1b	Pharmacy, Optometry and Dental Operating Model project	<ol style="list-style-type: none"> Collective engagement from ICB SROs- positive contribution to future operating model. Positive feedback as to approach and structure of program to date. In person design workshops held for Pharmacy and Dental services. Operating model dependencies identified during design workshops. Work underway to confirm financial baseline position. Initial AI opportunity assessment undertaken, agreement reached to progress initial scope. 	<ol style="list-style-type: none"> Establish fortnightly SRO working group to maintain effective communication and engagement. With shared ICB agreed summary documentation of decisions made. Virtual Optometry workshop to confirm future operating model. Commence national/regional engagement for operating model dependencies and design options. Confirm financial baseline, share with ICB SROs. Initial AI opportunity assessment undertaken, agreement reached to progress initial scope. QEIA will be completed once proposed structure known 	■	■	■
2.	People and Culture Project	<ol style="list-style-type: none"> Outcomes communicated to applicants and recommendation to seek legal advice made. Executive consultation concluded on 24 October 2025 Organisational design, comms and engagement and People and Culture workstream conducted an alignment session to plan the implementation of the change timeline agreed. Staff Survey launched Focus on wellbeing and staff support continues with OD speaking to Senior Leaders and Managers networks Embedding EQIA and QIA processes across functional groups and programme management routes 	<ol style="list-style-type: none"> MARS final settlement agreements to be signed by all parties by end November. Completion of the executive process with designate Executives announcements w/c 01.12.25 Development of a range of proposals for the Selection & Assessment process (to share with unions & JTE) Further joint trade union engagement regarding issues such as pay protection, organisational design, office base and capacity management Review of staff survey results and feedback plan to be agreed Continue to embed in Functional Groupings and programme management 	■	■	■
3.	Finance and Estates Project	<ol style="list-style-type: none"> Progress continues to be made on developing & supporting the emerging organisational design programme linking with Operating Model Efficiencies project Successful launch of the Aldershot Centre for Health Consultation 	<ol style="list-style-type: none"> Further iterate the financial envelopes in response to emerging national & local direction. To continue Aldershot Centre for Health consultation To continue developing approach to future HQ operating approach 	■	■	■
4.	South Frimley Transfer Project	<ol style="list-style-type: none"> Escalation to CEOs on Staff transfer principles (HIOW) anticipated to deliver solution week commencing 27/10 Agreement to align communications for staff and external stakeholders. Core contracts (Excluding Corporate & GPIT) shared with HIOW & SS. High level timeline developed Internal Engagement commenced to identify IT/IG/Data Flows Services in Scope, Solutions & Capabilities Data sharing agreement reached with HIOW/SS. 	<ol style="list-style-type: none"> Final agreement to transfer principles. Fortnightly briefings to be produced for collective use with all stakeholders Key contracting Risks & Issues to be shared with Transfer Project Group. Working through contracts list to reach consensus on plan. Ledger mapping validated with Budget Holders. National Guidance expected, will inform next steps Emerging Risks shared through Transfer Project Group 	■	■	■

Transition Programme Summary Report (3)
All Projects and Workstreams

Completed by: Lisa Higham Head of PMO
Reporting period: October 2025

Project/Workstream status						
#	Workstream	Achievements in this period	Activities planned for next period	Time	Scope	Cost
6.	Closedown and Set-Up Project	<ol style="list-style-type: none"> The Cluster partnership commenced on the 01 October 2025 with the inaugural meeting of the Joint Committee taking place on the 14 October 2025. Inaugural meeting of the Transition Programme Board met 8 Oct. Refinement of the Checklist and due diligence around wider teams' statutory deliverables. NHS E Assurance Checkpoint session held on 13 Oct; clarification of process received. First draft of NHS E due diligence checklist shared with ICBs. Appointment of key resources to the Programme Management Team (2x Project Managers) 	<ol style="list-style-type: none"> Presentation of CDSU approach at BOB Audit Committee on 4 Nov. Forward planner for all in-common committees to end Mar 26 Establishment of Rem Com in-common and Audit Committee in-common Continue to engage with NHSE Assurance process including exception reporting where needed. Plan to embed Quality/Equality across the Programme 			
8.	Quality and Equality Health Impact Assessments Workstream	<ol style="list-style-type: none"> Quality Impact Assessment template developed. Process for QIA to be finalised and confirm stakeholders. Equality Impact Assessment template drafted and will be updated using October workforce data, supported by an ESR data refresh and analysis by protected characteristics. 	<ol style="list-style-type: none"> Finalise guidance and confirm touchpoints when QIA will occur during the transition programme Engagement with Staff Networks and Equality Advocates is planned following the 28 October meeting, alongside an updated SRO briefing and refresher training scheduled for the same week. 			
9.	Communications and Engagement Workstream	<ol style="list-style-type: none"> Held first joint All Staff Briefing – over 580 colleagues from Frimley and BOB ICBs joined the session Regular communications on Staff Survey encouraging staff to respond using various channels including Nick's Blog, transition update, internal newsletters etc Transition update for staff outlining information on MARS, staff survey, transition team, chief officer consultation and style guidance. A communication was shared with our partners and wider stakeholders outlining the findings from the stakeholder engagement on organisational design undertaken in the summer. 	<ol style="list-style-type: none"> Plan and deliver two Joint All Staff Briefings – 13/11 & w/c 24 /11 (tbc) Communicating outcome of staff survey Working with people and culture workstream to produce plan for developing values for the new Thames Valley ICB Development of narrative for staff (and stakeholders) on changing plan for transition programme to reflect possible phasing approach and subsequent timeline shift. 			

High Rated Risks: The programme operates a comprehensive RAID including the Risks Register which is overseen by the Programme Board. The highest-level risks currently being managed by the Programme are as follows:



Risk Description	Controls and Mitigations	L	I
<p>Revenue allocation of £19 capitation does not meet the full cost of TV ICB activities</p> <p>Risk that the revenue allocation for NHS TV ICB Corporate costs for 2026/27 and beyond is insufficient to deliver NHS TV ICB mandated strategic priorities and plans and/or meeting mandated NHS performance of governance requirements.</p> <p>Cause: Insufficient national funding formula with rising cost pressures and structural inefficiencies arising from legacy systems, transitional costs and duplicated functions.</p> <p>Effect: Core ICB activities are underfunded, with reduced ability to recruit and retain the required staff and/or invest in enabling infrastructure.</p> <p>Impact: Delay or reduction in the achievement of strategic objectives, innovation and service transformation. Potential quality and safety risks and reputational risks associated with stakeholder perception of under-performance.</p>	<p>Controls:</p> <ol style="list-style-type: none"> Organisational design programme established to oversee change programme System wide vacancy panels in place to manage workforce growth. <p>Mitigation:</p> <ol style="list-style-type: none"> Capture and review key cost assumptions underpinning envelope allocations. Ensure all functional groupings flag critical gaps or cost pressures. Allow future design phases to adjust proposed structures where significant misalignments between funding and functional need arise. Build and track productivity improvements and cost-saving measures into the operating model to support long-term affordability. Prepare high-level scenarios outlining what functions or investments might need to be deprioritised or phased if funding proves insufficient. 	4	4
<p>No Pre-transfer agreement between HIOW and Frimley</p> <p>There is a risk HIOW will not enter into a Pre-Transfer Agreement that enables: (i) Frimley staff identified for transfer to be included in their organisational change consultation process; or (ii) the pre-transfer "pooling" of staff across HIOW and Frimley for their filling of posts processes. Therefore, the measures proposed by Hampshire and Isle of Wight (HIOW) ICB could disadvantage NHS Frimley ICB staff transferring to HIOW when it comes to recruitment and selection.</p> <p>Cause: HioW ICB is proposing to begin consultation and recruitment with their own staff before Frimley staff are formally transferred, potentially limiting Frimley staff's access to fair and equal opportunities.</p> <p>Effect: Frimley staff are not considered alongside HIOW staff for roles within HIOW ICB. Transferring Frimley staff are placed at risk of redundancy due to a lack of access to selection processes within HIOW.</p> <p>Impact: Transferring staff feel they are at a disadvantage and have been treated unfairly leading to challenges from both staff and trade unions impacting on the ICBs reputations and costs.</p>	<p>Controls:</p> <ol style="list-style-type: none"> Establish clear and agreed staff transition and selection process between Frimley, Surrey Heartlands and HioW HR teams through the Southern Transfers Project Group and People Task and Finish subgroup. Shared oversight of the staff transfer selection principles and consultation and selection timelines through the Joint Transition Executive (JTE) Legal and HR assurance, where appropriate, to ensure fairness and compliance with employment law and due process. <p>Mitigations:</p> <ol style="list-style-type: none"> Southern Transfer Project Group continues to work towards an agreed position Changing transition timelines, including regional consultation alignment, may mitigate this risk/support alignment Escalate concerns if it appears Frimley HIOW transfer staff may be disadvantaged compared to others across the region 	4	4
<p>Closure of Commissioning Support Units</p> <p>There is risk surrounding the closure of the Commissioning Support Units (CSU) with National uncertainty of close down mechanisms and assumptions about ICBs taking staff as part of CSU close down.</p> <p>Cause: The dissolution of CSU April 2027</p> <p>Effects: All services provided by CSU will need to be re-provided via alternative mechanisms and the workforce implications of this for ICBs, determined.</p> <p>Impact: There could be TUPE implications which are not yet understood.</p>	<p>Controls:</p> <ol style="list-style-type: none"> CSU Programme Board oversight at SE collaborative level Oversight and assurance from the Cluster Transition Programme Board <p>Mitigations:</p> <ol style="list-style-type: none"> SE Transition Director's Group operating across SE to determine a collaborative way forward. Establish clear and agreed CSU closedown mechanisms and implications for staff - Guidance from NHS England required. Legal and HR view to ensure fairness and compliance with employment law and due process. 	4	4

Appendix 2: Risk and Issue Summary

New Risks

Risk	Risk Description	Controls/Mitigation	Owner	Lkh	Imp
People & Culture NEW TP Risk 012 <i>Legal challenge arising from commencing the consultation prior to TUPE</i>	<p>As at 2 Oct 25 - There is a risk (as suggested by Beechcrofts) that commencing the consultation prior to the transfer of staff to NHS Thames Valley could result in legal challenge of unfair dismissal under TUPE (if redundancy is because of/connected to transfer), failure to consult leading to protective award and/or potential discrimination claims.</p> <p>As at 27 Oct 25 – Risk has resolved through engagement efforts – Recommend close (but included for noting by Board)</p>	<p>Controls:</p> <ol style="list-style-type: none"> Adherence to organisational HR policy, employment law, and equality impact assessments. Advice provided by legal support Beechcrofts who rate the risk as relatively low. Regular governance oversight at People & Culture Project Board and JTE. <p>Mitigations:</p> <ol style="list-style-type: none"> Adherence to organisational HR policy, employment law, and equality impact assessments. Strong relationship with Trade Unions and engagement in this issue. Develop a communications plan to manage internal and external messaging, reinforcing organisational rationale and support for staff. 	Sandra Grant	<p>3</p> <p>↓↓</p> <p>Close</p>	<p>3</p> <p>↓↓</p> <p>Close</p>
SE Collaboration NEW TP Risk 014 <i>SE Collaboration fails to deliver benefits within the required timescales</i>	<p>There is a risk that the SE Collaboration fails to deliver benefits within the required timescales (Fixed point CSU dissolution 01 April 2027).</p>	<p>Controls:</p> <ol style="list-style-type: none"> SE Collaboration Working Group reports to the Joint Executive as forms part of executive portfolios. Regular governance oversight at Programme Board. <p>Mitigations:</p>	Alison Edgington	3	3

		<ol style="list-style-type: none"> 1. Establishment of an internal Working Group to co-ordinate the work and meetings occurring across the SE ICB geography. 2. Ensure appropriate membership and support to regional groups including ensuring representatives have the mandate to operate at a collaborative level. 3. The Cluster partnership works through the agenda to understand the issues and develop an appropriate way forward based on evidence i.e. which areas the new ICB will collaborate on, and which areas will be 'in-house'. 4. The above will support improved decision-making and understanding of the risks. 			
People & Culture NEW TP Risk 015 Unresolved Design Dependencies Impact ICB Readiness	<p>Key assumptions, interdependencies, or statutory responsibilities are not fully resolved during October, leading to gaps or duplication in the design work handed over to designate executives.</p>	Mitigations: <ol style="list-style-type: none"> 1. Use the 6 Oct exec-to-exec session to systematically test assumptions and interdependencies. 2. Apply the statutory/core duties checklist across all functional groupings. 3. Weekly workstream meetings to track progress and flag unresolved issues. 4. Engage EDI and TU reps to ensure inclusivity and reduce the risk. 5. Assign clear owners to each issue (not just "the group") so resolution is someone's responsibility. 	Caroline Corrigan	3	3
People & Culture NEW TP Risk 016	<p>Risk to the closure of the Aldershot office and the delay in the change process has caused frustration from some trade union colleagues.</p>	Mitigations: <ol style="list-style-type: none"> 1. Continued efforts to engage with staff and staff side 2. Sharing of timelines for organisational design 3. A focus on the issues of prime importance to staff/staff side but as shown in P&C issue 05 	Sandra Grant	3	4

Employee relations	Links to Finance & Estates Issue #6 and People & Culture Issue #5				
People & Culture NEW TP Risk 017 Mutually Agreed Resignation Scheme (MARS) and Voluntary Redundancy (VR)	If the National VR scheme is issued prior to end of November, this may result in the withdrawal of MARS applications and increased cost to the ICBs	Central decision-making limiting mitigations.	Sandra Grant	3	4
People & Culture NEW TP Risk 018 HR Team Capacity	There is a risk that the People Team capacity may not be sufficient	Mitigations: 1. Use of temporary resource to support 2. Planning activity where possible	Sandra Grant	3	4
OMOD - Closure of Risk #9 Project stalls due to leadership change	Risk that the change in leadership as the design phase closes, leads to a stalling of the next phase of the project: i.e. Build: the development of the organisational structure, roles and responsibilities.	29/10 AE: Strong leadership and clear plan in place with no indication of negative impacts of leadership change. Risk recommended for closure.	Caroline Corrigan	Close	Close

Risk transfer to an Issue

Issue	Description	Controls/Mitigation	Owner	Category	Impact
Finance & Estates #6	<p>Challenge around planned closure of Aldershot Centre for Health (ACfH) that could result in reputational and organisational damage.</p> <p>Initially a risk highlighted at JTE 2 Oct but evolved into Issue (incorporates Issue # 5 The Frimley TUs do not support launch of consultation on 15/10.)</p>	<p>Staff consultation (as planned to start 15 Oct) allows staff concerns to be identified and addressed. Strong relationship with Trade Unions and engagement in this issue. Develop a communications plan to manage internal and external messaging, reinforcing organisational rationale and support for staff</p> <p>Regular governance oversight at Finance & Estates Project Board and JTE. Adherence to organisational HR policy, employment law, and equality impact assessments.</p>	Mark Young	Stakeholder	Med

**Buckinghamshire, Oxfordshire and Berkshire West
and Frimley Integrated Care Boards**

Joint Committee

Title of Paper	Policies on assisted reproductive treatments (ART) for infertile patients		
Agenda Item	8.1	Date of meeting	18 November 2025
Exec Lead	Dr Lalitha Iyer, Chief Medical Officer		
Author(s)	Anna Lyne, Clinical Effectiveness Programme Lead.		

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

Decision required	Joint Committee	<input type="checkbox"/>
	BOB only	<input type="checkbox"/>
	Frimley only	<input checked="" type="checkbox"/>
	Meeting in Public	<input checked="" type="checkbox"/>

Executive Summary
<p>The clinical policy alignment project commenced in 2023 and aimed to achieve harmonisation of evidence based clinical commissioning policies across NHS Frimley to reduce unwarranted variation in access to care and ensure that the commissioning of these services is consistent and applicable to all areas within NHS Frimley.</p> <p>Work to align policies on assisted reproductive treatments (ART) for infertile patients was still ongoing at the time the current NHS reorganisation was announced.</p> <p>In March 2025, a paper (attached in annex 1) was agreed by Frimley ICB Board which recommended:</p> <ul style="list-style-type: none"> • An amendment is made to align the intrauterine insemination (IUI) aspect of the existing ART policies for the entire Frimley ICB geography. • An engagement exercise will be undertaken by the Communications team prior to implementation of the above amendment. • Alignment of the remainder of the ART policies will wait until a regional review by the South East Regional Priorities Committee (SERPC) is complete. <p>In light of the forthcoming NHS reorganisation, it is recommended that the above plan is paused.</p> <p>This will mean Frimley ICB's IUI policies will continue to be unaligned until its closure on 31 March 2026.</p> <p>Ratifying the BOBFPC ART policy for the East Berkshire (EB) locality is also proposed as this will align EB with the current BOB ICB policy in preparation for the formation of the new Thames Valley ICB. This change would mean that EB same sex couples, single women, and people with disabilities/ psychosexual problems would no longer be required to undertake 12 self funded cycles of artificial insemination (6 of which are IUI) before being able to access</p>

NHS funded assisted conception treatment. Instead, they would only be required to undertake 6 self funded cycles of artificial insemination to demonstrate subfertility before being eligible for up to 6 NHS funded cycles of IUI.

Alignment of other localities to their receiving organisation policies is also considered however not recommended at this time.

Recommendation	<ul style="list-style-type: none"> • Pause the current plan to align Frimley ICB's IUI policies. • Consider adopting BOBFPC ART policy for the East Berkshire locality. • No current action to align other localities to receiving organisations policies.
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Conflict of interest identified
Yes <input type="checkbox"/> No <input type="checkbox"/>
Detail

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Frimley Executive Team Meeting	21 st October 2025	Approved
Frimley ICB Board Seminar	28 th October 2025	Approved

Policies on assisted reproductive treatments for infertile patients

Background

The clinical policy alignment project commenced in 2023 and aimed to achieve harmonisation of evidence based clinical commissioning policies across NHS Frimley to reduce unwarranted variation in access to care and ensure that the commissioning of these services is consistent and applicable to all areas within NHS Frimley.

Work to align policies on assisted reproductive treatments (ART) for infertile patients was still ongoing at the time the current NHS reorganisation was announced.

Frimley ICB currently utilises three different policies for access to assisted reproduction services according to where the patient lives based on the legacy CCG geography (East Berkshire – EB, North East Hampshire – NEF and Surrey Heath and Farnham – SH&F).

Of note is that all the locality policies have taken account of the NICE Clinical Guideline (CG156) 'Fertility problems: assessment and Treatment' (2013, updated 2017) recommendations. None of the policies adhere to the CG156 guidance in full.

The key differences in the policies are:

1. Duration of expectant management prior to IVF
2. Funding of intrauterine insemination (IUI)
3. Female age at the time of referral
4. Number of IVF cycles funded
5. Duration of storage of surplus embryos
6. The provision of donor gametes (eggs and sperm) for ART treatment

In March 2025, a paper was agreed by Frimley ICB Board which recommended:

- An amendment is made to align the intrauterine insemination (IUI) aspect of the existing ART policies for the entire Frimley ICB geography.
- An engagement exercise will be undertaken by the Communications team prior to implementation of the above amendment.
- Alignment of the remainder of the ART policies will wait until a regional review by the South East Regional Priorities Committee (SERPC) is complete.

In light of the forthcoming NHS reorganisation, it is recommended that the above plan is paused.

This will mean Frimley ICB's IUI policies will continue to be unaligned until its closure on 31 March 2026.

Of note a region-wide policy review is on the work programme of the SERPC. However, competing ICB priorities and delay in publication of the update of NICE CG156 have led to a delay in progressing this review. The final NICE CG156 update is not due to be published until March 2026 at the earliest. Completion of the region-wide review will be complex and take a considerable amount of time.

Recommendations

Ratifying the BOBFPC ART policy for the East Berkshire (EB) locality is proposed as this will align EB with the current BOB ICB policy in preparation for the formation of the new Thames Valley ICB. Alignment of other localities to the receiving organisations policies is also considered however not recommended at this time. See below for more information relating to each locality.

East Berkshire (EB)

From 1 April 2026, Thames Valley ICB will come into existence, incorporating the current BOB ICB and the East Berkshire locality of the current Frimley ICB.

In November 2023, the BOB ICB and Frimley ICB Priorities Committee (BOBFPC) agreed an updated policy recommendation on ART for infertile patients (BOBFPC11g). This was agreed following a lengthy review process involving independent legal advice and impact assessment of variety of commissioning options. The scope of this review was largely related to funding of IUI. BOB ICB ratified and implemented this policy in February 2024.

The Frimley ICB East Berkshire locality policy currently in place is a historic version of the BOBFPC policy determined by the previous Thames Valley Priorities Committee (TVPC) and issued in December 2020.

Table 1 shows that the key difference between the current BOB ICB ART policy and the current Frimley ICB East Berkshire locality ART policy relates to funding of IUI. Moving EB patients to the current BOB ICB policy will lead to access to NHS funded IUI for several groups of patients, however as overall numbers are small, impact is likely to be minimal. In addition, this change would mean that EB same sex couples, single women, and people with disabilities/ psychosexual problems would no longer be required to undertake 12 self funded cycles of artificial insemination (6 of which are IUI) before being able to access NHS funded assisted conception treatment. Instead, they would only be required to undertake 6 self funded cycles of artificial insemination to demonstrate subfertility before being eligible for up to 6 NHS funded cycles of IUI.

Recommendation: Ratifying the BOBFPC11g for the East Berkshire locality is proposed, as this will align EB with the current BOB ICB policy, in preparation for the formation of the new Thames Valley ICB.

North East Hants (NEH)

From 1 April 2026, the NEH locality of the current Frimley ICB will move to Hampshire and Isle of Wight (HIOW) ICB.

The current HIOW ICB ART policy (Policy 002) was determined by the HIOW ICB Priorities Committee and issued in June 2024.

The current ART policy that applies to Frimley ICB North East Hants patients (also called Policy 002), is a historic version of the HIOW ICB policy determined by the previous

Southampton, Hampshire, Isle of Wight and Portsmouth CCGs (SHIP CCGs) Priorities Committee and last reviewed in July 2019.

Table 2 shows that the key differences between the current HIOW ICB ART policy and the current Frimley ICB NEH locality ART policy relate to duration of expectant management and funding of IUI. Moving NEH patients to the current HIOW ICB policy means couples who are trying to conceive through sexual intercourse but do not have a diagnosed cause of infertility will now be required to try to conceive for 2 years, rather than 1 year, before accessing NHS funded ART. In addition, IUI, which is not currently funded, would now be available to a number of patient groups.

Recommendation: No immediate action is recommended in relation to changing the NEH policies. HIOW ICB may be better placed to facilitate alignment.

Surrey Heath and Farnham

From 1 April 2026, the Surrey Heath and Farnham localities of the current Frimley ICB will move to the new Surrey and Sussex ICB.

The current Surrey ICB ART policy (CLIN05) was determined by the Surrey Priorities Committee and approved in December 2024.

The current ART policy that applies to Frimley ICB Surrey Heath patients (CLIN05), is a historic version of the Surrey Heartlands ICB policy agreed in December 2021. Patients from 5 GP surgeries in Farnham are subject to a separate policy, specifically a historic Surrey PCT policy last reviewed in February 2012.

Of note, current Surrey Heartlands ICB and Sussex ICB have different ART policies which will require alignment on formation of the new Surrey and Sussex ICB.

Recommendation: No immediate action is recommended in relation to changing the Surrey Heath and Farnham policies. Although the current policies that apply to Surrey Heath and Farnham patients are not dissimilar to that of the current Surrey Heartlands ICB policy, the merger with Sussex ICB will mean that further alignment is required.

Table 1 – Impact of moving Frimley ICB East Berkshire (EB) patients to BOB ICB ART policy (recommended by BOBFPC)

Topic	Frimley ICB EB policy (TVPC11g)	BOB ICB policy (BOBFPC11g)	Estimated impact
Expectant management prior to IVF	No chance of pregnancy with expectant management OR 2 years of regular intercourse/ 12 cycles of artificial insemination (AI), where 6 of these are IUI.	No chance of pregnancy with expectant management OR 2 years of regular intercourse/ 12 cycles of artificial insemination (AI), where 6 of these are IUI.	No impact
Funding of IUI	Up to 6 IUI cycles funded for people with social/ religious/ cultural objections to IVF.	Up to 6 IUI cycles funded for: <ol style="list-style-type: none"> 1. Physical disability/ psychosocial problem plus demonstrated subfertility* 2. Conditions that require artificial insemination e.g. spinal cord injuries 3. Social/ religious/ cultural objections to IVF 4. Azoospermia/ severe deficits in semen quality 5. Risk of transmitting genetic disorder/ infectious disease 6. Severe rhesus isoimmunisation 7. People trying to conceive through artificial insemination (AI) (including same sex couples/ single women) with demonstrated subfertility* *Demonstrated by undertaking 6 unsuccessful self-funded cycles of AI.	Currently, EB patients only have access to IUI if they have a social/ religious/ cultural objection to IVF. Moving to the BOB ICB position would mean certain patient groups would be eligible for up to 6 NHS funded IUI cycles, when previously they would only have access to IVF. In addition, moving to BOBFPC11g will mean that same sex couples, single women and people with disabilities/ psychosexual problems would demonstrate their subfertility and have access to NHS treatment after 6 self-funded AI cycles, rather than 12, and there would be no need to self-fund 6 cycles of IUI. Estimated impact is likely to be modest due to the small size of most patient groups, and the requirement for same sex couples and single women to self-fund 6 AI cycles; NICE estimate at least 50% of people trying to conceive through AI will conceive within the first 6 cycles.
Female age at time of referral	<35 years	<35 years	No impact

Topic	Frimley ICB EB policy (TVPC11g)	BOB ICB policy (BOBFPC11g)	Estimated impact
Number of IVF cycles funded	1 embryo transfer procedure	1 embryo transfer procedure	No impact
Duration of storage of surplus embryos	Up to 3 years	Up to 3 years	No impact
Provision of donor sperm	<p>IVF using donor sperm funded for:</p> <ul style="list-style-type: none"> Couples unable to undertake vaginal intercourse who have demonstrated subfertility* Male factor infertility Use of partner sperm is contraindicated Single women/ same sex couples who have demonstrated subfertility* <p>*Demonstrated by undertaking 12 unsuccessful cycles of self-funded AI, 6 of which are IUI.</p>	<p>IUI using donor sperm may be funded for groups 4 – 7 outlined above. IVF using donor sperm would be available to these groups after 12 unsuccessful cycles of artificial insemination (6 of which should be IUI).</p>	<p>As outlined above, eligible EB patients who require ACT using donor sperm due to male factor infertility would now access NHS funded IUI prior to IVF. Less patients would therefore be expected to progress to IVF using donor sperm, as some will conceive through IUI, however as overall numbers of patients are very small, this impact is likely to be minimal.</p>
Provision of donor eggs	<p>IVF using donor eggs is funded; no indications for treatment/ additional eligibility criteria specified.</p>	<p>IVF using donor eggs funded for:</p> <ul style="list-style-type: none"> Premature ovarian failure Gonadal dysgenesis Bilateral oophorectomy Risk of transmitting a genetic disorder 	<p>EB patients will now need to have one of the indications specified in BOBFPC11g in order to access IVF using donor eggs. In practice this is unlikely to lead to a significant impact as most patients currently accessing IVF using donor eggs are likely to have one of these indications.</p>

Table 2 – Impact of moving Frimley ICB North East Hants (NEH) patients to HIOW ICB ART policy

Topic	Frimley ICB NEH policy (SHIP Policy Recommendation 002)	HIOW ICB policy (HIOWPC Policy 002)	Estimated impact
Expectant management prior to IVF	Diagnosed cause of infertility precludes natural conception OR infertility of 1 to 2 years duration/ 12 cycles of self-funded AI (where 6 are IUI).	No chance of pregnancy with expectant management OR 2 years of regular intercourse/ 12 cycles of artificial insemination (AI), where 6 of these are IUI.	NEH couples trying to conceive through sexual intercourse who do not have a diagnosed cause of infertility will now need to try to conceive for 2 years, rather than 1 year before accessing NHS funded ART.
Funding of IUI	IUI is not funded.	<p>Up to 6 IUI cycles funded for:</p> <ol style="list-style-type: none"> 1. Physical disability/ psychosocial problem plus demonstrated subfertility* 2. Conditions that require artificial insemination e.g. spinal cord injuries 3. Social/ religious/ cultural objections to IVF 4. Azoospermia/ severe deficits in semen quality 5. Risk of transmitting genetic disorder/ infectious disease 6. Severe rhesus isoimmunisation 7. People trying to conceive through donor insemination (including same sex couples/ single women) with demonstrated subfertility* <p>*Demonstrated by undertaking 6 unsuccessful self-funded cycles of AI.</p>	<p>Currently, NEH patients do not have access to NHS funded IUI. Moving to the HIOW ICB position would mean certain patient groups would be eligible for up to 6 NHS funded IUI cycles.</p> <p>In addition, moving to the HIOW ICB policy will mean that same sex couples and single women would demonstrate their subfertility and have access to NHS treatment after 6 self-funded AI cycles, rather than 12, and there would be no need to self-fund 6 cycles of IUI.</p> <p>Estimated impact is likely to be modest due to the small size of most patient groups, and the requirement for same sex couples and single women to self-fund 6 AI cycles; NICE estimate at least 50% of people trying to conceive through AI will conceive within the first 6 cycles.</p>
Female age at time of referral	<35 years	<35 years	No impact

Topic	Frimley ICB NEH policy (SHIP Policy Recommendation 002)	HIOW ICB policy (HIOWPC Policy 002)	Estimated impact
Number of IVF cycles funded	1 cycle, up to 2 embryo transfer procedures	1 cycle, up to 2 embryo transfer procedures	No impact
Duration of storage of surplus embryos	Up to 3 years or the female's 42 nd birthday if this is sooner	Up to 3 years	NEH patients would have access to 3 years of storage regardless of their age.
Provision of donor sperm	Not specifically addressed. However same sex couples and single women may access IVF after 12 cycles of self-funded AI (where 6 are IUI) and this would necessitate the use of donor sperm.	IUI using donor sperm may be funded for groups 4 – 7 outlined above. IVF would be available to these groups after 12 unsuccessful cycles of artificial insemination (6 of which should be IUI).	As outlined above, eligible NEH patients with azoospermia or who are at risk of transmitting a disease, would now have access to ACT using donor sperm.
Provision of donor eggs	IVF using donor eggs is funded; no indications for treatment/ additional eligibility criteria specified.	IVF using donor eggs funded for: <ul style="list-style-type: none"> • Premature ovarian failure • Gonadal dysgenesis • Bilateral oophorectomy • Risk of transmitting a genetic disorder • Certain cases of IVF treatment failure 	NEH patients will now need to have one of the indications specified in the HIOW ICB policy in order to access IVF using donor eggs. In practice this is unlikely to lead to a significant impact as most patients currently accessing IVF using donor eggs are likely to have one of these indications.

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	IUI Amendment		
Agenda Item		Date of meeting	18 March 2025
Exec Lead	Lalitha Iyer		

Purpose	To Approve	<input checked="" type="checkbox"/>	Link to Strategic Objective	<i>Strategic Objective 2</i>
	To Ratify	<input checked="" type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input type="checkbox"/>		

Executive Summary	
<p>This paper sets the current context further to BOB and Frimley ICB Clinical Priorities Committee (BOBFPC) agreeing a recommendation for an updated Assisted reproduction services policy and the next steps to enable adoption of this amendment across the ICS. The Communication and engagement briefing that underpins this is discussed in detail for approval.</p> <p>For the proposed amendment to the existing policies, it is recommended that engagement is carried out rather than formal consultation, particularly with those most impacted by this change.</p> <p>This work should be framed as a 'first step' ahead of a larger review of all fertility policies across the Southeast region expected in the future.</p> <p>All engagement activity should allow for adequate time to ensure that feedback and insight is taken on board and is able to influence decision making. This helps to avoid the risk of challenge around predetermination. If the amendment is agreed prior to engagement, then this carries a risk of challenge. This needs to be weighed up against the current risk of challenge and the continuation of the current situation and the need to meet equality duties etc.</p> <p>Significantly, the amendment seeks to reduce unwarranted variation across the three places by providing funding of six cycles of IUI after six self-funded cycles of artificial insemination. This will be positive for the residents of NEHF and EB as currently they receive no funding at all, but for residents of SH, this will take them from 12 funded cycles to 6.</p> <p>A point of variation remains where the SH maximum age limit is 39, whereas for the other places it is 35. This could potentially leave the ICB open to potential litigation, however, given that a regional policy is in the process of being developed, it would be counter-productive for the ICB to develop our own policy in the interim. The initial policy and amendment were both agreed through a formal process and pending the development and ratification of the regional policy, this should remain our position, recognising that the regional committee will rationalise all existing policies into a single one.</p>	
Recommendation	The recommendation is to approve this approach as an interim solution till the entire fertility policy is agreed at the Southeast Regional Priorities Committee.

Please provide details on the impact of following aspects	
Risk and Assurance	The risk of not having an equitable policy across the ICB has been mitigated by seeking counsel from Capsticks and further will be by the robust engagement from Communications. This will also provide the ongoing assurance that the ICB is taking every step to provide equitable access to stakeholders.
Equality and Quality Impact Assessment	To bring into line the policy of funding for IUI across the three places given that there is current disparity with one of the places.
Patient and Stakeholder Engagement	Patient and stakeholder engagement to take place – Communications team to undertake a robust engagement process prior to implementation
Financial Impact and Legal implications	There will be a nominal financial benefit to decreasing funding for residents of SH from 12-funded cycles to six-funded cycles of IUI. The impact of earlier access in NEHF and EB places and balancing this is not exactly known. The fact that a disparity in age remains between the three places may open the ICB to legal challenge, however, the South East Regional Committee will be implementing a policy and at this time Frimley ICB should not develop their own unilateral policy in the context of a pending regional one
Please indicate which CQC Theme and Quality Statements this QIA supports. Interim guidance for assessing integrated care systems March 2023 (cqc.org.uk)	Equity in Access

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
SLT	12 November 2024	Approved
Frimley ICB System Quality Group	23 January 2025	Approved

ICB Strategic Objectives 2023-24:

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

NHS Frimley Clinical Policy Alignment

Assisted reproduction services for infertile patients policy

This paper sets the current context further to BOB and Frimley ICB Clinical Priorities Committee (BOBFPC) agreeing a recommendation for an updated Assisted reproduction services policy and the next steps to enable adoption of this amendment across the ICS.

The Communication and engagement briefing that underpins this is discussed in detail for approval.

Context

The clinical policy alignment project aimed to achieve harmonisation of evidence based clinical commissioning policies across NHS Frimley to reduce unwarranted variation in access to care and ensure that the commissioning of these services is consistent and applicable to all areas within NHS Frimley going forward.

Currently the three NHS Frimley localities (East Berkshire – EB, North East Hampshire – NEH and Surrey Heath and Farnham – SHF) hold differing policy positions for patient access to assisted reproduction services including intrauterine insemination

The key differences in the policies are:

1. Duration of expectant management
2. Funding of intrauterine insemination (IUI)
3. Female age at the time of referral
4. Number of assisted reproduction cycles funded
5. Duration of storage of surplus embryos
6. The provision of donor gametes (eggs and sperm) for IVF treatment

Of note is that all the locality policies have taken account of the NICE Clinical Guideline (CG156) 'Fertility problems: assessment and Treatment' (2013, updated 2017) recommendations. None of the policies adhere to the CG156 guidance in full.

The locality policies for EB and NEH are very similar, therefore the impact of the proposed changes would be for the SH locality.

In November 2023 BOB and Frimley ICB Clinical Priorities Committee (BOBFPC) agreed a recommendation for an updated Assisted reproduction services policy, after a lengthy review process involving independent legal advice and impact assessment of variety of commissioning position options. The scope of this review was largely related to funding of IUI

It is proposed that the BOBFPC recommendations on IUI will be adopted across Frimley ICB. Once agreed, the new IUI policy will be included in an addendum to the existing locality policies.

Full alignment of the Frimley ICB policies (including alignment of the additional key differences outlined above) will wait until a South East region-wide policy review process is complete. This complex policy review will take a considerable amount of time and will aim to result in a single assisted reproduction services policy across the 6 ICBs in the region.

Summary impact of proposed changes

The overall aim of the proposed policy is to support the commissioning of the highest quality, clinical and cost-effective services that are affordable, to maximise health outcomes in terms of live births and patient/baby safety. The proposed policy has been developed in the context of health care commissioners being subject to a statutory duty not to exceed their annual financial allocation. The proposed policy has been reviewed by an independent legal counsel.

As outlined above, for the first stage of alignment, we are seeking to align the sections of the policy related to funding of IUI only. This will be followed at a later stage by a region-wide review of the entire assisted reproductive services policy that will be considered by the South East Regional Priorities Committee.

Proposed change	Estimated impact on patients	Estimated cost impact (for ICB)
Funding IUI for people unable to have vaginal intercourse – NHS funding for 6 IUI after 6 self-funded artificial insemination (AI) (consistent with NICE CG156)	<ul style="list-style-type: none"> Improves access to patients in EB and NEH localities where the current threshold for referral for specialist services is 12 cycles of self-funded AI (6 of which are IUI). This restricts access to IUI for SHF population. Under the proposed policy these patients would have to self-fund the first 6 AI to demonstrate subfertility; currently this is not required. Estimated number of patients affected ≤ 9 SHF patients. 	Neutral

Existing insight

A full Equality and Health Inequalities Analysis (EHIA) has been completed for the proposed IUI policy and this has been reviewed by the Equality Diversity and

Inclusion Programme Co-ordinator for NHS Frimley with a note that this is a 'robust piece of work' and can be signed off by the Senior Responsible Officer (SRO).

An impact assessment has been carried out and is based on Frimley Prior Approval and invoice data. It is acknowledged that this data is lacking in detail. A proxy verification of estimated overall patients' numbers has also been carried out using NICE costing template. Nevertheless, these estimates should be treated with some caution due to the limitations of the available data.

Comments to note from EHIA and EIA:

- The policy impacts on a number of different groups of people who share a protected characteristic. During development of the proposed policy, attempts have been made to ensure that all groups are treated as equally as possible, or where this is not possible for clinical reasons, there is a robust rationale for this position.

Service user and clinical input

- At the March 2022 Thames Valley Policy Committee (TVPC)¹ meeting, where the initial paper and considerations were discussed, both legal views, defending and challenging the policy, from a patient perspective, were heard.
- A working group of fertility specialists met in June 2022 to discuss the policy review and provide their views.
- The views of fertility specialists on two policy options were sought via a questionnaire in September 2022 as part of the policy review.
- The proposed IUI policy is consistent with NICE Clinical Guideline 156, the development of which involved specialist and patient input and included a public consultation.

Engagement and involvement:

Communications, engagement and consultation briefing

"The public rightly have high expectations of the NHS. But equally they understand the challenges we face and want ways to be involved in finding solutions. They have knowledge, skills, experiences and ideas to develop solutions that best meet their needs and support their health and wellbeing. Without insight from people who use, or may use, services, it is impossible to make truly informed decisions about service design, delivery and improvement."

Amanda Pritchard, Chief Executive, NHS England

¹ Precursor of the BOB and Frimley Priorities Committee (BOBFPC).

Introduction

We are committed to meaningful, consistent and timely involvement with local people and communities and ensuring equality, diversity and inclusion is at the heart of thinking, planning and delivery.

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.

The 'Assisted reproduction services for infertile patients' policy represents a unique challenge in terms of communications, engagement and potential formal consultation. The topic of assisted conception has the potential for increased public, patient, media and political interest so it is important that due consideration is taken as to how to articulate and engage on any policy change.

This paper is focused on the first phase of the alignment which relates to an amendment to the existing policies that will have a more limited impact on local people when compared to alignment of the full policy.

We will:

- ensure that our communication is planned, coordinated and timely
- identify the language to be consistently used and our content will be clear and accessible. Technical jargon will be kept to an absolute minimum
- agree core narrative, messages and responses to questions, and we will be consistent and positive in how we talk about the programme
- put the voices of people and communities at the centre of decision-making
- start engagement as early as possible and feedback how engagement has influenced activities and decisions
- understand our community's needs, experience and aspirations for health and care
- build relationships with excluded groups, especially those affected by inequalities

NHS England, Integrated Care Boards (ICBs) and Trusts all have legal duties to involve the public in their decision-making about NHS services. Statutory guidance, first published by NHS England in 2022 sets out expectations around ['Working in Partnership with People and Communities'](#).

There are also several key legal requirements regarding engagement when planning service change:

- **The NHS Act 2006** (as amended) means that all service change programmes must involve patients and the public, where necessary, in-service change.
- **The Equality Act 2010** means that programme leads must take steps to include people with protected characteristics, especially when conducting a public consultation.

Aside from the legal and statutory duty to engage and involve members key stakeholders, our staff and people from the communities we serve, doing so also promotes support for the decisions taken. We are able to seek input from potential service users, resulting in considered outcomes.

This can also form part of a pre-engagement process ahead of a formal consultation. The insight and feedback gathered can then be utilised to strengthen a well-informed consultation process.

We are also required to provide assurance to NHS England that we have considered the views of existing and potential service users and be able to show how this has influenced decision making within the programme. The reports from engagement, and formal consultation if this is undertaken, will provide this assurance.

In the case of the assisted reproductive services policy this could include a range of themes, issues or topics including, but not limited to: a broad 'conversation' with the public about the complexity of fertility services, why a policy change is required, how the decisions on policy change were reached and the rationale and/or engagement with key stakeholders (charities, MPs, current patients).

Formal consultation

Formal consultation is carried out if a change is considered to be *significant*, in other words where the proposal or plan is likely to have a substantial impact.

There is no legal definition of *substantial* in this context and is left to local determination by the NHS. In the case of this policy alignment the decision sits with the Board of NHS Frimley. In addition, although local Health Overview and Scrutiny Committees (HOSCs) are not a formal decision-maker in this instance, it would be recognised as good practice to involve them throughout.

If a formal consultation takes place then the timescales can be considerable. NHSE Regional team have a formal assurance role (2 stages) and there are a number of reporting requirements throughout including the development of a Pre-Consultation Business Case (PCBC). A consultation process would run for a minimum of 12 weeks but the assurance process required prior to consultation could take as long as 12-18 months.

If the proposed change is not considered substantial, then it may be decided that formal consultation is not required. In this case we would still be expected to continue to engage and involve patients throughout decision making.

NHS organisations must abide by the legal requirements designed to ensure that all relevant factors are taken into account in decisions to commission and provide the best services possible.

If stakeholders are not satisfied with a service change decision made by an NHS organisation, the thinking and process behind the decision can be formally tested publicly through referral to the Secretary of State for review or anyone with an interest may bring a claim for Judicial Review if they consider that the NHS organisation did not act in accordance with the law. For example, one such challenge to how well an organisation has engaged or consulted with stakeholders may be that decisions were pre-determined, and that engagement/consultation was superficial. These challenges can result in significant delays and cost.

Legal advice

Specific legal advice was sought in respect of public consultation in relation to the proposed amendments to the assisted reproductive services policy. This was received by NHS Frimley on 7th August 2024. The advice recognises that NHS Frimley has publicly committed to a period of engagement that should include: provider organisations; Clinicians/GPs/Specialists/Consultants; Healthwatch; Local Authorities System partners and potential delivery partners; Local Councillors/MPs Representatives of local communities; Voluntary & Community Sector/Charities; Patients; and the wider public.

As outlined above, the threshold for significant/substantial variation is a decision for the ICB Board. The legal advice states that the IUI amendment is not likely to meet this threshold for formal public consultation (requiring internal assurance from NHS England) but that a period of engagement should still take place.

The advice also recommends that *'the ICB makes enquiries of the local authorities that may have an interest in the IUI Amendment and its implementation process in order to establish whether they have protocols for determining whether or not this may amount to significant/substantial variations, and if so, consider the criteria when it is making this determination.'*

The following are given as reasons as to why the IUI amendment is unlikely to reach the threshold for significant/substantial variation:

- *'Although there will be a change to the timings of access to treatment, the IUI Amendment will not involve a change in the accessibility of NHS provided services at fertility clinics in terms of the mechanics of service delivery;*

- *The impact of the IUI Amendment will be on two groups – a cohort of ‘people in same-sex relationships, single women and couples unable to engage in sexual intercourse’, and persons aged 35-39 in SH only. The impact of the IUI Amendment will be positive (i.e. access will be improved) for EB and NEHF, but will be negative for SH. The estimated affected population in SH is around 9 people (in same-sex relationships, single women and couples unable to engage in sexual intercourse), and is estimated to be 12-15 people per year (aged 35-39). It is not clear how many would be positively affected in EB and NEHF.*
- *The impact of the change on the wider community and other services (whether economic impact, transport and regeneration) appears to be nil to minimal.’*

Proposed approach

Whether it be formal consultation or robust engagement, the public facing activity would be very similar. If a decision is taken on formal consultation then the assurance process and reporting will take a higher level of capacity to deliver and will take longer as outlined above.

Engagement activity on the proposed changes outlined in this paper could include:

- Online information detailing the change and offering routes to provide feedback (via the survey or by signing up to focus groups)
- A series of focus groups specifically aiming to speak to those most impacted by the proposed changes (including same sex couples and others unable to engage in sexual intercourse). These would explore a defined set of criteria with a view to better understand the change from the perspective of those most effected.
- Online and/or face to face stakeholder engagement with key stakeholders including relevant charities, voluntary sector groups, Councillors/MPs etc.

A full communications and engagement plan will be developed to support the project.

Recommendations

- For the proposed amendment to the existing policies, it is recommended that **engagement** is carried out rather than formal consultation, particularly with those most impacted by this change.
- This work should be framed as a ‘first step’ ahead of a larger review of all fertility policies across the Southeast region expected in the future.
- All engagement activity should allow for **adequate time** to ensure that feedback and insight is taken on board and is able to **influence decision making**. This helps to avoid the risk of challenge around predetermination. If

the amendment is agreed prior to engagement, then this carries a (small) risk of challenge. This needs to be weighed up against the current existing risk of challenge and the need to meet equality duties.

Proposed public statement (DRAFT)

NHS Frimley is working to make fertility treatment policies the same across all areas it covers. Right now, different areas (East Berkshire, North East Hampshire, and Surrey Heath/Farnham) have different rules on who can access fertility treatments and under what conditions. The goal is to ensure fairness, consistency, and legal compliance.

The first step is to align policies on Intrauterine Insemination (IUI), a fertility treatment that helps people who cannot conceive naturally, this requires an amendment to our existing policies. The amendment would improve access to IUI in East Berkshire and North East Hampshire.

In Surrey Heath/Farnham, people (up to the age of 35) would have to self-fund six rounds of artificial insemination before becoming eligible for NHS-funded IUI, which is already required in other areas.

This is happening now for a number of reasons, including:

- **Legal Compliance:** NHS Frimley must follow the Equality Act 2010, which ensures fair treatment.
- **NICE Guidelines:** The proposed change aligns with national recommendations from NICE (the organisation that sets NHS treatment guidelines).
- **Fairness:** The current offer is inequitable, and this amendment aims to make access to treatment the same for everyone across NHS Frimley.
- **Financial Responsibility:** The NHS must provide high-quality, cost-effective care within its budget.

Most people won't see any change but some people in Surrey Heath/Farnham will now need to meet the same self-funding requirement as other areas before receiving NHS-funded treatment.

The impact of the IUI Amendment will be on two groups – a cohort of 'people in same-sex relationships, single women and couples unable to engage in sexual intercourse', and persons aged 35-39 in Surrey Heath/Farnham only. The estimated number of people affected each year is quite small (fewer than 10 individuals in one group and 12–15 in another).

NHS Frimley will engage with those most likely to be affected. This engagement is likely to include focus groups, and discussions with relevant charities, local

representatives, and health organisations. The feedback from this engagement will help shape future decisions.

This is just the first step in updating fertility treatment policies. A larger review of all fertility policies across the South East region is expected in the future.



Policies on assisted reproductive treatments (ART) for infertile patients

Frimley ICB Board – October 2025





Assisted reproduction treatments(ART) and Intrauterine insemination (IUI) background

The aligning policies work that began in 2023 and as part of this:

- In March 2025, a paper was agreed by Frimley ICB Board which recommended
 - The intrauterine insemination (IUI) aspect of existing ART policies is aligned across the entire Frimley ICB geography.
 - An engagement exercise to be undertaken prior to implementation of the above.
 - Alignment of the remainder of the ART policies (e.g. IVF) will wait until a regional review by the South East Regional Priorities Committee (SERPC) is complete.

Frimley ICB currently utilises 3 different policies based on the legacy CCG geography

- The engagement exercise had been paused due to the announcement of ICB configuration changes as we were awaiting exact timelines.





Impact of unification of the ICB IUI policy in Frimley

- For residents in East Berkshire – better access to IUI for more groups of patients, aligned to BOB ICB policy.
- For residents of NEH – Better access to IUI for more groups compared to current position.
- For residents of Surrey Heath and Farnham - more restrictive due to requirement to demonstrate subfertility and reduced upper age limit for IUI.
- Hampshire ICB will need to undertake further work to achieve a single ART policy for their new footprint.
- Surrey and Sussex will be working on unifying policies in their new form.
- Confusion for the residents (NEH, SH and Farnham) due to frequent changes in policy
- Confusion for clinicians in primary and secondary care





Recommendations

1. In light of the forthcoming NHS reorganisation, it is recommended that the plan to align Frimley ICB's IUI policies is discontinued
2. Adopt the BOBFPC ART policy for the East Berkshire (EB) locality
 - This will align EB with BOB ICB (who have already adopted the BOBFPC policy) in preparation for the formation of the new Thames Valley ICB
3. No current action recommended to align other localities to receiving organisations policies
 - North East Hants will need to align with HLOW ICB
 - Surrey Heath and Farnham will need to align with the new Surrey and Sussex ICB





What this will mean for patients

For **East Berkshire** patients, adopting the BOBFPC policy will mean:

- Same sex couples, single women, and people with disabilities/ psychosexual problems will need to undertake 6 unsuccessful self-funded cycles of artificial insemination, rather than 12, in order to demonstrate subfertility and be eligible for NHS funded ART.
- Up to 6 cycles of IUI (intrauterine insemination) will now be funded for several small groups of patients.

North East Hants, Farnham and Surrey Heath patients will continue to access ART treatment as per historic policies until receiving organisations facilitate alignment.





Risks

- Frimley ICB's IUI policies will continue to be unaligned until its closure on 31 March 2026.



**NHS Frimley ICB Emergency Preparedness, Resilience and Response
Annual Assurance Process for 2025/26**

Title of Paper	Emergency Preparedness, Resilience and Response Annual Assurance Process for 2025/26		
Agenda Item	8.2	Date of meeting	18 November 2025
Exec Lead	Sam Burrows, Accountable Emergency Officer for Frimley ICB		

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

Link to Strategic Objective	Strategic Objective 1: Living Well Strategic Objective 3: People, Places & Communities
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Executive Summary

All NHS organisations are required to undertake a self-assessment against the 2025/26 national core standards relevant to their organisation. This assessment is then required to be taken to a Public Board meeting for formal acknowledgement.

This paper outlines the current midyear position of Frimley ICB and our local system providers.

Recommendation	The Board are asked to note :
	<ol style="list-style-type: none"> 1) The current midyear position reported against the NHS EPRR Core Standards for the ICB and local system providers: <ul style="list-style-type: none"> • Frimley Integrated Care Board - <i>Substantially Compliant</i> • Frimley Health Foundation Trust - <i>Substantially Compliant</i> • Berkshire Healthcare Foundation Trust - <i>Substantially Compliant</i> • HCRG Care Group - <i>Substantially Compliant</i> 2) The partially compliant core standards reported by the ICB and local system partners and the projected plans/timeline to achieve compliance. 3) The EPRR assurance process within the local system which is achieved by quarterly meetings and routine self-assessment and discussion of the EPRR core standards.

Please provide details on the impact of following aspects

Risk and Assurance	Submission to public board ensures the ICB's compliance with EPRR assurance requirements.
Equality and Quality Impact Assessment	N/A
Patient and Stakeholder Engagement	N/A
Financial Impact and Legal implications	N/A

Reporting – has this paper been discussed at other meetings

Committee Name	Date discussed	Outcome
Emergency Planning Oversight Board	November 2025	Noted outside of meeting

Emergency Preparedness, Resilience & Response
Annual Assurance Process for 2025/26

The annual Emergency Preparedness, Resilience & Response (EPRR) assurance process for 2025-2026 was launched by NHS England on 1st July 2025. This consisted of a National letter outlining the process and timelines for this year and the updated National Core Standards.

- The total number of core standards for the ICB is: 47
- The total number of core standards for the Acute Trusts are: 62
- The total number of core standards for the Community/MH Providers are: 58

In addition to our own EPRR assurance against the core standards, NHS Frimley ICB 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 Foundation Trust
- Berkshire Healthcare Foundation Trust
- HCRG Care Group

Other providers for our resident's healthcare are overseen and supported by our partners as below:

- South East Coast Ambulance Service NHS Foundation Trust (Via Surrey Heartlands ICB)
- South Central Ambulance Service NHS Foundation Trust (Via Hampshire Isle of Wight ICB)
- Surrey and Borders Partnership NHS Foundation Trust (Via Surrey Heartlands ICB)

At the quarterly assurance meetings current issues and workstreams are discussed. For the quarter three meetings held between the providers and the ICB in October a suite of documents were submitted for review in advance of the meeting. These were then discussed alongside the core standards self-assessment. Documents reviewed this year include:

<ul style="list-style-type: none"> • On-Call Training Examples (e.g. Slide Decks, Handbook) • Confirmation of Participation at LHRP/LRF meetings and Sub-Groups 	<ul style="list-style-type: none"> • BIA/BCP Examples • Example Minutes from Internal EPRR Group Meetings • Training & Exercise Logs
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Additionally, the following provider specific documents were also reviewed:

Berkshire Healthcare Foundation Trust	<ul style="list-style-type: none"> • Exercise Debrief & Planning Examples • Example of FFP3 Mask Fit Testing Records • EPRR Work Planner Example
HCRG Care Group	<ul style="list-style-type: none"> • On Call Log Example • EPRR Policy • National Incident Response Plan
Frimley Health Foundation Trust	<ul style="list-style-type: none"> • On Call Policy • Incident Log Book Example

The ICB also work with the three Local Health Resilience Partnerships to agree a process whereby they are sighted on organisational ratings and offer an opportunity across agencies to promote the sharing of good practice. This process is coordinated with the NHS England Regional Head of EPRR, and the EPRR leads for neighbouring Integrated Care Boards.

For NHS Frimley ICB the LHRP engagement will be via the Thames Valley, Hampshire and Isle of Wight and Surrey Heartlands LHRPs during November.

The outcome of this process for NHS Frimley ICB will be submitted to the South East Regional Emergency Preparedness, Resilience and Response Team.

The outcomes of the 2025/26 EPRR Assurance Process are as follows:

NHS Frimley ICB – Substantially Compliant (42/47 Core Standards)

The 5 core standards currently rated as partially compliant listed below have a plan in place to become compliant within the next 12 months.

CS48 Business Continuity – Testing & Exercising
CS49 Business Continuity – Data Protection and Security Toolkit
CS50 Business Continuity – BCMS Monitoring & Evaluation
CS52 Business Continuity – BCMS Continuous Improvement Process
CS53 Business Continuity – Assurance of Commissioned Providers/Suppliers BCPs

A large amount of work has taken place within Business Continuity this year. All team level BIAs have all been updated and a refreshed ICB Business Continuity Plan has been signed off which reflects the ICBs critical services and prioritises them.

The next step is to schedule regular testing and exercising of the plan (at team levels), this is scheduled to take place in Q4/Q1 and in close collaboration with the teams. Only once this has been completed can we move to compliant on the first four core standards listed above.

The Core Standard relating to provider and supplier BCPs assurance is amber as there is a plan for the EPRR team to be more involved going forward with the procurement process and contract management to provide advice and assurance on the BCPs required under the standard NHS contract.

NHS Berkshire Healthcare FT – Substantially Compliant (54/58 Core Standards)

The 4 core standards currently rated as partially compliant listed below have a plan in place to become compliant within the next 12 months.

CS58 Hazmat/CBRN - Planning Arrangements
CS63 Hazmat/CBRN - Training Resource
CS64 Hazmat/CBRN - Staff Training
CS66 Hazmat/CBRN – Exercising

A review of the CBRNe Plan is ongoing. New NHS England guidance for Community and Mental Health Trusts recently received. A final draft is being prepared to check alignment with guidance before submission for sign off.

All core standards are linked and work onward from the refreshed plan.

NHS Frimley Healthcare FT – Substantially Compliant (60/62 Core Standards)

The 2 core standards currently rated as partially compliant listed below have a plan in place to become compliant within the next 12 months.

CS12 Duty to Maintain Plans – Infectious Disease

CS17 Business Continuity - Data Security and Protection Toolkit

Current guidance states that the record of staff FIT testing is to be recorded on ESR (or similar staff record) which FHFT are not currently able to do. A plan is in place to implement this.

Work is ongoing within the trust to ensure full compliance with information governance and data security requirements.

HCRG – Substantially Compliant (55/58 Core Standards)

The 3 core standards currently rated as partially compliant listed below have a plan in place to become compliant within the next 12 months.

CS46 Business Continuity – Business Impact Assessments

CS47 Business Continuity – Business Continuity Plans

CS48 Business Continuity – Testing and Exercising

Following the IT incident this year teams are reviewing BIA's and BCP's and will be making updates as necessary during the debrief process.

A BIA template has been provided which aligns with the NHS BCM example. Critical services are listed in the Incident Response / BC plans.

Once refresh is complete a schedule of testing and exercising can begin.

The Board are asked to **note**:

- 1) The current midyear position reported against the NHS EPRR Core Standards for the ICB and local system providers:
 - Frimley Integrated Care Board - *Substantially Compliant*
 - Frimley Health Foundation Trust - *Substantially Compliant*
 - Berkshire Healthcare Foundation Trust - *Substantially Compliant*
 - HCRG Care Group - *Substantially Compliant*
- 2) The partially compliant core standards reported by the ICB and local system partners and the projected plans/timeline to achieve compliance.
- 3) The EPRR assurance process within the local system which is achieved by quarterly meetings and routine self-assessment and discussion of the EPRR core standards.

Adam Williams
Senior EPRR Manager
November 2025

Buckinghamshire, Oxfordshire and Berkshire West

and Frimley Integrated Care Boards

Joint Committee

Title of Paper	BOB ICB Safeguarding Governance 2024/2025		
Agenda Item	9.1	Date of meeting	18 November 2025
Exec Lead	Sarah Bellars		
Author(s)	Katherine Elsmore		

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

Decision required	Joint Committee	<input type="checkbox"/>
	BOB only	<input checked="" type="checkbox"/>
	Frimley only	<input type="checkbox"/>
	Meeting in Public	<input checked="" type="checkbox"/>

Executive Summary	
<p>Paper in response to action from previous board in response to Partner Member query regarding ICB Safeguarding governance.</p> <p>BOB Integrated Care Board (ICB), Chief Nursing Officer (CNO) has the Executive responsibility for safeguarding compliance with statutory duties. The Director of Safeguarding leads the ICB Safeguarding Team, working at place and system with statutory and non-statutory partners supporting safeguarding practice and strategy.</p> <p>ICB Team collaborates with the Regional NHS England (NHSE) Safeguarding Team to manage and escalate system risks, providing quarterly assurance and regional NHSE leads attend the ICB Safeguarding Committee.</p> <p>ICB Designated Professionals as clinical experts provide strategic leadership and specialist safeguarding advice to health commissioners, local authorities, NHS England, regulators, and safeguarding boards/partnerships. They support the Director of Safeguarding in assuring that statutory responsibilities are met. Learning from Child Safeguarding Practice Reviews (CSPRs), Safeguarding Adults Reviews (SARs), and Domestic Homicide Reviews (DHRs) is logged on NHSE Trackers and reported annually to the ICS Safeguarding Committee.</p> <p>Each place-based safeguarding meeting provides assurance and oversight of safeguarding activity, reviews, and inspections from local health organisations. Outputs from these meetings feed into a BOB-wide safeguarding report, which is submitted to NHSE and the ICB Operational Quality Committee, chaired by the CNO. This committee provides overarching safeguarding assurance to the ICB Board.</p> <p>As part of the new clustering arrangements between BOB and Frimley ICBs, safeguarding leads are currently reviewing and proposing revisions to the existing governance structure.</p>	
Recommendation	Members are asked to note the paper

Conflict of interest identified
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome

BOB ICB Safeguarding Governance 2024/2025

Context

The paper has been compiled following a request from a previous board, in response to Partner Member query regarding ICB Safeguarding governance.

1. Within BOB ICB, the Chief Nursing Officer is the Board-level Executive Director and holds accountability for ensuring that effective safeguarding processes are in place and that the statutory responsibilities and duties of the ICB are met. The Director of Safeguarding leads the ICB Safeguarding Team, who work in partnership with statutory and non-statutory agencies at 'place' and at a system-wide level to ensure and support safeguarding practice and strategy.
2. BOB ICB Safeguarding Team also work in collaboration with the Regional NHSE Safeguarding Team to escalate and manage system risks, providing assurance through quarterly reporting aligned to the Safeguarding Accountability and Assurance Framework (2024) (SAAF). Regional NHSE safeguarding leads attend the BOB ICB Safeguarding Committee. The ICB also participates and chairs several of the well-established peer groups, forums, communities of practice, and regional and national NHSE safeguarding networks including the NHSE Regional Safeguarding and Looked After Children Steering Group.
3. ICB Designate professionals are clinical experts and strategic leaders for safeguarding and are a vital source of advice and support to health commissioners in the ICB, LAs, NHS England, other health professionals, regulators, the Local Safeguarding Adults Boards (LSABs) and the Local Safeguarding Children's Partnerships (LSCPs). BOB ICB has fully implemented the NHSE Trackers for statutory reviews onto which system, the designates log all published CSPRs, SARs and DHR in order to collate themes and learning. This is reported annually to the ICS Safeguarding Committee.
4. Each "place" has a safeguarding meeting where assurance of the health system and ICB is required via the safeguarding leaders from health system including ICB. This incorporates learning and oversight of statutory reviews and inspections. Individual health organisations also assure their own Boards via internal safeguarding governance processes. A BOB wide report is produced from the assurance and escalations from these "place" meetings. This is reported to NHSE and also to the ICB Operational Quality Committee, chaired by the Chief Nursing Office. This meeting has been the BOB ICB assurance meeting for overarching safeguarding and reports to the ICB Board.
5. Further details of the ICB Safeguarding Team can be reviewed in the 2024/2025 Annual Report, presented to Board as part of the March 2025 meeting.

Next Steps

6. As part of the new clustering arrangements within Bob and Frimley ICB, the safeguarding leads are reviewing existing safeguarding governance arrangements.

**Buckinghamshire, Oxfordshire and Berkshire West
and Frimley Integrated Care Boards
Joint Committee**

Title of Paper	BOB ICB - Board Assurance Framework (BAF)		
Agenda Item	10.1	Date of meeting	18 November 2025
Exec Lead	Hannah Iqbal, Chief Strategy, Digital and Transformation Officer		
Author(s)			

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

Decision required	Joint Committee	<input type="checkbox"/>
	BOB only	<input checked="" type="checkbox"/>
	Frimley only	<input type="checkbox"/>
	Meeting in Public	<input checked="" type="checkbox"/>

Executive Summary							
<p>The report provides Board with an update on the position of risk reported through and overseen by Audit and Risk Committee (ARC) and the relevant assurances regarding the risk process that is embedded within BOB ICB through the Risk Management Framework (RME), and that effective processes are in place to identify, assess, manage, and mitigate risk.</p> <p>Key risks and mitigations</p> <p>The Board Assurance Framework (BAF) undertakes regular review (monthly) with executives as part of a continual assessment. The BAF comprises ten strategic risks as defined by the Board. There are two risks on the BAF scoring >15, two risks that have been reduced, and three risks within appetite, these are highlighted within the summary below.</p>							
Risk No.	Risk	Risk Created	Aggregated Assurance level	Inherent Score	Residual Score (Sept 2025)	Progress/Risk Appetite	Last Reviewed
BOB0001	Health Inequalities	Nov 2022	Adequate (0.5)	9	9	Risk is currently below appetite Remained at 9 – 16 months	5 Nov 25
BOB0002	Financial Sustainability	Nov 2022	Adequate (0.5)	20	20	Risk is currently above appetite Remained at 20 – 17 months	29 Oct 25
BOB0003	Resilience	Nov 2022	Adequate (0.63)	12	8	Risk is currently below appetite Remained at 8 – 14 months	10 Oct 25
BOB0004	Access to Services	Nov 2022	Substantial (0.92)	16	16	Risk is currently within appetite Remained at 16 – 33 months	14 Oct 25
BOB0005	Transformation	Nov 2022	Adequate (0.5)	16	9	Risk is currently below appetite Remained at 9 – 32 months	22 Oct 25
BOB0006	Safety, Safeguarding and Quality	Nov 2022	Adequate (0.5)	12	9 (Reduced)	Risk is currently within appetite Remained at 9 – 2 months	3 Oct 25
BOB0007	Working in Partnership	Nov 2022	Substantial (0.76)	12	12	Risk is currently below appetite Remained at 12 – 34 months	10 Oct 25

Risk No.	Risk	Risk Created	Aggregated Assurance level	Inherent Score	Residual Score (Nov 2025)	Progress/Risk Appetite	Last Reviewed
BOB0008	ICB Workforce	Nov 2022	Adequate (0.5)	9	9	Risk is currently below appetite Remained at 9 – 34 months	10 Sept 25
BOB0009	ICS Workforce	Jan 2025	Adequate (0.5)	16	12	Risk is currently below appetite Remained at 12 – 6 months	10 Sept 25
BOB0010	Safe dissolution of the ICB and creation of the Thames valley ICB	Sept 2025	Adequate (0.5)	20	12 (Reduced)	Risk is currently within Appetite Reduced from 16 -12 – 1 month	4 Nov 25

To ensure that strategies remain effective, accurate and compliant, and to support continuous improvement and decision-making, a comprehensive review of risks held within the Delivery Directorate has been carried out (10 Oct 25), with areas requiring intervention, taken forward for actioning.

The BAF will continue to be reviewed regularly with each Chief Officer as part of a continual assessment. The Governance team will further support this by working with directorates to ensure that risks are assessed and updated monthly, with any areas requiring escalation being taken through the appropriate governance routes.

BOB ICB Strategic Objectives 2025/26

At its meeting in September 2025, Board approved the Audit and Risk Committee (ARC) recommendation that BOB ICB rolls forward its 2024/25 Strategic Objectives 1 to 9 for 2025/26 (including Risk Appetite) until such time further executive review can take place as part of the transition to a new model ICB.

The adoption of a new joint Strategic Objective in relation to the “Safe dissolution of the ICB and creation of the Thames Valley ICB” was approved and is being managed by the Transition Programme Director for both BOB and Frimley ICB (BOB0010).

Transitional Risk

BOB and Frimley ICB Transitional Risks are taken through the Joint Transition Executive (JTE) Transition Risks, Assumptions, Issues, and Dependencies (RAID) Log and triangulated against both BOB and Frimley ICBs BAF / Corporate Risk Registers (CRRs). At its meeting on the 27 October 2025, it was recommended that the score is reduced from a 16 (V High) to a 12 (High); to reflect the current position and progress made.

The continual assessment and modification of the ICBs risk management system in identifying and aligning transitional risk is ongoing and will seek to support risk transference to the new model ICB.

BOB ICB Internal Audit

The scope of the forthcoming BOB ICB Risk Internal Audit 2025/26 is to be aligned with that taken forward by Frimley ICBs Internal Auditors (RSM) and provide comprehensive analysis data to support the cluster approach to risk management, as well as that for the future Thames Valley ICB.

Recommendation	The Board is asked to: <ul style="list-style-type: none"> • note the update provided • approve the BAF position as outlined in the Vertical Summary Report (Appendix 1)
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Conflict of interest identified
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Detail

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Executive Management Committee	27 October 2025	Executive Oversight
Audit and Risk Committee	4 November 2025	Approved

BOB0001 - Health Inequalities

If:	the ICB is unable to integrate and lead effectively with its system partners in relation to improving health outcomes and reducing health inequalities	Project:	ICB Board Assurance Framework (BAF)		
Gaps in Control Identified:	Yes	Status:	Open		
NHS Oversight Framework Themes:	Preventing ill-health and reducing inequalities	Created:	17 Nov 2022		
Owner:		Identified:			
Assignee:	Ben Riley, Chief Nursing Officer (CNO)	Scoring			
	Steve Goldensmith, Associate Director, Prevent & Health Inequalities		Impact	Likelihood	Priority
		Inherent	3	3	9
		Residual	3	3	9
		Target	2	3	6

Controls

Reference	Control Summary	Owner	Assignee	Score	Gaps in Assurance
1472	The putting in place of agreed priorities as defined in JFP & Integrated Care Strategy to tackle health inequalities through Place and clinical...	No User	No User	0.50	Decision making time scales within SPLG. Ongoing financial priority considerations.
3738	The oversight and maintaining of good Governance around Health Inequalities.	Steve Goldensmith	Jo Reeves	0.50	Review of ToR, Membership and Performance
3739	Resourced Actions - Decisions to inform the allocation and oversight of their delivery of Health Inequalities.	Steve Goldensmith	Jo Reeves	0.50	Previously allocated Funding redistributed to address BOB ICB deficit
3740	Population Health Management - improvement of data and analysis to inform health Inequalities priorities and outcomes.	Steve Goldensmith	Jo Reeves	0.50	Adequate data platforms and sharing agreements.
3741	Capacity and confidence to address inequalities across the multi disciplinary workforce	Steve Goldensmith	Jo Reeves	0.50	Gaps identified in collective co-ordination and delivery

Actions

Reference	ICB BAF Action Summary	Owner	Assignee	Variable Target	Last Updated
3743	Prevention, Population Health and Reducing Health Inequalities meetings established and working well.	Jo Reeves	Jo Reeves	30 Nov 2025	14 Oct 2025
3744	Population Health Management Collaboration Group spreading good practice across system	Jo Reeves	Jo Reeves	30 Nov 2025	06 Aug 2025
3749	Map and network with workforce leads to identify opportunities to influence training programmes to become more inequalities aware	Jo Reeves	Jo Reeves	11 Nov 2025	14 Oct 2025
4481	To develop and implement a plan to ensure HI remains a priority across BOB ICB,	Steve Goldensmith	Steve Goldensmith	30 Nov 2025	06 Aug 2025
4701	Take forward clustering discussions with Frimley ICB	Steve Goldensmith	Steve Goldensmith	31 Dec 2025	05 Nov 2025

Risk Appetite: Score 3 - Balanced
 Risk is currently below Appetite
 Appetite Lower: 11
 Appetite Upper: 16

3 - Balanced: Will consider all options and tolerate a modest amount of risk if the reward is demonstrated. Acceptance that some loss may occur in pursuit of the reward.

BOB0002 - Financial Sustainability

If:	the BOB Integrated Care System is unable to manage its expenditure within its available resource	Project:	ICB Board Assurance Framework (BAF)		
Gaps in Control Identified:	No	Status:	Open		
NHS Oversight Framework Themes:	Finance and use of resources	Created:	17 Nov 2022		
Owner:	Richard Chapman, Chief Financial Officer	Identified:			
Assignee:	Dilani Russell, Director of Operational Finance	Scoring			
			Impact	Likelihood	Priority
		Inherent	4	5	20
		Residual	4	5	20
		Target	4	3	12

Controls

Reference	Control Summary	Owner	Assignee	Score	Gaps in Assurance
1473	NHSE financial controls implemented across all organisations within the system. All new expenditure by ICB approved by Executive Team,...	Richard Chapman	Richard Chapman	0.50	None identified
4152	STRB leading on system recovery. Applying additional focus to short term delivery in light of current financial pressures.	Richard Chapman	Richard Chapman	0.50	Activity measurement procedure in place. Risk of financial pressures on providers re industrial action

Actions

Reference	ICB BAF Action Summary	Owner	Assignee	Variable Target	Last Updated
4543	BOB ICB to achieve breakeven position for 2025/26.	Richard Chapman	Richard Chapman	11 Nov 2025	09 Sep 2025
4544	BOB ICB to report monthly to NHSE on financial position.	Richard Chapman	Richard Chapman	31 Dec 2025	09 Sep 2025

Risk Appetite: Score 3 - Balanced
 Risk is currently above Appetite
 Appetite Lower: 11
 Appetite Upper: 16

3 - Balanced: Will consider all options and tolerate a modest amount of risk if the reward is demonstrated. Acceptance that some loss may occur in pursuit of the reward.

BOB0003 - Resilience

If:	the BOB health and care system lacks resilience to respond to significant incidents, events and emergencies	Project:	ICB Board Assurance Framework (BAF)		
Gaps in Control Identified:	No	Status:	Open		
NHS Oversight Framework Themes:	Access and outcomes	Created:	17 Nov 2022		
Owner:	Matthew Tait, Chief Delivery Officer	Identified:			
Assignee:	Hannah Mills, Director of Performance and Delivery	Scoring			
			Impact	Likelihood	Priority
		Inherent	4	3	12
		Residual	4	2	8
		Target	4	2	8

Controls

Reference	Control Summary	Owner	Assignee	Score	Gaps in Assurance
1475	NHSE EPRR Standards and Review	No User	No User	1.00	None identified
1476	Review through Audit and Risk Committee	No User	No User	0.75	None identified
1477	Production of Annual Report to Board	No User	No User	0.50	None identified
1478	Robust risk and capability management in partnership with stakeholders - LRF and LHRP	No User	No User	0.50	None identified
1479	EPRR work programme developed against risks	No User	No User	0.50	None identified
1480	Internal Business Continuity Management System	No User	No User	0.50	None identified

Actions

Reference	ICB BAF Action Summary	Owner	Assignee	Variable Target	Last Updated
4142	Following Board Review and Core Standards Review, a work plan for 2025/26 to be produced.	Paul Jefferies	Paul Jefferies	30 Oct 2025	10 Oct 2025

Risk Appetite: Score 4 - Open
 Risk is currently below Appetite
 Appetite Lower: 17
 Appetite Upper: 21

4 - Open: Open to consider all options and take a greater degree of risk and tolerate higher uncertainty to achieve a bigger reward. Likely to choose an option that had a greater reward and accepts some loss.

BOB0004 - Access to Services

If:	The BOB health and care system does not meet its targets	Project:	ICB Board Assurance Framework (BAF)		
Gaps in Control Identified:	No	Status:	Open		
NHS Oversight Framework Themes:	Access and outcomes	Created:	17 Nov 2022		
Owner:		Identified:	10 Dec 2024		
Assignee:	Matthew Tait, Chief Delivery Officer	Scoring			
	Ben Gattlin, Associate Director Performance Oversight		Impact	Likelihood	Priority
		Inherent	4	4	16
		Residual	4	4	16
		Target	4	3	12

Controls

Reference	Control Summary	Owner	Assignee	Score	Gaps in Assurance
1481	NHSE assurance and oversight processes	No User	No User	1.00	None identified
1482	Review at PHPE Committee	No User	No User	1.00	None identified
1483	System Wide Boards	No User	No User	0.50	None identified
1484	Processes with Trusts	No User	No User	1.00	None identified
1485	Board Performance Reports	No User	No User	1.00	None identified
3982	System Oversight Meeting	Matthew Tait	Ben Gattlin	1.00	None identified
4435	Actions assigned and carried out as part of the monthly meeting review process	Matthew Tait	Ben Gattlin		None identified

Actions

Reference	ICB BAF Action Summary	Owner	Assignee	Variable Target	Last Updated
4689	NHSE England tiering process in place, measuring performance across multiple domains to help NHSE direct resources and interventions were they are...	Matthew Tait	Matthew Tait	31 Mar 2026	14 Oct 2025

Risk Appetite: Score 3 - Balanced
 Risk is currently within Appetite
 Appetite Lower: 11
 Appetite Upper: 16

3 - Balanced: Will consider all options and tolerate a modest amount of risk if the reward is demonstrated. Acceptance that some loss may occur in pursuit of the reward.

BOB0005 - Transformation

If:	The ICB is unable to develop a strong strategic commissioning capability through the organisation design and planned transition activities	Project:	ICB Board Assurance Framework (BAF)		
Gaps in Control Identified:	Yes	Status:	Open		
NHS Oversight Framework Themes:	Access and outcomes	Created:	17 Nov 2022		
Owner:	Hannah Iqbal, Chief Strategy, Digital and Transformation Officer	Identified:	30 Jan 2025		
Assignee:	Robert Bowen, Director of System Transformation and Development	Scoring			
			Impact	Likelihood	Priority
		Inherent	4	3	12
		Residual	3	3	9
		Target	3	2	6

Controls

Reference	Control Summary	Owner	Assignee	Score	Gaps in Assurance
4071	The wider Transformation work is covered across executive and board forums. System Recovery and Transformation Board in place and which is attended by exec representatives where transformation updates are provided monthly	Hannah Iqbal	Hannah Iqbal	0.50	None identified
4313	Since the Cluster mandate has been in place since October 2025, the Joint Committees (Frimley & BOB) will meet on a monthly basis and transformation updates will be provided in verbal or written. In addition to the Joint & BOB Executive weekly meetings.	Hannah Iqbal	Hannah Iqbal	0.50	None identified
4682	The JTE is continuing to meet on a weekly basis. The Chief Officers are now in consultation and when this period has finished, the JTE will be stood down.	Hannah Iqbal	Hannah Iqbal	0.50	None identified

Actions

Reference	ICB BAF Action Summary	Owner	Assignee	Variable Target	Last Updated
4314	Full org design process actively managed as part of wider Thames Valley transitional programme	Hannah Iqbal	Robert Bowen	28 Oct 2025	23 Sep 2025
4949	Planning for 2026/27 - Thames Valley Core Planning Group leading on commissioning intentions	Robert Bowen	Darcy Carter	28 Oct 2025	23 Sep 2025

Risk Appetite: Score 4 - Open
 Risk is currently below Appetite
 Appetite Lower: 17
 Appetite Upper: 21

4 - Open: Open to consider all options and take a greater degree of risk and tolerate higher uncertainty to achieve a bigger reward. Likely to choose an option that had a greater reward and accepts some loss.

BOB0006 - Safety, Safeguarding and Quality,

If:	the ICB does not have the correct safeguarding and quality assurance mechanisms in place	Project:	ICB Board Assurance Framework (BAF)		
Gaps in Control Identified:	Yes	Status:	Open		
NHS Oversight Framework Themes:	People and leadership and capability	Created:	17 Nov 2022		
Owner:	Sarah Bellars, Chief Nursing Officer	Identified:			
Assignee:	Heidi Beddall, Deputy Chief Nursing Officer/Director of Quality	Scoring			
			Impact	Likelihood	Priority
		Inherent	4	3	12
		Residual	3	3	9
		Target	4	2	8

Controls

Reference	Control Summary	Owner	Assignee	Score	Gaps in Assurance
3675	Operational and system quality groups embedded	Sarah Bellars	Heidi Beddall	1.00	None identified
3676	ICB internal equality and quality impact assessment panel established	Sarah Bellars	Heidi Beddall	1.00	None identified
3678	Contract review meetings to be established in 25/26 including safeguarding and quality. Tripartite meetings include quality focused key lines of...	Sarah Bellars	Heidi Beddall	0.50	Lack of Assurance
3679	Quality insight visits protocol published - forward planner for 24/25 visits	Sarah Bellars	Heidi Beddall	1.00	None identified
3734	Quality assurance framework updated for 24/25	Sarah Bellars	Heidi Beddall	1.00	None identified
3735	ICB quality strategy to be published in 26/27	Sarah Bellars	Heidi Beddall	0.00	None identified
4273	New Framework for Assurance Reporting has been implemented and rolled out to our providers. This aligns with Safeguarding contractual schedule.	Katherine Elsmore	Katherine Elsmore	0.50	Workforce, framework completion, safeguarding practices
4429	PSIRF oversight model in place	Heidi Beddall	Heidi Beddall	1.00	Not applicable to primary care, all independent and intermediate providers

Actions

Reference	ICB BAF Action Summary	Owner	Assignee	Variable Target	Last Updated
3823	Quality Strategy to be developed for 26/27 - national strategy due 2026	Heidi Beddall	Heidi Beddall	27 Feb 2026	03 Oct 2025
4275	a. Consulting with provider safeguarding leads monthly...	Katherine Elsmore	Katherine Elsmore	20 Oct 2025	03 Oct 2025
4430	Prepare for delegation of POD and specialised commissioning quality oversight	Heidi Beddall	Heidi Beddall	31 Mar 2026	03 Oct 2025
4432	Revise internal quality governance reporting	Heidi Beddall	Heidi Beddall	01 Apr 2026	03 Oct 2025

Risk Appetite: Score 2 - Cautious
 Risk is currently within Appetite
 Appetite Lower: 6
 Appetite Upper: 10

2 - Cautious: Preference for safe delivery options but is able to tolerate low level risk and uncertainty. Every decision will be with the aim of mitigating the level of risk.

BOB0007 - Working in Partnership

If:	BOB does not develop effective partnerships across place, system and beyond	Project:	ICB Board Assurance Framework (BAF)		
Gaps in Control Identified:		Status:	Open		
NHS Oversight Framework Themes:	No	Created:	17 Nov 2022		
Owner:	People and leadership and capability	Identified:	10 Dec 2024		
Assignee:	Matthew Tait, Chief Delivery Officer	Scoring			
			Impact	Likelihood	Priority
		Inherent	4	3	12
		Residual	4	3	12
		Target	4	2	8

Controls

Reference	Control Summary	Owner	Assignee	Score	Gaps in Assurance
1492	NHSE assurance and oversight	No User	No User	1.00	None identified
1494	Processes with Trusts	No User	No User	1.00	None identified
1495	Board Reports & Updates	Matthew Tait	No User	1.00	None identified
3969	Specific agenda item on Quarterly NHSE Review meetings to look at Partnership Development	Matthew Tait	Dawn Riddell	0.50	None identified
3972	Update at PSD Committee meetings on Partnership working / Acute Provider Collaborative and Mental Health Collaborative.	Matthew Tait	Dawn Riddell	0.50	None identified
3975	Single Place focus at every Board meeting	Matthew Tait	Dawn Riddell	0.50	None identified

Actions

Reference	ICB BAF Action Summary	Owner	Assignee	Variable Target	Last Updated
3637	Need to ensure our new operating model supports an effective working model during and beyond transition.	Ben Gattlin	Dawn Riddell	31 Mar 2026	10 Oct 2025

Risk Appetite: Score 4 - Open
 Risk is currently below Appetite
 Appetite Lower: 17
 Appetite Upper: 21

4 - Open: Open to consider all options and take a greater degree of risk and tolerate higher uncertainty to achieve a bigger reward. Likely to choose an option that had a greater reward and accepts some loss.

BOB0008 - ICB Workforce

If:	the care system within the BOB geography is unable to attract and retain a suitably qualified workforce	Project:	ICB Board Assurance Framework (BAF)		
Gaps in Control Identified:	Yes	Status:	Open		
NHS Oversight Framework Themes:	People and leadership and capability	Created:	17 Nov 2022		
Owner:	Sandra Grant, Chief People Officer	Identified:	31 Jan 2025		
Assignee:		Scoring			
			Impact	Likelihood	Priority
		Inherent	3	3	9
		Residual	3	3	9
		Target	3	2	6

Controls

Reference	Control Summary	Owner	Assignee	Score	Gaps in Assurance
1496	Build targeted recruitment strategies that align workforce planning with long-term business strategies.	Sandra Grant	Sandra Grant	0.50	The ICB needs to review phasing of recruitment to vacant roles, taking into account operating framework requirements (e.g. reduction in corporate service targets) and potential changes relating to operating model of NHSE

Actions

Reference	ICB BAF Action Summary	Owner	Assignee	Variable Target	Last Updated
4145	System projects in place to manage mental health patients in a non mental health setting to ensure we optimise our mental health workforce.	Sandra Grant	Dailshad Cunnan	31 Dec 2025	10 Sept 2025
4146	Aligning our bank payment levels so that we ensure that staff are treated fairly and that retention is consistent across organisations.	Sandra Grant	Dailshad Cunnan	31 Dec 2025	10 Sept 2025
4147	Reviewing skills shortages and taking a system wide approach to increasing supply.	Sandra Grant	Dailshad Cunnan	31 Dec 2025	10 Sept 2025
4419	All Controls and actions are reviewed as part of the monthly review process	Sandra Grant	Dailshad Cunnan	31 Dec 2025	10 Sept 2025

Risk Appetite: Score 4 - Open
Risk is currently below Appetite
Appetite Lower: 17
Appetite Upper: 21

4 - Open: Open to consider all options and take a greater degree of risk and tolerate higher uncertainty to achieve a bigger reward. Likely to choose an option that had a greater reward and accepts some loss.

BOB0009 - ICS Workforce

If:	NHS BOB ICB does not work with system partners to ensure an appropriate and affordable NHS workforce	Project:	ICB Board Assurance Framework (BAF)		
Gaps in Control Identified:	No	Status:	Open		
NHS Oversight Framework Themes:	Access and outcomes	Created:	02 Jan 2025		
Owner:		Identified:	02 Jan 2025		
Assignee:	Sandra Grant, Chief People Officer	Scoring			
			Impact	Likelihood	Priority
		Inherent	4	4	16
		Residual	4	3	12
		Target	4	3	12

Controls

Reference	Control Summary	Owner	Assignee	Score	Gaps in Assurance
4391	Review of the System People Governance Structure	Sandra Grant	No User	0.50	Awaiting the broader organisational governance review
4392	Increasing performance approach to workforce planning and improving productivity	Sandra Grant	No User	0.50	Identifying finance to support the productivity and improvement plan
4395	Continuing to deliver the south east temporary staffing programme	Sandra Grant	Sandra Grant	1.00	None identified

Actions

Reference	ICB BAF Action Summary	Owner	Assignee	Variable Target	Last Updated
4393	Development of People and System Partner Group(s) to establish new strategic workforce model	Sandra Grant	Sandra Grant	31 Mar 2026	10 Sep 2025
4394	Developing NHS Trust workforce productivity and improvement plan	Sandra Grant	Sandra Grant	30 Nov 2025	10 Sep 2025
4396	Introducing the Scaling Corporate Services Programme	Sandra Grant	Sandra Grant	31 Dec 2025	10 Sep 2025

Risk Appetite: Score 4 - Open
 Risk is currently below Appetite
 Appetite Lower: 17
 Appetite Upper: 21

4 - Open: Open to consider all options and take a greater degree of risk and tolerate higher uncertainty to achieve a bigger reward. Likely to choose an option that had a greater reward and accepts some loss.

BOB0010 - Safe dissolution of the ICB and creation of the Thames Valley ICB

If:	misalignment with national policy and guidance or ICS 10-Year Plan leading to operational instability, disrupted patient care, or eroded staff and stakeholder confidence	Project:	ICB Board Assurance Framework (BAF)		
Gaps in Control Identified:	No	Status:	Open		
NHS Oversight Framework Themes:	People and leadership and capability	Created:	10 Sep 2025		
Owner:	Alison Edgington, Transition Programme Director, BOB & Frimley Integrated Care Boards	Identified:	19 Aug 2025		
Assignee:		Scoring			
			Impact	Likelihood	Priority
		Inherent	5	4	20
		Residual	4	4	12
		Target	3	3	9

Controls

Reference	Control Summary	Owner	Assignee	Score	Gaps in Assurance
4731	Establish a Transition Programme Structure, led by a Programme Director, to embed national guidance and 10-Year Plan priorities by Q4 2025.	No User	No User	0.50	None identified
4733	Contribute to a stress-tested Operational Continuity Plan to ensure uninterrupted services.	No User	No User	0.50	None identified
4735	Form a Joint Governance Committee to align structures with national guidance by March 2026.	No User	No User	0.50	None identified
4737	Communication plan to engage stakeholders and staff to build trust.	No User	No User	0.50	None identified
4739	Monitor transition KPIs via agreed dashboard, reviewed by the executive team with Board oversight.	No User	No User	0.00	None identified

Actions

Reference	ICB BAF Action Summary	Owner	Assignee	Variable Target	Last Updated
4741	All key actions identified and taken through the JTE/Transition Programme Board overseen by the Transition Programme Director	Alison Edgington	Alison Edgington	31 Dec 2025	31 Oct 2025

Risk Appetite: Score 3 - Balanced
 Risk is currently within Appetite
 Appetite Lower: 11
 Appetite Upper: 16

3 - Balanced: Will consider all options and tolerate a modest amount of risk if the reward is demonstrated. Acceptance that some loss may occur in pursuit of the reward.

Buckinghamshire, Oxfordshire and Berkshire West
and Frimley Integrated Care Boards
Joint Committee

Title of Paper	Board Assurance Framework (Frimley ICB)		
Agenda Item	10.2	Date of meeting	18 November 2025
Exec Lead	Caroline Corrigan – Chief People Officer		
Author(s)	Tom Allinson – Senior Governance Manager		

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

Decision required	Joint Committee	<input type="checkbox"/>
	BOB only	<input type="checkbox"/>
	Frimley only	<input checked="" type="checkbox"/>
	Meeting in Public	<input checked="" type="checkbox"/>

<p>Executive Summary</p> <p>Introduction:</p> <p>The BAF reports on the ICB’s Strategic Objectives and details the significant long-term risks to the achievement of these. The document provides assurance that the ICB is on track to deliver its 2025/26 Strategic Objectives and highlights where necessary, any gaps in controls and assurances and the associated actions. The BAF also provides assurances that any risks which may impact on the achievement of those Strategic Objectives are being appropriately managed.</p> <p>Strategic Objectives 2025/26:</p> <p>At its meeting in public on 16 September 2025, the Board approved its refreshed 2025/26 Strategic Objectives (aligned to the six Frimley ICS ambitions and updated from the 2024/25 Strategic Objectives) to reflect the ongoing transition programmes and financial climate.</p> <p>Strategic Objective 1: Starting Well Strategic Objective 2: Living Well Strategic Objective 3: People, Places and Communities Strategic Objective 4: Our People Strategic Objective 5: Leadership and Culture Strategic Objective 6: Outstanding use of resource Strategic Objective 7: Safe dissolution of the ICB and creation of the Thames Valley ICB (*NEW*)</p> <p>The Frimley and BOB Transition Programme Director is the named Senior Responsible Officer (SRO) for the new Strategic Objective 7 and will ensure that its corresponding principal risk remains fully aligned to the <i>Transition Risks, Assumptions, Issues, and Dependencies (“RAID”) Log</i> which is regularly reviewed by the Joint Transition Executive and which forms a key part of the Transition Programme Board.</p> <p>Strategic Objective 7: Safe dissolution of the ICB and creation of the Thames Valley ICB has also been adopted by NHS Frimley Buckinghamshire, Oxfordshire and Berkshire West (“BOB”) ICB. This shared strategic objective will allow executives from both organisations to maintain oversight and receive assurance on the BAF transition risk during the period of formal clustering between Frimley and BOB ICBs (1 October 2025 – 31 March 2026), in advance of the establishment of the Thames Valley ICB on 1 April 2026.</p>

Risk Appetite:

Using the Good Governance Institute (GGI) Framework the Board has agreed the following 2025/26 Risk Appetite and Risk Thresholds which have been mapped to the risk domains in the BAF:

Risk Appetite	Description
None	We have no appetite for decisions or actions that will impact in anyway - avoid risk at all costs and all decisions taken to remove the risk
Minimal	We are only willing to accept the possibility of very limited risk and will avoid any decisions or actions that may result in heightened risk unless absolutely essential
Cautious	We are prepared to accept the possibility of limited risk. Our preference is for safe delivery options but we are able to tolerate low level risk and uncertainty. Every decision will be with the aim of mitigating the level of risk.
Open	We are willing to consider all potential delivery options and choose while providing an acceptable level of reward. Take a greater degree of risk and tolerate higher uncertainty to achieve a bigger reward.
Seek	We are eager to be innovative and to choose options offering greater rewards but have greater inherent risk. Eager to take on risk to achieve strategic objectives
Significant	Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust. Will chose the option with greater reward and will accept any loss as the price for the reward.

Risk Thresholds

Using the above framework, the following Risk Appetite and Risk Thresholds have been agreed by the Board for the risk domains in the BAF.

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 has applied the above 2025/26 Risk Appetite and Risk Thresholds to each of the Strategic Objectives – this scoring allows 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.

Effects of Controls and Trend Analysis:

The Board is asked to note the interim risk appetite scores for Quarter 3 2025/26 (as of November 2025).

As of November 2025, the Board is asked to note that the following Strategic Objectives have been scored with an inherent (score before mitigation) and residual (score after mitigation) risk score.

The effects of the controls show whether the Strategic Objective sits in or out of Risk Appetite Statement.

Strategic Objective	Risk Appetite	Risk Threshold	November 2025 position	Change since September 2025
SO1 (Starting Well)	Cautious	8	OUT (9)	=
SO2 (Living Well)	Cautious	8	IN (6)	=

SO3 (People, Places and Communities)	Seek	16	IN (9)	=
SO4 A (Our People) - Workforce	Open	12	IN (12)	=
SO4 B (Our People) – WorkWell	Open	12	IN (12)	=
SO5 (Leadership and Culture)	Open	12	IN (12)	=
SO6 A (Outstanding Use of Resource) - Finance	Open	12	OUT (20)	=
SO6 B (Outstanding Use of Resource) - Cyber	Open	12	OUT (15)	=
SO7 (Safe dissolution of the ICB and creation of the Thames Valley ICB)	Open	12	IN (12)	Decrease (16 -> 12)

At present, six Principal Risks are within appetite and three sit outside appetite. Strategic Objective 7 has been further mitigated through the establishment of a dedicated Project Management Office (PMO), and has had its score reduced from 16 (Q2) to 12 (Q3).

Reporting Cycle:

Between the meetings the risks in the BAF will continue to be regularly reviewed by the Committees of the Board, namely, the Finance and Performance Committee and the System Quality Group. These Board Committees will review the alignment between the BAF and the Corporate Risk Register (comprised of strategic risks 15 ↑) to ensure that risks are being appropriately managed.

Furthermore, the Board is provided with assurance that throughout 2025/26, development of the BAF has been overseen by Integrated Risk Group, which is made up of executive members of the Finance and Performance Committee and the System Quality 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 and monitor progress against plans and oversee the mitigation of any significant risks; it is also responsible for providing assurance on the completeness and accuracy of the BAF to the Board.

Recommendation	The Board is asked to note the interim position of the Board Assurance Framework for Q3 2025/26.
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Conflict of interest identified
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Detail

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome

NHS Frimley ICB

Board Assurance Framework 2025/26

v November 2025

The Board Assurance Framework (BAF) 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 progress against delivery of these. In so doing, the BAF also serves as a primary source of evidence in describing how the ICB is discharging its responsibility for internal control.

The BAF further sets out the controls in place to manage these risks and the assurances available to support judgements as to whether the controls are having the desired impact. It additionally describes the actions to further reduce each risk.

Board Strategic Objectives 2025/26

Strategic Objective 1	Strategic Objective 2	Strategic Objective 3	Strategic Objective 4	Strategic Objective 5	Strategic Objective 6	Strategic Objective 7
Starting Well	Living Well	People, Places and Communities	Our People	Leadership and Cultures	Outstanding Use of Resources	Safe dissolution of the ICB and creation of the Thames Valley ICB
We want all children to get the best start in life.	Ensure all our communities have the opportunities to live healthier lives through a system-wide focus on prevention, reducing health inequalities, and transforming care to deliver more proactive and personalised, equitable support for long-term wellbeing.	We will ensure the voices of our residents, facilities and carers shape the ways we create healthier communities.	We want to be known as a great place to work, live and make a positive difference.	We will work together to build kind, inclusive and collaborative cultures which harness the risk diversity of people from across the system.	We will offer the best possible care and support where it is most needed, in the most affordable ways.	Lead the ICB's transition to the merged entity, ensuring full alignment with NHS England's Model ICB Blueprint and ICS 10-Year Plan by driving operational readiness, governance integration, stakeholder collaboration, and continuity of patient care and statutory duties.
<p>*Developing a whole system transformation programme to support our offer to neurodiverse children to a needs led model, reducing the long waits for ADHD/Autism assessments</p> <p>*Strengthening the partnerships across our system to improve outcomes for children and young people with SEND through early help and peer support</p> <p>*Improving the options available for children needing residential care, and further develop and strengthen the processes and arrangements for joint funding with partner local authorities.</p>	<p>The development of a whole-system clinical strategy that supports a measurable shift of care from hospital to out-of-hospital settings, incorporating virtual care and other 21st-century innovations, and aligning with New Hospital Programme assumptions.</p> <p>Delivery of Core20PLUS5 interventions to reduce inequalities in key clinical priority areas including maternity, severe mental illness, respiratory disease, cancer, hypertension and smoking, alongside targeted actions for the locally agreed 'Plus' groups approved by the ICB in 2024.</p> <p>A strengthened focus on prevention and early intervention, aligned with the Living Well ambition, to improve long-term outcomes and reduce avoidable demand across the system.</p>	<p>*Involve in co-design of Neighbourhood Health Approach. Continuation of working and taking decisions together at Place with Local Authority partners and ICB teams, contributing to increased discharges and admission avoidance, facilitated by an improved utilisation of the Better Care Fund</p> <p>*Support and refinement of the VCSE at scale model which is being developed and implemented</p>	<p>*Continue the delivery of the DWP-DHSC Work Well programme as a funded pilot site and ensure that the financial support available is used to create high impact, personalised support for Frimley residents</p> <p>*Implement the 'Model ICB Blueprint' realising associated cost reductions at £19 per head of population. Support continued development of leadership capabilities and capacity to enable operating model requirements</p>	<p>*Further develop, promote and implement the ICB's activities in delivering our system wide Equality, Diversity and Inclusion Strategy</p> <p>*Build upon our system leadership approach and workplan, including our continuing commitment and support to the Frimley Academy</p>	<p>*Financial sustainability – break-even runrate by end of 25/26</p> <p>*Finalisation and publication of ICS Infrastructure Strategy</p> <p>*Progression of out of hospital capital estates schemes</p> <p>*New Hospital Programme – ICB responsibilities</p> <p>*CSU In-Housing and Pan-ICB digital architecture implemented</p>	<p>*Forming a strategic commissioning organisation that aligns with national guidance</p> <p>*Mitigate disruptions to patient care</p> <p>*Active stakeholder engagement to create involvement and transparency</p> <p>*Assessment of staff experience to mitigate talent and retention issues and risks</p>

Board Risk Appetite Statement 2025/26

Risk appetite is defined as the amount of risk that we are willing to seek or accept in the pursuit of long-term objectives.

It is key to achieving effective risk management and is agreed by the Board so that that the nature and extent of significant risks we are willing to take in achieving our strategic objectives is understood. It represents a balance between the potential benefits of transformation, the challenges we face, and the threats change inevitably brings.

The Board will review its risk appetite annually or more frequently should the environment we operate in change significantly. The risk appetite sets the threshold for risk against key domains and enables the Board, its Committees and Boards and teams to effectively manage risks.

Risk Statement:

NHS Frimley recognises that long term sustainability of health and care services depends upon managing risks in relation to the delivery of our strategic objectives, and that our relationships with communities, staff and all our partners is key to our success. Our approach to our risk appetite is underpinned by the maturity of our system working.

We believe that no risk exists in isolation and that effective risk management is about finding the right balance between risks and opportunities to deliver our ambitions, to act in the best interests of our communities alongside delivering value for money. Our risk appetite approach recognises the need for risk trade-off conversations, creating a flexible framework within which we can drive transformation, make agile decisions and balance boldness and caution, risk and reward and cost and benefit. It also aims to provide a proportionate approach to risk reducing bureaucracy but ensuring appropriate rigour in our risk management.

We recognise that no health and care is risk free and when balancing risk, we will tolerate some more than others. For example: we will have 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 to get there, using our risk approach to understand and balance the risk with benefits.

Overall NHS Frimley has an open appetite to take well-considered balanced risks to pursue innovation and opportunities where positive gains can be expected, whilst being confident that through good risk management the threats can be averted.

References: Good Governance Institute: Board guidance on risk appetite: 2020; NHSE/I Risk Appetite 2021

The Board has agreed its risk appetite in the following domains for 2025/26:

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

Risk Appetite	Description
None	We have no appetite for decisions or actions that will impact in anyway - avoid risk at all costs and all decisions taken to remove the risk
Minimal	We are only willing to accept the possibility of very limited risk and will avoid any decisions or actions that may result in heightened risk unless absolutely essential
Cautious	We are prepared to accept the possibility of limited risk. Our preference is for safe delivery options but we are able to tolerate low level risk and uncertainty. Every decision will be with the aim of mitigating the level of risk.
Open	We are willing to consider all potential delivery options and choose while providing an acceptable level of reward. Take a greater degree of risk and tolerate higher uncertainty to achieve a bigger reward.
Seek	We are eager to be innovative and to choose options offering greater rewards but have greater inherent risk. Eager to take on risk to achieve strategic objectives
Significant	Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust. Will chose the option with greater reward and will accept any loss as the price for the reward.

Risk Summaries

Strategic Objective 1: Starting Well													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)		Current Risk rating (after mitigation)		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter		
					I	L	I	L					
S01	Quality	CYP 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.	Chief Nursing Officer	F&P / SQG	3	4	12	3	3	9	CAUTIOUS 8	OUT	NO CHANGE

Strategic Objective 2: Living Well													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)		Current Risk rating (after mitigation)		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter		
					I	L	I	L					
S02	Quality	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 risk to our recurrent financial sustainability and poorer access, outcomes and experiences for local communities.	Chief Medical Officer	F&P / SQG	4	4	16	3	2	6	CAUTIOUS 8	IN	NO CHANGE

Strategic Objective 3: People, Places and Communities													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)		Current Risk rating (after mitigation)		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter		
					I	L	I	L					
S03	Transformation	Population need, financial challenges and organisational changes for commissioners (NHS and local authorities) could create a challenging partnership environment and prevent the delivery of our shared priorities and goals	Chief Transformation and Digital Officer	F&P / SQG	4	4	16	3	3	9	SEEK 16	IN	NO CHANGE

Strategic Objective 4: Our People													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)		Current Risk rating (after mitigation)		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter		
					I	L	I	L					
S04-A	People	A) Workforce: We do not have the capacity and capability to deliver the required changes, realise the savings required and associated OD plan.	Chief People Officer	F&P / SQG	4	4	16	4	3	12	OPEN 12	IN	NO CHANGE

Strategic Objective 4: Our People													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)		Current Risk rating (after mitigation)		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter		
					I	L	I	L					
S04-B	People	B) WorkWell: We do not have the capacity and capability to deliver a WorkWell Programme, that delivers the required impact for the residents of Frimley.	Chief People Officer	F&P / SQG	4	4	16	3	4	12	OPEN 12	IN	NO CHANGE

Strategic Objective 5: Leadership and Cultures													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)		Current Risk rating (after mitigation)		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter		
					I	L	I	L					
S05	People	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 a higher number of employee relations cases, FTSU cases as well as a direct impact on delivery against our strategic workforce objectives.	Chief People Officer	F&P / SQG	4	4	16	3	4	12	OPEN 12	IN	NO CHANGE

Strategic Objective 6: Outstanding Use of Resources													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)		Current Risk rating (after mitigation)		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter		
					I	L	I	L					
S06-A	FINANCIAL	1st Principal 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. This risk materialises owing to 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 delivery of the new hospital and associated transformation both of which are essential prerequisites to the minimisation of health inequalities and maximisation of healthy life years.	Chief Finance Officer	F&P / SQG	5	5	25	5	4	20	OPEN 12	OUT	NO CHANGE

Strategic Objective 6: Outstanding Use of Resources													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)		Current Risk rating (after mitigation)		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter		
					I	L	I	L					
S06-B	FINANCIAL	2nd Principal Risk: A cyber-attack on a Frimley ICS provider (or provider supplier) could prevent the ICB from meeting its Strategic objectives and impact the ability of the provider to deliver care to patients, which will affect the ICB achieving/meeting its strategic objectives	Chief Transformation and Digital Officer	F&P / SQG	5	4	20	5	3	15	OPEN 12	OUT	NO CHANGE

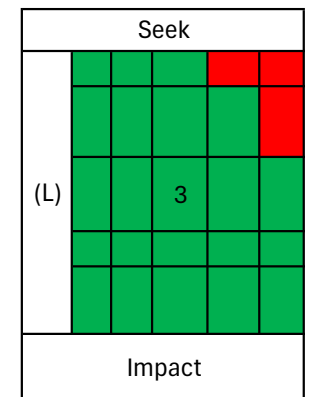
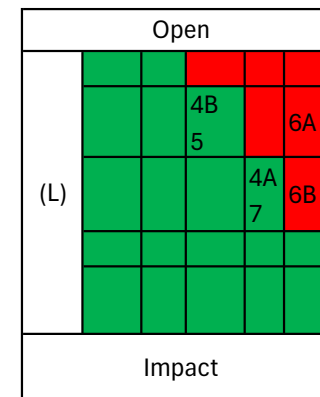
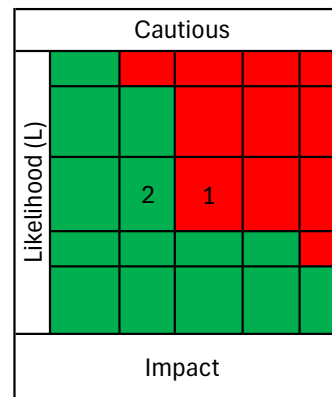
Strategic Objective 7: Thames Valley ICB Transition Programme													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)		Current Risk rating (after mitigation)		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter		
					I	L	I	L					
S07	Regulatory	Misalignment with national policy and guidance or ICS 10-Year Plan would lead to operational instability, disrupted patient care, or eroded staff and stakeholder confidence. There is a risk of: <ul style="list-style-type: none"> Poor integration of national guidance and 10-Year Plan into transition plans. Misaligned governance or operational frameworks. Competing priorities between transition and core service delivery. Inadequate staff and stakeholder engagement. Increased financial instability. This would result in: <ul style="list-style-type: none"> Disrupted patient pathways and statutory duties. Reduced workforce morale and retention. Reputational damage and regulatory intervention. 	Transition Programme Director	F&P / SQG	5	4	20	4	3	12	OPEN 12	IN	Downgraded (16 -> 12)

Heat Map

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 ICB board has applied the following Risk Appetite / Thresholds to the 2025-26 Strategic Objectives

Domains	Risk Appetite	Risk Threshold
1. Starting Well	Cautious	8
2. Living Well	Cautious	8
3. People, Places and Communities	Seek	16
4. Our People	Open	12
5. Leadership and Culture	Open	12
6. Outstanding Use of Resources	Open	12
7. Safe dissolution of the ICB and creation of the Thames Valley ICB	Open	12



BAF REF: S01	Strategic Objective: 1. Starting Well	Principal Risk: CYP 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.	Risk Domain: Quality	Current Risk Score: 9 (=)									
Assurance Committee: Finance and Performance Committee / System Quality Group			Delegated Risk Owner: Chief Nursing Officer		Date Added to BAF: Q2 2024/25								
Initial Risk Rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (In/out appetite)	Risk Analysis	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	Qtr. 3 (25/26)	Qtr. 4 (25/26)
I	L	Rating (xL)	I	L	Rating (xL)	CAUTIOUS 8	OUT	Current Rating	9	9	9	9	TBC
Key Controls in Place							Key Assurance →						
<p>1. Collaborative system CYP strategy - our golden thread which runs through everything we do. 5 clear priorities create a 'true north' for the portfolio helping us to prioritise and plan</p> <p>2. System children's board is established and operating well with ICB board member, Rachael Wardell chairing this meeting. Feeding in to this are 4 system groups - SEND, CYP MH, Neurodiversity and Paediatrics.</p> <p>3. Utilising place and provider mechanisms for hearing CYP voice - for example Together as One in Slough have supported the work of the portfolio, with support Youth Health Champions, Asthma in Schools, undertaking several pieces of work for us.</p> <p>4. The portfolio takes a programme approach to a range of transformation projects which aim to improve the health and wellbeing of children and young people across the Frimley geography, such as partnering with housing to deliver the asthma/damp and mould project; working with our acute providers to deliver interventions for children with excess weight; and whole system transformation of neurodiversity services for children.</p> <p>5. Established Clinical Review Group to bring wider clinical expertise to assess needs that arise from health need.</p>							First Line of Defence: Management control and reporting		Second line of Defence: Functional Oversight / Governance		Third line of Defence: Independent review / Assurance / Regulatory oversight		
System CYP Board		Reviewed Quarterly	FPC, SQG	Reviewed Monthly	Commissioners (NHSE)	Oversight Segment 1							
CNO Directorate - team meetings		Reviewed Monthly	IRG	Reviewed Quarterly	Internal Audit 2024/25	Reasonable Assurance							
4Risk leads		Reviewed Monthly	Board, Audit Committee, Rem Com	Reviewed bi-monthly	External Audit 2024/25	No significant weakness identified							
Gaps in Control and/or Assurance	Mitigating Action	Target Date	Action Lead	Update									
There is a gap between the frameworks in use for determining eligibility for health funding, and expectation from partners of when a child should receive health funding.	Residential project aiming to provide a local short term high intensity intervention that aims for children to return to the family home rather than needing to come in to the care of the LA.	COMPLETE	Director for Children, Mental Health, and Learning Disabilities	This project closed as noted in previous updates. The ICB is actively engaged in a South East Regional Care Co-Operative that had been created to look at the opportunities to develop specialist placements and support market development. We have also just completed a Frimley Housing Needs Assessment for those people in our system needing specialist housing with varying degrees of support. This will be socialised with LA partners to support the development of good housing options for our most vulnerable. This action is now recommended for closure following extensive work on IRAP with Partners in East Berkshire									
Increasingly challenging relationships with local authorities when planning care for children particularly where high cost associated for local authority.	Secure funding to bring LA partners together to further develop shared understanding of joint funding opportunities	COMPLETE	Director for Children, Mental Health, and Learning Disabilities	Considerable amount of work has taken place since last update culminating in a workshop with DCSs and their deputies to move the work forward. We have a new joint panel with LAs planned with an independent chair, we have diverted resource to support placement finding thus strengthening our collective support of children, we are also exploring a S75 arrangement for a pooled budget and are undertaking an EQIA of Childrens continuing care to consider parity of esteem for physical and mental health needs. This action is now recommended for closure.									
Right to Choose framework being exploited by new and unverified providers to undertake assessments for neurodiversity with limited quality and financial control or oversight.	Establishing right to choose framework utilising provider selection regime to try to regain control of the quality of service providers.	COMPLETE	Head of Transformation CYP, MH, SEND, ADHD and Autism	Service Spec has been agreed and complete the work has started to go out to the market by mid November to enable an accredited list of providers to be in place for 1 April. Discussion with BOB colleagues re alignment are on going. Extensive piece of work carried out to issue Indicative Activity Plans for Right to Choose Providers and this is now in place. One provider submitted a formal challenge to NHSE, This was found in our favour. This action is now recommended for closure.									
Ongoing demand for ADHD and Autism assessments for children with current waits up to 2 years.	A comprehensive programme of transformation is in train which moves from a diagnostic led model to a needs led model. New referral pathway will be in place which places greater emphasis on school support to children and schools referring to NHS Providers if assessment is required	Nov-25	Head of Transformation SEND and Neurodiversity	Working with BHFT and LAs and primary care - we have gone live with new referral pathway. Timelines currently being met. The Frimley neurodiversity steering group has been established. Strengthened primary care support and working closely with Medicines Optimisation. Work continues.									

BAF REF: S02	Strategic Objective: 2. Living Well	Principal Risk: If we are unable to effectively implement and integrate a whole-system clinical strategy that drives the shift of care from hospital to out-of-hospital settings, including the adoption of prevention and innovations, then we risk failing to reduce hospital activity as anticipated. This may exacerbate health inequalities, increase avoidable demand, place additional pressure on partner organisations, heighten healthcare costs impacting our financial sustainability, and result in poorer access, outcomes, and experiences for all communities. The organisational transition may create challenges for governance, continuity, and partnership working that could affect the effective delivery of key priorities. Throughout this period, it is critical that we do not lose sight of our commitments to prevention and reducing health inequalities.	Risk Domain: Quality			Current Risk Score: 6 (=)							
			Assurance Committee: Finance and Performance Committee / System Quality Group			Delegated Risk Owner: Chief Medical Officer			Date Added to BAF: Q2 2024/25				
Initial Risk Rating (before mitigation)		Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	Qtr. 3 (25/26)	Qtr. 4 (25/26)	
I	L	Rating (ixL)	I	L	Rating (ixL)								
3	4	12	2	3	6	CAUTIOUS 8	IN	Current Rating	9	9	6	6	TBC
Key Controls in Place							Key Assurance						
<p>ICS Living Well Ambition and updated Terms of Reference for the Living Well Board, developed collaboratively with our partners.</p> <p>WorkWell Delivery Group established reporting into the Living Well Board</p> <p>All work programmes overseen and managed by the Living Well Board are progressing as planned, with the exception of one</p> <p>CORE20 'Plus' groups identified for outcome mapping, with a CORE20PLUS5 Community of Practice established</p> <p>The ICS Cardiovascular Disease Prevention Board has been established to lead targeted efforts in reducing the burden of CVD morbidity and mortality. As of April 2025, we have achieved 74.4% for Hypertension treatment.</p> <p>Regular links to regional and national health inequalities groups/Boards</p> <p>Increase in number of patients on remote monitoring to 8200 (from 7000) and evidence of reduced hospital admissions, attendances and emergency callouts validated by external organisation; virtual ward occupancy highest in region</p> <p>Clinical strategy work in progress along with the new hospital strategy</p> <p>Funding confirmed for the Inpatient Smoking Cessation Programme at FHFT.</p>							First Line of Defence: Management control and reporting		Second line of Defence: Functional Oversight / Governance		Third line of Defence: Independent review / Assurance / Regulatory oversight		
							System Living Well Board	Reviewed Quarterly	FPC, SQG	Reviewed Monthly	Commissioners (NHSE)	Oversight Segment 1	
							CMO Directorate - team meetings	Reviewed Monthly	IRG	Reviewed Quarterly	Internal Audit 2024/25	Reasonable Assurance	
							4Risk leads	Reviewed Monthly	Board, Audit Committee, Rem Com	Reviewed bi-monthly	External Audit 2024/25	No significant weakness identified	
Gaps in Control and/or Assurance	Mitigating Action	Target Date	Action Lead	Update									
Work on Inclusion health groups	Participating in the inclusion Health Regional Networks to progress work. To gain deeper insights into the needs of inclusion health groups, we will leverage the OHID South East data packs, augmented by Connected Care to enhance data accuracy and generate actionable insights.	COMPLETE	ICB Head of Prevention and Reducing Health Inequalities	<p>We have successfully established and held the inaugural Community of Practice meeting for the CORE20PLUS5 approach, with membership comprising public health partners, place leads, the Place and Communities team, and relevant clinical team leaders. The work of the Inclusion Health Group will be integrated into this collaborative approach.</p> <p>This action can now be closed, having been incorporated into the assurance and key controls in place.</p>									
Inpatient Smoking Cessation Programme at FHFT has yet to reach full establishment, and recurrent funding for the Tobacco Advisors in post, is still pending	Enable senior commitment and a joint board commitment between the ICB and the FHFT board to enable full establishment of the inpatient smoking cessation service.	COMPLETE	ICB CMO	<p>Funding has been confirmed by the ICB and FHFT Chief Finance Officers, securing the continuation of the Tobacco Advisor contracts. The aim is to transition these roles from temporary to permanent positions, supporting improved continuity and sustainable impact.</p> <p>This action can now be closed, having been incorporated into the assurance and key controls in place.</p>									
Financial constraints might lead to inadequate investment into prevention and tackling health inequalities. Additional resource may be required in both management of change and the investment in new preventative care models. This will be clearer to assess following the publication of the Government 10 Year Plan and any new financial flow mechanisms which we are anticipating will form a part of this. Q4 action to create Strategic Commissioning Framework & new Procurement Policy	Establishment of new System Operating Model and Development of System-wide Transformation Programme	Mar-26	CFO and CT&DO	<p>Revised processes are being rolled out within the ICB to support with financial recovery, in support of the revised system transformation board and to ensure alignment with partners and key programmes e.g. New Hospital Programme.</p>									

BAF REF: S03	Strategic Objective: 3. People, Places and Communities	Principal Risk: Population need, financial challenges and organisational changes for commissioners (NHS and local authorities) could create a challenging partnership environment and prevent the delivery of our shared priorities and goals				Risk Domain: Transformation	Current Risk Score: 9 (=)						
Assurance Committee: Finance and Performance Committee / System Quality Group				Delegated Risk Owner: Chief Transformation Officer		Date Added to BAF: Q2 2024/25							
Initial Risk Rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	Qtr. 3 (25/26)	Qtr. 4 (25/26)
I	L	Rating (xL)	I	L	Rating (xL)				9	9	9	9	TBC
4	4	16	3	3	9	SEEK 16	IN	Current Rating	9	9	9	9	TBC
Key Controls in Place							Key Assurance						
<p>The following joint forums enable dialogue between the ICB and local authorities:</p> <ul style="list-style-type: none"> - Health and Wellbeing Boards - Place Boards - BCF Delivery Groups - Director / Executive conversations between health and social care leaders for planning and escalation <p>Planning and delivery controls :</p> <ul style="list-style-type: none"> - Joint health and wellbeing strategies (regularly refreshed) - Building population need picture together (JSNAs and connected care data) - Annual place delivery plans (including BCF) - Budget controls - Neighbourhood Health Planning Guidance (HWBB) & Model Neighbourhood Framework will support areas of joint work/align priorities <p>Refreshing all age CHC policies (for East Berkshire residents) including escalation process in partnership with LAs</p>							First Line of Defence: Management control and reporting		Second line of Defence: Functional Oversight / Governance		Third line of Defence: Independent review / Assurance / Regulatory oversight		
							Place Boards	Reviewed Quarterly	FPC, SQG	Reviewed Monthly	Commissioners (NHSE)	Oversight Segment 1	
							Places and Communities SLT meetings	Reviewed Quarterly	IRG	Reviewed Quarterly	Internal Audit 2024/25	Reasonable Assurance	
							4Risk leads	Reviewed Monthly	Board, Audit Committee, Rem Com	Reviewed bi-monthly	External Audit 2024/25	No significant weakness identified	
Gaps in Control and/or Assurance	Mitigating Action	Target Date	Action Lead	Update									
Awaiting National policy direction for BCF from April 26. Funding through these sources embedded into recurrent operational delivery and system ambitions	Working with LA partners to mitigate the NHS England approach to "engagement " on future of BCF Importance of strategic alignment between Places & Communities work and broader left shift / prevention / Living Well	Dec-25	CNO / Director for Places and Communities	<p>Still awaiting National Guidance. Utilising insights from partners involved in National conversations - expecting alignment with Neighbourhood Health Policy & 1 year plan only (normally 2 years).</p> <p>NHS & LA financial planning often earlier than BCF guidance received - reviewing current schemes and benefits in advance of National BCF Planning Guidance to provide assurance of value/impact. Note: BCFs for Surrey and Hampshire will be responsibility of Surrey Sussex and HIOW ICBs post April.</p>									
Emerging changes arising from the Local Government Reform White Paper published in December 2024 - not yet finalised	Ongoing LA Officer and Political engagement at a local level	Dec-25	CNO / Director for Places and Communities	In progress. Regular contact with elected members and senior officers navigating LGR.									
Changes in ICB role and configuration increase uncertainty and risk potential loss of established relationships	TV organisational design work reaching final stages. Southern Transfers Comms and engagement plan will support transfer of relationships and knowledge.	Mar-26	CNO / Director for Places and Communities	In progress.									

BAF REF: SO4-A	Strategic Objective: 4. Our People	1st Principal Risk: "Workforce" We do not have the capacity and capability to deliver the required changes, realise the savings required, implement the associated OD plan and implement leadership capacity and capabilities for our operating model.				Risk Domain: People	Current Risk Score: 12 (=)						
Assurance Committee: Finance and Performance Committee / System Quality Group				Delegated Risk Owner: Chief People Officer			Date Added to BAF: Q2 2024/25						
Initial Risk Rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (In/out appetite)	Risk Analysis	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	Qtr. 3 (25/26)	Qtr. 4 (25/26)
I	L	Rating (IxL)	I	L	Rating (IxL)	OPEN 12	IN	Current Rating	12	12	12	12	TBC
4	4	16	4	3	12								
Key Controls in Place							Key Assurance						
<ul style="list-style-type: none"> * Joint People & Culture Workstream established in collaboration with BOB now meeting weekly * Change Programme Group - Chief Officers and CEO * SLT reviewing ICB employment plans and risks and establishment controls * Joint OD Plan developed and agreed*see gaps * Oversight via SLT Remuneration Committee oversight of all severance arrangements. * Monthly staff briefings focusing on communicating SLT plans and objectives * Statutory and mandatory training compliance plan in place which has now been signed off by SLT * Freedom to speak up ambassadors and staff networks in place 							First Line of Defence: Management control and reporting		Second line of Defence: Functional Oversight / Governance		Third line of Defence: Independent review / Assurance / Regulatory oversight		
							Joint People and culture	Reviewed Monthly	FPC, SQG	Reviewed Monthly	Commissioners (NHSE)	Oversight Segment 1	
							CPO Directorate - team meetings	Reviewed Monthly	IRG	Reviewed Quarterly	Internal Audit 2024/25	Reasonable Assurance	
							4Risk leads	Reviewed Monthly	Board, Audit Committee, Rem Com	Reviewed bi-monthly	External Audit 2024/25	No significant weakness identified	
Gaps in Control and/or Assurance		Mitigating Action	Target Date	Action Lead	Update								
Identification of 'transition' resourcing and funding to support joint events		Joint BOB & Frimley ICB OD Support Plan and implementation will ensure there is a robust plan to support the organisational objectives through change and post- restructure.	Complete	CPO	Complete- full transition team now in place with additional capacity across BOB and Frimley								
Identification of 'transition' resourcing and funding to support joint events		Continued provision and development of our Wider Leadership Forum	Complete	CPO	Joint Wider Leadership Forum across BOB and Frimley now scheduled for November.								
Identification of 'transition' resourcing and funding to support joint events		Line Managers forum to support the wider organisation	Complete	CPO	Duplicate of above - complete								
Statutory and Mandatory Oversight Group are awaiting further NHSE Guidance		Robust oversight and scrutiny of Statutory and Mandatory training requirements	Q4 2025/26	CPO	Established Statutory and Mandatory oversight group has enabled key SME's within organisation to come together and take a shared and collaborative approach to provision of STaM internally. Continued review of compliance in partnership with CSU. Awaiting further guidance on NHSE - based review whereby we start with what the minimum legal requirements are, what risks the training is aiming to mitigate and build up where training is the optimal intervention and how we can use modern educational methods to build knowledge and competence								

BAF REF: SO4-B	Strategic Objective: 4. Our People	1st Principal Risk: "WorkWell" We do not have the capacity and capability to deliver a WorkWell Programme, that delivers the required impact for the residents of Frimley. The potential consequences of this are increased unemployment, worsening health outcomes, economic strain, and reduced quality of life for our residents, in addition loss of funding to the System.					Risk Domain: People	Current Risk Score: 12 (=)																							
Assurance Committee: Finance and Performance Committee / System Quality Group						Delegated Risk Owner: Chief People Officer		Date Added to BAF: Q2 2024/25																							
Initial Risk Rating (before mitigation)		Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	Qtr. 3 (25/26)	Qtr. 4 (25/26)																			
I	L	Rating (IxL)	I	L	Rating (IxL)	OPEN 12	IN	Current Rating	12	12	12	12	TBC																		
4						4		16		3		4		12		OPEN 12		IN		Current Rating		12		12		12		12		TBC	
Key Controls in Place													Key Assurance																		
<p>WorkWell Delivery Group - cross system group and chaired by a Director of Public Health. Delivery group will develop, test and monitor progress against projected referral numbers.</p> <p>Oversight of WorkWell Programme via the Living Well Board and updates also provided to the following Boards/Committees - Health and Wellbeing, People and Place and SLT.</p> <p>Future Delivery Plan - submitted and signed off by DWP.</p> <p>Programme resources in place and engaged with DWP and PA Consulting.</p> <p>Quarterly assurance and audit meetings/processes agreed and in place.</p> <p>Service providers have been identified and in place to support with the delivery of the WorWell service across Frimley.</p> <p>Remedial Actions Plan in place due to low participant numbers, this is reviewed fortnightly with DWP and PA Consulting</p> <p>Action plan completed referral numbers increasing</p> <p>Ongoing advertising of the services</p>													First Line of Defence: Management control and reporting			Second line of Defence: Functional Oversight / Governance			Third line of Defence: Independent review / Assurance / Regulatory oversight												
													Joint People and culture		Reviewed Monthly	FPC, SQG		Reviewed Monthly	Commissioners (NHSE)		Oversight Segment 1										
													CPO Directorate - team meetings		Reviewed Monthly	IRG		Reviewed Quarterly	Internal Audit 2024/25		Reasonable Assurance										
													4Risk leads		Reviewed Monthly	Board, Audit Committee, Rem Com		Reviewed bi-monthly	External Audit 2024/25		No significant weakness identified										
Gaps in Control and/or Assurance		Mitigating Action			Target Date	Action Lead	Update																								
DWP data requirements for identifiable information not available. Referral requirements remain untested (benchmarked information unavailable)		Working closely with DWP to establish (not just for Frimley but all 15 pilot areas) a secure and legal method to share the information.			COMPLETE	Head of Learning and Change WorkWell Frimley H&C	DPIA with DWP is now signed off.																								
There are inconsistent processes across the ICB for issuing fit notes		Information governance expertise sought to advise on risk and potential digital solutions. As part of the innovation funding application submitted in collaboration with the DWP, we are exploring an AI-driven solution to address this challenge			Q3 25/26	Interim Director of People Head of Learning and Change WorkWell Frimley H&C	Ongoing DWP requested further clarification with a reversion to the original proposal, this has been submitted and awaiting the outcome.																								
Referral numbers are below trajectory		Remedial Actions Plan has been approved by DWP and will be monitored fortnightly. A strategically focused root cause analysis session with DWP and PA Consulting was conducted in July, a follow-up session is scheduled for September 2025			Q3 25/26	Interim Director of People Head of Learning and Change WorkWell Frimley H&C	Work is ongoing to drive referrals Action Plan has been developed and in place Quarter 2 saw an increase in referrals achieving 92% of the target set by DWP																								
Engagement from PCNs and GP Practices is below expectation, resulting in low referrals and participants		Self-referral QR codes have been developed, supported by a comprehensive communication strategy that includes social media campaigns and radio advertisements to raise awareness and actively promote self-referrals to the service			Q3 25/26	Head of Learning and Change WorkWell Frimley H&C	Ongoing Self referrals are being made using the QR code Radio Advert in slough has gone live. Working with Hampshire radio station for advert to go live in November 2025																								

BAF REF: S05	Strategic Objective: 5. Leadership and Culture	Principal Risk: If we don't invest in sustaining an inclusive system culture, the resulting erosion of relationships, trust and collaborative leadership capacity will undermine our ability to deliver the integrated services our communities need. 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 a higher number of employee relations cases, FTSU cases as well as a direct impact on delivery against our strategic workforce objectives.				Risk Domain: People		Current Risk Score: 12 (=)									
		Assurance Committee: Finance and Performance Committee / System Quality Group				Delegated Risk Owner: Chief People Officer		Date Added to BAF: Q2 2024/25									
Initial Risk Rating (before mitigation)		Current Risk Rating (after mitigation)		Risk Appetite / Threshold		Status (in/out appetite)		Risk Analysis		Date Added to BAF: Q2 2024/25							
I	L	I	L	I	L	I	L	Qtr. 1 (25/26)	Qtr. 2 (25/26)	Qtr. 3 (25/26)	Qtr. 4 (25/26)						
4	4	16	3	4	12	OPEN 12	IN	Current Rating	16	12	12	TBC					
Key Controls In Place						Key Assurance											
<p>The System EDI Strategy including Anti-Racism Approach.</p> <p>The Frimley Academy strategy and programmes of work.</p> <p>The establishment and input of the ICB's Mirror Board.</p> <p>The ICP Assembly focus and influence on key leadership strategies.</p> <p>FTSU Guardian Network provides key assurance.</p> <p>OD framework (embedding inclusivity across ICS).</p> <p>Support to establish the South East Region ICB Joint Committee following approval from all SE ICBs in March 2025. The TOR currently reflects joint arrangements to collaborate on Specialised Commissioning, Pharmacy, Optometry and Dental Commissioning, Mental Health Commissioning and Ambulance and Urgent Care Commissioning.</p> <p>Continue to implement learning and education sessions for staff</p> <p>Work being undertaken on new values and behaviours framework for new org.</p> <p>Promote FTSU, feedback and reporting mechanisms to build trust and psychological safety</p> <p>Monitor culture and inclusion feedback through staff survey .</p> <p>Provide safe spaces for dialogue and reflection through staff networks .</p>						First Line of Defence: Management control and reporting		Second line of Defence: Functional Oversight / Governance		Third line of Defence: Independent review / Assurance / Regulatory oversight							
						EDI Working Group		Reviewed Quarterly		FPC, SQG		Reviewed Monthly		Commissioners (NHSE)		Oversight Segment 1	
						Executive Team		Reviewed Monthly		IRG		Reviewed Quarterly		Internal Audit 2024/25		Reasonable Assurance	
						4Risk leads		Reviewed Monthly		Board, Audit Committee, Rem Com		Reviewed bi-monthly		External Audit 2024/25		No significant weakness identified	
Gaps in Control and/or Assurance		Mitigating Action		Target Date		Action Lead		Update									
Alignment between organisation and system leadership and EDI strategies		Development of a System EDI strategy		TBC		EDI Director		Work underway to scope and develop new EDI Strategy and objectives for Thames Valley ICB									
Psychologically safe environment to explore complex cultural issues such as anti-racism.		Refresh of the Frimley Academy Strategy		Q3 25/26		CPO		<p>The Academy secured ICB Board support for next steps (including spending plan) - now moving forward with 2025-2027 planning and implementation.</p> <p>Frimley Academy – System Leadership & Culture Function</p> <p>Despite reduced delivery capacity, the Academy has sustained strong impact through 20/20 Cohort 11 and Wavelength Cohort 9, directly supporting over 80 leaders and managers system-wide, and nearly 900 since inception, while connecting thousands more through networks that continue to drive collaborative leadership, innovation, and transformation across boundaries.</p> <p>20/20 strengthened inclusive system culture and cross-system collaboration, policy influence, and service improvement from inclusive consultation policy adoption to multi-agency action on NHS violence.</p> <p>Wavelength deepened digital leadership capability, with participants applying learning to real-world challenges ranging from proactive care, automation, and data-driven improvement, delivering measurable gains in quality, efficiency, and outcomes.</p> <p>Cultural Intelligence (CQ) Workshops three further nil-cost sessions were delivered through the Academy led CQ Partnership, bringing the total to five workshops which were all oversubscribed, reflecting strong demand and recognition of CQ as a critical leadership capability.</p> <p>As the new Thames Valley ICB emerges, people, collaborative leadership at scale and an inclusive system culture remain critical enablers of the 10-Year Plan. Recommendation: Pending design clarity, approve forward planning for 2025 relaunches of 20/20 C12 and Wavelength C10 to sustain and grow our collaborative leadership and cultural readiness through the transition and beyond.</p>									
Lack of clear executive leadership capacity to oversee the delivery of delegated functions for Pharmacy, Optometry and Dental Commissioning and Specialised Commissioning on behalf of the 6 ICBs, and from within each ICB partner.		<p>Appoint Programme Director to increase leadership capacity and oversight of POD and Specialised Commissioning.</p> <p>Strengthen programme governance using standard programme methodology reporting through joint arrangements between NHS England and the 6 ICBs to the SE Region Leadership Team (SERLT).</p> <p>Develop a robust transition plan for Specialised Commissioning Teams to ensure the smooth and effective migration of staff, functions and data & digital in July 2025 in collaboration with NHS England and 6 ICBs.</p> <p>For POD Commissioning ensure a robust case for change methodology is adopted to support the system make an effective decision regarding the future operational model based on evidence.</p>		Q3 25/26		CPO & Programme Director		<p>06/11 AE: Following the establishment of the Transition Programme which is managing the merger and boundary changes associated with the dissolution of Frimley and BOB ICBs and the establishment of Thames Valley ICB and transfer of assets and liabilities to Hampshire and Surrey, there has been considerable change to the leadership of the delegated functions.</p> <p>1. Leadership: Sam Burrows Frimley Managing Director is the executive lead for POD and delegated functions, while Nicola Airey Director of Communities and Places is the Project lead for POD.</p> <p>2. POD: The POD Operating Model project lead by Nicola Airey has been engaging with all SE ICBs and has concluded design workshops during the last period with the positive engagement and participation from the other ICBs who are party to the current commissioning team and operating model hosted by Frimley ICB. In broad terms there is unanimous support to establish a pan-ICB Pharmacy Hub, consideration that dental functionality should transfer to individual ICBs. The options for optometry are still being thought through. The workshops have highlighted critical model dependencies between the NHS Business Services Authority and NHS England Regional Commissioning Services, which need to be mapped and managed.</p> <p>3. Office of the Pan-ICBs: Sam Burrows is leading the community of South-East Region CEOs to develop an Office of the pan-ICBs (OPIC) which all Regions are expected to set-up to host NHS England commissioning functions when NHS England is dissolved in 2027. On the 04 November 2025 the Transition Programme Board endorsed the decision of the Cluster executive to host the OPIC on behalf of the South-East ICBs. This means that Thames Valley ICB would become responsible for hosting Specialised Commissioning, Health Justice, Screening and Vaccinations, and Pharmacy, Optometry and Dental Commissioning (POD) on behalf of the ICBs. The Transition Programme Board noted that this undertaking had followed previous commitment expressed by Frimley ICB to host delegated functions from NHS England, and support from the other ICB Chief Executives. The Transition Programme Board acknowledged this would be a significant workforce and financial responsibility, and that the Cluster Joint Committee (and the future Thames Valley ICB) would require robust assurance of feasibility given the challenging and complex</p>									

BAF REF: S06-A	Strategic Objective: 6.Outstanding Use of Resources	1st Principal 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. This risk materialises owing to 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 delivery of the new hospital and associated transformation both of which are essential prerequisites to the minimisation of health inequalities and maximisation of healthy life years.	Risk Domain: Financial	Current Risk Score: 20									
Assurance Committee: Finance and Performance Committee / System Quality Group			Delegated Risk Owner: Chief People Officer		Date Added to BAF: Q2 2024/25								
Initial Risk Rating (before mitigation)		Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	Qtr. 3 (25/26)	Qtr. 4 (25/26)	
I	L	Rating (LxL)	I	L	Rating (LxL)	OPEN 12	OUT	Current Rating	20	20	20	20	TBC
Key Controls in Place							Key Assurance						
<p>The system requires cost-out savings of c. £133m to deliver a break-even revenue position for the current financial year. Work is underway to establish a jointly governed transformation programme which incorporates short-term actions to deliver in-year financial requirements and, within the same programme, longer-term actions to deliver the "left-shift" requirement to mitigate the demand for acute beds. This programme will of necessity incorporate the Darzi recommendations (hospital to community; analogue to digital; treatment to prevention) and in doing so will progress the minimisation of health inequalities and maximisation of healthy life years.</p> <p>Additionally, the system has established a System Financial Recovery Group (SFRG), jointly chaired by the Chief Executives of FHT and FICB with CFO, CNO and CMO membership. The group has agreed that the system must place itself into internal turnaround and has communicated this to portfolio SROs, who it has tasked with delivering savings of an additional 2% of budgeted spend in-year.</p>							First Line of Defence: Management control and reporting		Second line of Defence: Functional Oversight / Governance		Third line of Defence: Independent review / Assurance / Regulatory oversight		
							System Financial Recovery Group	Reviewed Quarterly	FPC, SQG	Reviewed Monthly	Commissioners (NHSE)	Oversight Segment 1	
							CFO Directorate - team meetings	Reviewed Monthly	IRG	Reviewed Quarterly	Internal Audit 2024/25	Reasonable Assurance	
							4Risk leads	Reviewed Monthly	Board, Audit Committee, Rem Com	Reviewed bi-monthly	External Audit 2024/25	No significant weakness identified	
Gaps in Control and/or Assurance	Mitigating Action	Target Date	Action Lead	Update									
The Frimley System identified an underlying deficit of £40m as part of its 2025/26 Planning Submissions. This is after delivery of the in year financial position. The system needs to deliver transformation to reduce the cost of delivering care for its population to align with national funding levels.	The system is working rapidly to develop the short and long term transformation programme jointly while adopting a risk-based approach to threats to its delivery.	31/03/2026	CIO	In progress. 05/11/2025 Identification of in year recurrent savings has not progressed at the pace required. Work ongoing to develop recurrent savings programmes with a focus on the ICB's exit run rate.									
The 2024/25 review of Cost Improvement Programme delivery identified significant weaknesses within the ICBs processes. The ICB needs to grip its delivery programmes if it is to achieve its Strategic Ambitions for outstanding use of resources	ePMO Process implemented for 2025/26	31/12/2025	CFO	All schemes tracked within the ePMO system, however resource constraints mean that there continues to be gaps in assurance particularly around completion of PIDs, EHAs, and QIAs. 05/11/2025 additional internal ICB resource has been identified to assist with the PMO programme. Further work required to ensure high priority transformation programmes are tracked through the tool.									
Financial performance for the first quarter of the year has identified material risks to the delivery of our financial plans.	The system has established a System financial Recovery Programme (Internal Turnaround) to drive additional mitigations, targeting a total of c. £33m through an additional 2% requirement on portfolio boards to mitigate unidentified and high risk elements of the savings programme.	31/03/2026	CFO	ToRs agreed. Formal letter to System Board SROs sent from CEOs. Scheduled SRO attendance: Meds Ops / Places & Community July 14th; MH & CYP July 28th; UEC & Planned Care August 11th. 05/11/2025 route map to delivery established for the system identifying the actions required to achieve our plan. Project plan in development, linking to the ePMO system to drive the changes required.									
ICBs are required to deliver a reduction in running costs of at least 50% ahead of April 2026	A joint executive transition programme has been established and will formally monitor risk arising and take action to mitigate. Mitigations include joint working on an intra and inter-system basis.	31/03/2026	CFO	Programme established, engagement on future ways of working undertaken during July & August to support development of potential resourcing models. When finalised these will be reviewed against the £19 per head of population running cost allowance set by NHSE, and further actions explored to ensure that this target is met. 05/11/2025 finance and estates project board is now established to maintain oversight of all project activities associated with the delivery of financial planning to achieve reduced running costs									

BAF REF: SO6-B	Strategic Objective: 6.Outstanding Use of Resources	1st Principal Risk: "Cyber" A cyber-attack on a Frimley ICS provider (or provider supplier) could prevent the ICB from meeting its Strategic objectives and impact the ability of the provider to deliver care to patients, which will affect the ICB achieving/meetings its strategic objectives					Risk Domain: Financial		Current Risk Score: 15				
Assurance Committee: Finance and Performance Committee / System Quality Group						Delegated Risk Owner: Chief Transformation and Digital Officer		Date Added to BAF: Q1 2025/26					
Initial Risk Rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	Qtr. 3 (25/26)	Qtr. 4 (25/26)
I	L	Rating (IxL)	I	L	Rating (IxL)								
5	4	20	5	3	15	OPEN 12	Out	Current Rating	N/A	15	15	15	TBC
Key Controls in Place							Key Assurance						
<p>New ICB Digital Board has been established to own, manage and mitigate risks relating to Cyber.</p> <p>Providers complete the Data Security and Protection Toolkit which was updated in November 2024 to align with the Cyber Assurance Framework (CAF), providing a greater level of assurance and maturity to cyber assurance.</p> <p>The ICB's has a draft ICS Cyber Security Strategy which aims to brings together Frimley ICS providers to work together to reduce cyber risks, providing a more robust and resilient service to the ICS population.</p> <p>Cyber training was delivered to the ICB board in April 2025.</p> <p>24/25 Cyber Funding provided from NHS England has been given to providers to support cyber improvement initiatives. 25/26 Cyber Funding has been allocated to the ICB.</p> <p>Draft cyber strategy has been submitted to NHS England in line with the national timescales (a draft strategy to be submitted by June 2025).</p>							First Line of Defence: Management control and reporting		Second line of Defence: Functional Oversight / Governance		Third line of Defence: Independent review / Assurance / Regulatory oversight		
							System Digital Board	Reviewed Quarterly	FPC, SQG	Reviewed Monthly	Commissioners (NHSE)	Oversight Segment 1	
							CFO Directorate - team meetings	Reviewed Monthly	IRG	Reviewed Quarterly	Internal Audit 2024/25	Reasonable Assurance	
							4Risk leads	Reviewed Monthly	Board, Audit Committee, Rem Com	Reviewed bi-monthly	External Audit 2024/25	No significant weakness identified	
Gaps in Control and/or Assurance		Mitigating Action		Target Date	Action Lead	Update							
No funding within organisations to support and implement solutions to improve cyber assurance/compliance across the ICS		NHS England have allocated £92 capital and £92 revenue funding to Frimley ICB		31/12/2025	NG	In progress. The Cyber Funding has been approved, and is in the process of being transferred to FHFT. 1 MOU for capital funding has been received and signed. Awaiting a further 2 MOU's from NHS England for Capital Funding.							
Lack of clear approach, direction and delivery across the ICS on how providers are going to implement a cyber secure environment.		Develop a Cyber Strategy for Frimley ICS to agree and deliver key assurance to implement the Cyber strategies of all ICS providers.		31/12/2025	NG	Strategy in draft, on hold at present due to organisation change. Need to include Frimley Cyber work into the BOB Cyber Delivery document (updated by BOB in Oct 25 for 12 months). Need to review BOB and Frimley ICB Cyber strategies to align.							
Lack of resources in Frimley ICB to deliver on Frimley ICB statutory obligation to implement and deliver a Cyber strategy for Frimley ICS		Need to identify additional resources to collate, develop and implement cyber strategy for the ICB.		31/12/2025	NG	Need to review rsources to ensure sufficient resources in new organisation.							
Lack of awareness and understanding of ICB staff on cyber		Source Cyber training for ICS staff needs and then rolled out.		31-11-25	NG	Obtained 2 quotes for training, need to review quotes and complete ICB internal finance process to procure supplier. Need to then engaged ICS partners to advertise training to staff.							
Cyber compliance of ICS IT Suppliers is reliant on Paper assurance processes (e.g. ISO 27001, DSP compliance)		Implement a solution to review cyber compliance of ICS key IT Suppliers		31-11-25	NG	Solution procured for the ICS. Need to work with system solution to implement and roll out for key ICS Suppliers.							

BAF REF: S07	Strategic Objective: 7. Safe dissolution of the ICB and creation of the Thames Valley ICB	Principal Risk: Misalignment with national policy and guidance or ICS 10-Year Plan would lead to operational instability, disrupted patient care, or eroded staff and stakeholder confidence. There is a risk of: • Poor integration of national guidance and 10-Year Plan into transition plans. • Misaligned governance or operational frameworks. • Competing priorities between transition and core service delivery. • Inadequate staff and stakeholder engagement. • Increased financial instability. This would result in: • Disrupted patient pathways and statutory duties. • Reduced workforce morale and retention. • Reputational damage and regulatory intervention.	Risk Domain: Regulatory	Current Risk Score: 12														
	Assurance Committee: Finance and Performance Committee / System Quality Group		Delegated Risk Owner: Transition Programme Director	Date Added to BAF: Q2 2025/26														
	Initial Risk Rating (before mitigation)	Current Risk Rating (after mitigation)	Risk Appetite Threshold	Status (if not appetite)	Risk Analysis	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	Qtr. 3 (25/26)	Qtr. 4 (25/26)								
L	L	L	L	L	5	4	20	4	3	12	OPEN 12	IN	Current Rating:	N/A	N/A	16	12	TBC
Key Controls in Place													Key Assurance					
<p>1. Governance: Currently the Joint Transition Executive reports progress against the programme to both Frimley and SOB boards. Following the agreement in principle of both boards (BOB: 10/06/2025; Frimley: 18/06/2025) to cluster under a Collaboration Agreement from 01 October 2025, both boards have agreed to form a Joint Committee (BOB: 12/08/2025; Frimley: 19/08/2025) which will enable both organisations to conduct their business through a single route of governance, while both retain sovereignty separate organisations until the point of dissolution of BOB and Frimley and formation of the new Thames Valley ICB. Delegated authority for the Transition Programme will be passed to a new Transition Programme Board (a board sub-committee) which will meet in shadow form in September and formally from October 2025 onwards. The membership will comprise board executives, NED and other members.</p> <p>2. Risks and Issues: The programme Board will oversee all aspects of programme development and delivery, and the identification, management, monitoring and reporting of risks and issues. A dynamic RAID log will capture all programme risks and issues and will be reported to the programme Board monthly. Any areas of more pressing concern will be escalated to the CEO and Chair in real time as necessary.</p> <p>3. Leadership: The Transition Programme has an executive SRO and a dedicated Programme Director.</p> <p>4. Finance: There is a Finance workstream to oversee the planning, delivery, monitoring and reporting of the financial plan to deliver target running costs: £19 weighted head of population.</p> <p>5. Audit and assurance: The Programme will be audited through the internal audit process and subject to any external audits as defined by NHS England.</p>													<p>First Line of Defence: Management control and reporting</p> <p>Second line of Defence: Functional Oversight / Governance</p> <p>Third line of Defence: Independent review / Assurance / Regulatory oversight</p>					
JTE / Transition Programme Board			Fortnightly/ monthly	FPC, SOG	Reviewed Monthly	Commissioners (NHSE)	Oversight Segment 1											
Transition RAID log			Weekly	IRG	Reviewed Quarterly	Internal Audit	2025/26 Plan commences August											
4Risk leads			Reviewed Monthly	Board, Audit Committee, Rem Com	Reviewed bi-monthly	External Audit	TBC											
Gaps in Control and/or Assurance	Mitigating Action	Target Date	Action Lead	Update														
Transition Programme Board established as a board sub-committee to strengthen joint governance arrangements.	Establish a Transition Programme Structure, led by a Programme Director, to embed national guidance and 10-Year Plan priorities by Q4 2025.	Q3 2025	Alison Edgington	27/10 AE: The Transition Programme Board (TPB) has been established with executive, non-executive and provider/local authority/primary care membership. Co-chaired by BOB/Frimley non-executives, the TPB has approved a Programme Plan against which all risks and issues will be monitored and controlled. The PMO has a full complement of resourcing to support the programme. In addition the Chief Strategy and Transformation Officer (CO) has led a joint approach to the development of the Commissioning Intentions and Operating Plan for 2026/27 and beyond to assist the organisation with aligning the Programme to the 10-Year Plan. The BOB/Frimley SRO for the Transition Programme is leading the operational design and organisational model for the new organisation including the potential for collaboration across the south-east ICBs through the Regional Transition Director's Group. 18/08 AE: Projects and workstreams which comprise the Programme have been established with executive leadership in place. Resourcing to support effective PMO and project management is underway. The Programme Plan will be developed through September and presented to the Programme Board for approval in October.														
Transition plan to manage the development from current and separate BOB/Frimley operating models to the new operating model once determined. The transition should support continuity of service delivery and manage risks and issues thereof.	Contribute to a stress-tested Operational Continuity Plan to ensure uninterrupted services.	Q3 2025	Alison Edgington	27/10 AE: The executive process to select the designate Thames Valley executive team should conclude at the end of November 2025. The executives will lead the next iteration of the organisational design in accordance with executive portfolios, accountabilities and responsibilities for the new organisation. While this is scheduled for completion by 30 November, there is a risk to this position arising from national changes to the assumed timeline for formal staff consultation which will be monitored by the JTE and Programme Board. In parallel the Close-down and Set-Up Project Board is well established with engagement from all relevant BOB/Frimley personnel across all activities and functions to be transferred to the new Thames Valley ICB, Hampshire and the Isle of Wight ICB, and Surrey and Sussex ICB. The due diligence plan has been mapped to the 31 March 2026 and positive endorsement has been received from NHS England through the first of a series of checkpoint/assurance meetings. 18/08 AE: The Operating Model and Organisation Design Project is well established and has classified the main functions of the new organisation. These have been further translated into local structures led by the executives teams, and tested with staff and other stakeholders. The next step is validation of the new operating model, and an assessment of impact (including quality and equality) and risks. Once known mitigations/arrangements will be devised to transition BOB and Frimley from the existing ways of operating to the new organisation operating model.														
Alignment of BOB and Frimley governance through the clustering period to ensure effective delivery of ICB functions and reduce duplication.	Form a Joint Governance Committee to align structures with national guidance by March 2026.	Q3 2025	Alison Edgington	27/09 AE: Both Boards agreed a new governance structure at their respective board sessions BOB: 09/09/2025 and Frimley: 16/09/2025. As a consequence a Joint Committee of the Boards (under a Collaboration Agreement) has been established and met for the first time in private on 14/10/2025. In addition the Cluster Chair and Chief Executive appointments have been confirmed, which commenced on the 01 October 2025. A Collaboration Agreement SOGD is in place to complement the existing BOB and Frimley SOGDs, and operational delegation of the BOB/Frimley board agendas was confirmed at the inaugural meeting of the Joint Committee. The next step in governance terms is the alignment of sub-committee structures, and the development of the future governance structure for the new organisation. 18/08 AE: Both boards have agreed in principle to the formation of a Joint Committee under Collaboration Agreement (BOB: 12/08/2025; Frimley: 19/08/2025) to be established from the 01/10/2025. The next step is the development of Joint Committee Terms of Reference (including quorum) and formal approval of this and the Collaboration Agreement at the formal Board meetings of BOB and Frimley respectively in September.														
Stakeholder communications and engagement.	Communication plan to engage stakeholders and staff to build trust.	Q3 2025	Alison Edgington	27/10 AEA report detailing the completion of the first phase of stakeholder and staff communications and engagement will be reported to the Transition Programme Board 04/11/2025. This will include reference to the successful and ongoing staff briefing agenda which now brings BOB and Frimley staff together into a joint session. Additional resourcing to support external stakeholder engagement has joined the Communications Team to support the next iteration of the Communications and Engagement Plan. This will be reported to the Transition Programme Board in December 2025. 19/08 AE: 270 BOB and Frimley staff joined 13 workshops through July to input into the development of the new Thames Valley ICB. In addition a community neighbourhoods session led by the CNOs and CMOs of both ICBs met to engage primary care and other community stakeholders in visioning future neighbourhood ways of working (July 2025).														
Benefits realisation process and evidence that the Transition Programme is progressing as anticipated, managing key risks and issues in the process.	Monitor transition KPIs via agreed dashboard, reviewed by the executive team with Board oversight.	Q3 2025	Alison Edgington	27/10 AE: A live Programme Plan is in place supported by a critical path of the key steps. All projects and workstreams are reporting monthly against a summary reporting template into the Transition Programme Board with RAG rating against the KPIs of TIME, SCOPE and COST. The benefits realisation work is due to commence in November through which further KPIs will be identified. 19/08 AE: Transition KPIs have not yet been developed, pending the development of a programme approach to benefits realisation. However all 7 projects and 2 workstreams forming the Programme are reporting progress monthly against time, scope and cost to provide board oversight of delivery.														

Risk Score Matrix

	5	10	15	20	25
Likelihood	4	8	12	16	20
	3	6	9	12	15
	2	4	6	8	10
	1	2	3	4	5
	Impact				

Low risk	Medium risk	High risk	Significant risk
*1-3	*4-8	*9-12	15+

Likelihood Score

Likelihood score		(L)			
Descriptor	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Frequency How often does it/might it happen	This will probably never happen/recur	Do not expect it to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen / recur but it is not persistent issue	Will undoubtedly happen / recur, possibly frequently
Probability Will it happen or not? % chance of not	<0.1 per cent	0.1-1 per cent	1-10 per cent	10-50 per cent	>50 per cent

Impact (Consequence) Score

	Consequence score (impact levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Serious	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	<ul style="list-style-type: none"> Minimal injury requiring no/minimal intervention or treatment. No time off work 	<ul style="list-style-type: none"> Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days 	<ul style="list-style-type: none"> Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients 	<ul style="list-style-type: none"> Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects 	<ul style="list-style-type: none"> Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	<ul style="list-style-type: none"> Peripheral element of treatment or service suboptimal Informal complaint/inquiry 	<ul style="list-style-type: none"> Overall treatment or service suboptimal Formal complaint Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved 	<ul style="list-style-type: none"> Treatment or service has significantly reduced effectiveness Formal complaint/ Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on 	<ul style="list-style-type: none"> Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report 	<ul style="list-style-type: none"> Totally unacceptable level or quality of treatment/ service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/Organisational development/staffing/competence	<ul style="list-style-type: none"> Short-term low staffing level that temporarily reduces service quality (< 1 day) 	<ul style="list-style-type: none"> Low staffing level that reduces the service quality 	<ul style="list-style-type: none"> Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale 	<ul style="list-style-type: none"> Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Significant 	<ul style="list-style-type: none"> Non-delivery of key objective /service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several

Adverse publicity / reputation	<ul style="list-style-type: none"> Rumors Potential for public concern / media interest Damage to an individual's reputation. 	<ul style="list-style-type: none"> Local media coverage – short-term reduction in public confidence Elements of public expectation not being met Damage to a team's reputation 	<ul style="list-style-type: none"> Local media coverage – long-term reduction in public confidence Damage to a services reputation 	<ul style="list-style-type: none"> National media coverage with <3 days service well below reasonable public expectation Damage to an organisation's reputation 	<ul style="list-style-type: none"> National media coverage with >3 days service well below reasonable public expectation, MP concerned (questions in the House) Total loss of public confidence (NHS reputation)
Business objectives/projects	<ul style="list-style-type: none"> Insignificant cost increase/schedule slippage 	<ul style="list-style-type: none"> <5 per cent over project budget Schedule slippage 	<ul style="list-style-type: none"> 5–10 per cent over project budget Schedule slippage 	<ul style="list-style-type: none"> Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met 	<ul style="list-style-type: none"> Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	<ul style="list-style-type: none"> Small loss Risk of claim remote 	<ul style="list-style-type: none"> Loss of 0.1–0.25 per cent of budget Claim less than £10,000 	<ul style="list-style-type: none"> Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000 	<ul style="list-style-type: none"> Uncertain delivery of key objective/ Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time 	<ul style="list-style-type: none"> Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification / slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption	<ul style="list-style-type: none"> Loss/interruption of >1 hour 	<ul style="list-style-type: none"> Loss/interruption of >8 hours 	<ul style="list-style-type: none"> Loss/interruption of >1 day 	<ul style="list-style-type: none"> Loss/interruption of >1 week 	<ul style="list-style-type: none"> Permanent loss of service or facility Catastrophic impact
Environmental impact					

			<ul style="list-style-type: none"> Poor staff attendance for mandatory/key training 	<ul style="list-style-type: none"> numbers of staff not attending mandatory / key training 	<ul style="list-style-type: none"> key staff No staff attending mandatory training key training on an ongoing basis 		nour	Minimal or no impact on the environment	Minimal impact on environment	on environment	on environment	Impact on environment
Statutory duty/ inspections	<ul style="list-style-type: none"> No or minimal impact or breach of guidance/ statutory duty 	<ul style="list-style-type: none"> Breach of statutory legislation Reduced performance rating if unresolved 	<ul style="list-style-type: none"> Single breach in statutory duty Challenging external recommendations/ improvement notice 	<ul style="list-style-type: none"> Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical reports 	<ul style="list-style-type: none"> Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance 	Data Loss / Breach of Confidentiality	Potentially serious breach. Less than 5 people affected or risk assessed as low eg files	<ul style="list-style-type: none"> Serious potential breach and risk assessed high eg unencrypted clinical records. Up to 20 people affected 	<ul style="list-style-type: none"> Serious breach of confidentiality eg up to 100 people affected 	<ul style="list-style-type: none"> Serious breach with either particular sensitivity eg sexual health details or up to 1000 people affected 	<ul style="list-style-type: none"> Serious breach with potential for ID theft or over 1000 people affected 	

Board Committees Assurance Reports

Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	Audit and Risk Committee
Date of Meeting:	4 November 2025
Committee Chair:	Saqhib Ali
Key escalation and discussion points from the meeting	
Alert:	
<ul style="list-style-type: none"> The CFO confirmed that the new financial system ISFE2 had gone live on 1st October as expected and reported on early successes and significant challenges that still remain to be resolved. The introduction of ISFE2 had been added to the BOB corporate risk register in June 2025 and the risk remains 'Red' with a residual score of 20. The Committee reviewed the Internal Audit report on Absence Management and noted the Partial Assurance with improvements required result. The report would be discussed at the next People Committee and learning shared with Frimley colleagues. 	
Advise:	
<ul style="list-style-type: none"> The Committee reviewed and noted the Transition Programme Strategy Update. The Committee reviewed and noted ten Single Tender Waivers approved by the CFO since the last Audit and Risk Committee meeting. The Committee noted the update from the Information Governance Steering Group and ratified the revised Terms of Reference for the Group. The Committee noted the requirement for BOB and Frimley ICBs to submit their Data Security and Protection Toolkit (DSPT) by 31 March 2026, with the new Thames Valley ICB required to submit a DSPT by 30 June 2026. It was recognised that this represented a lot of work at a time of significant change. The Committee deferred an item on CHC Internal Audit to its next meeting in December to facilitate meaningful discussions. 	
Assure:	
<ul style="list-style-type: none"> The Committee noted: <ul style="list-style-type: none"> - the Risk Management report. - Progress of the Internal Audit programme. - the Anti-Crime Progress report. 	

Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	System Productivity Committee (SPC)
Date of Meeting:	23 rd October 2025
Committee Chair:	Tim Nolan
Key escalation and discussion points from the meeting	
Alert:	
<p>Risk reporting: ISFE2 (Oracle): The launch of the new Invoice and payment system and ensuing issues remain a significant concern. There is a large backlog of invoices affecting both payments and reporting, these issues are widespread national issues that are creating significant extra work and delays. Additional issues are emerging as the system beds in and nationally procured “helpdesk” services appear to be overwhelmed, resulting in slow response times.</p> <p>Teams at both ICBs are working very effectively and well together in attempting to clear the backlog and addressing the causes while feeding back to the National team and putting fixes in place as they released. The Committee recorded its thanks to all the teams impacted and working to resolve this but recognises that the impact is likely to continue for several weeks.</p>	
Advise:	
<p>Finances: currently on track as of M6, but there remains some nervousness about the year-end position as many metrics still have a “hockey stick” projection. The national team are aware of our current position and do not see BOB as an area of high concern. Specifically, there is still work to be done on understanding £24m savings and the clawback mechanism with providers and partners. This will be further discussed at SRTB on Friday 24th October.</p> <p>Operational: review of the same data that was presented to the joint board committee again showed that operational performance is relatively good. UEC performance is particularly robust compared to previous years as we approach Winter, but obviously there is no room for complacency. There remains significant work to be done to deliver the recovery of the cancer 62 days performance which is being coordinated by TVCA.</p> <p>Digital: operational performance in delivery of the core IT service for Primary Care remains good. Work on supporting Transformation/clustering a new way of working show early positive signs but we need more time elapsed to be confident that all is working well.</p>	
Assure:	

Risk register monitoring: while many of the risks themselves remain red, the Committee was assured that the correct risks have been identified and that processes and monitoring is in place to support management of these risks as best as possible.

Audit Committee Assurance Reports

Audit Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	Audit Committee
Date of Meeting:	9 September 2025
Committee Chair:	Ilona Blue
Key escalation and discussion points from the meeting	
Alert:	
<ul style="list-style-type: none"> The upgraded Integrated Single Financial Environment 2 (ISFE2) NHS financial system will go live in early October – the transition to the new financial system remains a red-rated risk – in particular, there are concerns that the transition between the old and new financial systems will result in delays to supplier payments and may impact financial reporting accuracy. The finance team are working to mitigate risks by running a series of drop-in training sessions for staff throughout October. The Audit Committee and Finance and Performance Committee will remain fully briefed on progress with the ISFE2 transition. 	
Advise:	
<ul style="list-style-type: none"> The Audit Committee reviewed and approved the publication of the Gifts and Hospitality Register for Q1/Q2 2025-26 – noting the strengthened approval processes which enhanced oversight and the regular staff-wide reminders. 	
Assure:	
<ul style="list-style-type: none"> The Audit Committee received assurance on the detailed discussions which had taken place at the Integrated Risk Group meeting on 4 September 2025 about the Corporate Risk Register (which contained 20 red rated risks) and the Board Assurance Framework (BAF). The BAF would be reviewed and approved at the Frimley Board meeting on 16 September 2025. The Audit Committee received an assurance report on the Transition Programme – in particular, that governance arrangements between NHS Frimley and NHS Buckinghamshire, Oxfordshire and Berkshire West (BOB) would be further strengthened through a Collaboration Agreement which was due to be approved by the Board at its meeting on 16 September 2025 	

- The Audit Committee was presented with assurance on progress with the 2025-26 Internal Audit Plan.
- The Audit Committee was provided with a Counter Fraud update that noted the implications of The Economic Crime and Corporate Transparency Act (ECCTA) - it was agreed that the Counter Fraud Policy would be updated to reflect the ECCTA.
- The Audit Committee received an update report on Security Management which highlighted the Terrorism Act compliance, and upcoming Violence Prevention Group meeting.
- The Audit Committee noted the IG update which reported improved IT training compliance. The Audit Committee discussed the ongoing upgrade from Windows 10 to Windows 11 and the potential risks for any remaining unsupported devices that may still be using Windows 10 after the cut off period – the Committee received assurance that all staff were being sent regular reminders about the need to complete the mandated upgrade within the prescribed time frame. The Committee noted that national IG training had been enhanced to include more cyber content and that additional funding had been secured to deliver collaborative cyber training for BOB ICB and Frimley ICB.
- The Audit Committee noted that there had not been any new losses or special payments.
- The Audit Committee noted the increased number of entries on the Single Tender Waiver Log which had resulted from a push for more proactive submissions – it was anticipated that numbers would balance out by year end.
- The Audit Committee noted the NHS Frimley ICB Seal had been used on one occasion since the last meeting.

NHS Frimley Finance and Performance Committee Assurance Report

Finance and Performance Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	Finance and Performance Committee
Date of Meeting:	25 September 2025
Committee Chair:	Alex Gild
Key escalation and discussion points from the meeting	
Alert:	
<ul style="list-style-type: none"> The upgraded Integrated Single Financial Environment 2 (ISFE2) NHS financial system will go live in early October – the transition to the new financial system remains a red-rated risk – in particular, there are concerns that the transition between the old and new financial systems will result in delays to supplier payments and may impact financial reporting accuracy. The finance team are working to mitigate risks by running a series of drop-in training sessions for staff throughout October. The Finance and Performance Committee and the Audit Committee will remain fully briefed on progress with the ISFE2 transition. 	
Advise:	
<ul style="list-style-type: none"> In line with its delegated authority, the Finance and Performance Committee approved the recommendation of the Chief Finance Officer that it approved updated Standing Financial Instructions. The Finance and Performance Committee considered the performance challenges across the Frimley System. ICB cost pressures were (i) ADHD “right to choose” referrals pressure (ii) S117 pressures in Hampshire (iii) Referrals to Independent Acute Providers continued to exceed planned levels and (iv) Pharmacy spend. 	
Assure:	
<ul style="list-style-type: none"> The Finance and Performance Committee receive assurances reports on financial recovery, corporate risks and the latest position on contracts management. 	