

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

Tuesday 13 January 2026 between 10.30am and 12pm


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
	1.	Welcome, apologies for absence and Chair's introduction	-	Verbal	Priya Singh, Chair
	2.	Declarations of Conflicts of Interest <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>	Note	Paper	Priya Singh, Chair
	3.1	Draft minutes Joint Committee meeting in public – 18 November 2025	Approve	Paper	Priya Singh, Chair
10.35am	3.2	Chair and CEO update	Note	Paper	Priya Singh, Chair

Timing	No	Item	Action	Delivery	Lead
					Nick Broughton, Chief Executive Officer BOB and Frimley
	4.	Delivery of 2025/26 Priorities			
10.45am	4.1	Finance, Planning and Transformation Reports for BOB and Frimley	Note	Paper	Rich Chapman – Chief Finance Officer and Matthew Tait, Executive Delivery Officer
	4.2	Quality Reports for BOB and Frimley	Note	Paper	Sarah Bellars – Chief Nursing Officer
	4.3	Workforce Reports for BOB and Frimley	Note	Paper	Sandra Grant - Chief People Officer
	5.	Planning for 2026/27			
11am	5.1	Update on Thames Valley ICB Planning Submission	Note	Slides	Hannah Iqbal, Chief Strategy & Commissioning Officer and Rich Chapman, CFO
	6.	ICB Transition			
11.25am	6.1	Transition Programme Director's Report	Note	Paper	Caroline Corrigan – Chief Transition Officer/ Alison Edgington - Transition Programme Director
	7.	NHS Buckinghamshire, Oxfordshire and Berkshire West ICB			
11.35am	7.1	EPRR Annual Report	Approve	Paper	Matthew Tait, Executive Delivery Officer
	8.	Board Assurance Frameworks			
11.45am	8.1	NHS Buckinghamshire Oxfordshire and Berkshire West Board Assurance Framework	Approve	Paper	Rich Chapman - Chief Finance Officer and Caroline Corrigan - Chief Transition Officer
	8.2	NHS Frimley Board Assurance Framework	Approve	Paper	

Timing	No	Item	Action	Delivery	Lead
	9.	Joint Committee Assurance Committee Reports			
11.50am	9.1	NHS Buckinghamshire, Oxfordshire and Berkshire West: <ul style="list-style-type: none"> • Audit and Risk Committee • People Committee 	Note	Paper	Committee Chairs
	9.2	NHS Frimley: <ul style="list-style-type: none"> • Audit Committee • Finance and Performance Committee 	Note	Paper	
	9.3	Joint Finance and Performance Committee	Note	Paper	
	10.	Close of all business			
11.55am	10.1	Any Other Business	-	Verbal	Chair
	10.2	Questions received from Public			
	11.	Date of next meetings in public and private: Tuesday 10 March 2026 between 10.30am and 12.00pm	-	Verbal	Chair
12noon	12.	Close	-	Verbal	Chair

BOB ICB Board Members - Declarations of Interest										 Buckinghamshire, Oxfordshire and Berkshire West <small>Integrated Care Board</small>		Audit & Risk Committee	People Committee	Population Health & Patient Experience Committee	Place & System Delivery Committee	System Productivity Committee
04 December 2025																
Name	Current position(s) held in the ICB	Declared Interest <small>(Name of the organisation and nature of business)</small>	Type of Interest	Is the interest direct or indirect <small>(including details of the relationship with the person who has the interest where indirect)</small>	Nature of Interest	Date of Interest		Action taken to mitigate risk								
						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. Boinhurst & 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 Financial Financial Financial	Direct Direct Direct Direct Direct Direct Direct Direct Indirect Indirect Indirect 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 Current 30/05/2025 30/09/2025 Current Current Current 30/11/2025 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 professional	Direct 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. Member 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 Current	Standing declarations – actions to be taken as deemed appropriate if conflict identified 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. 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. FeeBucks	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 Current	Standing Declaration - actions to be taken as deemed appropriate if conflict identified 4/4a. Standing Declaration - declare at all meetings. Actions to be taken as deemed appropriate if conflict identified Standing Declaration - 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 Party	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	7BA	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 5. National Liberal Club	Financial Financial Financial Non-financial professional Non-financial personal	Direct Direct Direct Direct Indirect	1. Shareowner (50%) 2. Ad hoc consultancy role (none undertaken since March 2020) 3. Principal Consultant 4. Fellow 5. Member (Membership of the Governance Committee)	Aug-14 Aug-14 Jul-22 2010 28/11/2025	Current Current Current Current Current	Standing declarations – actions to be taken as deemed appropriate if conflict identified	Member							

BOB ICB Board Members - Declarations of Interest								NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board						
04 December 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, or could be, impaired or influenced by another interest they hold."														

BOB ICB Non-Board Member Directors - Declarations of Interest

04 December 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						
ADAIR Sarah	Associate Director of Communications & Engagement	None	N/A	N/A	N/A	N/A	N/A	N/A					
EDGINGTON Alison	Transition Programme Director-Frimley ICB (Joint working with BOB ICB)	1. AE Interim Solutions Ltd	Financial	Direct	1. Owner of a limited company offering strategic leadership, consultancy, programme management and executive coaching.	1. 01/12/2024	1. Current	Standing declaration – actions to be taken as deemed appropriate if conflict identified					
		2. Currie and Brown Ltd	Financial	Direct	2. I am the executive coach for a senior individual in Currie and Brown Ltd and organisation that has extensive contracts with the NHS	2. 01/12/2024	2. Current						
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 of childrens cancer.		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	Financial	Direct	1. Non-executive member	Oct-21	Current	Standing Declaration- actions to be taken as deemed appropriate if conflict identified					
		2. Afsang Advisory Associates 1 Limited	Financial	Direct	2. Director and Shareholder	Feb-22	Current						
		3. KPMG, PWC and NHS England	Indirect	Indirect	3. Professional relationships with individuals (former partner)	01-Jan-88	Current						
		4. Newcastle Upon Tyne NHS Trust	Indirect	Indirect	4. Persoanl relationships with Consultant Clinical Psychologist	01-Jan-66	Current						
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	Attendee			Member	
TAIT Matthew	Chief Delivery Officer	1. Cyclability- recieves funding from Active Oxford	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.	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.				Member	Member
		2. Consultation Institute (TIC)	Indirect	Indirect	2. Is a Fellow	2. 01/10/2025	2. Current						

Frimley ICB Board Register of Interest - December 2025

Job Title	Firstname	Lastname	Interest	Description of Interest	Type of Interest			Actions agreed with Line Manager to mitigate risk
Chief Nursing Officer	Sarah	Bellars	Son works for FHFT	Son worked for FHFT , currently as a student nurse	Declarations of Interest – Other	Indirect	Indirect	do not discuss work with my son
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 conflict anticipated.
Chief Executive	Nick	Broughton	Oxford Academic Health Partners (formerly Oxford Academic Health Science Centre)	Board Member	Declarations of Interest – Other	Non-Financial Professional	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.
Chief Executive	Nick	Broughton	Oxford Academic Health Partners (formerly AHSN)	Board Member – Oxford Academic Health Partners (AHSN)	Declarations of Interest – Other	Non-Financial Professional	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.

Chief Executive	Nick	Broughton	Oxfordshire Health & Wellbeing Board	Attendee	Declarations of Interest – Other	Non-Financial Professional	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.
Chief Executive	Nick	Broughton	Buckinghamshire Health & Wellbeing Board	Attendee	Declarations of Interest – Other	Non-Financial Professional	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.
Chief Executive	Nick	Broughton	Thames Valley Academic Health Science Network	Member	Declarations of Interest – Other	Non-Financial Professional	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.
Chief Executive	Nick	Broughton	Charlie Waller Trust (mental health charity)	Trustee	Declarations of Interest – Other	Non-Financial Personal	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.
Chief Executive	Nick	Broughton	Green Templeton College, Oxford University	Associate Fellow	Declarations of Interest – Other	Non-Financial Professional	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.
Chief Executive	Nick	Broughton	University of Oxford	Member of the Department of Psychiatry	Declarations of Interest – Other	Non-Financial Professional	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.
Chief Executive	Nick	Broughton	Thames Valley Cancer Alliance	Interim Chair	Declarations of Interest – Other	Non-Financial Professional	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.
Chief Executive	Nick	Broughton	James's Place (Charity)	Trustee	Declarations of Interest – Other	Non-Financial Personal	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.

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	Magna Konserv	I am a Director of this company and have no financial interest or shareholding	Declarations of Interest – Other	Non-Financial Professional	Indirect	This company has no dealings with the Health Sector/NHS/CCG
Chief Medical Officer	Lalitha	Iyer	Solutions for Health	I am a Medical Advisor on the Board of Solutions for Health	Declarations of Interest – Other	Non-Financial Professional	Direct	I will declare COI and will leave meetings if any relevant discussions take place
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 Personal	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	Declarations of Interest – Other	Financial	Direct	
Workforce Director	Mark	Sellman			Nil Declaration			
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:								
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.

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 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

Joint Committee meeting between NHS Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board and NHS Frimley Integrated Care Board – Meeting in Public
 Tuesday 18 November 2025, 10.30-12.00

Held online via MS Teams

Chair – Sim Scavazza

Name	Role	Organisation
Members		
Sim Scavazza	Non-Executive Director (Deputy Chair BOB)	BOB
Paul Farmer	Non-Executive Member (Deputy Chair Frimley)	Frimley
Nick Broughton	Chief Executive Officer	BOB and Frimley
Sarah Bellars	Chief Nursing Officer	BOB and Frimley
Rich Chapman	Chief Finance Officer	BOB and Frimley
Caroline Corrigan	Chief People Officer and Transition SRO	Frimley
Lalitha Iyer	Chief Medical Officer	Frimley
Ben Riley	Chief Medical Officer	BOB
Saqhib Ali	Non-Executive Director	BOB
Ilona Blue	Non-Executive Member	Frimley
Sajad Khan	Non-Executive Member	Frimley
Aidan Rave	Non-Executive Director	BOB
Gareth Shepherd	Non-Executive Member	Frimley
Alex Gild	Provider Partner member – BHFT	Frimley
Grant Macdonald	Provider Partner Member – Mental Health	BOB
Lance McCarthy	Provider Partner Member – FH FT	Frimley
Graham Wareham	Provider Partner Member – SABP	Frimley
George Gavriel	Primary Care Partner Member	BOB
Prash Patel	Primary Care Partner Member	Frimley
Huw Thomas	Primary Care Partner Member	Frimley
Karen Edwards	Local Authority Partner member – RBC	Frimley
Susan Parsonage	Local Authority Partner Member – WBC	BOB
Grainne Siggins	Local Authority Partner Member – BFC	Frimley
Attendees		
Sam Burrows	Managing Director	Frimley
Sandra Grant	Chief People Officer	BOB
Hannah Iqbal	Chief Strategy, Digital and Transformation Officer	BOB
Matthew Tait	Chief Delivery Officer	BOB
Dr Bharan Kumar	Clinical Lead for Slough and Connected Care (item 5.1)	Frimley
Mary-Jane Steijger	Head of Governance	Frimley
Kelly Sutherland	Senior Corporate Office Manager	BOB
Tom Allinson	Senior Governance Manager (minutes)	Frimley
Apologies		
Priya Singh	Chair	BOB and Frimley
Mark Sellman	Interim Chief Transformation and Information Officer	Frimley
Tim Nolan	Non-Executive Director	BOB
Simon Crowther	Provider Partner member – OUHFT	BOB

Joint Committee Business

1.	<p>Welcome, Apologies for absence and Introductions</p> <p>Sim Scavazza was acting Chair for the meeting.</p> <p>Introductions were made and apologies were received as detailed above.</p> <p>The meeting was confirmed to be quorate, however Paul Farmer would need to leave the meeting at 11am after which the meeting would cease to be quorate. Therefore it was agreed that item 8.2 for Frimley (EPRR Annual Assurance Report 2025/26) would be taken out of order, between items 3 and 4.</p> <p>The meeting was recorded, and the recording would be uploaded to both BOB and Frimley websites.</p>
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	<p>Fifteen members of the public had signed up to attend the meeting.</p> <p>Several questions had been received from members of the public and would be answered throughout the meeting.</p>
2.	Declarations of Conflicts of Interest
	<p><i>The Joint Committee noted the conflicts of interest registers for BOB and Frimley.</i></p> <p><i>No specific conflicts of interest were raised in relation to the agenda; however, the following was noted for transparency:</i></p> <ul style="list-style-type: none"> • <i>Sandra Grant’s regional workforce director role</i> • <i>Nick Broughton was currently not featured on the Frimley COI Register. Actions were underway to rectify this.</i>
3.1	Draft Minutes of the Previous Meetings
	<p><i>The Joint Committee <u>approved</u> the following items:</i></p> <ul style="list-style-type: none"> • <i>Draft minutes BOB Meeting in Public – 9 September 2025</i> • <i>Draft Minutes Frimley Meeting in Public – 16 September 2025</i>
3.2	Chair and CEO update
	<p>Nick Broughton gave the verbal update, noting that BOB and Frimley ICBs had received formal confirmation that Thames Valley ICB would be created on 1 April 2026. Clustering arrangements were now in place from 1 October 2025, including the appointment of a Cluster CEO and Chair. Nick Broughton thanked Sam Burrows for his time as Interim CEO for Frimley.</p> <p>The scale of change across the NHS was reflected on, as had been raised in one of the questions received from members of the public regarding the importance of NHS developing a fair and open culture:</p> <ul style="list-style-type: none"> • <i>“With the changes and pressures running through the NHS it is more necessary than ever that NHS organisations have a fair and open learning culture. Will the ICB play any part in creating and maintaining this? If so who will lead on it?”</i> <p>Nick Broughton confirmed that the ICB would maintain its role as a key system leader in maintaining a fair and open learning culture, with oversight on provide partner quality, with the CEO held accountable for this leadership role.</p> <p>Ben Riley then took an additional question from the public as follows:</p> <ul style="list-style-type: none"> • <i>“In relation to paragraph 43 of the Chief Executive and Chief Officers' report, what assurance can be given that the development of neighbourhood health will be undertaken having regard to paragraph 4.5 of the 4th November 2025 strategic commissioning guidance from NHS England, which reiterates the 10 principles to support ICBs to develop their approaches and put the voices of staff, people and communities at the heart of decision making? Notably principles 1, 2, 6, 7, 8 and 9, which include reference to starting engagement early when developing plans, providing clear and accessible public information, and using coproduction to achieve accountable health and care services.”</i> <p>Assurance was provided that those principles remained central to the development of neighbourhood health with early engagement underway via Place partnerships and with other stakeholders to understand patient experience.</p> <p><i>The Joint Committee noted the update.</i></p>
Delivery of 2025/26 Priorities	
4.1	Integrated Finance and Performance Reports for BOB and Frimley
	Rich Chapman presented the Finance and Performance reports for BOB and Frimley as at Month 6 (M6).

Key headlines were reported as follows:

- Both ICBs on Plan for 2025/26
- However, both ICBs were behind planned efficiencies
- Current focus was therefore on in-year recurrences and the underlying deficit and exit run rate for TV ICB

Frimley

- The year to date at M6 showed Frimley ICB marginally ahead of plan and FHFT better than plan resulting in a system Year-to-Date (YTD) variance of £0.2m ahead of plan. The forecast position remained at break even.
- The ICB was experiencing several cost pressures in year which were 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 had been developed for IPTS and GP referrals, S117 and ADHD “Right to Choose”. These were being closely monitored; the impact of the IPTS & GP referral RAP was starting to show improvements in the financial position in September. The others would impact later in the year.
- The Frimley system was forecasting a breakeven position at year end as per the plan submission. This assumed full receipt of the deficit support funding in quarter 4.
- The system underlying position at Month 6 remained at £59.3m – £5.4m worse than the planned underlying position. CIPs and transformational efficiencies were now non recurrent.

BOB

- At M06, the overall BOB ICB position was breakeven YTD. Pressures within Mental Health due to S117 and Right to Choose and Acute activity were being mitigated by opportunities elsewhere.
- The BOB system reported a YTD £32.8m deficit (including deficit support funding), which was £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 Out of Hospital (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 remained favourable to plan at M06, partly due to the cash impact of the backdated pay award in August. There remained cash challenges to be managed within the system from M09, and the acute trusts were monitoring this situation closely

The Committee noted the performance challenges faced by all areas across both systems.

The Joint Committee was asked to note that a number of data sources included in this report were now out of date. Further assurance was provided that current data was being used behind the scenes and operation intelligence was live.

Matthew Tait gave a further update on provider UEC performance.

The Joint Committee noted the Integrated Finance and Performance Report.

4.2 Quality Reports for BOB and Frimley

Sarah Bellars provided the Quality Report for BOB and Frimley which detailed high level updates against developing quality issues and current concerns.

Areas acknowledged in the report included 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>There had 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.</p> <p>The key themes continued to be access and waiting, clinical care, and communication. Most of these related to primary care (GP and Dental), and Pharmacy & Optometry.</p> <p>Highlights included the first meeting of the Joint Quality Oversight Committee.</p> <p>Members requested more detail on OUH maternity at the next meeting.</p> <p><i>The Joint Committee noted the update.</i></p>
<p>4.3</p>	<p>Workforce Reports for BOB and Frimley</p>
	<p>Caroline Corrigan presented the Workforce Report for BOB and Frimley, outlining key activity over October 2025 as follows:</p> <p>ICB Workforce Metrics (M06) – Frimley</p> <ul style="list-style-type: none"> • Headcount and FTE had remained stable over the last 12 months, with September’s headcount at 426 and FTE at 356.6. This was a slight decrease from August (433 headcount, 360.1 FTE), reflecting a reduction of 7 staff and 3.5 FTE. Overall numbers remained relatively stable. • Annual turnover in September 2025 was 14.1%, a small decrease from August’s 14.3%, and remained below the 15% target. Monthly turnover was 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 remained 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 continued to track below the 3% target. The annual absence rate was 2.4%, also the lowest in the past year. This ongoing improvement was likely due to the closure of several long-term absence cases. The People Team continued to monitor and support all sickness absence cases. <p>ICB Workforce Metrics (M06) - BOB</p> <ul style="list-style-type: none"> • There were 16 new starters and 4 leavers (headcount) September 2025. New starters included 12 in Nursing Directorate, 4 in Delivery (TVCA). This compared 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 <p><i>The Joint Committee noted the update.</i></p>
<p>Strategic Commissioning Update</p>	
<p>5.1</p>	<p>Neighbourhood Health Update</p>
	<p>Dr Bharan Kumar joined the meeting to present the update on the Neighbourhood Health approached in Slough, building a community led, insight-driven model for diabetes, CVD, and wider neighbourhood health.</p> <p>The baseline challenge was the high level of variation in healthy life expectancy across Frimley, with Slough ten years lower than average. This was due partly to deep rooted health inequalities, including adjusting for age and sex, a significantly higher prevalence of a wide range of conditions and risk factors (including CVD risk).</p>

Neighbourhood sites had been identified across the South East Region, including areas for rolling out an accelerated Neighbourhood Health programme. These would prove key national building blocks for integrating primary care, community teams, and other local partners. East Berkshire and Slough had been selected to be part of 'Wave One Neighbourhood Health Service' sites. These aimed to:

- Tackle health inequalities in deprived areas
- Integrate services across NHS, social care, local government and voluntary and community sectors
- Support people with long-term conditions like diabetes and prevent cardiovascular disease
- Reduce hospital visits by offering tailored support locally
- Empower communities to manage their own health

A Project Team of representatives of organisations and communities across East Berkshire would take forward this work over the next twelve months.

Slough also had the highest (age-sex standardised) prevalence of Diabetes (11.2%), Pre-Diabetes (7.3%) and Obesity (9.3%) across Frimley area. A Diabetes pilot had been devised to bring together partnership, community and population health insights to specifically target at-risk populations and improve management of the condition.

The Chair gave thanks to Dr Kumar for the informative presentation and opened the floor to questions from Board members.

Ali Saqhib queried whether learning from the programme could be rolled out across other areas with similar demographics. Dr Kumar confirmed that South East Regional Workshops would provide the opportunity for sharing lessons learned and insights.

Ben Riley queried what the ICB could do better support partners in delivering Neighbourhood Health ambitions. Dr Kumar responded by highlighting the ICB's ability to connect varying organisations in enabling the work needed.

The Joint Committee noted the update.

Planning for 2026/27

6.1 Update on the development of the 26/27 TV ICB Planning Framework

Hannah Iqbal presented update on the development of the 26/27 TV ICB Planning Framework. The planning activity for 2026/27 would be different than previous years, notably in the ambition to:

- Implement a new multi-year approach
- Deliver the goals of the 10 Year Health Plan
- Achieve financial balance and a sustainable approach

This coincided with the transition to being the new Thames Valley ICB by April 2026 and taking on responsibilities as the strategic commissioner.

The teams were still waiting on financial allocations and an integrated planning template. The Joint Committee noted the submission deadlines of 18 December for numerical returns and supporting materials, and 2 February 2026 for final returns and 5-year narrative plans. Notification of Plan acceptance would be communicated in March 2026.

Focus would be on how the ICB commissioned to meet the needs of the Thames Valley population considering the three strategic challenges to the system: inequality and unwarranted variation, rising demand, and unsustainable and outdated models of care.

- Operational targets – As outlined in the planning framework, plan for delivery, incl. financial implications
- Cost reduction opportunities – decommissioning, commission less, configuration /consolidation, etc
- Essential improvements – Use TV data and evidence to identify (e.g. unwarranted variation, inequalities, demand mitigation, etc.)

	<ul style="list-style-type: none"> • Medium term transformation – changes needed to deliver the TV Commissioning Intentions and the Ten-Year Health Plan. <p>As the strategic commissioner, the ICB’s commissioning planning decisions would be underpinned by a common set of principles:</p> <ul style="list-style-type: none"> • Value: Activities and interventions that create the greatest value for the Thames Valley population to be prioritised • Consistency: reducing unwarranted variation in access, outcome or experience • Equity: Resources and services to be targeted toward the populations and geographies with greatest need and reducing inequality • Sustainability: Plans and contracts to be financially sustainable <p>Next steps were outlined, including</p> <ul style="list-style-type: none"> • Working with partners – Complete bilateral and meetings with partnerships / collaboratives • Supporting internal ICB colleagues – Functional leads completing first draft of strategic objectives • Demand and Capacity – continuing to work at pace to develop system wide capability to test different demand and capacity scenarios. • Governance – Strengthening the joint ICB planning process to ensure effective Thames Valley decision making • Board Assurance – refining timelines to allow for robust assurance of the Thames Valley joint plan <p><i>The Joint Committee noted the update.</i></p>
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ICB Transition	
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7.1	<p>Transition Programme Director’s Report</p> <p>Caroline Corrigan gave the update on progress to deliver the Transition Programme which encompassed all projects and workstreams associated with the closedown of Frimley and BOB, and formation of the proposed NHS Thames Valley ICB from the 1 April 2026.</p> <p>A Programme Summary Report and Risks was included in the papers for the meeting and gave assurance that the Programme was broadly on track for delivery.</p> <p>Verbal confirmation was given that the green light had been received for rolling out a Voluntary Redundancy programme for ICB staff which would launch on the 19 November 2025. The Programme Board and Remuneration Committees would be kept sighted on the process throughout.</p> <p>Caroline Corrigan then responded to a question received from a member of the public regarding the transfer of staff:</p> <ul style="list-style-type: none"> • <i>“The Blueprint for ICBs shows that functions will be transferred between CSUs, ICBs and providers. Will it be possible for the staff providing these functions to transfer with the functions in some cases or are redundancies (and possible re-hires) inevitable?”</i> <p>It was confirmed that at the point of transfer, there would be no reduction made to teams. The receiving employers would be able to make further changes once the incoming staff had been received. There remained a risk that staff could be transferred, made redundant, and then reemployed down the line.</p> <p><i>The Joint Committee noted the update.</i></p>
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BOB and Frimley specific items	
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8.1	<p>Frimley: Policies on assisted reproductive treatments (ART) for infertile patients</p> <p>Lalitha Iyer presented the Frimley-specific item, noting that the Frimley Board had approved the recommendation to pause its work to align policies on assisted reproductive treatments (ART) at the Joint Committee’s meeting in private on the morning of the 18 November 2025.</p>
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	<p>By way of context, members were reminded that in March 2025, a paper had been agreed by Frimley ICB Board which recommended the following:</p> <ul style="list-style-type: none"> • That an amendment be made to align the intrauterine insemination (IUI) aspect of the existing ART policies for the entire Frimley ICB geography. • That an engagement exercise to be undertaken by the Communications team prior to implementation of the above amendment. • That alignment of the remainder of the ART policies would wait until a regional review by the South East Regional Priorities Committee (SERPC) is complete. <p>In light of the ongoing NHS reorganisation, it was now recommended that the above plan was paused.</p> <p>This would mean Frimley ICB's IUI policies would continue to be unaligned until its closure on 31 March 2026.</p> <p><i>The Joint Committee noted that the Frimley Board had <u>approved</u> the following on 18 November 2025:</i></p> <ul style="list-style-type: none"> • <i>Pause the current plan to align Frimley ICB's IUI policies.</i> • <i>Consider adopting BOBFPC ART policy for the East Berkshire locality.</i> • <i>No current action to align other localities to receiving organisations policies.</i>
8.2	Frimley: EPRR Annual Assurance Report 2025/26
	<p><i>Due to quoracy requirements as detailed in the introduction, this item was taken between items 3 and 4.</i></p> <p>Sam Burrows presented the Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Process for 2025/26. Thanks was given to Richard Chapman, CFO, who held the accountable emergency officer role for Frimley while Sam Burrows was in his Interim CEO Role.</p> <p>This paper outlined the current midyear position of Frimley ICB and local system providers as follows:</p> <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> <p>The Joint Committee further noted the EPRR assurance process within the local system achieved by quarterly meetings and routine self-assessment and discussion of the EPRR core standards.</p> <p><i>The Frimley Board <u>approved</u> the paper.</i></p>
9.	BOB: Safeguarding Governance
	<p>Sarah Bellars presented the BOB-specific item on Safeguarding Governance in response to an action raised at the previous Joint Committee meeting in October.</p> <p>It was confirmed that Sarah Bellars as Cluster Chief Nursing Officer (CNO) for both BOB and Frimley ICBs had the Executive responsibility for safeguarding compliance with statutory duties. The Director of Safeguarding led the ICB Safeguarding Team, working at place and system with statutory and non-statutory partners supporting safeguarding practice and strategy.</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>

	<i>The BOB Board noted the update.</i>
10.1/ 10.2	BOB and Frimley Board Assurance Frameworks
	<p>Caroline Corrigan presented the Board Assurance Frameworks (BAFs) of the BOB and Frimley Boards. The BAFs reported on the ICBs' Strategic Objectives and detailed the significant long-term risks to the achievement of these. The documents provided assurance that the ICB was on track to deliver its 2025/26 Strategic Objectives and highlighted where necessary any gaps in controls and assurances and the associated actions. The BAFs also provided assurances that any risks which may impact on the achievement of those Strategic Objectives were being appropriately managed.</p> <p>Both BAFs shared a principal risk: "Safe dissolution of the ICB and creation of the Thames Valley ICB". This shared strategic objective allowed 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> <p><i>The Joint Committee noted the updates to both BAFs.</i></p>
11.	Joint Committee Assurance Committee Reports
	<p><i>Assurance Reports for the following committees were noted and taken as read, and detailed issues for escalation or notice for the period October-November 2025:</i></p> <ul style="list-style-type: none"> • <i>BOB Audit and Risk Committee</i> • <i>Frimley Audit Committee</i> • <i>BOB System Productivity Committee</i> • <i>Frimley Finance and performance Committee</i>
Close of Business	
12.1	Any Other Business
	<i>None.</i>
12.2	Date of Next Meeting
	<i>Date of next meetings in public and private: Tuesday 13 January 2026 between 10.30am and 12.00pm</i>
12.3	Close
	<i>The Chair closed the meeting at 12.00pm.</i>

Buckinghamshire, Oxfordshire and Berkshire West

and Frimley Integrated Care Boards

Joint Committee

Title of Paper	Chief Executive and Chief Officers' Report		
Agenda Item	3.2	Date of meeting	13 January 2026
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 type="checkbox"/>
	BOB only	<input type="checkbox"/>
	Frimley only	<input type="checkbox"/>
	Meeting in Public	<input 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 18 November 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 provides 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 2026/27 Thames Valley ICB planning, BOB EPRR and a presentation on Antimicrobial Resistance.

Chief Executive update

4. Since the Joint Committee last met, the Chief Officers have continued to focus on the three key priorities of in-year delivery, developing the medium-term plan for the Thames Valley and the transition to the new Thames Valley ICB. These areas will be covered by items later in the agenda which will also provide updates regarding the most recent period of industrial action by resident doctors and the ongoing winter pressures on services.

Thames Valley ICB Designate Executive Team

5. In late November, following the planned consultation, appointments were made to the designate executive team for the new Thames Valley ICB. These are:
Chief Finance Officer – Rich Chapman
Chief Strategy and Commissioning Officer – Hannah Iqbal
Chief System Development & Engagement Officer – Sam Burrows
Chief Nursing Officer – Sarah Bellars
Chief Medical Officer – Dr Lalitha Iyer
6. These roles will be supported by three time-limited appointments, designed to support the development of the new organisation during the course of the new financial year, namely:
Chief Officer Transition – Caroline Corrigan
Chief People Officer – Sandra Grant
Equality, Diversity and Inclusion Advisor to the Board – Safina Nadeem
7. The transition executive is now meeting on a weekly basis chaired by the CEO. In addition, a joint executive team has been established to oversee the delivery of the ICBs' and the wider systems' performance together with the development of the medium-term plan for the Thames Valley system. This includes Dr Ben Riley, Executive Medical Director, and Matthew Tait, Executive Delivery Director.

Annual assessment of ICB performance 2024/25 – summary report:

8. The report summarises each assessment that was undertaken and provides NHS England's views of how each ICB has performed five core roles aligned with the core purposes of an Integrated Care System:
 - o Provide system leadership and governance
 - o Improve population health and healthcare
 - o Reduce inequality
 - o Provide value for money
 - o Enhance social value

Stakeholder engagement:

9. Since the last public Joint Committee meeting I and fellow Chief Officers held a meeting with the BOB MPs on 12 December 2025. In total 12 MPs either attended in person or were represented by members of their team. The agenda for the meeting reflected the commonest themes in the correspondence we have received from MPs over the last quarter and included and update regarding ADHD services, planning and neighbourhood health development. In addition, we provided an update regarding the Thames Valley ICB transition programme.
10. On 11 December I met with the leads of the BOB Voluntary, Community and Social Enterprise (VCSE) Alliance to discuss the ICBs' approach to planning and the future engagement with the sector following the creation of the Thames Valley ICB.
11. On 19 December the Chair and I were able to meet with a number of our academic partners, including the Chief Executive of the Oxford and Thames Valley Health Innovation Network (HIN) and the Director of the new Thames Valley Applied Research Collaboration to discuss ways of ensuring greater collaboration and alignment.
12. On 5 December I visited Frimley Park Hospital for the first time since becoming the CEO for the Frimley ICB. I was able to see some of the significant challenges related to the estate, particularly those related to the use of reinforced autoclaved aerated concrete (RAAC) in the original build.

System Development

13. On 25 November we held our second Thames Valley system leadership event. This was attended by Chairs and CEOs from all NHS Trusts and Foundation Trusts in the system together with leaders from primary care. The session built on the outputs from an initial workshop that took place in August and focussed on some of the practical challenges of developing the system's medium-term plan.

ICS Network Conference

14. On 26 November I joined a panel of experts at the Integrated Care Systems national conference organised by the NHS Confederation to discuss the future of ICBs.

Updates from Involvement and Insight Team

15. The ICB's Public Involvement Team continues to work with a Primary Care Network (PCN) in Banbury, in one of our identified areas of deprivation. The team contacted a cohort of patients diagnosed with hypertension who were either not attending regular monitoring appointments or not taking prescribed medication. The purpose of this work was to better understand the reasons for non-attendance and to identify barriers to accessing support and treatment.
16. Feedback from patients indicated that many were unaware of the need for ongoing blood pressure monitoring, while others felt unable to attend GP appointments. The team provided advice on the services available through community pharmacies and reinforced the importance of regular blood pressure checks. Following this work, the team has been asked to undertake a similar piece of engagement with individuals who do not attend cervical screening appointments.
17. The team also attended eight community events to raise awareness of high blood pressure and its associated risks, as well as to promote the BOB engagement platform, 'Your Voice' and encourage sign up. The events were held across Oxfordshire, primarily in neighbourhoods experiencing higher levels of deprivation, with one event held at Oxford Town Hall, that was very well attended by hundreds of people.

18. In addition, the team is working with the Medicines Optimisation Team to highlight the issue of medicines waste. Over a 12-month period (August 2024 to July 2025), approximately 640,000 litres of NHS medicines waste were collected from community pharmacies nationally. This issue costs the NHS an estimated £300 million nationally each year. A staff engagement session was held on 9 September, with a further 'lunch and learn' session scheduled for 14 January to provide information on medicines available over the counter. Campaign details have been shared with NHS partners, local authorities, and other stakeholders to help spread the message.
19. Work is also underway to establish a community panel that will include representatives from a range of communities. Panel members will help share perspectives, provide feedback, and support decision-making on issues that affect them. A multichannel approach will be used to promote the panel and ensure broad participation.
20. The team is working closely with the women's health lead at the ICB and has held several meetings with women aged 50 to 75 to discuss access to healthcare. Participants reported difficulties accessing services due to caring responsibilities, and many felt their GP practices were not responsive to their changing needs related to menopause. As a result, the team is working with the Primary Care Team to explore the feasibility of offering double appointments for individuals with caring responsibilities.
21. Finally, the team continues to promote the engagement platform *Your Voice*, to increase the number of registered users. Each county area has a dedicated Patient Participation Group (PPG) space where regular updates and campaign information are shared, enabling PPG members to pass information on to their communities. These spaces also allow PPGs to share ideas and best practice with one another. In the new year, promotion of the platform will continue, with a focus on increasing two-way engagement through a regular newsletter and live discussions with subject matter experts.

Chief Officer updates

Chief System Development and Engagement Officer

22. Work continues to define our approach to the creation of a vibrant set of neighbourhood health arrangements which will cover the whole Thames Valley geography. The next few months ahead will be a critical juncture for this work as the shape and purpose of these ways of working takes on greater definition.
23. We continue to support our provider partners as they refine their operating models for the future years. We are particularly pleased to have an Advanced Foundation Trust applicant in our geography and are providing support to Berkshire Healthcare Foundation Trust to ensure they are well positioned to benefit from this opportunity.
24. Further work is ongoing to define the Target Operating Model for the Office of Pan ICB Commissioning (OPIC) which will be hosted by the future Thames Valley ICB. A further update will be provided to the Board in due course on this.
25. We are in continued dialogue with Frimley Health Foundation Trust and the National New Hospitals Programme team to support the redevelopment of Frimley Park Hospital.

Chief Medical Officer

Maximising Value in Use of Medicines

26. A key focus for the ICB Medicines Optimisation teams continues to be working with system partners to maximise value in medicines across our system through safe, evidence-based adoption of biosimilars. In December 2025, RBFT completed a Trust-wide switch of all eligible patients from aflibercept (Eylea) to the biosimilar Afqilir, achieving 100% adoption and releasing approximately £2.3 million in recurrent annual savings. This was delivered through a coordinated, pharmacist-led approach, working closely with ophthalmology consultants, nursing teams, and the Drugs and Therapeutics Committee, ensuring

patient safety, continuity of care, and clear communication. The success highlights the impact of multidisciplinary collaboration and the Trust's investment in the Pharmacy Medicines Value and Biologics Team, demonstrating how system-wide coordination drives clinical and financial value.

Stoma and Catheter Services:

27. The transfer of eligible stoma and catheter patients from primary care to a new specialist provider supporting improved value through specialist oversight, reduced unwarranted variation, better product optimisation, and more effective contract management. This model releases capacity in general practice, reduces waste and unnecessary spend, and maintains high standards of patient safety, continuity of care, and service quality.

Flu Preparedness and Response:

28. Seasonal flu outbreaks have been well managed, reflecting robust advance planning to ensure sufficient vaccine and antiviral stock. Strong collaboration between the Medicines Optimisation Team and Westcall has supported timely access, resilience, and system assurance.

OTC and Self-Care Campaign:

29. Launch of a multi-channel over-the-counter (OTC) social media and communications campaign to promote self-care and reduce avoidable prescribing spend. Messaging has been disseminated via local press, social media, stakeholder newsletters, and engagement with community pharmacy. An ICB "Learning at Lunch" session is scheduled later this month to further support implementation.

Addressing Unwarranted Variation in Primary Care:

30. Positive engagement from GP practices, alongside close working with Finance and Primary Care teams, has enabled a more holistic approach to addressing unwarranted variation and supporting practices facing financial sustainability challenges.

System Alignment Across Thames Valley:

31. Collaborative working to develop system-wide initiatives for rollout across the Thames Valley ICB, supporting greater alignment and consistency. Priority areas include the Pharmacy Quality Scheme (PQS), Antimicrobial Stewardship (AMS), wound care, and stoma and catheter services.

Clinical Effectiveness

32. Work is progressing on the development of an updated Clinical Effectiveness Governance Policy Framework for the Thames Valley cluster and future ICB. This policy framework will clarify the approaches taken to ensure that commissioned interventions and treatments are clinically effective, safe, and based on the best available evidence. It will provide a framework for the adoption, monitoring, and evaluation of interventions, ensuring that patients receive care that improves outcomes, avoids harm, and reduces unwarranted variation.

33. The refreshed Framework will inform all the clinical activity commissioned by the ICB, including services provided by NHS Trusts, independent sector providers, Primary Care, referrers, and collaborative commissioning under BOB ICB host contracts. Development of this framework has progressed throughout summer and autumn 2025 with internal engagement. Engagement with Trust CFOs, CDOs, CMOs and senior contracting and finance colleagues began in December 2025 and further engagement sessions are planned in the New Year, and further updates on this work will be provided to Board members and system partners in due course.

Primary Care

34. The 'P100' South East Regional initiative designed to reduce unwarranted variation in general practice drew to a close at the end of December. Although we await final outcome data, initial evidence suggests sixteen of the twenty practices have improved their position and offer improved quality of care for patients. Of the 4 that have yet to improve, targeted work is underway to validate the final position and in one instance a service re-procurement is ongoing.

35. In the last quarter of the year, the ICB will be continuing to maximise the spend against funding allocations for primary care including Additional Roles Reimbursement Scheme (ARRS), increase the

use of advice and guidance, maximise use of capital funding, optimise uptake of urgent units of dental activity and finalise ongoing procurements.

Chief People Officer

36. The ICB change programme continues to progress. Whilst we finalise which functions will remain within the ICB and gain clarity on our financial envelope, we continue to develop our future structure. The intention remains to launch our draft structures for consultation by the end of February 2026. To minimise compulsory redundancies, we have completed a Mutually Agreed Resignation Scheme (MARs) and in early December we closed our Voluntary Redundancy Scheme. Staff who applied for the scheme have until late January to complete the process by returning a formal Settlement Agreement. Once this has concluded, the Remuneration Committee will receive confirmation of the number of staff leaving the organisation through this process, and the cost of this to the organisation. We have received national funding to support Voluntary Redundancy costs.
37. The current plan is for the Remuneration Committee to receive the draft consultation document for approval in early February so that the ICB can launch consultation for the new organisational structure with Staff/Staff side in late February.
38. The M8 workforce report for the Thames Valley system shows that:
- BOB overall WTE use is 0.4% (143) below plan, although there is variation between trusts. BOB ICS remains the only system in the South East region where total WTE workforce is below plan. To note temporary staffing is below plan, particularly in agency use which offsets substantive staff being above by 0.4%
 - Frimley (FHFT) is reporting 3.0% (348 WTE) above plan. This is driven by increased use of bank workforce (227 WTE over plan), and substantive WTE (148 over plan). This is partly balanced by agency use which is 37.5% below plan.
 - Sickness Absence rates for BOB and Frimley are the lowest in the SE. Most recent data (Oct 25) BOB 12 month rolling average 4.4%, Frimley average 3.3%, SE average 4.7%.

Chief Transition Officer

39. A full report is available to the Joint Committee for its meeting on 13.01.26. Of particular note is the national process that NHS England will complete in early January 2026. The final approvals process with ministerial assent to enact the proposed national ICB mergers and boundary changes is due to happen 09 January 2026.

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

Joint Committee

Title of Paper	Integrated Finance and Performance Report		
Agenda Item	4.1	Date of meeting	13 January 2026
Exec Lead	Rich Chapman		
Author(s)	Veronica Lowthian, Dilani Russell, Ben Gattlin, Frank Eisenhower, Elaine Polton, Sarah Rockhall, William Stokes		

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 type="checkbox"/>
	Meeting in Public	<input type="checkbox"/>

Executive Summary
<p>The paper reports the month 8 finance position for both BOB and Frimley ICBs and the month 5 performance information for both ICBs.</p> <p>Finance</p> <p>At month 8 the Frimley system is slightly better than plan, the forecast is breakeven. The ICB is continuing to experience cost pressures within S117, ADHD RTC and the independent sector contracts. Remedial action plans have been developed to mitigate the growing cost pressures.</p> <p>ICB cost pressures are currently being mitigated by underspends mainly in CHC and by the release of non-recurrent benefits YTD.</p> <p>Quarter 4 Deficit Support Funding receipt is dependent upon the system having a credible plan and on track to deliver. Forecast assumes full receipt.</p> <p>At month 7 the ICB developed a route map to break even that was been shared with NHSE. This is a live plan, progress has been made at M8 to close the efficiency gap with plans in place to deliver the remaining balance by year end.</p> <p>FHFT remains on plan although there have been cost pressures in month due to Industrial Action. The Trust has also developed a route map to breakeven.</p> <p>At Month 8 the BOB system is slightly better than plan, the forecast is breakeven. The ICB is experiencing elective overperformance in the acute sector, this is being mitigated by underperformance in other areas of acute expenditure within the NHS providers and Ophthalmology underperformance in the independent sector. The cost pressure continues within the community budget due to equipment and there are pressures in MH due to S117 and ADHD RTC.</p> <p>The overall position is being mitigated by underspends in certain budgets and the release of one-off benefits form PY and favourable dispute resolution.</p>

The ICB has developed a route plan to breakeven and is assuming full receipt of the Deficit Support funding.

Performance

Following feedback from the inaugural BOB Frimley Joint Committee edits have been made to the report. More targets have been added where applicable, where no target has been prescribed either through 2025/26 planning guidance or constitutional standards the target figure has been replaced with the plan figure for that month.

There are differential targets for BOB and Frimley in relation to RTT as the targets have been set against a baseline at a point in time with percentage improvements applied therefore different numerators and denominators have been included to achieve the required percentage.

Primary Care has no targets related to appointments therefore the target column for Primary Care metrics has been removed the metrics remain in the report for informational purposes. National focus for 2025/26 and beyond is on patient satisfaction with primary care services.

Feedback also included the timeliness of data and ability to benchmark performance. For the Public Joint Committee only published data may be used; Published elective data along with majority other metrics is available 6 weeks after month end.

The BOB and Frimley Reports have now been aligned and combined. The task and finish group has completed and been stood down; there will be no further development of the performance report contained herein. The next task and finish group is to be stood up immediately with the same membership to start developing the Thames Valley Report for 2026/27 which targets reporting published April data in June 2026. The report will be fully automated with Frimley access to the BOB database now approved.

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

Recommendation	The committee is asked to note the report
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Conflict of interest identified
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Detail Members of the Committee have responsibility and/or accountability for performance portfolio included within the report

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Performance Report Task and Finish Group (performance section only)	8 th December 2025	Performance report finalised and approved
	17 th December 2025	Noted
Joint Executive Meeting	18 th December 2025	

Finance and Performance Committee		Noted and Performance recommendations approved
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Integrated Performance Report as at Month 8



1. Finance

2. Performance



1. Finance



Frimley System Position as at Month 8

Year To Date - £85k better than plan

Forecast Outturn – Break Even

	YTD Plan	YTD Actual	YTD Variance	Annual Plan	Forecast Outturn	Forecast Variance
	£m			£m		
Frimley Health NHS Foundation Trust	(4.7)	(4.7)	0.0	0.0	0.0	0.0
Frimley ICB	0.0	0.0	0.0	0.0	0.0	0.0
Frimley ICS Surplus/(Deficit)	(4.7)	(4.6)	0.1	0.0	0.0	0.0

ICB remains marginally ahead of plan YTD

ICB Cost Pressures:

- Adult Mental Health - ADHD 'right to choose' referrals
- S117 pressures in Hampshire
- IPTs & GP Referrals to Independent Sector
- Acute out of area provider performance
- Pharmacy and Optometry overspends in POD

Remedial action plans have been developed for S117 and RTC ADHD in year pressures, the pressures are being mitigated to some extent by these and other non recurrent benefits.

Remedial action plan for IPTs & GP Referrals to Independent Sector (IS) have been developed and has shown an improvement, however still behind target. Controlling the activity in the IS relies upon NHSE supporting the issued Activity Management Plans, however the outcome of the escalation process is unlikely to be known until late December.

Overperformance at the acute out of area provider has been reviewed, the increased activity is in max fac., general surgery and gynae, however the analysis and comparison between data sets continues.

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

Deficit Support Funding in Q4 is 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 marginally better than plan YTD

The Trust remains on plan with a small surplus in month and a year-to-date deficit. Both are in line with plan.

Income includes over and under delivery by commissioner although FICB has been held at plan.

The main favourable variance relates to high-cost drugs and devices with NHSE Specialised.

Included in the YTD is the impact of Industrial action.

Although CIPs are behind year to date the forecast for fully developed plans remains consistent with prior month

There is a Financial Recovery Board chaired jointly by the COO and CFO which is overseeing efforts to reduce costs.

BOB System Position as at Month 8

Year To Date - £129k better than plan

Forecast Outturn – Break Even

BOB ICB

BOB ICB position is on plan YTD and FOT.

- **Acute (favourable)** – M8 has seen an increase in elective spend in October. There are, however, significant underperformance in other areas of expenditure within NHS providers and Ophthalmology under performances within the independent sector.
- **Community (adverse)** – The ongoing overspend is due to Equipment as a result of the national change in provider. BCF adverse due to the Oxford Pool and Physiotherapy and Endoscopy activity above plan.
- **Mental Health & LD (adverse)** – a slight worsening in month due to the ongoing drivers. The adverse FOT is predominantly due to Sec.117 and 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.

Surplus / (Deficit) - Adjusted Financial Position Organisation	YTD Plan	YTD Actual	YTD Variance	Annual Plan	Forecast Outturn	Forecast Variance
	£'m	£'m	£'m	£'m	£'m	£'m
Berkshire Healthcare NHS Foundation Trust	1.6	1.6	0.0	1.7	1.7	0.0
Buckinghamshire Healthcare NHS Trust	(5.5)	(5.5)	0.0	(0.8)	(0.8)	0.0
Oxford Health NHS Foundation Trust	2.3	2.4	0.1	4.8	4.8	0.0
Oxford University Hospitals NHS Foundation Trust	(5.5)	(5.4)	0.1	2.0	2.0	0.0
Royal Berkshire NHS Foundation Trust	(7.3)	(7.3)	0.0	(7.8)	(7.8)	0.0
TOTAL In-System Providers Surplus/ (Deficit)	(14.4)	(14.3)	0.1	(0.2)	(0.1)	0.0
Buckinghamshire, Oxfordshire And Berkshire West ICB	(9.9)	(9.9)	0.0	0.1	0.2	0.0
BOB ICS Surplus/ (Deficit)	(24.3)	(24.2)	0.1	(0.0)	0.0	0.0

BOB System

The system reported a YTD deficit of £24.2m (including deficit support funding), £0.1m favourable to plan

- BHFT: non-pay costs pressures are offset by income and pay costs better than plan.
- BHT: pay costs and non-pay costs worse than plan are largely offset by patient care income and other operating income being better than plan.
- OUH: non-pay costs (largely pass-through costs e.g. drugs) worse than plan are offset by patient care income other operating income and non-operating expenditure (e.g. gains on disposal of assets) better than plan.
- RBFT: pay costs and non-pay costs are worse than plan these are offset by education and training grant and other income being better than plan.
- unplanned costs relating to industrial action in July and November have been mitigated by e.g. the early release of balance sheet flexibilities planned for later in the year; this creates a financial pressure for providers in Q4.
- YTD efficiency delivery at M08 was adverse to plan, with adverse positions at the ICB and OUH offset by over-delivery in RBFT.
- 95% of system efficiency plans were fully developed at M08 (95% at M07).

2. Performance



Performance data for Month 5 for both BOB and Frimley is detailed in the slides below

- The BOB and Frimley Reports have now been aligned
- There are differential targets for BOB and Frimley in relation to RTT as the targets have been set against a baseline at a point in time with percentage improvements applied. Therefore, different numerators and denominators have been included to achieve the required percentage
- Primary Care has no targets related to appointments therefore the target column for Primary Care metrics has been removed the metrics remain in the report for informational purposes. National focus for 2025/26 and beyond is on patient satisfaction with primary care services.

National Priorities - RTT

Indicator	Actual	Target	Trend	Actual	Plan	Target	Actions
E.B.40 Percentage of RTT patients waiting 18 weeks or less	64.4% 01 September 2025	65.0%		61.6%	65.0%	65.0%	Work continues to drive down waiting times, including the mobilisation of the Ophthalmology SPOA (single point of access) with other HVLC (high value low complexity) procedures being explored by the APC.
E.B.18 RTT waiting list - 52+ weeks	3,943 01 September 2025	1,768		6,057	1,768	1,768	Work continues to support the elimination of any >65 weeks by December, including the use of mutual aid. All endeavours and mitigations are in place offsetting risks associated with Industrial Action
E.B.40 RTT waiting list - less than 18 weeks	117,189 01 September 2025	117,920		103,451	117,920	117,920	The APC (Acute Provider Collaborative) work in managing HVLC (High Value Low Complexity) demand through a SPOA (single point of access) model is working well in Ophthalmology with other specialities now being explored
E.B.3a RTT waiting list - total	181,966 01 September 2025	181,416		167,945	181,416	181,416	Trusts continue to participate in the waiting list validation sprint exercise in Q3 to ensure waiting list are accurate. A&G (Advice and Guidance) continues to be promoted as an alternative to referral where clinically appropriate

National Priorities - Cancer

Indicator	Actual	Target	Trend	Actual	Plan	Target	Actions
E.B.27 Percentage of patients receiving communication of cancer diagnosis within 28d faster diagnosis standard	77.0% 01 September 2025	80.0%		72.4%	80.0%	80.0%	BHT - Haem, Gynae and Brain impacting compliance OUH - Urology, NSS (Non Specific Symptoms) and Haem impacting overall compliance RBH - Gynae, Urology and Haem driving position Funding in place and ongoing pathway support
E.B.35 Cancer - Percentage of patients seen within 62d	67.2% 01 August 2025	75.0%		67.4%	75.0%	75.0%	BHT - Other, Head and Neck, Gynae & Urology impacting position OUH - Driven by Urology, Lung and Gynae surgical capacity RBH - Driven by Urology, LGI (Lower Gastro Intestinal) and Gynae TVCA funding in place, supporting key pathways
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	85.6% 01 September 2025	96.0%		84.0%	96.0%	96.0%	BHT - Surgical capacity in Gynae and Skin driving the non compliance OUH - Breast, Lung and Gynae pathways impacted by surgical capacity challenges RBH - Urology, LGI, Gynae driving position TVCA support in place

National Priorities - MH, LDA & CYP

National Priorities - UEC

Indicator	Actual	Target	Trend	Actions	Indicator	Actual	Target	Trend	Actions
% 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	11.3% Plan		Uptake rates of annual LD health checks is addressed through performance dashboards and practice discussions / visits. Rates being seen are positively above plan	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 are in place at Trust, Place and System level, which include additional capacity planned to support anticipated peaks in demand. Work is also underway with partners to mitigate the risks associated with IA ahead of the Christmas period
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)	47 01 September 2025	50		Progress remains well ahead of national target and ICB Plan, remains consistent from September to November	E.M.13 Total number of attendances at Type 1, 2, 3 A&E departments.	51,537 01 September 2025	50,435 Plan		Work continues with place partners to optimise use and promote available alternatives to ED through SPOA, UCR (Urgent Community Response), 111 and Pharmacy First especially in the run up to and over IA and Christmas period
E.A.5 Active inappropriate adult acute mental health out of areas placements (OAPs) (OAP03a)	5 01 September 2025	0		Low number suppression results in this metric reported as 5 or 0. BOB inappropriate OAPs are within that range	AQI A31 Cat 2 Mean Response Time - SCAS	27 01 August 2025	30		SCAS continue to drive improvements to support Cat 2 which includes working collaboratively with Trusts to further reduce handover delays and increase referrals to suitable alternative services rather than convey to ED
E.H.9 CYP Access - Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact (MHS95)	26,940 01 September 2025	26,531		Remains on track and is above the National Ambition					

National Priorities - Primary Care

Indicator	Actual	Trend	Actions
<p>% of Appointments within 14 days</p>	<p>82.2% 01 September 2025</p>	<p>Legend: Actual (blue), Plan (red), Target (green)</p>	<p>Trendline is suggestive of appointments delivered within 14 days at expected rates. Practices introducing online consultation tools is expected to increase % seen within 14 days due to improved triaging/signposting</p>
<p>Appointments within 14 days</p>	<p>753,727 01 September 2025</p>		<p>Trendline is suggestive of appointments delivered within 14 days at expected rates. Practices not meeting 14 day metric are encouraged to enrol in GPIP and LMC/GPLG support will be available from Jan 2026</p>
<p>E.D.19 Appointments in General Practice and Primary Care Networks</p>	<p>917,359 01 September 2025</p>		<p>Appointments provided are inline with plan. Introduction of online consultation tools is expected to support management of appointments through better triaging and signposting</p>

Indicator	Actual	Target	Trend	Actions
768 E.B.40 Percentage of RTT patients waiting 18 weeks or less	57.8% 01 September 2025	56% (End of year Target is 60%)		-- RTT 18 weeks performance is ahead of plan by 2.2% points. Clock stops are being delivered through validation and prioritisation of longest waiters and clinically urgent cases, aided by demand and capacity management through outsourcing to ISPs.
630 E.B.18 RTT waiting list - 52+ weeks	3409 01 September 2025	700 (Target is 1% of total wait list)		>52 weeks PTL proportion continued to reduce ahead of plan. M6 proportion was 2.4% against a 2.9% plan ranking 25th of 42 ICBs. Actions targeting productivity, tracking and validation in high-risk volume specialties - T&O, Oral, Plastics/Derm and ENT
634 E.B.40 RTT waiting list - less than 18 weeks	43262 01 September 2025	There is no National Target for this metric		-- RTT 18 week performance is ahead of plan by 2.2%. Clock stops are being delivered through validation and prioritisation of longest waiters and clinically urgent cases, aided by demand and capacity management through outsourcing to ISPs
633 E.B.3a RTT waiting list - total	74881 01 September 2025	There is no National Target for this metric		-- Waiting list total size decreased but remains behind plan (+4.9k pathways) at M6. Demand remains higher than expected despite increased advice and guidance usage. NHSE validation sprints, clock stop focus and referral pathway optimisation supporting

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	70.8% 01 October 2025	79% (End of year Target is 80%)		-- Driven by Skin, due to volume, ongoing discussions with TVCA for solutions to support this pathway
669 E.B.35 Cancer - Percentage of patients seen within 62d	78.0% 01 October 2025	73% (End of year Target is 75%)		-- Driven by Skin, Lung and Urology pathways due to diagnostic delays
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...	96.4% 01 October 2025	There is no National Target for this metric in 25/26 (End of year Plan is 95%)		-- Urology, Head and Neck driving the position, impacted by surgical capacity, subsequent pathways and radiotherapy also impacting position

National Priorities - UEC

Indicator	Actual	Target	Trend	Actions
736 E.M.13 Percentage of attendances at Type 1, 2, 3 A&E departments, departing in less than 4 hours	73.6% 01 October 2025	78%		-- 4-hour performance remains below standard with high Type 1 pressure and sustained demand. SDEC (Same Day Emergency Care) / Discharge & Flow programmes are focussed on winter pressure to improve same-day and short-stay pathways
741 E.M.13 Total number of attendances at Type 1, 2, 3 A&E departments.	37369 01 October 2025	There is no National Target for this metric		-- ED attendances remain high, particularly Type 1, with sustained pressure from acuity, frailty and same-day demand. System partners are implementing Winter Plans, with 111, UTC and Virtual Wards aiming to moderate growth and improve flow
331 AQI A31 Cat 2 Mean Response Time - SCAS	31.9 01 October 2025	30.0		-- Mean response times for SCAS dipped below the national target for the latest reporting month at 27.2 minutes, within a context of +/- 8 minutes of variation over the last 12-month period.
332 AQI A31 Cat 2 Mean Response Time - SECAMB	28.2 01 October 2025	30.0		-- Cat 2 ambulance response times remain above the 18-minute standard, driven by hospital handover delays, high demand and workforce constraints. Joint improvement work continues across Frimley and SCAS/SECAMB to reduce lost hours and improve flow

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	39.3% 01 September 2025	There is no National Target for this metric		-- 1% increase in delivery versus Oct 2024
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)	55.0 01 September 2025	72		Progress ahead of plan
790 E.A.5 Active inappropriate adult acute mental health out of areas placements (OAPs) (OAP03a)	0 01 September 2025	There is no National Target for this metric		Progress 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)	10765 01 September 2025	9180		Progress remains ahead of target. Dip is due to non-submission of data from two small third sector providers in the south

National Priorities - Primary Care

Indicator	Actual	Target	Trend	Actions
837 % of Appointments within 14 days	72.5% 01 October 2025	There is no National Target for this metric		-- 84% of booked appointments in October 2025 were seen within 14 days. No national target with local ambition of 90% this indicator exceeding plan
836 Appointments within 14 days	310112 01 October 2025	There is no National Target for this metric		-- 367k appointments booked within 14 days in October 2025
796 E.D.19 Appointments in General Practice and Primary Care Networks	470954 01 October 2025	There is no National Target for this metric (Oct Plan is 483309)		-- Appointment capacity is being maintained
861 Units of Dental Activity Delivered by Foundation Dentists	3516 01 July 2025	There is no National Target for this metric		-- 378,797 UDAs delivered v target of 962,713 UDAs (39.35%). Normally see increased provision in second half of year. Performance ahead of 2024/25 and ahead of target.

**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	13 January 2026
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: 30th December 2025

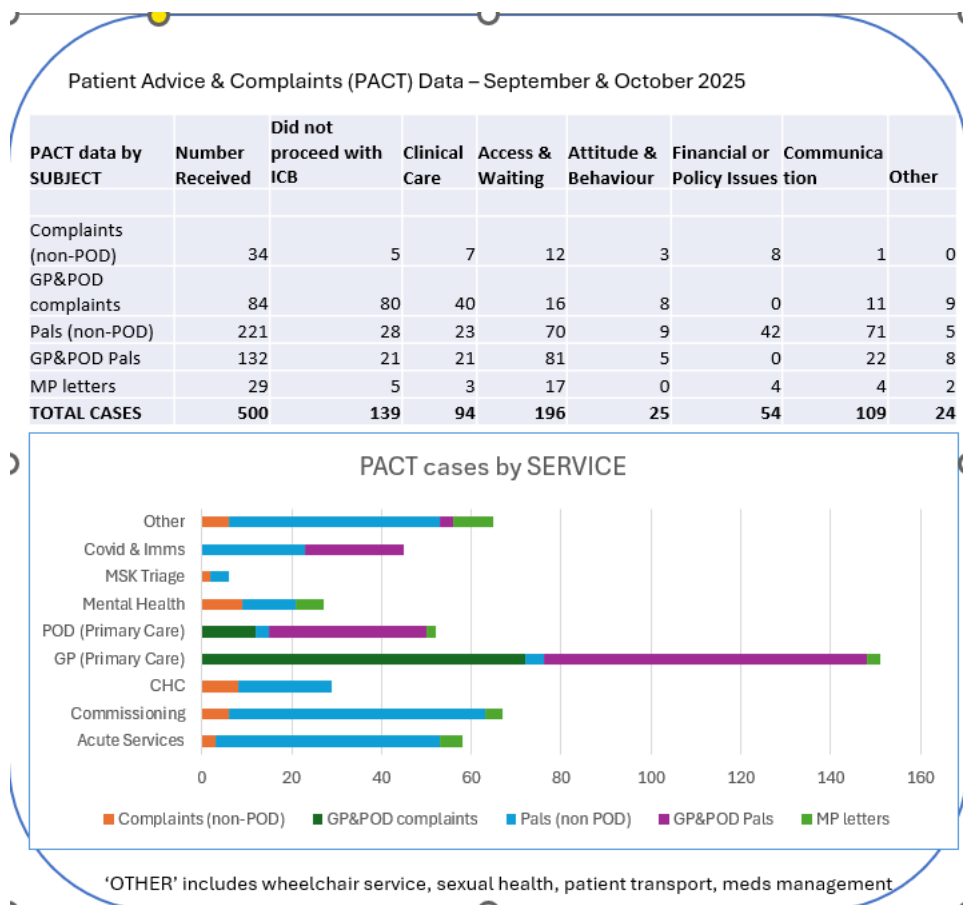
1. Introduction

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



There have been 500 cases in September and October, 139 cases did not proceed to full investigation as many 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, patient transport and medicines management.

There have been an increased number of inquiries relating to eligibility criteria and availability of covid vaccinations for the Autumn campaign (45 contacts in Sept & Oct).

There continues to be concerns and complaints from patients and their MPs about delayed access to ADHD assessments and barriers to accessing ongoing prescribing of ADHD medications under shared care protocols within a primary care setting.

Several CHC complaints cases remain open for extended periods as complainants are advising they are not willing to close their complaint whilst awaiting the outcome of their CHC appeal.

2.1.2. Frimley ICB Update

The table below shows Cumulative annual figures for CSU PALS and complaints across the Frimley area:

	2024-25	Q1 (Apr-Jun 25)	Q2 (Jul-Sept 25)	Oct 25	Nov 25	Total YTD
ICB Complaints	46	37	25	14	12	88
ICB PALS	325	97	85	47	59	288
POD Complaints	51	58	41	22	11	132
POD PALS/concerns	51	50	57	40	15	162

On reviewing the complaints categorisation between the period of 1st April 2025 and the 30th of November 2025, there is a common theme between PALS enquires and formal complaints. The top three categories are; access and waiting times, clinical care and communication.

2.2. Never Events or Patient Safety Incidents

FHFT – There have been no new never events reported

BOB- There have been no new never events reported.

Escalations by Provider

BHFT have temporarily paused their Adult ADHD referrals pathway from 1st December 2025 due to capacity and demand pressures impacting on the ability of the Trust to keep pace with medication reviews. While reducing risks in respect of delays to medication reviews for patients on the BHFT caseload, the pause exacerbates capacity pressures across the whole system pathway, especially in the context of the Imposition of Indicative Activity Plans (IAPs) for Right to Choose providers, and the adoption of Adult Access Criteria.

EMED patient transport - Performance KPI's are not being consistently met which is having some impact on quality of care. Whilst recognising this is a new service, monthly assurance/monitoring is in place. Escalations will be in line with quality frameworks as appropriate. EMED are reviewing capacity.

Infection Prevention and Control – The current communicable disease incident/outbreak response across BOB is undertaken in a spot-purchase manner. The ICB are reviewing this and looking towards a commissioned service going forward.

3. External Reviews or Visits

OUH The Thames Valley & Wessex Adult Critical Care Network visited the Oxford Critical Care Unit and Churchill Intensive Care Unit on 12th August 2025. Recommendations made regarding estates strategy, post-surgical care, ongoing nurse recruitment needs, potential opportunities for advanced critical care practitioners to support medical rotas, outreach services.

4. CQC Updates

Primary Care.

London Street Surgery had a CQC visit on 29/10/25. The practice was rated as GOOD (previous rating was Requires Improvement).

5. ICB Escalations

The LeDeR programme in BOB ICB has been on-hold since December 2024. A paper was presented to ICB executives describing the LeDeR review backlog and recommendations.

Fixed term recruitment to Local Area Coordinator role and LeDeR reviewer resource has been secured. Reviews have commenced and the approach mirrors that of Frimley ICB. Stakeholder and public briefings have been shared.

Conclusion

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

Authors:

Heidi Beddall, Deputy CNO, BOB ICB

Melanie Bessant, Deputy CNO, Frimley ICB

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

Joint Committee

Title of Paper	Joint Workforce Reports - BOB and Frimley		
Agenda Item	4.3	Date of meeting	13 January 2026
Exec Leads	Caroline Corrigan, Chief People Officer – Frimley Sandra Grant, Chief People Officer – BOB		
Author(s)	Lisa Cully, Head of Workforce – Frimley Debbie Hilder – Head of Workforce - BOB		

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 type="checkbox"/>

Executive Summary	
<p>This report presents a consolidated overview of workforce data for BOB and Frimley Integrated Care Boards (ICBs) and Integrated Care Systems (ICSs) as of Month 8 November 2025).</p> <p>For BOB and Frimley ICS, the report outlines:</p> <ul style="list-style-type: none"> • Whole-Time Equivalent (WTE) alignment against planned levels by trust • Core workforce performance indicators, including absence rates, vacancy levels, and staff turnover <p>For BOB and Frimley ICB, the report highlights:</p> <ul style="list-style-type: none"> • Current headcount figures • Trends in sickness absence • Compliance with STaM training and appraisal requirements • Staff movement trends • Progress updates on key workforce transformation programmes 	
Recommendation	The Joint Committee are asked to note 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
N/A	N/A	N/A

Joint Workforce Report (Frimley ICB/ BOB ICB)

January 2026

FOR PUBLIC MEETING

Introduction and Contents

Much of the People and OD team are fully embedded in the Change Programme and have been redeployed to support Chief Executives with potential structures and job descriptions prior to consultation launch. In addition, there has been significant resource required to support the Voluntary Redundancy process and MARs Programmes.

This document outlines our key activity over December 2025:

3	Frimley ICS workforce metrics
4	BOB ICS workforce metrics
5	ICB Workforce data (Frimley)
6	ICB Workforce data (BOB)
7-8	Organisational Development
9-10	Temporary staffing collaborative
11-12	Frimley Academy
13-14	Primary Care Training Hub
16-17	Work Well

Headline Frimley ICS workforce metrics

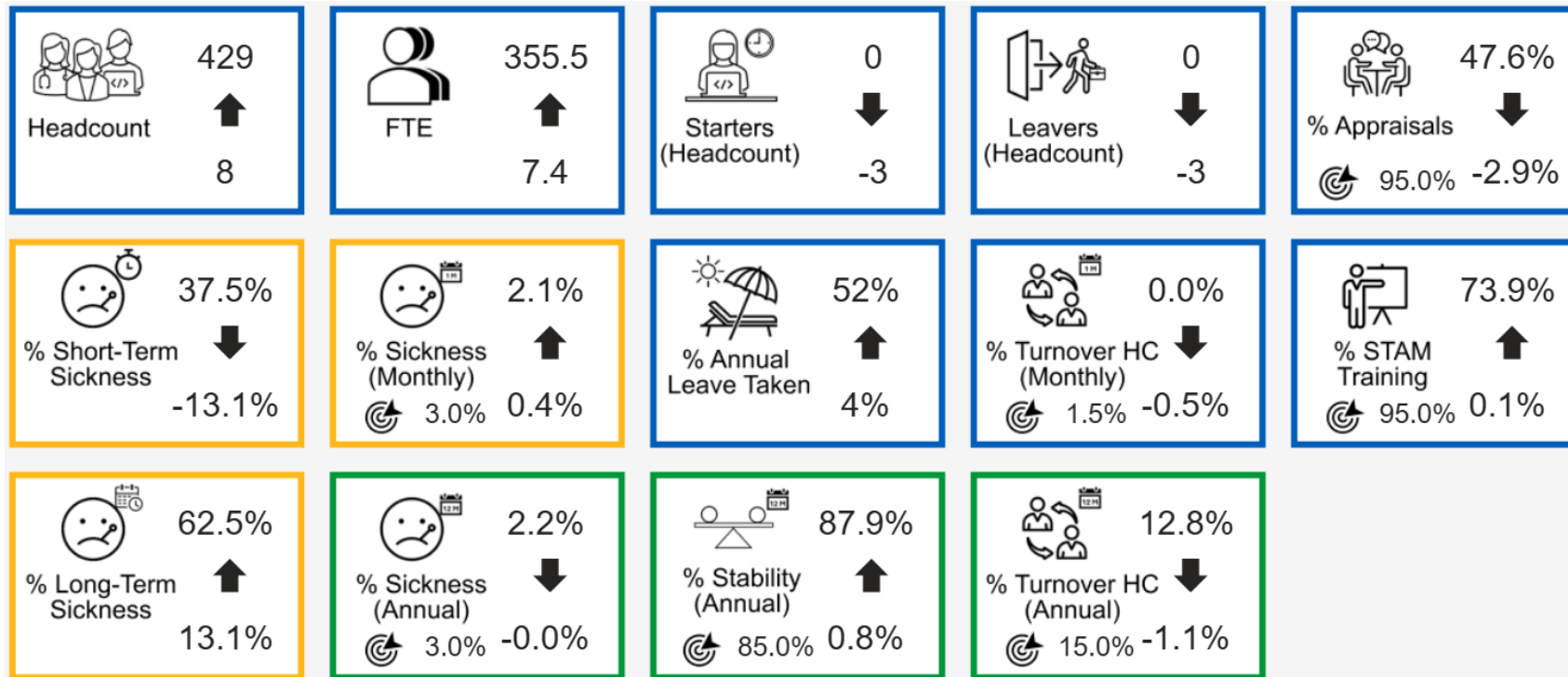
Against 24/25 Operational plans (M08)			FHFT	BHFT	SABP (M08)
	All workforce (wte)		3% over plan	-4.4% under plan	-0.8% under plan
	Substantive		1.4% over plan	-5.1% under plan	-2.2% under plan
	Bank		35.2% over plan	4.2% over plan	0.5% under plan
	Agency		37.5% under plan	15.10% over plan (4 WTE)	30.2% (30WTE) over plan

Workforce Metrics (M08)	Metric	ICB	FHFT	BHFT	SABP (M07)
	Absence	2.0%	3.3%	4.4%	3.72%
	Vacancy	Unavailable	6.6%	4.7%	8.56%
	Turnover	12.8%	9.4%	10.5%	12.46%

Headline BOB ICS workforce metrics

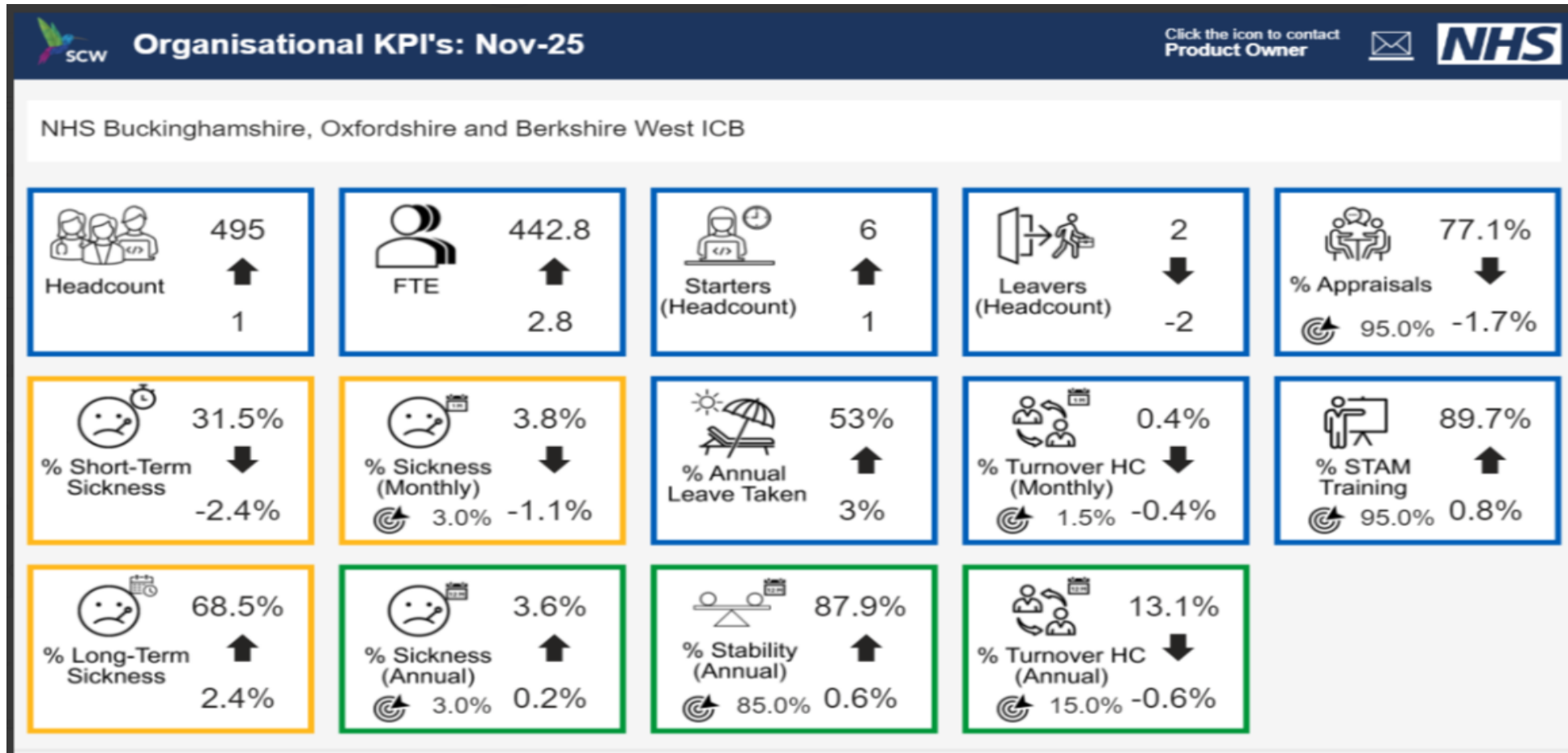
Metric (WTE)		BHT	OHFT	OUH	RBFT
Against 24/25 Operational plans (M08)	All workforce	1.20% over plan	-2.0% under plan	0.8% over plan	0.8% over plan
	Substantive	2.50% over plan	0.4% over plan	0.9% over plan	2.0% over plan
	Bank	-16.30% under plan	-16.9% under plan	1.5% over plan	-17.6% under plan
	Agency	-15.30% under Plan	-43.9% under plan	-31.00% under plan	-49.5% under plan (11 WTE)
Metric	ICB	BHT	OHFT	OUH	RBFT
Absence	3.6%	4.1%	4.8%	4.2%	3.7%
Vacancy	Unavailable	10.9%	9.6%	9.5%	2.1%
Turnover	13.1%	9.6%	9.2%	9.4%	10.1%

ICB Workforce Metrics (M08) - Frimley



- Annual turnover in November 2025 is 12.8%, this is a decrease of 1.1% from October's value and remains below the 15% target.
- Stability remains high at 87.9%, exceeding the target and reflecting limited movement of staff.
- Monthly sickness absence in November was 2.1%, and increase of 0.4% from October, and continues to track below the 3% target. The annual absence rate is 2.2%, 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 (M08) BOB



- Staff turnover for the 12-month period ending in November 2025 was 13.1% which represents a 0.6% reduction and remains below the 15% target
- Annual stability remains high at 87.9%, exceeding the target and reflecting limited movement of staff.
- The annual absence rate over the last 12 months was 3.6% which has increased by 0.2% since September and is a little above target although short term sickness remains at 2.4%. The main reasons for sickness absence were anxiety/stress/depression/other psychiatric illnesses, other known causes - not elsewhere classified

Programme Summary Report - Organisational Development

Completed by: Joe Smart
Reporting period: December 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	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	NHS Elect to be continued for the next 12 months to provide ongoing support through change. Linkedin Learning to be reviewed to assess impact for staff against cost to assess value for money, Further support to be stood up as formal consultation starts			
2.	Line Manager and Senior Leader Forum	Completion of guide to working in a clustered organisation launched after collating all the feedback from Senior Leaders and Trade Unions.	Set up of joint senior leader network and managers network for staff in BOB and Frimley in January onwards			
3.	EDI Reporting	EQIA process in place and ready to used in the change programme, with a number of EHIA being worked on to support the HR process	Building inclusive recruitment into the process of the consultation, and arranging for external experts to support in this process.			
4.	Staff Survey	Analysis of results and shared the outputs with the ICBs at a all staff webinar	Results shared with Executives to build into their engagement plans with the directorates. Sessions being sent up with EDI Networks to review the outputs			

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	Yellow	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.	Leavers take organisational knowledge out with them with causes issues in service delivery	Yellow	Exit and leaver process being designed which captures the key elements as part of that process	

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

Programme Summary Report - Temporary Staffing Collaborative (hosted by Frimley ICB)

Completed by: Parjinder Basra
Reporting period: December 2025

Month 6 25/26

Last period	This period	Summary of current Programme Status
Time	Time	The Agenda for Change (AfC) agency and bank workstreams are now mature enough to be integrated. The medical temporary staffing project is 'amber' as agency and bank rates / usage have not stepped down to plan. A revised plan has been agreed for medical around three workstreams: 1) rate ceilings; 2) workforce optimisation; and 3) provider support.
Scope	Scope	The medical temporary staffing project has been re-scoped to both cover upstream activities which affect contingent workforce demand and to fast-track the agency and bank reductions. The AfC agency and bank workstreams have moved to a sustainable portfolio footing i.e. have 'business as usual' on rate management whilst focusing on usage reductions.
Cost	Cost	One trust withdrew from the collaborative in 25/26 causing a shortfall in the required funding. However, the programme is being delivered within the agreed budget. The programme is now planning for 26/27 and to date enough trusts have signed-up for the collaborative to remain financially viable (moved to 'amber'). A new 'host' organisation will be sought next.

	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.	Performance	2025/26 YTD M8: agency as % of pay bill for SE = 1.7% (NHS ceiling of 2.0%); bank as % of pay bill for SE = 7.1% (NHS ceiling of 6.3%); year-on-year (YoY) SE bank reduction = -£22.1M (-3.7%); YoY SE agency reduction = -£84M (-37.3%); and this results in a total reduction (saving) of -£106.1M (-12.8%).	Devise and present workplans to January Collaborative Board for 2026/27 given the Medium Term Planning Framework requirements: year-on-year agency and bank spend reductions; and elimination of agency by August 2029. Continue work on driving medical savings, which now account for 42% of reductions demonstrating the success of the focus on there in 2025/26.			
2.	Agenda for Change – Agency project	September 2025 ceilings will be held over winter. Merger with AfC Bank portfolio commenced.	Begin planning to take remaining ceilings down to NHSE caps in 2026/27. Work with trusts to eradicate Band 2/3 usage by 02/26.			
3.	Agenda for Change – Bank project	Trusts continue to be supported on AfC rate strategy and usage reductions.	Agree regionwide rate strategy for 26/27. Develop data collection plan for 'actual' rates to enable direct comparison with agency.			
4.	Medical Temporary Staffing project	Agency and Bank ceilings in place. Acute TS Medical Cohort (10 trusts) agreed a lockstep approach to bank ceiling step-downs. Enhanced support for priority trusts. Launched Medical TS Success Framework.	Continue with CMH cohort agency step-downs and develop plan after trust meeting for Acute cohort bank step-downs. Support system-level CMO groups. Develop plan for collection, cleansing and publication of medical bank 'actual' rates on PowerBI.			
5.	Governance and operational planning	Financial hub, scorecard and provider dashboards continue to assist delivery of 2025/26 operational plans.	Refine performance packs for system-level Temporary Staffing Delivery group. Explore hosting options for 2026/27 for the team.			
6.	26/27 Delivery plan	2025/26 Delivery Plan continued to be progressed with no exceptions.	Commence development of 2026/27 Delivery Plan against a changing ICB and NHSE landscape and the MTFP Framework.			

Risks and issues (key programme level risks and issues)

Risk / issue ID	Project Risk description	RAG	Mitigation/ update	Responsible group/ individual/ organisation
1.	Medical bank and agency rate reductions have not progressed to the required trajectory.		Agency and Bank ceilings are now in use. Work has now accelerated on rate changes in cohorts of trusts (i.e. CMH and Acute), whilst also focussing on volume reductions.	Programme SRO (Caroline Corrigan)
2.	The achievement of bank and agency expenditure limits across the SE in 2025/26 will be challenging due to the over-performance of the region over the last two years.		A new workplan and governance approach has been agreed for 2025/26. A performance management tool has been launched to assist with dynamic financial monitoring at system and trusts levels. Planning has commenced to deliver against the Medium Term Planning Framework Requirements between 2026/27 and 2028/29.	Collaborative Board
3.	Funding from all systems and providers may not be secured for 2026/27, plus a new host organisation will be required, within the context of national changes and financial targets at trust (i.e. corporate services reductions), ICB (50% reductions in 2025/26) and NHSE (merger into DHSC) levels.		Executive Sponsor wrote to trust CEOs in November 2025 to determine level of commitment to funding the collaborative for 26/27. Enough trusts have responded positively to make the collaborative feasible for 2026/26 and further responses awaited. Considerations for hosting will now commence.	Programme Executive Sponsor (Julian Emms)

RAG Key

	Risk/ issue needs resolution quickly as impact on programme is large
	Risk/ issue should not be tolerated and needs resolution in medium term
	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.	It is unlikely that the Temporary Staffing Collaborative (akin more to a provider collaborative and currently hosted by Frimley ICB) will fit into the Model ICB functions and so a new host may be required in 26/27 if the programme identifies adequate funding (see Risk 3 above).	Thames Valley ICB Joint Executive	TV ICB Joint Executive to consider the longevity of and future hosting options for the SE Temporary Staffing Collaborative.	

Frimley Academy Programme Summary Report -

Completed by: Bobby Cowan
Reporting period: December 2025

Last period	This period	Summary of current Programme Status
Time	Time	All planned Frimley Academy programmes for 2025 have been successfully delivered, concluding the year on track and providing sustained system-wide leadership, digital and collaborative capability during a period of significant transition.
Scope	Scope	2025 delivery scope is complete; decisions on the future role, function and delivery model of the Academy beyond 2025 remain dependent on the outcome of Thames Valley ICB design work.
Cost	Cost	All programmes were delivered under budget in 2025; a reduced flagship delivery profile enabled a c.50% annual cost reduction while maintaining programme quality and impact.

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
	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.	20/20 C11 (Train, Retain, Reform)	20/20 (Cohort 11) – Programme closed and evaluated, confirming one of the highest-performing cohorts to date, exceeding agreed KPIs on collaboration and system leadership, with tangible system impact evidenced through live change challenges and cross-system working.	Benefits realisation follow-up and evidence consolidation, Forward programme planning remains on hold, pending decisions on the future Academy role.			
2.	Wavelength C9 (Train, Retain, Reform)	Wavelength (Cohort 9) – Programme closed and evaluated, confirming a high-performing cohort with exceptionally strong engagement and satisfaction, and clear application of digital leadership tools generating early service-level and cross-system benefits.	Benefits realisation follow-up and evidence consolidation, Forward programme planning remains on hold, pending decisions on the future Academy role.			
3.	CQ, 4D, Mirror Board, Staff support, C&M	Cultural Intelligence Workshop 5 – delivered on the 2 nd of December.	CQ: 1. Workshop 6, February 2026. 2. Explore BOB and wider region collaboration Remaining on hold			
4.	Joint Transition and Support Through change	Continuing support across JPC and OD workstreams, including TV ICB job description development options and an Executive and Board Development proposal. TV Academy future discussion paper.	Transition / JPC & OD: Continue targeted support across priority transition workstreams, including Exec OD, JD Development and a discussion on the future role of the Frimley Academy (6 January).			

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.	Red	A draft options paper and proposal outlining future fit, value and delivery models for the Frimley Academy has been submitted for discussion (scheduled for the 6 th of January with Caroline Corrigan)	Academy Team	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
2.	Risk to future relaunch or scaling of flagship programmes (20/20 and Wavelength) due to the potential departure of current programme leads through voluntary redundancy, requiring time to recruit, onboard and develop new leads.	Yellow	Any decision to relaunch or scale future flagship programmes will need to factor in lead-in time for recruitment, handover and capability development, and consideration of interim or alternative delivery models where appropriate.		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.	Agree the future role, function and hosting arrangements for the Frimley Academy within the emerging Thames Valley ICB design.	Caroline Corrigan/Joint Executive	Pending. Options paper and proposal submitted. Discussion scheduled for 6 January to determine whether the Academy's system leadership and culture capability is retained, adapted or transitioned as part of the future ICB model.	Yellow













Programme Summary Report - Primary Care Training Hub

Completed by: Andrea Hollister
Reporting period: December 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.
Scope	Scope	2 programmes remain paused due to staffing constraints and reprioritisation stemming from organisational restructuring: Roll out of national induction and scoping the future clinical mentoring offer
Cost	Cost	No change. Continue with permanent reduction in staffing and vacancies. Planning for reduction of 1 fte project manager on maternity leave

Month 9 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. Total 85 training places utilised. Tier 1 (1hr webinar) = 55, Tier 2 (F2F) = 30 Started Sharing Learning Needs Analysis (LNA) through PCN meetings Continue Fundamentals programme GPA programme recruited to Recruitment to HCA programme commenced	Reporting for OMMT, planning for primary care specific events Continue sharing results of LNA with Primary Care Evaluation of GPN fundamentals Run HCA programme Jan – Mar 26			
2.	Retain	Wild Monday Health and Wellbeing webinar x 2 Protected Learning Time (PLT events) delivered – nil GPSS first cut of results available CPD events x 14 Continue with Fellowships and mentorships People Promise Exemplar planning of website pages, social media and supporting webinar Sign up to Non-medical CPD offer complete.	Continue PLT delivery. Continue with website development to support people promise programme and develop comms plan Plan evaluation of non-clinical CPD			
3.	Reform	Attended PCN transformation support meetings x 2 Workforce winter comms support materials refreshed PLT information collection completed. Analysed and fed back	MDT development – meeting to be set up to link with Neighbourhood Health – paused . Continue with PCN transformation support meetings Supporting workforce resilience winter campaign			
4.	Workforce Planning	Primary Care planning data provided for planning round	Evaluate Six Steps to workforce planning training Continue to support with practices to pursue "optioneering" and			

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.	<p>Apprenticeship continuation: Budget Nov 25 announcement has brought in new measures for levy transfers:</p> <ul style="list-style-type: none"> •10% levy for large employers will be removed •Levy expiry window removed from 24 months down to 12 (from new academic year, starting August). •Government's co-investment to large employers once their levy is fully used has reduced from 95% down to 75% •Growth and Skills Levy can be used for short courses as well as apprenticeships. •Minimum wage increases •Small employers currently receive full funding for 16 – 21 year olds to cover the cost of training fees, this has increased to age 25 <p>The risk to Practices is likely to be a significant reduction in accessing Trust and ICB levy transfers. Full impact yet to be understood, pending the NHS Workforce Plan release.</p>		Raise concern with NHSE Southeast apprenticeship leads	Central government
2.	Future of primary care training hub functions as part of the ICB blueprint review		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
3.	Voluntary redundancy – 7 of 11 Training Hub staff have been accepted for VR. A future staffing structure will need to be agreed to have an effective handover and preserve business continuity e.g. apprenticeship support		Transition Programme resolve risk 2 above and proceed with staff appointments	Frimley ICB Exec

	Risk/ issue needs resolution quickly as impact on programme is large
	Risk/ issue should not be tolerated and needs resolution in medium term
	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.	Options for safe transfer of training hub function during organisational transition	Caroline Corrigan	Pending	

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

Programme Summary Report - WorkWell

Completed by: Karen Hampton
Reporting period: December 2025

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
	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	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. DWP have announced that WorkWell 2.0 will be rolled out across all ICB from April 2026 details to be confirmed
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 NEH&F. Work is progressing to set up service in Bracknell. RBWM are engaged through the WorkWell Primary Care Innovation fund and will start 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).

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 in Aug 2025 all actions have now been completed. A live dashboard allows tracking of the programme deliverables including number of referrals against trajectory. We are awaiting confirmation of the details of the delivery of WorkWell 2.0 post March 2026 Discussions are in Place with Surrey and Hampshire regarding the transition of the work to the new ICB areas.	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	Social Meda Campaign has commenced across the ICS along with radio adverts in Slough and NEH&F Attending Job fairs and employers' meetings to promote WorkWell.			
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	Get Berkshire Working plan led by Slough BC on behalf of Berkshire has been approved by DWP and includes WorkWell as pillar to support the wider strategy. Engaged with local authority employment and skills meetings and Prosperity boards to raise profile of WorkWell and embed within strategic conversations	Member of the Get Berkshire Working steering group and Board to deliver the action plan			
6.	Evaluation and learning from the	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	Evaluation meetings to review outcomes prior to final report and identivf areas to develop for			

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	Red	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	Red	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	Red	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?	Red	RBWM are leading on the Primary Care 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

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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 2.0 will continue until 2028. Awaiting confirmation from DWP on the scale of the and the level of funding available for 2026/2028. Conversations are taking place with Hampshire and IoW and Surrey County Council on the transition of WorkWell to the new ICB boundary areas. Early discussions around the programme for Thames Valley are taking place. The WorkWell team are members of the Berkshire Get Britain Working Steering Group and Board as well as the Prosperity board as well as strong engagement with Job Centres across Berkshire who have requested WorkWell support for West Berkshire.	Yellow
2.	WorkWell referrals – Approval of re profiled participant numbers for 2025/2026 1392 for the year	Caroline Corrigan and Exec board DWP and DHSC	Recommendation: Referral figures at the end of Quarter reviewed trajectories for the remaining year have been submitted to DWP . Year 2 target is 1392 To Note: Action plan is in place to maximise referrals, and some progress is being made with new delivery partners coming onboard	Green

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	6.1	Date of meeting	13 January 2026
Exec Lead	Caroline Corrigan, Chief Transition Officer		
Author(s)	Alison Edgington, Transition Programme Director		

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 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. The greatest risk to the programme is the delivery of the £19/weighted head of population. This will be mitigated by the successful delivery of the Operating Model Efficiencies (OME) Project and workforce reduction.</p> <p>The Joint Committee is asked to note the following updates since the last report to the Joint Committee 16 December 2025:</p> <ul style="list-style-type: none"> • The next Programme Board is scheduled for the 14 January 2026. The outcomes of that meeting will be included in the Director’s Report to the Joint Committee of the 04 March 2026. • It is expected that the approvals process for the ICB mergers and boundary changes will be further sanctioned in Parliament on 09 January 2026 with a written statement being presented by Karin Smyth, Minister of State (Department of Health and Social Care) 2026. • South-East Regional ICB CEOs are collaborating on the functions that can be done at scale across the region (section 4). • Designate Executives are making good progress to finalise directorate structures which will be approved through the Remuneration Committee in January ahead of the formal staff consultation on structural change which is scheduled for the end of February 2026. • Formal staff consultations in respect of staff transfers to Hampshire and the Isle of Wight, Surrey & Sussex and Thames Valley ICBs are scheduled for commencement 21 January 2026.

- The Operating Model Efficiencies Project continues to progress and expressions of interest have been invited from NHS providers. The list of OME opportunities remains fluid pending feasibility tests and the response from providers. As noted in the Programme Directors Report in December 2025, OME represents one of the greatest risks to delivering the £19/weighted head of population target.
- The Quality and Equality Plan has been approved by the Programme Board and is being implemented to assess for workforce and patient/local community impacts.
- The Mutually Agreed Resignation Scheme (MARS) has now concluded with a total of 22 staff included in the scheme. 21 members of staff left BOB and Frimley ICBs on the 31 December 2025 and a further staff member is due to leave 31 March 2026.
- 149 applications for the voluntary redundancy scheme have been approved by the executive team and Remuneration Committee-in-Common out of a total of 178 received.

Recommendation	<p>The Joint Committee is asked to:</p> <ul style="list-style-type: none"> • Note Programme Summary in Appendix 1 • Note that the executives will formally approve directorate structures on 07 January 2026 ahead of Remuneration Committee approval. • Note the scheduling of formal staff consultations: COSoP transfer to HLOW, Surrey & Sussex, and Thames Valley: 21 January 2026; and New Thames Valley Directorates: end of February 2026. • Note all other updates in this 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
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.	November 2025 – January 2026	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.

2. Transition Programme Board Update

The next session of the Transition Programme Board is scheduled for the 14 January to be chaired by Ilona Blue Non-Executive Director of Frimley ICB.

At this meeting the Transition Programme will be asked to:

- Approve amendments to the Programme Board terms of reference following confirmation of the designate executive team.
- Approve the Transition Estates Plan,
- Discuss the Transition Programme Case for Change / Assurance statement ahead of this being presented to the Joint Committee for approval on the 04 March 2026.
- Approve the Programme Benefits Realisation.
- Note updates on the Programme Plan, RAID log and operational model.

An update on the above items will be included in the Programme Director's Report to the Joint Committee session on the 04 March 2026.

3. National Update

3.1 Written Ministerial Statement of Integrated Care Board boundary changes and mergers.

On the 09 January 2026 Karin Smyth Secretary of State (Health and Social Care) is expected to present a written statement in Parliament which will progress the formal governance process and endorse the decision to enact the ICB boundary changes and mergers proposed to take effect from 01 April 2026.

It should be noted that NHS England approved the changes to ICBs in August 2025 and that there is no requirement for any change to primary legislation to enable the mergers and boundary changes to take place.

While it is acknowledged that the approvals process for merger resides with NHS England, a 'Case for Change' based on the '5 case model' (HM Treasury's Green Book) will be considered by executive in January and submitted for the endorsement of the Joint Committee on the 04 March 2026.

The case for change will provide a statement of assurance to the Joint Committee which represents good programme governance and discipline. The Green Book is a helpful framework to adopt for this purpose, as it provides guidance to support public spending decisions through a comprehensive framework of strategic, economic, commercial, financial and management cases for change.

The endorsement to merge marks the commencement of the final stages of programme delivery which will involve:

- a comprehensive process of formal staff consultations with the engagement of recognised Trade Unions;
- the finalisation of the financial plan and timescales to deliver the reduced running cost target £19/weighted of population;
- the due diligence process to closedown BOB and Frimley ICBs in favour of establishing Thames Valley ICB, and
- the safe transfer of staff and related infrastructure to HIOW, Surrey and Sussex and Thames Valley ICBs.

4. Regional Update

4.1 South East Collaboration

The Chief Executives across the South-East Region ICBs have written to Anne Eden Regional Director to advise her of the current position in respect of the shared functions so that all ICBs can individually and collectively stay within the £19 per head allocation.

The CEOs have agreed to collaborate such that Kent & Medway, and Surrey & Sussex ICBs will lead on infrastructure and back-office matters; and HIOW and Thames Valley ICBs will lead on strategic commissioning, including OPIC (Office of Pan-ICB Commissioning). As has been reported previously to the Joint Committee, Ambulance Commissioning will be hosted by Surrey and Sussex ICB until it stabilises, after which it may be appropriate to transfer it as part of the development of the OPIC, which will hold pan-ICB commissioning together.

In terms of areas of collaboration, the CEOs have agreed the following:

- **Accelerate collaboration**
 - **Digital, data and technology:** Current review to identify opportunities in Digital functions between K&M and Surrey Sussex will be shared with HIOW and TV ICBs.

- **Procurement:** Agreement to fast-track collaboration and confirmed hosting arrangements with Kent and Medway
- **Clinical policies/effectiveness:** Hosting arrangements with HIOW
- **Collaboration at scale**
 - **EPRR:** The ICBs propose to manage Emergency Preparedness Resilience and Response with two hub teams – Kent & Medway and Surrey & Sussex; and HIOW and Thames Valley.
- **Potential consolidation**
 - **Human Resources, Organisational Development and Equality, Diversity and Inclusion:** ICBs will continue to manage these arrangements individually until the completion of current change process. The CEOs will collectively review the position at the end of Q2 2026/27 and determine whether future consolidation is possible at the point.
 - **Strategic infrastructure:** The strategic infrastructure role encompasses estates and the green agenda. This will be hosted by Kent and Medway to enhance the co-ordination of best practices for capital allocation across the 4 ICBs.

To strengthen leadership capacity, the CEOs propose an Executive Programme Director role which has been put out for expressions of interest from the displaced executive group. This role will be crucial in bringing together all functions and coordinating the work, including any regional efforts moving forward. Interviews are scheduled for 23 January 2025.

Regarding ongoing collaboration at scale on ways of working, the CEOs will hold a session in early January to agree collaborative leadership, and will have a full executive away day across all executive teams in February

5. The Operating Model and Organisational Design Project

5.1 Operating Model and Directorate Structures

The development of directorate structures has been progressed with Designate Chief Officers and are scheduled to be formally agreed by executives on the 07 January 2026 prior to Remuneration Committee approval.

Executives have worked through a comprehensive process of reflection on the proposed structures to test and provide assurance that the new structure will facilitate the employment of people with the right skills and capacity; is focussed on what adds value and is affordable; avoids any operational gaps or duplication across directorates; and demonstrates clear leadership, ownership and accountability.

The next step is formal approval of the structures through the Remuneration Committee in January ahead of the formal staff consultation on structural change which is scheduled for the end of February 2026.

5.2 South East Collaboration

As set out in section 4.1 the Designate Executives have been working through the Cluster position on collaboration across the South-East Region. Further work is required to refine this once the staff change process has been completed and the outcomes of the Operating Model Efficiencies Project (OME) are consolidated.

5.4 Pharmacy, Optometry and Dental

At its session on the 16 December 2026 the Joint Committee approved the paper to establish a Pharmacy and Optometry Hub to be hosted by the OPIC, and that functions/resources associated with the collaborative dental hub should be disaggregated and transferred to the 4 ICB.

6. People and Culture

6.1 MARS and Voluntary Redundancies

The Mutually Agreed Resignation Scheme (MARS) has now concluded with a total of 22 staff included in the scheme. 21 members of staff left BOB and Frimley ICBs on the 31 December 2025 and a further staff member is due to leave 31 March 2026.

The Voluntary Redundancy Scheme launched in November and concluding in December received 178 applications which have now been considered by the executive panel.

In total 149 applications have been approved, and letters were sent to applicants to notify them of the outcomes before Christmas. Since then 14 applications have been withdrawn and 8 individuals are yet to indicate whether they want to progress their application. There have been 16 appeals to non-approval applications so far with a deadline of 7 January 2026.

The next step will be to process the responses and assess the impact for the workforce through the transition period and beyond. Under the terms of the centralised funding from HM Treasury all redundancy payments must be completed by 31 March 2026 and by implication we expect successful applicants to have left the ICBs by that date.

6.2 Formal Staff Consultations

Through December and into January the People and Culture Project is preparing for a series of formal staff consultations commencing with three COSoP (UK Cabinet Office Statement of Practice on Staff Transfers in the Public Sector) transfers of staff which are scheduled to commence on the 21 January 2026:

- HIOW;
- Surrey and Sussex ICB; and

- Thames Valley ICB.

These will be followed by a further staff consultation in respect of the new Thames Valley organisational design to be scheduled at the end of February 2026; and further formal staff consultations in respect of the impact of OME when these have been determined.

To note COSoP provides the framework for ensuring fair treatment and pension protection for public sector employees (like Civil Servants, NHS staff) moving between departments, often mirroring TUPE (Transfer of Undertaking – Protection of Employment) rules even when TUPE doesn't strictly apply, protecting their terms and pensions.

7. Finance and Estates

The Operating Model Efficiencies (OME) project has continued at pace with the full engagement of executives. As reported to the Joint Committee at its session on the 16 December 2025, the areas with potential include:

- All Age Continuing Care (AACC) and NHS funded Continuing Health Care (CHC)
- Medicines Optimisation
- Some aspects of Digital e.g. GP IT

The outcomes of the executive process to finalise directorate structures has influenced and potentially expanded the 'OME list' to include the Thames Valley Cancer Alliance and other opportunities. The determination of OME remains fluid pending further feasibility tests of areas of potential and the response from NHS providers from whom expressions of interest have been formally invited by 10 January 2026.

Additionally, NHS England has provided new guidance indicating the requirement for ICBs to maintain some functionalities including a Systems Control Centre (SCC). The purpose of the SCCs is to help manage patient flow, allocate resources (beds, staff), and coordinate care across ambulance services, secondary and primary care, especially during winter pressures, using live data to ensure timely treatment. Executives have agreed to prepare a model and engage with providers to host. This function will be added to the 'OME list'.

The final positions for directorate financial envelopes are highly dependent upon OME and agreements on those functions that can be done at scale across the South-East Region.

8. Closedown and Set-up

The Closedown and Set-up project continues to be delivered to the Programme Plan in alignment with the NHS England assurance process. As the Transition programme enters the implementation phase the next step is to secure executive understanding and ownership of the process within their areas of responsibility in readiness to set up the new Thames Valley ICB and safely closedown BOB and Frimley ICBs. The co-ordination of dependencies and risks to the critical dates across the close down / set up project will be key to achieve the outcomes required for 01 April. Added to which the project needs clear escalation points to avoid any potential delays.

It is proposed that once this process is completed, the outcomes in terms of any risks, issues and/or dependencies identified will be reported through the Programme Board. The Programme Board will require significant assurance that the Closedown and Set-up project remains on track and a full report will be considered by the Programme Board in February 2026.

Following this, a readiness-to-proceed assurance paper will be submitted to the Joint Committee in March, detailing any risks, issues and mitigations prior to go-live on the 01 April 2026.

9. South Frimley Transfer

As described in section 6.2 the COSoP staff consultation is scheduled for the 21 January 2026.

10. Quality and Equality Workstream

Following the Programme Board approval of the Quality and Equality Plan, the impact assessments for staff are well underway to prepare for the scheduled staff consultations in January and February. In addition, the assessments in respect of service change for patients and local communities is underway as part of the proposed new directorate structures and OME.

A further update on Quality and Equality will be included in the Director's Report to the Joint Committee in February.

11. Conclusion

The Joint Committee is asked to:

- **Note** Programme Summary in Appendix 1
- **Note** that the executives will formally approve directorate structures on 07 January 2026 ahead of Remuneration Committee approval.
- **Note** the scheduling of formal staff consultations: COSoP transfer to HIOW, Surrey & Sussex, and Thames Valley: 21 January 2026; and New Thames Valley Directorates: end of February 2026.
- **Note** all other updates in this report

Appendix 1: Transition Programme Summary Report

Transition Programme Summary Report (1)

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

All Projects and Workstreams

Last period	This Period	Summary of current Programme Status	Time/Scope/Cost
Time	Time	Since the last Transition Programme Board the significant Transition Programme events include: <ul style="list-style-type: none"> The close of the Voluntary Redundancy Scheme with 149 approved and 30 declined applications – staff notification on the 19 December. Progression of the new Executive team’s decisions around organisational design and development of the operating model. Further engagement with providers around Operating Model Efficiencies to reach the £19 per head operating cost target. Progression of the Governance arrangements for Day -1 activities and commencement of the implementation phase of the Closedown and d Set up project. Through the January 2026 period, the Transition Programme will focus on: <ul style="list-style-type: none"> The conclusion of the Voluntary Redundancy process and launch of consultation for COSOP transfers. The finalisation of the organisational design including the impact of the Operating Model Efficiencies project, assessment of quality and equality impact for staff and service users, and financial impact. The time rating has been increased to amber as a result of increased risk around the delivery of £19 running cost reduction and the dependency on the success of the Operating Model Efficiencies. This risk remains the highest risk to the programme with an increased risk score being applied (now 20).	Programmes/ Project milestone missed or not on track to be delivered in line with plan and no remedial action is in place
Scope	Scope		Programmes/ Project milestone at risk of not being delivered in line with plan but a remedial plan is in place
Cost	Cost		Programmes/ Project milestone on track to be delivered in line with plan
			Programmes/Project milestone has been delivered

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	Draft Thames Valley ICB Operating Model completed and shared with Designate Executives. Commissioning cycle), outputs and interfaces. Model aligned to: (I) NHS Strategic Commissioning Framework; (II) Model ICB Blueprint; and (III) Thames Valley Commissioning Intentions. Organisational design Interim structure (Dec-Mar) work underway including templates, structures, costings. Risk-rating management approach adopted. Mapping AS-IS functions to Chiefs (Frimley completed). Design rules confirmed and embedded (spans, layers, grade headroom, naming conventions, etc.)	Re-engage designate Execs to refine and confirm: (I) directorate configuration; and (II) accountability for stages of the commissioning cycle. Ensure Executive ownership and agreement of the future operating model. Align the operating model with: OME, South East “do once” shared function decisions. Prepare operating model for stakeholder testing and consultation. Complete interim structure arrangements for teams. Continue to resolve outstanding design assumptions and interdependencies. Designate Executives to agree preferred directorate structures and portfolios. Finalise implementation and consultation approach for Thames Valley Executive and directorate leaders.			
1a	South-East Collaboration Activity	The clear definition of an operating model for the ICB with effect from 1 Apr 2026 requires clarity on which functions are provided ‘in house’ and which are provided by others under a contract for services. The recent work of the Executive team has brought greater clarity to the future but the risk of delivery within of £19 envelope remains significant and there is still not a concluded agreement on which functions will be provided within TV ICB or by another provider.	<ol style="list-style-type: none"> During Jan 2026 the Executive team will work to clarify the position and secure the correct position for TV ICB. Confirmation of the agreement to collaborate on EPRR. Formal approvals process for collaborative on commissioning Ambulance Services. 			

Transition Programme Summary Report (2)

Completed by: Lisa Higham Transition Head of PMO
Reporting period: December 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"> All four SE ICBs have approved the paper: Future commissioning arrangements for SE Region Pharmacy Optometry Dental (POD) services post April 2026 agreeing revised regional Hub operating model with transfer of Dental commissioning responsibility to the 4 SE ICBs and agreement for the 50% reduction in Pharmacy & Optometry team. Task & Finish Groups have been established to undertake and assure the safe transfer of responsibility due diligence whilst maintaining ICB SRO engagement in the process. All scoping work continues with an aim to commence infrastructure build from Jan'26 to optimise the remaining Hub capacity. Staff and TU engagement continues, CPOs continue to work collectively to define staff transfer arrangements across the region that mitigates the risk of fragility of the current Dental Hub and agree a date for the transfer of commissioning responsibility. 	<ol style="list-style-type: none"> Maintain ICB engagement and communication , for shared decision making . ICB SRO leads providing progress updates to internal ICB Transition leads . Task & Finish (T&F) Groups in place with focus undertaking due diligence, assessment of risk and impact, and dependencies. Maintain ICB engagement and communication , for shared decision making . ICB SRO leads providing progress updates to internal ICB Transition leads . Confirmation of ICB representation on T&F groups, confirm assessment framework and governance arrangements of Safe Transfer Dental Checklist. Ongoing clarification of service dependencies and assessment of potential risk. Finalise Artificial Intelligence discovery phase, move to design phase. 			
2.	People and Culture Project	<ol style="list-style-type: none"> National Voluntary Redundancy (VR) Scheme - total of 183 applications were received; 3 withdrew, 1 not eligible - 149 approved with 30 declined. EHIA's complete, Remuneration Committee approval given, cases sent to NHSE for sign off. TU updated 17/12. Continuing engagement with Organisational design, comms and close and start up workstreams. Aldershot Centre for Health Consultation closed & report prepared. Structures being finalised by Chiefs. Initial feedback received from BOB and Frimley staff network chairs on current state – meeting planned in January to address issues raised. Continued promotion of leaning platforms – LinkedIn Learning and NHS Elect – licences to last till December 31. Focus on wellbeing and staff support continues with OD speaking to Senior Leaders and Managers networks and pensions briefs delivered. 	<ol style="list-style-type: none"> VR Appeal window closes 7th January 2026. Drafting of Settlement Agreements throughout January. ‘Leaving well’ process to commence in January, supporting staff to handover to team, feeling supported and contribution recognised. Preparing for forthcoming consultations / transfers effective January 2026, job description template preparation and guidance to support Chief Officers at a Job Description Clinic in early January. Preparation of consultation documents, EIA and PIA. Development of action plan based on the Staff Survey results. Merging of Senior Leader Network (BOB) and Wider Leadership Forum (Frimley) Wrap-around support for PODs and other hotspot teams during VR exits and consultation. Development of options for Board and Executive Development until 31st March 2026. 			
3.	Finance and Estates Project	<ol style="list-style-type: none"> Consolidation of local corporate cost and emerging movements. Costing envelopes for Org Design completed. Operating Model Efficiencies project delivery is critical to achieving £19 per head, with increased impact score assessed against the risk. Conclusion of report for the Aldershot Centre for Health Consultation. Estates Transition Plan presented to JTE 30 Dec 25. 	<ol style="list-style-type: none"> Plan non-pay costs to be completed and functional budgets developed. Continue tracking OME project delivery and achievement of £19 per head. Monitor and transact VR outcomes and adjust where staff have withdrawn. To continue developing approach to future HQ operating approach. Decommission and hand back Aldershot Centre for Health . 			

Transition Programme Summary Report (3)

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

Project/Workstream status						
#	Workstream	Achievements in this period	Activities planned for next period	Time	Scope	Cost
4.	South Frimley Transfer Project	<ol style="list-style-type: none"> Principles for assigning staff agreed by Surrey/Sussex and HIOW/ICBs. Pre-Transfer Engagement Phase launched 26 Nov, closed 9 Dec (three sessions held). People Impact Assessments (PIAs) completed, EQIA completed; COSOP measures requested from receiving ICBs Core narrative drafted for Southern Transfer; FAQs, staff packs, and presentations uploaded to Hub. Strategic approach agreed to maintain GP digital services; continuity assured for 2026-27. IG requirements addressed; agreement in principle for partner ICBs to be signatories to regional ISA. Finance apportionment methodology (Version 1) developed and shared (weighted population + item-specific methods). Majority (98%) of contracts agreed 	<ol style="list-style-type: none"> 21 Jan 2026: Launch COSOP consultation; line managers to confirm outcomes to staff raising queries. Final confirmatory letters, timelines for transfers, and staff FAQs refresh. Draft regional Information Sharing Agreement (ISA) for HIOW and Surrey & Sussex, ready for signing. Seek leadership approval for recommended digital services approach; finalise contract transition work-plan. Contracts agreed taken through respective ICB Governance processes and Contracts agreed by end of January. 19 Jan 2026: Finalise allocation adjustments. 22 Jan 2026: Lock down financial positions. 			
5.	Closedown and Set-Up Project	<ol style="list-style-type: none"> The Cluster partnership activity continues with mutual aid being provided between BOB and Frimley ICBs. Planning for Day-1 Board for Thames Valley ICB underway, with guidance from NHS E received and incorporated. Safe Transfer Checklist finalised with due diligence operational gap analysis undertaken across functions to identify dependencies and risks/issues. Alignment of Checklist with NHSE Due Diligence V3. Quality and Equality Impact Assessments (QEAs) complete. Coherence of Leavers Checklist requirements across all functional areas to manage transition. 	<ol style="list-style-type: none"> Move to implementation of plan for safe transition from BOB and Frimley ICBs to Thames Valley ICB, and transfer of South Frimley to new geography. Draft Governance Handbook and statutory documents. Continue with statutory reporting for BOB and Frimley ICBs. Agree Non-Executive Director roles for Thames Valley ICB Continue to engage with NHSE Assurance process including exception reporting where needed. 			
6.	Quality and Equality Health Impact Assessments Workstream	<ol style="list-style-type: none"> Quality Impact Assessment: Initial QEIA submitted by workstream leads. Quality leads have commenced review and will be completed by 29/12/25 meeting. Touchpoints for QEIA to be undertaken will link to key milestones such as draft structures prior to consultation launch, final structures, operating model design and post close down set up. QEIA for quality workstream developed and will be submitted by 29/12/25 - for CNO sign off. Equality Impact Assessment : EHIA plan agreed . Executives briefed on the EHIA completion process for their directorates. Disaggregated datasets by protected characteristics for each directorate now made available for nominated leads. 	<ol style="list-style-type: none"> Staff engagement carried out as part of EIA process. Prep for EHIA on Consultation document/COSPO. Briefing for functional SROs as necessary. Meeting planned in January with staff network chairs and equality advocates on VR EHIA and other issues raised. Disaggregated data by protected characteristics and directorates to be offered to all leads nominated by SROs/Execs, 			
7.	Communication and Engagement Workstream	<ol style="list-style-type: none"> Communication to support re-opening of VR and next steps. Met with designers to develop the new Thames Valley ICB Identity. Regular communications about transition programme via Nick's Blog and internal newsletters etc Produced and shared two communications with our partners and wider stakeholders announcing the new executive team and VR scheme. 	<ol style="list-style-type: none"> Plan and deliver launch of COSOP transfer to Thames Valley ICB consultation. Communication to support those staff leaving with VR and next steps / safe transfer of work We will work with HIOW and Surrey and Sussex ICBs to develop strategies to introduce partners and stakeholders in the South of Frimley to their new ICB leadership and ensure 'warm' handovers of relationships. 			

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 funding allocation of £19 capitation does not meet the full cost of TV ICB activities 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>Closure of Commissioning Support Units</p> <p>There is risk surrounding the closure of the Commissioning Support Units (CSU) with National uncertainty of closedown 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
<p>Availability of Funding may be insufficient to support Voluntary Redundancy (VR) and Compulsory Redundancy (CR) There is a risk around the opportunity to re model and demonstrate scale of costs of redundancies still needed and hopefully an opportunity to re state case for change to allocations.</p> <p>Cause: The £62m to fund VR in SE Region (and agreed now for CR) and the allocation to ICBs is set. There would be a review of the allocations when VR closes – all ICBs closing roughly same time (4/5 Dec).</p> <p>Effects: Insufficient funding for CR unless negotiations are successful.</p> <p>Impact: Not meeting £19 target by 1 Apr 26</p>	<p>Controls: Exec will review full set of VR applications in the context of the funding available and the targets that need to be achieved.</p> <p>Mitigations: Continued engagement on securing CR funding from Region to support achievement of target headcount.</p>	4	4
<p>Failure to deliver Operating Model Efficiencies (OME)</p> <p>Failure to deliver the OME project by Q1 2026/27 could result in the non-achievement of £19/head running cost reduction target and result in centralised funding not being available for redundancy costs.</p> <p>Cause: Definitive timeline for cost savings directed by Government</p> <p>Effect: Challenging timescales through which to scope and quantify OME; identify and agree contracts with providers; and manage formal consultation with staff involving the Trade Unions, to delegate and safely transfer staff and services to new providers.</p> <p>Impact: Failure to meet £19/weighted head population by Q1 2026/27 and consequences for redundancy funding.</p>	<p>Controls: The transfer of functions is a priority workstream for JTE. System provider CFOs have been briefed on the concept and comms are being prepared for NB formally to request engagement from provider CEOs.</p> <p>Mitigations: Continued engagement with potential providers. Letter sent out to potential providers from CEO.</p>	4	5

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

Joint Committee

Title of Paper	Emergency Preparedness, Resilience and Response (EPRR) end of year update, including the annual Core Standards for EPRR assurance outcomes.		
Agenda Item	7.1	Date of meeting	13 January 2026
Exec Lead	Matthew Tait (AEO)		
Author(s)	Paul Jefferies – AD EPRR		

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 type="checkbox"/>

Executive Summary
<p>This is the Emergency Planning Resilience and Response (EPRR) Core Assurance Report which provides assurance that the Integrated Care Board complies with relevant legislation and guidance (as summarised by the NHS England’s core standards for EPRR) as a category one responder.</p> <p>NHS England » Emergency preparedness, resilience, and response: core standards</p> <p>This report details the 2025/26 EPRR Core Standards Assurance process for Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board and confirms our EPRR compliance is Substantially Compliant with an associated action plan to be carried forward by the Thames Valley ICB into 2026/27.</p> <p>The outcome of this self-assessment shows that against the 47 applicable standards, the ICB is fully compliant with 46 (98%) core standards and partially compliant with 1 (2%) core standard.</p> <p>Key areas for note in the report are:</p> <p>We have reviewed the ICB’s position, noting full compliance on all standards other than the following: -</p> <p style="padding-left: 40px;">a. Domain 4: -</p> <p style="padding-left: 80px;">i. 21 - Command & Control – Trained on call staff</p> <p>The team are also to be commended on the volume of work and meetings that they have delivered this year against a backdrop of team vacancies over the twelve-month period.</p> <p>The paper also provides updates on all elements required for annual EPRR reporting, including:</p> <ul style="list-style-type: none"> • The ICB’s EPRR training and exercising activity. • The ICB’s incident response activity. • The ICB’s progress on identifying lessons from incidents and exercises.

- The position of those providers under the supervision of the ICB for EPRR core assurance (Core Standards)

We also ask the committee to note that during quarter two and three the ICB have been leading on a review of the pandemic plan and transitioning it to a framework which was exercised at Pegasus (Tier-1 exercise) phase 2 live play with 160 attendees.

This report was previously shared with the BOB Audit and Risk Committee on 10th December 2025.

Recommendation	<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. Note our compliance for EPRR 2025/26 is SUBSTANTIALLY COMPLIANT 2. Note the EPRR action plan for the BOB ICB 3. Note that an update of the action plan will be provided in June 2026
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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
ARC	13 December 2025	Agreed / Approved

Emergency Preparedness, Resilience and Response (EPRR) End of Year Update to Joint Committee NHS England Core Standards for EPRR Statement of Compliance

Introduction

1. This report provides an Emergency Planning Resilience and Response update on the compliance of EPRR Core standards for the Buckinghamshire Oxfordshire and Berkshire West ICB (BOB ICB).

To provide the committee with assurance that the organisation has undertaken its annual self-assessment against the NHS England EPRR Core Standards and to outline why this assessment is required.

2. The NHS Emergency Preparedness, Resilience, and Response Core Assurance process is a critical framework designed to ensure that all NHS organisations are fully prepared to respond to emergencies and incidents, whether they are health-related or otherwise. It is part of the broader resilience planning within the NHS, ensuring that organisations can continue to deliver essential services during a crisis and recover quickly afterwards.
3. The key Components of NHS EPRR Core Assurance:
 - a. The NHS EPRR Core Standards are a set of requirements that all NHS organisations must meet.
 - b. Assurance Levels: Organisations are rated based on their level of compliance with the EPRR Core Standards. The ratings typically include:
 - i. **Fully Compliant:**
 1. The organisation meets all the required standards.
 - ii. **Substantially Compliant:**
 1. The organisation meets most of the standards, with minor areas for improvement.
 - iii. **Partially Compliant:**
 1. The organisation meets some of the standards but has significant areas for improvement.
 - iv. **Non-Compliant:**
 1. The organisation does not meet a considerable number of the standards and requires urgent improvement.
 - c. Improvement Plans:
 - i. If an organisation is found to be partially compliant or non-compliant, it must develop an improvement plan to address the identified gaps. NHS England monitors this plan to ensure progress is being made, via the regional EPRR meetings.

4. The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies which could affect health or patient care. These could be anything from extreme weather conditions, an infectious disease outbreak, a major transport accident, a cyber security incident or a terrorist act. This is underpinned by legislation contained in the Civil Contingencies Act (2004), the NHS Act 2006 and the Health and Care Act 2022. These require NHS organisations, and providers of NHS-funded services, to show that they can deal with such incidents while maintaining services.
5. This programme of work is referred to in the health community as emergency preparedness, resilience, and response (EPRR). New arrangements for local health EPRR form some of the changes the Health and Care Act 2022 made to the health system in England.
6. The Civil Contingencies Act (2004) (CCA) and the NHS England Emergency Preparedness, Resilience and Response Framework (2022) require NHS organisations and providers of NHS-funded care to have plans and arrangements in place to respond to such incidents while maintaining services to patients.
7. Under the CCA, the NHS Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (the ICB) is defined as a **Category 1** Responder, meaning it is subjected to the list of statutory duties listed in the Civil Contingencies Act (2004) Contingency Planning Regulations (2005).
8. In addition to meeting the CCA legislative duties, the ICB is required to comply with guidance and framework documents, including but not limited to:
 - a. NHS England Emergency Preparedness, Resilience and Response Framework.
 - b. NHS England Core Standards for Emergency Preparedness, Resilience and Response.
 - c. NHS England Business Continuity Framework.
 - d. EPRR requirements laid out in the NHS Standard Contract.
 - e. Minimum Occupational Standards for NHS Emergency Preparedness, Resilience and Response (MOS).
 - f. ISO 22301:2019 Security and resilience – Business continuity management systems.
9. Why the Assessment is Important: -
 - a. Statutory Compliance –
 - i. Demonstrates fulfilment of duties under the Civil Contingencies Act and NHS EPRR Framework.
 - b. Readiness for Emergencies –
 - i. Confirms capability to respond effectively to incidents such as major incidents, pandemics, cyber-attacks, or critical infrastructure failures.
 - c. Continuous Improvement –
 - i. Highlights strengths and areas for development, ensuring resilience plans remain up to date and effective.
 - d. System-wide Assurance –
 - i. Provides confidence to NHS England, ICBs and Local Resilience Forums of our contribution to system resilience.
 - e. Risk Management –
 - i. Embeds preparedness into organisational governance, reducing patient safety incidents, reputational and operational risks.

Core Standards for EPRR Assurance 2025/26 (BOB ICB): -

10. In October this year (2025), all NHS organisations conducted a self-assessment of their state of readiness against the NHS England published EPRR core standards.
11. For BOB ICB, the self-assessment of **47 ICB core standards** has been completed, and it has identified that BOB ICB is fully compliant in **46** of the standards (98% compliant).
12. The following one core standard was rated as partially compliant: (Appendix A)

- a. **Domain 4: -**

- i. **21 - Command & Control – Training on call staff**

- b. The BOB ICB is **partially compliant** with **Domain 4: Standard 21 – Command and Control (Trained On-Call Staff)**.

This is due to the **limited availability of external provider courses**, which has training for on-call staff.

In mitigation, a comprehensive **internal training and refresher programme** is in place, ensuring on-call personnel remain competent and confident in fulfilling their command-and-control responsibilities.

Internal refresher training is on schedule and current, with full compliance expected once external training can be accessed.

13. This domain and standard will form part of the improvement and work plan for the remainder of 25-26 and be part of the EPRR team workplan moving into 2026/27.
14. The EPRR delivery within BOB ICB must be accredited to the support that the EPRR Team have received enabling them to maintain us as an ICB as **SUBSTANTIALLY COMPLIANT** in this current reporting period.
15. As part of the core assurance process each year a deep dive is normally undertaken to allow NHS providers to identify how they can maintain high standard of care, ensure patient safety, and build resilience against several types of disruptions.

However, this year due to the re-organisation of NHSE there will be no deep dive undertaken, that said we have continued to work through the areas from the Cyber Deep dive of 2024/25.

NHS Providers self-assessment

16. This year the BOB ICB EPRR team completed the peer review process with all BOB NHS trusts, via a combined peer review meeting: -
 - Undertaken with the Community, Mental Health and Acute Trusts participating in a plenary peer review.
 - The AD of EPRR also attended the Peer review with Frimley ICB and Berkshire Healthcare NHS FT

The providers presented their self-assessment submission and resulting action plans, along with key documents for greater scrutiny to include: -

- a. **Self-Assessment template**
- b. **Plans and policies - Core Standard 10**
 - i. Business Continuity Policy and BCPs for critical services
- c. **Evidence of training & exercising - Core Standard 24**
 - i. Records of table-top and live exercises over last 12–24 months
 - ii. Post-exercise debriefs and action plans – Key learning points only.
- d. **On-call arrangements**
 - i. Key action cards for on-call managers/directors
 - ii. Confirmation of induction or refresher training for on-call staff
- e. **Business continuity evidence - Core Standard 10 & 16**
 - i. Business Continuity (BC) testing and exercise reports
 - ii. Evidence BC plans are reviewed annually.
- f. **Annual Workplan - Core Standard 4)**

17. In addition to those providers directly commissioned by BOB ICB, the AD for EPRR attended the combined Ambulance Trusts (SCAS, SECAMB and HIOW) peer review.

This was undertaken by the associated ICBs and led by HIOW who the lead commissioner for South Central Ambulance Service NHS Trust. Through this attendance the AD EPRR can assure the ICB’s AEO and board that the Ambulance Trust is **Substantially Compliant** as stated below: -

SCAS Level of core assurance 2025/26: -				
Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	5	1	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	11	10	1	0
Command and control	2	2	0	0
Training and exercising	4	3	1	0
Response	5	5	0	0
Warning and informing	4	4	0	0
Cooperation	5	4	1	0
Business Continuity	11	9	2	0
Hazmat/CBRN	1	1	0	0
CBRN Support to acute Trusts	7	7	0	0
Total	58	52	6	0

Interoperable capabilities	Total standards applicable	Fully compliant	Partially compliant	Non compliant
HART	32	29	3	0
SORT	40	38	2	0
MassCas	14	12	2	0
C2	36	31	5	0
JESIP	13	12	1	0

Overall assessment:	Substantially compliant
Interoperable capabilities:	Substantially compliant

18. All BOB hosted trusts and Berkshire Health NHS FT reported strong compliance against the core standards.

19. All Trusts have signed a statement of compliance and will be providing a report to their respective Boards as part of this process.

20. The ICB and Provider Accountable Emergency Officers and Associate Director of EPRR meet with the Regional Head of Emergency Preparedness, Resilience and Response for NHS England (Southeast) as part of the LHRP Executive meeting on the 5th of November. At this meeting, all providers were reporting as at least Substantially or fully compliant.

21. Individual trust compliance can be summarised as follows:

Organisation	ODS code	Acute providers	Specialist providers	Services provided or organisational type (X those which apply)										Compliance achieved:					
				NHS Ambulance Services	Core standards	Interoperable Capability Standards	Patient Transport Providers	NHS 111	Community services providers	Mental health providers	ICB	Primary care (GP, community pharmacy)	Other NHS funded organisations	NHS England	2024/2025	2025/2026	Change		
NHS BOB ICB Name													X				Substantial	Substantial	↔
NHS Provider Name																			
Royal Berkshire Foundation Trust		X															Fully	Fully	↔
Oxford University Hospitals Foundation Trust		X															Substantial	Fully	↑
Oxford Health Foundation Trust									X	X							Fully	Substantial	↓
Buckinghamshire Healthcare Trust		X								X							Substantial	Fully	↑
Berkshire Healthcare Foundation Trust (Mental Health Services) (Core assurance undertaken by Frimley ICB – With BOB ICB in attendance)																			
Berkshire Healthcare Foundation Trust										X	X						Substantial	Substantial	↔ #58, #63, #64 & #66
Ambulance Provider Name (Core assurance undertaken by SE Region ICB Leads with BOB in attendance)																			
South Central Ambulance Service (SCAS)				X													Substantial	Substantial	↔

Provider	Core Assurance rating	Number / Areas of Partial compliance
Oxford University Hospitals Foundation Trust.	60 / 62	Governance (Staff Numbers Training & Exercising)
Buckinghamshire Healthcare Trust.	62 / 62	
Royal Berkshire Foundation Trust.	62 / 62	
Oxford Health Foundation Trust	58 / 58	

Training and Exercising

22. Over the past 12 months:

- The EPRR team have created a new Induction Training programme for all On-Call colleagues, to include a revised Principles Health Incident Command (PHIC) part A and B.
- We have introduced a “Self-learn / review” presentation to enable those on-call to undertake a PowerPoint presentation that covers key commander updates.
- We also introduced a briefing for those commanders on-call on a weekly basis via a slide deck outlining key actions and any noteworthy events that have a potential to impact on health should an incident occur.

23. The team have delivered **Eleven** Principles of Health Incident Command sessions (Part A & B).

These sessions cover the minimum occupational standards required by NHS England of those in health incident command positions, and form part of our on-call mandatory training. New dates have been set for participation in 2026 and there is a view to deliver a revised PHIC update 2026/27.

The new part B details specific nuances to the BOB geographic area; referencing key elements of command and the capturing of Decisions, Non-decisions, and Actions.

24. Of those colleagues currently on-call, the following are the internal mandatory training completion rates:

- a. **Strategic Directors:** (The below compliance is reflective of the changes we have made within our rosters and absences of post holders and vacancies)
 - i. Induction **11/11** (100% compliance) and
 - ii. Principles of Health Incident Command **10/11** (90% compliance).
- b. **Tactical Directors:**
Induction **11/11** (100% compliance) and
Principles of Health Incident Command **11/11**(100% compliance).

25. The final component of mandatory commander training is an externally delivered (via the Local Resilience Forum) course that focuses on Tactical Co-ordinating Group (TCG) and Strategic Co-ordinating Group (SCG) training.

Completion rates are currently good, due to director availability, and spacing attendance at this course over a period of 24 months in accordance with the requirements.

Dates for 2026/27 are being planned and offered to those requiring a course (**2** of the **11**) at this time for both the TCG and SCG courses.

26. As part of the ongoing assurance programme the EPRR team support the continued roll out of a commander portfolio to allow commanders to prove competencies against the national occupational standards.

To provide an additional level of assurance on top of the above new process within the EPRR team we will enhance: -

- a) Our monitoring of course booking and attendance.
- b) Our monitoring of impacts resulting in personnel changes associated with the change programme.
- c) Consolidate the commander logs when we become the Thames valley ICB.

Any impacts identified in point (b) above will be managed by the EPRR team and mitigations will be sourced to provide effective cover.

27. Through 2025, the ICB has participated in a range of exercises, both NHS and multi-agency. These include the following of note:

- a. **Exercise Holler** (February & August 2025) – communications exercise.
- b. **Exercise Beech** (July 2025) – tabletop exercise (specifically focusing on cyber), ran in partnership with NHS England
- c. **Exercise Aldex** (March 2025) – command post exercise ran by Aldermarston as an atomic weapons provider.
- d. **Exercise Frontier** (April 2025) – tabletop exercise ran by West Berkshire Council, specifically focusing on Petrol Storage Depot Leak

- e. **Exercise Short Sermon** (August 2025) – command post exercise, detailing RMU set up ran by UKHSA.
- f. **Exercise Golden Fox** (September 2025) - command post exercise, detailing Radiological release from a Nuclear Submarine ran by Nuclear (Military) regulator.
- g. **Exercise Pegasus** (September to November 2025 – 3 Phases) – Tier 1 exercise ran by the central government (Pandemic)
- h. **Humanitarian Assistance Centre (HAC) Exercise** (November 2025) – Tabletop – Establishing a HAC and exercising the plan – LRF.

28. The EPRR team is developing the exercising calendar, looking forward into 2026:

- a. **Exercise Holler** (February & August 2026) – communications exercise to remain compliant with EPRR core standards.
- b. **Tabletop exercise - ALDEX** (April 2026) – currently in discussions to evaluate LRF response and pathways.

Incident Response

29. Throughout 2025 the ICB has directly responded, or supported the response to, a range of incident and emergencies, including, but not limited to:

- a. **Industrial action:** -
 - i. Resident Doctors
 - ii. General Practice Collective action
- b. **Measles**
 - i. The monitoring and delivery of a pathway.
- c. **NRS administration:** -
 - i. This required the BOB ICB to set up an IMT and attend provider S/TCGs to allow a seamless move from one provider to another within a restricted financial envelope, whilst maintaining public and patient safety and confidence.
- d. **Cyber outage** - Crowd Strike
- e. **Bicester Motion Fire** – Full LRF command structure.
 - i. This required the ICB to attend the incident meetings (SCG/TCG) to provide a co-ordinated response, as well as the planning post incident of the funerals for the deceased fire fighters as community-based services were impacted due to road closures.
- f. **M-Pox:** -
 - i. With a focus from the EPRR and IPC teams to deliver a pathway way for the access to swabbing and vaccination post exposure.
- g. **Flooding within the Thames valley.**
 - i. There have been three periods of flooding within Thames Valley this year both in early January and September, these incidents both required a Thames Valley TCG to be established, the learning from these events allowed us to assess and review our combined response.
- h. **Gaza families and Student re-location within the BOB footprint.**
 - i. This required the ICB to facilitate and co-ordinate the individuals to assure that: -
 - 1. Healthcare needs were met (immediate)
 - 2. General Practice provision was allocated.
 - 3. Local Authorities were able to provide shelter and education.
- i. **Operation Liberty – US presidential visit**

- i. The ICB was required to provide assurance around the suitability of the JR2 to be a designated receiving unit for the President if required.
- j. **Kidlington Waste pile – Potential Environmental issue.**
 - i. This incident required the ICB to attend SCG's in relation to the potential for a fire to take hold of the twenty tons of waste, which could have closed the A34.

Lessons Identified

- 30.** Progress has been made this year in improving the process the ICB has for learning from incidents, emergencies, and exercises. Through the course of 2025 we have identified: -
- a. lessons from both incidents and exercises that will inform future practice to include: -
 - i. The requirement for healthcare settings to be registered with the Utility companies as priority users – Identified from the Oxford water outages.
 - ii. That we as commanders need to request TCGs and SCGs to be called and held in sequence to allow clarity of roles. (Point (e) above).
 - iii. That cyber requires a multi-faceted response to create a robust and balanced response.
- 31.** There are incidents and exercises that have not yet passed through the process of learning and assessment (BMA Industrial Action and Exercise Pegasus), and therefore the overall learning will be higher when considering the totality of 2025 activity.

Summary

- 32.** Whilst the ICB has self-assessed as Substantially Compliant against the NHS England Core Standards for EPRR this year, which reflects a stabilised position on last year, significant and notable progress has been made across the EPRR programmes of activity.

Furthermore, appropriate actions are in place to progress the partially compliant standard towards full compliance in 2026, subject to any change in organisational, structures or significant incidents.

Annex 1: NHS England Core Standards for EPRR: Assurance rating thresholds

		Fully compliant	Substantially compliant	Partially compliant	Non-compliant
		100%	99-89%	88-77%	76% or less
Organisation type		Number of fully compliant core standards to achieve the percentage			
Acute providers		62	61-55	54-48	47 -0
Specialist providers		59	58-52	51-45	44-0
NHS ambulance service providers	Core Standards	58	57-51	50-44	43-0
	Interoperable Capability Standards	136	135-121	120-104	103-0
Community service providers		58	57-51	50-44	43-0
Patient transport services		42	41-37	36-33	32-0
NHS111		43	42-38	37-32	31-0
Mental health providers		58	57-51	50-44	43-0
NHS England region		47	46-42	41-36	35-0
NHS England national		45	44-40	39-34	33-0
Integrated care boards*		47	46-42	41-36	35-0
Commissioning support units		39	38-34	33-30	29-0
Primary care services – GP, pharmacy		44	43-39	38-34	33-0

Other NHS-funded organisations	48	47-43	42-37	36-0
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Buckinghamshire, Oxfordshire and Berkshire West
and Frimley Integrated Care Boards
Joint Committee

Title of Paper	Board Assurance Framework (BOB and Frimley)		
Agenda Item	8.1	Date of meeting	13 January 2026
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 checked="" type="checkbox"/>
	BOB only	<input checked="" type="checkbox"/>
	Frimley only	<input checked="" type="checkbox"/>
	Meeting in Public	<input checked="" type="checkbox"/>

<p>Executive Summary</p> <p>Introduction:</p> <p>The Board Assurance Framework (BAF) reports on NHS Buckinghamshire, Oxfordshire and Berkshire West (BOB) and NHS Frimley Integrated Care Boards’ Strategic Objectives and details the significant long-term risks to the achievement of these. The respective BAFs provide assurance that both ICBs are on track to deliver their 2025/26 Strategic Objectives and highlight where necessary, any gaps in controls and assurances and the associated actions. The BAFs also provide assurances that any risks which may impact on the achievement of those Strategic Objectives are being appropriately managed.</p> <p>Shared Transition risk:</p> <p>The Frimley and BOB Transition Programme Director is the named Senior Responsible Officer (SRO) for the shared Principal Risk “Safe dissolution of the ICB and creation of the Thames Valley ICB” assurance is provided that this 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>This shared strategic objective allows 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> <p>NHS Frimley:</p> <p>The Joint Committee is asked to note the risk appetite scores for Quarter 3 2025/26 (as of January 2026).</p> <p>The Joint Committee is further asked to note that the following Strategic Objectives have been scored with an inherent (score <u>before</u> mitigation) and residual (score <u>after</u> mitigation) risk score.</p> <p>The effects of the controls show whether the Strategic Objective sits in or out of the agreed Risk Appetite Statement found within Frimley’s BAF document.</p>
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Strategic Objective	Risk Appetite	Risk Threshold	January 2026 position	Change since November 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 (8)	Downgraded 12 - 8

At present, six Principal Risks are within appetite and three sit outside appetite.

NHS BOB:

The BAF comprises ten strategic risks. There are two risks on the BAF scoring 15 or above (BOB0002 - Financial Sustainability, BOB0004 - Access to Services).

The BAF was last reviewed at the 18 November 2025 Joint Committee Meeting in Public.

Risk No.	Risk	Risk Created	Aggregated Assurance level	Inherent Score	Residual Score (Sept 2025)	Progress/Risk Appetite
BOB0001	Health Inequalities	Nov 2022	Adequate (0.5)	9	9	Risk is currently below appetite Remained at 9 – 16 months
BOB0002	Financial Sustainability	Nov 2022	Adequate (0.5)	20	20	Risk is currently above appetite Remained at 20 – 17 months
BOB0003	Resilience	Nov 2022	Adequate (0.63)	12	8	Risk is currently below appetite Remained at 8 – 14 months
BOB0004	Access to Services	Nov 2022	Substantial (0.92)	16	16	Risk is currently within appetite Remained at 16 – 33 months
BOB0005	Transformation	Nov 2022	Adequate (0.5)	16	9	Risk is currently below appetite Remained at 9 – 32 months
BOB0006	Safety, Safeguarding and Quality	Nov 2022	Adequate (0.5)	12	9 (Reduced)	Risk is currently within appetite Remained at 9 – 2 months
BOB0007	Working in Partnership	Nov 2022	Substantial (0.76)	12	12	Risk is currently below appetite Remained at 12 – 34 months
BOB0008	ICB Workforce	Nov 2022	Adequate (0.5)	9	9	Risk is currently below appetite Remained at 9 – 34 months
BOB0009	ICS Workforce	Jan 2025	Adequate (0.5)	16	12	Risk is currently below appetite Remained at 12 – 6 months
BOB0010	Safe dissolution of the ICB and creation of the Thames valley ICB	Sept 2025	Adequate (0.5)	20	8 (Reduced)	Risk is currently within Appetite Reduced from 12 -8 – 3 months

Next steps – building a Risk Management Framework for Thames Valley ICB

A proposal to develop a Risk Management Framework for Thames Valley ICB was reviewed and approved by the Joint BOB and Frimley Executive Team on 5 January 2026. Thames Valley ICB will operate a delegated risk management system, where individual risks are managed operationally by specific portfolio boards and escalated to the Board and its assurance sub-committees.

Work is now underway to safely close existing risk management processes in both organisations. All risks will be reviewed and streamlined during this process, and an outline Risk Register for Thames Valley ICB will be drafted based on existing Frimley and BOB risks. Assurance is provided that the BOB and Frimley Executive Teams and the Transition Programme Close-down and Set-up Project Board will continue to remain fully sighted on this work during Q4 2025/26. In addition, assurance will be provided to the BOB Audit and Risk Committee at its next meeting in February 2026, and the Frimley Audit Committee at its next meeting in January 2026.

The Governance Team is working across both organisations to ensure the safe transfer of all risks to a new risk management database system ready for Day 1 establishment of Thames Valley ICB on 1 April 2026.

This will involve the set-up of a new Shadow Thames Valley Risk Oversight Group which will oversee the creation of a new Thames Valley BAF.

Recommendation	The Joint Committee is asked to note the final positions of the Board Assurance Frameworks for NHS BOB and Frimley ICBs for <u>Q3</u> 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

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:		Identified:	31 Jan 2025		
Assignee:	Sandra Grant, Chief People Officer	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	2	8
		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.

NHS Frimley ICB

Board Assurance Framework 2025/26

v January 2026

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	Rating (ixL)	I				L	Rating (ixL)
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	Rating (ixL)	I				L	Rating (ixL)
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	Rating (ixL)	I				L	Rating (ixL)
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	Rating (ixL)	I				L	Rating (ixL)
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	Rating (ixL)	I				L	Rating (ixL)
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	Rating (ixL)	I				L	Rating (ixL)
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	Rating (ixL)	I				L	Rating (ixL)
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	Rating (ixL)	I				L	Rating (ixL)
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/meetings its strategic objectives	Chief Transformation and Digital Officer	F&P / SQG	5	4	20	5	3	15	OPEN 12	OUT	NO CHANGE

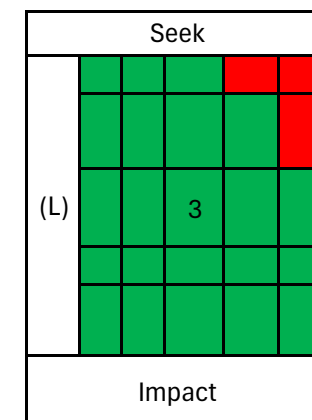
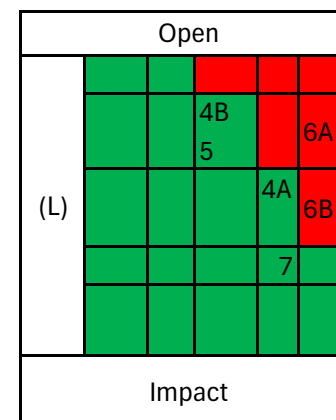
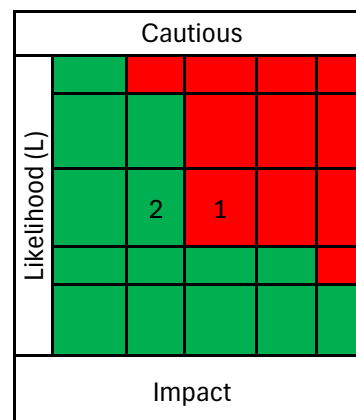
Strategic Objective 7: Thames Valley ICB Transition Programme													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)		Current Risk rating (after mitigation)		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter		
					I	L	Rating (ixL)	I				L	Rating (ixL)
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	2	8	OPEN 12	IN	Downgraded (12 -> 8)

Heat Map

Domains	Risk Appetite	Risk Threshold
QUALITY	Cautious	8
PEOPLE	Open	12
PERFORMANCE	Open	12
TRANSORMATION	Seek	16
FINANICAL	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: SO1	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 (LxL)	I	L				Rating (LxL)	9	9	9	9	TBC
3	4	12	3	3	9	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	
							CYP operational team meetings	Reviewed Monthly	IRG	Reviewed Quarterly	Internal Audit 2024/25	Reasonable Assurance	
							4 Risk 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 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.	Mitigating Action 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.	Target Date COMPLETE	Action Lead Director for Children, Mental Health, and Learning Disabilities	Update 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. June 2026 update - During the last period we have moved forward with the recommendations for a new assessment tool for schools. A bid is being developed for the Thames Valley Innovation Fund. Work continues. All actions for the Nov 25 deadline have been met. It is recommended to the board to note the on going work and propose that Starting Well BAF is given a full refresh in readiness for new TV ICB.									

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)	CAUTIOUS 8	IN	Current Rating	9	9	6	6	TBC
3	4	12	2	3	6								
Key Controls in Place							Key Assurance						
ICS Living Well Ambition and updated Terms of Reference for the Living Well Board, developed collaboratively with our partners.							First Line of Defence: Management control and reporting		Second line of Defence: Functional Oversight / Governance		Third line of Defence: Independent review / Assurance / Regulatory oversight		
WorkWell Delivery Group established reporting into the Living Well Board							System Living Well Board	Reviewed Quarterly	FPC, SQG	Reviewed Monthly	Commissioners (NHSE)	Oversight Segment 1	
All work programmes overseen and managed by the Living Well Board are progressing as planned, with the exception of one							CMO Directorate - team meetings	Reviewed Monthly	IRG	Reviewed Quarterly	Internal Audit 2024/25	Reasonable Assurance	
CORE20 'Plus' groups identified for outcome mapping, with a CORE20PLUS5 Community of Practice established							4Risk leads	Reviewed Monthly	Board, Audit Committee, Rem Com	Reviewed bi-monthly	External Audit 2024/25	No significant weakness identified	
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.													
Regular links to regional and national health inequalities groups/Boards													
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													
Clinical strategy work in progress along with the new hospital strategy													
Funding confirmed for the Inpatient Smoking Cessation Programme at FHFT.													
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	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. This action can now be closed, having been incorporated into the assurance and key controls in place.								
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	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. This action can now be closed, having been incorporated into the assurance and key controls in place.								
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	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.								

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)	SEEK 16	IN	Current Rating	9	9	9	9	TBC
4	4	16	3	3	9								
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> <p>Thames Valley planners attending East Berkshire Place forums to share and align Thames Valley commissioning intentions / plans and Place-based strategies and annual delivery plans.</p> <p>Innovation fund opportunity shared with local authority colleagues and joint proposals around neighbourhood health expected to be submitted</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	Q4 2025/26	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> <p>December 2025 update - still awaiting national policy direction although financial allocations have been received and working through 26/27 plans</p>									
Changes in ICB role and configuration increase uncertainty and risk potential loss of established relationships	TV organisational design work reaching final stages. Local Authority colleagues to be engaged as part of final design work. 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 (xL)	I	L	Rating (xL)								
4	4	16	4	3	12	OPEN 12	IN	Current Rating	12	12	12	12	TBC
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.									
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								
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 aadvertising 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	Q4 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. December 2025 Primary care innovation funding pilot agreed with RBWM.							
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	Q4 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. - Completed Quarter 2 saw an increase in referrals achieving 92% of the target set by DWP Working towards Q3 trajectory - All five places offering Work Well support							
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	Q4 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- will go live in January 2026.							

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	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	16	12	12	12	TBC
4	4	16	3	4	12								
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>Promote FTSU, feedback and reporting mechanisms to build trust and psychological safety</p> <p>Monitor culture and inclusion feedback through staff survey .</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> <p>Anti-Racism Network established - meeting regularly</p> <p>Equality Advocates group meeting regularly</p> <p>Equality Impact Assessment Framework</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							
<p>Alignment between organisation and system leadership and EDI strategies</p> <p>Psychologically safe environment to explore complex cultural issues such as anti-racism.</p>			Development of a System EDI strategy	Apr-26	EDI Director	<p>Work underway to scope and develop new EDI Strategy and objectives for Thames Valley ICB</p> <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>							
			Establishment of Anti-Racism Framework										
			Refresh of the Frimley Academy Strategy	Q4 25/26	CPO								

<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>	<p>Appoint Programme Director to increase leadership capacity and oversight of POD and Specialised Commissioning. 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). 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. 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>	<p>Q4 25/26</p>	<p>CPO & Programme Director</p>	<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 organisational change already facing the Cluster executive. It was agreed that this important project would be fully integrated into</p>
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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/meeting 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 (xL)	I	L	Rating (xL)								
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 which will own, manage and mitigate risks relating to Cyber.</p> <p>The Data Security and Protection Toolkit was updated in November 2024 to align with the Cyber Assurance Framework (CAF), which provides a greater level of assurance and maturity to cyber assurance. All providers in the ICS have to submit an annual DSP Toolkit every June, providing assurance they are meeting the required cyber standards.</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, this was submitted to NHS England and reviewed by the South East Cyber lead.</p> <p>Cyber training was delivered to the ICB board in April 2025, as well as being rolled out to ICB Staff in December 25 - March 2026.</p> <p>Cyber Funding provided from NHS England to Frimley ICB has been allocated to Frimley ICS providers for the past 2 year (2024-2026) to enable them to purchase software, resources to reduce their cyber vulnerabilities.</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							
			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		Complete	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. Completed: add to control above						
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.		Complete	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. There are conversations about developing a Regional wide Cyber Strategy - being lead by BOB ICB. Close - work superceded						
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.		Complete	NG	Need to review rsources to ensure sufficient resources in new organisation. Close - BOB have a cyber lead, so this gap has been closed.						
Lack of awareness and understanding of ICB staff on cyber			Source Cyber training for ICS staff needs and then rolled out.		Complete	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. Action completed.						
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		31/02/2026	NG	Solution procured for the ICS. Working with the supplier and ICS partners to implement system and starting monitoring suppliers. Still in progress						

BAF REF: SO6-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 Finance Officer						
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)				OUT	Current Rating	20	20	20
5	5	25	5	4	20	OPEN 12							
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 FHFT 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: 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: <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. 	Risk Domain: Regulatory	Current Risk Score: 8										
	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 (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 (1xL)	I	L	Rating (1xL)	OPEN 12	IN	Current Rating:	N/A	N/A	16	12	8	
Key Controls in Place							Key Assurance							
<p>1. Governance: Currently the Joint Transition Executive reports progress against the programme to both Frimley and BOB 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 as 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>							First Line of Defence: Management control and reporting		Second line of Defence: Functional Oversight / Governance		Third line of Defence: Independent review / Assurance / Regulatory oversight			
JTE / Transition Programme Board		Fortnightly/monthly		FPC, SQG		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		<p>07/01 /26 AE: The Transition Programme Board is well established and is effectively overseeing the projects and workstreams associated with the Transition Programme. As the Programme enters the final phase of dissolving BOB and Frimley ICBs and establishing Thames Valley ICB, and transferring appropriate staff, liabilities and assets to Hampshire and Surrey, the Designate Executive Team have been confirmed and are leading the final stages of organisational design to shape and finalise their directorate structures - Programme Board Terms of Reference have been updated to reflect this.</p> <p>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 (BOB) 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.</p> <p>19/08 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.</p>						
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		<p>07/01/26 AE: The designate executive team were confirmed on the 03 December 2026 and are leading the development of the operating model involving an assessment of operating model efficiencies (OME) and collaboration of functions at scale across the 4 ICBs across the SE Region. All designed to be within the allocation based on £19 per weighted head of population. The plan to manage workforce reduction involving MARS and VR has been successfully launched and implemented and the process of running formal consultations with staff have been mapped to commence within the next 3 months. There is close alignment between the Transition Programme and the emerging executive work programme (including planning for 2026/27 and beyond) and stability brought about by having a confirmed executive team. As part of the due diligence assurance process, executives will be reviewing the closedown and set-up activities in January to ensure any risks and issues are identified and mitigation plans in place. This includes consideration of business continuity as staff start to leave BOB and Frimley ICBs through MARS and VR.</p> <p>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 Closedown and Set-Up Project Board is well established with engagement from all relevant BOB/Frimley personal 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.</p> <p>19/08 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.</p>						

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	<p>07/01/26 AE: Cluster governance is fully established and operating well. The development of the Thames Valley ICB governance structures including Governance Handbook, Board and Committee structures and membership, and statutory and nominated roles are key to the delivery of day one cutover and assurance. This will be the governance focus over the next 3 months.</p> <p>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 SORD is in place to complement the existing BOB and Frimley SORDs, 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.</p> <p>19/08 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 quoracy) and formal approval of this and the Collaboration Agreement at the formal Board meetings of BOB and Frimley respectively in September.</p>
Stakeholder communications and engagement.	Communication plan to engage stakeholders and staff to build trust.	Q3 2025	Alison Edgington	<p>07/01/26 AE: A Transition Communications and Engagement Strategy was approved by the Programme Board in December. This set out the approach and activities to be deployed through the final phase of the Programme and beyond.</p> <p>27/10 AE: A 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.</p> <p>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).</p>
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	<p>07/01/26 AE: The Programme Plan is live and delivery is monitored by the Programme Board. The monthly Project Highlight reports which are received by the Programme Board indicate improving performance and delivery against the plans with regard to TIME, SCOPE and COST. As the Programme enters the final phase a Closedown and Set-Up dashboard is about to be set up to ensure robust due diligence in relation to risks and the decisions required to effect the cutover to the new organisation.</p> <p>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.</p> <p>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.</p>

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 Minor impact 	<ul style="list-style-type: none"> Loss/interruption of >1 day Moderate impact 	<ul style="list-style-type: none"> Loss/interruption of >1 week Major impact 	<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 		<ul style="list-style-type: none"> Minimal or no impact on the environment 	<ul style="list-style-type: none"> Minor impact on environment 	<ul style="list-style-type: none"> on environment 	<ul style="list-style-type: none"> on environment 	<ul style="list-style-type: none"> impact on environment
<ul style="list-style-type: none"> 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 		<ul style="list-style-type: none"> 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