

Agenda – Meeting in Public

Tuesday 21 January 2025 – 11.30am to 12.30pm

Online via MS Teams

Chair: Priya Singh

The quorum for a meeting will be seven members, including:

- a) Either the Chair or Vice Chair*
- b) Either the Chief Executive or the Chief Finance Officer*
- c) Either the Chief Medical Officer or the Chief Nursing Officer*
- d) At least one non-executive member*
- e) At least one Provider Member*
- f) At least one Practice Member*
- g) At least one Local Authority Member*

Timing	No.	Item	Action	Delivery	Lead
11.30	1.	Welcome, apologies for absence and Chair’s introduction	-	Verbal	Priya Singh - Chair
	2.	Conflicts of Interest Register and declarations of any interests relating to this agenda	Note	Paper	Priya Singh - Chair
	3.	Minutes of the last meeting in Public held on 19 November 2024 and matters arising	Approve	Paper	Priya Singh - Chair
	4.	Chief Executive Update	Note	Verbal	Fiona Edwards, Chief Executive
	5.	Outstanding Use of Resources			
11.40	5.1	<p>“Planning 2025/26” To include:</p> <ul style="list-style-type: none"> • Output from the Board Seminar Session on 17 December • National 10 Year NHS Plan and Community Engagement- “Reconnect, Reset and Rebuild” • Performance (verbal) 	Discussion	Slides	Sam Burrows, Chief Transformation, Digital and Delivery Officer
	6.	Performance Reporting			
12.00	6.1	Frimley ICB Quality Performance Report	Note	Slides	Sarah Bellars - Chief Nursing Officer

Timing	No.	Item	Action	Delivery	Lead
	6.2	Frimley ICB Finance and Performance Report	Note	Slides	Richard Chapman - Chief Finance Officer
	6.3	Frimley ICB Workforce Performance Report	Note	Slides	Richard Chapman – Chief Finance Officer
	7.	Board Assurance Framework			
12.15	7.1	Board Assurance Framework	Note	Paper	Richard Chapman - Chief Finance Officer
	8.	Close of Business			
12.20	8.1	Questions from the public received in advance of today's meeting	-	Verbal	Priya Singh - Chair
12.25	8.2	Any Other Business	-	Verbal	Priya Singh - Chair
12.30	8.3	Close	-	Verbal	Priya Singh - Chair
Date of next meeting in public: 18 March 2025, 11.30 – 12.30					

Job Title	First Name	Last Name	Interest	Description of Interest	Declarations of Interest – Other	Type of Interest	Indirect	Actions agreed to mitigate risk of conflict materialising
Chief Nursing Officer	Sarah	Bellars	FHFT	Son and Daughter in Law work for FHFT	Declarations of Interest – Other	Indirect	Indirect	Seek the advice of other senior members of the executive and Non-executive team if there is a potential conflict
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.
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.
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.
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.
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
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
Chief Transformation Digital and Delivery Officer	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			
Chief Executive	Fiona	Edwards	NHS Confederation	Board Trustee	Declarations of Interest – Other	Non-Financial Professional	Indirect	Will be managed in accordance with policy.
Chief Executive	Fiona	Edwards	Care Quality Commission	Executive Reviewer	Declarations of Interest – Other	Non-Financial Professional	Indirect	Only review services in distant geographical areas
Chief Executive	Fiona	Edwards	Law For Life	Chair	Declarations of Interest – Other	Non-Financial Professional	Direct	Will be managed in accordance with policy.
Local Authority Partner Member from Rushmoor Borough Council	Karen	Edwards	Land and Property owned or leased by Rushmoor Borough Council	As an Executive Director of Rushmoor Borough Council there will be occasions when land and property form which the Council would receive and income or profit may be under discussion	Declarations of Interest – Other	Indirect	Indirect	Will not participate in any decision which would result in a financial gain or loss where the NHS would become a tenant of the local authority.
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	
Non Executive Member	Paul	Farmer	Age UK	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	Daughter working as an intern with Graphnet who is one of our providers in the digital space	Indirect	Declarations of Interest – Other	Indirect	Indirect	I am not involved in any procurement conversations directly and will recuse myself from such decisions. I have also informed my colleagues (chiefs) and line manager.
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
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 not 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	
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	
Bracknell Forest Council	Grainne	Siggins	Association of Directors of Social Services	Member of ADASS.	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	Guy's and St Thomas's NHS Foundation Trust	Appointed November 2015 - NED / Deputy Chair	Outside Employment			
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
Local Authority Partner Member from Surrey County Council	Rachael	Wardell	Surrey County Council	Executive Director of Children, Families and Lifelong Learning since 07-12-2020	Declarations of Interest – Other	Non-Financial Professional	Direct	Will be managed in accordance with the Conflicts of Interest policy.
Local Authority Partner Member from Surrey County Council	Rachael	Wardell	Become - The Charity for Children in Care and Care Leavers	Trustee and Board Member since September 2019	Declarations of Interest – Other	Non-Financial Professional	Direct	Will be managed in accordance with the Conflicts of Interest policy.
Local Authority Partner Member from Surrey County Council	Rachael	Wardell	Association of Directors of Children's Services	Member of Professional Association since October 2009 and Chair of Workforce Development Policy Committee since April 2016	Declarations of Interest – Other	Non-Financial Professional	Direct	Will be managed in accordance with the Conflicts of Interest policy.
NHS Provider Partner Member	Graham	Wareham	Friends of Chambo Seminary	Trustee	Declarations of Interest – Other	Non-Financial Personal	Indirect	No conflict anticipated
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

**Minutes of NHS Frimley Integrated Care Board
Held in Public on Tuesday 19 November 2024 from 11.00-12.30
Via Microsoft Teams**

Chair – Priya Singh

Present:	
Dr Priya Singh	Chair
Fiona Edwards	Chief Executive
Sarah Bellars	Chief Nursing Officer
Sam Burrows	Chief Transformation & Digital Officer
Richard Chapman	Chief Finance Officer
Caroline Corrigan	Chief People Officer
Dr Lalitha Iyer	Chief Medical Officer
Ilona Blue	Non-Executive Member
Paul Farmer	Non-Executive Member
Alex Gild	NHS Provider Partner Member
Lance McCarthy	Chief Executive, FHFT
Graham Wareham	NHS Provider Partner Member
Karen Edwards	Local Authority Partner Member (left the meeting at 11.30am)
Grainne Siggins	Local Authority Partner Member
Dr Prash Patel	Primary Care Partner Member
Dr Huw Thomas	Primary Care Partner Member
In Attendance:	
Kelly Knight	ICB Mirror Board Member (item 5.1)
Mansoor Muneeb	ICB Mirror Board Member (item 5.1)
Mary-Jane Steijger	Head of Governance
Tom Allinson	Governance Manager (secretariat)
Apologies for Absence:	
Rachael Wardell	Local Authority Partner Member
Safina Nadeem	Equality, Diversity, and Inclusion System Lead
David Radbourne	Regional Director of Strategy and Transformation (NHSE)

1.	Welcome and Apologies for Absence
	<p>The Chair opened the meeting and welcomed members of the NHS Frimley Integrated Care Board.</p> <p>The meeting was noted to be quorate. Apologies were received as recorded above.</p> <p>Members agreed for the meeting to be recorded. The recording would then be uploaded to the public website along with the meeting papers.</p> <p>Two members of the public had signed up to attend the meeting. No questions had been received in advance of the meeting.</p>

	Members of the ICB Board’s Mirror Board were in attendance.
2.	Declaration of Conflicts of Interest
	Members noted the Conflicts of Interest register, and there were no specific declarations made for the contents of the meeting’s agenda.
3.	Minutes of the last meeting in Public held on 17 September 2024, Action Tracker, and matters arising
	The minutes of the last meeting in public were taken as accurate and approved without further comment. There were no matters arising.
4.	ICB Chief Executive’s Update
	The Chief Executive gave a verbal update, reflecting on the challenging and demanding environment across the system in primary care, mental health, social care and urgent and emergency care ahead of winter. The ICB’s recent EDI conference was referenced, with high engagement noted across all system partners and the local voluntary sector, focussed on developing the system anti-racism alliance and fostering inclusive leadership. <i>The Board noted the update.</i>
5.	National 10 Year NHS Plan and Community Engagement – “Reconnect, Reset and Rebuild”
	Sarah Bellars presented the “Reconnect, Reset, Rebuild, Engagement” Exercise for the Board’s information. The recent Darzi review, Grenfell recommendations, and work towards a new 10-year plan for the NHS, all provided an opportunity to encourage a deeper understanding of the system’s local communities, identify what mattered to residents and patients as well as new opportunities and aspirations for existing services. The work would build on previous engagement and emphasise collaboration between individuals, professionals, and local community organisations. The Board was asked to note the approach and support the activity, including outputs such as: <ul style="list-style-type: none"> • A wide range of insight from a broad range of stakeholders for local and ten year plan input • Evaluation/analysis report(s)/insight bank • Case studies/videos on process & Board level input • A range of community engagement output • National sharing opportunities The timeline for the engagement exercise was detailed as follows: Mon 18th Nov – Fri 13th Dec: Reconnect - Delivery Phase One (to include launch of system connections, launch of community engagement fund, all facilitated sessions and all national engagement input) Mon 6th Jan – Fri 14th Feb: Reconnect - Delivery Phase Two (to include ongoing community engagement, and leadership connections) March 2025 Reset - Listening Phase One (initial outputs, collective listening together, ICP meeting)

	<p>Kelly Knight and Mansoor Muneeb, members of the ICB’s Mirror Board, were invited to provide input from the Mirror Board’s discussion of the paper at its meeting on 14 November. The importance of ensuring all communities were engaged to ensure smaller groups were not missed, was highlighted. Building trust between the NHS and the communities it served was key, as was avoiding duplication of initiatives to avoid engagement fatigue.</p> <p>Members thanked Sarah Bellars, her team, and the Mirror Board for their input in developing the engagement exercise. It was felt that the design to cocreate new services with local communities represented both a huge opportunity and a challenge, the key to which was completing the feedback cycle to build confidence and trust with the public through transparency and actions.</p> <p><i>The Board noted the update.</i></p>
6.	Primary Care Access Recovery Plan (PCARP)
	<p>Sarah Bellars presented the Primary Care Access Recovery Plan (PCARP) update to meet the requirement for all ICBs to produce system-level access improvement plans and present these to their public boards in November 2024.</p> <p>This paper set out the Frimley ICB System Level Access Improvement Plan and updates on progress made to date on each of the areas highlighted in the checklist of key ICB actions as follows:</p> <ul style="list-style-type: none"> • Provide the overarching context and high-level overview of the contents of the PCARP. • Set out the Frimley ICB System Level Access Improvement Plan • Provide a high-level summary of practice and PCN-level improvement plans. • Provide updates on progress made to date on the following areas: <ul style="list-style-type: none"> A. Empower patients. B. Implement Modern general practice access. C. Build Capacity D. Cut bureaucracy. • Highlight challenges, barriers, key risks and mitigations. • Set out next steps. <p>Members thanked Sarah Bellars for the update and queried how effectively the improvements noted were being communicated changes to the public. The comments were taken on board, and it was agreed that conveying these messages to the public clearly was a key priority – the system was working to make getting an appointment and seeing the right person easier for patients while streamlining the links and reducing bureaucracy between primary and secondary care services.</p> <p>GP Board Members further highlighted the effectiveness of system partner working which was the result of a five-year journey of adopting technology, developing access points, and modernising general practice services. Performance data showed the number of patients being seen was ahead of the national curve. There was a need to empower local authorities and PPGs to share this improvement as the result of working differently and transformatively and of system capacity showing the results of historic investment.</p> <p><i>The Board noted the update.</i></p>
7.	EPRR Annual Assurance

	<p>Sam Burrows presented the Emergency preparedness, resilience and response (EPRR) annual assurance report, providing the current midyear position reported against the NHS EPRR Core Standards for the ICB and local system providers:</p> <ul style="list-style-type: none"> • Frimley Integrated Care Board - Substantially Compliant • Frimley Health Foundation Trust - Fully Compliant • Berkshire Healthcare Foundation Trust - Substantially Compliant • HCRG Care Group - Substantially Compliant <p>The EPRR assurance process within the local system was also detailed, achieved by quarterly meetings and routine self-assessment and discussion of the EPRR core standards. It was further confirmed that provider input had been reviewed via their own internal governance. The document would be published on the ICB's website once approved.</p> <p>Members were further informed of work ongoing to develop the ICB's approach to cyber security, including a scheduled deep dive into the subject for the Board's information planned for 2025.</p> <p><i>The Board approved the EPRR Annual Assurance report.</i></p>
8.	Standing Items
8.1	<p>Frimley ICB Quality Performance Report</p> <p>Sarah Bellars provided the Quality Performance report, highlighting the following areas for the Board's attention:</p> <ul style="list-style-type: none"> • Autumn/winter 24 Vaccination Campaign • NHSE/ICB Accident & Emergency Corridor Care Visit • FHFT Never Event • ICB Mental Health Portfolio Update <ul style="list-style-type: none"> ○ Winter Planning • Community Pharmacy • Primary Care Collective Action <ul style="list-style-type: none"> ○ Access – Transformation on the Day Access • Vulnerable Migrants • CQC System Compliance <p>8.2</p> <p>Frimley ICB Finance and Performance Report</p> <p>Rich Chapman presented the ICB's Finance and Performance Report at Month 9 2024-25, detailing a System YTD position that was £1.4m behind the planned surplus of £4.0m. FHFT were reporting a £2.6m surplus which was £1.4m behind the planned surplus at M6 of £4m (representing a £2.8m improvement). The ICB was overall on plan compared to the previous smonth month £0.5m behind plan.</p> <p>The System was to break even as the System had now received the £25m national support funding, However, the plan relied upon a step change in efficiency delivery from M08 and material over performance of Elective Recovery Fund.</p> <p>The ICB position included underspends in CHC and small benefits across acute, CYP and adult mental health which were offset by pressures in prescribing and Pharmacy and Optometry.</p> <p>FHFT main improvements related to one off benefits in utility bills and funding being received for industrial action and planned receipt of land disposal income.</p>

8.3

Frimley ICB Workforce Performance Report

Caroline Corrigan presented the ICB’s Workforce Performance Report, detailing that against 24/25 Operational plans, FHFT were:

- 1.4 % under plan for all workforce from Month (M)01 – M06
- 0.2 % under plan for all substantive staff from M01 – M06
- 9.5% under plan for all bank usage from M01 – M06
- 21.9% under plan for all agency usage from M01 – M06

Against 24/25 financial plans, FHFT were (at M06):

- £3.1m under spent for all staff groups
- £0.9m under spent for all bank usage
- £0.7m under spent for all agency usage
- Absence rates remained stable at 3.4% (against a regional average of 4.6%)
- Vacancy rates had increased to 9.5% (against a regional average of 8.1%)
- Staff Turnover rates had increased to 15.5% (against a regional average of 14.2%)

The Board noted the performance report updates for Quality, Finance, and Workforce.

8.4

Board Assurance Framework

Caroline Corrigan provided the Board with an overview of the work that has been undertaken to refresh the Board Assurance Framework (BAF) for 2024/25. During Q1 2024/25 the BAF had undergone a significant redevelopment to ensure that it fully aligned to the six new Strategic Objectives (in 2023/24 the BAF had had five Strategic Objectives) and new Operating Model for Frimley ICB.

The BAF reported on the ICB’s Strategic Objectives and detailed the significant long-term risks to the achievement of these. The document provides assurance that the ICB is on track to deliver its Strategic Objectives and highlights where necessary, any gaps in controls and assurances and the associated actions. The BAF also provided assurances that any risks which may impact on the achievement of those Strategic Objectives were being appropriately managed.

The Board has applied the following 2024/25 Risk Appetite and Risk Thresholds to each of the Strategic Objectives – this scoring allowed the Finance and Performance Committee and the System Quality Group (committees of the Board) to manage the principal risks in accordance with the specific Risk Appetite and Risk Thresholds agreed by the Board.

Strategic Objective	Appetite / Threshold	Q2 2024-25
Starting Well	Cautious (8)	9 Out of Risk Appetite
Living Well	Cautious (8)	12 Out of Risk Appetite
Places, People and Communities	Seek (16)	9 Within Risk Appetite
Our People	Open (12)	12 Within Risk Appetite
Leadership and Culture	Open (12)	12 Within Risk Appetite
Outstanding use of resource	Open (12)	16 Out of Risk Appetite

The Board was asked to note that trend analysis data (that is, residual risk score versus risk appetite) will become available in Q3 2024/25.

	<p>Fiona Edwards raised an escalated risk in relation to the performance reporting, particularly around the quality impacts of Mental Health bed waits. The BAF outlined a Cautious appetite to quality and safety risks, but it was acknowledged that there were significant areas (such as the quality impact of mental health bed waits) where the threshold was being breached. There was a need to have focussed attention on the mental health strategy work to review and re-agree risk appetites and address these gaps, crosschecking logic behind the given mitigations, actions, controls, and perceived tolerance. There was a similar need to review the financial risks reflected in the BAF given the resource strain on the NHS.</p> <p><i>The Board noted the update.</i></p>
9.	Close of Business
9.1	<p>Questions from the public received in advance of the meeting <i>None.</i></p>
9.2	<p>Any Other Business <i>None.</i></p>
9.3	<p>Close The Chair closed the meeting at 12.30.</p>
	Date of the next meeting in public: 21 January 2025



Outputs of Board Seminar held on 17 December 2024

NHS Frimley Integrated Care Board





Summary Output of Seminar Held

Bracknell Forest ◻ **North East Hampshire and Farnham** ◻ **Royal Borough of Windsor and Maidenhead** ◻ **Slough** ◻ **Surrey Heath**

Key Themes Emerging from the Seminar held on 17th December

- The Board of the ICB is committed to the reform agenda and main focus of the Darzi Review. We are anticipating a Ten Year Plan for the NHS from Government which confirms this approach and is likely to be aligned with work which has been delivered since 2016 to create a more integrated local health and care system.
- The role of the ICB as a 'Strategic Commissioner' will be important to define and bring further clarity to, in order to ensure that the activities which are planned and delivered locally are thoughtful and additive to the delivery of our overall vision. The Board noted the risk of a disproportionate focus on roles and responsibilities with regard to 'performance management', improvement and traditional commissioning behaviour and reiterated its commitment to our partnership way of working.
- Whilst there had been little time to examine the White Paper for Local Government Reform (published on 6th December 2024) it was agreed that this underlying policy direction was likely to have a significant impact for the NHS as a whole. The opportunity for improving health and care services, including the focus on the wider determinants of health was noted and supported.
- Given the strength of our digital and analytical capability, the importance of the work which has been commenced on "Metrics that Matter" was noted and there was commitment to supporting our teams to ensure that we are defining and measuring the right signals to be able to evaluate performance and improvement at a system, organisational and portfolio level.
- There was commitment to the importance of understanding our population, bringing a true "Population Health Management" approach to how care is planned and delivered and the use of new digital tools and innovations to improve efficiency, quality and outcomes. This relies on the importance of cohorting our population and using tools such as segmentation and risk stratification approaches to understand underlying need and changes to how services are delivered as a result.
- We must build on the engagement work which has been undertaken to date with our local residents to bring them along with how services may change over the next five to ten years.
- Building blocks for the future are already in place and we need to ensure we are making the most of the assets / strengths which we already have. The NHS App was cited as a good example of this, both in terms of broadening its capability and ensuring that a maximal proportion of the population are using it in a way which improves their experience and service efficiency.
- As a health and care partnership we need to magnify the things that work; this includes "getting the basics right" and achieving maximum compliance with evidence based interventions which we know are effective at lowering the need for higher acuity services (e.g. improving our population vaccination rate)



Reconnect Reset Rebuild

Community engagement programme update January 2025

Produced by NHS Frimley Communications and Engagement Team

January 2025

We are now halfway through a new conversation with our communities, staff and stakeholders to Reconnect, Reset and Rebuild our priorities and focus together. Phase one has seen a significant amount of activity, with **over 100 partners taking part in the stakeholder sessions from 44 different organisations** before the end of December.

Phase Two - January - February 2025

This phase of the engagement programme is focussing on two main elements; the continuation of the Community Engagement Fund and holding further bespoke stakeholder sessions on request.

The final feedback from our stakeholders and community groups will be with us by the end of February to enable us to bring together the findings during March.

Ahead of the Planning Guidance for 25/26 and with the expectation of further service transformation we have the opportunity to add elements to the phase two stakeholder sessions around 'trade offs', this is the language being used in the national work.

Key Programme dates:

- 6 January – Phase two begins
- 17 January - Community Panel survey opens
- 31 January – Community Engagement Fund Closes
- 14 February – final submission date to national work
- 28 February – Final feedback due in from community fund
- 19 March – Primary Care Learning Event, to present early findings and further discussion in relation to development of the Primary Care Strategy
- 26 March – ICP



Community Engagement Fund

Since launching the Community Engagement Fund we've awarded 13 organisations with funding to support local conversations about the future of health and care services. **Between them they will be reaching over 850 people.** The fund remains open until end of January, and we are still receiving applications from across the sector.



Next steps

Bringing together the findings

We are working on plans to bring all the information together from the various activity. We will ensure that this is shared widely across the system and presented in a variety of formats to help encourage conversations which support a wide range of system decision making.

Connectivity

The findings must inform a variety of upcoming plans, strategies and decisions.

These will include things such as:

- Primary Care Strategy
- Out of Hospital Strategy
- New Hospital Programme
- Working with People and Communities Strategy
- Planning for 25/26



FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Board Assurance Framework		
Agenda Item	7	Date of meeting	21 January 2025
Exec Lead	Caroline Corrigan – Chief People Officer		

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

Link to Strategic Objective	<i>Relates to all Strategic Objectives</i>
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Executive Summary

Introduction:

The ICB board is asked to review the Board Assurance Framework, noting the updates to the mitigating actions that have been made since the document was last reviewed in November 2024.

The BAF reports on the ICB's Strategic Objectives and details the significant long-term risks to the achievement of these. The document provides assurance that the ICB is on track to deliver its Strategic Objectives and highlights where necessary, any gaps in controls and assurances and the associated actions. The BAF also provides assurances that any risks which may impact on the achievement of those Strategic Objectives are being appropriately managed.

Strategic Objectives 2024/25:

- Strategic Objective 1:** Starting Well
- Strategic Objective 2:** Living Well
- Strategic Objective 3:** People, Places and Communities
- Strategic Objective 4:** Our People
- Strategic Objective 5:** Leadership and Culture
- Strategic Objective 6:** Outstanding use of resource

Risk Appetite:

Using the Good Governance Institute (GGI) Framework the Board agreed the following 2024/25 Risk Appetite and Risk Thresholds which have been mapped to the risk domains in the BAF:

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

Risk Thresholds

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

Domains	Risk Appetite	Risk Threshold
QUALITY	Cautious	8
PEOPLE	Open	12
PERFORMANCE	Open	12
TRANSFORMATION	Seek	16
FINANCIAL	Open	12
REGULATORY	Open	12
REPUTATIONAL	Open	12

The Board has applied the following 2024/25 Risk Appetite and Risk Thresholds to each of the Strategic Objectives – this scoring allows the Finance and Performance Committee and the System Quality Group (committees of the Board) to manage the principle risks in accordance with the specific Risk Appetite and Risk Threshold agreed by the Board.

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

Effects of Controls and Trend Analysis:

Each of the following Strategic Objectives have been scored with an inherent (current) and residual risk (score after the risk has been mitigated) for Q2. The effects of the controls show whether the Strategic Objective sits in or out of Risk Appetite Statement. At present, three Strategic Objectives are within appetite and three sit outside of the appetite.

Strategic Objective	Q3 2024-25	Change since Q2
Starting Well	9 Out of Risk Appetite	No change
Living Well	9 Out of Risk Appetite	Downgraded 12 -> 9
Places, People and Communities	9 Within Risk Appetite	No change
Our People	12 Within Risk Appetite	No change
Leadership and Culture	12 Within Risk Appetite	No change
Outstanding use of resource	16 Out of Risk Appetite	No change

Reporting Cycle:

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

Furthermore, the Board is provided with assurance that during this period of redevelopment, the BAF has been overseen by Intergrated Risk Group, which is made up of executive members of the Finance and Performance Committee and the System Quality Group. The role of the Integrated Risk Group is to provide an assessment of complex, significant or recurrent risks that are escalated

to it via the Corporate Risk Register and monitor progress against plans and oversee the mitigation of any significant risks; it is also responsible for providing assurance on the completeness and accuracy of the BAF to the Board.

Recommendation	The Board is asked to review its Board Assurance Framework.
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Please provide details on the impact of following aspects	
Risk and Assurance	
Equality and Quality Impact Assessment	
Patient and Stakeholder Engagement	
Financial Impact and Legal implications	
Please indicate which CQC Theme and Quality Statements this QIA supports. Interim guidance for assessing integrated care systems March 2023 (cqc.org.uk)	Governance, management & sustainability

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

NHS Frimley ICB

Board Assurance Framework 2024/25

21-Jan-25

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 2024/25

Strategic Objective 1	Strategic Objective 2	Strategic Objective 3	Strategic Objective 4	Strategic Objective 5	Strategic Objective 6
Starting Well	Living Well	People, Places and Communities	Our People	Leadership and Cultures	Outstanding Use of Resources
We want all children to get the best start in life.	We want people from across all our communities to have the opportunity to live healthier lives.	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 rich 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.
<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>*Creation of the whole system clinical strategy to support shift of care to out of hospital settings and quantifiable effect on reducing hospital activity, making full advantage of virtual care and other 21st Century healthcare transformation opportunities and enable NHP build assumptions</p> <p>*Definition and achievement of Core20+5 interventions on reducing inequality of outcome for maternity, severe mental illness, respiratory, cancer and hypertension, as well as the Plus groups approved by the ICB Board in 2024</p>	<p>*Definition of a new way 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>*Leadership and support of the co-design for ICP v2.0</p>	<p>*Finalise the implementation of the ICB restructure, realising a £4.5m improvement in the pay expenditure of the organisation and embed the OD activities required to make the operating model a success</p> <p>*Establish 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>*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>*Further development of the System Leadership capabilities through the implementation of our new operating model, which includes the new hosting functions of the ICB (i.e. Spec Com)</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>

Board Risk Appetite Statement 2024/25

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 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 2024/25:

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

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)
SO1	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)
SO2	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	3	9	CAUTIOUS 8	OUT	12 -> 9 ↓

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)
SO3	Transformation	A new approach to the ICP, Place governance and ICB team changes, policy uncertainty (BCF and adult social care discharge funding) and financial challenges for all system partners (health and local authorities) could create a challenging partnership environment and prevent the delivery of our shared priorities and goals	Chief Transformation and Digital Officer	F&P / SQG	4	4	16	3	3	12	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)
SO4-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)
SO4-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)
SO5	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

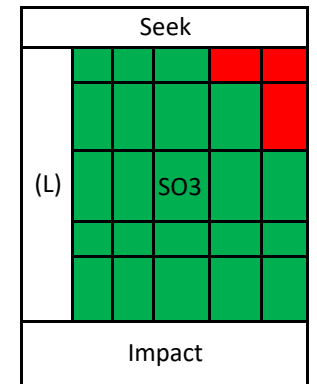
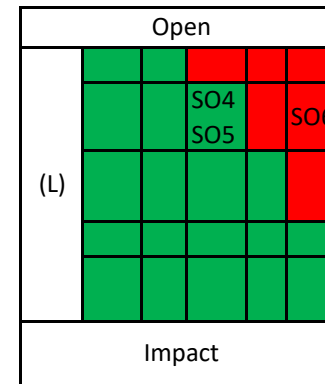
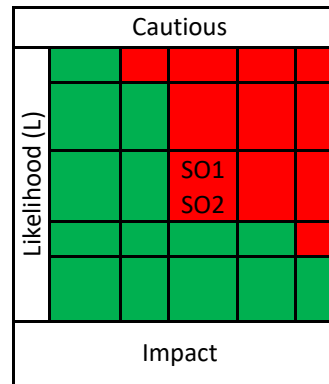
Strategic Objective 6: Outstanding Use of Resources													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)			Current Risk rating (after mitigation)		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter	
					I	L	Rating (IxL)	I	L				Rating (IxL)
SO6	FINANCIAL	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

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 2024-25 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



BAF REF: SO1	Strategic Objective: 1. Starting Well	Principle 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
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Assurance Committee: Finance and Performance Committee / System Quality Group	Delegated Risk Owner: Chief Nursing Officer	Date Added to BAF: Q2 2024/25
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Initial Risk Rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)
I	L	Rating (IxL)	I	L	Rating (IxL)								
3	4	12	3	3	9	CAUTIOUS 8	OUT	Current Rating	9	9	TBC		

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ol style="list-style-type: none"> 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 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. 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. Connecting housing and wider determinants into the work - for example using connected care data alongside LA insights to identify children at risk of respiratory illness this brings together a joint approach which enables the childs asthma to be supported and the improvements to the home such as damp and mould be made. Established Clinical Review Group to bring wider clinical expertise to assess needs that arise from health need. 	<p>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. Increasingly challenging relationships with local authorities when planning care for children particularly where high cost associated for local authority. Continuity of service provision whilst integrated therapies procurement is undertaken. Capacity to deliver the whole system change needed to support young people who are neurodiverse. Capacity to deliver safety valve programmes within Local Authorities. Wait times for neurodiversity support will form part of the inspection framework in the near future leading to greater scrutiny and control from external regulators. Right to Choose framework being exploited by new and unverified providers to undertake assessments for neurodiversity with limited quality and financial control or oversight.</p>

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update
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.	01/04/2027	Director for Children, Mental Health, and Learning Disabilities	This project has closed due to the LAs not being able to commit to providing the service, procuring or funding the scheme. Currently working with NHSE to repurpose funding to support Aldershot CAMHS team to develop an alternative to ED for children in crisis. Similar scheme in E Berks based on Camden model is also being considered. January update the reallocation of the captial funding was not possible for the scheme above as it was not possible to use this for PFI funded property. There was no other scheme that we were able to deliver within the timescales so funding is being returned to NHSE. Conversations are, however continuing wiht our two providers to look at need and opportunity.
Secure funding to bring LA partners together to further develop shared understanding of joint funding opportunities	01/04/2025	Director for Children, Mental Health, and Learning Disabilities	Work is underway and additional funding has been allocated from the CYP budget to engage some external support to deliver. Expected recommendations to come to CYP board in January . January 25 update. Consilium Parters supported the Director for CYP with the review which is now complete. A date for a workshop with LA DCSs and their senior leads is being arranged for February.
Establishing right to choose framework utilising provider selection regime to try to regain control of the quality of service providers.	01/04/2025	Head of Transformation CYP, MH, SEND, ADHD and Autism	Service Spec has been agreed and work is on target
Needs-led model for neurodiversity in both MH providers to be in place by 1st November.	01/11/2024	Head of Transformation CYP, MH, SEND, ADHD and Autism	Working with BHFT and LAs and primary care - we have gone live with new referral pathway. Timelines currently being met. January Update The Frimley neurodiversity steering group has been established. Strengthened primary care support and woring closely with Medicines Optimisation. work continues.

BAF REF: SO2	Strategic Objective: 2. Living Well	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.	Risk Domain: Quality	Current Risk Score: 9
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Assurance Committee: Finance and Performance Committee / System Quality	Delegated Risk Owner: Chief Medical Officer	Date Added to BAF: Q2 2024/25				
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Initial Risk Rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)
I	L	Rating (IxL)	I	L	Rating (IxL)								
3	4	12	3	3	9	CAUTIOUS 8	OUT	Current Rating	12	9	TBC		

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> * Our ICS Living Well Ambition and refreshed ToR for the Living Well Board with partners. * Work well Delivery Board established reporting into the Living Well Board. * Work programmes managed by the Living Well Board are on track apart from one. * CORE20 'Plus' groups identified for outcome mapping. * ICS CVD Prevention Board established - targeted work to reduce burden of CVD Morbidity and Mortality and ranked third nationally for Hypertension management in March 2024. * Regular links to regional and national health inequalities groups/Boards. * 9000 patients on remote monitoring 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. 	<ul style="list-style-type: none"> * Work on Inclusion health groups . * Inpatient smoking cessation programme. * 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

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update
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.	01/03/2025	Head of Prevention and Reducing Health Inequalities	The work is progressing well, and our initial exploration of the data for these groups has highlighted some data gaps that will require continued support from the Connected Care Team and partners. The first Community of Practice meeting for the CORE20PLUS5 scoping has been scheduled for February 2025.
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.	01/03/2025	ICB CMO	1) To discuss at ICB-FHFT Joint SLT in early 2025 2) To agree governance / point of sign off plan for decision making during the year ahead

BAF REF: SO3		Strategic Objective: 3. People, Places and Communities				Principle Risk: A new approach to the ICP, Place governance and ICB team changes, policy uncertainty (BCF and adult social care discharge funding) and financial challenges for all system partners (health and local authorities) could create a challenging partnership environment and prevent 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. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	
I	L	Rating (IxL)	I	L	Rating (IxL)									
4	4	16	3	3	9	SEEK 16	IN	Current Rating	9	9	TBC			
Positive Assurance and Key Controls in Place								Gaps in Control and/or Assurance						
<ul style="list-style-type: none"> - Establishment of new Places and Communities Board to create senior alignment and readacross - Approach to ICP Refresh and deployment sponsored by Chair and CEO of the ICB with 2 x Chief Officer support - Ongoing structured engagement with Local Authority Chief Executives by ICB CEO and CTDDO to escalate and resolve issues as they arise - Refreshing all age CHC policies (for East Berkshire residents) including escalation process in partnership with LAs 								<ul style="list-style-type: none"> - No National policy direction for BCF and ASCDF. Funding through these sources embedded into recurrent operational delivery and system ambitions - Unknown implications of the Local Government Reform White Paper published in December 2024 						
Mitigating Actions to Address Gaps								Target Date	Action Lead	Update				
Working with LA partners to mitigate the NHS England approach to "engagement " on future of BCF								30/03/2025	CNO / Director for Places and Communities					
Importance of strategic alignment between Places & Communities work and broader left shift / prevention / Living Well														
Ongoing LA Officer and Political engagement at a local level								30/03/2025	CEO / CNO / Director for Places and Communities					

BAF REF: SO4-A		Strategic Objective: 4. Our People		1st Principle Risk: We do not have the capacity and capability to deliver the required changes, realise the savings required and associated OD plan				Risk Domain: People		Current Risk Score 12				
Assurance Committee: Finance and Performance Committee / System Quality Group/ People Board						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. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	
I	L	Rating (IxL)	I	L	Rating (IxL)									
4	4	16	4	3	12	OPEN 12	IN	Current Rating	12	12	TBC			
Positive Assurance and Key Controls in Place								Gaps in Control and/or Assurance						
<ul style="list-style-type: none"> * Change Programme Group - Chief Officers and CEO * SLT reviewing ICB employment plans and risks and establishment controls * 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 * Staff survey is currently live * Statutory and mandatory training compliance plan in place which has now been signed off by SLT * Review of all current policies for ICB staff * Freedom to speak up ambassadors and staff networks in place 								<ul style="list-style-type: none"> * Recurrent funding of 'non recurrent funding' (for example SDF) for programmes which are staffed and mobilised. * Whilst there is an action map for our OD delivery plan, we are finalising the priorities and timescales. OD framework has been shared and signed off by SLT. * ICB organisation talent and succession strategy - currently being scoped 						
Mitigating Actions to Address Gaps			Target Date		Action Lead	Update								
ICB OD Refresh implementation will ensure there is a robust plan to support the organisational objectives post- restructure.			Q4 24/25		CPO	SLT and Board have approved the initial draft plans. Wider directorate requirements and discussions are underway.								
Development of a Wider Leadership Forum			Q3 24/25		CPO	Second session held, with partners IEQ9. Overall positive outcomes but some emerging issues being highlighted, primarily focussed on the emotional state that senior leaders are in post change. Dates have now been secured for Q4								
Line Managers forum to support the wider organisation			Q3 24/25		CPO	Second managers forum held, with positive feedback to how it was ran. Group receptive to holding a focus area per forum, constructively working together against a problem area. Q4 dates currently being secured.								
Robust oversight and scrutiny of Statutory and Mandatory training requirements			Q3 24/25		CPO	STaM paper approved by SLT. Work underway to operationalise proposals in partnership with CSU and NHSE mandate. Updated roadmap produced outlining steps, with only change in NHSE mandate being the formalisation of the SME group established into a committee.								

BAF REF: SO4-B		Strategic Objective: 4. Our People		2nd Principle Risk: We do not have the capacity and capability to deliver a WorkWell Programme, that delivers the required impact for the residents of Frimley.				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. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)
I	L	Rating (IxL)	I	L	Rating (IxL)								
4	4	16	3	4	12	OPEN 12	IN	Current Rating	12	12	TBC		
Positive Assurance and Key Controls in Place								Gaps in Control and/or 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>DWP data requirements for identifiable information not available.</p> <p>Referral requirements remain untested (benchmarked information unavailable)</p>					
Mitigating Actions to Address Gaps								Target Date	Action Lead	Update			
Working closely with DWP to establish (not just for Frimley but all 15 pilot areas) a secure and legal method to share the information.								Q1 25/26	Programme Manager, Frimley H&C	Ongoing.			
Information governance expertise sought to advise on risk and potential digital solutions.								Q3 25/26	Programme Manager, Frimley H&C	Ongoing.			

BAF REF: SO5	Strategic Objective: 5. Leadership and Culture	Principle Risk: If we do not create an inclusive culture then we will not have the leadership capacity and capability to deliver for the communities we serve. If the ICB does not create an open, positive, transparent and inclusive culture then the cases of bullying, sexual misconduct, aggression and poor employee experience will lead to 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
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Assurance Committee: Finance and Performance Committee / System Quality Group	Delegated Risk Owner: Chief People Officer	Date Added to BAF: Q2 2024/25
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Initial Risk Rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)
I	L	Rating (IxL)	I	L	Rating (IxL)								
4	4	16	3	4	12	OPEN 12	IN	Current Rating	12	12	TBC		

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
The System EDI Strategy including Anti-Racism Approach The Frimley Academy strategy and programmes of work The establishment and input of the ICB's Mirror Board The ICP Assembly focus and influence on key leadership strategies FTSU Guardian Network provides key assurance OD framework (embedding inclusivity across ICS)	Alignment between organisation and system leadership and EDI strategies Psychologically safe environment to explore complex cultural issues such as anti-racism

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update
Refresh of the Frimley Academy Strategy	Mar-25	CPO	The Academy has secured ICB Board support for next steps (including spending plan) - now moving forward with 2025-2027 planning and implementation.
Development of an Anti-Racism Alliance	Mar-25	EDI System Lead and Provider Member BHFT	Ongoing.
Review the development of the Mirror Board	Feb-25	CPO & EDI System Lead	Ongoing.

BAF REF: S06	Strategic Objective: 6. Outstanding Use of Resources	Principle 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		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. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)
I	L	Rating (IxL)	I	L	Rating (IxL)								
5	5	25	5	4	20	OPEN 12	OUT	Current Rating	20	20	TBC		
Positive Assurance and Key Controls in Place								Gaps in Control and/or Assurance					
The system is developing rapid financial turnaround options which could mitigate the probability of the risk materialising. Options were presented to the October meeting of the system Finance & Performance Committee for discussion and recommendation to Board. There is an unavoidable trade-off between in-year financial balance and the availability of resource to service the need for "left shift" transformation which will require careful navigation and full recognition of the consequences of decisions to be taken. The "most likely" i-year position for the Trust and ICB at month 8 was a £2m deficit, although this is predicated on a number of RFT actions coming to fruition and remains high risk. The longer-term financial sustainability of the system will require much more material and substantive action.								Although many of the weaknesses identified in the "Getting the basics right" assessment in 2023 have been addressed, the system's financial reporting function is not as well developed as it would ideally be. There remains significant work to do on the establishment of a systematic, coherent, common PMO infrastructure to drive the delivery of identified "tranche 4" opportunities and the establishment of a single, consolidated system I&E to provide accurate and transparent financial intelligence to support decision making. Future allocations are not released as at 9/1/25, meaning the prospects for long term financial sustainability cannot accurately be ascertained.					
Mitigating Actions to Address Gaps								Target Date	Action Lead	Update			
As the organisational design process concludes, the ICB will address gaps in its financial reporting establishment to facilitate the delivery of financial business partnering. This process will be much further advanced by the end of the financial year.								31/03/2025	CFO				
Embedding the adoption and operation of the ePMO system across the whole system, enabling operational and clinical colleagues systematically and coherently to identify, develop and deliver transformational opportunities must be a requirement of the 25/26 delivery plan.								31/03/2025	CFO				
The 25/26 delivery plan must clearly identify actions required of system portfolio delivery boards, under the distributed leadership model, to facilitate their delivery on an ongoing basis.								31/03/2025	CFO				

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 Poor staff attendance for mandatory/key training 	<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 numbers of staff not attending mandatory / key training 	<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 key staff No staff attending mandatory training key training on an ongoing basis
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

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 Minimal or no impact on the environment 	<ul style="list-style-type: none"> Loss/ interruption of >8 hours Minor impact on environment 	<ul style="list-style-type: none"> Loss/interruption of >1 day Moderate impact on environment 	<ul style="list-style-type: none"> Loss/interruption of >1 week Major impact on environment 	<ul style="list-style-type: none"> Permanent loss of service or facility Catastrophic impact on environment
Environmental impact					
Data Loss / Breach of Confidentiality	<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