NHS Frimley Integrated Care Board

NHS Frimley Integrated Care Board

Agenda – Meeting in Public

Wednesday 21st May 2025 – between 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 18 March 2025 and matters arising	Approve	Paper	Priya Singh - Chair
	4.	Chief Executive Update	Note	Verbal	Sam Burrows - Chief Executive (Interim)
		Outstanding Use of Resources			
11.40	5.	25/26 Planning and Delivery	Note	Paper	Rich Chapman-Chief Finance Officer
		Starting Well			
11.50	6.	Independent Mental Health Homicide Review into the tragedies in Nottingham Letter	Note	Paper	Sarah Bellars - Chief Nursing Officer
		Leadership and Culture			

Timing	No.	Item	Action	Delivery	Lead
11.55	7.	Terms of Reference for the SE ICB and NHSE Joint Committee for Delegated Commissioning	Note	Paper	Caroline Corrigan - Chief People Officer
		Living Well			
12.00	8.	IUI Policy	Note	Paper	Lalitha Iyer- Chief Medical Officer
		Performance Reporting			
12.10	9.	Frimley ICB Quality Performance Report (Bracknell SEND inspection)	Note	Slides	Sarah Bellars - Chief Nursing Officer
	10.	Frimley ICB Finance Performance Report	Note	Slides	Richard Chapman – Chief Finance Officer
	11.	Frimley ICB Workforce Performance Report	Note	Slides	Caroline Corrigan – Chief People Officer
		Business Items			
12.20	12.	Board Assurance Framework	Note	Paper	Caroline Corrigan
		Close of Business			
12.25	13.	Questions from the public received in advance of today's meeting	-	Verbal	Priya Singh - Chair
	14.	Any Other Business	-	Verbal	Priya Singh - Chair
12.30	15.	Close	-	Verbal	Priya Singh - Chair
Date of next meeting in public: 22 July 2025, 11.30 – 12.30					

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

Frimley ICB Non Executive Member	Ilona	Blue	Defence Equipment and Support, an arms' length body of the MoD	Non-executive member of the Audit and Risk Assurance Committee	Declarations of Interest – Other	Non-Financial Professional	Direct	No conflicts anticipated.
Frimley ICB Non Executive Member	Ilona	Blue	Active Travel England, an executive agency of the Department for Transport	I am a non-executive director and Audit Chair	Declarations of Interest – Other	Non-Financial Professional	Direct	No conflicts anticipated
Frimley ICB Non Executive Member	Ilona	Blue	Network Rail, an arms' length body of the Department for Transport	I am an independent advisor to the Audit & Risk Committee and the Treasury Committee	Declarations of Interest – Other	Non-Financial Professional	Direct	None anticipated
Frimley ICB Non Executive Member	Ilona	Blue	Maritime and Coastguard Agency, an executive agency of the Department for Transport	Interim Non-executive director and Audit Chair. Term of appointment 1/2/25 to 31/10/25.	Declarations of Interest – Other	Non-Financial Professional	Direct	No conflicts anticipated
Interim Chief Executive 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			

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
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
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.
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 aniticipated	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	
NHS Frimley Non-Executive Member	Gareth	Shepherd			Nil Declaration			
Bracknell Forest Council	Grainne	Siggins	Association of Directors of Social Services	Member of ADASS. Joint Chair of South East ADASS Regional Branch	Declarations of Interest – Other	Non-Financial Professional	Direct	Declaration was needed, however, membership of ADASS does not present as a risk.
Bracknell Forest Council	Grainne	Siggins	Bracknell Forest Council	Employed as Executive Director of People Services	Declarations of Interest – Other	Financial	Direct	

Bracknell Forest Council	Grainne	Siggins	Association of Directors of Children Services	Member of ADCS	Declarations of Interest – Other	Non-Financial Professional	Indirect	
Chair of Frimley ICB	Priya	Singh	National Council for Voluntary Organisations	Appointed November 2020 - Chair of Board of Trustees	Outside Employment			
Chair of Frimley ICB	Priya	Singh	Society for Assistance of Medical Families	Appointed January 2018 - Executive Director	Outside Employment			
Chair of Frimley ICB	Priya	Singh	PG Mutual Insurance	Non-Executive Director	Declarations of Interest – Other	Financial	Indirect	Manage in accordance with COI policy.
Chair of Frimley ICB	Priya	Singh	CAF Nominees	Charitable Trustee	Declarations of Interest – Other	Non-Financial Professional	Direct	
Chair of Frimley ICB	Priya	Singh	Royal Trinity Hospice	Trustee	Declarations of Interest – Other	Non-Financial Professional	Indirect	In line of the COI policy.
Chair of Frimley ICB	Priya	Singh	Regulatory Oversight Board (Cricket Regulator)	Non Executive Director	Declarations of Interest – Other	Non-Financial Professional	Indirect	In line with the COI policy.
Chair of Frimley ICB	Priya	Singh	BOB ICB	Chair	Declarations of Interest – Other	Financial	Direct	Managed in accordance with policy.
Place Clinical Lead RBWM	Huw	Thomas	Claremont and Holyport practice	Partner in the practice	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	Maidenhead Primary Care Network	Practice is a member of Maidenhead PCN	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	Frimley Health NHS Foundation Trust	Spouse employed by Trust as Clinical Nurse Specialist	Declarations of Interest – Other	Indirect	Indirect	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	East Berkshire Primary Care	Work on sessional basis for East Berkshire Primary Care. EBPC provide out of hours care and other primary care services.	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	Holy Trinity Primary School, Cookham	Governor at school	Declarations of Interest – Other	Indirect	Indirect	Will be managed in accordance with policy

Place Clinical Lead RBWM	Huw	Thomas	Royal Borough of WIndsor and Maidenhead	Practice subcontracted to provide opiate substitute prescribing services for the Royal Borough of Windsor and Maidenhead	Declarations of Interest – Other	Financial	Direct	Manage in accordance with policy
NHS Provider Partner Member	Graham	Wareham	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

NHS
Frimley
Integrated Care Board

Minutes of NHS Frimley Integrated Care Board
Held in Public on Tuesday 18 March 2025 from 11.30am-12.30pm
Via Microsoft Teams

Chair – Priya Singh

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

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

	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 21 January 2025, Action Tracker, and matters arising**
	The minutes of the last meeting in public were taken as accurate and approved without further comment. There were no matters arising.
4.	**ICB Chief Executive's Update**
	Sam Burrows, incoming Interim Chief Executive Officer, gave the verbal updating, thanking Fiona Edwards for her work in shaping the local system for more than a decade, and wishing her well in her future endeavours on behalf of the Board. Changes to NHSE and Integrated Care Systems were noted following recent announcements, with the ICB working to support colleagues and residents during this time of uncertainty. The importance of the NHS Ten Year Plan was reinforced, and it was expected to remain a flagship part of the Government's health policy going forwards. The Chair noted that the Board would confirm submission either by email or at an extraordinary meeting to be held before the submission date of 27 March.
5.	**Leadership and Culture**
5.1	**Equality Diversity and Inclusion (EDI) Update including Gender Pay Gap and Annual EDI report** <u>Gender Pay Gap update:</u> Caroline Corrigan presented the report, featuring data covering the period from 1 April 2023 to 31 March 2024, and containing the legal context and the ICB's obligations under The Equality Act 2010. The report also summarised actions that had taken place in the last 12 months, the effects of the change programme on the progress on some streams of work, and the planned work for the coming year It was confirmed that the Remuneration Committee had reviewed and supported publication of the report and action plan. *The Board <u>approved</u> the Gender Pay Gap Report for 2023/24 which would now be published on the ICB's website.* <u>EDI Annual Report:</u> Safina Nadeem presented the 2024/25 Annual EDI Report, highlighting the ongoing commitment across the system to fostering a diverse, inclusive, and equitable environment. Over the past year, significant steps had been taken to embed equality, diversity, and inclusion into culture, policies, and practices. Key achievements included: • Strengthening recruitment processes to promote fair opportunities • Developing resources to challenge poor behaviours • Launching the Mirror Board Programme to enhance leadership inclusivity • Introducing a system anti-racism framework to address inequalities

	To help address these challenges both the Workforce Race and Disability Equality Standard (WRES & WDES respectively) reports had been produced utilising workforce data, WRES and WDES indicators, and Staff Survey results. The WRES Action Plan outlined NHS Frimley's commitment to addressing workforce inequalities and fostering an inclusive environment for Black, Asian, and Minority Ethnic staff. The plan identified key priorities such as strengthening accountability, supporting career development, and tackling structural inequalities. It also set clear success measures for the future. *The Board approved both the Workforce Race Equality Standard and Workforce Disability Equality Standard Action Plans.*
6.	**Outstanding Use of Resources**
6.1	**25/26 Financial Planning - Final Submission** Rich Chapman gave an update on the financial position for the Frimley system in 2025/26, indicating a challenging landscape with critical opportunities enabled through joint system and portfolio work to deliver transformation initiatives. Final plans were due for submission to NHS England on 27 March 2025, covering all aspects of the Frimley System. The paper formed part of a joint brief the Boards of NHS Frimley and Frimley Health NHS Foundation Trust as the statutory Boards making up the Frimley System. A specific requirement of the 2025/26 planning process was the formal agreement by the system's constituent Boards (Frimley ICB and FHFT) of a new "Board Assurance Statement", which was noted by the Board. The Board was asked to follow the recommendations set out within the paper and noted that an extraordinary meeting would be scheduled the following week on 26 March in order to sign off the final position to NHSE – if a meeting was not possible at such short notice, it was agreed that the sign-off would take place digitally via email. The Chair noted that significant discussion had taken place during the private session, and that the Board was now sufficiently briefed to allow for signing off either by email or at an extraordinary meeting to be held before the submission date of 27 March. *The Board supported the direction of travel outlined in the paper.*
6.2	**Delegated Specialised Commissioning Services** Sam Burrows provided the update on the delegation of the commissioning of Specialised Commissioning Services to ICBs from NHSE, representing a great opportunity for local service specification, increasing both quality of access and care provided. The process was being led by NHS Frimley on behalf of the six South East Regional ICBs. It was noted that BOB ICB had already approved this delegation on the same grounds, and it was anticipated that the remaining five regional ICBs (including Frimley) would also approve by the end of March. The Board was asked to note and approve the following: • To note the contents of the Approval paper, including the areas of risk which have been identified as associated with this proposed delegation and the specified services in scope for delegation • To approve the Delegation Agreement and Collaboration Agreement

	• To approve the Terms of Reference for the Joint Committee of ICBs and Sub-Committee for Specialised Commissioning • To approve the Proposed Interim Governance Arrangements ("The Backstop") as an alternative, time limited, approach to be utilised should the six ICBs fail to approve the documents listed above by 31st March 2025. The Chair confirmed that the ICB would be carefully tracking the impact and outcomes for the SE region. The Board supported the recommendations outlined within the papers in the belief that ICBs would continue to exist and given the assumption that they would be tasked with undertaking strategic commissioning as originally envisioned. *The Board approved the Delegation Agreement, Collaboration Agreement, and Proposed Interim Governance Arrangements.*
7.	**Performance Reporting**
7.1	**Frimley ICB Quality Performance Report**
	Sarah Bellars provided an overview of the Frimley ICB Quality Performance Report, covering the following headlines as detailed within the presentation: ➢ 2025/26 Planning and Quality Impact ➢ Integrated Care System Mortality Review Group ➢ Vaccination Update ➢ MHRA National Safety Alert ➢ BHFT Heart Function Service ➢ CQC System Compliance and Updates A further update was given detailing the work undertaken between Frimley ICB and local Mental Health NHS Trusts (Berkshire Healthcare Foundation Trust & Surrey and Borders Partnership) alongside neighbouring systems Buckinghamshire, Oxfordshire and Berkshire West (BOB) and Surrey Heartlands to provide a proposal for Assertive Outreach (AO) or intensive case management (ICM) to meet the needs of this group of patients. *The Board noted the update.*
7.2	**Frimley ICB Finance and Performance Report**
	Rich Chapman provided an overview of Frimley ICB's Finance and Performance data as at Month 10 (M10) 2024/25. The Frimley system position at M10 was £3.5m behind plan, representing an improvement of £2.1m against the reported M9 position. The ICB was £1.6m behind a breakeven plan and FHFT were £1.9m behind the planned position. The system forecast remained at break even. The ICB continued to deliver turnaround actions and offsetting both the planned efficiency gap and continuing cost pressures. *The Board noted the update.*
7.3	**Frimley ICB Workforce Performance Report**
	Caroline Corrigan provided an overview of the Frimley ICB Workforce Performance Report, covering the following headlines as detailed within the presentation: ➢ Headline workforce metrics ➢ Temporary staffing ➢ Primary care workforce

- Frimley Academy
- 2024/25 Staff survey ICB)
- Organisational Development delivery plan
- WorkWell – an update
- ICB Workforce metrics

The Board noted the update.

8. Board Assurance Framework

Rich Chapman provided the Board with an overview Board Assurance Framework (BAF) for 2024/25, noting the updates to the mitigating actions that have been made since the document was last reviewed in Public at the January 2025 meeting.

The BAF reported on the ICB's Strategic Objectives and detailed the significant long-term risks to the achievement of these. The document provided assurance that the ICB was on track to deliver its Strategic Objectives and highlighted where necessary any gaps in controls and assurances and the associated actions.

Each of the following Strategic Objectives had been scored with an inherent (current) and residual risk (score after the risk has been mitigated) for Q4. The effects of the controls showed whether the Strategic Objective sat in or out of Risk Appetite Statement. At present, four Strategic Objectives were within appetite and two sat outside of the appetite.

Strategic Objective	Q4 2024-25	Change since Q3
1. Starting Well	9 Out of Risk Appetite	No change
2. Living Well	9 Out of Risk Appetite	No change
3. Places, People and Communities	9 Within Risk Appetite	No change
4. Our People	12 Within Risk Appetite	No change
5. Leadership and Culture	16 Out of Risk Appetite	↑ Increase from 12 to 16
6. Outstanding use of resource	16 Out of Risk Appetite	No change

Strategic Objective 5 – Leadership and Culture had been updated to reflect new controls for the Pharmacy Optometry and Dentistry (POD) Commissioning Hub and transfer of Delegated Specialised Commissioning functions to the ICB. The risk score has been increased from 12 in Q3 to 15 in Q4, which meant that the Strategic Objective now sat outside its Risk Appetite.

The Board was asked to consider the sorts of assurance that it would require on plans to bring the Strategic Objectives back within the agreed Risk Appetite Thresholds. The Board would be asked to review and update its current 2024/25 Risk Appetite Statement and Threshold for 2025/26.

The Board noted the update.

8. Close of Business

8.1	**Questions from the public received in advance of the meeting** *None.*
8.2	**Any Other Business** *None.*
8.3	**Close** The Chair closed the meeting at 12.30.
	Date of the next meeting in public: 20 May 2025

NHS
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FRIMLEY INTEGRATED CARE BOARD

Title of Paper	25/26 Planning and Delivery		
Agenda Item	5	**Date of meeting**	21 May 2025
Exec Lead	Rich Chapman, CFO		

Purpose	To Approve	☐
	To Ratify	☐
	To Discuss	☐
	To Note	☒

Link to Strategic Objective	Best Use of Resources

Executive Summary

2025/26 Planning & Delivery

The Frimley system, in line with the NHS nationally, has submitted a plan for the current financial year which contains several mandated key deliverables:

Improving access to timely care: Ensuring patients receive prompt treatment across various services, including A&E, elective care, and mental health services

- The 4hr trajectory (all types) shows gradual improvement to 78% in March 2026, with a slight dip over winter. The Board is asked to note that this trajectory matches, then outperforms 2024/5 for every month bar April
- Elective performance improvement:
  - A material reduction in the overall waiting list
  - RTT performance improving to 67% by March 2026.
  - The total waiting list declines to 70k
  - A material reduction in the number of patients waiting over 52 weeks
- In improving to 60% RTT the plans show an increase in admitted & non-admitted clock stops

Increasing productivity: Achieving a 4% improvement in productivity while reducing the cost base by at least 1%

- Productivity & Efficiency requirements form a significant part of plans for the new year which target savings in excess of 7% of the system's influenceable cost base.
- Although material inroads have been made to that target, work continues to identify and implement the savings plans required.

Living within allocated budgets: Managing constrained budgets effectively, with greater financial flexibility for local systems

- Plans will deliver a balanced system position.

Driving reform: Implementing innovations and reforms to enhance service delivery and efficiency

- An update on the developing System Transformation Programme will be brought to the ICB's May board meeting and FHFT's June meeting. Boards will be requested to ratify the creation of a shared transformation programme and corresponding governance.

Planning Risks

Key risks identified within the planning process include:

- Delivery of the total efficiency plans across the ICB, FHFT, and the residual system gap.
- The outcome of the NHS standard contract consultation will require significant resource and the development of contracting intelligence to enable the system to utilise the levers now available to the system to manage variable activity within affordable limits.
- Length of stay at FHFT remains a significant challenge and system wide actions will be required to reduce demand for beds.
- There remains a risk that remaining savings may impact operational delivery.

Environmental Risks

The system is operating in an environment which is highly challenged both in terms of the demand it is required to service and the resource available to provide capacity to meet that demand.

Overlaying the risk inherent in that situation is the resource requirement safely to operate a RAAC hospital while ensuring the delivery of a new hospital.

A newly emerging risk is the requirement to reduce ICB operating costs and provider corporate costs during the year, which has the potential both to consume management bandwidth and cause material distraction for the personnel charged with delivering the plans.

Approach to delivery

The system is working rapidly to institute an enhanced financial recovery programme. This will differ from a more traditional "turnaround" approach in that it will have explicit safeguards to prevent the enactment of financial recovery actions which have short-term benefit but would undermine the system transformation required to ensure the long-term sustainability of the system.

The longer-term transformation plan is well developed in terms of opportunity identification. Next steps are formally to embed a jointly owned delivery mechanism within the organisations which form part of the system, and both Boards will be asked to approve plans to do this at their May and June meetings respectively.

As a system we remain committed to the ambitions set out in the plan as submitted. Board is asked to note that the actions set out above will not shift the ambitions of the plans but rather are designed to reduce the level of risk inherent in them.

Recommendation	The Board is asked to: • NOTE the briefing on system planning and delivery for the 2025/26 financial year.

	• NOTE the direct link between actions taken in the current financial year and the long-term sustainability of the system, and the inherent planning risks and Frimley-specific environmental risks described.

Please provide details on the impact of following aspects	
Risk and Assurance	The plans presented include narrative descriptions of the risks and proposed mitigations.
Equality and Quality Impact Assessment	EQIA will be completed for all decisions resulting from agreement of the plans.
Patient and Stakeholder Engagement	The plans have been developed in close cooperation with system partners.
Financial Impact and Legal implications	The plans are directly related to the system's financial and operational position.

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
ICB Executive Group	Ongoing	
ICB Board	March, April meetings	Plans were submitted and next steps approved

Frimley Health and Care

NHS
Frimley

Mental Health
Assertive Outreach

Frimley Health and Care

NHS Frimley

Context and Summary

- Following the 2024 conviction of Valdo Calocane (VC) in the manslaughter of three members of the public in Nottingham, and further counts of attempted murder, the Care Quality Commission (CQC) reviewed mental health services in Nottingham. This was followed by an independent review, carried out by "Theemis", into the care and treatment provided to VC.

- As a result of these reviews and their recommendations to the wider NHS, ICBs were asked to assess the safety of assertive and intensive community treatment for people with serious mental illness, and to develop improvement plans to enhance safety.

- Frimley ICB worked with its local Mental Health NHS Trusts (Berkshire Healthcare Foundation Trust & Surrey and Borders Partnership) and neighbouring ICBs in the production and review of these plans, which aim to enhance how we meet the needs of this group of patients within existing and available resources. A summary slide-pack was presented to the ICB Public Board in February 2025. Following the publication of the Theemis review, the plans were refreshed and reviewed, and we present this update to the public Board meeting, as directed by NHS England.

- The following slides contain a high-level summary of the ICB response, and the operational plans developed by Berkshire Healthcare NHS Foundation Trust (BHFT) and Surrey and Borders Partnership NHS Foundation Trust (SABP). The appendix includes information on the assurance history and forward planning. This continues to be work in progress, with monitoring and further updates being scheduled.

- Note: The ICB acknowledges that the plans do not constitute a 'stand-alone' Assertive Outreach model, the funding for which is not currently available. It is not mandatory for ICBs to commission standalone models and the ICB accepts as reasonable the proposals made by the mental health Trusts to accommodate the functions within existing resources. The ICB does, however, note that there are inherent risks in relation to the capacity of mental health professionals to dedicate time to assertive outreach without the capped caseloads that a stand-alone model could facilitate.

Frimley Health and Care

NHS Frimley

ICB Governance – Response to the Nottingham Recommendations

The effectiveness of information-sharing and communications across all system partners in respect of mental health care, treatment and risk management.

- The ICB promotes multi-agency working in the contractual specifications of the services it commissions. This includes promotion of operational relationships between agencies, systems interoperability where feasible, and participation by providers in multi-agency forums including statutory requirements such as Multi-Agency Public Protection Arrangements (MAPPA), and Safeguarding Boards.
- The ICB participates directly in statutory functions such as the local Safeguarding Boards.
- The ICB promotes and facilitates shared care records which enable secondary healthcare services to view GP summary care records, and for GPs to have visibility on their systems of mental health risk assessments.
- Further assurance is sought directly from providers in respect of their protocols and operational relationships with other agencies such as Forensic Services, the Probation Service, the Police and local authorities. These are reflected in the mental health Trust plans summarised above.
- The ICB works in partnership with its commissioned services on learning outcomes from patient safety incidents to ensure that learning around multi-agency co-operation and communication are addressed where actions for improvement have been identified.
- The ICB has put in place a system-level Patient Safety Forum with participation from its main commissioned healthcare providers which provides a channel for key learning and improvement work from patient safety responses to be shared and any system-level improvement work to be scoped.

Frimley Health and Care

NHS Frimley

ICB Governance – Response to the Nottingham Recommendations

The effectiveness of governance functions in the identification of and communication of potential and existing risks, and triangulation of information to enable system-wide learning.

- The ICB has worked closely with providers on the implementation of the national Patient Safety Strategy, including the Patient Safety Incident Response Framework (PSIRF) and is satisfied that its mental health Trusts have made good progress with embedding new governance arrangements.
- The ICB participates in the Trusts' internal patient safety and quality meetings where intelligence is shared on emerging and existing risks, responses to patient safety incidents, learning and actions.
- The ICB has access to the Learning from Patient Safety Incidents (LfPSE) system to analyse incident reporting trends among its providers. ICB complaints and PALS data is also reviewed to triangulate with these other sources.
- The ICS Mortality Review Group meets quarterly to review provider Learning from Deaths quarterly reports, identifying system-wide themes, seeking assurance on improvement initiatives, and sharing learning and good practice among providers.
- The ICB operates a 'Clinical Feedback' system for providers to report interface issues, from which themes are collated to inform improvement work at provider and system level.
- The ICB has also put in place a governance process for Community Medical Examiners to report through any significant issues they have identified with community care and treatment so that the ICB Quality Team can liaise with primary care and community providers to share learning and take any appropriate improvement actions.
- The System Quality Group meets monthly and acts as a key system-wide escalation and triangulation point for quality intelligence, risk management, and improvement work.
- A new ICB Quality Framework is in development.

Frimley Health and Care

BHFT Assertive Outreach Plan – High Level Overview

NHS Frimley

BHFT have analysed the guidance and requirements for intensive and assertive outreach and their action plan sets out reasonable measures to mitigate safety risks for this cohort of patients, within currently available resources. The plan also addresses the key areas of focus emanating from the Nottingham review.

While there is significant assurance on this approach, and an overview of the Trust's plan indicates that it maximises safety within the available resources, it carries risk in relation to the capacity of CMHTs, CRHTTs and other specialist services within the Trust to maintain operational focus on intensive and assertive outreach in the context of overall caseloads.

It is acknowledged that BHFT have rolled out and are continuing to embed 'named workers' for people with serious mental illness. It is important that the caseloads of named workers assigned to patients in this cohort are manageable. NHSE have recommended that a caseload cap of a maximum of 15 patients per named worker should be in place. This recommendation may be difficult to achieve within current resources, and a clear picture of feasibility is needed. ICBs have also made a case to NHSE that a community mental health standardised safer staffing tool would be an important mechanism for gauging required resources and giving safety assurances.

Other significant challenges that will be worked on are:

- How to address what SABP have termed "Cohort 2" patients – i.e. those discharged to GPs who fit a similar profile to VC.
- The varied availability of Share Care depot medication agreements with Primary Care.
- Challenges in working with different Local Authority-commissioned substance misuse providers whose resources do not facilitate joint-assessments and outreach work.

In summary, BHFT have provided good assurances and appropriate further actions / next steps, but the capacity of professionals to dedicate sufficient time for assertive outreach in the absence of a standalone AOT function remains an underlying risk.

Frimley Health and Care

NHS Frimley

SABP Assertive Outreach Plan – High Level Overview

- SABP are in the process of putting their revised plan through their internal governance processes, culminating in an extraordinary Public Board meeting in June 2025. As such, we are not able to provide a full analysis of the plan in this paper but will provide an update once it has been ratified within SABP and reviewed by Surrey Heartland and Frimley ICBs. We can summarise the considerable work that has been carried out by SABP to date, as outlined below:
    - SABP identified 3 clear cohorts of individuals in scope of assertive outreach with the intention to better understand and improve their management and support. The SABP stratification of cohorts was praised by NHSE as an exemplar for others to follow.
    - The Trust established a 12-week programme working with their community mental health and recovery service teams, with a focus on education and culture. They introduced a new assertive outreach team zone within their weekly zoning matrix to facilitate regular senior oversight of these individuals in their weekly MDT meeting and discussion of their management plan.
    - Multi-agency professionals' meetings were arranged for those extremely high-risk patients within Cohort 1 to ensure the appropriate actions are in place to safely manage their care.
    - Extra steps were also taken to work with health partners to understand their work on Assertive Outreach, especially through SABP's HOMEFirst programme to keep people out of hospital and in contact with services.
    - SAPB have carried out a broader review of all mental health teams to ensure the fullness of implementation of appropriate policies and ensure they all have assertive outreach properly embedded within their functions.
- While the ICB awaits the refreshed SABP plan, we are working with the Trust on arrangements to engage with General Practice on Cohort 2 patients, i.e. those discharged to GPs who fit a similar profile to VC.
- SABP have continued to develop actions in response to the independent homicide review report (Nottingham) that was published in February 2025. These actions seek to address all 5 recommendations within that review. A report is due to be presented to the SABP Board in May 2025 and we expect this to be shared with Frimley Health ICB. We anticipate that the report will provide assurance that SABP understands the importance of continued clinical oversight for this segment of the Frimley Health population.

Frimley Health and Care

NHS Frimley

Appendix 1: Frimley ICB Assurance Planner

Following the independent investigation undertaken by NHSE there has been a clear commitment that all ICB's and Trusts should take their plans for Assertive Outreach to their public boards by June 2025.

For this reason, the Adult Mental Health Team along with colleagues in the Quality Team have put together the following timetable for the approval of Assertive Outreach plans by SABP and BHFT that cover the Frimley footprint.

5th March 2025	Frimley ICB SLT	Slides for the Public Board on 18th March 2025 reviewed by Senior Leadership Team (SLT).
18th March 2025	Frimley ICB Public Board Meeting	Assertive Outreach slides presented to the Board.
22nd April 2025	Frimley ICB Adult Mental Health Board Meeting	Frimley ICB Assurance paper taken to this meeting along with summary slides
24th April 2025	System Quality Group (SQG) Meeting	Frimley ICB Assurance paper taken to this meeting along with summary slides
8th May 2025	Frimley ICB SLT	Slides for the Public Board on 20th May to be reviewed by Senior Leadership Team (SLT).
20th May 2025	Frimley ICB Public Board Meeting	Assertive outreach has been added to the agenda for this meeting
Post-May 2025	Ongoing monitoring and reporting.	Schedule and governance arrangements for ongoing monitoring and reporting to be agreed.

Surrey Heartlands ICB are planning to take their assurance paper to their public board on the 21st May 2025
SABP are taking their AO plan to an extraordinary public board in June.
BHFT presented their AO plan to their public board in March 2025

NHS
Frimley
Integrated Care Board

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Draft ICB Joint Committee Terms of Reference		
Agenda Item	7	**Date of meeting**	21 May 2025
Exec Lead	Sam Burrows, Interim Chief Executive Officer, NHS Frimley		
Author(s)	Alison Edgington, Programme Director		

Purpose	To Approve	☐
	To Ratify	☐
	To Discuss	☐
	To Note	☒

Link to Strategic Objective	*All.*

Executive Summary

The Draft Integrated Care Board (ICB) Joint Committee Terms of Reference (TOR), sets out the role, responsibilities, membership, decision-making powers, and reporting arrangements of the constituent member ICBs, and should be read alongside the respective Collaboration Agreements between the ICB Partners ('the Collaboration Agreements') and any other authority delegating functions to them, such as NHS England through the Specialised Commissioning Delegation Agreement ('the Delegation Agreement').

The purpose of the Joint Committee is to provide a governance framework to facilitate the ICB Partners to collaborate on priority areas that can be best done at scale for the population of the nine million people which they serve across the south-east region. The Partner ICBs have agreed a programme of work that aims to commission and support the local delivery of five key collaborative priorities. These are:

(a) Using a common approach for the **Federated Data Platform** (FDP) and to roll this out across the south-east.

(b) Reviewing and assessing the commissioning of **delegated services, including specialist commissioning, pharmacy, optometry and dentistry services** to identify opportunities to collaboratively commission improved, high quality, modern, strategic clinical services. This will include forward planning for further areas of delegated commissioning in the future.

(c) **Culture and leadership:** Developing a system approach for the south-east ICBs; sharing risk and benefits, where this is beneficial to south-east populations, as a whole. Creating the best possible culture and leadership for the south-east.

(d) **Financial sustainability:** Recognising financial challenges across the systems and interdependencies, to work together where possible and where it makes sense to support ICBs and systems to achieving greater financial sustainability and productivity.

(e) **Strategic and collaborative commissioning at scale:** Focussing on:

i. the urgent and emergency care pathway to enable a collective approach to **ambulance services**

ii. a review of **mental health services** to improve care in a more consistent way for people with a mental health condition.

In addition, the Joint Committee TOR makes provision for ICB Partners to establish sub-committees and working groups of the Joint Committee, with such terms of reference as may be agreed between them.

With reference to levels of delegated authority the Joint Committee Terms of Reference states that:

- *The level of delegated authority the Joint Committee shall have for decision making, shall be the individual level of delegated authority for each of the Joint Committee Members in accordance with their respective Scheme of Reservation and Delegation or Standing Financial Instructions. This should ideally be the same level of authority for each Member. Where it is not, Members of the Joint Committee should try to collectively agree a suitable level of delegated authority to recommend to their respective ICB Partner organisations.*
- *The level of delegated authority to the Joint Committee Members for each of the delegated functions does not have to be the same: it may differ in accordance with their respective ICB Scheme of Reservation and Delegation or Standing Financial Instructions.*

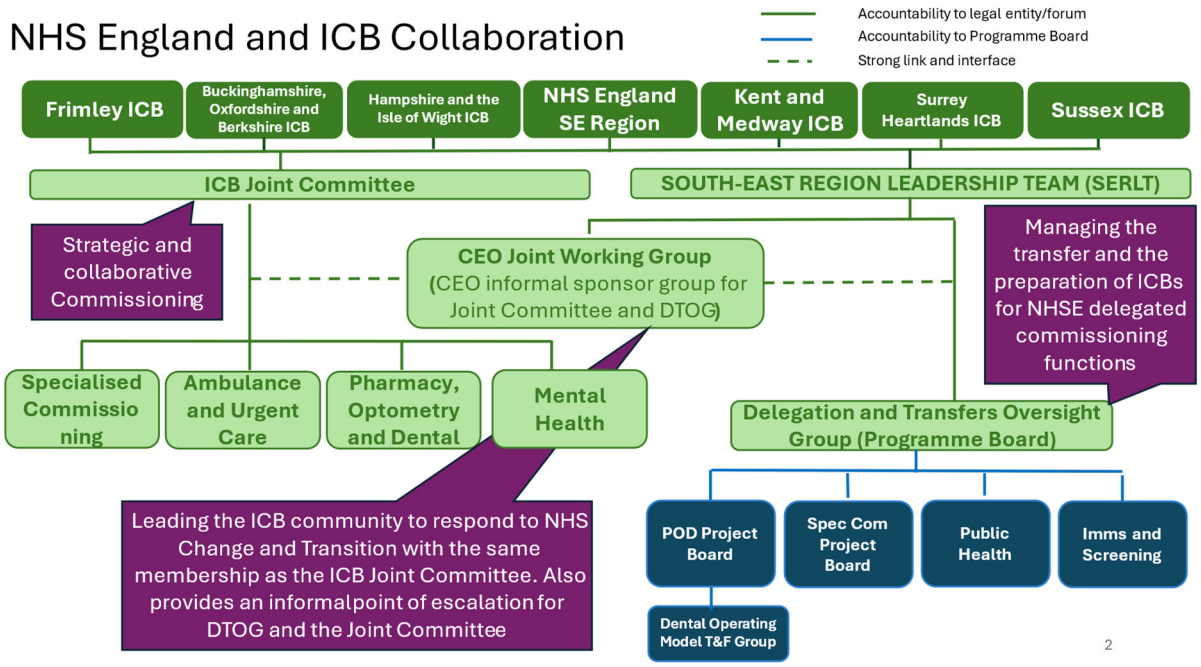
It is desirable that level of delegation specified by through ICBs should ideally be at the same level for each Chief Executive. This may mean that the Scheme of Reservation and Delegation or Financial Standing Instructions respective to each ICB will need to be updated to reflect this.

In their absence, a Chief Executive may appoint a named substitute to attend. The named substitute shall have the same decision-making authority as their Chief Executive for the purposes of the Joint Committee

The Committee will be chaired by a Chair or joint Chairs, elected annually from among the membership and will meet 6 times per year as a minimum. Initially it is proposed that the Committee meets monthly. The Committee is asked to appoint a Chair at the inaugural meeting for a period of 12 months.

The governance chart in Figure 1 sets out the relationship between the Joint Committee and other committees and forums at a system level across the south-east NHS England Region.

Figure One: Governance Structure demonstrating the relationship between Committees and Forums.



It is proposed that the current fortnightly meeting of the CEOs is delineated so that once per month the CEO meeting becomes the ICB Joint Committee and is established with relevant governance and reporting in place in accordance with the Joint Committee Terms of Reference. The other fortnightly meeting would be renamed 'ICB CEO Joint Working Group' and become an informal meeting where decisions are taken using CEO personal delegated authority.

Next Steps:

1. Endorsement of the ICB Joint Committee TOR by Chief Executives (06 May 2025)
2. The appointment of a Chair by the CEO membership (06 May 2025)
3. The Terms of Reference are presented to each ICB CEO for formal approval on behalf of their Boards (May 2025)
4. Delineation of the CEO fortnightly meeting to become the formal ICB Joint Committee, and informal ICB CEO Joint Working Group (June 2025)
5. Monthly meetings of the ICB Joint Committee commence from June 2025

Recommendation	The Board is asked to: • <u>Note</u> the Draft Integrated Care Board (ICB) Joint Committee Terms of Reference (TOR) following the decisions taken by the Board in March.

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)	Choose a Quality Statement.

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

Terms of Reference for South East England ICBs –

CEO Joint Committee

Introduction

1. The Integrated Care Boards (ICBs) across the South East of England have come together to form the Collaborative South East ICBs Chief Executive Officers Joint Committee ('**Joint Committee**').

2. The NHS ICB partner members are:

   (a) NHS Frimley ICB ('**Frimley ICB**')

   (b) NHS Buckinghamshire, Oxfordshire and Berkshire ICB ('**BOB ICB**')

   (c) NHS Hampshire and the Isle of Wight ICB ('**HIoW ICB**')

   (d) NHS Kent and Medway ICB ('**Kent & Medway ICB'**)

   (e) NHS Surrey Heartlands ICB ('**Surrey Heartlands ICB'**)

   (f) NHS Sussex ICB ('**Sussex ICB**')

3. For the purpose of these terms of reference, the NHS ICBs shall be known as the **'ICB Partners'.**

4. The Joint Committee, whose governance arrangements are described in these terms of reference, is the collective governance vehicle for joint decision-making by the ICB Partners.

Purpose

5. The ICB Partners wish to collaborate on a number of priority areas that can be best done at scale together for the population of the nine million people which they serve. They have agreed a programme of work that aims to commission and support the local delivery of five key collaborative priorities. These are:

   (a) Using a common approach for the Federated Data Platform (FDP) and to roll this out across the south east.

   (b) Reviewing and assessing commissioning of delegated services, including specialist commissioning, pharmacy, optometry and dentistry services to identify opportunities to collaboratively commission improved, high quality, modern, strategic clinical services. This will include forward planning for further areas of delegated commissioning in the future.

   (c) Culture and leadership: Developing a system approach for the south east ICBs; sharing risk and benefits, where this is beneficial to south east populations, as a whole. Creating the best possible culture and leadership for the south east.

   (d) Financial sustainability: Recognising financial challenges across the systems and interdependencies, to work together where possible and where it makes sense to support ICBs and systems to achieving greater financial sustainability and productivity.

(e) Strategic and collaborative commissioning at scale: Focussing on:

i. the urgent and emergency care pathway to enable a collective approach to ambulance services
ii. a review of mental health services to improve care in a more consistent way for people with a mental health condition.

6. The ICB Partners already collaborate on a number of areas, including workforce, prescribing and medicine management, continuing healthcare and some corporate services such as procurement and diagnostics. Over time, there may be more areas that can be better achieved with ICBs working together at scale.

7. For clarity, the list of delegated functions within scope of this Joint Committee are set out in **Appendix A**

8. The ICB Partners may establish sub-committees and working groups of the Joint Committee, with such terms of reference as may be agreed between them. Any such sub-committees or working groups that are in place at the commencement of this Agreement may be documented in the Local Terms for ICB Partners (**Appendix B**).

The Terms of Reference

9. These Terms of Reference provide the governance framework to support effective collaboration between the ICB Partners acting through the Joint Committee.

10. The Terms of Reference set out the role, responsibilities, membership, decision-making powers, and reporting arrangements of the Joint Committee. They should be read alongside the respective Collaboration Agreements between the ICB Partners ('the Collaboration Agreements') and any other authority delegating functions to them, such as NHS England through the Specialised Commissioning Delegation Agreement ('the Delegation Agreement').

11. It is acknowledged that, amongst other programmes as detailed in paragraph 5, these joint working arrangements enable ICB Partners to work together as a collective in relation to collaborative commissioning and the commissioning of Specialised Services, to better align and transform pathways of care around the needs of local populations in South East England.

12. The Joint Committee will operate as the decision-making forum for exercising the agreed delegated joint functions in accordance with the associated Collaboration Agreements and the Delegation Agreement functions.

Statutory framework

13. Section 65Z5 of the National Health Service Act 2006 (as amended) ('the NHS Act') permits NHS organisations to delegate their functions to other statutory bodies. It also

permits combinations of NHS organisations to jointly exercise their functions and pool funds in a joint working arrangement.

14. In accordance with sections 65Z5 and 65Z6 of the NHS Act, ICBs can establish and maintain joint working arrangements, overseen by a Joint Committee, to jointly exercise their commissioning functions.

15. The CEO Joint Committee is established pursuant to section 65Z6 of the NHS Act and apart from the functions set out in the Collaboration and Delegation Agreements, as reflected in these terms of reference, the Joint Committee does not affect the statutory responsibilities and accountabilities of the ICB Partners.

Role of the Joint Committee

16. The role of the Joint Committee shall be to carry out the strategic decision-making, leadership and oversight relating to the commissioning of a range of services as detailed in Appendix A and any associated Collaboration and Delegation Agreements. The Joint Committee will share good practice relating to the needs of the partners and their populations wherever collaborative working will bring positive impact. The Joint Committee will safely, effectively, efficiently and economically discharge the Delegated Functions and deliver the relevant services through the following key responsibilities:

    a) Determining the appropriate structure of the Joint Committee for approval by each ICB Partner;

    b) Making joint decisions in relation to the planning and commissioning of the Delegated Functions and relevant services, and any associated commissioning or statutory responsibilities, for the population, for example, through undertaking population needs assessments, in association with other public authorities if deemed appropriate;

    c) Have due regard to the triple aim duty of better health and wellbeing for everyone, better quality of health services for all and sustainable use of NHS resources in all decision-making;

    d) Monitoring and delivering the population-based financial allocation and financial plans for services commissioned by the ICB Partners, including agreeing the annual contribution made by each ICB Partner;

    e) Oversight and assurance of the delegated functions and relevant services in relation to quality, operational and financial performance, including co-ordinating risk and issue management and escalation, and developing the approach to intervention with service providers where there are quality or contractual issues;

    f) Identifying and setting strategic priorities and undertaking ongoing assessment and review of delegated functions and relevant services within the remit of the Joint Committee, including tackling unequal outcomes and access;

g) Supporting the development of partnership and integration arrangements with other health and care bodies that facilitate population health management and, providing a forum that enables collaboration to integrate service pathways, improve population health and services, and reduce health inequalities. This includes establishing links and working effectively with health and care partners including Provider Collaboratives and other alliances, other ICBs, joint committees and NHS England where there are cross-border patient flows to providers;

h) Ensuring the Joint Committee has effective engagement with stakeholders, including local authorities, patients and the public, and involving them in decision-making;

i) Ensuring the Joint Committee has appropriate clinical advice and leadership, including through relevant Clinical Reference Groups and Clinical Networks;

j) Ensuring that, prior to a decision being made by the Joint Committee in relation to the delegated functions and relevant services, appropriate consideration by relevant clinicians and other relevant disciplines has been undertaken;

k) Ensuring that prior to a decision being made by the Joint Committee in relation to the delegated functions and relevant services, appropriate consideration is given to each ICB Partner's Scheme of Reservation and Delegation ('SoRD'), and such Joint Committee SoRD as may be established

l) Commencing longer-term planning of the delegated functions and relevant services, including the opportunities for transformation and integration of the services and delegated functions;

m) Discussing any matter which any member of the Joint Committee considers to be of such importance that it should be brought to the attention of the Joint Committee;

n) Review and renew the operation of these terms of reference, as required, subject to the terms of any existing contractual commitments; and

o) Otherwise ensuring that the roles and responsibilities set out in the associated Collaboration and Delegation Agreements between the ICB Partners are discharged.

17. The list of delegated functions within scope of this Joint Committee are set out in Appendix A. Where appropriate these delegated functions will also have related Collaboration and Delegation Agreements which must be adhered to alongside these Terms of Reference. Where there is any difference between the Agreements the following shall take precedence in priority order:

a) The Delegation Agreement
b) The Collaboration Agreement
c) These Terms of Reference

18. Any ICB Functions delegated by the ICB Partners shall be appropriately referenced in the ICB Partners Scheme of Reservation and Delegation.

Accountability and reporting

19. The ICB Partners of the Joint Committee are accountable to their respective Boards for the exercise of the Delegated Functions, and NHS England for the exercise of the Delegated Functions related to Specialised Commissioning.

20. It is the responsibility of each ICB Partner to determine the route by which it receives assurance from, and contributes to, the decision making of the Joint Committee. It is the responsibility of each Authorised Officer of the Committee to operate within the governance structure of their organisation in order to provide such assurance using the route agreed by their organisation.

21. Any sub-committee of the Joint Committee will be Chaired by a voting member of the Joint Committee who will formally report on the work of the sub-committee at each Joint Committee meeting.

22. The Chair of any Working Group established by the Joint Committee or a sub-committee will provide a formal report to the Chair of the Joint Committee or relevant sub-committee within 7 days of each Working Group meeting.

23. The Joint Committee or relevant sub-committee will provide a report on how it has exercised the Specialised Commissioning Delegated Functions set out in the Delegation Agreement to such officer as NHS England authorises to receive such reports.

Proposals for sub-committees and work programmes

24. The ICB Partners may, from time to time, establish sub-committees or working groups of the Joint Committee to discharge its functions, with such terms of reference as may be agreed between them. Any such sub-committees or working groups that are in place at the commencement of the relevant ICB Collaboration Arrangement may be documented in the relevant schedules to that agreement. Sub committees and working groups will be described in the governance arrangements in the respective Collaboration Agreement.

25. All sub-committees will have their terms of reference and membership approved by the Joint Committee and will need to operate in accordance with any requirements specified by the Joint Committee.

26. Any Working Group established by a sub-committee will have its terms of reference and membership approved by the relevant sub-committee and will need to operate in accordance with any requirements specified by that subcommittee.

Membership

27. The Chief Executive of each ICB Partner shall be a member of the Joint Committee. In their absence, a Chief Executive may appoint a named substitute to attend. The named

substitute shall have the same decision-making authority as their Chief Executive for the purposes of the Joint Committee.

28. Where a Chief Executive has a conflict of interest on a particular matter, the relevant ICB Partner may nominate a named substitute to attend the meeting of the Joint Committee as a member for that item, subject to them not being conflicted.

29. Each of the ICB Partners must ensure that its Chief Executive, or deputy or named substitute is of a suitable level of seniority and duly authorised to act on its behalf and to agree to be bound by the final position or decision taken at any meeting of the Joint Committee.

30. NHS England will not be a member of the Joint Committee but will have a standing invitation to attend each meeting of the Joint Committee.

Membership of Sub-Committees and Working Groups

31. The Joint Committee will determine the membership of each sub-committee and working group it establishes, and members do not need to be voting members of the Joint Committee, but each sub-committee must be chaired by a voting member of the Joint Committee.

32. Each sub-committee which establishes a working group will appoint one of its voting members to chair such a working group, but the rest of the membership does not have to come from the sub-committee.

Representative and Attendees

33. The ICB Partners may identify individuals from their own organisations or other organisations to observe proceedings, contribute to the Joint Committee's deliberations and provide advice to the Joint Committee, as required. These individuals will attend the Joint Committee in an advisory capacity only.

34. Such attendees will need to be agreed with the Chair of the Joint Committee in advance of the meeting.

Chair

35. At the first meeting of the Joint Committee, the Members shall select a Chair or joint Chairs from among the membership.

36. The Chair(s) shall hold office for a period of one year and be eligible for re-appointment for further terms. At the first scheduled Joint Committee meeting after the expiry of the Chair's term of office, the Members will select a Chair or joint Chairs who will assume office at that meeting and for the ensuing term

37. If the Chair(s) is/are not in attendance at a meeting, the remaining Members will select a Member to take the chair for that meeting.

Levels of Delegated Authority

38. The level of delegated authority the Joint Committee shall have for decision making, shall be the individual level of delegated authority for each of the Joint Committee Members in accordance with their respective Scheme of Reservation and Delegation or Standing Financial Instructions. This should ideally be the same level of authority for each Member. Where it is not, Members of the Joint Committee should try to collectively agree a suitable level of delegated authority to recommend to their respective ICB Partner organisations.

39. The level of delegated authority to the Joint Committee Members for each of the delegated functions does not have to be the same: it may differ in accordance with their respective ICB Scheme of Reservation and Delegation or Standing Financial Instructions.

Meeting arrangements

40. The Joint Committee shall plan to meet six times per year, as a minimum.

41. At its first meeting (and at the first meeting following each subsequent anniversary of that meeting) the Joint Committee shall prepare a schedule of meetings for the forthcoming year ("the Schedule").

42. The Chair(s) (or in the absence of a Chair, the ICB Partners themselves) shall see that the Schedule is notified to the members.

43. The ICB Partners (individually or collectively) may call for an extraordinary meeting of the Joint Committee outside of the Schedule as they see fit, by giving notice of their request to the Chair(s). The Chair(s) may, following consultation with the Partners, confirm the date on which the extraordinary meeting is to be held.

Quorum

44. A Joint Committee meeting is quorate if the Member appointed by each of the ICB Partners is present.

45. An ICB Partner that is unable to attend a scheduled meeting of the Joint Committee must provide at least seven days' notice in writing to the Chair(s) to allow alternative arrangements to be considered.

46. Where an ICB Partner is unable to comply with paragraph 45 and does not attend the meeting of the Joint Committee, the meeting shall proceed on the basis that it is quorate, but insofar that any binding joint decision will need to be ratified at the next meeting of the Joint Committee. The Chair will make every effort to confirm the decision with the absent ICB partner in advance of this, but regardless, the decision must be ratified at the next meeting. Failure to ratify the decision will mean it is not binding..

47. Further to paragraph 46, any joint decision binding on all Partners must relate to an issue already notified to the ICB Partners as part of the meeting agenda or papers for the

meeting. Any decision on an issue not previously notified to all of the ICB Partners will not be binding on the absent ICB Partner.

Secretariat functions

48. The ICB Partners shall provide sufficient resources, administration and secretarial support to ensure the proper organisation and functioning of the Joint Committee.

Publication of notices, minutes and papers

49. The Chair(s) shall ensure that notices of meetings of the Joint Committee, together with an agenda listing the business to be conducted and supporting documentation, are issued to the ICB Partners seven days (or, in the case of an extraordinary meeting, three working days) prior to the date of the meeting.

50. The ICB Partners may, to such extent that they consider it appropriate, table an item at the Joint Committee relating to any other of their functions that is not a delegated function or relevant service or associated function to facilitate engagement, promote integration and collaborative working. Any decision made on such items shall not be binding on all ICB Partners unless there is full agreement.

51. The proceedings and decisions taken by the Joint Committee shall be recorded in minutes, and those minutes circulated in draft form within 28 days of the date of the meeting. The Joint Committee shall confirm those minutes at its next meeting.

Decisions and voting arrangements

52. The ICB Partners must ensure that matters requiring a decision are anticipated and that sufficient time is allowed prior to Joint Committee meetings for discussions and negotiations between them to take place.

53. The Joint Committee will make decisions through consensus wherever possible.

54. Where it has not been possible, despite the best efforts of the Members, to come to a consensus decision on any matter before the Joint Committee, the Chair(s) may defer the matter for further consideration at a later meeting or require the decision to be put to a vote in accordance with the following provision.

55. Each Member of the Joint Committee will have one vote, and a vote will be passed with a simple majority of the votes. Where a vote is tied, the proposal will not be passed.

Conduct and conflicts of interest

56. Members of the Joint Committee will be expected to act consistently with existing statutory guidance, NHS Standards of Business Conduct and relevant organisational policies, including:

    (a) The NHS Standards of Business Conduct policy: https://www.england.nhs.uk/publication/standards-of-business-conduct-policy/

(b) The Nolan Principles (the Seven Principles of Public Life): https://www.gov.uk/government/publications/the-7-principles-of-public-life.

(c) NHS England guidance: *Managing Conflicts of Interest in the NHS: Guidance for staff and organisations*: https://www.england.nhs.uk/ourwork/coi/.

57. Where any Member of the Joint Committee has an actual or potential conflict of interest in relation to any matter under consideration by the Joint Committee, the Chair(s) will determine what action to take in accordance with NHS England guidance. This may include that Member not participating the in meeting (or relevant part of the meetings) in which the matter is to be discussed. Whatever action is agreed, the conflicted Member will not be able to take part in any decision making for the matter concerned. An ICB Partner whose Member is conflicted in this way may secure that their appointed substitute attend the meeting (or part of the meeting) in the place of that member.

Confidentiality of proceedings

58. The Joint Committee is not subject to the Public Bodies (Admissions to Meetings) Act 1960. Admission to meetings of the Joint Committee is at the discretion of the ICB Partners.

59. All members in attendance at a Joint Committee are required to give due consideration to the possibility that the material presented to the meeting, and the content of any discussions, may be confidential or commercially sensitive, and to not disclose information or the content of deliberations outside of the meeting's membership, without the prior agreement of the ICB Partners.

Variation

60. These Terms of Reference may only be varied by all ICB Partners approving the variation in accordance with their Scheme of Reservation and Delegation.

Review of the terms of reference

61. These Terms of Reference will be reviewed annually.

Approved: [Insert date of Approval by all ICB Partners]

Version Control:

Version No	Amendment	Amendment Owner	Date of Amendment
1	Original Version	N/A	

Appendix A – ICB Delegated Functions

The functions which each ICB holds, including those delegated to it by NHS England, and which form the functions for the Joint Committee to exercise are as follows:

1. Specialised commissioning and other delegated functions

A number of specialised commissioning services have been delegated to ICBs from April 2025, in accordance with the relevant Delegation and Collaboration Agreements. A sub-committee to this Joint Committee is to be established. The Terms of Reference for the specialised commissioning sub-committee are to be approved by the Joint Committee.

The commissioning of pharmacy, general ophthalmic and dental (POD) services were delegated from NHS England to the ICBs in July 2022, in accordance with the relevant Delegation Agreement. No Collaboration Agreement currently exists for POD services, and decisions are taken in accordance with individual ICB Partner Member Schemes of Reservation and Delegation (SoRD) and Standing Financial Instructions (SFIs). Joint Committee Members may make decisions relating to these services where their respective SoRD and or SFIs accommodate this. In the absence of specific commentary on these services, the level of delegated authority shall be that of the individual Joint Committee Members.

2. Collaborative commissioning at scale

There are a number of opportunities for the ICBs to collaborate in commissioning areas that are best done at a large scale and together. The initial focus is on two areas - ambulance services and mental health.

The ICB Partners already have a programme to work focusing on improving ambulance services across the south east, run by South Coast Ambulance Service NHS Foundation Trust (SECAmb) and South Central Ambulance Service NHS Foundation Trust (SCAS). There is a recently established South East Ambulance Transformation Steering Group which oversees the work being carried out to deliver long-term improvements to ambulance services.

For mental health, the ICB Partners recognise the opportunity to work together at a more strategic scale to support improvements and transformation. Working with the regional mental health board, priority areas will be identified with the aim of improving care in a more consistent way for people with a mental health condition.

Joint Committee Members may make decisions relating to these services where their respective SoRD and or SFIs accommodate this. In the absence of specific commentary on these services, the level of delegated authority shall be that of the individual Joint Committee Members.

3. Digital and data

To support the national shift towards creating an NHS that moves from ‘analogue to digital’, the ICB Partners are working together to build improved digital and data infrastructure. This will support greater integration and population health management to ensure patients are getting the best possible care. The initial focus is on the rollout of the Federated Data Platform (FDP) and how this will support strategic commissioning in the future.

Joint Committee Members may make decisions relating to digital and data services in accordance with their respective SoRD and or SFIs. In the absence of specific commentary on these services, the level of delegated authority shall be that of the individual Joint Committee Members.

4. Leadership and building continuous improvement culture

The ICB Partners are working together to support the work taking place to develop the best possible leadership and culture across the South East. This is focusing on improving senior leadership capability and building continuous improvement and a culture of learning.

Joint Committee Members may make decisions relating to leadership and building continuous improvement culture in accordance with their respective SoRD and or SFIs. In the absence of specific commentary on these services, the level of delegated authority shall be that of the individual Joint Committee Members.

5. Financial sustainability across the NHS

The ICB Partners recognise the financial challenge faced across all systems and the opportunities to work together where possible and where it makes sense to achieve greater financial sustainability and productivity. This will initially focus on opportunities for greater efficiency and common approaches to sustainability.

Joint Committee Members may make decisions relating to financial sustainability in accordance with their respective SoRD and or SFIs. In the absence of specific commentary on these services, the level of delegated authority shall be that of the individual Joint Committee Members.

Appendix B – ICB Partners Local Terms

[Note – For ICB Partners to include such local terms, sub-committees or working groups as they deem appropriate.]

NHS
Frimley
Integrated Care Board

Correction Notice Issued on Thursday 22 May 2025:

Members of the public are asked to note that since publication of the papers for the board meeting in public on 21 May 2025 - a correction has been made to one of the papers:
Please see below Paper 8 – IUI Amended, which is now published alongside the main pack of papers.

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	IUI Amendment - version 22nd May 2025		
Agenda Item	8	**Date of meeting**	21 May 2025
Exec Lead	Lalitha Iyer, Chief Medical Officer		

Purpose	To Approve	☐
	To Ratify	☐
	To Discuss	☐
	To Note	☒

Link to Strategic Objective	*Strategic Objective 2 – Living Well*

Executive Summary

This paper sets the current context further to Buckinghamshire Oxfordshire and Berkshire West (BOB) ICB and Frimley ICB Priorities Committee (BOBFPC) agreeing a recommendation for an updated Assisted reproduction services policy and the next steps to enable adoption of this amendment across the ICS. The Communication and engagement briefing that underpins this is discussed in detail for approval.

For the proposed amendment to the existing policies, it is recommended that engagement is carried out rather than formal consultation, particularly with those most impacted by this change.

This work should be framed as a 'first step' ahead of a larger review of all fertility policies across the Southeast region expected in the future.

All engagement activity should allow for adequate time to ensure that feedback and insight is taken on board and is able to influence decision making. This helps to avoids the risk of challenge around predetermination. If the amendment is agreed prior to engagement, then this carries a risk of challenge. This needs to be weighed up against the current risk of challenge and the continuation of the current situation and the need to meet equality duties etc.

Significantly, the amendment seeks to reduce unwarranted variation across the three places by providing funding of six cycles of IUI after six self-funded cycles of artificial insemination. This will be positive for the residents of North East Hampshire (NEH) and East Berkshire (EB) as currently they receive no funding at all. For residents of Surrey Heath and Farnham (SH&F), patients will now be required to self-fund six cycles of artificial insemination before accessing NHS funded IUI.

A point of variation remains where the SH&F maximum age limit for IVF is 39 (under 40), whereas for the other places it is 34 (under 35). This could leave the ICB open to potential litigation, however, given that a regional policy is in the process of being developed, it would be counter-productive for the ICB to develop our own policy in the interim. The initial policy and amendment were both agreed through a formal process and pending the development and ratification of the

regional policy, this should remain our position, recognising that the regional committee will rationalise all existing policies into a single one.	
Recommendation	The recommendation is to note this approach as an interim solution until the entire fertility policy is agreed at the Southeast Regional Priorities Committee.

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

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

NHS Frimley Clinical Policy Alignment

Assisted reproduction services for infertile patients policy

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

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

Context

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

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

The key differences in the policies are:

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

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

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

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

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

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

Summary impact of proposed changes

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

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

Proposed change	Estimated impact on patients	Estimated cost impact (for ICB)
Funding IUI for people unable to have vaginal intercourse – NHS funding for 6 IUI after 6 self-funded artificial insemination (AI) (consistent with NICE CG156)	• Improves access to patients in EB and NEH localities where the current threshold for referral for specialist services is 12 cycles of self-funded AI (6 of which are IUI). • This restricts access to IUI for SHF population. Under the proposed policy these patients would have to self-fund the first 6 AI to demonstrate subfertility; currently this is not required. Estimated number of patients affected ≤ 9 SHF patients.	Neutral

Existing insight

A full Equality and Health Inequalities Analysis (EHIA) has been completed for the proposed IUI policy and this has been reviewed by the Equality Diversity and Inclusion Programme Co-ordinator for NHS Frimley with a note that this is a 'robust piece of work' and can be signed off by the Senior Responsible Officer (SRO).

An impact assessment has been carried out and is based on Frimley Prior Approval and invoice data. It is acknowledged that this data is lacking in detail. A proxy verification of

estimated overall patients' numbers has also been carried out using NICE costing template. Nevertheless, these estimates should be treated with some caution due to the limitations of the available data.

Comments to note from EHIA and EIA:

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

Service user and clinical input

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

Engagement and involvement:

Communications, engagement and consultation briefing

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

Amanda Pritchard, Chief Executive, NHS England

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

Introduction

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

Working in partnership with patients, carers, families and local people within their own communities brings a different perspective to our understanding and can challenge our view of how we think services are received and should be delivered in the future.

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

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

We will:

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

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

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

- **The NHS Act 2006** (as amended) means that all service change programmes must involve patients and the public, where necessary, in-service change.

- **The Equality Act 2010** means that programme leads must take steps to include people with protected characteristics, especially when conducting a public consultation.

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

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

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

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

Formal consultation

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

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

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

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

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

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

Legal advice

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

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

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

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

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

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

Proposed approach

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

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

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

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

Recommendations

- For the proposed amendment to the existing policies, it is recommended that **engagement** is carried out rather than formal consultation, particularly with those most impacted by this change.
- This work should be framed as a 'first step' ahead of a larger review ofall fertility policies across the Southeast region expected in the future.
- All engagement activity should allow for **adequate time** to ensure that feedback and insight is taken on board and is able to **influence decision making**. This helps to avoids the risk of challenge around predetermination. If the amendment is agreed prior to engagement, then this carries a (small) risk of challenge. This needs to be weighed up against the current existing risk of challenge and the need to meet equality duties.

Proposed public statement (DRAFT)

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

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

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

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

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

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

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

NHS Frimley will engage with those most likely to be affected. This engagement is likely to include focus groups, and discussions with relevant charities, local representatives, and health organisations. The feedback from this engagement will help shape future decisions.

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

Frimley Health and Care

NHS Frimley

NHS Frimley Clinical Policy Alignment

Statement on the IUI Policy Amendment

April 2025

Background

- NHS Frimley is working to make fertility treatment policies the same across all areas it covers.

- Right now, different areas (East Berkshire, North East Hampshire, and Surrey Heath/Farnham) have different rules on who can access fertility treatments and under what conditions.

- The goal is to ensure fairness, consistency, and legal compliance.

The proposed policy amendment

- The first step is to align policies on Intrauterine Insemination (IUI), a fertility treatment that helps people who cannot conceive naturally, this requires an amendment to our existing policies.

- The amendment would improve access to IUI in East Berkshire and North East Hampshire.

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

Why is this change being made?

- **Legal Compliance:** NHS Frimley must follow the Equality Act 2010, which ensures fair treatment.

- **NICE Guidelines:** The proposed change aligns with national recommendations from NICE (the organisation that sets NHS treatment guidelines).

- **Fairness:** The current offer is inequitable, and this amendment aims to make access to treatment the same for everyone across NHS Frimley.

- **Financial Responsibility:** The NHS must provide high quality , cost effective care within its budget.

Other key aspects

- A full Equality and Health Inequalities Analysis (EHIA) has been completed for the proposed IUI policy both at the Priority Committee and NHS Frimley.
- Legal views, defending and challenging the policy, from a patient perspective, were heard.
- A working group of fertility specialists has been involved through the policy review and provided their views.
- The proposed IUI policy is consistent with NICE Clinical guideline 156, the development of which involved specialist and patient input and included a public consultation.

Who will be affected?

- Most people won't see any change.
- Some people in Surrey Heath/Farnham will now need to meet the same self -funding requirement as other areas before receiving NHS -funded treatment.
- The impact of the IUI Amendment will be on two groups – a cohort of 'people in same-sex relationships, single women and couples unable to engage in sexual intercourse', and persons aged 35 -39 in Surrey Heath/Farnham only.
- The estimated number of people affected each year is quite small (fewer than 10 individuals).

What happens next?

- NHS Frimley will engage with those most likely to be affected.
- This engagement is likely to include focus groups, and discussions with relevant charities, local representatives, and health organisations. The feedback from this engagement will help shape future decisions.
- For a targeted, proportionate engagement approach to understand the potential impact on those most affected, the proposed engagement timeline is:

Date	Activity
May	Set up task and finish group; finalise engagement approach and materials
June – mid-July	Engagement live: online survey, website update, focus groups and community outreach
Mid July – end of July	Analysis of feedback and development of final engagement report
August 2025 onwards	Reporting and internal planning for implementation comms
Policy implementation – Date TBC (1 September 2025?)	Public communications on implementation, including guidance for patients currently in the system

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

In conclusion

- The goal is to ensure that everyone in NHS Frimley has equal access to fertility treatments while making sure the NHS stays within legal and financial guidelines.

- Engagement will take place to understand the impact on those affected and ensure their voices are heard.

- Transitional arrangements will be put in place for those who have already been referred and are in the system, once a ‘go live’ date has been confirmed following the engagement.

NHS
Frimley
Integrated Care Board

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	IUI Amendment		
Agenda Item	8	**Date of meeting**	21 May 2025
Exec Lead	Lalitha Iyer, Chief Medical Officer		

Purpose	To Approve	☐
	To Ratify	☐
	To Discuss	☐
	To Note	☒

Link to Strategic Objective	*Strategic Objective 2*

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Significantly, the amendment seeks to reduce unwarranted variation across the three places by providing funding of six cycles of IUI after six self-funded cycles of artificial insemination. This will be positive for the residents of NEHF and EB as currently they receive no funding at all, but for residents of SH, this will take them from 12 funded cycles to 6.

A point of variation remains where the SH maximum age limit is 39, whereas for the other places it is 35. This could potentially leave the ICB open to potential litigation, however, given that a regional policy is in the process of being developed, it would be counter-productive for the ICB to develop our own policy in the interim. The initial policy and amendment were both agreed through a formal process and pending the development and ratification of the regional policy, this should remain our position, recognising that the regional committee will rationalise all existing policies into a single one.

Recommendation	The recommendation is to approve this approach as an interim solution till the entire fertility policy is agreed at the Southeast Regional Priorities Committee.

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

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

ICB Strategic Objectives 2023-24:

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

NHS Frimley Clinical Policy Alignment

Assisted reproduction services for infertile patients policy

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

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

The key differences in the policies are:

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

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

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

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

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

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

Summary impact of proposed changes

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

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

Proposed change	Estimated impact on patients	Estimated cost impact (for ICB)
Funding IUI for people unable to have vaginal intercourse – NHS funding for 6 IUI after 6 self-funded artificial insemination (AI) (consistent with NICE CG156)	• Improves access to patients in EB and NEH localities where the current threshold for referral for specialist services is 12 cycles of self-funded AI (6 of which are IUI). • This restricts access to IUI for SHF population. Under the proposed policy these patients would have to self-fund the first 6 AI to demonstrate subfertility; currently this is not required. Estimated number of patients affected ≤ 9 SHF patients.	Neutral

Existing insight

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

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

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

Comments to note from EHIA and EIA:

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

Service user and clinical input

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

Engagement and involvement:

Communications, engagement and consultation breifing

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

Amanda Pritchard, Chief Executive, NHS England

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

Introduction

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

Working in partnership with patients, carers, families and local people within their own communities brings a different perspective to our understanding and can challenge our view of how we think services are received and should be delivered in the future.

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

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

We will:

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

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

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

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

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

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

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

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

Formal consultation

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

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

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

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

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

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

Legal advice

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

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

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

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

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

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

Proposed approach

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

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

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

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

Recommendations

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

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

Proposed public statement (DRAFT)

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

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

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

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

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

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

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

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

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

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

Frimley Health and Care

NHS Frimley

NHS Frimley Clinical Policy Alignment

Statement on the IUI Policy Amendment

April 2025

Background

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

The proposed policy amendment

- The first step is to align policies on Intrauterine Insemination (IUI), a fertility treatment that helps people who cannot conceive naturally, this requires an amendment to our existing policies.

- The amendment would improve access to IUI in East Berkshire and North East Hampshire.

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

Why is this change being made?

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

Other key aspects

- A full Equality and Health Inequalities Analysis (EHIA) has been completed for the proposed IUI policy both at the Priority Committee and NHS Frimley.
- Legal views, defending and challenging the policy, from a patient perspective, were heard.
- A working group of fertility specialists has been involved through the policy review and provided their views.
- The proposed IUI policy is consistent with NICE Clinical guideline 156, the development of which involved specialist and patient input and included a public consultation.

Who will be affected?

- **Most people won’t see any change.**
- **Some people in Surrey Heath/Farnham will now need to meet the same self-funding requirement as other areas before receiving NHS-funded treatment.**
- **The impact of the IUI Amendment will be on two groups – a cohort of ‘people in same-sex relationships, single women and couples unable to engage in sexual intercourse’, and persons aged 35-39 in Surrey Heath/Farnham only.**
- **The estimated number of people affected each year is quite small (fewer than 10 individuals in one group, and 12-15 in another).**

What happens next?

- **NHS Frimley will engage with those most likely to be affected.**
- **This engagement is likely to include focus groups, and discussions with relevant charities, local representatives, and health organisations. The feedback from this engagement will help shape future decisions.**
- **For a targeted, proportionate engagement approach to understand the potential impact on those most affected, the proposed engagement timeline is:**

Date	Activity
May	Set up task and finish group; finalise engagement approach and materials
June – mid-July	Engagement live: online survey, website update, focus groups and community outreach
Mid July – end of July	Analysis of feedback and development of final engagement report
August 2025 onwards	Reporting and internal planning for implementation comms
Policy implementation – Date TBC (1 September 2025?)	Public communications on implementation, including guidance for patients currently in the system

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

In conclusion

- The goal is to ensure that everyone in NHS Frimley has equal access to fertility treatments while making sure the NHS stays within legal and financial guidelines.

- Engagement will take place to understand the impact on those affected and ensure their voices are heard.

- Transitional arrangements will be put in place for those who have already been referred and are in the system, once a ‘go live’ date has been confirmed following the engagement.

Area SEND inspection of Bracknell Forest Local Area Partnership

(Full Report 50273313)

Grainne Siggins – BFC

Duane Chappell – BFC

Ali Woodiwiss – Frimley NHS ICB

Briefing – 2 April 2025

What is a local area SEND inspection?

The new Ofsted and CQC joint local area partnership SEND inspection framework was rolled out in January 2023. It replaced the previous inspection model and introduced a stronger focus on the experiences and outcomes of children and young people with SEND, as well as ongoing monitoring and improvement.

- The inspection assesses how effectively local area partnerships, including local authorities, health services, and education providers, identify, assess, and meet the needs of children and young people with SEND
- Inspectors examine how well SEND services improve the experiences, progress, and long-term outcomes of children and young people with SEND.
- The process looks at how well education, health, and social care services collaborate to deliver coordinated and high-quality support.
- Input from children and young people with SEND, their families, and professionals is collected to assess how services are meeting needs in practice.
- The inspection highlights effective practices and identifies areas where improvements are needed to enhance SEND provision.
- Findings help local area partnerships refine their strategies, policies, and services to better support children and young people with SEND.
- The inspection provides transparency on how well local services are fulfilling their statutory responsibilities under the SEND Code of Practice and related legislation.

Ongoing improvement journey [1]

Previous SEND inspection

- The last local area SEND inspection took place in December 2021
- The SEND inspection report, published in 2022, identified 9 areas of significant weakness, 4 areas requiring service improvement and 19 areas in need of development – 32 areas of weakness in total
- The local area partnership was formally monitored on the 9 areas of significant weakness by the DfE and NHS England on a quarterly basis

Current position

- 6 significant weaknesses remain under formal monitoring
- Recent inspection confirmed progress made, but further work needed
- Our self-assessment fully aligned with inspection findings and acknowledged ongoing areas for development
- A stabilised SEND team and workforce including extra staff and enhanced specialist skills and training
- Education, health and care plans (EHCPs) now being issued on time
- New social emotional and mental health (SEMH) school is being built, 10 places will open in September 2025

Ongoing improvement journey [2]

- A new autism school for 100 children in Crowthorne now with the DfE.
- Developed two secondary Specialist Resource Provision so up to 50 children can have their needs met with their local schools.
- Improvements to wait times for mental health services, as well as the improved support for children awaiting both mental health and neurodiversity assessments.
- Redesigned and recommissioned the East Berkshire Children's Therapy Service to address wait times for certain therapy services
- Strategic commissioning of key CAMHS service for children and young people with a learning disability
- Strategic commissioning of key CAMHS service for children in care
- A positive behaviour support offer has been introduced

Commitment to further improvement

- We remain dedicated to ensuring all children and young people with SEND and their families receive the education, health, and care support they need
- Continued collaboration across education, health, and social care is essential
- Focus on embedding and sustaining positive change for the future

Inspection outcome

Following a full inspection, inspectors make an overall summary judgement about the local area partnership. This judgement reflects the inspectors' evaluation of the impact of the local area partnership's arrangements on the experiences and outcomes of children and young people with SEND.

There are three possible inspection outcomes. The outcome for Bracknell Forest is:

> "There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with SEND, which the local area partnership must address urgently."

We accept the findings of the inspection and have recommitted as a local area partnership to continue to make urgent and sustained improvements.

What is the partnership doing that is effective?

- The local area partnership recognises the urgent need for improvement and is creating new ways of working to meet the needs of children and young people with SEND. Appropriate action has been taken to stabilise staffing and enhance practitioners' specialist skills and knowledge
- Disabled children and young people who need specialist statutory social care support have their needs assessed in a timely manner. They receive support and access to services influenced by their views, with appropriate referrals to additional services when needed
- There are effective processes for overseeing and monitoring joint commissioned residential special school provision. The voices of these children and young people are heard and considered, and their plans are kept up to date
- The Child Development Centre provides training to early years practitioners to help identify children's needs, including adapting the curriculum and using interventions like sensory circuits. This support ensures early identification of needs and provides regular access to speech and language therapy and physiotherapy
- The effective delivery of the healthy child programme supports early identification of needs. School nursing teams assist children in education settings and provide a drop-in service for all schools across Bracknell Forest
- Leaders have restructured services to help families waiting for specialist services like neurodevelopmental pathways and child and adolescent mental health services. The 'thrive model' helps commission services such as the mental health schools' team, offering 'care whilst waiting' and additional support if needed
- The 'team around the school' approach provides schools with guidance on inclusive support and practices, improving attendance for some pupils. Education staff value the support from autism-trained outreach workers for transitions to secondary school, though much of this work is still in its infancy

Areas for priority action

Responsible body	Areas for priority action
Bracknell Forest Council and Frimley ICB	Leaders at Bracknell Forest Council and Frimley ICB need to create a more effective partnership to ensure: ▪ there is a clear process established to better identify the needs of children and young people with SEND across the local area; and ▪ that there is a governance structure in place that provides effective oversight and monitoring of the whole SEND system.
Bracknell Forest Council and Frimley ICB	The local area partnership needs to develop more effective and cohesive systems to identify and bridge gaps in commissioning arrangements to help children and young people with SEND to achieve the best possible outcomes.
Bracknell Forest Council and Frimley ICB	The local area partnership should take immediate action to improve the quality of children and young people's EHC plans and annual reviews to ensure: ▪ the plans accurately reflect the up-to-date education, health and care needs; and ▪ the plans identify the provision required of all agencies in meeting these needs.

Areas for improvement

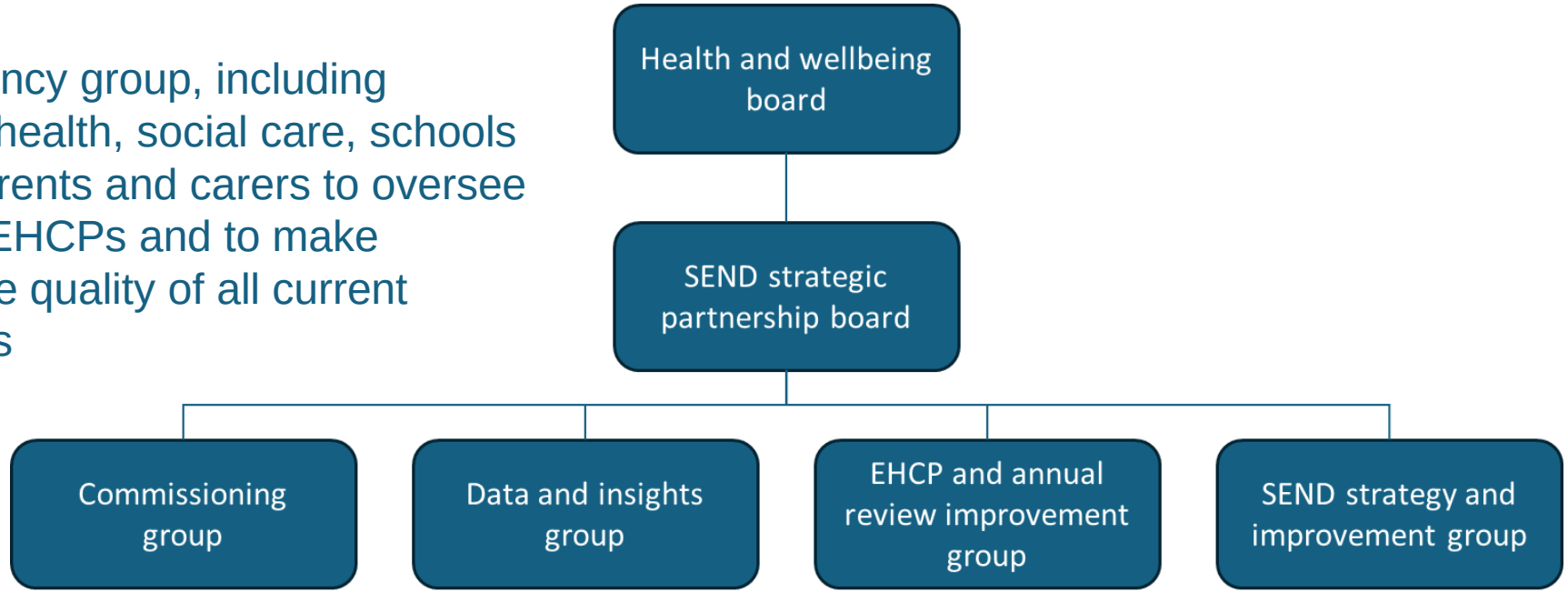
- The local area partnership should identify the steps that they will take to collectively monitor and measure the impact of their redeveloped strategy and plans. These plans should be co-produced with and communicated clearly to children, young people and their families.
- The local area partnership should **continue to develop** their oversight, strategy and commissioning arrangements of suitable AP so that there is sufficient suitable provision that meets the needs of children and young people with SEND.
- The local area partnership must ensure that multi-disciplinary working at all levels is **further strengthened** so that children and young people's needs are identified and met.
- Health leaders need to make **further improvements** to the waiting times for children and young people's access to health assessments and to receive a diagnosis across neurodevelopmental pathways and occupational therapy services.
- The local area partnership must **continue to develop** the effectiveness of the way in which the graduated approach is used across education, health and care.
- Education leaders should **continue to improve** the sufficiency of appropriate educational provision to meet the needs of children and young people with SEND in the borough.
- The local area partnership should improve their strategic approach to transition planning to ensure children and young people receive the right help and support they need and in preparation for adulthood.

How we will deliver the change

- We have already reviewed and updated our local area SEND governance arrangements and commissioned a company to produce a comprehensive Bracknell Forest joint strategic needs assessment for SEND. Alongside this we are developing a new whole system SEND data dashboard to help leaders understand the specific needs of children and young people with SEND in Bracknell Forest, and the services required to support them.

- We will form a subgroup of the strategic partnership board to conduct a review of joint commissioning arrangements to identify what new services need to be put in place, particularly alternative provision for children and young people not accessing education.

- We are establishing a multi-agency group, including representation from education, health, social care, schools and early years settings and parents and carers to oversee improvements to the quality of EHCPs and to make arrangements for a review of the quality of all current EHCPs over the next 18 months



What happens next?

- The Minister for Children, Families and Wellbeing will write to us to acknowledge the outcome and its findings, and may issue an improvement notice
- A senior officials meeting will be arranged by DfE and NHS England to discuss our plans to delivery improvements at pace and the capacity and capability of the local area partnership
- The local area partnership will prepare and submit a SEND priority action plan to address the identified areas for priority action by **23 May 2025**
- DfE and NHS England will meet with senior representatives of the local area every 6 months to review progress against the priority action plan and strategic plan at a strategic level – known as a ‘stocktake’ meeting
- Between these stocktake meetings, DfE and NHS England will meet with the local area to discuss progress against each APA in detail – known as a ‘deep dive’ meeting
- Ofsted and the CQC will carry out a monitoring inspection around 18 months after the initial inspection and a full area SEND inspection within approximately 3 years

NHS
Frimley
Integrated Care Board

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Integrated Performance Report (Public)		
Agenda Item	10.0	**Date of meeting**	21 May 2025
Exec Lead	Rich Chapman, Chief Finance Officer		

Purpose	To Approve	☐
	To Ratify	☐
	To Discuss	☐
	To Note	☒

Link to Strategic Objective	**Strategic Objective 3**: We will make sure our organisation stays focused on the delivery of our work programme. Our leaders will oversee our progress and work to improve our approach over time. We will also work closely with our partners and places to make sure we are collectively contributing to wider improvements in public services, reform and transformation.

Executive Summary	
The report sets out a further iteration of Performance and Finance system oversight reporting, bringing these areas together. Quality and Workforce are now reported separately. The paper was reviewed by the Finance and Performance Committee at its meeting on 3 April. The executive summary can be found in the main body of the report in PowerPoint. The Board is asked to *note* the performance challenges faced by all areas across our system.	
Recommendation	To *note* the paper

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
Finance and Performance Committee	3 April 2025	Noted

ICB Strategic Objectives 2023-24:

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

NHS
Frimley

Integrated Finance and Performance Report

Finance and Performance Committee Meeting – April 25
Executive Summary

Frimley System Position as at Month 11

Allocative	Technical	Technical	Technical & Allocative	Allocative
(1) Managing Demand for Health Interventions	(2) Efficient Delivery of Health Intervention	(3) Organisational Internal Efficiency	(4) Efficiency in Health Procurement	(5) System Financial Opportunities

Overall position by Organisation	Plan	Actual	Variance	Mvmt vs M10	Plan	Actual	Variance	Mvmt vs M10
	YTD				FOT			
	£m							
FHFT Position Surplus/(Deficit)	(6.5)	(6.3)	0.2	2.1	0.0	0.0	0.0	0.0
ICB Position Surplus/(Deficit)	(0.0)	(0.9)	(0.9)	0.7	0.0	0.0	0.0	0.0
ICB Statutory Position Surplus/(Deficit)	**(6.5)**	**(7.2)**	**(0.7)**	**2.7**	**0.0**	**0.0**	**0.0**	**0.0**

The Frimley **system is £0.7m behind plan at M11**, an improvement of £2.7m against the reported M10 position.

The system remains on track to deliver a balanced financial year end position.

Integrated Finance and Performance Report - Finance Oversight

Key financial metrics for April 2024 to February 2025

NHS Frimley

	Target (YTD £m)	Result (YTD £m)	Variance (YTD £m)	Forecast Outturn Variance (Full Year £m)	Achievement
ICB Statutory Income	1,848.5	1,852.6	4.1	0.0	
ICB Statutory Expenditure	(1,855.0)	(1,859.8)	(4.8)	0.0	
ICB Statutory Surplus/(Deficit)	(6.5)	(7.2)	(0.7)	0.0	
Agency Cap - FHFT	21.4	19.2	(2.1)	£2.668m - 81.9 % (FOT Var to Cap)	
Capital position – ICB	1.0	0.3	0.8	0.0	
Capital position - FHFT	82.0	75.0	7.1	6.7	
Achieve Better Practice Payment Code - ICB	NHS Volume & Value 95%	Value - Met 99.83% Volume - Met 95.1%		N/A	
	Non-NHS Volume & Value 95%	Value - Met 96.4% Volume - Met 95.6%			
Achieve Better Practice Payment Code - FHFT	NHS Volume & Value 95%	Value - Not met 65.9% Volume - Not met 79.6%		N/A	
	Non-NHS Volume & Value 95%	Value - Not met 87.7% Volume - Not met 93.9%			

The Frimley system is £712k behind plan, an improvement of £2,746k from Month 10. The ICB is £882k behind plan, £679k better than month 10, and the Trust is £170k ahead of plan, an improvement of £2,067k.

The system remains on track to deliver a balanced financial year end position.

Integrated Finance and Performance Report - Finance Oversight

ICB Capital

ICB Capital

Frimley ICB has submitted the 2024-25 Commissioner Capital Plan which has been approved in principle by NHS England.

The MIG working group had approved three MIG schemes in year, totalling £171k. Unfortunately, due to the new requirements released this financial year, Frimley ICB will not be able to fully utilise the MIG commissioner capital in 24/25.
A separate working group was created to identify and review the options available, to utilise the underspend. We had also discussed the options with NHS England, to ensure these would meet the relevant capital requirements. It was agreed that we would use the underspend to purchase Corporate IT equipment, the GPIT N365 Licences and Lloyd George Scanners.

The ICB has now submitted all PID's to NHS England, all of which have been approved, and the schemes are underway for all programmes of work. It is expected that all capital schemes will be completed ahead of the 31st of March 2025.

Approved Schemes:

NHSEI PID Reference	Scheme Name	Rationale	Scheme Category	Full PID Value	PIDS awaiting submission	PIDs awaiting approval	PIDs Approved	Balance remaining
				£'000				
QNQ-025-001	GPIT & Corporate replacement for Out of Warranty / Breakfix devices	Replacement programme for out of warranty GPIT equipment	GPIT	606	0	0	606	0
QNQ-025-002	Frimley CCG Primary Care MIG Schemes	Increasing clinical and admin capacity, improving access and infection control. Includes an increase on schemes, to cover any GPIT expenditure.	MIG	171	0	0	171	0
QNQ-025-003	Future Infrastructure	To bring the NEHF and SH practices onto GPNET the system used by the EB practices	GPIT	200	0	0	200	0
QNQ-025-004	Reserve for Frimley CCG Primary Care MIG Schemes	Increasing clinical and admin capacity, improving access and infection control	MIG	0	0	0	0	0
QNQ-025-005	GPIT Core - N365 Licences	To sustain the existing provision of N365 licenses in general practice	GPIT	176	0	0	176	0
QNQ-025-006	Lloyd George Scanners	Increasing clinical capacity, through the removal of paper notes stored on site, allowing this space to be repurposed for clinical rooms.	MIG	81	0	0	81	0
				1,234	**0**	**0**	**1,234**	**0**

Exec Summary Performance Status Icon Key

Outer Ring = Position to Target

Outer Ring colour communicates the current value is:

- At or above target
- Below target
- No target defined, comparison shown where available

Inner Icon = Trend (MoM or YoY)

Inner icon communicates the latest trend:

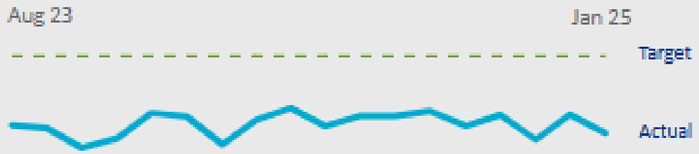
- Improving trend
- Declining trend
- Stable, no clear trend

P = identifies data that is published publicly

DQ = identifies a data quality issue

Integrated Finance and Performance Report – Executive Summary

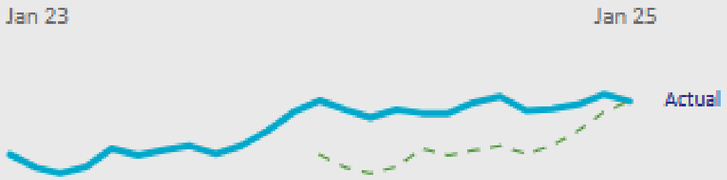
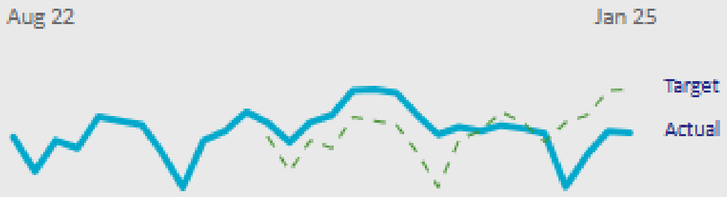
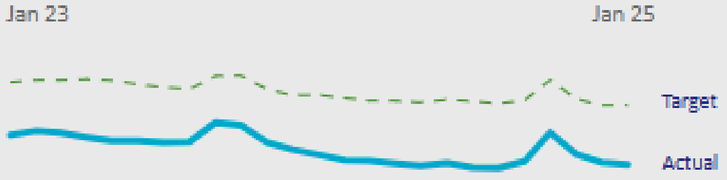
NHS Frimley

Cancer: 62-day Combined RTT (FHFT)		**68%** *Jan 25*	**85%**		**Main Risk**: Skin cancer demand has been challenged through summer, which has tipped into 62-day performance position. Position has largely recovered as of February and performance has improved into March, aligned to a significant reduction in 62-day backlog.
Seen in 4 hrs (ED All types)		**72%** *Feb 25*	**78%**		**Note**: Target has changed from 76% to 78% in March 2025. **Main Risk**: Demand continues to outstrip capacity. **Main Action**: Aldershot UCC now co-located with FPH ED, completed 27th November 2024. FHFT SDEC pathways and LOS reductions key to Type 1 performance. Additional resource in place targeting 78% achievement in March. Exploring establishment of UTC at WPH ED.

Integrated Finance and Performance Report – Executive Summary

Primary Care Development

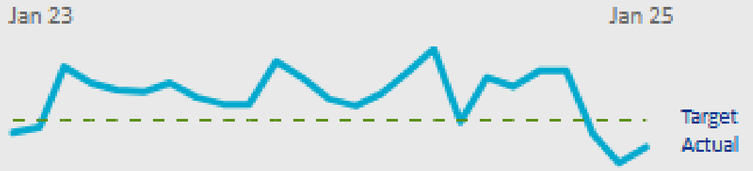
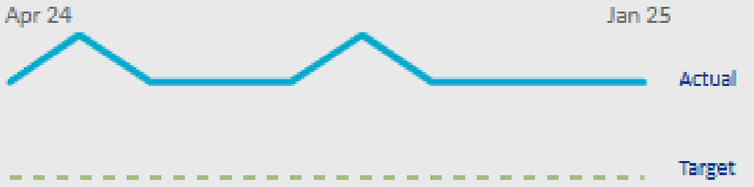
NHS Frimley

Measure	Status	Actual	Comparison / Target	Trend	Main Risk and Action
Same day/next day Appointments – 1-day standard achievement		84% *Jan 25*	84% YoY 2023-24		• Continued implementation of the primary General practice transformation programme, including PCARP, Pharmacy First, MGPAM and PNG segmentation. • Maturing of the transformation programme to focus on enabling practices to better balance the unscheduled/scheduled activity key to progress **Risks:** • Unpredictable impact from Collective Action from August 2024 onwards with direction from BMA • Unwarranted variation, with a small number of practices not adopting MGPAM or PNG segmentation, being offered support
Appointment within 14 days of booking – 14-day standard achievem...		90% *Jan 25*	92% YoY 2023-24		• Continued implementation of the primary General practice transformation programme, including PCARP, Pharmacy First, MGPAM and PNG segmentation. • Maturing of the transformation programme to focus on enabling practices to better balance the unscheduled/schedule activity key to progress National Target: 85% - 90% **Risks:** • Unpredictable impact from Collective Action from August 2024 with working direction from BMA • Unwarranted variation to be explored due to the shift in trend
Face to Face Appointments		52% *Jan 25*	64% England Average		• Focus on same day access to support urgent care demand have resulted in models with greater reliance on digital and remote care, supported through the adoption of segmentation of patient needs **Risks:** • Unpredictable impact from Collective Action from August 2024 with working direction from BMA • Impact of focus on urgent same day care through intelligent patient needs segmentation supporting directive pathways for low acuity, low need patients • Managing patient expectations in the current context

Integrated Finance and Performance Report – Executive Summary

Learning Disabilities, Mental Health and Children and Young People (CYP)

NHS Frimley

Measure	Status	Actual	Comparison / Target	Trend	Main Risk and Action
Early Intervention Psychosis (EIP) – Proportion entering treatment waiting 2 weeks or less		45% *Jan 25*	60%		**Risk**: If this is not a data quality issue then there is a risk that the most unwell are not being able to access help when needed leading to more intensive treatment and bed occupancy. **Action**: Portfolio to reach out to BHFT to investigate.
Inappropriate OAPs in Adult Acute beds at end of month		10 *Jan 25*	Zero		**Risk:** There are significant quality benefits to placing people in beds closer to their home not least the ability for family carers to be able to visit. It is however also acknowledged that waiting when you need a bed can also cause harm (wherever you need to wait) so sometimes using an OAP's is the better option to support that person in the absence of a local bed. Action: Significant work being undertaken in SABP. • Regional funding awarded for a dedicated Programme Director to work with us over 3 months to explore the development of a MH Virtual Ward. • Frimley ICB has funded a Social Worker to compliment the HIOW discharge team to bolster resource to support HIOW patients move through hospital and be accommodated in the right place. • We have recently completed housing needs assessment which is the foundation of our Housing Strategy 25-30 of which reducing OAPs is a key theme and driver for this strategy.

NHS Frimley

Workforce Report – ICB Public Board Meeting

May 2025 using April 2025 data

Contents

Context

As we move into the transition phase, we are actively re-prioritising work across the directorate to ensure alignment with our strategic goals and operational needs. This ongoing process involves assessing current initiatives, identifying critical priorities, and allocating resources effectively to maximise impact.

Our recommendations reflect this evolving approach, focusing on key areas that require immediate attention while maintaining flexibility to adapt to emerging demands. We aim to balance continuity with innovation, ensuring that our efforts support both short-term operational requirements and long-term strategic objectives.

Provider headline workforce metrics – M11

Against 24/25 Operational plans (M11)		FHFT	BHFT	SABP
	All workforce (wte)	0.9% over plan	1.5% over plan	6.7% over plan
	Substantive	0.4% over plan	3.4% over plan	7% over plan
	Bank	10.1% over plan	17.2% under plan	14.3% over plan
	Agency	23% under plan	12.5% under plan	11.4% under plan

Workforce Metrics (M11)	Metric	ICB	FHFT	BHFT	SABP
	Absence	2.28%	3.5%	4.3%	3.7%
	Vacancy	Unavailable	7.3%	-2.3%	12.3%
	Turnover	1.34%	9.9%	11.5%	16.2%

ICB Workforce Metrics (M12)

Headcount	FTE	% Turnover	# Starters	# Leavers
448	375.14	3.30%	4	15
▼ 11	▼9.77	▲ 1.78%	▼ 7	▲ 8

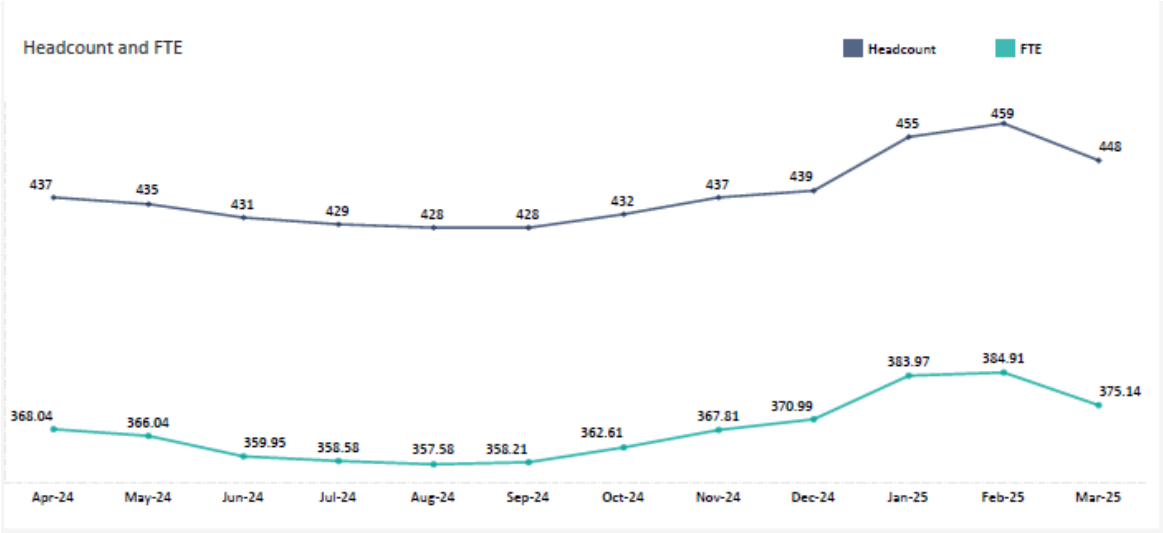
% Total Sickness	% Short Term	% Long Term	# COVID-19
2.32%	0.86%	1.46%	0
▲ 0.28%	▲ 0.08%	▲ 0.20%	◆ 0

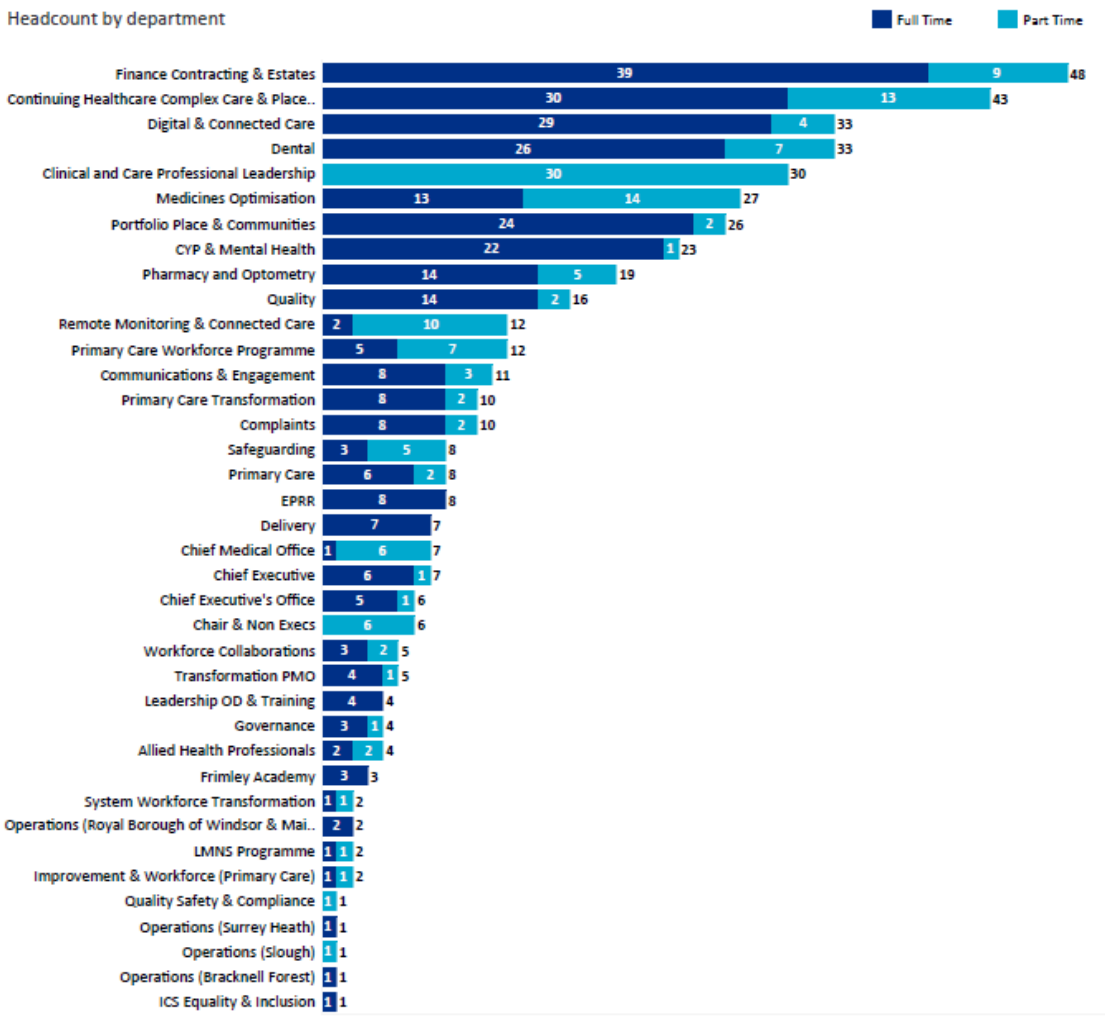
Headcount has reduced by 1 since February 2025, to 448 and FTE is now at 375.14.

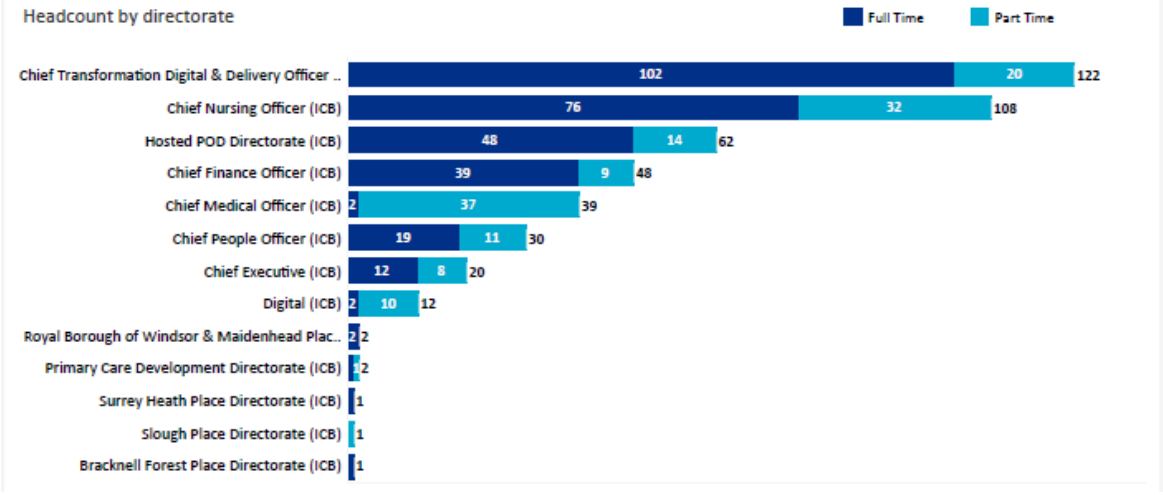
There were 4 new starters and 15 leavers in March, which is a lower starter level than in February (10) and we expect this to reduce next month and become static due to the recruitment freeze. The higher than usual leavers number is due to Complaints staff transferring out.

Sickness rates have remained constant overall at 2.32% in March – with long-term absence rates of 1.46% (a slight increase from 1.22%) and 0.86% of short-term absence (a slight decrease from 1.06%). We would usually expect rates to start decreasing as we move into Spring, however with the recent announcements we will monitor absence figures as we move through the challenging months ahead

ICB Workforce Metrics (M12)







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

Completed by: Parjinder Basra
Reporting period: April 2025

Last period	This period	Summary of current Programme Status
Time	Time	The Agenda for Change (AfC) agency and bank workstreams are both on-track. The medical temporary staffing project is 'amber' as agency and bank rates / usage have not stepped down to plan. A revised plan is being formulated for the medical project around three workstreams: 1) bank and agency rate ceilings; 2) workforce optimisation; and 3) provider support.
Scope	Scope	The medical temporary staffing project is being 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 become close to 'business as usual'.
Cost	Cost	The programme is being delivered within the agreed budget. The collaborative is still awaiting confirmation of funding agreement from trusts within three of the systems for 2025/26 within the backdrop of a tighter financial settlement. Confirmation is required by mid-May to enable commitment of resources for the year ahead.

Month 1 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.	Performance	2024/25 FY: agency as % of pay bill for the region = 2.6% (below the NHS ceiling of 3.2%); year-on-year (YoY) regional bank reduction = -£90.4M (-9.2%); YoY regional agency reduction = -£96.1M (-23.3%).	Devise 2025/26 performance framework with targets for bank and agency expenditure limits. Develop new financial performance management hub to enable systems and trusts to track performance to enable early interventions where off-target.			
2.	Agenda for Change – Agency project	New AfC agency ceilings went live on 1st April 2025 with project moving to 'business as usual'.	Establish new governance arrangements with revised performance products to enable future step downs.			
3.	Agenda for Change – Bank project	Workshop held in April with over 50 attendees to identify schemes and initiatives for 2025/26.	Complete consultation on regionwide rate strategy for 2025/26. Process outcomes from workshop into themes and solutions.			
4.	Medical Temporary Staffing project	Held meeting of trusts on medical bank and agency rate step-downs and new strategy agreed. Optimisation survey drafted. Direct support with priority trusts.	Devise agency and bank ceilings into a proposition for CEOs, CMOs and CPOs. Issue workforce optimisation survey and work with NHSE on SE Job Planning programme.			
5.	Governance and operational planning delivery targets	Support provided to six system workforce leads to assist with the 2024/25 operational planning cycle.	Convert April 2025 submitted plans into performance products and share planned initiatives and schemes.			
6.	25/26 Delivery plan	Revised delivery plan reported on to April programme board. New format newsletter launched with 2025/26 agency and bank expenditure limits communicated.	Breakdown agency and bank expenditure limits with links to enhanced controls, regionwide projects (including the replanned medical project) and local schemes and initiatives. The new NHSE limits are challenging and will require concerted effort.			

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.		A meeting was held in early April 2025 with all trusts examining medical bank rate step-downs to devise a regional strategy. New strategy agreed and detailed plans now being developed.	Programme SRO
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 is being developed to assist with dynamic financial monitoring at system and trusts levels.	Programme Board
3.	Funding from all systems and providers may not be secured for 2025/26 within the context of national changes and financial targets at trust (i.e. corporate services reductions), ICB (50% reductions in 2025/26) and NHSE (dissolving and integrating into DHSC) levels.		Funding proposal was sent in December 2024 to provide an early indication of requirements by Programme SRO. ICB CEO letter and system-level board papers issued from Programme Executive Sponsor in March 2025 highlight progress and plans. Awaiting outcome of decisions in May 2025.	Programme Executive Sponsor

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

Programme Summary Report - Primary Care Training Hub

Completed by: Andrea Hollister
Reporting period: April 2025

Last period	This period	Summary of current Programme Status
Time	Time	Most programmes running to time plan. Two programmes with delays: attracting clinical educators to train and Oliver McGowan Tier 2 F2F roll out. Need to finalise practice assessor approach.
Scope	Scope	The ICB needs to agree 3 key priorities for People Promise Exemplar work. Conversations started but agreement not yet reached. The scope and functions of the training hub within Frimley ICB have been paused due to government announcements of a 50% reduction to ICB running costs. Some clarity is being sought as to what primary care workforce data the ICB requires and where it needs to report to demonstrate progress against 10-year workforce plan.
Cost	Cost	Working towards reducing Primary care transformation SDF TH non-pay costs to achieve overall SDF financial envelope. TH staff costs remain a cost pressure to the primary care SDF budget. Vacancies now frozen because of the announcements about 50% reduction in ICB running costs but vacancies were not costed to SDF funding in 2024/5. Current reduced staffing (sickness and vacancies) is adding pressure to existing staff to deliver programmes.

Month 1 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	All programmes continue to run. Discussed funding bank practice assessors in collaboration with Surrey Heartlands to support NA programme completion.	Finalise practice assessor support. Attend OMMT meeting and work out comms plan to roll out to primary care. New arrangements for OMMT agreed. Organising new apprenticeship bite sized training for dietitian & data protection			
2.	Retain	Wild Mondays Health and wellbeing offer launched 2024/25 NHSE CPD funding fully committed. Working towards new application system for 2025/6 PLT venues and programmes planned for 2025/26 HCA conference planned. Analysed Primary Care Staff survey (GPSS) and shared results	Need to agree 3 key priorities for people promise plan that are relevant for primary care Delivery of compassionate leadership webinar. Further sharing of GPSS results. Start work on signing practices/ PCNs up to GPSS.			
3.	Reform	Supported PCN maturity self-assessment launch - CATS meeting attended STW for PCN CD signed off Scoped venues and costs for PCN CD Attending national TH collab community interest group meeting and fed back	Flyer for PCN CD programme to be developed and sent to delegates Await outcome of TH questionnaire and further instruction from NHSE around model ICB to plan next steps for TH			
4.	Workforce Planning	Supporting Practices/ PCNs with National Workforce Return (NWRS) data cleanse Spoken with meds op analyst re: production of workforce dashboard Organised 6 steps training for all PLTs and TH staff	Continue with NWRS data cleanse Attend meeting with each PCN/Practice to discuss workforce planning Finalise primary care workforce dashboard			

Risks and issues (key programme level risks and issues)

Risk / issue ID	Project Risk description	RAG	Mitigation/ update	Responsible group/ individual/ organisation
1.	Apprenticeship continuation: increase in NIC and changes to apprenticeship levy risk destabilising use of apprenticeships in primary care, Level 7 apprenticeship to be defunded.		General practice contract uplift. Government exemption of NIC for Primary care has not been voted through parliament. Support through NHS for clinical Level 7 programmes	Central government
2.	Physicians Associates expansion in primary care; scope of practice revised leading to possible redundancies		Employ other workforce to fill the service gap. ARRS rules have changed, and funding can be used for any professional including newly qualified GPs	GMC
3.	Funding for GPN fundamentals course has not been confirmed. If funding ceases the support programme for newly qualified GPNs will be at risk. Frimley have a below average employment ratio of GPNs vs national. Retention may become an issue.		Employ other workforce to fill the service gap. ARRS rules have changed, and funding can be used for any professional including GPNs and newly qualified GPs.	NHSE
4.	Supervisor capacity is not expanding in primary care despite a funded programme being available. The programme is perceived as too onerous to allow staff to be released.		Explore alternative supervisor accreditation courses. NHSE elect offer a suitable alternative that takes less time for accreditation. Pursuing this option nationally	NHSE
5.	Roll out of F2F tier 2 Oliver McGowan Statutory training		9000 tier 1 and 9000 tier 2 F2F training places available across BOB and Frimley ICB. This will not meet the training needs for all. Work to agree a train the train model for primary care and agree priority audience	Frimley ICB Exec
6.	Agree three key people promise exemplar actions: The system pilots were in primary care and clarity is needed as to whether to agree 3 actions for the whole system (which may not be achievable in primary care), or three key actions for primary care		Escalate to ICB CPO for decision.	Caroline Corrigan
7.	Primary Care transformation SDF business case is not signed off for 2025/6 – reprioritisation of workforce retention programmes will be required, and programmes may need to cease due to financial pressures.		Await allocations and outcome from SRG	SRG
8.	Future of primary care training hub function beyond the abolition of NHSE and the outcome of the training hub review		Agree what the future form and functions of a training hub function is	Central government/NHSE/ICB

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

Programme Summary Report - WorkWell

Completed by: Karen Hampton
Reporting period: April 25

Last period	This period	Summary of current Programme Status
Time	Time	The National WorkWell Pilot will now run till the End of June 2026 this will allow all participants recruited in March 2026 to complete the 8-week programme no new referrals can be made during April to June 2026
Scope	Scope	Pilot areas are being onboarded as planned as part of the 'start small, review, improve and scale' approach. Discussions are being held with RBWM to review participation with the pilot.
Cost	Cost	Submission of pilot spend have been submitted to DWP included staffing costs and externally sources IT support (Joy and GetuBetter) which have been procured we have two areas of resource not filled and now frozen with recent ICB announcements regarding running costs.

Month 1 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.	Programme Management of WorkWell Pilot	The DHSC SRO for the WorkWell programme visited Frimley to learn about the pilot within Frimley Quarterly data including case studies have been submitted to DWP	National Learning and Change event with the 15 Pilot sites			
2.	Implementation of the local WorkWell Service	Slough continues to see participants. Q4 - 150 participants were contacted and signposted to services like IAPT, local Gym classes and Ability Slough for employment support. Services in North East Hants and Farnham and Surrey Heath have commenced. Internal discussions are being held within Bracknell to identify support to deliver the pilot	Discussions within RBWM to explore the potential for a service to support their residents Finalise service delivery model with VCSE and CAB in Noth East Hants and Farnham			
3.	Procurement of additional support services	The contract for the JOY app has been signed and practices are being onboarded.				
4.	Information Governance and Data insights	DPIA agreed and DSA signed with DWP	Working on the development of the monthly dashboard to meet DWP reporting requirements and to capture the local KPI's within the participant's journey. Review first quarter data			
5	Creating a strategy for the future	We continue to map out the connections that will support and compliment the WorkWell Programme and develop a Frimley ICS framework to support Get Britain Working .	An accelerated solution event is being scheduled for June 2025			
6.	Evaluation and sharing the learning of the WorkWell Programme	Completed the Evaluation and Moderation phase for the external WorkWell evaluation with Surrey Heartlands with a preferred supplier identified	Award contract			

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		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 2024/25		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		DPIA has been developed awaiting sign 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?		Director of Public Health for RBWM in discussions with SLT at RBW&M	NHS Frimley RBWM
5.	We will not achieve the 3400 participants required for the programme		Additional support offered to PCN to identify participants	NHS Frimley PCN

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

Programme Summary Report – Frimley Academy

Completed by: Bobby Cowan
Reporting period: April 2025

Last period	This period	Summary of current Programme Status
Time	**Time**	Spring launched Academy programmes launched as planned. Summer tbc - 20/20 C12 scheduled to launch May postponed. 20/20 future to be clarified. Wavelength C10 July launch decision pending.
Scope	**Scope**	**Focused on delivering the day job and 'what we're strong at : ongoing work and initiatives (20/20 C11, Wavelength C19, CQ, Team Development, Support to Mirror Board and system EDI), Support to ICB OD change programme . While awaiting further clarity on ICB position regarding future delivery of 20/20 C12, Wavelength C10 and the hosting of the Academy going forward**
Cost	**Cost**	All workstreams coming in under budget.

Month 1 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) launched successfully -** fully subscribed with whole system participants spanning, primary care, acute, and community settings.	May focus on developing problems into change challenges, Setting up and supporting system wide leadership exchanges, Action learning Set Groups			
2.	Wavelength C9 (Train, Retain, Reform)	**Wavelength Cohort 9 launched successfully** April, with a similarly diverse system representation of leaders, managers partners particularly interest in Leadership for Digital Transformation.	Pre- launch Academy check-ins sessions, launch of days one and two, keynote from Mark Sellman and developing their digitally focused knotty problems, Academy co-facilitating action learning sets.			
3.	Cultural Intelligence, 4D, support to Mirror Board, Team and coach support (Train, Retain, Reform)	**Introduction to Cultural Intelligence Workshops** - Launched successfully in April **4-D Team Development Pilot**: Academy team near completion, of updating the globally used model and is near ready as a scalable zero cost solution to support cross-system team transitions. **Mirror Board** – (**Bobby**) ongoing design group support to Cohort 1. Positive discussions held with FHFT with a request for support likely to follow. **Affina Team Coach** (**Bobby**) - low demand, support to FHFT teams. **Individual coaching and support (Bobby and Tracy)** – continued support to cohort/alumni and ICB/system colleagues more widely.	**CQ** - All three workshops in April, May and June fully subscribed with waiting list forming. **4D Team Leadership Model:** globally used model has been updated by the Academy and is near ready as a scalable zero cost solution to support cross-system team transitions. **Affina Team Coach** (Bobby only) - low demand support to FHFT teams. **Mirror Board**: continue support to C1 extended to Sept 25. Further discussions with FHFT, support request likely to follow.			

Frimley Academy risks and issues (key programme level risks and issues)

Risk / issue ID	Project Risk description	RAG	Mitigation/ update	Responsible group/ individual/ organisation
1.	20/20 Cohort 12 (3-month planning timeline): scheduled to launch in May is currently on hold – risk to reputation and capacity building		**Impact:** The decision to postpone 20/20 C12 for financial reasons at the time has reduced programme access in 2025 by 25% (50% 20/20 from 90 to 45 places), diverging from Academy Strategy Refresh (2025–27) commitments endorsed by the ICB Board and widely communicated across the system. The decision has been met with disappointment, albeit acceptance of the challenges we face, as these programmes are always oversubscribed and remain high-value, proven, cross-sector initiatives, which are incredibly relevant and adaptable to future needs and critical to our system's leadership capacity. **Mitigation:** As the basis for the decision was financial, we can in the short term**:** • Explore a hybrid delivery model to offset cost pressures, with 25–30% savings achievable through blended formats and greater savings through increased co-facilitation. • Introduce a system-wide tiered cost model to reflect varying partner capacity. **Medium term** • Expand the offer to include anchor institutions and private sector partners to enable co-investment and broader value alignment. • Explore shared investment or cross-ICS delivery partnerships (e.g. Thames Valley systems) — especially with ICSs already replicating 20/20. Spread cost, enhance reach, and reduce duplication.	Caroline Corrigan /Frimley ICB Exec
2.	Postponement of Wavelength Cohort 10 (2-3month planning timeline) - scheduled to launch in July.		**Impact**: Wavelength C10 requires a 2–3-month planning lead time. Non-approval will compound the impact of the earlier 20/20 C12 postponement, halving overall total programme capacity in 2025 (from 180 to 90 places), further diverging from Academy Strategy Refresh (2025–27) commitments endorsed by the ICB Board and widely communicated across the system. Impact: It would also undermine momentum in building an inclusive, system-wide leadership culture — enabled not only by the programmes themselves but through the networks and wider support surrounding them. **Mitigation Options:** • Explore a hybrid delivery model to programme costs • Introduce a system-wide tiered cost model to reflect partner affordability. • Expand the offer to anchor institutions and private sector partners to enable co-investment and broader value alignment.	Caroline Corrigan /Frimley ICB Exec

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

Programme Summary Report - Organisational Development

Completed by: Harry Neilson
Reporting period: March 2024/25

Last period	This period	Summary of current Programme Status
N/A	Time	OD workstream has met project deadlines in timelines set.
N/A	Scope	Change context means a reprioritisation of OD workstream is urgently needed. This is scheduled for April 3rd to pivot focus to change management.
N/A	Cost	OD projects are within budget.

Month 1 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.	Thriving Communities – Pause activity after next round of workshops	Successfully ran workshop with partners from health, local government and voluntary sector to co-produce programme scope and ambition.	Scheduled new workshop series with all partner groups to co-produce the programme outputs and allocation of resource, workshops scheduled for 7th and 14th of April.			
2.	Occupational Health/EAP - Continue	Continued interim management of our occupational health provision and implementation plan for EAP in place.	Continued interim management of our occupational health provision. Launched new EAP provider on 1st April.			
3.	Wider Leadership Forum (WLF) & Line Manager Forum & Board Development - Continue	Successfully ran WLF on 6th March and LM Forum on 25th of March. Engagement levels in LM forum particularly high – with over 180 responses to the 2 questions posed in the session. Initial engagement and scoping on board development held.	Proposal for future WLF, Board and SLT development sequencing and cadence to be produced and tested. Follow up WLF session to be scheduled and hosting of next LM forum on 23rd April.			
4.	CCPL Development – Handover to CMO	CCPL Development proposal built and tested with key stakeholders, including CMO.	Finalisation of budget allocation and design of first CCPL development evening., with CMO for decision.			
6.	EDI Reporting - Continue	WRES & WDES reports produced and sent to Board. Gender Pay Gap report produced and published.	Planning for 25/26 EDI reporting cycle and implementation of WRES, GPG and WDES action plans.			
7.	Staff Survey - Continue	Analysis of Staff Survey results for ICB and ICS system with presentations for both produced.	Implementation of key priorities from staff survey and integration into OD workplan.			

Risks and issues (key programme level risks and issues)

Risk / issue ID	Project Risk description	RAG	Mitigation/ update	Responsible group/ individual/ organisation
1.	Change programme means the organisational context has shifted and OD interventions now need to pivot to change mitigation and support. This will mean other ongoing OD activity needs to be de-prioritised and paused.		Reprioritisation exercise being held on April 3rd to map out new activity and deprioritise old OD workstreams.	OD Team
2.	Resource for OD is limited and the organisational need for support is high given new change context.		Meetings with Surrey & Borders OD lead and BOB OD lead scheduled for 2nd April to highlight areas for collaboration and explore what offers each ICB have in place that can be lifted and shifted like for like.	OD Team

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

NHS
Frimley
Integrated Care Board

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Board Assurance Framework		
Agenda Item	12	**Date of meeting**	21 May 2025
Exec Lead	Caroline Corrigan – Chief People Officer		

Purpose	To Approve	☐
	To Ratify	☐
	To Discuss	☒
	To Note	☒

Link to Strategic Objective	*Relates to all Strategic Objectives*

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 March 2025.

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

The ICB will continue to work with its existing 2024-25 Strategic Objectives during Q1 2025/26 because of the ongoing uncertainty about the future form and role of ICB's that has resulted from the national announcement that all ICBs must make 50% running costs reductions by October 2025.

The ICB will use the NHS England's "Model Integrated Care Board- Blueprint v1.0" guidance issued in May 2025 (it sets out national thinking on the reshaping, focus, future role and functions of ICBs as strategic commissioners which in turn will lay the foundations for the delivery of the ambitions in the awaited "10-year Health Plan) to redesign its strategic commissioning functions and these plans will inform the development of the updated 2025/26 Strategic Objectives.

The 2025/26 Strategic Objectives and the corresponding Risk Appetite Statement and Threshold will be presented to the Board for its approval in Q2 2025/26.

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
TRANSORMATION	Seek	16
FINANICAL	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 principal 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:

The Board is asked to note that the final risk appetite scores for Quarter 1 2025/26 (April, May and June) will only become available at the end of the reporting period and will be reported to the meeting in July 2025.

As at May 2025, the Board is asked to note that the following Strategic Objectives have been scored with an inherent (current) and residual risk (score after the risk has been mitigated) for Q4.

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

Strategic Objective	Interim Q1 2025/26	Change since Q4 2024/25
1. Starting Well	9 Out of Risk Appetite	No change
2. Living Well	9 Out of Risk Appetite	No change
3. Places, People and Communities	9 Within Risk Appetite	No change
4. Our People	12 Within Risk Appetite	No change
5. Leadership and Culture	16 Out of Risk Appetite	No change
6. Outstanding use of resource	16 Out of Risk Appetite	No change

- The Board is asked to note that two Strategic Objectives sit within Risk Appetite Thresholds and four continue to sit outside of the agreed Risk Appetite Thresholds.

- The Board is asked to consider the sorts of assurance(s) that it requires on plans to bring the Strategic Objectives back within the agreed Risk Appetite Thresholds.

  For example, taking account of the external challenges that are impacting on the ICB's ability to mitigate some risks to within their agreed Risk Appetite Threshold – for example, Strategic Objective 6 – Outstanding Use of Resources.

The "*Good Governance Institute"* definitions of Risk Appetite and Risk Tolerance are set out below:

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.

The Board is provided with assurance that the BAF has been overseen by Integrated Risk Group, which is made up of executive members of the Finance and Performance Committee and the System Quality Group. The role of the Integrated Risk Group is to provide an assessment of complex, significant or recurrent risks that are escalated to it via the Corporate Risk Register and monitor progress against plans and oversee the mitigation of any significant risks; it is also responsible for providing assurance on the completeness and accuracy of the BAF to the Board.

Recommendation	The Board is asked to note the interim updates to the Board Assurance Framework for Q1 2025/26.

	The Board is asked to note that in Q1 2025/26 it will be asked to review and update its Risk Appetite Statement and Risk Thresholds for the year ahead.

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 2025/26

21-May-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 assesses 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 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.
*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 *Strengthening the partnerships across our system to improve outcomes for children and young people with SEND through early help and peer support *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.	*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 *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	*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 *Support and refinement of the VCSE at scale model which is being developed and implemented *Leadership and support of the co-design for ICP v2.0	*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 *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	*Further develop, promote and implement the ICB's activities in delivering our system wide Equality, Diversity and Inclusion Strategy *Build upon our system leadership approach and workplan, including our continuing commitment and support to the Frimley Academy *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)	*Financial sustainability – break-even runrate by end of 25/26 *Finalisation and publication of ICS Infrastructure Strategy *Progression of out of hospital capital estates schemes *New Hospital Programme – ICB responsibilities *CSU In-Housing and Pan-ICB digital architecture implemented

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 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
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)			
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			Current Risk			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 fianancial 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**	**NO CHANGE**

Strategic Objective 3: People, Places and Communities

BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating			Current Risk			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			Current Risk			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			Current Risk			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			Current Risk			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**	**16**	**OPEN 12**	**OUT**	**NO CHANGE**

Strategic Objective 6: Outstanding Use of Resources

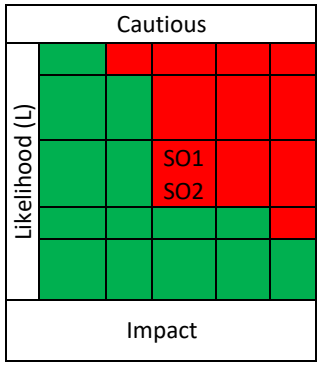
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating			Current Risk			Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter
					I	L	Rating (IxL)	I	L	Rating (IxL)			
SO6	**FINANCIAL**	The system fails to deliver the greatest possible value 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**

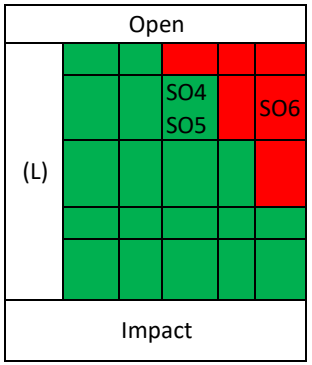
Heat Map

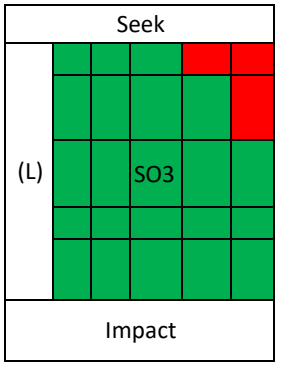
Domains	Risk Appetite	Risk Threshold
QUALITY	Cautious	8
PEOPLE	Open	12
PERFORMANCE	Open	12
TRANSORMATION	Seek	16
FINANICAL	Open	12
REGULATORY	Open	12
REPUTATIONAL	Open	12

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

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			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	9	TBC	

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
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.	There is a gap between the frameworks in use for determining eligiblity 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.

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.	Apr-27	Director for Children, Mental Health, and Learning Disabilities	This project closed as noted in previous updates. The ICB is actively engaged in a South East Regional Care Co-Operative that had been created to look at the opportunities to develop specialist placements and support market development. We have also just completed a Frimely Housing Needs Assessment for those people in our system needing specialist housing wiht varying degrees of support. This will be socialised with LA partners to support the development of good houisng options for our most vulnerable.

Secure funding to bring LA partners together to further develop shared understanding of joint funding opportunities	Sep-25	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 wiht LAs planned with an independant 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.**
Establishing right to choose framework utilising provider selection regime to try to regain control of the quality of service providers.	Sep-25	Head of Transformation CYP, MH, SEND, ADHD and Autism	Service Spec has been agreed and work is on target - we are slowing this work down slightly to ensure that any future ICB collaborations are considered. National guidance regaridng RTC contracts is also expected which needs to feed into the programme
Needs-led modelfor neurodiversity in both MH providers to be in place by 1st November.	Nov-25	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. The Frimley neruodiversity 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 fianancial sustainabilty and poorer access, outcomes and experiences for local communities.	Risk Domain: Quality	Current Risk Score: 9

Assurance Committee: Finance and Performance Committee / System Quality						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. 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	9	TBC	

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
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 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	*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.	Jul-25	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 CORE20PLUS5 Community of Practice scoping meeting was in February 2025. Our first meeting is scheduled for June 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.	Jun-25	ICB CMO	1) To discuss at ICB-FHFT Joint SLT in June 2025 2) To agree governance / point of sign off plan for decision making during the year ahead
Establishment of new System Operating Model	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.
Development of System-wide Transformation Programme	Jun-25	CFO and CT&DO	A paper is going to ICB board to support a restructure of how we organise transformation programmes within the organisation. This is being designed with a view that it will dock into a future provider collaborative construct. We are ensuring that all key programmes are transparent to all boards, and include collateral to support us identify the impact of our system transformation programmes.

BAF REF: SO3	Strategic Objective: 3. People, Places and Communities	Principal 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			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	9	TBC	

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
- 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	- Awaiting National policy direction for BCF from April 26. Funding through these sources embedded into recurrent operational delivery and system ambitions - Emerging changes arising from the Local Government Reform White Paper published in December 2024 - not yet finalised - Changes in ICB role and configuration increase uncertainty and risk potential

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 Importance of strategic alignment between Places & Communities work and broader left shift / prevention / Living Well	31/08/2025	CNO / Director for Places and Communities	In progress.
Ongoing LA Officer and Political engagement at a local level	31/08/2025	CEO / CNO / Director for Places and Communities	In progress.

BAF REF: SO4-A	Strategic Objective: 4. Our People	1st Principal 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			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	12	TBC	

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
* Joint People & Culture Workstream established in collaboration with BOB Programme Group - Chief Officers and CEO * Change * 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 serverance 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	* 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. This is being produced in partnership with BOB ICB and will act as a shared delivery plan through change. * ICB organisation talent and succession strategy - currently being scoped

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update
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.	Q1 25/26	CPO	Initial draft in production in partnership with BOB, initial review at Joint People & Culture Workstream on 06/05/2025.
Continued provision and development of our Wider Leadership Forum	Q1 25/26	CPO	Continued senior leadership engagement on both change programme and BAU via our Wider Leadership Forum, with next scheduled session on 7th of May to update on change plans and launch comms and engagement on key messaging.
Line Managers forum to support the wider organisation	Q1 25/26	CPO	Line Manager forums held on both 23rd April and 25th March have focussed on support for line managers through change, including open engagement on new approaches and blank page approach to understand support need. Continued provision of LM forums will enable support for this critical group throughout change programme.
Robust oversight and scrutiny of Statutory and Mandatory training requirements	Q1 25/26	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.

BAF REF: SO4-B	Strategic Objective: 4. Our People	2nd Principal Risk: 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			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	12	TBC	

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
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. 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. Future Delivery Plan - submitted and signed off by DWP. Programme resources in place and engaged with DWP and PA Consulting. Quarterly assurance and audit meetings/processes agreed and in place. Service providers have been identified to support with the delivery of the WorWell service across Frimley.	DWP data requirements for identifable information not available. Referral requirements remain untested (benchmarked information unavailable)

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	DPIA with DWP is now signed off.
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	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: 16

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			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	4	16	OPEN 12	OUT	Current Rating	12	12	16	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). 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.	Alignment between organisation and system leadership and EDI strategies Psychologically safe environment to explore complex cultural issues such as anti-racism. 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. Joint Committee is yet to be established.

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update
Refresh of the Frimley Academy Strategy	May-25	CPO	The Academy has secured ICB Board support for next steps (including spending plan) - now moving forward with 2025-2027 planning and implementation. **Apr-25 Update:** **Academy programmes**: Wavelength C9 and 20/20 C11 launched successfully in Apr. Academy instructed to pause plans for 20/20 C12 (recommend we revisit blended delivery option to reduce costs as alternative to cancellation). **4D Team Leadership Model:** globally used model has been updated by the Academy and is near ready as a scalable zero cost solution to support cross-system team transitions. **Developing CQ Workshops:** Launched in April as a low-cost, adaptable system offer to support staff and partners to develop more effective cross-cultural connections, and improved personal and professional relationships.
Development of an Anti-Racism Alliance	May-25	EDI System Lead and Provider Member BHFT	A system chief executive roundable event held on the 28th Feb where commitment to an Alliance was agreed. Next meeting is planned for the 7th May to agree the system anti- racism framework for Frimley
Review the development of the Mirror Board	Sep-25	CPO & EDI System Lead	Mid evaluation of the Mirror Board completed. Full review at the end of the programme September 2025.
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.	May-25	CPO & Programme Director	Programme Director appointed. **POD Commissioning:** Governance and programme arrangements establised for POD Commissioning. 06/05 - Progress to improve the hosted hub-model with ICB engagement and POD Staff involvement in the change has been put on hold pending further clarity and confirmation regarding the future role of ICBs and plans to be submitted by the end of May. Resistance from some ICBs regarding the concept of POD being included in the remit of the Joint Committee. **Specialised Commissioning:** 06/05 - Collaboration established between NHS England and Frimley ICB to support the transition of Specialised Commissioning. Governance and programme arrangements established to deliver the transfer of the Spec Com Team on the 1st July 2025. **ICB Joint Committee:** 28/04 - TOR in final draft and scheduled for ICB approvals in May 2025. The inaugural meeting of a Specialised Commissioning Sub-Committee expected to take place in July 2025.

BAF REF: SO6	Strategic Objective: 6. Outstanding Use of Resources	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

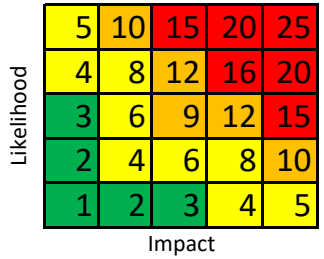
Assurance Committee: Finance and Performance Committee / System Quality Group	Delegated Risk Owner: Chief Finance Officer	Date Added to BAF: Q2 2024/25

Initial Risk Rating (before mitigation)			Current Risk Rating (after			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	20	TBC	

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
The system requires cost-out savings of c. £133m to deliver a break-even 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.	The need to deliver a reduction in the system's in-year cost base of £133m (c. 8% of influenceable cost base) was already challenging before the requirement materially to reconfigure the NHS infrastructure charged with delivering it within the first three quarters of the year was introduced by government. That requirement has the potential materially to impact the availability of management bandwidth to deliver the cost-out saving and lay the foundations for recurrent financial sustainability. The system is working with partner organisations rapidly to develop the transformation programme, but work remains to ensure it has appropriate governance and capacity to deliver. It is anticipated that a risk-based approach will identify capacity risks to the development and delivery of projects within the programme framework. Capacity is likely to be a key risk as management bandwidth is consumed by reorganisation and mitigating the potential instability risk associated with reorganisation.

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update
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.	**30/06/2025**	**CFO**	In progress.
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.	**30/06/2025**	**CFO**	ePMO system implemented, and the ICB continues to identify and develop opportunities.

Risk Score Matrix



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)	• Minimal injury • requiring no/minimal intervention or treatment. • No time off work	• Minor injury or illness, requiring minor intervention • Requiring time off work for >3 days • Increase in length of hospital stay by 1-3 days	• 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	• 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	• Incident leading to death • Multiple permanent injuries or irreversible health effects • An event which impacts on a large number of patients
Quality/ complaints/ audit	• Peripheral element of treatment or service • suboptimal • Informal complaint /inquiry	• 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	• 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	• Non-compliance with national standards with significant risk to patients if unresolved • Multiple complaints/ • independent review • Low performance rating • Critical report	• 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	• Short-term low • staffing level that temporarily reduces service quality (< 1 day)	• Low staffing level • that reduces the service quality	• Late delivery of key objective/ service due to lack of staff • Unsafe staffing level or competence (>1 day) • Low staff morale	• Uncertain delivery of key objective/service due to lack of staff • Unsafe staffing level or competence (>5 days) • Loss of key staff • Significant	• Non-delivery of key objective /service due to lack of staff • Ongoing unsafe staffing levels or competence • Loss of several
Adverse publicity / reputation	Rumors Potential for public concern / media interest Damage to an individual's reputation.	• Local media coverage – short-term reduction in public confidence • Elements of public expectation not being met • Damage to a team's reputation	• Local media coverage – • long-term reduction in public confidence • Damage to a services reputation	• National media coverage with <3 days service well below reasonable public expectation • Damage to an organisation's reputation	• 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	Insignificant cost increase/ schedule slippage	• <5 per cent over project budget • Schedule slippage	• 5–10 per cent over project budget • Schedule slippage	• Non-compliance with national 10–25 per cent over project budget • Schedule slippage • Key objectives not met	• Incident leading >25 per cent over project budget • Schedule slippage • Key objectives not met
Finance including claims	Small loss Risk of claim remote	• Loss of 0.1–0.25 per cent of budget • Claim less than • £10,000	• Loss of 0.25–0.5 per cent of budget • Claim(s) between £10,000 and £100,000	• 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	• 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 Environmental impact	Loss/interruption of >1	• Loss/ interruption of >8 hours	• Loss/interruption of >1 day • Moderate impact	• Loss/interruption of >1 week • Major impact	• Permanent loss of service or facility • Catastrophic