

Agenda – Meeting in Public

Tuesday 16 September 2025 – 11.00am 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
11.00	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 22 July 2025 and matters arising	Approve	Paper	Priya Singh - Chair
	4.	Chief Executive Update	Note	Verbal	Sarah Bellars – Chief Nursing Officer deputising for the Chief Executive (Interim)
	5.	Frimley and BOB Transition			
11.10	5.1	<p>Transition Programme Director’s Report to Boards</p> <p><i>The Board are asked to <u>approve</u> the proposal to form a cluster partnership with NHS BOB ICB from 1 October 2025.</i></p> <p>This document includes:</p> <ul style="list-style-type: none"> • <u>Note</u> - Programme Summary Report and Risks (Appendix 1) 	Approve	Paper	Alison Edginton - Transition Programme Director

Timing	No.	Item	Action	Delivery	Lead
		<ul style="list-style-type: none"> • <u>Approve</u> - Amendments to the Constitution (Appendix 2) • <u>Approve</u> - Collaboration Agreement (Appendix 3 – uploaded separately as paper 5.1.1) • <u>Approve</u> - Joint Committee of BOB and Frimley Board Terms of Reference (Appendix 4) • <u>Approve</u> - Joint Scheme of Reservation and Delegation (Appendix 5) 			
	6.	Outstanding Use of Resources			
11.25	6.1	Planning Guidance	Note	Paper	Rich Chapman – Chief Finance Officer
	7.	Leadership and Culture			
11.35am	7.1	Annual Modern Slavery Statement	Approve	Paper	Sarah Bellars – Chief Nursing Officer deputising for the Chief Executive (Interim)
	7.2	Annual Assurance on the Fit and Proper Person Test	Note	Paper	Priya Singh - Chair
	8.	Performance Reporting			
11.40	8.1	Quality Performance Report	Note	Paper	Sarah Bellars – Chief Nursing Officer
	8.2	Finance Performance Report	Note	Paper	Rich Chapman – Chief Finance Officer
	8.3	Workforce Performance Report	Note	Paper	Sarah Bellars – Chief Nursing Officer on behalf of the Chief People Officer
	9.	Business Items			
11.50	9.1	Board Assurance Framework	Note	Paper	Sarah Bellars – Chief Nursing

Timing	No.	Item	Action	Delivery	Lead
					Officer on behalf of the Chief Nursing Officer
	10.	Annual General Meeting			
11.55am	10.1	2024-25 Annual Report and Accounts	Note	Slides	Sarah Bellars, Chief Nursing Officer and Rich Chapman Chief Finance Officer
	11.	Close of Business			
12.25pm	11.1	Questions from the public received in advance of today's meeting	-	Verbal	Priya Singh - Chair
	11.2	Any Other Business	-	Verbal	Priya Singh - Chair
12.30pm	11.3	Close	-	Verbal	Priya Singh - Chair
Date of next meeting in public: 18 November 2025, 11.30 – 12.30					

Frimley ICB Board Register of Interest - September 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	Thames Hospice	I have accepted a role as a clinical trustee at the Thames Hospice in Maidenhead. it is anticipated that the start date will be the 7/7/25 . It is an unpaid voluntary role. This was with the permission of the CEO.	Declarations of Interest – Other	Non-Financial Professional	Indirect	I will recuse myself out of any decision making for the commissioning of services for the Thames Hospice.
Non-Executive Member	Sajjad	Khan	States Consulting Ltd	Director and Shareholder	Declarations of Interest – Other	Financial	Direct	No work currently being done within healthcare or public sector
Non-Executive Member	Sajjad	Khan	National Council for Voluntary Organisations (NCVO)	I have been appointed as an independent member of the Finance and Commercial Committee for the NCVO.	Declarations of Interest – Other	Non-Financial Professional	Indirect	In line with the COI policy.
Chief Executive - FHFT	Lance	McCarthy	Frimley Health NHS Foundation Trust	I am the Chief Executive of Frimley Health NHS Foundation Trust, an acute and community provider in the Frimley Health system	Declarations of Interest – Other	Non-Financial Professional	Direct	Will excuse myself if there is a conflict of interests in any agenda items.
ED & I System Lead	Safina	Nadeem	Purple Infusion Ltd	Director of a limited company which provides training to health and social care sectors	Declarations of Interest – Other	Financial	Indirect	Do no provide any training via company to Frimley ICS
ED & I System Lead	Safina	Nadeem	BHA	Trustee for a Charity	Declarations of Interest – Other	Indirect	Indirect	
ED & I System Lead	Safina	Nadeem	Lancashire Cricket Foundation	No conflicts anticipated	Declarations of Interest – Other	Non-Financial Professional	Indirect	
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	
Chief Transformation and Digital Officer	Mark	Sellman			Nil Declaration			
NHS Frimley Non-Executive Member	Gareth	Shepherd			Nil Declaration			
Bracknell Forest Council	Grainne	Siggins	Association of Directors of Social Services	Member of ADASS. Joint Chair of South East ADASS Regional Branch	Declarations of Interest – Other	Non-Financial Professional	Direct	Declaration was needed, however, membership of ADASS does not present as a risk.
Bracknell Forest Council	Grainne	Siggins	Bracknell Forest Council	Employed as Executive Director of People Services	Declarations of Interest – Other	Financial	Direct	
Bracknell Forest Council	Grainne	Siggins	Association of Directors of Children Services	Member of ADCS	Declarations of Interest – Other	Non-Financial Professional	Indirect	
Chair of Frimley ICB	Priya	Singh	National Council for Voluntary Organisations	Appointed November 2020 - Chair of Board of Trustees	Outside Employment			
Chair of Frimley ICB	Priya	Singh	Society for Assistance of Medical Families	Appointed January 2018 - Executive Director	Outside Employment			
Chair of Frimley ICB	Priya	Singh	PG Mutual Insurance	Non-Executive Director	Declarations of Interest – Other	Financial	Indirect	Manage in accordance with COI policy.
Chair of Frimley ICB	Priya	Singh	CAF Nominees	Charitable Trustee	Declarations of Interest – Other	Non-Financial Professional	Direct	
Chair of Frimley ICB	Priya	Singh	Royal Trinity Hospice	Trustee	Declarations of Interest – Other	Non-Financial Professional	Indirect	In line of the COI policy.
Chair of Frimley ICB	Priya	Singh	Regulatory Oversight Board (Cricket Regulator)	Non Executive Director	Declarations of Interest – Other	Non-Financial Professional	Indirect	In line with the COI policy.
Chair of Frimley ICB	Priya	Singh	BOB ICB	Chair	Declarations of Interest – Other	Financial	Direct	Managed in accordance with policy.

Place Clinical Lead RBWM	Huw	Thomas	Claremont and Holyport practice	Partner in the practice	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	Maidenhead Primary Care Network	Practice is a member of Maidenhead PCN	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	Frimley Health NHS Foundation Trust	Spouse employed by Trust as Clinical Nurse Specialist	Declarations of Interest – Other	Indirect	Indirect	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	East Berkshire Primary Care	Work on sessional basis for East Berkshire Primary Care. EBPC provide out of hours care and other primary care services.	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	Holy Trinity Primary School, Cookham	Governor at school	Declarations of Interest – Other	Indirect	Indirect	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	Royal Borough of Windsor and Maidenhead	Practice subcontracted to provide opiate substitute prescribing services for the Royal Borough of Windsor and Maidenhead	Declarations of Interest – Other	Financial	Direct	Manage in accordance with policy
NHS Provider Partner Member	Graham	Wareham	Surrey and Borders Partnership NHS FT	Employed as CEO	Declarations of Interest – Other	Non-Financial Professional	Direct	Will excuse if conflict of interest occurs

Minutes of NHS Frimley Integrated Care Board

Held in Public on Tuesday 22 July 2025 from 09.30am – 11.30am

**Easthampstead Baptist Church, South Hill Park Road, Bracknell, RG12 7NS
(meeting streamed live to public via MS Teams)**

Chair – Priya Singh

Present:	
Dr Priya Singh	Chair
Sam Burrows	Interim Chief Executive Officer
Sarah Bellars	Chief Nursing Officer
Richard Chapman	Chief Finance Officer
Caroline Corrigan	Chief People Officer
Dr Lalitha Iyer	Chief Medical Officer
Mark Sellman	Chief Transformation and Digital Officer
Sajjad Khan	Non-Executive Member
Ilona Blue	Non-Executive Member
Paul Farmer	Non-Executive Member
Gareth Shepherd	Non-Executive Member
Karen Edwards	Local Authority Partner Member
Grainne Siggins	Local Authority Partner Member
Graham Wareham	NHS Provider Partner Member
Dr Prash Patel	Primary Care Partner Member
Dr Huw Thomas	Primary Care Partner Member
In Attendance:	
Safina Nadeem	Equality, Diversity, and Inclusion System Lead
Caroline Hutton	Deputy Chief Executive (deputising for Lance McCarthy)
Anoushka Murray	Graduate Management Trainee (observing)
Mary-Jane Steijger	Head of Governance
Tom Allinson	Senior Governance Manager (secretariat)
Apologies for Absence:	
Alex Gild	NHS Provider Partner Member
Lance McCarthy	NHS Provider Partner Member

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

	Three members of the public had signed up to attend the meeting. No questions had been submitted in advance of the meeting.
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 May 2025 Action Tracker, and matters arising
	The minutes of the last meeting in public were taken as accurate and approved without further comment. There were no matters arising
4.	Chief Executive Update
	Sam Burrows, Interim CEO gave the verbal update on behalf of the Board, noting the following: <ul style="list-style-type: none"> • The publication of the NHS' 10-year plan highlighted the work underway to move towards prevention and shift to community and out of hospital care – the Transformation Update on the day's agenda would describe some of this work already underway within NHS Frimley. • The Transition Programme was ongoing with the aim to create the new Thames Valley ICB from 1 April 2026, from the bringing together of Frimley ICB and Buckinghamshire, Oxfordshire and West Berkshire (BOB) ICBs. This would build on the close working between the two systems and follow the government's mandate to cut operating costs by 50% nationally. • The ICB was providing support to all staff during this period of personal and professional uncertainty. • The significant changes across all the health and care landscape, including the planned dissolution of Healthwatch and the Commissioning Support Units which support the NHS to operate. Heartfelt thanks were given to all colleagues, and in Primary, Secondary, and Community care settings for their support in serving the population in what was a challenging environment. • Financial pressures continued to be faced across the public sector as a whole, with limited control over levers to direct expenditure and a mandate to operate within available financial allocations.
5.	Outstanding Use of Resources
5.1	Transition Programme Update - collaborative working arrangements with NHS Buckinghamshire, Oxfordshire and Berkshire Caroline Corrigan, Chief People Officer, presented the Transition Programme Update slides which detailed national and regional context as follows: <ul style="list-style-type: none"> • 10 Year Plan – publication and signalling of ICBs as key component of system architecture, alongside Integrated Health Organisations (IHO) and Neighbourhoods. • 42 to circa 26 ICBs – Awaiting confirmation on the proposal to establish a new organisation: NHS Thames Valley ICB from April 2026. • Financial environment - £19 per head of pop and redundancy costs. • National Architecture – Dismantling of National Guardians Office, Healthwatch and CSUs • Model ICB Blueprint – Further to guidance published in May 2025, we are expecting additional 'best practice' guidance on how ICBs should consider their responsibilities for functions such as All Age Continuing Care. • Model Region – Further guidance regarding the future shape and remit of NHS Regions expected.

- **National** – new Department of Health and Social Care / NHS England senior leadership structure published
- **Leadership and Culture** – emerging guidance and process for the **Chair and CEO appointment** processes for ICBs. Chair process expected to be concluded by end July 25 then enabling appointment of ICB CEOs across the South East.
- **Voluntary Redundancy (VR)** – A national VR model scheme is under development.
- **Pan ICB functions** and operating model – initial functions identified and costing scoped.

The Board was also asked to note that the Joint Committee of ICBs to enable governance of Delegated Specialised Commissioning had not yet been able to meet and therefore arrangements agreed by all six ICBs in April 25 will continue for at least the months of July and August.

Frimley and BOB ICBs had agreed to formally cluster from 1 October 2025 to strengthen the partnership and collaboration ahead of establishing NHS Thames Valley ICB. Work to design the new organisation was confirmed as underway with the full support and engagement of both Boards. Staff engagement in the process had also commenced 21 July 2025.

Regular staff briefings had been conducted since March 2025 to share national guidance and next steps as this was released. The ICB was also working with staff and recognised Trade Unions and was committed to formally consulting on the changes once the financial approach to costs of redundancies had been agreed.

A provisional timeline had also been developed to support the transfer of staff affected by the changes in the South of Frimley to HIOW ICB and Surrey Heartlands ICB (or future Surrey & Sussex ICB)

The Board noted the key risks associated with significant loss of experienced staff; the ability of the ICB to deliver against future priorities within a budget reduced by 55%; potential for stakeholder disengagement; lack of alignment with local government reorganisation; and focus on priorities in 2025/26 due to the Transition Programme.

The Board noted the update.

5.2 **2025-26 System Transformation and Financial Recovery Update**

Mark Sellman, Interim Chief Transformation Officer, and Lalitha Iyer, Chief Medical Officer, presented the update slides detailing the development of a whole system measurement framework to connect the system's strategic ambitions to its actions and help identify gaps in its initiatives to promote system transformation and financial recovery. The measurement framework used logic modelling and action tracking to monitor progress, identify issues, and:

- Improve the delivery of transformational change across the health and care system.
- Provide simple, effective approaches to support the ICB and provider organisations in coordinating and driving change, contributing to the financial recovery plan, and provide in-flight oversight to ensure outcomes were being achieved
- Highlight the impact of interventions from across the system against key system priorities
- Highlight where there may be gaps or trade-offs to informed decision-making

The Board further noted the establishment of the System Transformation Priorities Board as a formal sub-committee of the Board to maintain oversight of this work. Efforts were focused on defining both financial and population health outcomes and impacts to support a unified system approach.

All System Health Priorities Programs were confirmed to be in progress, guided by clear principles around i) approaches, ii) levers, and iii) results.

	<p>Richard Chapman, Chief Finance Officer, noted that the overarching objectives of the ICB to maximize healthy life years and reduce health inequalities had not necessarily been well measured through traditional productivity performance measurements, however there was a direct financial benefit present in reducing demand and thus reducing capacity and the need for late-stage intervention.</p> <p>Members further noted the risk of digital exclusion in transformation.</p> <p>Overall, the focus on results within the framework was encouraged, and members discussed how the Board could hold itself to account when driving forward this work.</p> <p>The Interim CEO thanked all involved for the effort and work put into increasing transformation across the system. It was agreed as important that the Board articulates outcome and benefits for the population it serves.</p> <p><i>The Board noted the update.</i></p>
6.	Leadership and Culture
6.1	<p>Anti-Racism Update</p> <p>Safina Nadeem, EDI System Lead, presented the update noting that data from across the Frimley System, including results from the Workforce Race Equality Standard (WRES), Staff Surveys and lived experiences, shows BME colleagues continued to experience increased levels of racism.</p> <p>The update highlighted work with partners, understanding that they are in different parts of their journey around being an anti-racist organisation and co- created this framework with the Anti Racism Network as a supportive response.</p> <ul style="list-style-type: none"> • The framework had previously been discussed at Executive and Board and has now been finalised. • The Framework included best practice from across anti-racism reports, policies and guidelines that had been created and published nationally • The framework included Implementation Guidance which explains actions that should be taken, from conducting the baseline assessment to setting the organisations' goals and identifying appropriate resources needed to achieve these goals in a timely fashion. <p>The ICB would support organisations on how to use the framework and share best practice, and the Anti-Racism Alliance network would serve as an oversight group, capturing feedback.</p> <p><i>The Board noted the update.</i></p>
7.	Performance Reporting
7.1	<p>Quality Performance Report</p> <p>Sarah Bellars, Chief Nursing Officer, presented the Quality Performance Report which gave key updates on the following areas as described within the slide deck:</p> <ul style="list-style-type: none"> • The Sexual Assault Referral Centre (SARC) had been recommissioned by NHS England, resulting in changes to services and potential inequities, gaps in child protection skills and pathways that connect with partnerships. For Frimley ICB and the wider system this meant a change in the area in which this service was provided. The new provider was supportive of making changes to address the commissioning gaps with NHS England. There was careful and close monitoring of the new service.

- Covid Spring Seasonal Vaccination Data included 49k vaccination events (60% via PCN, 40% via Pharmacy)
- PALS Enquires and Complaints Annual Review including Cumulative annual figures for PALS enquiries and complaints across the Frimley area (including key themes)
- Healthwatch Surrey presented a report to the Frimley System Quality Group on ‘What we’re hearing From residents of Surrey Heath and Farnham’. The report provided insights into local people’s views on, and experiences of health and social care services in Surrey Heath and Farnham.
- Safeguarding Update including key themes and Child Death Overview 2024/25 summary
- CQC System Compliance and Updates:
 - For general practice, 65/66 practices had been rated as good with 1 practice requiring improvement.
 - 16 Practices where last inspected and rated in 2015/2016/2017, therefore were more likely to be notified of an assessment. Pre-CQC visit offers had been shared with these practices.
 - CQC had made a number of visits to care homes in the East Berkshire area – the ICB was now awaiting the published reports

The Board noted the update.

Finance Performance Report

Richard Chapman, Chief Finance Officer, presented the Finance Performance Report as follows:

- The Frimley system was reporting a small YTD surplus of £46k
- ICB cost pressures: ADHD 'right to choose' referrals, S117 pressures in Hampshire, IS sector acute hospital spend, Optometry spend in POD
- These pressures were currently being mitigated by underspends.
- FHFT was broadly in line with plan for the month and year to date. Drugs overspends had been offset by savings in other non-pay lines.
- The system forecasts to deliver a balanced financial year end position.

Members were further informed that Frimley ICB had submitted the 2025-26 Commissioner Capital Plan which has been approved in principle by NHS England.

In addition, the 2025/26 System Joint Capital Plan had been approved by the Board and shared with system partners.

The Board noted the update.

Workforce Performance Report

Caroline Corrigan, Chief People Officer, presented the Workforce Performance Report.

Transition work and development was now underway in the People and OD Directorate with active re-prioritisation of work across the directorate to ensure alignment with strategic goals and operational needs.

Resource had been redeployed to support the Change Programme and develop the requirements of the 10-year plan to understand the long-term strategic workforce objectives.

Key highlights of the report included workforce metrics on absence, vacancy, and turnover across the system and against the agreed operational plans.

The Board noted the update.

7.2

7.3

8. Board Assurance Framework

The ICB board was asked to review the Board Assurance Framework (BAF), noting the updates to the mitigating actions that have been made since the document was last reviewed in May 2025.

The ICB had continued 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 ICBs that resulting from the national announcement that all ICBs must make 50% running costs reductions by October 2025.

The Board had agreed to use NHS England’s “Model Integrated Care Board- Blueprint v1.0” guidance issued in May 2025 to redesign its strategic commissioning functions and these plans would in turn inform the development of the updated 2025/26 Strategic Objectives.

A refreshed Board Assurance Framework, using an updated 2025/26 Risk Appetite Statement and Strategic Objectives would come to the next ICB Board in Public in September 2025.

The current status of all six Strategic Objectives as at Q1 2025/26 were reported as shown below:

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

- The Board was further asked to note that four Strategic Objectives sat within Risk Appetite Thresholds and two continued to sit outside of the agreed Risk Appetite Thresholds.
- Two Strategic Objectives have been brought back within their respective risk appetite threshold: SO2 “Living Well” and SO5 “Leadership and Culture”. This was due to progress made against the actions detailed within the BAF.
- The Board was asked to consider the sorts of assurance(s) that it requires on plans to bring the remaining Strategic Objectives back within the agreed Risk Appetite Thresholds.

The Board was also asked to note that following the establishment of a new Digital Board to manage IG, IT and Cyber risks and policies, an addition Principal Risk for Strategic Objective 6: Outstanding Use of Resources had been added to the BAF.

The Board also formally noted that at its meeting in Private on 22 July 2025, it was agreed that an additional seventh Strategic Objective relating to the Transition Programme would be added to the BAF alongside a corresponding principal risk (“SO7”). This would feature at the next Board meeting in Public on 16 September 2025.

The Board is asked to note the final position of the Board Assurance Framework for Q1 2025/26.

9. Close of Business

9.1 Questions from the public received in advance of today’s meeting

None.

9.2 Any Other Business

None.

9.3	Close The Chair closed the meeting at 12.30.
	Date of next meeting in public: 16 September 2025, 11.30 – 12.30

FRIMLEY INTEGRATED CARE BOARD

Public Board Session

Title of Paper	Transition Programme Director's Report to Boards (September 2025). This document includes the Amendments to the Constitution; Collaboration Agreement; Joint Committee of BOB and Frimley Boards Terms of Reference; and the Collaboration Agreement Scheme of Reservation and Delegation (SORD).		
Agenda Item	5.1	Date of meeting	16 September 2025
Exec Lead	Caroline Corrigan, Frimley and BOB Transition SRO/ Frimley Chief People Officer		
Author(s)	Alison Edgington, Transition Programme Director, BOB & Frimley ICBs		

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

Link to Strategic Objective	<i>Transition Programme</i>
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Executive Summary
<p>This report provides an update to the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) and Frimley ICB on progress to deliver the Transition Programme which encompasses all projects and workstreams associated with the closedown of Frimley and BOB, and formation of the proposed NHS Thames Valley ICB from the 01 April 2026.</p> <p>A Programme Summary Report and Risks is included in Appendix 1 which demonstrates that the Programme is broadly on track for delivery. The most significant risk relates to the feasibility of delivering a plan to achieve the required cost reduction within the timescales required given the uncertainty surrounding redundancy costs and funding.</p> <p>Chair and Chief Executive Appointments and ICB Constitutions - NHS England has published its decision regarding the clustering arrangements for ICBs. An announcement is expected imminently, and this will confirm the appointment of the Designate Chair for the NHS Thames Valley ICB. In addition, the national process to appoint Designate ICB Chief Executives is underway, and we are awaiting national/regional confirmation of next steps. BOB and Frimley Remuneration Committees have been briefed and are aligned, and Boards are being asked to approve amendments to their respective Constitutions (Appendix 2) in preparation.</p> <p>The Collaboration Agreement and Interim Arrangements for Cluster Governance – The Collaboration Agreement (Appendix 3) sets out the purpose, principles, objectives, rules and commitments to enable both organisations to work together with shared intent and purpose, without merging into a single legal entity. It defines how the partners will collaborate while maintaining their own statutory duties and independence through clustering. Following the engagement of both Boards through respective Board sessions</p>

and Board-2-Board meetings over the Summer, the Collaboration Agreement is submitted for approval, alongside the terms of reference for a Joint Committee of the BOB and Frimley ICBs (Appendix 4), and the Collaboration Agreement Scheme of Reservation and Delegation (SORD) (Appendix 5).

Programme Exception Reports from each of the 7 Projects are included. The main areas of for the Board to note are:

- The Operating Model and Organisational Design Project has completed a 4-week design phase including robust engagement of staff, subject matter experts and wider stakeholders.
- A Mutually Agreed Resignation Scheme (MARs) has been approved nationally and by both Remuneration Committees. The scheme will launch for both ICBs on the 04 September 2025.
- The South-West and Central Commissioning Support Unit (CSU) are expressing concern about staff who may be eligible for TUPE to the new ICB structures. BOB and Frimley Chief People Officers are in negotiation with the CSU, however a risk is escalating about the potential stranded costs and TUPE / COSOP challenges. The national position on the closedown of all CSUs and treatment of costs is not confirmed. The regional group led by the Surrey ICB CEO, is reviewing all SE CSU Service Level Agreements (SLAs) and Memorandums of Understanding (MOU) to determine the level of risk and savings opportunities.
- The South Frimley Transfer project has made some progress to land agreement regarding the principles to be adopted to identify the staff who will transfer from Frimley ICB to Hampshire and the Isle of Wight ICB (HIOW) or Surrey Heartlands ICB (prior to the ICB's merger with Sussex ICB). A collective agreement is expected imminently, however the ongoing risk of not having a pre-transfer agreement between HIOW and Frimley is rated 'Major' in the Transition Programme Risk Register.

Recommendation	<p>The Board are asked to:</p> <ul style="list-style-type: none"> • Note the Transition Programme Summary Report and Risks (Appendix 1) • Approve the alteration to the Frimley ICB Constitution to enable the appointment of a Designate Chief Executive (Appendix 2) • Approve the proposal to form a cluster partnership with NHS BOB ICB from 01 October 2025. • Approve the Collaboration Agreement (Appendix 3) as the legal framework for cluster governance. • Approve BOB and Frimley Boards' Joint Committee Terms of Reference (Appendix 4). • Approve the Collaboration Agreement SORD (Appendix 5).
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Please provide details on the impact of following aspects

Risk and Assurance	Included in the BAF. Programme Risks are included in Appendix 1.
Equality and Quality Impact Assessment	EHIA and QIA are integral elements of the programme architecture
Patient and Stakeholder Engagement	Included in the Organisational Design Phase.
Financial Impact and Legal implications	Financial impact will be part of the financial plan to reduce running costs in line with Government policy. The paper asks the Board to approve the Collaboration Agreement which has had input from Brown Jacobson.
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
Joint Transition Executive	29th August 2025	Approval to proceed
BOB Board Session	9th September 2025	TBD

Transition Programme Director's Report to Boards

1. Introduction

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

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

2. Designate Chair and Designate Chief Executive Appointments, and associated alterations to the Frimley and BOB Constitutions

2.1 Designate Chair and Designate Executive Appointments.

BOB ICB and Frimley ICB are asked to note that NHS England has recently published confirmation of the formal 'clusters' of ICBs to enable merger planning.

As we wait for confirmation of the position for BOB and Frimley ICBs, we will continue to plan for the establishment of NHS Thames Valley ICB and NHS England's appointment of the Chair for the new organisation.

The BOB and Frimley Remuneration Committees are aligned and prepared for the appointment of the Designate CEO for the Thames Valley ICB, while national and regional guidance is awaited. Further details are expected over the coming weeks.

2.2 Change to Constitutions

At their respective board sessions in September, BOB ICB and Frimley ICB are being asked to **approve a change to their respective Constitutions** which will then permit the appointment of a single Chief Executive Designate for NHS Thames Valley ICB.

Currently the BOB and Frimley ICB Constitutions prohibit Chief Executives from holding more than one executive role, and therefore both will be required to make mirrored amendments to their existing Constitutions to enable the appointment of a Chief Executive Designate ahead of the formation of the new organisation.

Appendix 2 sets out the section in the Constitution to be amended.

This is an NHS England directed change and once board approval has been given, both boards will be able to make an announcement regarding the CEO Designate

appointment. Revised Constitutions will be uploaded to ICB respective websites in due course.

Frimley ICB is asked to:

- **Approve** the alteration to the Frimley ICB Constitution to enable the appointment of a Designate Chief Executive

3. Collaboration Agreement

At their respective September board sessions, Frimley ICB and BOB ICB are being asked to:

- **approve** the proposal to enter a **Clustering Partnership** from the **01 October 2025**, and
- **approve** a **Collaboration Agreement (Appendix 3)**, which provides the **legal framework** through which BOB ICB and Frimley ICB can **work together to achieve shared objectives** under a **formal clustering arrangement** ahead of a merger to form NHS Thames Valley ICB 01 April 2026.

Under section 65Z5 of the NHS Act 2006, ICBs may delegate or jointly exercise functions, including the development of strategic priorities, commissioning, contract management, and service oversight. Sections 65Z6 and 65Z7 allow Joint Committees to be established via Collaboration Agreements, which then provides the legal basis for clustering.

In accordance with the above, the document in Appendix 3 sets out the purpose, principles, objectives, rules and commitments to enable both organisations to work together with shared intent and purpose, without merging into a single legal entity. It defines how the partners will collaborate while maintaining their own statutory duties and independence through clustering.

It follows an agreement-in-principle from both ICBs at a Board-to-Board session on 14 April 2025, to convene a Joint Transition Executive (JTE) to explore how the dissolution of the existing Frimley and BOB ICBs to form a new legal entity could better align the NHS with local government geographical boundaries, and better enable both organisations to deliver Government policy to reduce ICB running costs to £19 per head of weighted population. This intention was confirmed at separate meetings of each ICB: BOB Board 10 June 2025; and Frimley Board 18 June 2025, through the agreement-in-principle of a 'Clustering Mandate'.

Since then, the boards have continued to work through Board-to-Board sessions throughout the Summer to consider the interim governance arrangements for a cluster partnership, and the legal implications of establishing a Collaboration Agreement to underpin the cluster partnership. Both ICBs considered cluster governance options at separate Board Seminar meetings in August (BOB 12 August

2025; Frimley 19 August 2025) and agreed-in-principle that the formation of a Joint Committee of the BOB ICB and Frimley ICB under a Collaboration Agreement would be the preferred option for interim governance from 01 October 2025.

It is proposed that a clustering partnership commence on the 01 October 2025, and end on the 31 March 2026 when the two ICBs are dissolved and a new organisation is constituted from 01 April 2026. Subject to ministerial assent for the proposal (which is expected imminently), a formal motion to approve the change will be brought before both boards in February/March 2026 before the establishment of the new organisation can go ahead. If there is any delay to the establishment of the new organisation, the clustering partnership may continue for a longer period. The Collaboration Agreement makes provision for both boards to review the agreement after 6 months and annually thereafter.

The Collaboration Agreement has been prepared with the support of Brown Jacobson and circulated for the comment of the members of both boards prior to being submitted to BOB and Frimley ICBs for formal approval.

Frimley ICB is asked to:

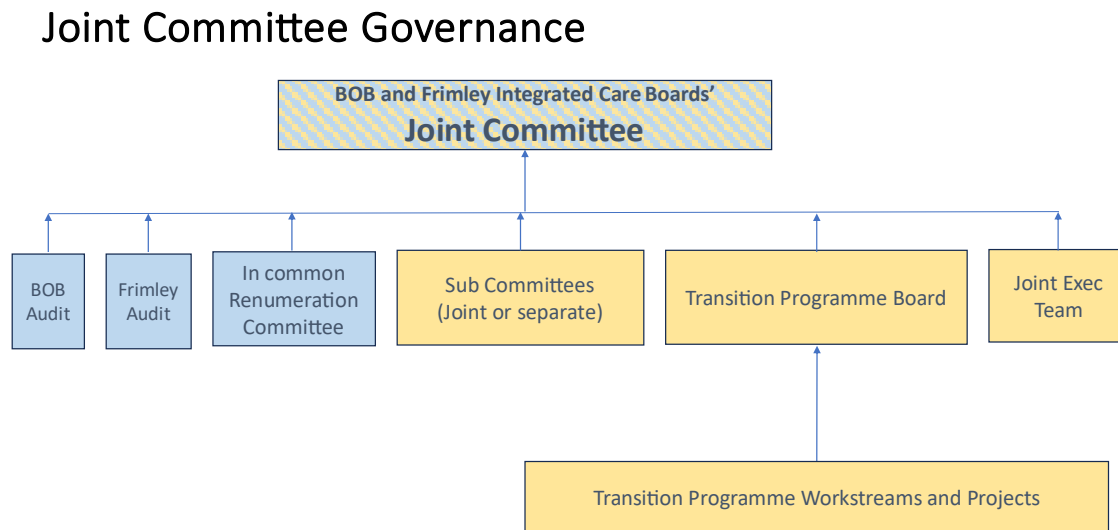
- **Approve** the proposal to form a cluster partnership with NHS BOB ICB from 01 October 2025.
- **Approve** the Collaboration Agreement (Appendix 3) as the legal framework for cluster governance.

4. Joint Committee of the BOB and Frimley ICBs and Scheme of Reservation and Delegation (SORD)

At their respective September board sessions, Frimley ICB and BOB ICB are being asked formally **approve** the **terms of reference to establish a Joint Committee** of the BOB and Frimley ICBs (Appendix 4) which will be established from the 01 October 2025.

In addition, a **Collaboration Agreement SORD** (Appendix 5) is being submitted for the **approval of both boards**. Figure 1 sets out the interim arrangements for the Clustering Governance Structure.

Figure 1: Clustering Governance Structure



As described in section 3 both boards have expressed a preference for the formation of a Joint Committee having considered other governance options at their respective Board Seminars in August. Under this approach and in accordance with the NHS Act 2006 (amended):

- Both boards will be permitted to delegate responsibilities to the Joint Committee to transact business on behalf of one or both,
- The membership will combine the collective board executives, non-executives and partners in the Joint Committee,
- The arrangement meets statutory requirements and aligns governance across both organisations in preparation for the new organisation,
- The arrangement does not require a change to the constitution and/or membership so feasible within the timeframe,
- The process to review, align and eventually rationalise the SORDs, Standing Financial Instructions (SFIs) and sub-committee responsibilities will commence, and
- The arrangement provides an opportunity to develop and test shadow governance arrangements ahead of the new organisation, supporting a smoother transition.

The board should note that both boards will continue to exist and have a statutory duty to meet at least annually until both BOB and Frimley are formally dissolved. It should also be noted that while the Joint Committee may establish an integrated sub-committee structure to manage the business of both organisations, the exception will be the statutory requirement for a separation of the Audit and the Remuneration Committee functions, although 'in-common' arrangements are possible subject to the approval of both boards.

The Collaboration Agreement SORD augments and does not replace the existing separate ICB SORDs, and will herald the movement towards closer alignment with the goal of creating one SORD for the new organisation

Frimley ICB is asked to:

- **Approve** BOB and Frimley Boards' Joint Committee Terms of Reference (Appendix 4).
- **Approve** the Collaboration Agreement SORD.

Programme Exception Reports

(Project Descriptions are included in the Glossary section at the end of this paper)

5. Operating Model and Organisation Design

The Operating Model and Organisational Design Project has completed the four-week design period for functional groupings, with active participation from staff, subject matter experts (SMEs) and partners across both ICBs.

The work has:

- Captured detailed outputs for each function, including purpose statements, proposed structures, capability requirements, and indicative financial envelopes.
- Consolidated staff engagement insight (278 colleagues, 4,000+ contributions) and partner feedback (40 organisations) into the design process.
- Identified key design choices and interdependencies, including proposals to integrate Clinical & Neighbourhood functions, test commissioning models, and explore regional alignment for corporate services.

The next step will be the financial analysis of the proposed future structures to determine the level of possible running cost reduction against the target £19 per weighted head of population.

6. People and Culture

The Mutually Agreed Resignation Scheme (MARS) for BOB and Frimley ICBs has been approved nationally and by the Remuneration Committees of BOB ICB 27 August 2025 and Frimley 28 August 2025. This has been based on the national scheme which enables employees to voluntarily resign in agreement with their employer and does not follow the National Pension Scheme's redundancy provisions. The scheme will be launched by BOB and Frimley ICBs from the 04 September 2025.

Both BOB and Frimley ICBs are seeking alternative options to gain feedback from staff to the NHS Staff Survey this year. The decision that Frimley ICB would not participate in the Staff Survey was unanimously agreed at Frimley Board Seminar on the 19 August 2025, owing to the planned dissolution of both organisations, current levels of disruption, and uncertainty for staff. However, it was agreed that a more appropriate way of obtaining feedback from staff is important and desirable through the transition and beyond. The People and Culture Project Board will now seek BOB ICB's decision regarding the Staff Survey on the 09 September 2025 at their formal board session, and determine an alternative and more appropriate means to regularly survey staff across both ICBs.

7. South-East Collaboration

The South-East Collaboration Project involves the management, visibility, interface and progress of all transfer elements requiring co-operation and/or collaboration with the other ICBs across the South-East (SE). The BOB and Frimley Transition Senior Responsible Officer (SRO) attends a weekly meeting to support collaboration and information-sharing with other SE Transition SROs. The main elements are:

- The future solution for support services, following the dissolution of the South-West and Central Commissioning Support Unit (CSU),
- Emergency, Preparedness, Resilience and Response (EPRR): future collaborative arrangements with other SE ICBs, and
- The management of Delegated Commissioning functions from NHS England. Currently it is assumed that the Thames Valley ICB will host the pan-regional specialised commissioning hub on behalf of the South-East Region. This is yet to be confirmed/agreed.

While this project is in the early stages of development, a recent concern has been raised by the CSU regarding the potential for their staff to be included in (Transfer of Undertakings, Protection of Employment) TUPE arrangements with ICBs. The rationale being that CSU staff who are currently fulfilling roles that will be included in the future organisational structure, should be considered for TUPE. BOB and Frimley Chief People Officers are considering the challenge and the regional group established and chaired by Karen Mc Dowell (Surrey ICB CEO) is reviewing all CSU SLAs / MOUs. Further updates will be included in future Transition Programme reports.

8. Finance and Estates

There are 3 main strands to the Financial Plan to achieve the £19 per weighted head of population running cost reduction:

- **Workforce reduction:** through the streamlining of executive and board roles; and reduction of staff associated with the new operating model and organisation design,
- **Estates rationalisation:** Better and more effective estates utilisation, and

- **Operating cost reduction against collaborative areas of delivery:** known as 'Project Compton'.

The Operational Model and Organisational Design Project has made great progress during the design phase with strong stakeholder engagement including staff. The next phase will involve a financial analysis of the proposed structures to determine the level of cost reduction possible from the first round of the work.

The Estates rationalisation work has commenced with an assessment of current estate utilisation. The work is at an early stage however proposals will be considered by the JTE on the 29 August to consolidate BOB and Frimley ICBs utilisation, including identifying a suitable location for the proposed HQ for the new organisation.

The scope of Project Compton is about identifying the running cost reduction opportunities within:

- Medicines Optimisation,
- NHS Continuing Healthcare,
- Connected Care, and
- GP IT

The work to develop the Compton project plan will require out-sourced resourcing which has been accounted for within the Transition Programme budget. A proposal is under development and will return to JTE on the 12 September for approval.

Chief Finance Officers have agreed a shared Transition Programme budget of £250k to support the resourcing of the programme to 31 March 2025.

9. Closedown and Set-up

The governance teams of BOB and Frimley ICBs continue to work closely through the Closedown and Set-up Project to establish interim governance arrangements as set out in sections 3 and 4 of this paper.

The next phase involves the development of the due diligence checklist (safe transfer) with a wide membership encompassing every functioning area of each ICB. The JTE has endorsed the terms of reference and membership of the Closedown and Set-up Project Board which met for the first time on the 02 September 2025.

10. South Frimley Transfer

The project has made some progress to land agreement regarding the principles to be adopted to identify the staff who will transfer from Frimley ICB to Hampshire and the Isle of Wight ICB (HIOW) or Surrey Heartlands ICB (prior to the ICB's merger with Sussex ICB). A collective agreement is expected imminently, however the ongoing risk of not having a pre-transfer agreement between HIOW and Frimley is rated 'Major' in the Transition Programme Risk Register. The mitigation is to

continue the discussions between organisations, escalating to CEO level where necessary.

11. Pharmacy, Optometry and Dental (POD) Operating Model

The Project has entered the design phase with a promising response from all 6 ICBs who are engaged in the development of the POD operating model. An outline project plan has been completed and executive leadership and escalation where required is being channelled through the Transition Directors.

The primary risk facing this project and the South Frimley Transfer (section 10) is the leadership and project management capacity, this will be addressed through the Transition Programme Resourcing Plan.

12. Conclusion

Frimley ICB is asked to:

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

Appendix 1: Programme Summary Report and Risks

Transition Programme Summary Report (1) All Projects and Workstreams

Completed by: Alison Edgington Transition
Programme Director
Reporting period: August 2025

Last period	This Period	Summary of current Programme Status	Time/Scope/Cost
Time	Time	The Organisational Design work continues to progress, the next step being the financial analysis of the outputs to inform the ICB cost reduction plan.	<p>Programme/ Project milestone missed or not on track to be delivered in line with plan and no remedial action is in place</p> <p>Programme/ Project milestone at risk of not being delivered in line with plan but a remedial plan is in place</p> <p>Programme/ Project milestone on track to be delivered in line with plan</p> <p>Programme/Project milestone has been delivered</p>
Scope	Scope	A Mutually Agreed Resignation Scheme (MARS) has been approved nationally and by both ICB Remuneration Committees. This will launch 04 September 2025.	
Cost	Cost	Both Boards are supporting executive advice not to participate in the annual NHS Staff Survey. A local arrangement has been drafted for consideration.	
		The Closedown and Set-up Project governance leads have made significant progress to take both ICB boards through the interim governance options for the clustering partnership. This has included extensive board engagement around the proposals to establish a Joint Committee of the BOB and Frimley ICBs and the formation of a Collaboration Agreement which will provide a legal framework to the agreement. Proposals have been submitted to Sept boards for approval.	
		The Finance and Estates Project has commenced the development of an Estates Utilisation Plan and an options appraisal for the new ICB HQ.	
		The main risk to the success of the programme is the feasibility of delivering a plan to achieve the required cost reduction within the timescales required given the uncertainty surrounding redundancy costs funding.	

Project/Workstream status (See Annex One for descriptions)

#	Workstream	Achievements in this period	Activities planned for next period	Time	Scope	Cost
1.	Operational Model and Organisational Design Project	<ol style="list-style-type: none"> Completed the four-week design period for functional groupings, with active participation from staff, SMEs, and partners across both ICBs. Captured detailed outputs for each function, including purpose statements, proposed structures, capability requirements, and indicative financial envelopes. Identified key design choices and interdependencies, including proposals to integrate Clinical & Neighbourhood functions, test commissioning models, and explore regional alignment for corporate services. 	<ol style="list-style-type: none"> Executive teams to review Phase 1 outputs, including functional group submissions, financial comparisons, and engagement feedback. Begin refinement of draft structures, reporting lines, and alignment of financial envelopes. Continue engagement with staff and partners to test assumptions, clarify accountabilities, and manage transition risks. Develop options for Phase 2 design activity, including operating model development, risk assessment, and preparation for formal staff consultation. Provide clear communications to staff and partners to maintain transparency and demonstrate how feedback is shaping the next stage. 			
2.	Closedown and Set-Up Project	<ol style="list-style-type: none"> The Project Board terms of reference and membership have been endorsed by JTE. Bob and Frimley ICBs agreed-in-principle the interim governance arrangements at their August board seminars. Work has progressed to develop the Collaboration Agreement to support clustering between BOB and Frimley. 	<ol style="list-style-type: none"> The first meeting of the Closedown and Set-up Project Board takes place on the 02 September 2025. BOB and Frimley Boards' approval of the Collaboration Agreement and associated SORD. Development of Due Diligence (Safe Transfer) Checklist and Project Plan. 			

Transition Programme Summary Report (2) All Projects and Workstreams

Completed by: Alison Edgington Transition
Programme Director
Reporting period: August 2025

Project/Workstream status

#	Workstream	Achievements in this period	Activities planned for next period	Time	Scope	Cost
2.	People and Culture Project	<ol style="list-style-type: none"> Produced a paper to both Boards re replacement for the annual staff survey. Engagement with Unions on finalising organisational design principles. MARS – Agreement from Rem Coms for running the MAR scheme from September. Preparing for implementation. Equality Impact Assessment proposal to JTE 3 September. Updating the Fixed Term Contracts process for JTE 3 September. Re-submission of Continuous Service Recognition on NHS Service to JTE 21 August. Updated Consultation Road Map on an aligned consultation timeline across the SE). National reporting regarding CSD approach and pensions support demand. 	<ol style="list-style-type: none"> Development of plan to replace the Staff Survey. EQIA and QIA are prepared for deployment in change programme. Design the assessment process for selection in new structure. Finalising the roadmap to consider risks and key pressure points with JTE, agree staff communications. Engaging with the Ops Model & Org Design workstream to align on key OD principles. Follow-up discussion with CMO's on Continuous Service Recognition and update paper to JTE. Aim to finalise the Principles, between HIOW and Surrey and Sussex, for the Southern Transfers. Agree organisational change policy approach with Trade Unions. Consider capacity risk and planning process for JTE. Development of a Comms plan and Engagement Plan. 			
3.	Finance and Estates Project	<ol style="list-style-type: none"> Finance review of the draft Collaboration Agreement. Iterative review of baseline financial envelopes for functional groupings. Continued engagement across FEW (Finance & Estates Workstreams), including CHC, contracting, GPIT, and back-office functions, to track costs and clarify shared services risks. 	<ol style="list-style-type: none"> Complete Estates utilisation work and scoping to identify the new TV HQ. Engage with the Ops Model & Org Design Project to complete financial analysis of the outputs of the design work. Outsourcing of project support to 'Project Compton'. 			
5.	South Frimley Transfer Project	<ol style="list-style-type: none"> Understand route cause of HIOW anxiety re transfer principles. Making process in agreeing transfer principles. Agreement to align communications for staff and external stakeholders. Contracts lists reviewed by all responsible managers/portfolio holders. Task and Finish Groups identified to run the project. 	<ol style="list-style-type: none"> Final agreement to transfer principles. Determine pre-consultation timeline and support information. Identify level of alignment around measures & consultation timelines. Develop September staff communications pack to include info from HIOW and Surrey Heartlands. Baseline contracts position shared with HIOW and SS. Workstream plan developed. Establishment of Task and Finish Groups. 			

Transition Programme Summary Report (3)
All Projects and Workstreams

Completed by: Alison Edgington Transition
Programme Director
Reporting period: August 2025

Project/Workstream status (See Annex One for details)

#	Workstream	Achievements in this period	Activities planned for next period	Time	Scope	Cost
6.	Pharmacy, Optometry and Dental Operating Model project	<ol style="list-style-type: none"> Successful launch of proposed design approach and financial framing. Transition Directors briefed x8 ICBs. Regular meetings with shared services leads established. Current spend on shared services per ICB confirmed. Initial AI scoping meetings held across all areas. Opportunities identified. 	<ol style="list-style-type: none"> ICBs involvement in design workshops. Summary documentation of each stage of process – one version of decisions made. Book workshops. Pharmacy & optometry in September. Dentistry in October. Face to face (London). Finances re-worked to align with boundary changes and indicative financial envelop (50% reduction). Activity information gathered to inform capacity requirements. Develop AI workstream plan - aligned to other contracting spine work being undertaken - support Mark Sellman. 			
7.	South-East Collaboration Project	Scoping work ongoing.	<ol style="list-style-type: none"> Review of CSU SLA/MOUs. Further work to scope the remit of this workstream/project which will ensure that BOB and Frimley ICBs are involved, can monitor progress and have visibility of the collaboration across all South-East ICBs. 			
8.	Quality and Equality Health Impact Assessments Workstream	Not started – Will form part of the impact assessments for the Operational Model and Organisational Design Workstream	To be determined			
9.	Communications and Engagement Workstream	<ol style="list-style-type: none"> Ops Model and Org Design: Consolidated staff engagement insight (278 colleagues, 4,000+ contributions) and partner feedback (40 organisations) into the design process. South Frimley Transfer: Agreement to align communications for staff and external stakeholders. Ongoing staff and stakeholder briefings. 	<ol style="list-style-type: none"> Address resourcing requirement for communication and engagement support. Next phase of stakeholder management. Communication process regarding MARS. 			

Transition Programme Risks (1) All Projects and Workstreams

Risks and issues (key programme level risks and issues)

ID	Risk Name	Current Rating	Mitigation updates	Risk Owner
TP 001	Timescales constrain the quality of outputs from the Operational Model and Organisational Design Project	12	<p>07/08 JS: Mitigations are currently being developed and tested in collaboration with the wider team. The proposed mitigations (below) have been shared with the group and will be validated through ongoing design activity, governance review, and in upcoming planning sessions:</p> <ul style="list-style-type: none"> Post-design assurance phase to test the proposed structure before consultation. Equality and Health Impact Assessment (EHIA) and risk assessment before consultation. Gateway review to assess model readiness before launch. Escalation pathway via governance if quality concerns arise. 	Hannah Iqbal
TP 002	Leadership and managerial bandwidth	16	<p>28/08 AE: The Joint Transition Executive has agreed a Programme Resourcing Plan and additional project posts have been approved through both BOB and Frimley Governance. 4 posts are now being advertised internally.</p> <p>Both Boards reached agreement in principle to streamline governance arrangements including the formation of a Joint Committee of the Boards at their Board Seminars in August.</p> <p>Despite the above no change to risk rating as NHS England is requiring that ICBs start planning for 2026/27 and the first draft submission is due end September</p>	Sam Burrows/Nick Broughton
TP 003	Loss of experienced and talented staff in key roles	16	27/08 DC: Working with NHS/System partners to retain talent within the wider health/social economy.	Sandra Grant
TP 004	Revenue allocation of £19 capitation does not meet the full cost of TV ICB activities	16	28/08 AE: The components of 'Project Compton' have been scoped. This project includes the potential operating cost reductions from Medicines optimisation; CHC/NHS Funded Nursing Care; Connect Care and GP IT. Resourcing for the work is likely to be out-sourced to the CSU subject to JTE, procurement and usual approvals. A proposal will be presented to the JTE on the 12 September. A dependency for the development of the Financial to achieve £19/weighted of population with the Ops Model and Org Design Project. The financial plan cannot be compiled until this work is completed. This dependency has been added to the RAID.	Richard Chapman

Transition Programme Risks (2) All Projects and Workstreams

Risks and issues (key programme level risks and issues)				
ID	Risk Name	Current Rating	Mitigation updates	Risk Owner
TP 005	Loss of Corporate Memory	16	05/08 AE: Oversight of the processes, data and information transfer from BOB and Frimley ICBs into the new Thames Valley ICB will be defined, managed and monitored by the Closedown and Set-Up Project Board. This group has met in shadow form and is starting to map out the scope of the work to be overseen and membership. The next step is the development of the Due Diligence Checklist and gap analysis to inform the Project Plan.	Alison Edgington
TP 006	Future Local Authority boundary changes	12	06/08 AE: The NHS England Committee overseeing the ICB boundary changes meets to formally approve the proposals to form NHS Thames Valley ICB on the 21st August 2025. This is a watershed moment for the Programme. NHS England will require clarification in terms of the ministerial decisions for Swindon devolution and the formation of NHS Thames Valley ICB, prior to this Committee if current plans for merger are to progress smoothly.	Caroline Corrigan
TP 007	Ending contracts for those on fixed term	16	27/08 DC: Risk reviewed and remains static.	Sandra Grant
TP 008	No Pre-transfer agreement between HIOW and Frimley	16	27/08 NA: Regular points of communication – formal and informal. CEO visibility & escalation processes available. FICB Board and Transition Executive Oversight.	Nicola Airey

Appendix 2: Amendment to the Constitution

In line with the NHSE Model Constitution wording set out below - Clause 3.5.4 (b) must be amended and the additional wording inserted (shown below in blue) **“other than chief executive of another Integrated Care Board”**.

It should be noted that the Model NHSE Constitution provides ICBs with the ability to insert their own optional criteria (shown below in green), the BOB and Frimley Constitutions do not currently have any locally determined criteria.

Chief Executive

- 3.5.1 The chief executive will be appointed by the chair of the ICB in accordance with any guidance issued by NHS England.[\[i\]](#)
- 3.5.2 The appointment will be subject to approval of NHS England in accordance with any procedure published by NHS England.[\[ii\]](#)
- 3.5.3 The chief executive must fulfil the following additional eligibility criteria:
- a) be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act
 - b) *OPTIONAL/INSERT*
specify any further local criteria[\[iii\]](#)
- 3.5.4 Individuals will not be eligible if:
- a) any of the disqualification criteria set out in 3.2 apply
 - b) subject to clause 3.5.3(a), they hold any other employment or executive role **other than chief executive of another Integrated Care Board**
 - c) *OPTIONAL/INSERT*
specify any further local exclusions *[You should review any further local exclusions they have inserted here in case you need to amend/remove to allow such joint appointments.]*

Appendix 3: The Collaboration Agreement

Annexed to this paper.

Appendix 3: BOB and Frimley Boards' Joint Committee Terms of Reference

The Joint Committee of NHS Buckinghamshire, Oxfordshire and Berkshire West ICB and NHS Frimley ICB

(The Boards' Joint Committee)

Terms of Reference

1. Introduction and purpose

- 1.1. The Joint Committee of NHS Buckinghamshire, Oxfordshire and Berkshire (Integrated Care Board (ICB) (BOB) and NHS Frimley ICB (the Committee) has been established by BOB and Frimley ICBs (the Partners) pursuant to section 65Z5 of the National Health Service Act 2006 as amended ('the NHS Act'). In accordance with Section 65Z5 of the NHS Act, Integrated Care Boards (ICBs) can establish and maintain joint working arrangements to jointly exercise their functions.
- 1.2. The purpose of the Committee is to enable the Partners to enact their cluster arrangement and take decisions jointly or as one in the best interests of the populations they service.

2. Responsibilities

- 2.1 The Committee shall be responsible for the key decisions previously reserved to the Boards of both partners, with the exception of those which cannot be delegated:
 - 2.1.1 Functions relating to Continuing Healthcare and NHS funded nursing care (although, transfer not precluded).
 - 2.1.2 Functions central to the corporate governance of an individual ICB (e.g. approval of annual accounts)
 - 2.1.3 Ancillary functions for example statutory and Regulatory Compliance, Data Protection Accountability, Clinical Governance and Professional Accountability, Employment Responsibilities, Financial Stewardship of Public Funds, Board Decision-making, and Information Governance Ownership.

3. Membership

- 3.1 Members of the Committee shall be appointed by the Partners and cannot be varied without the agreement of both the Partners' Boards.
- 3.2 The Committee will be chaired by the Chair of the Partners' Boards, as appointed by NHS England, with the approval of the Secretary of State for Health and Social Care (also known as the Cluster Chair). Reflecting the cluster arrangement both Partners' Boards will be chaired by the same individual.

- 3.3 The Committee Chair will appoint a Deputy Chair from amongst the membership of the Committee. This must be an Independent Non-Executive Member of the Partners' Boards, who has the requisite skills and experience to act in that capacity.
- 3.4 The Chair of the Committee will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference, in line with the Standing Orders of both Partners.
- 3.5 The membership of the Committee shall be constituted as follows:

Core Membership		
Job Title	NHS Frimley	BOB ICB
Chair	X	X
Chief Executive(s)	X	X
Cluster Chief Nursing Officer (BOB and Frimley)	X	X
Cluster Finance Officer (BOB and Frimley)	X	X
Frimley Chief Medical Officer	X	
BOB Chief Medical Officer		X
Non-Executive Member (SID – Chair of the Audit Committee)	X	
Non-Executive Member (Deputy Chair – Chair of Remuneration Committee)	X	
Non-Executive Member (Member of the Audit Committee)	X	
Non-Executive Member (Member of the System Transformation Committee)	X	
Non-Executive Director (Chair of the Audit and Risk Committee)		X
Non-Executive Director (Chair of the System Productivity Committee)		X
Non-Executive Director (SID – Chair Place and Sys Dev Committee)		X
Non-Executive Director (Deputy Chair - Chair People Committee / Remuneration Committee)		X
Primary Care Partner	X	
Primary Care Partner	X	
Partner Member, Primary Medical Services		X
Partner Member, NHS and Foundation Trusts		X
Partner Member, Local Authorities		X
Partner Member, Mental Health		X
Provider Partner Member FHFT	X	
Partner Member, S&BFT	X	
Provider Partner Member BHFT	X	
Local Authority Partner Member, Rushmoor Borough Council	X	
Local Authority Partner Member from Bracknell Forest Council	X	

Wider membership

Job Title	NHS Frimley	BOB ICB
Bob and Frimley SRO for the Transition Programme, and Frimley Chief People Officer	X	
BOB Chief People Officer		X
Frimley Interim Chief Transformation and Information Officer	X	
BOB Chief Strategic, Digital and Transformation Officer		X
EDI System Lead	X	
ICB Chief Delivery Officer		X
Transition Programme Director	X	X

- 3.6 At the establishment of the Committee, whilst the executive level of the Partners' revised organisational structures are being consulted upon and appointed to, the executive membership of the Committee shall include the Partners' existing Executive Teams.
- 3.7 Core and wider members of the Committee have the right to attend and only core members have the right to vote at Committee meetings; however, meetings of the Committee could also be attended by the following individuals who are not members:
- A representative of Public Health
 - Representative of the VCSE
 - Representative of Healthwatch
- 3.8 Other attendees may be invited to attend all or part of any meeting as and when the Chair of the Committee considers they have expertise that would be relevant to the responsibilities of the Committee.
- 3.9 The Chair of the Committee may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.
- 3.10 Members of the Committee may participate in meetings remotely or by other electronic means where they are available and with the prior agreement of the Chair of the Committee. Participation by any of these means shall be deemed to constitute presence in person at the meeting. Members are normally expected to attend at least 75% of meetings during the year. Members will be expected to attend meetings in-person when required by the Chair of the Committee.

4. Quorum, Decisions and Voting

- 4.1 The quorum for meetings of the Committee will be members, including:
- a) Chair or Deputy Chair
 - b) At least two Core Executive Members (from either ICB)
 - c) At least two Core Non-Executive Members (from either ICB)
 - d) At least two Core Partner Members (from either ICB)

- 4.2 If any member of the Committee is unable to participate in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
- 4.3 If the quorum has not been reached, then the meeting may proceed informally if those attending agree, but no decisions may be taken.
- 4.4 In line with the Standing Orders of each of the Partners, it is expected that decisions will be reached by consensus. Should this not be possible, each core member of the Committee will have one vote, the process for which is set out below:
- a) All core members of the Committee who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, core members of the Committee are set out at paragraph 3.5; wider members, attendees and observers do not have voting rights).
 - b) Absent members may not vote by proxy. Absence is defined as not being present at the time of the vote, but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.
 - c) A resolution will be passed if more votes are cast for the resolution than against it.
 - d) If an equal number of votes are cast for and against a resolution, then the Chair of the Committee (or in their absence, the Deputy Chair) will have a second and casting vote.
 - e) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.
- 4.5 For urgent issues, the Chair of the Committee may call a meeting at a notice of 2 days, setting out the reason for the urgency and the issue to be addressed.

5 Ways of Working

- 5.1 All members of the Committee will have due regard to and operate within the Constitutions of the Partners, their Standing Orders, Standing Financial Instructions and other financial procedures.

- 5.2 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.
- 5.3 Members of the Committee must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.
- 5.4 A Register of Interests will be reviewed at each Committee meeting. Those in attendance will be asked by the Chair of the Committee to declare any interests at the beginning of each meeting. If a member of the Committee feels compromised by any agenda item, they should declare a conflict of interest and agreement reached as the action to be taken as set out in the Partners' Conflicts of Interest Policy.
- 5.5 If necessary, the Committee may draw on third-party support to assist it in resolving any disputes, such as peer review or support from NHS England.

6 Reporting Arrangements

- 6.1 The Committee is accountable to the Partners' Boards and shall report to the Boards at quarterly on how it discharges its responsibilities.
- 6.2 The Committee shall undertake an annual self-assessment of its own performance against its annual programme of business, membership and Terms of Reference.

7 Meetings and Administration

- 7.1 The Committee will meet in public and in private every other month.
- 7.2 The Chair of the Committee may ask the Committee to convene further meetings to discuss particular issues they consider pertinent.
- 7.3 Arrangements and notice for calling meetings are set out in the Partners' Standing Orders.
- 7.4 The Chair of the Committee shall see that a notice of any public meeting of the Committee, together with an agenda listing the business to be conducted and supporting documentation, is published one week (or, in the case of a special meeting, two days) prior to the date of the meeting.
- 7.5 The proceedings and decisions taken by the Committee shall be recorded in minutes, and those minutes circulated in draft form within two weeks of the

date of the meeting. The Committee shall confirm those minutes at its next meeting.

7.6 The management of the joint approach to governance which effectively brings the Partners' Boards together into the Joint Committee, will be overseen by the Transition Programme Director supported by the Partners' Corporate Governance teams who will operate as 'one team' through the cluster period. Their duties in this respect will include:

- a) Agreement of agendas with the Chair and attendees.
- b) Preparation, collation and circulation of papers in good time.
- c) Ensuring that those invited to each meeting attend, highlighting any concerns to Chair (including interests of members that may conflict with an agenda item).
- d) Taking the minutes and helping the Chair to prepare any necessary reports to the Partners' Boards.
- e) Keeping a record of matters arising and issues to be carried forward.
- f) Maintaining records of members' appointments and renewal dates.
- g) Ensuring that action points are taken forward between meetings.
- h) Ensuring that members receive the development and training they need.
- i) Providing appropriate support to the Chair and members.

7.7 Following each meeting of the Committee, the governance team will also:

- a) Maintain an attendance log and follow up as appropriate after each meeting to ensure the Committee adheres to the required frequency of attendance by members; and
- b) Maintain a decisions log of reporting arrangements into each formal meeting of the Committee.

8 Review of Terms of Reference

8.1 These Terms of Reference will be reviewed at least annually and earlier if required. Any proposed amendments will be submitted to the Partners' Boards for approval.

8.2 **Approved by the BOB Board *insert date***

8.3 **Approved by the Frimley Board *insert date***

Version	Date	Approved by	Review	Type of changes
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V1.0	21/08/2025	NA	NA	Creation of ToR
V2.0	26/08/2025	NA	NA	Updates to membership roles and minor changes to the narrative.

Document control

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Appendix 4: Collaboration Agreement Scheme of Reservation and Delegation

NHS Frimley Integrated Care Board

and

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Joint Scheme of Reservation and Delegation

1. Introduction

This Scheme of Reservation and Delegation establishes the legal framework for the Cluster partnership between NHS Frimley Integrated Care Board (ICB) and NHS Buckinghamshire, Oxfordshire and Berkshire West ICB (BOB), operating through a Joint Committee (JC) of the Frimley and BOB Integrated Care Boards ('The Boards' Joint Committee) established under sections 65Z5 and 65Z6 of the NHS Act 2006.

Default Position: All functions of each integrated care board are delegated to the Joint Committee except those specifically reserved below. The JC has a primary role in identifying, managing and mitigating risks to both organisations throughout the period of the cluster partnership.

2. ICB functions reserved to each ICB Board

Annex A sets out the detailed scheme of matters reserved to the individual Boards. The below is meant as a high-level summary of matters reserved and delegated to the JC and should be read in conjunction with the detailed scheme at Annex A.

2.1 Statutory functions that cannot be delegated

- Decision making in respect of NHS Continuing Healthcare and NHS funded nursing care functions
- Annual accounts preparation and approval
- Constitutional compliance matters specific to each ICB
- Individual ICB statutory reporting requirements
- Functions that are required by NHS England to remain with individual ICBs
- Such other functions as are determined to be non-delegable by an ICB

2.2 Corporate governance functions

- Approval of changes to the ICB's constitution
- Approval of ICB Operational Scheme of Delegation

- Approval of ICB Standing Financial Instructions

2.3 Individual ICB board meetings

The Boards should meet annually as a minimum, or as required for reserved functions.

3. Functions Delegated to the Joint Committee of the Frimley and BOB ICBs

3.1 All other ICB functions

All ICB functions not specifically reserved above are delegated to the JC, including but not limited to:

- Strategic planning and commissioning
- Financial planning and budget approval
- Financial management, control and reporting
- Service commissioning and contracting
- Performance management
- Quality oversight
- Partnership working
- System transformation

3.2 Joint Committee authority to establish sub-committees and working groups

The JC is delegated authority to:

- Establish such sub-committees or working groups as it considers necessary
- Determine sub-committee and working group terms of reference, which must be reviewed annually
- Delegate ICB functions to sub-committees as appropriate
- Appoint sub-committee and working group members
- Receive reports and assurance from sub-committees and working groups

3.3 Joint Committee decision-making authority

The JC has full authority to make binding decisions on behalf of both ICBs for all delegated functions, subject to:

- Compliance with statutory requirements

- Operating within agreed financial frameworks
 - Reporting to individual ICB Boards on reserved matters
 - During 2025-26 not taking any decisions that would materially change the operational plan that has been agreed by each Board without the explicit approval of that Board
-

4. Functions delegated to individual ICB Audit Committees

4.1 Each ICB retains its own audit committee with authority for:

- Internal audit arrangements (appointment, oversight, planning)
- External audit liaison for individual ICB
- Individual ICB risk management oversight
- Individual ICB counter fraud arrangements
- Individual ICB information governance compliance
- Review of individual ICB annual accounts
- Oversight of individual ICB losses and special payments
- Individual ICB Operational Scheme of Delegation consideration and recommendation to the Board

4.2 Coordination

Individual ICB Audit Committees may meet "in common" to consider nascent Thames Valley cluster issues while retaining separate decision-making authority for individual ICB matters.

5. ICB functions delegated to individual ICB Remuneration Committees

5.1 Each ICB retains its own remuneration committee with authority for:

- Individual ICB Board member remuneration
- Individual ICB specific employment arrangements
- Individual ICB pay policies (where not harmonised through JTVC)
- Performance management of individual ICB specific roles
- Terms and conditions for individual ICB specific appointments

5.2 Coordination

Individual ICB Remuneration Committees may meet "in common" to consider nascent Thames Valley employment matters while retaining separate decision-making authority for individual ICB matters.

6. Operational Arrangements

6.1 Individual ICB Operational Schemes

Initially each ICB will retain its own Operational Scheme of Delegation for:

- Day-to-day operational decisions
- Financial authorisation limits
- Procurement authorities
- Staff employment decisions
- Routine administrative matters

However, as the cluster partnership becomes more established these will iterate to become more closely aligned.

6.2 Individual ICB Standing Financial Instructions

Each ICB retains its own Standing Financial Instructions covering:

- Financial controls and procedures
- Banking and treasury management
- Budget management processes
- Financial reporting requirements
- Value for money arrangements

However, as the cluster partnership becomes more established these will iterate to become more closely aligned.

6.3 Coordination and harmonisation

The JC may develop joint policies and procedures, which may inform updates to individual ICB operational schemes and standing financial instructions.

7. Conflict Management

7.1 Process for managing conflicts

The process for managing potential conflicts between the ICBs are detailed in the Collaboration Agreement. In summary where potential conflicts arise between ICB interests:

- Issues must be identified in papers to the JC
 - The JC Chair may permit separate ICB Board consultation
 - Final decisions rest with J-C incorporating both ICB perspectives
 - Formal record of conflict management approach required
-

8. Review and Amendment

8.1 Annual Review

This scheme shall be reviewed annually by both ICB Boards and updated as necessary to reflect:

- Changes in statutory requirements
- Evolution of cluster arrangements
- Lessons learned from operation

8.2 Amendment Process

Changes to this scheme require approval by both individual ICB Boards.

9. Definitions

JC: Joint Committee established under s65Z5 and s65Z6 of the NHS Act 2006

Individual ICB Boards: NHS Frimley ICB Board and NHS Buckinghamshire, Oxfordshire and Berkshire West ICB Board

Reserved Functions: Functions that cannot be delegated to joint committee arrangements

Delegated Functions: Functions exercised jointly through the JC on behalf of both ICBs

Effective Date: 01 October 2025 **Review Date:** Annual **Approval Authority:** Both ICB Boards

This scheme provides the high-level framework for Frimley ICB and BOB ICB Cluster governance while preserving individual ICB sovereignty for statutory reserved functions and operational arrangements.

Annex A – detailed scheme of reservations

1. Decisions and functions reserved to NHSE/I
1.1 The power to establish ICB
1.2 The power to obtain information from the ICB and intervene where NHS England is satisfied that the ICB is failing, or has failed, to discharge any of its functions or that there is a significant risk that it will fail to do so
1.3 Appointment and removal of the ICB Chair
1.4 Terminate the appointment of the Chief Executive and direct the Chair as to the appointment of a replacement where NHSE is satisfied that the ICB is failing or has failed to discharge any of its functions or there is a significant risk that the ICB will fail to do so
1.5 Approval of the ICB Constitution and any changes made to it
1.6 Variation of the ICB Constitution other than on application by the ICB a) where the ICB applies to NHS England in accordance with NHS England’s published procedure and that application is approved; and b) where NHS England varies the Constitution of its own initiative, (other than on application by the ICB).
1.7 Remuneration of ICB Chair

2. Decisions and functions reserved to the ICB Board
2.1 Determines the governance arrangements which allow decisions to be delegated to provider collaboratives, joint committees and/or other statutory bodies
2.2 Determines the governing arrangements of the ICB, ensuring meetings are held in public (except where the ICB considers it would not be in the public interest in relation to all or part of a meeting).
2.3 ICB and each responsible local authority will establish an integrated care partnership (ICP) which includes members appointed by the ICB and each relevant authority, ensuring meetings are held in public in accordance with standing orders

2. Decisions and functions reserved to the ICB Board

2.4 Consideration and approval of applications to NHS England on any matter concerning changes to the ICB's Constitution, including the Standing Orders

2.5 Require and receive the declaration of interests from members of the ICB Board

2.6 Receive reports from committees that the ICB is required by statute or other regulation to establish and take action upon those reports as necessary

2.7 Approve the ICBs overarching scheme of reservation and delegation, which sets out those decisions of the ICB reserved to the Board and those delegated to the

- committees and any joint committees of the ICB, or
- its employees

2.8 Approve Standing Financial Instructions (SFIs)

2.9 Approve Functions and Decisions Map

2.10 Appoint and dismiss committees of the ICB that are directly responsible to the Board

2.11 Establish Terms of Reference and reporting arrangements for all of the committees of the Board

2.12 Receive reports from committees of the ICB including those which the ICB is required by its Constitution, or by NHS England, or the Secretary of State or by any other legislation, regulations, directions or guidance to establish and to take appropriate action

2.13 Delegate executive powers to be exercised by any of its members or employees

2.14 Approval of the ICB's Annual Report and Accounts

2.15 Approval of the ICB's arrangements for the management of risk

2.16 Approval of a comprehensive system of internal control, including budgetary control, that underpins the effective, efficient and economic operation of the ICB.

2.17 Approve arrangements with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the ICB's functions to be exercised by or jointly with that other body or for the functions of that other body to be exercised by or jointly with the ICB.

2. Decisions and functions reserved to the ICB Board

2.18 Approve arrangements for the functions to be exercised by a joint committee and/or for the establishment of a pooled fund to fund those functions (section 65Z6).

2.19 Endorse the ICB internal audit charter and annual audit plan on the recommendation of the ICB Accountable Officer and audit and risk committee

3. Decisions and functions reserved to the ICB Chair

3.1 Appointment of the Chief Executive (subject to approval of NHS England in accordance with any procedure published by NHS England)

3.2 Approval of appointment of partner members of the ICB Board

3.3 Appointment of Independent Non-Executive members of the ICB Board

3.4 Approval of appointment of Chief Medical Officer (Medical Director)

3.5 Approval of appointment of Chief Nursing Officer (Director of Nursing)

3.6 Approval of appointment of Chief Finance Officer (Director of Finance)

3.7 Approval of appointment of Mental Health Ordinary Member

3.8 Ensure that the members of the Board possess the skills, knowledge and experience necessary for the Board to effectively carry out its functions

Glossary

Project/ Workstream	Summary Scope	Executive/Director or Lead
1. Operating Model and Organisational Design workstream	<p>Organisation design is about “intentionally arranging people, work and formal organisational elements to effectively and efficiently achieve a business purpose and strategy”</p> <p>This project will:</p> <ul style="list-style-type: none"> Design a new ICB entity covering a new Thames Valley geography, delivering Model ICB functions to strategically commission for improvement in population health. Design a new organisation and operating model that can function efficiently and effectively for £19 per head of population served. 	Hannah Iqbal, Chief Transformation
2. People and Culture Project	The project will provide leadership and expertise to ensure we plan and deliver a legally compliant, inclusive organisational change process. This will include a culture development plan to ensure we identify, retain and recruit the talent needed and embed effective ways of working.	Sandra Grant, Chief People Officer, BOB
3. Finance and Estates Workstream	<p>This project will:</p> <ul style="list-style-type: none"> Shape the financial and estates model of the new NHS Thames Valley ICB. Develop a sustainable costed structure for 2026/27 and beyond that aligns with the nationally mandated £19 per capita. Support the transition from legacy organisations to a single commissioning body, identifying transitional costs, legacy system inefficiencies, and opportunities to streamline functions. Support the other workstreams by contributing to the design of the Finance & Contracting functional grouping. 	Richard Chapman, Chief Finance Officer, Frimley
4. Closedown and Set-Up Project	The project will define, plan, manage and assure the Transition Programme Board of the delivery of the governance, operational business, HR and finance transfer arrangements required to support the clustering of the two ICBs from 1st October 2025 and the establishment of a new single organisation, the NHS Thames Valley ICB, by 1st April 2026	Alison Edgington, Transition Programme Director, BOB & Frimley ICBs

Project/ Workstream	Summary Scope	Executive/Director Lead
5. South Frimley Transfer Project	This project will manage the transfer of assets (including staff) and liabilities between Frimley ICB and HIOW ICB and the proposed Surrey and Sussex ICB due to ICB boundary changes.	Nicola Airey, Director of Places and Communities, Frimley
6. Pharmacy, Optometry and Dental Operating Model project	This project will facilitate agreement across the SE Region regarding an operating model for community pharmacy, optometry and dental commissioning. To include the functions and activities to be undertaken within a regional hub (hosted by TV ICB) and locally within ICBs and the indicative financial envelope for the hub capacity. Also to ensure any functional scale benefits within TV structures and/or other regional hub teams are explored and agreed.	Nicola Airey, Director of Places and Communities, Frimley
7. South-East Collaboration Project	This project will manage the visibility, interface and progress of all transfer elements requiring co-operation and/or collaboration with the other ICBs across the South-East. This includes areas where BOB/Frimley agree to host a function on behalf of the others versus managing an interface with another ICB which has agreed to host on behalf of the South-East ICBs	Alison Edgington, Transition Programme Director, BOB & Frimley ICBs
8. Quality and Equality Health Impact Assessments Workstream	This workstream will support the quality and equality health impact assessments of all changes recommended by the programme, particularly changes recommended by the Operating Model and Organisational Design Project.	Safina Nadeem, EDI Board Advisor, Frimley /Sarah Bellars, Chief Nursing Officer, BOB & Frimley
9. Communications and Engagement Workstream	This workstream will oversee internal and external stakeholder communications and engagement for all Projects included in the Programme. The workstream will also undertake internal and external stakeholder mapping, and define, plan, implement and evaluate engagement activities specific to the individuals/groups being drawn into the Programme.	Caroline Corrigan, BOB and Frimley ICB SRO for the Transition Programme

14.

Dated: 01 October 2025

COLLABORATION AGREEMENT

This Collaboration Agreement is agreed between the following parties:

- (1) **NHS BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST INTEGRATED CARE BOARD.**
- (2) **NHS FRIMLEY INTEGRATED CARE BOARD**

Contents

BACKGROUND	4
1. COMMENCEMENT AND DURATION	4
2. PRINCIPLES AND AIMS	4
3. OBJECTIVES.....	5
4. ROLES AND RESPONSIBILITIES	5
5. SCOPE OF THE ARRANGEMENTS.....	6
6. FUNCTIONS	6
7. JOINT COMMITTEE	6
8. GOVERNANCE	7
9. REVIEW	7
10. COMPLAINTS	7
11. FINANCES.....	7
12. VARIATION	8
13. DATA PROTECTION	8
14. IT INTER-OPERABILITY	9
15. FURTHER ARRANGEMENTS	9
16. FREEDOM OF INFORMATION.....	9
17. CONFLICTS OF INTEREST AND TRANSPARENCY ON GIFTS AND HOSPITALITY	10
18. CONFIDENTIALITY	10
19. LIABILITIES	11
20. DISPUTE RESOLUTION.....	11
21. BREACHES OF THE AGREEMENT	12
22. TERMINATION & DEFAULT	12
23. CONSEQUENCES OF TERMINATION.....	13
24. PUBLICITY	13
25. EXCLUSION OF PARTNERSHIP OR AGENCY	13
26. THIRD PARTY RIGHTS.....	13
27. NOTICES	13
28. ASSIGNMENT AND SUBCONTRACTING.....	14
29. SEVERABILITY	14
30. WAIVER.....	14
31. STATUS	14

32.	ENTIRE AGREEMENT	14
33.	GOVERNING LAW AND JURISDICTION	14
34.	FAIR DEALINGS.....	14
35.	COUNTERPARTS	14
	SCHEDULE 1: DEFINITIONS AND INTERPRETATIONS	15
	DEFINITIONS AND INTERPRETATION	15
	SCHEDULE 2: ACCOUNTABILITIES AND RESPONSIBILITIES FOR ICB CHAIRS AND CHIEF EXECUTIVES ...	21
	2A: NHS Integrated Care Board – Chair Role Descriptor - (NHS England June 2025).....	21
	2B: NHS Integrated Care Board – Chief Executive Job Description - (June 2025 NHS England)	23
	SCHEDULE 3: GOVERNANCE ARRANGEMENTS FOR THE CLUSTER	27
	[Insert Terms of Reference for the Joint Committee when agreed by both Boards.]	27
	SCHEDULE 4: FURTHER INFORMATION GOVERNANCE AND SHARING PROVISIONS	28
	To be read in conjunction with the Data Sharing Agreement between Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, and Frimley Integrated Care Board (August 2025).	28
1.	Introduction.....	28
2.	Purpose.....	28
3.	Benefits of information sharing	29
4.	Lawful basis for sharing.....	29
5.	Restrictions on use of the Shared Information	29
6.	Ensuring fairness to the Data Subject	29
7.	Governance: Staff	30
8.	Governance: Protection of Personal Data	30
9.	Governance: Transmission of Information between the ICB Partners	32
10.	Governance: Quality of Information	32
11.	Governance: Retention and Disposal of Shared Information	33
12.	Governance: Complaints and Access to Personal Data	33
13.	Governance: Single Points of Contact	34
14.	Monitoring and review	34
	To be read in conjunction with the Data Sharing Agreement between Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, and Frimley Integrated Care Board (August).	34
	SCHEDULE 5: FUNCTIONS DELEGATED TO THE JOINT COMMITTEE	35
	[Insert SoRD when agreed and set out that delegation is by reservation to ICB Boards.]	35

THIS AGREEMENT is made on the **1st of October 2025 BETWEEN:**

(1) NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.

(2) NHS Frimley Integrated Care Board.

Individually each ICB will be referred to as an "ICB Partner" and together form a partnership cluster: the "Thames Valley ICB Partners".

BACKGROUND

- (A) The Thames Valley ICB Partners have statutory and delegated functions to make arrangements for the provision of services for the purposes of the NHS in their areas, apart from those commissioned directly by NHS England.
- (B) Pursuant to section 65Z5 of the NHS Act and relevant delegation agreements, each ICB Partner is able to establish and maintain joint arrangements in respect of the discharge of their commissioning and other functions.
- (C) The Thames Valley ICB Partners have agreed that they will exercise certain functions, as specified in Clause 4, jointly and for that purpose have created a Joint Committee of the BOB and Frimley Boards in accordance with sections 65Z5 and 65Z6 of the NHS Act.
- (D) This Agreement sets out the arrangements that will apply between the Thames Valley ICB Partners in relation to the joint exercise of commissioning and such other functions as they determine to exercise through the joint committee.
- (E) This Agreement is intended to govern the relationship between the Thames Valley ICB Partners.

IT IS HEREBY AGREED as follows:

1. COMMENCEMENT AND DURATION

This Agreement has effect from the date of this Agreement and will remain in force for an initial term of 6 months to 31 March 2026 unless terminated in accordance with Clause 22 (Termination & Default) below.

2. PRINCIPLES AND AIMS

The Thames Valley ICB Partners acknowledge that, in exercising their obligations under this Agreement, each ICB Partner must comply with the statutory duties set out in the NHS Act and other applicable legislation, and must:

- 2.1 Consider how it can meet its legal duties to involve patients and the public in shaping the provision of services, including by working with local communities, under-represented groups and those with protected characteristics for the purposes of the Equality Act 2010.
- 2.2 Consider how, in performing its obligations, it can address health inequalities.
- 2.3 At all times exercise functions effectively, efficiently and economically.
- 2.4 Act at all times in good faith towards each other.
- 2.5 Improve access to treatment, especially for those with the worst health outcomes (e.g. relating to inequalities others who currently struggle to access treatment).

- 2.6 Look to shift resource towards more early intervention and prevention and facilitate transformational changes generating efficiencies.
- 2.7 Build closer relationships and alliances with other commissioners and providers of services outside Thames Valley who service our population.
- 2.8 Work in collaboration to implement the aims and objectives of the 10 Year Health Plan.
- 2.9 Enable Thames Valley ICB Partners to review and discuss Reserved Functions and Retained Services.

3. OBJECTIVES

The specific objectives of the ICB Partners clustering to establish the Thames Valley ICB Partners are:

- 3.1 The commissioning of health services based on population health needs across the entire geography of the partner ICBs in partnership with local government, local communities and the voluntary sector;
- 3.2 Oversight of the Transition Programme and delivery thereof within budget and on time;
- 3.3 The collective achievement of a reduction in running costs equivalent to £19 per weighted head of population across both organisations through designing and developing optimally efficient operating models with associated workforce and other resource infrastructure;
- 3.4 Formal workforce consultation through the recognised trade unions conducted with an emphasis on transparency and fairness;
- 3.5 Strong stakeholder communication and engagement including ICB staff, Primary Care, NHS providers, NHS England, neighbouring ICBs, local government, local communities and the voluntary sector on benefits realisation associated with the coming together of both ICBs;
- 3.6 The development of a robust governance structure to include the Constitution for the new NHS Thames Valley ICB, Scheme of Reservation and Delegation, and Standing Financial Instructions
- 3.7 Due diligence to ensure the safe, efficient and effective creation of the new organisation (data, digital and IG; Finance and Contracting operating models; Workforce; Operational Readiness) in accordance with the legislative and policy framework;
- 3.8 The safe and timely transfer of South Frimley staff and assets ensuring that Frimley ICB meets its obligations following any formal changes to the ICB organisational form.

4. ROLES AND RESPONSIBILITIES

- 4.1 Both ICBs are separately accountable for:
 - a) **Meeting NHS Constitutional Targets:** Ensuring key performance targets, and quality and safety requirements are met, alongside financial breakeven and Managing Public Money (MPM) compliance.
 - b) **System leadership and co-ordination to improve health:** Both organisations will align BOB/Frimley system-wide priorities and population health objectives involving NHS providers, local government, the local community, and the voluntary sector for the entire geographical area served by both ICBs.
 - c) **Effective commissioning and allocation of resources:** Both organisations will combine resources and enabling infrastructure to ensure resources are used effectively and equitably across all functions to improve population health and reduce inequalities.
 - d) **Governance and Assurance:** Both organisations will establish joint structures to oversee delivery, monitor performance and manage risks. This includes compliance with legal, clinical and financial regulations.

- 4.2 The broader accountabilities and responsibilities of an ICB Chair is included in Schedule 2. The Chair Designate of the organisations is accountable for providing:
- a) **Joint Committee leadership and facilitation:** Providing impartial leadership and helping partners towards consensus and shared goals.
 - b) **Governance oversight:** Ensuring the business of the Joint Committee is conducted in accordance with the agreed governance arrangements as set out in the Collaboration Agreement.
- 4.3 The broader accountabilities and responsibilities of an ICB CEO is included in schedule 2. The CEO(s) of the organisations is/are accountable for providing:
- a) **Delivery of the Transition Programme:** Leadership and oversight of the dissolution of BOB and Frimley ICBs and the formation of NHS Thames Valley ICB.
 - b) **Organisational leadership and accountability:** Implementation of the collaboration agreement (shared vision; aligned goals; objectives and processes) within both organisations.
 - c) **Performance oversight and delivery:** The delivery and monitoring of joint programmes, projects and activities.

5. SCOPE OF THE ARRANGEMENTS

- 5.1 This Agreement sets out the arrangements through which the Thames Valley ICB Partners will work together to commission services and exercise other functions jointly.
- 5.2 In respect of functions held by Thames Valley ICB Partners which they determine should be exercised jointly the following will apply:
- 5.2.1 Establishment of a Joint Committee as described in Schedule 2 – Governance Arrangements.
 - 5.2.2 The purpose and scope of the Joint Committee, any sub-committees and/or working groups will need to be confirmed by the Joint Committee at its first meeting and subsequently on establishment of sub-committees and/or working groups thereafter.
 - 5.2.2 At the commencement date the Thames Valley ICB Partners will agree the purpose and scope of the Joint Committee as set out in the Terms of Reference and this Agreement.

6. FUNCTIONS

- 6.1 The purpose of this Agreement is to establish a framework through which the Thames Valley ICB Partners can secure the commissioning of health services in accordance with the terms of this Agreement.
- 6.2 This Agreement shall include such commissioning, and such other functions as shall be agreed from time to time by the Thames Valley ICB Partners and are set out in Schedule 5 (Scheme of Reservation and Delegation) of this agreement.

7. JOINT COMMITTEE

- 7.1 The Thames Valley ICB Partners will form a statutory Joint Committee under sections 65Z5 and 65Z6 of the NHS Act which will offer strategic leadership and oversight of all functions exercised through it and ensure that decisions are made collectively across the Thames Valley ICB Partners, rather than taken independently. The governance arrangements are set out in Schedule 3.
- 7.2 The Joint Committee or a sub-committee of it will exercise functions which each ICB Partner has delegated to it.

8. GOVERNANCE

- 8.1 Overall strategic oversight of partnership working between the Thames Valley ICB Partners shall be as set out in Schedule 3 (Governance Arrangements).
- 8.2 Each ICB Partner has secured internal reporting arrangements to ensure the standards of accountability and probity required by each ICB Partner's own statutory duties and organisation are complied with.
- 8.3 Each ICB Partner will have overall oversight and approval of variations to each function exercised through the Joint Committee.

9. REVIEW

- 9.1 Save where the Thames Valley ICB Partners agree alternative arrangements (including alternative frequencies) the ICBs shall undertake a review after six months of the operation of this Agreement.
- 9.2 After that, unless the Thames Valley ICB Partners agree on other arrangements, including alternative frequencies, the ICBs shall undertake an annual review of the operation of this Agreement.
- 9.3 Reviews shall be conducted in good faith.

10. COMPLAINTS

Complaints received shall be processed in accordance with the Local Authority, Social Services and National Health Service Complaints Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and reported back to the respective ICB Partner, and where relevant as set out within any Delegation Agreement.

11. FINANCES

- 11.1 From the 01 October a Chief Finance Officer Designate will be appointed to lead, oversee and deliver the financial 2025/26 plans of both BOB and Frimley ICBs through the transition period to 01 April 2026.
- 11.2 Unless expressly provided otherwise in this Agreement or otherwise agreed in advance in writing by the Thames Valley ICB Partners, each ICB Partner shall bear its own costs as they are incurred.
- 11.3 During the transition period the CFO and finance teams from both organisations will co-operate to plan the 2026/27 financials based on the new footprint. The primary financial aims and objectives for 2026/27 will build on the previous years' performance for acute, community, primary care, mental health and specialist service commissioning within the financial allocation for the new Thames Valley geography. The work to deliver the collective requirement to deliver £19 per weighted head of population running costs will continue into 2026/27 and the finance teams from both ICBs will work collaboratively to compile the financial strategy to deliver this.
- 11.4 The two organisations will run separately for financial control and reporting purposes until the formation of the new organisation, with one CFO and finance teams working together, and with mutual aid. The current board sub-committee arrangements for financial reporting across both ICBs will remain as part of the governance architecture to support the transition. For BOB ICB this is the System Productivity Committee (SPC), and for Frimley ICB this is the Finance and Performance Committee (F&P). The SPC and F&P may continue until the new governance arrangements are established for NHS Thames Valley ICB, and this may occur on or before 01 April 2026.
- 11.5 All financial accounting will remain separate during the transition period, except for a shared budget to cover the costs of running the Transition Programme. This is £250k to year end 2025/26 and will be hosted by Frimley ICB.

- 11.6 With regard to capital expenditure, unless agreed by each ICB Partner, no funds shall normally be applied towards any one-off expenditure on goods and/or services, which would historically have been funded from the capital budgets of one of the ICBs. If a need for capital expenditure is identified for any service, this must be agreed by the Thames Valley ICB Partners.

12. VARIATION

- 12.1 The Thames Valley ICB Partners acknowledge that the scope of the Arrangements may be reviewed and amended from time to time.
- 12.2 This Agreement may be varied by the agreement of the Thames Valley ICB Partners at any time in writing in accordance with their internal decision-making processes.
- 12.3 No variations to this Agreement will be valid unless they are recorded in writing and signed for and on behalf of each ICB Partner and approved at the Joint Committee.
- 12.4 The following approach shall, unless otherwise agreed, be followed by Thames Valley ICB Partners:
- 12.4.1 On receipt of a request from one ICB Partner to vary the Agreement, the Thames Valley ICB Partners will first undertake an impact assessment and identify the likely impact of the variation on all parties.
 - 12.4.2 The Thames Valley ICB Partners will agree any action to be taken as a result of the proposed variation. This shall include consideration of whether any Service Contracts affected by the proposed variation should continue, be varied or terminated, taking note of the Service Contract terms and conditions and ensuring that the ICB Partner holding the Service Contract/s is not put in breach of contract, its statutory obligations or financially disadvantaged.
 - 12.4.3 Wherever possible agreement will be reached to reduce the level of funding in the Service Contract(s) in line with any reduction in budget, and
 - 12.4.4 Should this not be possible and one ICB Partner is left financially disadvantaged as a result of the proposed variation, then the financial risk will, unless otherwise agreed, be shared equally between the ICBs.

13. DATA PROTECTION

- 13.1 The Thames Valley ICB Partners must ensure that all Personal Data processed by or on behalf of them is processed in accordance with the relevant ICB Partner's obligations under Data Protection Legislation and Data Guidance, and the Thames Valley ICB Partners must assist each other as necessary to enable each other to comply with these obligations.
- 13.2 Processing of any Personal Data or Special Category Personal Data shall be to the minimum extent necessary to achieve the Specified Purpose, and on a Need-to-Know basis. If any ICB Partner: becomes aware of any unauthorised or unlawful processing of any Relevant Information or that any Relevant Information is lost or destroyed or has become damaged, corrupted or unusable; or becomes aware of any security breach, in respect of the Relevant Information it shall promptly notify the Joint Committee and the Thames Valley ICB Partners shall fully cooperate with one another to remedy the issue as soon as reasonably practicable.
- 13.3 In processing any Relevant Information further to this Agreement, each ICB Partner shall at all times comply with their own policies and any Regulatory or Supervisory Body's policies and guidance on the handling of data.
- 13.4 Any information governance breach must be responded to in accordance with Data Security and the Protection Incident Reporting tool. If any ICB Partner is required under Data Protection Legislation to notify the Information Commissioner's Office or a Data Subject of an information governance breach, then, as soon as reasonably practical and in any event on or before the first such notification is made, the relevant ICB Partner must fully inform the Joint Committee of the information governance breach. This clause does not require the relevant ICB Partner to provide information

which identifies any individual affected by the information governance breach were doing so would breach Data Protection Legislation.

- 13.5 Whether or not an ICB Partner is a Data Controller or Data Processor will be determined in accordance with Data Protection Legislation and any Data Guidance from a Regulatory or Supervisory Body. The Thames Valley ICB Partners acknowledge that a ICB Partner may act as both a Data Controller and a Data Processor.
- 13.6 The Thames Valley ICB Partners will share information to enable joint service planning, commissioning, and financial management subject to the requirements of law, including in particular the Data Protection Legislation in respect of any Personal Data.
- 13.7 Other than in compliance with judicial, administrative, governmental or regulatory process in connection with any action, suit, proceedings or claim or otherwise required by any Law, no information will be shared with any other ICB Partner save as agreed by the Thames Valley ICB Partners in writing.
- 13.8 Each Partner ICB shall implement and maintain appropriate technical and organisational measures to ensure the security of shared systems and data, in line with recognised standards and applicable law. Both Partner ICBs agree to notify each other of any actual or suspected cyber incident, cooperate fully in investigation and remediation, and participate in regular reviews of cyber risks and controls.
- 13.9 Schedule 4 makes further provision about information sharing and information governance.

14. **IT INTER-OPERABILITY**

- 14.1 The Thames Valley ICB Partners will work together to ensure that all relevant IT systems operated by the Thames Valley ICB Partners in respect of the Joint Functions are inter-operable and that data may be transferred between systems securely, easily and efficiently.
- 14.2 The Thames Valley ICB Partners will use their respective reasonable endeavours to help develop initiatives to further this aim.

15. **FURTHER ARRANGEMENTS**

The Thames Valley ICB Partners must give due consideration to whether any of the Joint Functions should be exercised collaboratively with other NHS bodies or Local Authorities including, without limitation, by means of arrangements under sections 65Z5 and 65Z6, and section 75 of the NHS Act. The Thames Valley ICB Partners must comply with any Guidance around the commissioning of delegated functions by means of arrangements under section 65Z5, 65Z6 or 75 of the NHS Act.

16. **FREEDOM OF INFORMATION**

- 16.1 Each ICB Partner acknowledges that the others are a public authority for the purposes of the Freedom of Information Act 2000 ("**FOIA**") and the Environmental Information Regulations 2004 ("**EIR**").

- 16.2 Each ICB Partner may be statutorily required to disclose further information about the Agreement and the Relevant Information in response to a specific request under FOIA or EIR, in which case:

Each ICB Partner shall provide the other with all reasonable assistance and co-operation to enable them to comply with their obligations under FOIA or EIR.

Each ICB Partner shall consult the other regarding the possible application of exemptions in relation to the information requested.

Each ICB Partner acknowledges that the final decision as to the form or content of the response to any request is a matter for the ICB Partner to whom the request is addressed.

- 16.3 Each ICB Partner is aware and recognises that NHS England may, from time to time, issue a FOIA or EIR protocol or update a protocol previously issued relating to the dealing with and responding to of FOIA or EIR requests in relation to the NHS England delegated functions and that the Thames Valley ICB Partners shall comply with such FOIA or EIR protocols.

17. CONFLICTS OF INTEREST AND TRANSPARENCY ON GIFTS AND HOSPITALITY

- 17.1 The Thames Valley ICB Partners must and must ensure that, in delivering the Functions, all Staff comply with the law and with Managing Conflicts of Interest in the NHS and other Guidance, including complying with good practice, in relation to gifts, hospitality and other inducements and actual or potential conflicts of interest.
- 17.2 Each ICB Partner must maintain a register of interests in respect of all persons involved in decisions concerning the Functions. This register must be publicly available. For the purposes of this clause, an ICB may rely on an existing register of interests rather than creating a further register.
- 17.3 Where any member of the Joint Committee or any sub-committee has an actual or potential conflict of interest in relation to any matter under consideration by the Joint Committee or any sub-committee, that member must not participate in meetings (or parts of meetings) in which the relevant matter is discussed or make a recommendation in relation to the relevant matter. The relevant appointing body may send an alternative representative to take the place of the conflicted member in relation to that matter.

18. CONFIDENTIALITY

- 18.1 Except as this Agreement otherwise provides, Confidential Information is owned by the disclosing ICB Partner and the receiving ICB Partner has no right to use it.
- 18.2 Subject to Clause 18.3, the receiving ICB Partner agrees:
- 18.2.1 To use the disclosing ICB Partner's Confidential Information only in connection with the receiving ICB Partner's performance under this Agreement.
- 18.2.2 Not to disclose the disclosing ICB Partner's Confidential Information to any third party or to use it to the detriment of the disclosing ICB Partner; and
- 18.2.3 To maintain the confidentiality of the disclosing ICB Partner's Confidential Information.
- 18.3 The receiving ICB Partner may disclose the disclosing ICB Partner's Confidential Information:
- 18.3.1 In connection with any Dispute Resolution Procedure.
- 18.3.2 To comply with the Law.
- 18.3.3 To any appropriate Regulatory or Supervisory Body.
- 18.3.4 To its staff, who in respect of that Confidential Information will be under a duty no less onerous than the Receiving ICB Partner's duty under Clause 18.2.
- 18.3.5 To NHS Bodies for the purposes of carrying out their functions.
- 18.3.6 As permitted under any other express arrangement or other provision of this Agreement.
- 18.4 The obligations in Clause 18 will not apply to any Confidential Information which:
- 18.4.1 is in or comes into the public domain other than by breach of this Agreement.
- 18.4.2 The receiving ICB Partner can show by its records what was in its possession before it received it from the disclosing Party; or

- 18.4.3 The receiving ICB Partner can prove it obtained or was able to obtain from a source other than the disclosing ICB Partner without breaching any obligation of confidence.
- 18.5 This Clause 18 does not prevent NHS England making use of or disclosing any Confidential Information disclosed by an ICB where necessary for the purposes of exercising its functions in relation to that ICB.
- 18.6 This Clause 18 will survive the termination of this Agreement for any reason for a period of 5 years.
- 18.7 This Clause 18 will not limit the application of the Public Interest Disclosure Act 1998 in any way whatsoever.
- 18.8 The above shall also apply to such confidential information as is created and shared between the ICB Partners and NHS England in respect of any delegated functions, with each ICB Partner noting the application of clause 18.5.

19. LIABILITIES

- 19.1 Subject to Clause 19.2, and 19.3, if an ICB Partner ("First ICB") incurs a loss arising out of or in connection with this Agreement as a consequence of any act or omission of the other ICB Partner ("Other ICB") which constitutes negligence, fraud or a breach of contract in relation to this Agreement or any Services Contract then the Other ICB shall be liable to the First ICB for that loss.
- 19.2 Clause 19.1 shall only apply to the extent that the acts or omissions of the Other ICB contributed to the relevant loss. Furthermore, it shall not apply if such act or omission occurred as a consequence of the Other ICB acting in accordance with the instructions or requests of the First ICB or the Joint Committee.
- 19.3 If any third party makes a claim or intimates an intention to make a claim against any ICB Partner, which may reasonably be considered as likely to give rise to liability under this Clause 19, the First ICB that may claim against the Other ICB will:
- 19.3.1 As soon as reasonably practicable give written notice of that matter to the Other ICB specifying in reasonable detail the nature of the relevant claim.
- 19.3.2 Not make any admission of liability, agreement or compromise in relation to the relevant claim without the prior written consent of the Other ICB (such consent not to be unreasonably conditioned, withheld or delayed).
- 19.3.3 Give the Other ICB and its professional advisers reasonable access to its premises and personnel and to any relevant assets, accounts, documents and records within its power or control so as to enable the Indemnifying ICB Partner and its professional advisers to examine such premises, assets, accounts, documents and records and to take copies at their own expense for the purpose of assessing the merits of, and if necessary defending, the relevant claim.
- 19.4 Each ICB Partner shall at all times take all reasonable steps to minimise and mitigate any loss for which one party is entitled to bring a claim against the other pursuant to this Agreement.
- 19.5 Unless expressly agreed otherwise, nothing in this Agreement shall affect the liability of either ICB Partner to any person in respect of that ICB's Commissioning Functions.

20. DISPUTE RESOLUTION

- 20.1 Where any dispute arises between the Thames Valley ICB Partners in connection with this Agreement, they must use their best endeavours to resolve that dispute.
- 20.2 Where any dispute is not resolved under clause 20.1 on an informal basis then the dispute will be referred to a meeting with the Organisations Chief Executive Officer(s) to attempt to resolve the dispute.

- 20.3 Where any dispute is not resolved under clause 20.2 then any ICB may refer the matter to the Joint Committee for resolution.
- 20.4 Should the dispute relate to any delegated function from NHS England then the matter may be referred to the South-East Regional Leadership Team of NHS England for resolution should clauses 20.1 and 20.2 not lead to a resolution of the dispute.

21. BREACHES OF THE AGREEMENT

- 21.1 If any ICB Partner (“Relevant ICB Partner”) fails to meet any of its obligations under this Agreement, the other ICB Partner may by notice require the Relevant ICB Partner to take such reasonable action within a reasonable timescale as the other ICB Partner may specify to rectify such failure. Should the Relevant ICB Partner fail to rectify such failure within such reasonable timescale, the matter shall be referred for resolution in accordance with Clause 20 (Dispute Resolution).
- 21.2 Without prejudice to Clause 21.1, if any ICB Partner does not comply with the terms of this Agreement (including if any ICB Partner exceeds its authority under this Agreement), the other ICB Partner may at their discretion agree to:
- 21.2.1 Waive their rights in relation to such non-compliance.
 - 21.2.2 Terminate this Agreement in accordance with Clause 22 (Termination and Default) below.
 - 21.2.3 Exercise the dispute resolution procedure in accordance with Clause 20, (Dispute Resolution).
 - 21.2.4 Agree to put in place a variation, under Clause 12, including ratifying a decision with remaining ICB Partners.
- 21.3 For the avoidance of doubt, there is no provision in this Clause 21 that enables the agreement to be terminated upon breach by any ICB.
- 21.4 This clause shall also apply as between the ICB Partners, the Thames Valley ICB Partners and NHS England in respect of any breaches of the Agreement that arise from the exercise of any delegated functions,

22. TERMINATION & DEFAULT

- 22.1 This Collaboration Agreement will end when the BOB and Frimley ICBs are dissolved, and a new organisation NHS Thames Valley ICB is formed. This is expected to take place on the 01 April 2026.
- 22.2 If an ICB wishes to end its participation in this Agreement ahead of the reason set out in 22.1, the relevant ICB must provide at least 12 months’ formal and written notice to the other ICB Partner of its intention to end its participation in this Agreement. Such notification shall only take effect from the end of 31 March in any calendar year.
- 22.3 Should clause 22.2 be activated by an ICB Partner end their joint exercise for any function delegated to ICBs from NHS England, then the relevant ICB Partner must obtain the prior agreement of NHS England and make arrangements for their exercise of the NHS England delegated functions that are acceptable to NHS England.
- 22.4 The termination shall only take effect where alternative arrangements for the provision of the NHS England and ICB delegated services, and an effective exercise of the delegated functions are in place for the period immediately following termination. This will enable the ICB Partners and NHS England to work together to ensure that there are suitable alternative arrangements in place in relation to the exercise of all delegated functions.

23. CONSEQUENCES OF TERMINATION

- 23.1 Upon termination of this Agreement (in whole or in part), for any reason whatsoever, the following shall apply:
- 23.1.1 The Thames Valley ICB Partners agree that they will work together and co-operate to ensure that the winding down of these arrangements is carried out smoothly and with as little disruption as possible to patients, employees, the ICB Partners and third parties, so as to minimise costs and liabilities of each ICB Partner in doing so.
- 23.1.2 Where an ICB Partner has entered into a Service Contract in exercise of the Functions of the other ICB Partner which continues after the termination of this Agreement, any ICB Partner for whom that contract shall continue shall contribute to the Contract Price in accordance with the agreed contribution for that Service prior to termination and will enter into all appropriate legal documentation required in respect of this.
- 23.1.3 Termination of this Agreement shall have no effect on the liability of any rights or remedies of any ICB Partner already accrued, prior to the date upon which such termination takes effect.
- 23.2 The provisions of Clauses 13 (Data Protection), 16 (Freedom of Information), 18 (Confidentiality), 19 (Liabilities) and 23 (Consequences of Termination) shall survive termination or expiry of this Agreement.
- 23.3 The termination provisions relating to any delegated functions are as set out in clause 22.3 and 22.4.

24. PUBLICITY

The ICB Partners shall use reasonable endeavours to consult one another before making any public announcements concerning the subject matter of this Agreement.

25. EXCLUSION OF PARTNERSHIP OR AGENCY

- 25.1 Nothing in this Agreement shall create or be deemed to create a legal partnership under the Partnership Act 1890 or the relationship of employer and employee between the Partners or render any Partner directly liable to any third party for the debts, liabilities or obligations of any Partner.
- 25.2 Save as specifically authorised under the terms of this Agreement, no Partner shall hold itself out as the agent of any other Partner.

26. THIRD PARTY RIGHTS

The Contracts (Rights of Third Parties) Act 1999 shall not apply to this Agreement and accordingly each ICB Partner to this Agreement does not intend that any third party should have any rights in respect of this Agreement by virtue of that Act.

27. NOTICES

- 27.1 Any notices given under this Agreement must be sent by e-mail to the relevant Authorised Officers or their nominated deputies.
- 27.2 Notices by e-mail will be effective when sent in legible form, but only if, following transmission, the sender does not receive a non-delivery message.

28. ASSIGNMENT AND SUBCONTRACTING

This Agreement, and any right and conditions contained in it, may not be assigned or transferred by an ICB Partner, without the prior written consent of the other Thames Valley ICB Partner, except to any statutory successor to the relevant function.

29. SEVERABILITY

If any term, condition or provision contained in this Agreement shall be held to be invalid, unlawful or unenforceable to any extent, such term, condition or provision shall not affect the validity, legality or enforceability of the remaining parts of this Agreement.

30. WAIVER

No failure or delay by an ICB Partner to exercise any right or remedy provided under this Agreement or by law shall constitute a waiver of that or any other right or remedy, nor shall it prevent or restrict the further exercise of that or any other right or remedy. No single or partial exercise of such right or remedy shall prevent or restrict the further exercise of that or any other right or remedy.

31. STATUS

The Thames Valley ICB Partners acknowledge that they are health service bodies for the purposes of section 9 of the NHS Act. Accordingly, this Agreement shall be treated as an NHS contract and shall not be legally enforceable.

32. ENTIRE AGREEMENT

This Agreement constitutes the entire agreement and understanding of the Thames Valley ICB Partners and supersedes any previous agreement between the ICB Partners relating to the subject matter of this Agreement.

33. GOVERNING LAW AND JURISDICTION

Subject to the provisions of Clause 20 (Dispute Resolution) and Clause 31 (Status), this Agreement shall be governed by and construed in accordance with English Law, and the Thames Valley ICB Partners irrevocably agree that the courts of England shall have exclusive jurisdiction to settle any dispute or claim that arises out of or in connection with this Agreement.

34. FAIR DEALINGS

The Thames Valley ICB Partners recognise that it is impracticable to make provision for every contingency which may arise during the life of this Agreement and they declare it to be their intention that this Agreement shall operate between them with fairness and without detriment to the interests of either of them and that, if in the course of the performance of this Agreement, unfairness to either of them does or may result, then the other shall use its reasonable endeavours to agree upon such action as may be necessary to remove the cause or causes of such unfairness.

35. COUNTERPARTS

This Agreement may be executed in one or more counterparts. Any single counterpart or a set of counterparts executed, in either case, by all Thames Valley ICB Partners shall constitute a full original of this Agreement for all purposes.

This Agreement has been entered into on the date stated at the beginning of the document.

Signed by

Signature

Chair Designate

For and on behalf of **NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board**

Dated

Signed by

Signature

Chief Executive

For and on behalf of **NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board**

Dated

Signed by

Signature

Chief Executive

For and on behalf of **NHS Frimley Integrated Care Board**

Dated

SCHEDULE 1: DEFINITIONS AND INTERPRETATIONS

DEFINITIONS AND INTERPRETATION

In this Agreement, unless the context otherwise requires, the following words and expressions shall have the following meanings:

“Agreement”	This agreement between the ICB Partners comprising these terms and conditions together with all schedules attached to it;
“Annual Review”	Means the annual review of the arrangements under this Agreement by the Partners;
“Area”	Means the geographical area covered by the ICBs;
“Arrangements”	Means the joint working and delegation arrangements set out in this Agreement;
“Authorised Officer”	The individual(s) appointed as Authorised Officer in accordance with the agreed Terms of Reference;
“Claim”	Means for or in relation to the Commissioning Functions (a) any litigation or administrative, mediation, arbitration or other proceedings, or any claims, actions or hearings before any court, tribunal or the Secretary of State, any governmental, regulatory or similar body, or any department, board or agency or (b) any dispute with, or any investigation, inquiry or enforcement proceedings by any governmental, regulatory or similar body or agency;
“Clinical Commissioning Policies”	A nationally determined clinical policy sets out the commissioning position on a particular clinical treatment issue and defines accessibility (including a not for routine commissioning position) of a medicine, medical device, diagnostic technique, surgical procedure or intervention for patients with a condition requiring a specialised service;
“Commencement Date”	Means 1 October 2025 – 01 April 2026
“Commissioning Functions”	The respective statutory functions of the ICB Partners in arranging for the provision of services as part of the health service;
“Confidential Information”	Means information, data and/or material of any nature which any ICB Partner may receive or obtain in connection with the operation of this Agreement, or arrangements made pursuant to it and: (a) which comprises Personal Data or which relates to any patient or his treatment or medical history. (b) the release of which is likely to prejudice the commercial interests of a ICB Partner; or (c) which is a trade secret;
“Core Membership”	Means the voting membership of the Joint Committee as set out in the Terms of Reference;
“Data Controller”	Shall have the same meaning as set out in the Data Protection Legislation;
“Data Processor”	Shall have the same meaning as set out in the Data Protection Legislation;

“Data Guidance”	Means any applicable guidance, guidelines, direction or determination, framework, code of practice, standard or requirement regarding information governance, confidentiality, privacy or compliance with Data Protection Legislation to the extent published and publicly available or their existence or contents have been notified to the ICB by NHS England and/or any relevant Regulatory or Supervisory Body. This includes but is not limited to guidance issued by NHS Digital, the National Data Guardian for Health & Care, the Department of Health and Social Care, NHS England, the Health Research Authority, the UK Health Security Agency and the Information Commissioner;
"Data Protection Legislation"	Means the UK General Data Protection Regulation, the Data Protection Act 2018, the Regulation of Investigatory Powers Act 2000, the Telecommunications (Lawful Business Practice) (Interception of Communications) Regulations 2000 (SI 2000/2699), the Privacy and Electronic Communications (EC Directive) Regulations 2003 (SI 2426/2003), the common law duty of confidentiality and all applicable laws and regulations relating to the processing of personal data and privacy, including where applicable the guidance and codes of practice issued by the Information Commissioner;
“Data Protection Officer”	Shall have the same meaning as set out in the Data Protection Legislation;
“Data Security and Protection Incident Reporting tool”	The incident reporting tool for data security and protection incidents, which forms part of the Data Security and Protection Toolkit available at https://www.dsptoolkit.nhs.uk/ ;
“Delegated Functions”	Means delegation of functions from one body to another. This could refer to the Commissioning Functions of NHS England delegated to each ICB under a Delegation Agreement; or delegation of functions from one ICB to another; or delegation of functions from an ICB to a Joint Committee
“Delegated Services”	Means those services commissioned in exercise of the delegated functions
"Dispute Resolution Procedure"	The procedure set out in Clause 20 (Dispute Resolution);
“Finance and Performance Committee”	Means the Frimley ICB board sub-committee responsible for overseeing the delivery of the Frimley financial plan for 2025/26.
"FOIA"	The Freedom of Information Act 2000 and any subordinate legislation made under it from time to time, together with any guidance or codes of practice issued by the Information Commissioner or relevant government department concerning this legislation;
“Guidance”	Means any applicable guidance, guidelines, direction or determination, framework, code of practice, standard or requirement to which the ICB Partners have a duty to have regard (and whether specifically mentioned in this Agreement or not), to the extent that the same are published and publicly available or the existence or contents of them have been notified by any relevant Regulatory or Supervisory Body;
“Governance Arrangements”	Means the governance arrangements in respect of the Arrangements agreed by the ICB Partners and as set out in Schedule [3]
“ICB Functions”	The Commissioning Functions of an ICB;

“ICB Reserved Functions”	Where there is any delegation of ICB Functions or further delegation of Delegated Functions, those functions that remain reserved to each ICB
"Information"	Has the meaning given under section 84 of FOIA;
"Information Sharing Agreement"	Any information sharing agreement entered into in accordance with Schedule 4 (Further Information Governance and Sharing Provisions).
“Initial Term”	Means 01 October 2025 – 31 March 2026 inclusive
“Joint Committee”	Means the joint committee(s) established under this Agreement on the terms set out in the Terms of Reference;
“Joint Functions”	Any Functions that are delegated to a Joint Committee
"Law"	means: <ul style="list-style-type: none"> (a) any statute or proclamation or any delegated or subordinate legislation. (b) any guidance, direction or determination with which the ICB Partner(s) or relevant third party (as applicable) are bound to comply to the extent that the same are published and publicly available or the existence or contents of them have been notified to the ICB Partner(s) or relevant third party (as applicable); and (c) any judgment of a relevant court of law which is a binding precedent in England;
“Need to Know”	Access to information limited to those individuals who require it to perform their specific role or duty, and no wider;
“NHS Act”	the National Health Service Act 2006;
“Non-Personal Data”	Means data which is not Personal Data;
“ICB Partners”	The parties to this Agreement;
"Personal Data"	Has the meaning set out in the Data Protection Legislation;
“Population”	Means the population for which an ICB or all of the ICBs have the responsibility for commissioning health services; Means any statutory or other body having authority to issue guidance, standards or recommendations with which the relevant Party and/or Staff must comply or to which it or they must have regard, including: <ul style="list-style-type: none"> (i) CQC. (ii) NHS England. (iii) Department of Health and Social Care. (iv) NICE. (v) Healthwatch England and Local Healthwatch. (vi) The General Medical Council.
“Regulatory or Supervisory Body”	

- (vii) The General Dental Council.
- (viii) The General Optical Council.
- (ix) The General Pharmaceutical Council.
- (x) The Healthcare Safety Investigation Branch; and
- (xi) The Information Commissioner;

“Relevant Information”	Means the Personal Data and Non-Personal Data processed under this Agreement, and includes, where appropriate, “confidential patient information” (as defined under section 251 of the NHS Act), and “patient confidential information” as defined in the 2013 Report, The Information Governance Review – “ <i>To Share or Not to Share?</i> ”;
“Request for Information”	Has the meaning set out in the FOIA;
“Reserved Functions”	Means NHS England Reserved Functions or ICB Reserved Functions
“Retained Functions”	Means NHS England Retained Functions or ICB Retained Functions
“Single Point of Contact”	The member of Staff appointed by each relevant ICB Partner in accordance with Paragraph 13 of Schedule 4;
“Special Category Personal Data”	Has the meaning set out in the Data Protection Legislation;
“Specified Purpose”	Means the purpose for which the Relevant Information is shared and processed to facilitate the exercise of the Joint Functions and Reserved Functions as specified in Schedule 4 (<i>Further Information</i>)
“Staff”	Means the ICB Partners’ employees, officers, elected members, directors, voluntary staff, consultants, and other contractors and sub-contractors acting on behalf of any ICB Partner (whether or not the arrangements with such contractors and sub-contractors are subject to legally binding contracts) and such contractors’ and their sub-contractors’ personnel;
“System Productivity Committee”	Means the BOB ICB board sub-committee responsible for overseeing the delivery of the BOB financial plan for 2025/26.
“Term”	The Initial Term, as may be varied by: <ul style="list-style-type: none"> (a) Any extensions to this Agreement that are agreed under Clause 1.1 (Commencement and Duration); or (b) The earlier termination of this Agreement in accordance with its terms;
“Terms of Reference”	Means the Terms of Reference for the Joint Committee agreed between the ICB Partners at the first meeting of the Joint Committee, a draft of which is included at Schedule 3 (Joint Committee);

“UK GDPR”

Means Regulation (EU) 2016/679 of the European Parliament and of the Council of 27th April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation) as it forms part of the law of England and Wales, Scotland and Northern Ireland by virtue of section 3 of the European Union (Withdrawal) Act 2018;

1. References to statutory provisions shall be construed as references to those provisions as respectively amended or re-enacted (whether before or after the Commencement Date) from time to time.
2. The headings of the Clauses in this Agreement are for reference purposes only and shall not be construed as part of this Agreement or deemed to indicate the meaning of the relevant Clauses to which they relate. Reference to Clauses is Clauses in this Agreement.
3. References to Schedules are references to the schedules to this Agreement and a reference to a Paragraph is a reference to the paragraph in the Schedule containing such reference.
4. References to a person or body shall not be restricted to natural persons and shall include a company, corporation or organisation.
5. Words importing the singular number only shall include the plural.
6. Use of the masculine includes the feminine and all other genders.
7. Where anything in this Agreement requires the mutual agreement of the ICB Partners, then unless the context otherwise provides, such agreement must be in writing.
8. Any reference to the ICB Partners shall include their respective statutory successors, employees and agents.
9. In the event of a conflict, the conditions set out in the Clauses to this Agreement shall take priority over the Schedules.
10. Where a term of this Agreement provides for a list of items following the word "including" or "includes", then such list is not to be interpreted as being an exhaustive list.

SCHEDULE 2: ACCOUNTABILITIES AND RESPONSIBILITIES FOR ICB CHAIRS AND CHIEF EXECUTIVES

2A: NHS Integrated Care Board – Chair Role Descriptor - (NHS England June 2025)

Please note: the following role descriptor is subject to future changes in policy direction (e.g. 10-year health plan, development of commissioning framework) and legislation. Appointees will be taken on as designate Chair of the Integrated Care Board (dependent on any proposed changes to the ICB footprint)

Context

ICBs in England have four core objectives. These are to:

- Improve health outcomes and reduce inequalities in health
- Ensure consistently high-quality care
- Drive improved productivity
- Improve social and economic impact
- In support of these four objectives, the Government has set out three strategic shifts for the NHS:
 - Treatment to prevention: through proactive community and public health initiatives, working closely with local authorities, communities and individuals
 - Hospital to community: Moving care closer to home by building more joined-up, person-centred care in local neighbourhoods, reducing reliance on acute care.
 - Analogue to digital: Harnessing technology and data to transform care delivery and improve quality of care

The draft Model ICB Blueprint – and the 10-year plan – sets out the crucial role ICBs will play in delivering the three shifts and the wider 10-year plan.

Priorities

The Chair is accountable for ensuring the delivery of the functions, duties and objectives of the ICB and for the stewardship of public money. This will include accountability for a shorter-term, fundamental transformation plan to oversee the transition to the Model ICB, building skills and capabilities to deliver against the functions of the ICB.

The Chair champions actions to help meet the core purposes of the ICB.

ICBs will be responsible for the overwhelming majority of the healthcare budget for their local populations and will be expected to decide how best to spend monies to deliver against their objectives and the three shifts. They will need to:

- Understanding population health needs, building deep analytical insights into different population groups
- Work with a wide range of local stakeholders, communities and individuals to agree local priorities
- Have a deep understanding of how well current services are meeting the needs of their populations are where there is room for improvement
- Develop strategies for different population groups, and different service areas, to ensure optimal healthcare value – maximising outcomes and minimising costs
- Ensure a high quality, financially sustainable provider market with a short-term focus on building neighbourhood health providers
- Contract for services to deliver against ICB objectives and the three shifts
- Hold providers to account for delivery against contracts
- Be financially balanced

Accountabilities

The ICB Chair is accountable to the NHS England Regional Director.

The Chair is accountable for the governance and core statutory functions of the organisation, ensuring the ICB is compliant, accountable and safe. This includes ensuring the ICB is properly constituted and able to fulfil its strategic commissioning responsibilities to deliver against the four objectives of ICBs and the 10-year plan.

The Chair will lead the Board to deliver the shorter-term, fundamental transformation strategy to oversee the transition to the Model ICB, effective oversight of delivery of 2025/26 plans, reduction on ICB operational running costs, build the foundation for neighbourhood health and manage the local changes involved with ICB redesign.

The Chair will establish and lead the unitary board of the ICB; which has joint collective and corporate accountability for the performance of the organisation, ensuring its functions are effectively discharged and that NHS resources are deployed appropriately to other organisations.

The Chair will be accountable for holding the Board and organisation to account for the delivery of strategy and ensuring financial balance. They will lead the Board to achieve its purpose to govern effectively, and in so doing build patient, public and stakeholder confidence that their health and healthcare is in safe hands.

To carry out their role effectively, the chair must cultivate a strong, collaborative relationship with the chief executive. Many responsibilities in this role descriptor will be discharged in partnership with the chief executive. It is important the chair and the chief executive are clear about their individual and shared roles, and their respective responsibilities towards the unitary board.

Roles and Responsibilities

- Leads the board in setting a vision, strategy and clear objectives for the ICB in delivering on the four core purposes, as detailed above, in support of the 10-year health plan including the three shifts (analogue to digital, hospital to community and treatment to prevention)
- Holds the Board to account for delivery of the strategy
- Responsible for leading the board and ensuring it has the necessary constitutional and governance arrangements and committee structures in place to ensure legal compliance, transparency and public accountability.
- Ensures clinical and information governance mechanisms and effective financial and risk management systems are adopted and aligned with best practice commissioning and quality assurance processes.
- Supports the Board and organisation in working towards commissioning excellence, learning from successful international models.
- Ensures effective system leadership, working in partnership, ensuring engagement and codesign with local government and fostering strong relationship with the places within the ICB footprint to tackle population health challenges and enhance services across health and social care.
- Responsible for appointing the ICB Chief Executive (with approval from NHS England) and Non-Executive Directors (NEDs) and ensuring they are supported and developed to maximise their contribution. Responsible for approving nominated ICB Partner member appointments.
- Together with the chief executive, provide visible leadership in developing a healthy and inclusive culture for the organisation which promotes diversity, encourages and enables partnership working and which is reflected and modelled in their own and the Board's behaviour and decision-making.
- Together with the Chief Executive, owning the culture of the ICB and overseeing conduct and the Fit and Proper Persons Test on behalf of the organisation
- Promotes the values of the NHS Constitution and role models the behaviours embodied in Our People Promise and Our Leadership Way to ensure a collaborative, inclusive and productive approach across the system.

Essential person specification

Personal values

Personal commitment to the principles of public life, values of the NHS, the NHS People Plan, Nolan principles and the Fit and Proper Persons regime

Lives by the values of openness and integrity and has created cultures where this thrives

A collaborative leader, able to build relationships across organisational and sector boundaries

Skills

Proven ability to think strategically and demonstrate excellent problem-solving skills and a breadth of vision beyond organisational boundaries

The capacity to deal effectively with multiple stakeholders, exceptional communication skills which will engender community confidence, strong collaborations and partnerships

Strong critical thinking and strategic problem-solving: the ability to anticipate and frame issues to drive effective strategy, problem resolution and action.

Knowledge

Extensive knowledge of the health, care and local government landscape and an understanding of the social determinants of public health

Deep understanding of the principles of healthcare value, of strategic commissioning, of contract management.

Excellent business acumen with knowledge of effective governance, including an understanding of mechanisms to ensure clinical and financial risk management

Experience

Previous experience as chair of an organisation of similar size and complexity whether in a private, public or voluntary sector

Significant experience as an executive director of a large, complex, consumer facing organisation.

Evidence of exercising independent judgement.

Competencies

Being an NHS board member means holding an extremely demanding yet rewarding leadership responsibility. NHS board members have both an individual and collective role in

shaping the vision, strategy and culture of a system or organisation, and supporting high-quality, personalised and equitable care for all now and into the future.

This NHS Leadership Competency Framework is for chairs, chief executives and all board members in NHS systems and providers, as well as serving as a guide for aspiring leaders of the future.

The six leadership domains:

- Driving high quality and sustainable outcomes
- Setting strategy and delivering long term transformation
- Promoting equality and inclusion, and reducing health and workforce inequalities
- Providing robust governance and assurance
- Creating compassionate, just and positive cultures
- Building a trusted relationship with partners and communities.

2B: NHS Integrated Care Board – Chief Executive Job Description - (June 2025 NHS England)

Please note: This job description may change in line with future policy (e.g. the forthcoming 10-year health plan and commissioning framework). Confirmation of appointment will follow any changes to the ICB footprint.

Context

ICBs in England have four core objectives. These are to:

- Improve health outcomes and reduce inequalities in health
- Ensure consistently high-quality care
- Drive improved productivity
- Improve social and economic impact

In support of these four objectives, the Government has set out three strategic shifts for the NHS:

- **Treatment to prevention:** through proactive community and public health initiatives, working closely with local authorities, communities and individuals.
- **Hospital to community:** Moving care closer to home by building more joined-up, person-centred care in local neighbourhoods, reducing reliance on acute care.
- **Analogue to digital:** Harnessing technology and data to transform care delivery and improve quality of care

The draft Model ICB Blueprint and the 10-year plan sets out the crucial role ICBs will play in delivering the three shifts and the wider 10-year plan.

Priorities

The CEO will provide dynamic, visible leadership to deliver significant and sustained improvements in care and outcomes for the local population. Working closely with the executive team, ICB Chair, and system partners, the CEO will drive forward the short-term transformation required to implement the Model ICB, embed the 2025/26 plans, and lay the foundations for neighbourhood health. They will ensure that local changes arising from ICB redesign are well-managed and deliver tangible benefits.

The CEO will be accountable for leading the executive team and organisation to achieve the core purposes of the ICB and contribute to the ambitions of the 10-year plan:

- Understanding population health needs, building deep analytical insights into different population groups.
- Work with a wide range of local stakeholders, communities and individuals to agree local priorities.
- Have a deep understanding of how well current services are meeting the needs of their populations are where there is room for improvement.
- Develop strategies for different population groups, and different service areas, to ensure optimal healthcare value – maximising outcomes and minimising costs.
- Ensure a high quality, financially sustainable provider market with a short-term focus on building neighbourhood health providers.
- Contract for services to deliver against ICB objectives and the three shifts.
- Hold providers to account for delivery against contracts.
- Be financially balanced

The CEO will champion collaborative working to ensure the successful transfer of functions and delivery of change in line with the Model ICB Blueprint, supporting the system to achieve its shared objectives and improve care for all.

Accountabilities

The Chief Executive is accountable to the ICB Chair and Board, with performance oversight by NHS England, for delivering all statutory, strategic and financial responsibilities of the ICB. This includes establishing and leading strategic commissioning arrangements for NHS-funded services, driving the transformation to the Model ICB, delivering agreed cost-reduction plans and engaging staff throughout a safe transition and transfer of functions.

The post-holder must maintain robust corporate, clinical, information and financial governance so that the unitary Board can discharge its duties with confidence, sustain financial balance and demonstrate clear value for money against the population-health budget. A pivotal element of the role is to cultivate a sustainable provider market, rapidly align funding to outcome-linked service specifications and oversee sophisticated cost-and-outcome analytics to assure that commissioned services maximise healthcare value. The CEO will recruit, develop and performance-manage an effective executive team, allocate NHS resources appropriately across the system, and model a transparent, collaborative partnership with the ICB Chair.

Roles and Responsibilities

- Sets organisational vision, strategy and clear objectives for delivering the four ICB purposes and three strategic shifts.
- Drives delivery of that strategy, holding the executive team and provider market to account for outcomes, quality, cost and productivity.
- Ensures robust clinical, information and financial-risk governance aligned with best-practice commissioning and quality assurance.
- Promotes commissioning excellence and continuous improvement, learning from successful international models.

- Provides visible system leadership, co-designing priorities with local government, place partners, communities and individuals to tackle health inequalities.
- Stewards' public money, securing financial balance and measurable return on investment in population-health outcomes.
- Owns the culture of the ICB (jointly with the Chair), modelling NHS Constitution values, Our People Promise and Our Leadership Way.
- Communicates transparently with patients, public and partners, building confidence that health and healthcare are in safe hands.

Essential Person Specification

Personal Values

- Commitment to the principles of public life, NHS values, the NHS People Plan, Nolan principles and the Fit and Proper Persons regime.
- Compassionate, people-centred leadership style.
- Lives openness and integrity, creating cultures where these thrive.
- Collaborative approach across organisational and sector boundaries.
- Personally driven, fostering a culture of continuous improvement.

Experience

- Substantial Board-level and CEO experience leading significant transformational change.
- Career in healthcare or an equivalently complex, regulated, consumer-facing environment.
- Proven delivery of strategies that optimise resource use and achieve lasting improvement.

Knowledge

- Extensive knowledge of the health, care and local-government landscape and of social determinants of health.
- Expert understanding of strategic commissioning, oversight and control of public funds.
- Sophisticated grasp of population-health management, data analytics, predictive modelling and risk stratification.
- Deep understanding of healthcare value — the relationship between outcomes achieved and resources consumed.
- Comprehensive knowledge of outcomes measurement, cost-accounting methodologies and comparative-effectiveness analysis.
- Expertise in value-based payment reform (e.g. bundled payments, capitation, outcomes-based contracts).
- Thorough knowledge of contracting and utilisation-review techniques and how they drive productivity and quality.

Skills

- Exceptional communication and influencing skills, building confidence across communities, clinicians, politicians and partners.
- Strong critical thinking and strategic problem-solving, anticipating and framing complex issues.
- Advanced data-literacy and analytical capability, converting insights into strategic decisions and commissioning levers.
- Proven ability to design and negotiate complex contracts that link payment to outcomes and cost efficiency.
- Demonstrated capability to lead utilisation-review programmes that eliminate waste and improve productivity.

Competencies (NHS Leadership Competency Framework)

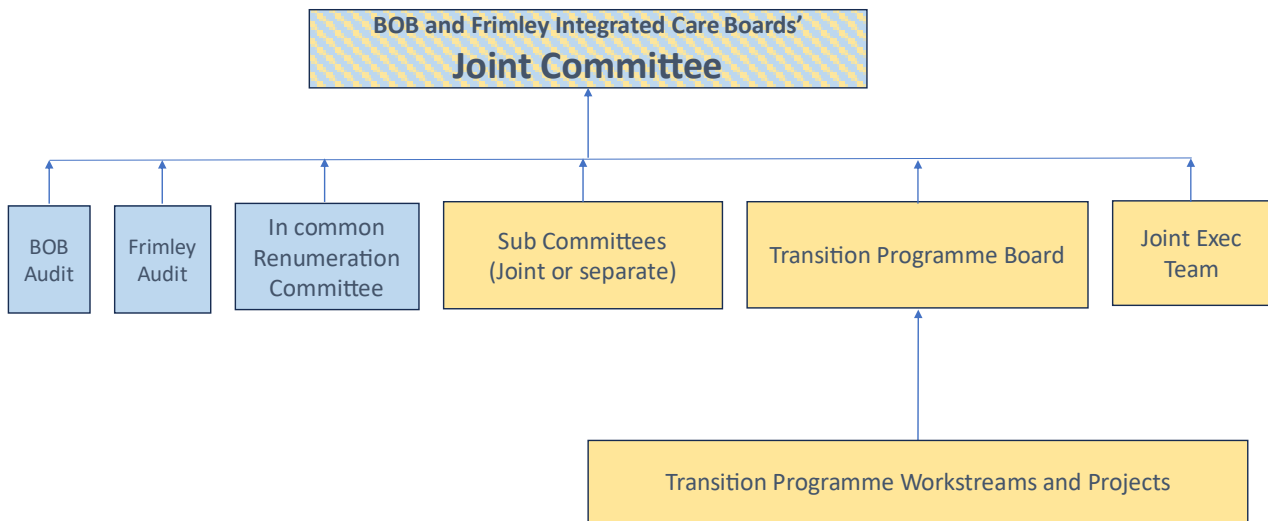
Being an NHS board member means holding an extremely demanding yet rewarding leadership responsibility. NHS board members have both an individual and collective role in shaping the vision, strategy and culture of a system or organisation, and supporting high-quality, personalised and equitable care for all now and into the future.

This NHS Leadership Competency Framework is for chairs, chief executives and all board members in NHS systems and providers, as well as serving as a guide for aspiring leaders of the future.

The six leadership domains:

- Driving high quality and sustainable outcomes.
- Setting strategy and delivering long term transformation.
- Promoting equality and inclusion and reducing health and workforce inequalities.
- Providing robust governance and assurance.
- Creating compassionate, just and positive cultures.
- Building a trusted relationship with partners and communities.

Joint Committee Governance



[Insert Terms of Reference for the Joint Committee when agreed by both Boards.]

SCHEDULE 4: FURTHER INFORMATION GOVERNANCE AND SHARING PROVISIONS

To be read in conjunction with the Data Sharing Agreement between Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, and Frimley Integrated Care Board (August 2025).

1. Introduction

- 1.1. This Schedule sets out the scope for the secure and confidential sharing of information between the Thames Valley ICB Partners on a Need-to-Know basis, in order to enable each ICB Partner to exercise their functions in pursuance of this Agreement.
- 1.2. References in this Schedule (*Further Information Governance and Sharing Provisions*) to the Need to know basis or requirement (as the context requires) should be taken to mean that the Data Controllers' Staff will only have access to Personal Data or Special Category Personal Data if it is lawful for such Staff to have access to such data for the Specified Purpose in paragraph 2.1 and the function they are required to fulfil at that particular time, in relation to the Specified Purpose, cannot be achieved without access to the Personal Data or Special Category Personal Data specified.
- 1.3. This Schedule and the Data Sharing Agreements entered into under this Schedule are designed to:
 - 1.3.1. Provide information about the reasons why Relevant Information may need to be shared and how this will be managed and controlled by each ICB Partner;
 - 1.3.2. Describe the purposes for which the Thames Valley ICB Partners have agreed to share Relevant Information;
 - 1.3.3. Set out the lawful basis for the sharing of information between the Thames Valley ICB Partners, and the principles that underpin the exchange of Relevant Information;
 - 1.3.4. Describe roles and structures to support the exchange of Relevant Information between the Thames Valley ICB Partners;
 - 1.3.5. Apply to the sharing of Relevant Information relating to Service Providers and their Staff;
 - 1.3.6. Apply to the sharing of Relevant Information whatever the medium in which it is held and however it is transmitted;
 - 1.3.7. Ensure that Data Subjects are, where appropriate, informed of the reasons why Personal Data about them may need to be shared and how this sharing will be managed;
 - 1.3.8. Apply to the activities of the Thames Valley ICB Partners' Staff;
 - 1.3.9. Describe how complaints relating to Personal Data sharing between the Thames Valley ICB Partners will be investigated and resolved, and how the information sharing will be monitored and reviewed.

2. Purpose

- 2.1. The Specified Purpose of the data sharing is to facilitate the exercise of the Joint Functions.
- 2.2. Each ICB Partner must ensure that they have in place appropriate Data Sharing Agreements to enable data to be received from any third-party organisations from which the Thames Valley ICB Partners must obtain data in order to achieve the Specified Purpose. Where necessary specific and detailed purposes must be set out in a Data Sharing Agreement that complies with all relevant Legislation and Guidance.

3. Benefits of information sharing

- 3.1. The benefits of sharing information are the achievement of the Specified Purpose, with benefits for service users and other stakeholders in terms of the improved delivery of the Commissioned Services.

4. Lawful basis for sharing

- 4.1. The ICB Partners shall comply with all relevant Data Protection Legislation requirements and good practice in relation to the processing of Relevant Information shared further to this Agreement.
- 4.2. The ICB Partners shall ensure that there is a Data Protection Impact Assessment (“DPIA”) that covers processing undertaken in pursuance of the Specified Purpose. The DPIA shall identify the lawful basis for sharing Relevant Information for each purpose and data flow.
- 4.3. Where appropriate, the Relevant Information to be shared shall be set out in a Data Sharing Agreement.

5. Restrictions on use of the Shared Information

- 5.1. Each ICB Partner shall only process the Relevant Information as is necessary to achieve the Specified Purpose and, in particular, shall not use or process Relevant Information for any other purpose unless agreed in writing by the Data Controller that released the information to the other. There shall be no other use or onward transmission of the Relevant Information to any third party without a lawful basis first being determined, and the originating Data Controller being notified.
- 5.2. Access to, and processing of, the Relevant Information provided by a ICB Partner must be the minimum necessary to achieve the Specified Purpose. Information and Special Category Personal Data will be handled at all times on a restricted basis, in compliance with Data Protection Legislation requirements, and the ICB Partners’ Staff should only have access to Personal Data on a justifiable Need to Know basis.
- 5.3. Neither the provisions of this Schedule nor any associated Data Sharing Agreements should be taken to permit unrestricted access to data held by any of the ICB Partners.
- 5.4. Neither ICB Partner shall subcontract any processing of the Relevant Information without the prior consent of the other ICB Partner. Where a ICB Partner subcontracts its obligations, it shall do so only by way of a written agreement with the sub-contractor which imposes the same obligations as are imposed on the Data Controllers under this Agreement.
- 5.5. The ICB Partners shall not cause or allow Data to be transferred to any territory outside the United Kingdom without the prior written permission of the responsible Data Controller.
- 5.6. Any particular restrictions on use of certain Relevant Information should be included in a Personal Data Agreement.

6. Ensuring fairness to the Data Subject

- 6.1. In addition to having a lawful basis for sharing information, the UK GDPR generally requires that the sharing must be fair and transparent. In order to achieve fairness and transparency to the Data Subjects, the Thames Valley ICB Partners will take the following measures as reasonably required:
 - 6.1.1. Amendment of internal guidance to improve awareness and understanding among staff;
 - 6.1.2. Amendment of respective privacy notices and policies to reflect the processing of data carried out further to this Agreement, including covering the requirements of articles 13 and 14 UK GDPR and providing these (or making them available to) Data Subjects;

6.1.3. Ensuring that information and communications relating to the processing of data is clear and easily accessible;

6.1.4 Giving consideration to carrying out activities to promote public understanding of how data is processed where appropriate.

6.2. Each ICB Partner shall procure that its notification to the Information Commissioner's Office, and record of processing maintained for the purposes of Article 30 UK GDPR, reflects the flows of information under this Agreement.

6.3. The Thames Valley ICB Partners shall reasonably cooperate in undertaking any DPIA associated with the processing of data further to this Agreement, and in doing so engage with their respective Data Protection Officers in the performance by them of their duties pursuant to Article 39 UK GDPR.

6.4. Further provision in relation to specific data flows may be included in a Personal Data Agreement between the Thames Valley ICB Partners.

7. Governance: Staff

7.1. The Thames Valley ICB Partners must take reasonable steps to ensure the suitability, reliability, training and competence, of any Staff who have access to Personal Data, and Special Category Personal Data, including ensuring reasonable background checks and evidence of completeness are available on request.

7.2. The Thames Valley ICB Partners agree to treat all Relevant Information as confidential and imparted in confidence and must safeguard it accordingly. Where any of the ICB Partners' Staff are not healthcare professionals (for the purposes of the Data Protection Act 2018) the employing ICB Partners must procure that Staff operate under a duty of confidentiality which is equivalent to that which would arise if that person were a healthcare professional.

7.3. The Thames Valley ICB Partners shall ensure that all Staff required to access Personal Data (including Special Category Personal Data) are informed of the confidential nature of the Personal Data. The Thames Valley ICB Partners shall include appropriate confidentiality clauses in employment/service contracts of all Staff that have any access whatsoever to the Relevant Information, including details of sanctions for acting in a deliberate or reckless manner that may breach the confidentiality or the non-disclosure provisions of Data Protection Legislation requirements, or cause damage to or loss of the Relevant Information. Each Party shall provide evidence (further to any reasonable request) that all personnel that have any access to the Relevant Information whatsoever are adequately and appropriately trained to comply with their responsibilities under Data Protection Legislation and this Agreement.

7.4. The Thames Valley ICB Partners shall ensure that:

7.4.1. Only those Staff involved in delivery of the Agreement use or have access to the Relevant Information; and

7.4.2. That such access is granted on a strict Need to Know basis and shall implement appropriate access controls to ensure this requirement is satisfied and audited. Evidence of audit should be made freely available on request by the originating Data Controller; and

7.4.3. Specific limitations on the Staff who may have access to the Information are set out in any Data Sharing Agreement entered into in accordance with this Schedule.

8. Governance: Protection of Personal Data

8.1. At all times, the Thames Valley ICB Partners shall have regard to the requirements of Data Protection Legislation and the rights of Data Subjects.

- 8.2. Wherever possible (in descending order of preference), only anonymised information, or strongly or weakly pseudonymised information will be shared and processed by the Thames Valley ICB Partners. The Thames Valley ICB Partners shall cooperate in exploring alternative strategies to avoid the use of Personal Data in order to achieve the Specified Purpose. However, it is accepted that some Relevant Information shared further to this Agreement may be Personal Data or Special Category Personal Data.
- 8.3. Processing of any Personal Data or Special Category Personal Data shall be to the minimum extent necessary to achieve the Specified Purpose, and on a Need-to-Know basis.
- 8.4. If any Thames Valley ICB Partner:
 - 8.4.1. Becomes aware of any unauthorised or unlawful processing of any Relevant Information or that any Relevant Information is lost or destroyed or has become damaged, corrupted or unusable; or
 - 8.4.2. Becomes aware of any security vulnerability or breach in respect of the Relevant Information, it shall promptly, within 48 hours, notify the other ICB Partner. The Thames Valley ICB Partners shall fully cooperate with one another to remedy the issue as soon as reasonably practicable, and in making information about the incident available to the Information Commissioner and Data Subjects where required by Data Protection Legislation.
- 8.5. In processing any Relevant Information further to this Agreement, the Thames Valley ICB Partners shall process the Personal Data and Special Category Personal Data only:
 - 8.5.1. In accordance with the terms of this Agreement and otherwise (to the extent that it acts as a Data Processor for the purposes of Article 27-28 GDPR) only in accordance with written instructions from the originating Data Controller in respect of its Relevant Information;
 - 8.5.2. To the extent as is necessary for the provision of the Specified Purpose or as is required by law or any regulatory body;
 - 8.5.3. In accordance with Data Protection Legislation requirements, in particular the principles set out in Article 5(1) and accountability requirements set out in Article 5(2) UK GDPR; and not in such a way as to cause any other Data Controller to breach any of their applicable obligations under Data Protection Legislation.
- 8.6. The Thames Valley ICB Partners shall act generally in accordance with Data Protection Legislation requirements. This includes implementing, maintaining and keeping under review appropriate technical and organisational measures to ensure and demonstrate that the processing of Personal Data is undertaken in accordance with Data Protection Legislation, and in particular to protect the Personal Data (and Special Category Personal Data) against unauthorised or unlawful processing, and against accidental loss, destruction, damage, alteration or disclosure. These measures shall:
 - 8.6.1. Take account of the nature, scope, context and purposes of processing as well as the risks, of varying likelihood and severity for the rights and freedoms of Data Subjects; and
 - 8.6.2. Be appropriate to the harm which might result from any unauthorised or unlawful processing, accidental loss, destruction or damage to the Personal Data and Special Category Personal Data and having the nature of the Personal Data (and Special Category Personal Data) which is to be protected.
- 8.7. In particular, each ICB Partner shall:
 - 8.7.1. Ensure that only Staff as provided under this Schedule have access to the Personal Data and Special Category Personal Data;

- 8.7.2. Ensure that the Relevant Information is kept secure and in an encrypted form, and shall use all reasonable security practices and systems applicable to the use of the Relevant Information to prevent and to take prompt and proper remedial action against, unauthorised access, copying, modification, storage, reproduction, display or distribution, of the Relevant Information;
 - 8.7.3. Obtain prior written consent from the originating ICB Partner in order to transfer the Relevant Information to any third party;
 - 8.7.4. Permit any other ICB Partner or their representatives (subject to reasonable and appropriate confidentiality undertakings), to inspect and audit the data processing activities carried out further to this Agreement (and/or those of its agents, successors or assigns) and comply with all reasonable requests or directions to enable each ICB Partner to verify and/or procure that the other is in full compliance with its obligations under this Agreement; and
 - 8.7.5. If requested, provide a written description of the technical and organisational methods and security measures employed in processing Personal Data.
- 8.8. The Thames Valley ICB Partners shall adhere to the specific requirements as to information security set out in any Data Sharing Agreement entered into in accordance with this Schedule.
- 8.9. The Thames Valley ICB Partners shall use best endeavours to achieve and adhere to the requirements of the NHS Digital Data Security and Protection Toolkit.
- 8.10. The Thames Valley ICB Partners' Single Points of Contact set out in paragraph 13 will be the persons who, in the first instance, will have oversight of third-party security measures.

9. Governance: Transmission of Information between the ICB Partners

- 9.1. This paragraph supplements paragraph 8 of this Schedule.
- 9.2. Transfer of Personal Data between the Thames Valley ICB Partners shall be done through secure mechanisms including use of the N3 network, encryption, and approved secure (NHS.net or gcsx) e-mail.
- 9.3. Wherever possible, Personal Data should be transmitted and held in pseudonymised form, with only reference to the NHS number in 'clear' transmissions. Where there are significant consequences for the care of the patient, then additional data items, such as the postcode, date of birth and/or other identifiers should also be transmitted, in accordance with good information governance and clinical safety practice, so as to ensure that the correct patient record / data is identified.
- 9.4. Any other special measures relating to security of transfer should be specified in a Data Sharing Agreement entered into in accordance with this Schedule.
- 9.5. Each ICB Partner shall keep an audit log of Relevant Information transmitted and received in the course of this Agreement.
- 9.6. The Thames Valley ICB Partners' Single Point of Contact notified pursuant to paragraph 13 will be the persons who, in the first instance, will have oversight of the transmission of information between the Thames Valley ICB Partners.

10. Governance: Quality of Information

The Thames Valley ICB Partners will take steps to ensure the quality of the Relevant Information and to comply with the principles set out in Article 5 UK GDPR.

11. Governance: Retention and Disposal of Shared Information

- 11.1. A non-originating ICB Partner shall securely destroy or return the Relevant Information once the need to use it has passed or, if later, upon the termination of this Agreement, howsoever determined. Where Relevant Information is held electronically, the Relevant Information will be deleted and formal notice of the deletion sent to the that shared the Relevant Information. Once paper information is no longer required, paper records will be securely destroyed or securely returned to the ICB Partner they came from.
- 11.2. Each ICB Partner shall provide an explanation of the processes used to securely destroy or return the information, or verify such destruction or return, upon request and shall comply with any request of the Data Controllers to dispose of data in accordance with specified standards or criteria.
- 11.3. If an ICB Partner is required by any law, regulation, or government or regulatory body to retain any documents or materials that it would otherwise be required to return or destroy in accordance with this Schedule, it shall notify the other ICB Partners in writing of that retention, giving details of the documents or materials that it must retain.
- 11.4. Retention of any data shall comply with the requirements of Article 5(1)(e) GDPR and with all good practice including the Records Management NHS Code of Practice, as updated or amended from time to time.
- 11.5. The Thames Valley ICB Partners shall set out any special retention periods in a Data Sharing Agreement where appropriate.
- 11.6. The Thames Valley ICB Partners shall ensure that Relevant Information held in paper form is held in secure files, and, when it is no-longer needed, destroyed using a cross-cut shredder or subcontracted to a confidential waste company that complies with European Standard EN15713.
- 11.7. Each ICB Partner shall ensure that, when no longer required, electronic storage media used to hold or process Personal Data are destroyed or overwritten to current policy requirements.
- 11.8. Electronic records will be considered for deletion once the relevant retention period has ended.
- 11.9. In the event of any bad or unusable sectors of electronic storage media that cannot be overwritten, the ICB Partner shall ensure complete and irretrievable destruction of the media itself in accordance with policy requirements.

12. Governance: Complaints and Access to Personal Data

- 12.1. The Thames Valley ICB Partners shall assist each other in responding to any requests made under Data Protection Legislation made by persons who wish to access copies of information held about them ("**Subject Access Requests**"), as well as any other exercise of a Data Subject's rights under Data Protection Legislation or complaint to or investigation undertaken by the Information Commissioner.
- 12.2. Complaints about information sharing shall be reported to the Single Points of Contact and the Joint Committee. Complaints about information sharing shall be routed through each ICB Partners' own complaints procedure unless otherwise provided for in the Joint Working Arrangements or determined by the Joint Committee.
- 12.3. The Thames Valley ICB Partners shall use all reasonable endeavours to work together to resolve any dispute or complaint arising under this Schedule or any data processing carried out further to it.
- 12.4. Basic details of the Agreement shall be included in the appropriate log under each ICB Partner's Publication Scheme.

13. Governance: Single Points of Contact

The ICB Partners each shall appoint a Single Point of Contact to whom all queries relating to the particular information sharing should be directed in the first instance.

14. Monitoring and review

The ICB Partners shall monitor and review on an ongoing basis the sharing of Relevant Information to ensure compliance with Data Protection Legislation and best practice. Specific monitoring requirements must be set out in the relevant Data Sharing Agreement.

To be read in conjunction with the Data Sharing Agreement between Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, and Frimley Integrated Care Board (August).

SCHEDULE 5: FUNCTIONS DELEGATED TO THE JOINT COMMITTEE

[Insert SoRD when agreed and set out that delegation is by reservation to ICB Boards.]

FRIMLEY INTEGRATED CARE BOARD

Public Board Meeting

Title of Paper	Finance and Planning Update		
Agenda Item	6	Date of meeting	16 September 2025
Exec Lead	Rich Chapman, CFO		
Author(s)	Rich Chapman, CFO		

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

Link to Strategic Objective	<i>Please list which Objective this paper relates to here.</i>
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Executive Summary
<p>The slides describe the planning framework as published by NHSE on August 13th.</p> <p>The framework:</p> <ul style="list-style-type: none"> • Shifts the focus to a rolling 5-year planning horizon. • Introduces a continuous, iterative process that supports transformational change and delivers the three shifts. <p>All organisations (Provider Trusts & ICBs) are to prepare credible, integrated 5-year plans and demonstrate how financial stability will be secured over the medium term.</p> <p>Plans are expected to:</p> <ul style="list-style-type: none"> • build and align across time horizons, joining up strategic and operational planning • be co-ordinated and coherent across organisations • demonstrate robust triangulation between finance, quality, activity and workforce <p>The slides set out the requirement in a two-phase process which must be delivered jointly by providers and commissioning bodies. The timetable for phase 1 runs to the end of September and for phase 2 to the end of December.</p> <p>The slides describe the respective responsibilities for NHS Commissioning bodies and NHS provider bodies, and the need to incorporate input from place-level on population needs and local priorities, and the need to develop neighbourhood health plans and supporting place-based delivery plans.</p> <p>The key outputs from the planning process will be:</p> <ul style="list-style-type: none"> • A five-year strategic commissioning plan • A five-year integrated delivery plan • Neighbourhood health plans • National plan returns

Finally, the paper describes the coordinated approach to planning across the clustered Thames Valley geography which will be adopted to deliver those outputs.

Recommendation	The Board is asked to NOTE and to DISCUSS the content of the slides
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Please provide details on the impact of following aspects	
--	--

Risk and Assurance	The planning process must incorporate consideration of all aspects of the ICB's risk framework.
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
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Reporting – has this paper been discussed at other meetings		
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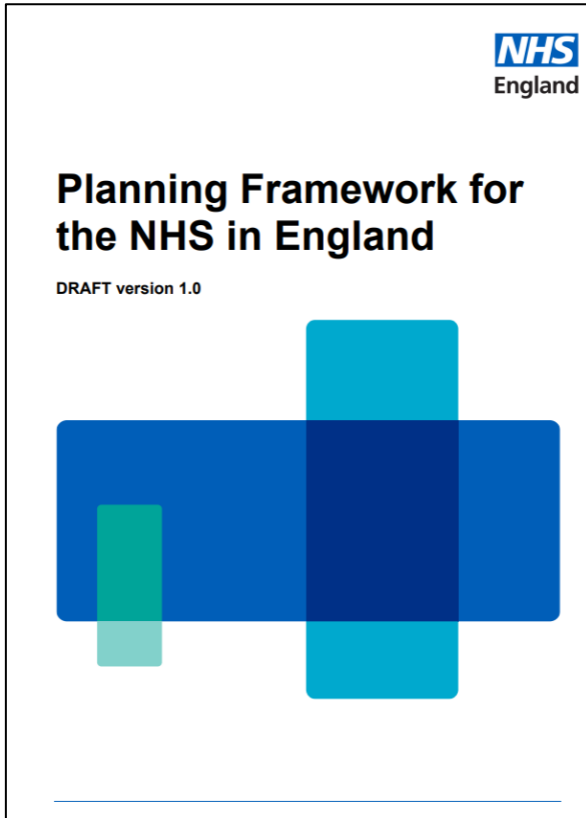
Committee Name	Date discussed	Outcome
Thames Valley Planning Group – Core Team Workshop	5/9/25	

NHS Planning Framework

Thames Valley Joint Planning Group – Core Team

27 August 2025

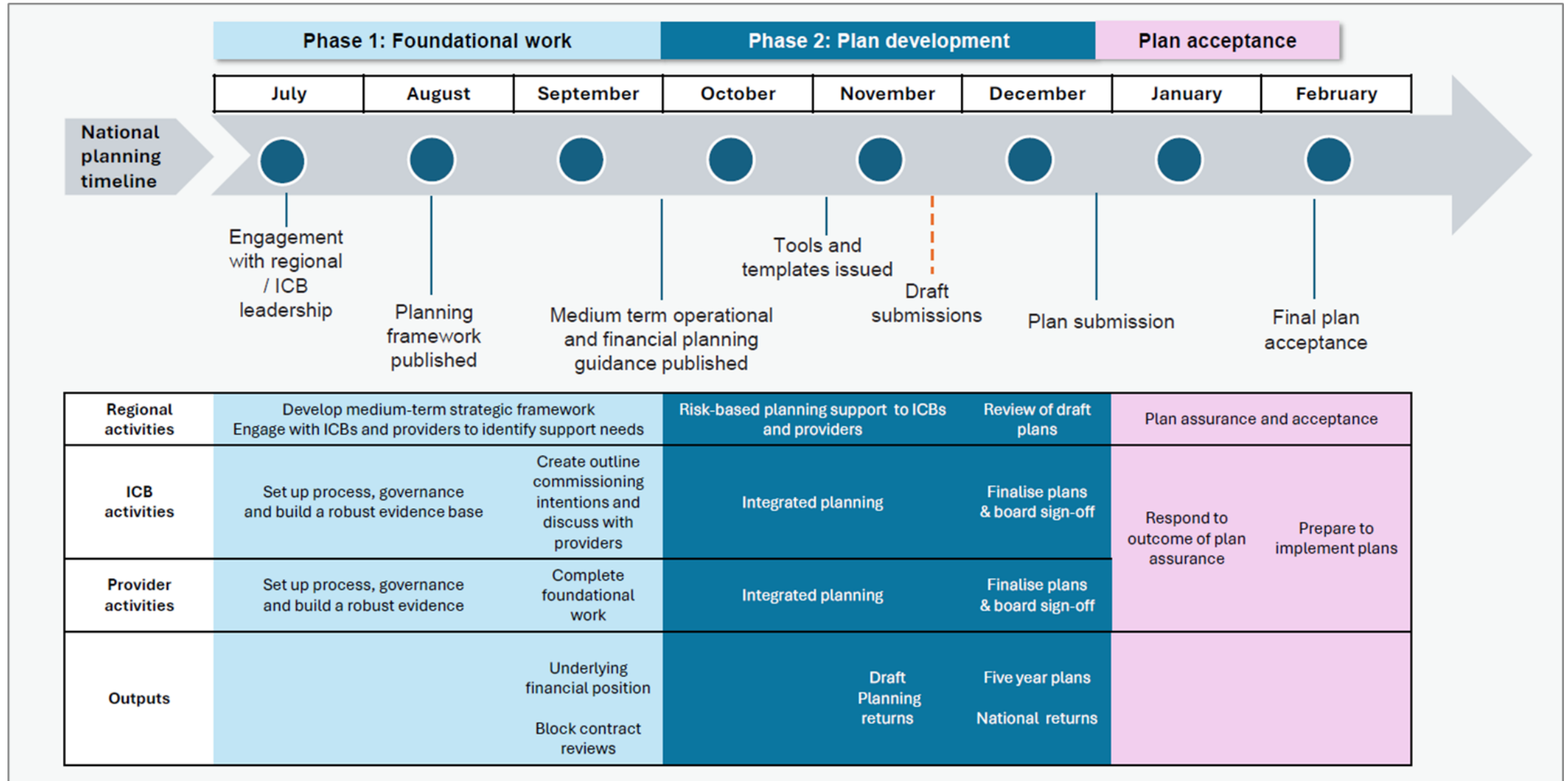
NHS Planning Framework: Planning is changing



- A new model of planning is required to meet the changing needs of England's population and **build the foundation for transformation described in 10YHP**
- The new planning framework (published 13 August):
 - shifts the focus to a rolling 5-year planning horizon
 - introduces a continuous, iterative process that supports transformational change and delivers the 3 shifts
- All organisations (Trusts & ICBs) are to prepare credible, integrated 5-year plans and demonstrate how financial stability will be secured over the medium term.
- Plans are expected to:
 - ✓ build and align across time horizons, joining up strategic and operational planning
 - ✓ be co-ordinated and coherent across organisations
 - ✓ demonstrate robust triangulation between finance, quality, activity and workforce

**plans based on statutory footprints as at April 2026*

NHS Planning Framework: Potential Timetable for 2026/27



NHS Planning Framework: What we need to do

	ICB	Provider	Place partners
Phase 1 (by end of Sept)	<ul style="list-style-type: none"> Refresh clinical organisational strategy to reflect changes in national policy (10YHP) or local context. Review organisational improvement capability. Establish governance and agree responsibilities and ways of working to support integrated planning process, including engagement with patients and local communities. 		Place-level input on population needs and local priorities including JSNA
	<ul style="list-style-type: none"> Assess population needs, identifying underserved communities and surfacing inequalities, and share with providers Review quality, performance and productivity Develop initial forecasts and scenario modelling for demand and service pressures Generate actionable insights for service/pathway design Create outline commissioning intentions for discussion with providers 	<ul style="list-style-type: none"> Review quality, performance and productivity at service level and organisation's underlying capabilities (workforce, infrastructure, digital and technology) Establish robust financial baseline based on underlying position and drivers of costs Identify unwarranted variation and improvement opportunities Identify service/pathway redesign opportunities, with review of fragile services Demand and capacity analysis – initial forecasts and scenario modelling 	
Phase 2 (by end of Dec)	Develop an evidence-based 5-year strategic commissioning plan to improve population health and access to consistently high-quality services	Develop a credible, integrated organisational 5-year plan that demonstrates how national and local priorities will be delivered, incl. financial sustainability	<ul style="list-style-type: none"> Lead co-design of integrated service models at place level Develop Neighbourhood Health Plan and supporting place-based delivery plans
	<ul style="list-style-type: none"> Bring together neighbourhood health plans into a population health improvement plan in discussion with people, communities and partners Iterate forecasting and scenario modelling for demand/services Finalise commissioning plans to inform provider plans Undertake EQIAs to support informed decision-making Align improvement resources to priority areas of the plan 	<ul style="list-style-type: none"> Iterate demand & capacity analysis and scenario modelling to reflect service redesign opportunities Develop service level plans to meet national and local priorities – including implementing best practice pathways Triangulate and finalise finance, workforce, activity and quality plans Undertake EQIAs to support informed decision-making Ensure improvement resources in place to deliver plan 	

NHS Planning Framework: Planning process outputs

Output	Organisation	Description
Five-year strategic commissioning plan	ICB	<p>Expected that plans will:</p> <ul style="list-style-type: none"> • Set out evidence base and overarching population health and commissioning strategy • Bring together neighbourhood health plans into a population health improvement plan (PHIP) – including how health inequalities will be addressed • Describe new care models and investment programmes aligned to 10YHP • Align funding and resources to meet population needs, maximise value, and deliver local/national priorities • Set out how core capabilities in Model ICB blueprint will be developed
Five-year integrated delivery plans	Provider Trusts	<p>Expected that plans will:</p> <ul style="list-style-type: none"> • Set out evidence base and organisation’s strategic approach to: <ul style="list-style-type: none"> • improving quality, productivity, and operational and financial performance • meeting the health needs of the population it serves and how this approach contributes to delivering the overall objectives of the local health economy • Describe actions supporting delivery of trust’s objectives, including service development/transformation • Summarise how underpinning capabilities, infrastructure and partnership arrangements to deliver plan will be developed (e.g. workforce skills, digital, estates).
Neighbourhood health plans	Local government, NHS and partners (incl. VCSE) at single/upper tier Local Authority level.	Developed under leadership of Health and Wellbeing Board, incorporating public health, social care and the Better Care Fund. Plan to set out how the NHS, local authority and other organisations (incl. social care providers and VCSE) will work together to design and deliver neighbourhood health services.
National plan returns	ICB and Provider Trusts	Five-year organisational plans expected to fully align with and support numerical returns. Existing annual finance, workforce, activity and performance templates will be redesigned and streamlined to better support integrated planning. There will be separate returns form ICBs and trusts rather than a single ‘system return’. ICBs and providers will need to work together to ensure that these are fully aligned.

A coordinated approach to planning

There is a need for **coordinated action** across the system requiring

- Clear processes, roles and responsibilities across the system.
- Sufficient resourcing to enable activities and outputs to be completed effectively within the timeframes

Proposed Approach:

- 1. Joint core planning team launch**
 - Small dedicated team across BOB & Frimley ICBs – approx.6-8 people
 - Joint leadership - Hannah Iqbal and Richard Chapman as Executive Planning Leads.
 - Initial sprint – Now to end September
 - Meets twice per week to drive planning progress
- 2. Wider organisation input required**
 - Expertise and capacity will be required to support core team (e.g. analytics, portfolio leads, performance, workforce, strategy, etc.)
- 3. Governance**
(In development)
 - Initially will report through JTE and to both executive teams
 - Planning approach paper to BOB and Frimley Boards in Sept
- 4. Engagement with partners**
 - High level planning approach presented at BOB & Frimley System Leadership Event on 29th August.

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Frimley ICB Modern Slavery Statement 2025/26		
Agenda Item	7	Date of meeting	16 September 2025
Exec Lead	Sarah Bellars – Chief Nursing Officer		

Purpose	To Approve	<input checked="" type="checkbox"/>	Link to Strategic Objective	Links to all our Strategic Objectives
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input type="checkbox"/>		

Executive Summary	
<p>The Modern Slavery Act 2015 introduced changes in UK law focussed on increasing transparency in supply chains, namely, to ensure that our supply chains are free from modern slavery (that is, slavery, servitude, forced and compulsory labour and human trafficking).</p> <p>In accordance with Section 54(1) of the Modern Slavery Act 2015, NHS Frimley ICB fully supports the Government’s objectives to eradicate modern slavery and human trafficking and recognises the significant role that the NHS has to play in both combatting it and supporting victims.</p> <p>In accordance with the above, an updated annual Modern Slavery Statement for 2025/26 has been drafted and is now being brought before the Board for approval. Once approved, the Modern Slavery Statement for 2025/26 will be published on the ICB website.</p>	
Recommendation	The Board is asked to <u>approve</u> the Frimley ICB Modern Slavery Statement for 2025/26 for publication on the ICB website.

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 (cqg.org.uk)	Governance, management & sustainability

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

MODERN SLAVERY AND HUMAN TRAFFICKING STATEMENT

Introduction from the NHS Frimley Integrated Care Board (ICB):

Modern Slavery is the recruitment, movement, harbouring or receiving of children and adults, through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.

The Modern Slavery Act 2015 introduced changes in UK law focused on increasing transparency in supply chains, to ensure our supply chains are free from modern slavery (that is, slavery, servitude, forced and compulsory labour and human trafficking). NHS Frimley is committed to work with local partners to improve practice in combatting slavery and human trafficking and to raise awareness, disrupt and respond to Modern Slavery.

Organisational Structure:

As an authorised statutory body, NHS Frimley is responsible for commissioning health services for its local population of approximately 800,000 people across its five Places: Bracknell Forest, North East Hampshire and Farnham, Royal Borough of Windsor and Maidenhead, Slough and Surrey Heath. For further information please see the ICB website: <https://www.frimley.icb.nhs.uk/about-us/modern-slavery-2015-2>

The Chief Executive for NHS Frimley has ultimate accountability for ensuring that the health contribution to safeguarding and promoting the welfare of children and adults is discharged effectively across the whole health economy through commissioning arrangements. The Chief Nursing Officer is the executive lead for safeguarding and has responsibility for providing leadership and gaining assurance in relation to safeguarding issues within the ICB and locality. The ICB employs the expertise of designated safeguarding professionals for both adults, children and looked after children who support the delivery of the safeguarding adult and safeguarding children's agendas and are responsible for ensuring that NHS Frimley conform to the requirements of the act.

Our commitment to prevent slavery and human trafficking:

NHS Frimley has a zero-tolerance approach to modern slavery and any form of abuse. We are committed to ensuring that there is no modern slavery or human trafficking in any part of our business activity and, in so far as is possible, to holding our suppliers to account to do likewise.

Our Approach:

NHS Frimley is committed to acting ethically and with integrity and transparency in all business dealings and to putting effective systems and controls in place to safeguard against any form of modern slavery.

Our overall approach will be governed by compliance with legislative and regulatory requirements and the maintenance and development of good practice in the fields of contracting and employment.

NHS Frimley expects commissioned organisations and other companies it engages with to ensure their goods, materials and labour-related supply chains fully comply with the Modern Slavery Act 2015 and are transparent, accountable, and auditable.

The NHS standard contracts which NHS England publishes, govern how we engage with our suppliers and require compliance with relevant legislation, including the Modern Slavery Act 2015. The 2022 updates to these contracts strengthen our position on Modern Slavery, extending requirements and the option to terminate for breaches of social and labour laws.

Policies and Procedures:

NHS Frimley has a number of internal policies that support our commitment to eradicating Modern Slavery. Our recruitment and selection processes are robust and support managers to adhere to safe and fair recruitment principles. NHS Frimley ICB complies fully with the NHS Employment Check Standards and the Disclosure & Barring Service (DBS) Code of practice to negate the likelihood of individuals being employed, contracted or commissioned by the ICB who have been trafficked or who are the victims of modern slavery. These include strict requirements in respect of immigration and identity checks, work permits, references and criminal records.

Our policies such as the Bullying and Harassment Policy, Grievance Policy and Procedure, Equality and Diversity Policy, and Freedom to Speak Up (Whistleblowing) Policy provide an additional platform for our employees to raise concerns about poor and inappropriate working practices.

Our Safeguarding Adults and Children policies also provide guidance in relation to managing potential cases of slavery and human trafficking for employees.

Training:

We invest in appropriate statutory and mandatory training on Modern Slavery for all staff to support their understanding and awareness.

Our procurement approach follows the Crown Commercial Service standard. When procuring goods and services, ICBs apply NHS Terms and Conditions (for non-clinical procurement) and the NHS Standard Contract (for clinical procurement). Both require suppliers to comply with relevant legislation.

During 2025/26 we will continue to raise awareness of the Modern Slavery Act 2015 internally and as part of all procurement processes.

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the current financial year ending 31 March 2026.

Sam Burrows

Interim Chief Executive

NHS Frimley

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Fit and Proper Person Test – Annual Assurance Submission		
Agenda Item	7.2	Date of meeting	16 September 2025
Exec Lead	Priya Singh, Chair		

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	Strategic Objective 5: Leadership & Culture
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary	
<p>The purpose of this paper is to provide assurance to the Board that the ICB has discharged its duties in respect of implementing the Fit and Proper Person Test (FPPT) Framework and submitted its 2024-25 annual assurance submission to NHS England in June 2025. See Appendix 1.</p> <p>The FPPT Framework applies to all new board level appointments or promotions and for annual assessment and is comprised of three core elements (i) good character (ii) qualifications, competence, skills required and experience (iii) financial soundness.</p> <p>Assurance was provided to the Remuneration Committee at its meeting on 10 March 2025 that the FPPT process had been fully aligned with the 2024-25 Annual Appraisal Process.</p> <p>The ICB commissioned the SCW CSU to conduct the FPPT checks.</p> <p>All ICB Board Members have been confirmed as Fit and Proper Persons, in accordance with the Framework.</p>	
Recommendation	The Board is asked to <i>note</i> the paper.

Please provide details on the impact of following aspects	
Risk and Assurance	Compliance with the new FPPT Framework.
Equality and Quality Impact Assessment	FPPT applies to all ICB Board Members in accordance with the new Framework.
Patient and Stakeholder Engagement	N/A
Financial Impact and Legal implications	Compliance with the new FPPT Framework

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Remuneration Committee	10 March 2025	

Appendix 5: NHS FPPT submission reporting template

This is a submission form. If anything changes during the year, submit a new form and notify an RD immediately. Do not alter the form.

NAME OF ORGANISATION	TYPE OF ORGANISATION <i>Select organisation</i>		NAME OF CHAIR	FIT AND PROPER PERSON TEST PERIOD / DATE OF AD HOC TEST:
NHS Frimley ICB	<input type="checkbox"/>	Trust	Dr Priya Singh	2024-25
	<input type="checkbox"/>	Foundation Trust		
	<input checked="" type="checkbox"/>	ICB		

Part 1: FPPT outcome for board members including starters and leavers in period

Role**	Total Number Count	Confirmed as fit and proper?			Leavers only	
		Yes	No	How many Boad Members in the 'Yes' column have mitigations in place relating to identified breaches? *	Number of leavers	Number of Board Member References completed and retained
Chair/NED board members	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None	0	
Executive board members	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None	0	
Partner members (ICBs)	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None	1	1
Total	19					

* See 3.8 'Breaches to core elements of the FPPT (Regulation 5)' in the Framework.

** Do not enter names of board members.

Have you used the Leadership Competency Framework as part of your FPPT assessments for individual board members?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Part 2: FPPT reviews / inspections

Use this section to record any reviews or inspections of the FPPT process, including CQC, internal audit, board effectiveness reviews, etc.

Reviewer / inspector	Date	Outcome	Outline of key actions required	Date actions completed
Remuneration Committee	10.03.2025	The Remuneration Committee noted the assurance provided on the arrangements for the FPPT Annual Assessment Process.	Conduct annual checks in line with the FPPT framework.	June 2025
Remuneration Committee	14.05.2025	The Remuneration Committee noted the Chairs and Board Members appraisal process for 2025-26.	Conduct 25-26 appraisals	June 2025

Add additional lines as needed

Part 3: Declarations

DECLARATION FOR NHS Frimley ICB 2024-25				
For the SID/deputy chair to complete:				
FPPT for the chair (as board member)	Completed by:	Name:	Date	Fit and proper? Yes/No
	NHSE Regional Director South East	Anne Eden	20.06.2025	Yes
For the chair to complete:				
Have all board members been tested and concluded as being fit and proper?	Yes/No	If 'no', provide detail:		
	Yes	N/A		
Are any issues arising from the FPPT being managed for any board member who is considered fit and proper?	Yes/No	If 'yes', provide detail:		
	No	N/A		
<i>As Chair of NHS Frimley ICB, I declare that the FPPT submission is complete, and the conclusion drawn is based on testing as detailed in the FPPT framework.</i>				
Chair signature:	Dr Priya Singh			
Date signed:	23 June 2025			
For the regional director to complete:				
Name:				
Signature:				
Date:				

ICB Board Quality Update September 25

Overview

- Quality Updates
 - Community equipment supplies - change of provider
 - Complaints update

- CQC System Compliance and Updates
 - Slough SEND inspection
 - FHFT
 - Bracknell Urgent Care Centre
 - Cookham Medical Centre

Quality

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



Community equipment supplies - change of provider



- In the media there have been reports about NRS Healthcare, which has been the provider of care and community equipment across East Berkshire.
- Over the last few weeks, Frimley ICB have been working with local authorities to jointly commission a new supplier of this essential equipment and daily living aids.
- From the Friday, 1st of August, the provision of social care and community equipment in East Berkshire transferred from NRS to Millbrook Healthcare.
- This includes essential items such as mobility aids, hoists, and hospital beds, equipment that helps people live independently at home and supports safe hospital discharge.
- Like NRS, Millbrook Healthcare is a trusted national provider with extensive experience in the sector. Frimley ICB are working closely with Millbrook and our NHS partners to make the transition as smooth and seamless as possible with minimal disruption for those who rely on these vital services.
- On our internet page, there some Frequently Asked Questions (FAQs) provide guidance for residents, carers and professionals during this transition
(<https://www.frimleyhealthandcare.org.uk/news/posts/2025/july/new-community-equipment-provider-for-east-berks-from-1-august/>)

Patient Experience

PALS Enquires and Complaints Quarter 1 Update

Complaints & PALS enquiries received by month:

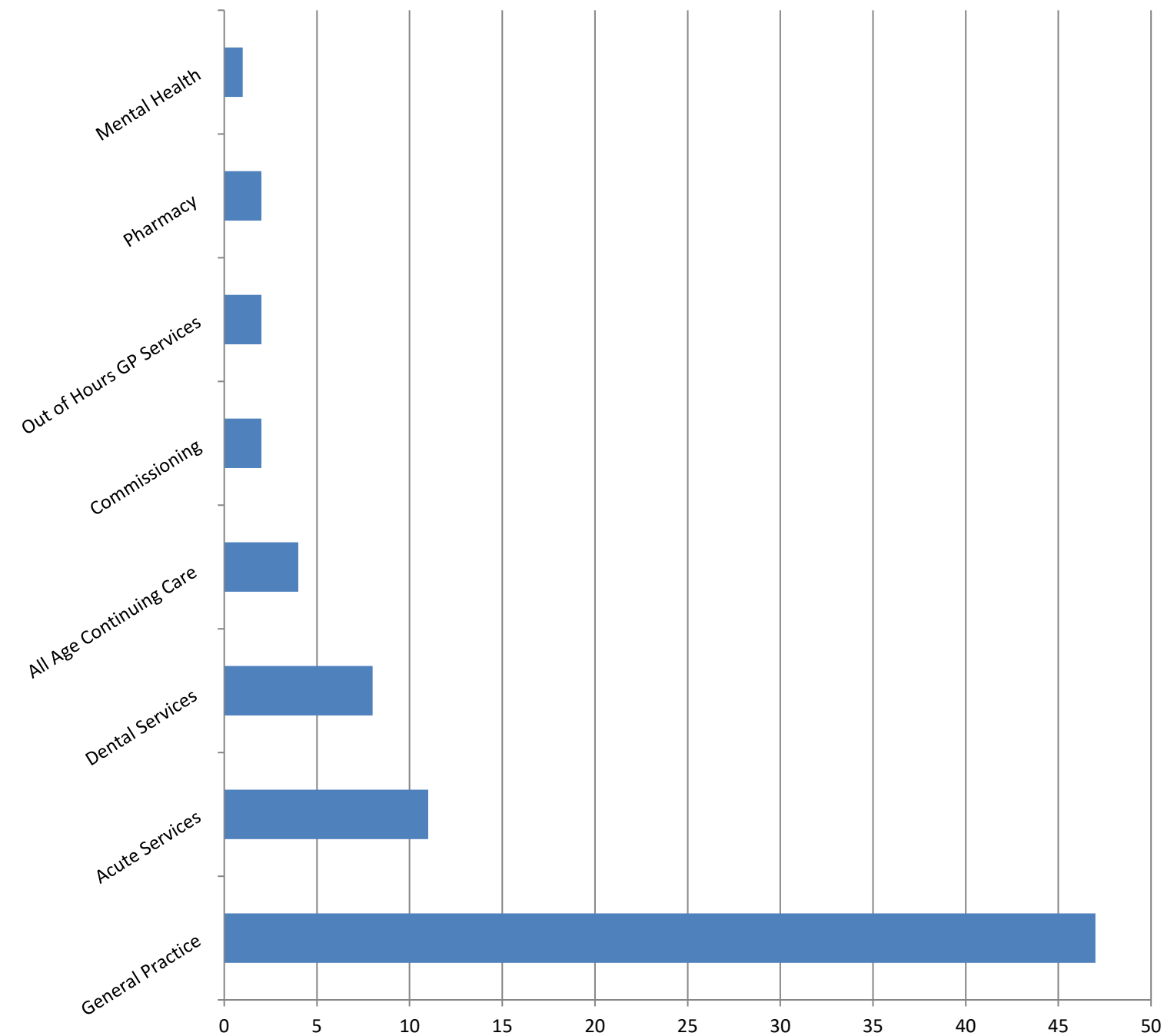
	April 2025	May 2025	June 2025
Complaints	28	27	22
PALS	48	46	72

Complaints & PALS enquiries received by place:

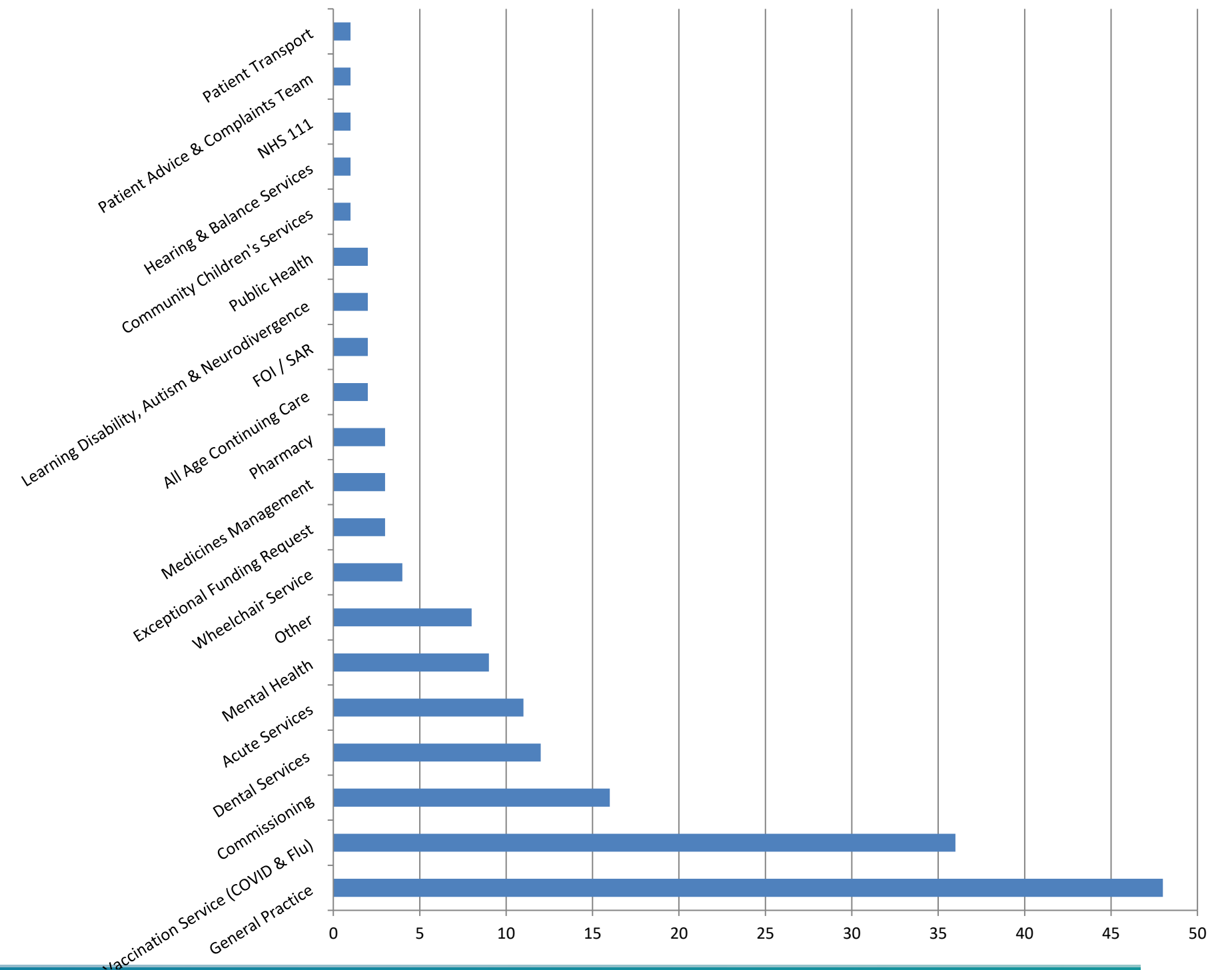
	Bracknell	Slough	Royal Borough of Windsor & Maidenhead	North East Hants & Farnham	Surrey Heath	Unknown & Other	Total
Complaints	15	8	14	20	11	9	77
PALS	19	19	33	48	18	29	166

Themes:

Frimley ICB wide complaints by service:



Frimley ICB wide PALS enquiries by service:



Quality & CQC Outcomes

- **Slough SEND Inspection**

During July 2025, Ofsted and CQC visited Slough Local Area Partnership to independently evaluate the effectiveness of arrangements for children and young people with special education needs and disabilities (SEND). The Partnership is still awaiting the outcome of the report.

- **Frimley CQC Report**

The CQC report for Frimley Health Foundation Trust (FHFT) was published on the 29th of August, which confirmed the Trust has maintained its overall Good rating. At a site level, Wexham Park Hospital has been rated as Outstanding overall with Frimley Park Hospital maintaining its Good rating overall. During the inspection, it was found that Frimley Park Hospital should have been rated as Good overall following the CQC's last inspection in 2018, but it was incorrectly rated as Outstanding due to an internal CQC error, therefore the rating remains as good. This has been acknowledged by the CQC.

- **Bracknell Urgent Care Centre**

Bracknell Urgent Care Centre is located in a purpose built 'Health space' near the centre of Bracknell which provides urgent care services to the local population and the surrounding areas. The service provides assessment, care and treatment for both minor injury and minor illnesses. Minor injury patients are seen as 'walk-ins' and referred from NHS pathways such as the NHS 111 service. Minor illness patients are pre-booked into the service by their own GP practice through local Primary Care Networks.

This service is managed and operated by One Medicare Ltd.

Bracknell Urgent Care Centre was inspected in February 2025, but the report has taken some time to be published. The Service has been rated 'Good Overall' and was good in all domains.

- **General Practice**

Cookham Medical Centre was inspected by CQC in July. At this inspection CQC reviewed two quality statements as part of safe and well-led key questions. The report has now been published and the overall rating following this inspection remains 'Good'.

- **Care Homes**

CQC have made a number of visits to care homes in the East Berkshire area, in which we are waiting for the published reports.

CQC Provider Compliance

Provider	CQC Rating			
	Outstanding	Good	Requires Improvement	Inadequate
FHFT		Good		
BHFT	Outstanding			
SABP		Good		
HCRG		Good		
SCAS				Inadequate
SECamb			Requires Improvement	

Provider	CQC Rating			
	Outstanding	Good	Requires Improvement	Inadequate
Primary Care	1	64	1	0

Provider	CQC Rating			
	Outstanding	Good	Requires Improvement	Inadequate
Nursing Homes	4	42	11	0
Residential Homes	6	22	8	0
LD	2	34	4	0

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Integrated Performance Report (Public)		
Agenda Item	8.2	Date of meeting	16 September 2025
Exec Lead	Rich Chapman, Chief Finance Officer		

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

Executive Summary	
<p>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 24 July.</p> <p>The executive summary can be found in the main body of the report in PowerPoint. The finance position included in the report is as per the M3 close for the period to 30th June 2025</p> <p>The Board is asked to <u>note</u> the performance challenges faced by all areas across our system.</p>	
Recommendation	To <u>note</u> 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	24 July 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.



Integrated Finance and Performance Report

Month 03

Executive Summary



Frimley System Position as at Month 3

Year To Date – £37k better than plan

Forecast Outturn – break-even

Overall position by Organisation	Plan	Actual	Variance	Plan	Actual	Variance
	YTD			FOT		
	£m			£m		
FHFT Position Surplus/(Deficit)	(3.7)	(3.6)	0.0	0.0	0.0	0.0
ICB Position Surplus/(Deficit)	0.0	0.0	0.0	0.0	0.0	0.0
ICB Statutory Position Surplus/(Deficit)	(3.7)	(3.6)	0.0	0.0	0.0	0.0

ICB remains marginally ahead of plan.

ICB cost pressures:

- ADHD 'right to choose' referrals pressure continues to worsen
- S117 pressures in Hampshire pressure continues to worsen
- Referrals to Independent Acute providers continue to exceed planned levels
- Pharmacy spend in POD

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

Deficit Support Funding (DSF) Q2 has now been received.

Q3 & Q4 receipt dependent upon the system having a credible plan and on track to deliver. **Forecast assumes full receipt.**

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

FHFT remains marginally ahead of plan.

Continued to see **reductions in both bank and agency utilisation** in June which has helped the financial position.

Vacancy Control panel and Agency Control panels are seeing a positive financial impact for the organisation.

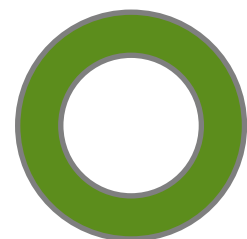
Prescribing costs fell sharply in month due to homecare variations (including nationally commissioned drugs). There is often a movement due to prescribing cycles not being monthly.

There are a number of **risks and mitigations** to be managed in future months where the CIP target becomes more challenging.

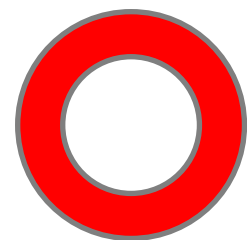
Exec Summary Performance Status Icon Key

Outer Ring = Position to Target

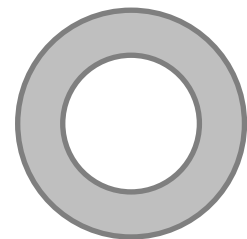
Outer Ring colour communicates the current value is:



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:



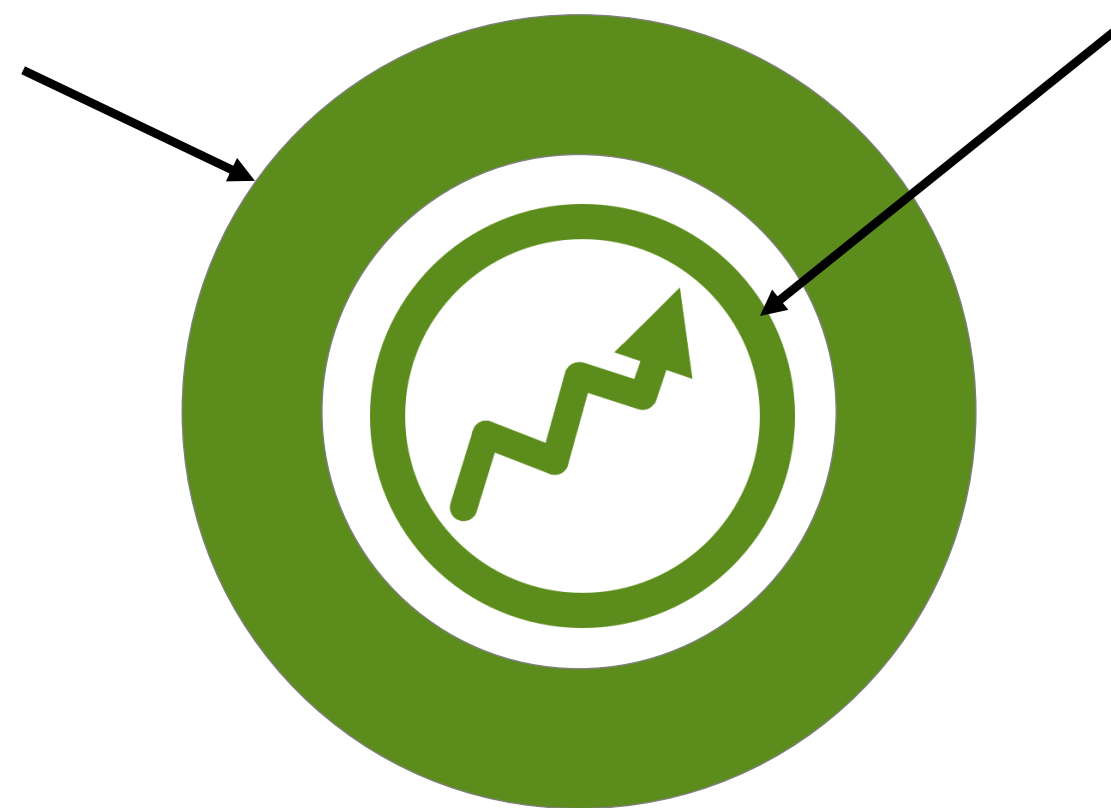
Improving trend



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



	Measure	Status	Actual	Comparison / Target	Trend	Actions
P	Seen in 4 hrs (ED All types)		73% May 25	78%		<p>Note: Target changed from 76% in March 2024 to 78% in March 2025.</p> <p>Main Action: Additional resource in place targeted 78% achievement in March. FHFT SDEC pathways and LOS reductions key to Type 1 performance. FPH UTC changed hours in April to reflect Surge funding ending. Currently exploring establishment of UTC at WPH ED. UEC Capital Funding provides opportunity to support return to <u>Constitutional Standards</u> (12hr/4hr)</p>
P	Cancer: 62-day Combined Local RTT (FHFT)		78% Apr 25	75%		<p>Main Risk: Urology remains key area of challenge particularly around Renal cancer and surgical capacity. Head and Neck and Upper Gastrointestinal also show lower performance. SSCA funding secured to support Head and Neck pathway. Endoscopy wait times impacting 62d performance. Work in progress on demand management and standardised triage for Upper Gastrointestinal referrals led by Endoscopy network. Other services have shown improvement in Q1, inc. Gynaecology and Skin.</p>



Integrated Finance and Performance Report – Executive Summary

Primary Care Development



	Measure	Status	Actual	Comparison / Target	Trend	Main Risk and Action
P	Same day/next day Appointments – 1-day standard achievement		84% Apr 25	83% YoY 2023-24		<ul style="list-style-type: none"> Continued implementation of the General Practice Transformation Programme, including Pharmacy First, MGPAM and PNG segmentation. Maturing of the transformation programme to focus on enabling practices to better balance the unscheduled/scheduled activity <p>Risks:</p> <ul style="list-style-type: none"> Unwarranted variation between practices will be addressed through the tailored transformation approaches
P	Same day/next day Appointments – 1-day standard achievement		84% Apr 25	83% YoY 2023-24		<ul style="list-style-type: none"> Recovered position within 1% of the national target Continued implementation of the General Practice Transformation Programme, including 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 <p>National Target: 85% - 90%</p> <p>Risks:</p> <ul style="list-style-type: none"> Unwarranted variation to be explored due to the shift in trend
P	Face to Face Appointments		52% Apr 25	64% England Average		<ul style="list-style-type: none"> 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 <p>Risks:</p> <ul style="list-style-type: none"> Impact of focusing on unscheduled care with plans to mitigate through the GP transformation programme, including unscheduled, scheduled and proactive care models Managing patient expectations in the current context



Integrated Finance and Performance Report – Executive Summary

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

Measure	Status	Actual	Comparison / Target	Trend	Main Risk and Action
<p>P Percentage of people aged 14 and over on GP learning disability registers that receive an annual health check</p>		86% Mar-25	75%		<p>Main Risk and Action not applicable</p> <p><i>At a recent regional meeting, the team were congratulated on both LD health checks and LDA inpatient numbers for being the best in the region and possibly the country</i></p>
<p>P Average length of stay in adult acute mental health beds</p>		51 Apr-25	72		

Workforce Report – Public Board

September 2025

Introduction and Contents

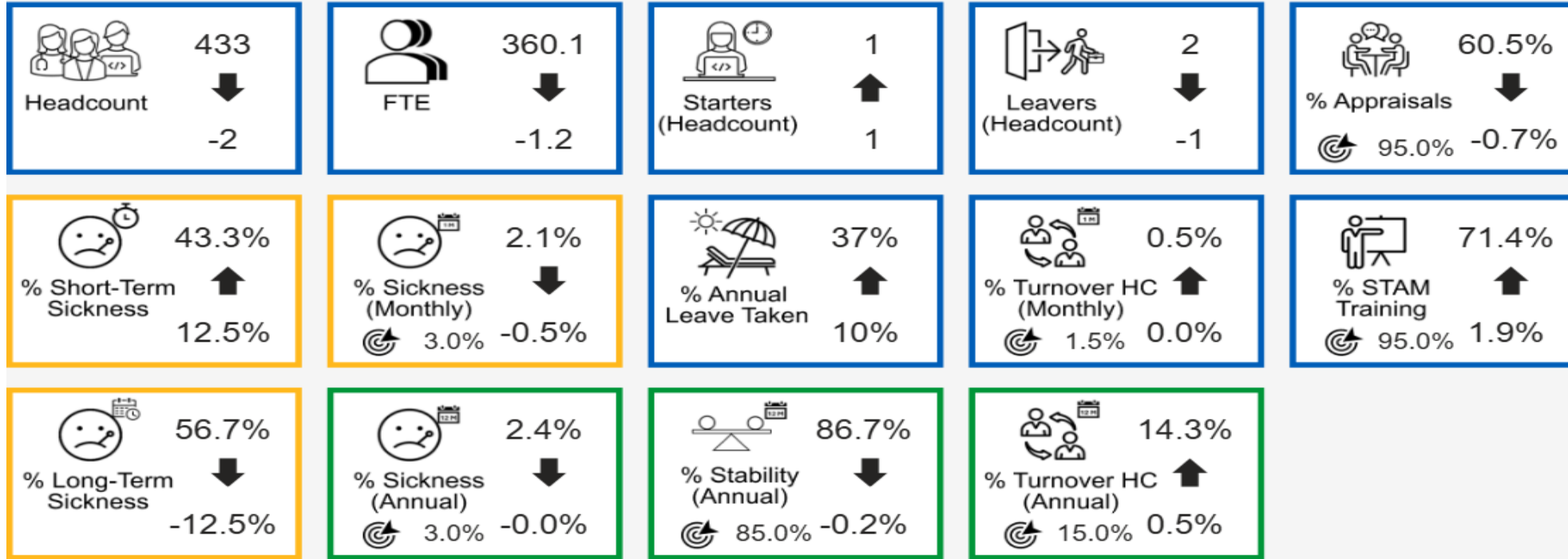
Work continues in partnership with BOB ICB through the People and Culture change workstream to align transition activity with our 'business as usual functions'. Please note that the Organisational Design highlight report has now been removed from this monthly publication but is included in the Transition highlight report.

This document outlines our key activity over August 2025:

- 3 ICB Workforce data
- 4-5 Primary Care Training Hub
- 6-7 Work Well
- 8-9 Frimley Academy

ICB Workforce Metrics (M04)

NHS Frimley ICB







- There was a small decrease in headcount in July 2025 (2 people). Headcount and FTE has remained relatively stable over the last 12 months, other than a small increase in Spring 2025
- Turnover in July 2025 rose again to almost regular levels, with some fluctuations due to increased recruitment and leavers
- Short term sickness absence has increased by 12.5% this month and this may reflect the ending of some long-term absence cases and an increase in short term absence associated with the transition.
- Anxiety/stress/depression/other psychiatric illnesses remains the top reason for absence in July.

Programme Summary Report - Primary Care Training Hub

Completed by: Andrea Hollister
Reporting period: August 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.
Scope	Scope	6 programmes remain paused due to staffing constraints and reprioritisation stemming from organisational restructuring: Roll out of national induction, 3 key priorities for People Promise Exemplar work, scoping the future clinical mentoring offer, improve understanding of practice roles across PCNs, and defining the scope and functions of the training hub within Frimley ICB have been paused. Primary care newsletter now being jointly delivered across Primary Care team/TH. Discussing TV delivery model.
Cost	Cost	TH funding through SDF approved. Ease in staffing issues due to return of 1.0 fte from sick leave. Reduction in project management staffing by 0.2 fte permanently & 1 fte vacancy.

Month 5 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	Funding provided for OMMT. Meeting had with Buck HASC academy ETAP active, LNA active, Fundamentals programme filled x6 Return to practice x 1	Obtain baseline figures for OMMT from e-LFH & plan for data collection of OMMT across primary care			
2.	Retain	Wild Mondays Health and wellbeing webinar x 1. PLT events x 2 Further promotion of Primary Care Staff survey (GPSS). CPD events delivered. Continue with Fellowships and mentorships CPD funding received Multiprofessional conference planning	Continue PLT delivery. Continue with CPD delivery – discuss CPD support for TV Plan for GPSS roll out Create a one-page menu of opportunities for People Promise support – back on track Run multiprofessional conference Continue to connect primary care with standardised induction			
3.	Reform	MDT development recommenced Commenced planning for PCN development day 16 October. Website Meeting held with Primary Care colleagues across Frimley/BOB to discuss TH functions and options paper. No movement forward with Functional Group Leads Attended PA school employers LENG review meeting. Created feedback form for practice information Arranged to meet with HIOW re: training hub functions and transition	MDT development – meeting to be set up to link with Neighbourhood Health Confirm matches for leadership exchange programme for PCN CD. Meet on 3 September to continue plan for Oct 16 event. Follow up with SPINE PCN LEAP registration. Keep an eye on further developments from LENG review of PAs			
4.	Workforce Planning	Starting preparation work for ARRS workforce data collection and comms Continuing to populate the workforce dashboard with back data	Continue 6 steps to workforce planning training via PLT Continue to with practices to pursue "optioneering" and STAR			

Risks and issues (key programme level risks and issues)

RAG Key

Risk / issue ID	Project Risk description	RAG	Mitigation/ update	Responsible group/ individual/ organisation
1.	Apprenticeship continuation: increase in NIC and changes to apprenticeship levy risk destabilising use of apprenticeships in primary care, Level 7 apprenticeship to be defunded.	Red	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	Red	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.	Supervisor capacity is not expanding in primary care despite a funded programme being available. The programme is perceived as too onerous to allow staff to be released.	Yellow	Explore alternative supervisor accreditation courses. NHSE elect offer a suitable alternative that takes less time for accreditation. Pursuing this option nationally	NHSE
4.	Roll out of F2F tier 2 Oliver McGowan Statutory training	Yellow	Payment made to Bucks HASC. Roll out training from end of September 25. Leave on risk register until training is operational.	Frimley ICB Exec
5.	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	Red	Programme paused due to organisational restructure	Caroline Corrigan
6.	Future of primary care training hub functions as part of the ICB blueprint review	Yellow	Agree what the future form and functions of a training hub are and agree where the functions should go in the system	Frimley ICB exec

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

Key decisions or recommendations for progression

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

Programme Summary Report - WorkWell

Completed by: Karen Hampton
Reporting period: August 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	Three out of the four pilot areas now have services in place as part of the 'start small, review, improve and scale' approach. Referrals continue to remain lower than trajectory, a plan is in place to improve uptake. Self referral QR has been launched. Working with DWP job centres to increase referrals Discussions are being held with RBWM to review participation with the pilot through an innovations fund pilot.
Cost	Cost	Submission of pilot spend have been submitted to DWP included staffing costs, promotional materials and externally sourced IT support (Joy and GetUBetter) which have been procured for all the iCS . Request for additional project support has been agreed and will be funded through the WorkWell programme till March 2026.

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	An Accelerated Actions Plan (Remedial Plan) has been agreed with DWP to support the focus of improving the number of participants that take part in the programme. A workshop was held in Aug 25 with DWP and PA to identify opportunities for future referrals.	Follow up meetings with DWP will take place in September 25 to review action plan and referral numbers.			
2.	Implementation of the local WorkWell Service	There has been significant engagement across the system with support from the Integration Leads to promote the benefits of the WorkWell programme to our residents. We have services within PCN's in Slough Local authorities in Surrey Heath and the Voluntary sector in North East Hants and Farnham. Work continues with the Job Centres to encourage signposting and the use of self referrals to the service. A full communication strategy is in place including web pages, posters in community settings and Job centres, social media campaign and radio adverts have begun to raise awareness.	Continuous implementation of the action plan to drive referrals and increase participants. Discussions with Bracknell area to get to set up the service there. A live dashboard is being developed to allow us to identify areas where additional support is required. Attending Job fairs in Slough and North Hants and Farnham areas Review opportunities for innovations and the use of technology to support the services.			
3.	Procurement of additional support services	The JOY app is being onboarded across the system with each service delivery partner receiving training on the system. Working with Joy on the dashboard and the insights portal. The get u better app also hoists a link to the WorkWell service so people who are using the app can then self refer.	Weekly meetings with Joy on barding training and to identify any issues.			
4.	Information Governance and Data insights	Rushmore Voluntary Services and Rushmore Citizens Advice are updating the DPIA requirements to satisfy Frimley ICBs minimum IT standard	Finalize and go live with the dashboard. Support Rushmoor with the DPIA process			
5.	Creating a strategy for the future	We have completed the mapping of the Frimley ecosystem which sets out the connections that support and compliment the WorkWell Programme as well as support and inform the develop a Frimley ICS framework to support Get Britain Working . Provided input into the Berkshire and Hampshire and IoW Get Britain working local delivery plans.	The first draft will be ready by the end of October 25			

Risks and issues (key programme level risks and issues)

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

Key decisions or recommendations for progression

	Decision description	Decision Owner	Decision Status	RAG
1.	2025/2026 WorkWell referrals – to agree the future trajectories if a reduction in referral numbers is the required to ensure progression and future positioning of the programme.	Caroline Corrigan/ Exec Board	Recommendation: Review referral figures at the end of Quarter two and then review trajectories for the reaming year. To Note: Action plan is in place to maximise referrals, and some progress is being made with new delivery partners coming onboard.	Yellow
2.	WorkWell 2.0 (April 26) To agree the approach to supporting the future of WorkWell with the development of Thames Valley ICB from April 2026	Caroline Corrigan/ Exec Board	Recommendation: to commence conversations with Hampshire and IoW and Surrey Heartlands ICB on the continuation of the programme. Explore the opportunities for growth and development across the BOB footprint. To note: The WorkWell Programme will continue until 2028. DWP and DHSC are awaiting confirmation on the scale of the Programme from April 2026 given boundary changes of ICB's and the level of funding available for 2026/2027 There are opportunities to scope the future programme with areas of BOB through support to the get Britain working plan with	Yellow

Frimley Academy Programme Summary Report -

Completed by: Bobby Cowan
Reporting period: August 2025

Last period	This period	Summary of current Programme Status
Time	Time	20/20 Cohort 11, Wavelength Cohort 9, and system-wide Cultural Intelligence (CQ) workshop, all successfully launched and each delivering measurable system value and impact as proven enablers. In parallel, mutual aid support to the Support Through Change and WorkWell programmes and internally the completion of the free 4D Team Leadership Framework and the launch of a free coaching platform, now connected with BOB."
Scope	Scope	"Cohort 12 of 20/20 and Cohort 10 of Wavelength remain on hold in alignment with transition and system reset priorities. Outside programmes that activity across change and transformation challenges remains high. CQ is also paused after three successful sessions, with strong participant feedback and a growing waitlist highlighting demand and partnership potential. The Academy continues to serve as a strategic connector across all initiatives."
Cost	Cost	All workstreams coming in under budget.

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

Workstream status

#	Workstream	Achievements in this period	Activities planned for next period	Time	Scope	Cost
1.	20/20 C11 (Train, Retain, Reform)	20/20 (Cohort 11) launched successfully - fully subscribed with whole system participants spanning, primary care, acute, and community settings.	Day 5 planning 20/20 Market Place, 10 th of Jul – ‘Marketplace, it’s consistently one of the most energising and uplifting moments in the programme. Action Learning sets and change challenge support, Evidence of Impact gathering and coaching support.			
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.	Day 4 planning event – ‘Change to make systems work better,’ Action Learning set facilitation and coaching support.			
3.	CQ, 4D, support to Mirror Board, Team and coach support, support change (Retain, Reform)	CQ: first tranche of three workshops have been successfully delivered summary communications highlighting key outcomes will follow. 4-D Team/Leadership Framework has been developed using a proven global model, offering a scalable, zero-cost solution to aid cross-system team transitions. Mirror Board design support for Cohort 1 is currently paused; positive engagement with FHFT suggests a request for renewed support may be forthcoming.	CQ: paused 4D: finalising model run sheets. MB: continue support to C1 extended to Sept 25. Further discussions with FHFT, support request likely to follow. Coaching: ongoing			
4.	Joint Transition and Support Through change	The Academy is actively supporting the 'Support Through Change' programme in collaboration with the ICB OD team.	Launch of Coaching and Mentoring Support platform Localised support to Work Well The roll out of the Support Through Change Workshop with BOB			

Frimley Academy risks and issues (key programme level risks and issues)					RAG Key	
Risk / issue ID	Project Risk description	RAG	Mitigation/ update	Responsible group/ individual/ organisation		
1.	Paused Academy programmes (Wavelength, 20/20, CI, 4D) now represent a live issue, significantly reducing our investment in a core strategic enabler for system leadership and culture.		Mitigation (short term), We have introduced recharge days and reconnect events into current programmes to preserve relational cross-system connections while supporting various non-health partner initiatives. We are also scoping alternative delivery models (hybrid, cost-tiered, co-facilitated) to reduce cost while preserving impact.	Academy Team		Risk/ issue needs resolution quickly as impact on programme is large Risk/ issue should not be tolerated and needs resolution in

Key decisions or recommendations for progression

	Decision description	Decision Owner	Decision Status	RAG
1.	20/20 Cohort 12 - agree a timeline for decision on the future relaunch of 20/20 Cohort 12, currently paused.	Caroline Corrigan/ Exec Board	Exec (Jul 2025) decision to remain paused; programme continues under active review.	
2.	Wavelength Cohort 10 - agree timeline for a decision on the future of Wavelength cohort 10, currently on hold and under active review.	Caroline Corrigan/Exec Board	Exec (Jul 2025) decision to remain paused; programme remains under active review by the Board.	
3	System CQ future Offer	Caroline Corrigan/Exec Board	Exec (Jul 2025) decision to remain paused	
4.	Frimley Academy, future fit and function - to agree to the future positioning and role of Frimley Academy within the reset ICS.	Caroline Corrigan/Joint Executive	Pending	

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Board Assurance Framework		
Agenda Item	9.1	Date of meeting	16 September 2025
Exec Lead	Caroline Corrigan – Chief People Officer		

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

Link to Strategic Objective	<i>Relates to all Strategic Objectives</i>
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<p>Executive Summary</p> <p>Introduction:</p> <p>The report provides the Board with an overview of the work that has been undertaken to refresh the Board Assurance Framework (BAF) for 2025/26.</p> <p>The BAF reports on the ICB’s Strategic Objectives and details the significant long-term risks to the achievement of these. The document provides assurance that the ICB is on track to deliver its Strategic Objectives and highlights where necessary, any gaps in controls and assurances and the associated actions. The BAF also provides assurances that any risks which may impact on the achievement of those Strategic Objectives are being appropriately managed.</p> <p>Strategic Objectives refresh 2025/26:</p> <p>At its meeting in in July 2025 the Board approved the 2025/26 Strategic Objectives (aligned to the six Frimley ICS ambitions and updated from the 2024/25 Strategic Objectives) to reflect the ongoing transition programmes and financial climate.</p> <p>Strategic Objective 1: Starting Well Strategic Objective 2: Living Well Strategic Objective 3: People, Places and Communities Strategic Objective 4: Our People Strategic Objective 5: Leadership and Culture Strategic Objective 6: Outstanding use of resource</p> <p>At its meeting in July, the Board further agreed that an additional Strategic Objective should be developed to capture risks relating to the close-down of the ICB in 2025/26 and the establishment of the proposed Thames Valley on 1 April 2026. This is shown below:</p> <p>Strategic Objective 7: Safe dissolution of the ICB and creation of the Thames Valley ICB</p> <table border="1" style="width: 100%; background-color: #e6f2ff;"> <tr> <td style="background-color: #00a0e3; color: white; text-align: center;">Strategic Objective 7</td> </tr> <tr> <td style="background-color: #003366; color: white; text-align: center;">Safe dissolution of the ICB and creation of the Thames Valley ICB</td> </tr> <tr> <td style="background-color: #cccccc; padding: 5px;">“Lead the ICB’s transition to the merged entity, ensuring full alignment with NHS England’s Model ICB Blueprint and ICS 10-Year Plan by driving operational readiness, governance integration, stakeholder collaboration, and continuity of patient care and statutory duties.”</td> </tr> </table>	Strategic Objective 7	Safe dissolution of the ICB and creation of the Thames Valley ICB	“Lead the ICB’s transition to the merged entity, ensuring full alignment with NHS England’s Model ICB Blueprint and ICS 10-Year Plan by driving operational readiness, governance integration, stakeholder collaboration, and continuity of patient care and statutory duties.”
Strategic Objective 7			
Safe dissolution of the ICB and creation of the Thames Valley ICB			
“Lead the ICB’s transition to the merged entity, ensuring full alignment with NHS England’s Model ICB Blueprint and ICS 10-Year Plan by driving operational readiness, governance integration, stakeholder collaboration, and continuity of patient care and statutory duties.”			

*Forming a strategic commissioning organisation that aligns with national guidance

*Mitigate disruptions to patient care

*Active stakeholder engagement to create involvement and transparency

*Assessment of staff experience to mitigate talent and retention issues and risks

The Chief People Officer and Senior Responsible Officer (SRO) for the Transition Programme and the Transition Programme Director for both NHS Frimley and NHS Buckinghamshire, Oxfordshire & West Berkshire (BOB) ICBs have worked to draft a new Principal BAF Risk (SO7) to align against this new Strategic Objective – shown below:

BAF REF: SO7	Strategic Objective: 7. Safe dissolution of the ICB and creation of the Thames Valley ICB	Principal Risk: Misalignment with national policy and guidance or ICS 10-Year Plan would lead to operational instability, disrupted patient care, or eroded staff and stakeholder confidence. There is a risk of: <ul style="list-style-type: none">• Poor integration of national guidance and 10-Year Plan into transition plans.• Misaligned governance or operational frameworks.• Competing priorities between transition and core service delivery.• Inadequate staff and stakeholder engagement.• Increased financial instability. This would result in: <ul style="list-style-type: none">• Disrupted patient pathways and statutory duties.• Reduced workforce morale and retention.• Reputational damage and regulatory intervention.
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The full detail of the proposal for SO7 is shown in the appending paper below – Interim Q2 BAF 2025/26, which outlines in full the risk’s scores, controls, gaps, and mitigating actions.

The Board is asked to note that to support aligned ways of working and in readiness for the adoption of formal clustering governance from 1 October 2025 with NHS Buckinghamshire, Oxfordshire & West Berkshire (BOB) – an identical principal risk for the Transition Programme was approved by the BOB ICB Board on 9 September 2025.

- **Action: The Board is asked to approve both the Transition focussed Strategic Objective 7 and its corresponding Principal Risk**

The Frimley and BOB Transition Programme Director will be the named the SRO for these Transition Risks and will ensure that they remain fully aligned to the *Transition Risks, Assumptions, Issues, and Dependencies (“RAID”) Log* which is regularly reviewed by the Joint Transition Executive and will form a key part of the Transition Programme Board from October onwards.

This will allow executives from both organisations to maintain oversight and assurance of the BAF transition risk during the period of formal clustering between Frimley and BOB ICBs, in advance of the establishment of the Thames Valley ICB.

Risk Appetite Statement 2025/26:

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

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

Using the above framework, the Board has applied the following 2025/26 Risk Appetite and Risk Thresholds to each of the Strategic Objectives – this scoring allows the Finance and Performance Committee and the System Quality Group (committees of the Board) to manage the principal risks in accordance with the specific Risk Appetite and Risk Threshold agreed by the Board. Two of the Strategic Objectives detailed below have two principal risks. Strategic Objective 4 – Our People has two related principal risks for (i) workforce and (ii) WorkWell and Strategic Objective 6 – Outstanding Use of Resources has (i) finances, value for money and (ii) cyber.

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

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

Additional BAF content – three lines of defence

The ICB received recommendations from its Internal Auditors in 2024/25 with best practice advice related to the layout of the BAF, specifically around how controls, assurance, gaps, and actions are presented.

The reformatted 2025/26 BAF now has controls listed separately from assurance. Work is ongoing with Risk Leads to further tighten descriptions to ensure that mitigating actions are clearly aligned against gaps in controls and assurance

In addition, the reformatted the BAF document now includes a “Three Lines of Defence” table, shown below (example taken from SO3: People, Places and Communities for reference).

Key Assurance					
First Line of Defence: Management control and reporting		Second line of Defence: Functional Oversight / Governance		Third line of Defence: Independent review / Assurance / Regulatory oversight	
Place Boards	Reviewed Quarterly	FPC, SQG	Reviewed Monthly	Commissioners (NHSE)	Oversight Segment 1
Places and Communities SLT meetings	Reviewed Monthly	IRG	Reviewed Quarterly	Internal Audit 2024/25	Reasonable Assurance
4Risk leads	Reviewed Monthly	Board, Audit Committee, Rem Com	Reviewed bi-monthly	External Audit 2024/25	No significant weakness identified

This table is designed to show increasing levels of assurance against the portfolio, its risk management processes, and the corresponding BAF risk from operational management to Board assurance, to external and regulatory oversight.

This table has been aligned against our Risk Management Framework, which outlines our approach to a delegated risk management system where risks are routinely discussed at System Board level and escalated through the principal Assurance Committees. The Assurance Map is designed to show at a glance where related risks are being discussed, with what frequency, to provide assurance that oversight is present at all levels.

The Board is asked to **note** that at its meeting on 4 September the Integrated Risk Group reviewed and endorsed the new layout of the BAF, with the caveat that it would test and evaluate the effectiveness of the approach at its next meeting in December 2025.

The Audit Committee on 9 September 2025 also reviewed and endorsed the Interim Q2 position in the appending paper and was provided assurance on the ICB’s response to the Internal Auditor’s recommendations for 2025/26.

- **Action: The Board is now asked to Approve the Interim Q2 BAF position as outlined in the appending paper below.**

Reporting Cycle:

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

Furthermore, the Board is provided with assurance that during this period of redevelopment, 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.

The Audit Committee has also been kept sighted of work to refresh the ICB's Strategic Objectives

Recommendation	<ul style="list-style-type: none"> ➤ The Board is asked to <u>note</u> the outcome of the 2025/26 Strategic Objectives refresh ➤ The Board is asked to <u>approve</u> both the additional Transition focussed Strategic Objective 7 and its corresponding Principal Risk to align with BOB ICB ➤ The Board is now asked to <u>approve</u> the Interim Q2 BAF position as outlined in the appending paper below.
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Please provide details on the impact of following aspects	
Risk and Assurance	
Equality and Quality Impact Assessment	
Patient and Stakeholder Engagement	
Financial Impact and Legal implications	
Please indicate which CQC Theme and Quality Statements this QIA supports. Interim guidance for assessing integrated care systems March 2023 (cqc.org.uk)	Governance, management & sustainability

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

NHS Frimley ICB

Board Assurance Framework 2025/26

v September 2025

The Board Assurance Framework (BAF) sets out the principal risks to the achievement of the ICB's strategic objectives and is a practical means through which the Board can assess progress against delivery of these. In so doing, the BAF also serves as a primary source of evidence in describing how the ICB is discharging its responsibility for internal control. The BAF further sets out the controls in place to manage these risks and the assurances available to support judgements as to whether the controls are having the desired impact. It additionally describes the actions to further reduce each risk.

Board Strategic Objectives 2025/26

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

Board Risk Appetite Statement 2025/26

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

It is key to achieving effective risk management and is agreed by the Board so that 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/ Risk Appetite 2021

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

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

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

Risk Summaries

Strategic Objective 1: Starting Well													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)		Current Risk rating (after mitigation)		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter		
					I	L	Rating (ixL)	I				L	Rating (ixL)
S01	Quality	CYP and their families may not have their agreed needs met, with the result of lasting negative impact for them their families and Health and social care in the future.	Chief Nursing Officer	F&P / SQG	3	4	12	3	3	9	CAUTIOUS 8	OUT	NO CHANGE

Strategic Objective 2: Living Well													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)		Current Risk rating (after mitigation)		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter		
					I	L	Rating (ixL)	I				L	Rating (ixL)
S02	Quality	If we are unable to effectively implement and integrate the whole system strategy that supports the transformation of care to out-of-hospital settings, then the anticipated reduction in hospital activity may not be achieved. This may exacerbate health inequalities, leading to increased pressure on partner organisations, higher healthcare costs with risk to our recurrent financial sustainability and poorer access, outcomes and experiences for local communities.	Chief Medical Officer	F&P / SQG	4	4	16	3	2	6	CAUTIOUS 8	IN	Downgraded (9 -> 6)

Strategic Objective 3: People, Places and Communities													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)		Current Risk rating (after mitigation)		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter		
					I	L	Rating (ixL)	I				L	Rating (ixL)
S03	Transformation	Population need, financial challenges and organisational changes for commissioners (NHS and local authorities) could create a challenging partnership environment and prevent the delivery of our shared priorities and goals	Chief Transformation and Digital Officer	F&P / SQG	4	4	16	3	3	12	SEEK 16	IN	NO CHANGE

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

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

Strategic Objective 5: Leadership and Cultures													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)		Current Risk rating (after mitigation)		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter		
					I	L	Rating (ixL)	I				L	Rating (ixL)
S05	People	If we do not create an inclusive culture then we will not have the leadership capacity and capability to deliver for the communities we serve. If the ICB does not create an open, positive, transparent and inclusive culture then the cases of bullying, sexual misconduct, aggression and poor employee experience will lead to a higher number of employee relations cases, FTSU cases as well as a direct impact on delivery against our strategic workforce objectives.	Chief People Officer	F&P / SQG	4	4	16	3	4	12	OPEN 12	IN	NO CHANGE

Strategic Objective 6: Outstanding Use of Resources													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)		Current Risk rating (after mitigation)		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter		
					I	L	Rating (ixL)	I				L	Rating (ixL)
S06-A	FINANCIAL	1st Principal Risk: The system fails to deliver the greatest possible value for the health and wellbeing of the population with the resource with which it is entrusted. This risk materialises owing to failure to deliver in-year financial balance and recurrent financial sustainability and/or secure sufficient capital and revenue resource to achieve strategic and operational aims, including delivery of the new hospital and associated transformation both of which are essential prerequisites to the minimisation of health inequalities and maximisation of healthy life years.	Chief Finance Officer	F&P / SQG	5	5	25	5	4	20	OPEN 12	OUT	NO CHANGE

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

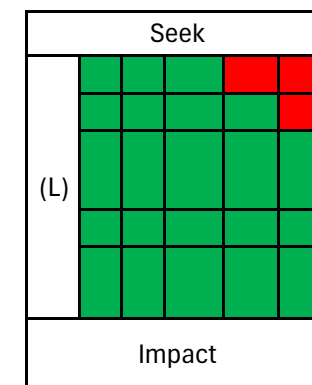
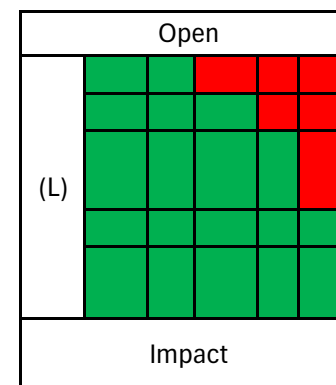
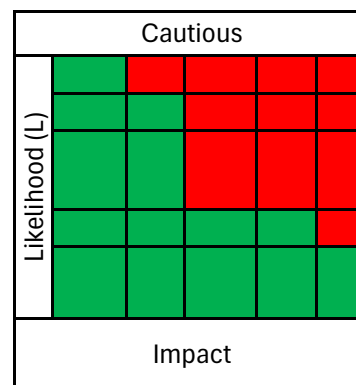
Strategic Objective 6: Thames Valley ICB Transition Programme													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)		Current Risk rating (after mitigation)		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter		
					I	L	Rating (ixL)	I				L	Rating (ixL)
S07	Regulatory	Misalignment with national policy and guidance or ICS 10-Year Plan would lead to operational instability, disrupted patient care, or eroded staff and stakeholder confidence. There is a risk of: <ul style="list-style-type: none"> Poor integration of national guidance and 10-Year Plan into transition plans. Misaligned governance or operational frameworks. Competing priorities between transition and core service delivery. Inadequate staff and stakeholder engagement. Increased financial instability. This would result in: <ul style="list-style-type: none"> Disrupted patient pathways and statutory duties. Reduced workforce morale and retention. Reputational damage and regulatory intervention.!! 	Transition Programme Director	F&P / SQG	5	4	20	4	4	16	OPEN 12	OUT	**NEW**

Heat Map

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

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

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



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 mitigation)			Risk Appetite / Threshold	Status (In/out appetite)	Risk Analysis	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	Qtr. 3 (25/26)	Qtr. 4 (25/26)
I	L	Rating (IxL)	I	L	Rating (IxL)	CAUTIOUS 8	OUT	Current Rating	9	9	9	TBC	TBC
3	4	12	3	3	9								
Key Controls in Place							Key Assurance →						
<p>1. Collaborative system CYP strategy - our golden thread which runs through everything we do. 5 clear priorities create a 'true north' for the portfolio helping us to prioritise and plan</p> <p>2. System children's board is established and operating well with ICB board member, Rachael Wardell chairing this meeting. Feeding in to this are 4 system groups - SEND, CYP MH, Neurodiversity and Paediatrics.</p> <p>3. Utilising place and provider mechanisms for hearing CYP voice - for example Together as One in Slough have supported the work of the portfolio, with support Youth Health Champions, Asthma in Schools, undertaking several pieces of work for us.</p> <p>4. The portfolio takes a programme approach to a range of transformation projects which aim to improve the health and wellbeing of children and young people across the Frimley geography, such as partnering with housing to deliver the asthma/damp and mould project; working with our acute providers to deliver interventions for children with excess weight; and whole system transformation of neurodiversity services for children.</p> <p>5. Established Clinical Review Group to bring wider clinical expertise to assess needs that arise from health need.</p>							First Line of Defence: Management control and reporting		Second line of Defence: Functional Oversight / Governance		Third line of Defence: Independent review / Assurance / Regulatory oversight		
							System CYP Board	Reviewed Quarterly	FPC, SQG	Reviewed Monthly	Commissioners (NHSE)	Oversight Segment 1	
							CNO Directorate - team meetings	Reviewed Monthly	IRG	Reviewed Quarterly	Internal Audit 2024/25	Reasonable Assurance	
							4Risk leads	Reviewed Monthly	Board, Audit Committee, Rem Com	Reviewed bi-monthly	External Audit 2024/25	No significant weakness identified	
Gaps in Control and/or Assurance		Mitigating Action	Target Date	Action Lead	Update								
There is a gap between the frameworks in use for determining eligibility for health funding, and expectation from partners of when a child should receive health funding.		Residential project aiming to provide a local short term high intensity intervention that aims for children to return to the family home rather than needing to come in to the care of the LA.	COMPLETE	Director for Children, Mental Health, and Learning Disabilities	This project closed as noted in previous updates. The ICB is actively engaged in a South East Regional Care Co-Operative that had been created to look at the opportunities to develop specialist placements and support market development. We have also just completed a Frimley Housing Needs Assessment for those people in our system needing specialist housing with varying degrees of support. This will be socialised with LA partners to support the development of good housing options for our most vulnerable. This action is now recommended for closure following extensive work on IRAP with Partners in East Berkshire								
Increasingly challenging relationships with local authorities when planning care for children particularly where high cost associated for local authority.		Secure funding to bring LA partners together to further develop shared understanding of joint funding opportunities	COMPLETE	Director for Children, Mental Health, and Learning Disabilities	CLOSE ACTION - THIS HAS BEEN ADDRESSED THROUGH THE EXTENSIVE WORK ON IRAP WITH PARTNERS Considerable amount of work has taken place since last update culminating in a workshop with DCSs and their deputies to move the work forward. We have a new joint panel with LAs planned with an independent chair, we have diverted resource to support placement finding thus strengthening our collective support of children, we are also exploring a S75 arrangement for a pooled budget and are undertaking an EQIA of Childrens continuing care to consider parity of esteem for physical and mental health needs. This action is now recommended for closure.								
Right to Choose framework being exploited by new and unverified providers to undertake assessments for neurodiversity with limited quality and financial control or oversight.		Establishing right to choose framework utilising provider selection regime to try to regain control of the quality of service providers.	Sep-25	Head of Transformation CYP, MH, SEND, ADHD and Autism	Service Spec has been agreed and complete however work is paused to align with BOB. National guidance regarding RTC contracts is also expected which needs to feed into the programme. Extensive piece of work carried out to issue Indicative Activity Plans for Right to Choose Providers for over 25s.								
Ongoing demand for ADHD and Autism assessments for children with current waits up to 2 years.		A comprehensive programme of transformation is in train which moves from a diagnostic led model to a needs led model. New referral pathway will be in place which places greater emphasis on school support to children and schools referring to NHS Providers if assessment is required	Nov-25	Head of Transformation SEND and Neurodiveristy	Working with BHFT and LAs and primary care - we have gone live with new referral pathway. Timelines currently being met. The Frimley neurodiversity steering group has been established. Strengthened primary care support and working closely with Medicines Optimisation. Work continues.								

BAF REF: SO2	Strategic Objective: 2. Living Well	Principle Risk: If we are unable to effectively implement and integrate a whole-system clinical strategy that drives the shift of care from hospital to out-of-hospital settings, including the adoption of prevention and innovations, then we risk failing to reduce hospital activity as anticipated. This may exacerbate health inequalities, increase avoidable demand, place additional pressure on partner organisations, heighten healthcare costs impacting our financial sustainability, and result in poorer access, outcomes, and experiences for all communities. The organisational transition may create challenges for governance, continuity, and partnership working that could affect the effective delivery of key priorities. Throughout this period, it is critical that we do not lose sight of our commitments to prevention and reducing health inequalities.	Risk Domain: Quality			Current Risk Score: 6 (=)							
Assurance Committee: Finance and Performance Committee / System Quality Group			Delegated Risk Owner: Chief Medical Officer			Date Added to BAF: Q2 2024/25							
Initial Risk Rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	Qtr. 3 (25/26)	Qtr. 4 (25/26)
I	L	Rating (xL)	I	L	Rating (xL)	CAUTIONOUS 8	IN	Current Rating	9	9	6	TBC	TBC
3	4	12	3	3	6								
Key Controls in Place						Key Assurance							
ICS Living Well Ambition and updated Terms of Reference for the Living Well Board, developed collaboratively with our partners.						First Line of Defence: Management control and reporting		Second line of Defence: Functional Oversight / Governance		Third line of Defence: Independent review / Assurance / Regulatory oversight			
WorkWell Delivery Group established reporting into the Living Well Board						System Living Well Board	Reviewed Quarterly	FPC, SQG	Reviewed Monthly	Commissioners (NHSE)	Oversight Segment 1		
All work programmes overseen and managed by the Living Well Board are progressing as planned, with the exception of one						CMO Directorate - team meetings	Reviewed Monthly	IRG	Reviewed Quarterly	Internal Audit 2024/25	Reasonable Assurance		
CORE20 'Plus' groups identified for outcome mapping, with a CORE20PLUS5 Community of Practice established						4Risk leads	Reviewed Monthly	Board, Audit Committee, Rem Com	Reviewed bi-monthly	External Audit 2024/25	No significant weakness identified		
The ICS Cardiovascular Disease Prevention Board has been established to lead targeted efforts in reducing the burden of CVD morbidity and mortality. As of April 2025, we have achieved 74.4% for Hypertension treatment.													
Regular links to regional and national health inequalities groups/Boards													
Increase in number of patients on remote monitoring to 8200 (from 7000) and evidence of reduced hospital admissions, attendances and emergency callouts validated by external organisation; virtual ward occupancy highest in region													
Clinical strategy work in progress along with the new hospital strategy													
Gaps in Control and/or Assurance		Mitigating Action		Target Date	Action Lead	Update							
Work on Inclusion health groups		Participating in the inclusion Health Regional Networks to progress work. To gain deeper insights into the needs of inclusion health groups, we will leverage the OHID South East data packs, augmented by Connected Care to enhance data accuracy and generate actionable insights.		COMPLETE	Head of Prevention and Reducing Health Inequalities	We have successfully established and held the inaugural Community of Practice meeting for the CORE20PLUS5 approach, with membership comprising public health partners, place leads, the Place and Communities team, and relevant clinical team leaders. The work of the Inclusion Health Group will be integrated into this collaborative approach. This action can now be closed, having been incorporated into the assurance and key controls in place.							
Inpatient Smoking Cessation Programme at FHFT has yet to reach full establishment, and recurrent funding for the Tobacco Advisors in post, is still pending		Enable senior commitment and a joint board commitment between the ICB and the FHFT board to enable full establishment of the inpatient smoking cessation service.		Sep-25	ICB CMO	The renewal of the TDA contract is currently under discussion with the FHFT CMO and CNO, who are supportive. We are exploring opportunities to transition these roles from temporary contracts to permanent positions, ensuring greater continuity and long-term impact.							
Financial constraints might lead to inadequate investment into prevention and tackling health inequalities.		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.							
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		Development of System-wide Transformation Programme		Sep-25	CFO and CT&DO	An update is being provided at the next board on progress of this work and will identify the impact of programmes of work.							

BAF REF: S03	Strategic Objective: 3. People, Places and Communities	Principle Risk: Population need, financial challenges and organisational changes for commissioners (NHS and local authorities) could create a challenging partnership environment and prevent the delivery of our shared priorities and goals	Risk Domain: Transformation			Current Risk Score: 9 (=)							
Assurance Committee: Finance and Performance Committee / System Quality Group				Delegated Risk Owner: Chief Transformation Officer		Date Added to BAF: Q2 2024/25							
Initial Risk Rating (before mitigation)		Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	Qtr. 3 (25/26)	Qtr. 4 (25/26)	
I	L	Rating (xL)	I	L	Rating (xL)	SEEK 16	IN	Current Rating	9	9	9	TBC	TBC
4	4	16	3	3	9								
Key Controls in Place						Key Assurance							
<p>The following joint forums enable dialogue between the ICB and local authorities:</p> <ul style="list-style-type: none"> - Health and Wellbeing Boards - Place Boards - BCF Delivery Groups - Director / Executive conversations between health and social care leaders for planning and escalation <p>Planning and delivery controls :</p> <ul style="list-style-type: none"> - Joint health and wellbeing strategies (regularly refreshed) - Building population need picture together (JSNAs and connected care data) - Annual place delivery plans (including BCF) - Budget controls <p>Refreshing all age CHC policies (for East Berkshire residents) including escalation process in partnership with LAs</p>						First Line of Defence: Management control and reporting		Second line of Defence: Functional Oversight / Governance		Third line of Defence: Independent review / Assurance / Regulatory oversight			
						Place Boards	Reviewed Quarterly	FPC, SQG	Reviewed Monthly	Commissioners (NHSE)	Oversight Segment 1		
						Places and Communities SLT meetings	Reviewed Monthly	IRG	Reviewed Quarterly	Internal Audit 2024/25	Reasonable Assurance		
						4Risk leads	Reviewed Monthly	Board, Audit Committee, Rem Com	Reviewed bi-monthly	External Audit 2024/25	No significant weakness identified		
Gaps in Control and/or Assurance	Mitigating Action	Target Date	Action Lead	Update									
Awaiting National policy direction for BCF from April 26. Funding through these sources embedded into recurrent operational delivery and system ambitions	Working with LA partners to mitigate the NHS England approach to "engagement " on future of BCF Importance of strategic alignment between Places & Communities work and broader left shift / prevention / Living Well	Dec-25	CNO / Director for Places and Communities	In progress.									
Emerging changes arising from the Local Government Reform White Paper published in December 2024 - not yet finalised	Ongoing LA Officer and Political engagement at a local level	Dec-25	CNO / Director for Places and Communities	In progress.									
Changes in ICB role and configuration increase uncertainty and risk potential	Submit plan by end of May 2025 to reduce ICB costs. This Plan and its implementation will provide greater clarity regarding changes in ICB role and configuration.	Mar-26	CNO / Director for Places and Communities	In progress.									

BAF REF: SO4-A	Strategic Objective: 4. Our People	1st Principal Risk: "Workforce" We do not have the capacity and capability to deliver the required changes, realise the savings required, implement the associated OD plan and implement leadership capacity and capabilities for our operating model.				Risk Domain: People	Current Risk Score: 12 (=)						
Assurance Committee: Finance and Performance Committee / System Quality Group				Delegated Risk Owner: Chief People Officer		Date Added to BAF: Q2 2024/25							
Initial Risk Rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	Qtr. 3 (25/26)	Qtr. 4 (25/26)
I	L	Rating (xL)	I	L	Rating (xL)								
4	4	16	4	3	12	OPEN 12	IN	Current Rating	12	12	12	TBC	TBC
Key Controls in Place							Key Assurance →						
<ul style="list-style-type: none"> * Joint People & Culture Workstream established in collaboration with BOB now meeting weekly * Change Programme Group - Chief Officers and CEO * SLT reviewing ICB employment plans and risks and establishment controls * Joint OD Plan developed and agreed*see gaps * Oversight via SLT Remuneration Committee oversight of all severance arrangements. * Monthly staff briefings focusing on communicating SLT plans and objectives * Statutory and mandatory training compliance plan in place which has now been signed off by SLT * Freedom to speak up ambassadors and staff networks in place 							First Line of Defence: Management control and reporting		Second line of Defence: Functional Oversight / Governance		Third line of Defence: Independent review / Assurance / Regulatory oversight		
							System People Board	Reviewed Quarterly	FPC, SQG	Reviewed Monthly	Commissioners (NHSE)	Oversight Segment 1	
							CPO Directorate - team meetings	Reviewed Monthly	IRG	Reviewed Quarterly	Internal Audit 2024/25	Reasonable Assurance	
							4Risk leads	Reviewed Monthly	Board, Audit Committee, Rem Com	Reviewed bi-monthly	External Audit 2024/25	No significant weakness identified	
Gaps in Control and/or Assurance		Mitigating Action		Target Date	Action Lead	Update							
Identification of 'transition' resourcing and funding to support joint events		Joint BOB & Frimley ICB OD Support Plan and implementation will ensure there is a robust plan to support the organisational objectives through change and post- restructure.		Q2 2025/26	CPO	Staff design, workshop and feedback sessions have been held throughout July and August with over 270 staff from across BOB and Frimley engaging. Trade unions and EDI representatives have been actively involved. Feedback shared so far has been thoughtful, constructive and incredibly valuable in shaping the future design of our organisation. Co-create are currently collating the feedback which will be shared once completed.							
Identification of 'transition' resourcing and funding to support joint events		Continued provision and development of our Wider Leadership Forum		Q2 2025/26	CPO	Continued senior leadership engagement on both change programme and BAU via our Wider Leadership Forum with the next scheduled session to be held in September. A proposed timeline (with joint WLF between BOB and Frimley staff) to be outlined for November onwards.							
Identification of 'transition' resourcing and funding to support joint events		Line Managers forum to support the wider organisation		Q2 2025/26	CPO	Line Manager forums continue with good attendance and engagement. Sessions held on 30th July shared some broader updates during the session, including what's underway to support staff through ongoing change, and highlighting tools and resources to help support individuals and teams.							
Statutory and Mandatory Oversight Group are awaiting further NHSE Guidance		Robust oversight and scrutiny of Statutory and Mandatory training requirements		Q2 2025/26	CPO	Established Statutory and Mandatory oversight group has enabled key SME's within organisation to come together and take a shared and collaborative approach to provision of STaM internally. Continued review of compliance in partnership with CSU. Awaiting further guidance on NHSE - based review whereby we start with what the minimum legal requirements are, what risks the training is aiming to mitigate and build up where training is the optimal intervention and how we can use modern educational methods to build knowledge and competence							

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

BAF REF: S05	Strategic Objective: 5. Leadership and Culture	Principal Risk: If we don't invest in sustaining an inclusive system culture, the resulting erosion of relationships, trust and collaborative leadership capacity will undermine our ability to deliver the integrated services our communities need. If the ICB does not create an open, positive, transparent and inclusive culture then the cases of bullying, sexual misconduct, aggression and poor employee experience will lead to a higher number of employee relations cases, FTSU cases as well as a direct impact on delivery against our strategic workforce objectives.	Risk Domain: People			Current Risk Score: 12 (=)							
Assurance Committee: Finance and Performance Committee / System Quality Group			Delegated Risk Owner: Chief People Officer			Date Added to BAF: Q2 2024/25							
Initial Risk Rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	Qtr. 3 (25/26)	Qtr. 4 (25/26)
I	L	Rating (xL)	I	L	Rating (xL)	OPEN 12	IN	Current Rating	16	12	12	TBC	TBC
Key Controls in Place						Key Assurance							
<p>The System EDI Strategy including Anti-Racism Approach.</p> <p>The Frimley Academy strategy and programmes of work.</p> <p>The establishment and input of the ICB's Mirror Board.</p> <p>The ICP Assembly focus and influence on key leadership strategies.</p> <p>FTSU Guardian Network provides key assurance.</p> <p>OD framework (embedding inclusivity across ICS).</p> <p>Support to establish the South East Region ICB Joint Committee following approval from all SE ICBs in March 2025. The TOR currently reflects joint arrangements to collaborate on Specialised Commissioning, Pharmacy, Optometry and Dental Commissioning, Mental Health Commissioning and Ambulance and Urgent Care Commissioning.</p>						First Line of Defence: Management control and reporting		Second line of Defence: Functional Oversight / Governance		Third line of Defence: Independent review / Assurance / Regulatory oversight			
						EDI Working Group	Reviewed Quarterly	FPC, SQG	Reviewed Monthly	Commissioners (NHSE)	Oversight Segment 1		
						Executive Team	Reviewed Monthly	IRG	Reviewed Quarterly	Internal Audit 2024/25	Reasonable Assurance		
						4Risk leads	Reviewed Monthly	Board, Audit Committee, Rem Com	Reviewed bi-monthly	External Audit 2024/25	No significant weakness identified		
Gaps in Control and/or Assurance		Mitigating Action	Target Date	Action Lead	Update								
Alignment between organisation and system leadership and EDI strategies		Development of a System EDI strategy	TBC	EDI Director	Work underway to scope and develop new EDI Strategy and objectives for Thames Valley ICB								
Psychologically safe environment to explore complex cultural issues such as anti-racism.		Refresh of the Frimley Academy Strategy	Q3 25/26	CPO	<p>The Academy secured ICB Board support for next steps (including spending plan) - now moving forward with 2025-2027 planning and implementation.</p> <p>Delivery Update (June 2025): Cohort 11 of the 20/20 programme, Cohort 9 of Wavelength, and system-wide Cultural Intelligence workshops all successfully launched and delivering measurable value and impact as recognised system enablers.</p> <p>Paused Activity and Strategic Impact: The Academy was directed to pause the launch of 20/20 Cohort 12 and Wavelength Cohort 10 in May. This has halved the planned delivery output for 2025, creating a gap against ICS Strategy Refresh commitments. Additional activities, including further Cultural Intelligence workshops and 4D Team Leadership, are also on hold.</p> <p>Recommendations: (Subject to confirmation of strategic alignment), approve the restart of planning and risk mitigation for 20/20 Cohort 12, Wavelength 10, and Cultural Intelligence and 4D delivery. Based on planning timelines could target late Summer, Autumn 2025 launches. Also explore blended delivery options to reduce cost and avoid full cancellation.</p>								
Lack of clear executive leadership capacity to oversee the delivery of delegated functions for Pharmacy, Optometry and Dental Commissioning and Specialised Commissioning on behalf of the 6 ICBs, and from within each ICB partner.		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.	Q3 25/26	CPO & Programme Director	<p>Programme Director appointed.</p> <p>POD Commissioning: Governance and programme arrangements established 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.</p> <p>Specialised Commissioning: 03/06 - NHS England has revised transfer dates to 01 April 2026 and the Project infrastructure is being recalibrated to reflect this. 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.</p> <p>ICB Joint Committee: 03/06 - ToR have been approved by ICBs. Inaugural meeting awaited however this is dependent upon all CEOs agreeing when the first meeting will take place. Delays arising from a more pressing and immediate focus on the submission ICB configuration plans 30 May to NHS England. 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.</p> <p>Delegation and Transfer Oversight Group: 03/06 - The DTOG have received a paper to recommend revision the ToR based on the revised functions for ICBs for strategic commissioning and extended responsibilities for commissioning when Health Justice, Public Health and Specialised Commissioning Transfer to ICBs from NHS England on the 01 April 2026. The new group will operate as a Programme Board for strategic and delegated commissioning development and will strengthen its accountability to SERLT.</p>								
Joint Committee is yet to be established.													

BAF REF: SOG-A	Strategic Objective: 6.Outstanding Use of Resources	1st Principal Risk: The system fails to deliver the greatest possible value for the health and wellbeing of the population with the resource with which it is entrusted. This risk materialises owing to failure to deliver in-year financial balance and recurrent financial sustainability and/or secure sufficient capital and revenue resource to achieve strategic and operational aims, including delivery of the new hospital and associated transformation both of which are essential prerequisites to the minimisation of health inequalities and maximisation of healthy life years.	Risk Domain: Financial			Current Risk Score: 20							
Assurance Committee: Finance and Performance Committee / System Quality Group			Delegated Risk Owner: Chief People Officer			Date Added to BAF: Q2 2024/25							
Initial Risk Rating (before mitigation)		Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	Qtr. 3 (25/26)	Qtr. 4 (25/26)	
I	L	Rating (xL)	I	L	Rating (xL)	OPEN 12	OUT	Current Rating	20	20	20	TBC	TBC
Key Controls in Place						Key Assurance							
<p>The system requires cost-out savings of c. £133m to deliver a break-even revenue position for the current financial year. Work is underway to establish a jointly governed transformation programme which incorporates short-term actions to deliver in-year financial requirements and, within the same programme, longer-term actions to deliver the "left-shift" requirement to mitigate the demand for acute beds. This programme will of necessity incorporate the Darzi recommendations (hospital to community; analogue to digital; treatment to prevention) and in doing so will progress the minimisation of health inequalities and maximisation of healthy life years.</p> <p>Additionally, the system has established a System Financial Recovery Group (SFRG), jointly chaired by the Chief Executives of FHT and FICB with CFO, CNO and CMO membership. The group has agreed that the system must place itself into internal turnaround and has communicated this to portfolio SROs, who it has tasked with delivering savings of an additional 2% of budgeted spend in-year.</p>						First Line of Defence: Management control and reporting		Second line of Defence: Functional Oversight / Governance		Third line of Defence: Independent review / Assurance / Regulatory oversight			
						System Financial Recovery Group	Reviewed Quarterly	FPC, SQG	Reviewed Monthly	Commissioners (NHSE)	Oversight Segment 1		
						CFO Directorate - team meetings	Reviewed Monthly	IRG	Reviewed Quarterly	Internal Audit 2024/25	Reasonable Assurance		
						4Risk leads	Reviewed Monthly	Board, Audit Committee, Rem Com	Reviewed bi-monthly	External Audit 2024/25	No significant weakness identified		
Gaps in Control and/or Assurance			Mitigating Action		Target Date	Action Lead	Update						
The Frimley System identified an underlying deficit of £40m as part of its 2025/26 Planning Submissions. This is after delivery of the in year financial position. The system needs to deliver transformation to reduce the cost of delivering care for its population to align with national funding levels.			The system is working rapidly to develop the short and long term transformation programme jointly while adopting a risk-based approach to threats to its delivery.		30/09/2025	CIO	In progress.						
The 2024/25 review of Cost Improvement Programme delivery identified significant weaknesses within the ICBs processes. The ICB needs to grip its delivery programmes if it is to achieve its Strategic Ambitions for outstanding use of resources			ePMO Process implemented for 2025/26		30/09/2025	CFO	All schemes tracked within the system, however resource constraints mean that there continues to be gaps in assurance particularly around completion of PIDs, EHIA's, and QIAs.						
Financial performance for the first quarter of the year has identified material risks to the delivery of our financial plans.			The system has established a System financial Recovery Programme (Internal Turnaround) to drive additional mitigations, targeting a total of c. £33m through an additional 2% requirement on portfolio boards to mitigate unidentified and high risk elements of the savings programme.		30/09/2025	CFO	ToRs agreed. Formal letter to System Board SROs sent from CEOs. Scheduled SRO attendance: Meds Ops / Places & Community July 14th; MH & CYP July 28th; UEC & Planned Care August 11th.						
ICBs are required to deliver a reduction in running costs of at least 50% ahead of April 2026			A joint executive transition programme has been established and will formally monitor risk arising and take action to mitigate. Mitigations include joint working on an intra and inter-system basis.		30/09/2025	CFO	Programme established, engagement on future ways of working undertaken during July & August to support development of potential resourcing models. When finalised these will be reviewed against the £19 per head of population running cost allowance set by NHSE, and further actions explored to ensure that this target is met.						

BAF REF: SOG-B	Strategic Objective: 6.Outstanding Use of Resources	1st Principal Risk: "Cyber" A cyber-attack on a Frimley ICS provider (or provider supplier) could prevent the ICB from meeting its Strategic objectives and impact the ability of the provider to deliver care to patients, which will affect the ICB achieving/meetings its strategic objectives	Risk Domain: Financial			Current Risk Score: 15									
Assurance Committee: Finance and Performance Committee / System Quality Group			Delegated Risk Owner: Chief Transformation and Digital Officer			Date Added to BAF: Q1 2025/26									
Initial Risk Rating (before mitigation)		Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	Qtr. 3 (25/26)	Qtr. 4 (25/26)			
I	L	Rating (xL)						I	L	Rating (xL)					
5	4	20			5	3	15	OPEN 12	Out	Current Rating	N/A	15	15	TBC	TBC
Key Controls in Place						Key Assurance									
<p>New ICB Digital Board has been established to own, manage and mitigate risks relating to Cyber.</p> <p>Providers complete the Data Security and Protection Toolkit which was updated in November 2024 to align with the Cyber Assurance Framework (CAF), providing a greater level of assurance and maturity to cyber assurance.</p> <p>The ICB's has a draft ICS Cyber Security Strategy which aims to brings together Frimley ICS providers to work together to reduce cyber risks, providing a more robust and resilient service to the ICS population.</p> <p>Cyber training was delivered to the ICB board in April 2025.</p> <p>24/25 Cyber Funding provided from NHS England has been given to providers to support cyber improvement initiatives. 25/26 Cyber Funding has been allocated to the ICB.</p> <p>Draft cyber strategy has been submitted to NHS England in line with the national timescales (a draft strategy to be submitted by June 2025).</p>						First Line of Defence: Management control and reporting		Second line of Defence: Functional Oversight / Governance		Third line of Defence: Independent review / Assurance / Regulatory oversight					
						System Digital Board	Reviewed Quarterly	FPC, SQG	Reviewed Monthly	Commissioners (NHSE)	Oversight Segment 1				
						CFO Directorate - team meetings	Reviewed Monthly	IRG	Reviewed Quarterly	Internal Audit 2024/25	Reasonable Assurance				
						4Risk leads	Reviewed Monthly	Board, Audit Committee, Rem Com	Reviewed bi-monthly	External Audit 2024/25	No significant weakness identified				
Gaps in Control and/or Assurance	Mitigating Action	Target Date	Action Lead	Update											
25/26 Cyber Funding needs to be agreed	Agree 25/26 Cyber Funding	30/09/2025	NG	Initial Discussions are taking place											
The draft Cyber Strategy needs to be realigned to partner ICB/ICS Cyber Strategies, ensuring all Frimley ICS providers are incorporated within one of the neighbouring ICB/ICS Strategies.	Draft Cyber Strategy to be created	30/09/2025	NG	Strategy in draft, on hold at present due to organisation change.											
Resource to collate, develop and implement Cyber Strategy.	Identify resource to collate, develop and implement cyber strategy.	31/10/2025	NG	In progress											
Cyber training for ICS staff needs to be sourced and rolled out	Source Cyber training for ICS staff needs and then rolled out.	31/10/2025	NG	Obtained 2 quotes, engaged 1 provider, need to engage neighbouring ICB/ICS providers.											

BAF REF: S07	Strategic Objective: 7. Safe dissolution of the ICB and creation of the Thames Valley ICB	Principal Risk: Misalignment with national policy and guidance or ICS 10-Year Plan would lead to operational instability, disrupted patient care, or eroded staff and stakeholder confidence. There is a risk of: <ul style="list-style-type: none"> Poor integration of national guidance and 10-Year Plan into transition plans. Misaligned governance or operational frameworks. Competing priorities between transition and core service delivery. Inadequate staff and stakeholder engagement. Increased financial instability. This would result in: <ul style="list-style-type: none"> Disrupted patient pathways and statutory duties. Reduced workforce morale and retention. Reputational damage and regulatory intervention. 	Risk Domain: Regulatory	Current Risk Score: 16										
				Assurance Committee: Finance and Performance Committee / System Quality Group				Delegated Risk Owner: Transition Programme Director				Date Added to BAF: Q2 2025/26		
Initial Risk Rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	Qtr. 3 (25/26)	Qtr. 4 (25/26)	
I	L	Rating (xL)	I	L	Rating (xL)				Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	Qtr. 3 (25/26)	Qtr. 4 (25/26)	
5	4	20	4	4	16	OPEN 12	OUT	Current Rating:	N/A	N/A	16	TBC	TBC	
Key Controls in Place							Key Assurance							
<p>1. Governance: Currently the Joint Transition Executive reports progress against the programme to both Frimley and BOB boards. Following the agreement in principle of both boards (BOB: 10/06/2025; Frimley: 18/06/2025) to cluster under a Collaboration Agreement from 01 October 2025, both boards have agreed to form a Joint Committee (BOB: 12/08/2025; Frimley: 19/08/2025) which will enable both organisations to conduct their business through a single route of governance, while both retain sovereignty as separate organisations until the point of dissolution of BOB and Frimley and formation of the new Thames Valley ICB. Delegated authority for the Transition Programme will be passed to a new Transition Programme Board (a board sub-committee) which will meet in shadow form in September and formally from October 2025 onwards. The membership will comprise board executives, NED and other members.</p> <p>2. Risks and issues: The programme Board will oversee all aspects of programme development and delivery, and the identification, management, monitoring and reporting of risks and issues. A dynamic RAID log will capture all programme risks and issues and will be reported to the programme Board monthly. Any areas of more pressing concern will be escalated to the CEO and Chair in real time as necessary.</p> <p>3. Leadership: The Transition Programme has an executive SRO and a dedicated Programme Director.</p> <p>4. Finance: There is a Finance workstream to oversee the planning, delivery, monitoring and reporting of the financial plan to deliver target running costs: £19/weighted head of population.</p> <p>5. Audit and assurance: The Programme will be audited through the internal audit process and subject to any external audits as defined by NHS England.</p>							First Line of Defence: Management control and reporting		Second line of Defence: Functional Oversight / Governance		Third line of Defence: Independent review / Assurance / Regulatory oversight			
							JTE / Transition Programme Board	Weekly	FPC, SQG	Reviewed Monthly	Commissioners (NHSE)	Oversight Segment 1		
							Transition RAID log	Weekly	IRG	Reviewed Quarterly	Internal Audit	2025/26 Plan commences August		
							4Risk leads	Reviewed Monthly	Board, Audit Committee, Rem Com	Reviewed bi-monthly	External Audit	TBC		
Gaps in Control and/or Assurance	Mitigating Action	Target Date	Action Lead	Update										
Transition Programme Board established as a board sub-committee to strengthen joint governance arrangements.	Establish a Transition Programme Structure, led by a Programme Director, to embed national guidance and 10-Year Plan priorities by Q4 2025.	Q3 2025	AE	19/08 AE: Projects and workstreams which comprise the Programme have been established with executive leadership in place. Resourcing to support effective PMO and project management is underway. The Programme Plan will be developed through September and presented to the Programme Board for approval in October.										
Transition plan to manage the development from current and separate BOB/Frimley operating models to the new operating model once determined. The transition should support continuity of service delivery and manage risks and issues thereof.	Contribute to a stress-tested Operational Continuity Plan to ensure uninterrupted services.	Q3 2025	AE	19/08 AE: The Operating Model and Organisation Design Project is well established and has classified the main functions of the new organisation. These have been further translated into local structures led by the executives teams, and tested with staff and other stakeholders. The next step is validation of the new operating model, and an assessment of impact (including quality and equality) and risks. Once known mitigations/arrangements will be devised to transition BOB and Frimley from the existing 'ways of operating' to the new organisation operating model.										
Alignment of BOB and Frimley governance through the clustering period to ensure effective delivery of ICB functions and reduce duplication.	Form a Joint Governance Committee to align structures with national guidance by March 2026.	Q3 2025	AE	19/08 AE: Both boards have agreed in principle to the formation of a Joint Committee under Collaboration Agreement (BOB 12/08/2025; Frimley: 19/08/2025) to be established from the 01/10/2025. The next step is the development of Joint Committee Terms of Reference (including quoracy) and formal approval of this and the Collaboration Agreement at the formal Board meetings of BOB and Frimley respectively in September.										
Stakeholder communications and engagement.	Communication plan to engage stakeholders and staff to build trust.	Q3 2025	AE	19/08 AE: 270 BOB and Frimley staff joined 13 workshops through July to input into the development of the new Thames Valley ICB. In addition a community neighbourhoods session led by the CNOs and CMOs of both ICBs met to engage primary care and other community stakeholders in visioning future neighbourhood ways of working (July 2025).										
Benefits realisation process and evidence that the Transition Programme is progressing as anticipated, managing key risks and issues in the process.	Monitor transition KPIs via agreed dashboard, reviewed by the executive team with Board oversight.	Q3 2025	AE	19/08 AE: Transition KPIs have not yet been developed, pending the development of a programme approach to benefits realisation. However all 7 projects and 2 workstreams forming the Programme are reporting progress monthly against time, scope and cost to provide board oversight of delivery..										

Risk Score Matrix

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

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

Likelihood Score

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

Impact (Consequence) Score

	Consequence score (impact levels) and examples of descriptors					Adverse publicity / reputation				
	1 Negligible	2 Minor	3 Moderate	4 Serious	5 Catastrophic	Rumors	Local media coverage – short-term reduction in public confidence	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring 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	Potential for public concern / media interest Damage to an individual's reputation.	Incident leading to short-term reduction in public confidence Elements of public expectation not being met Damage to a team's reputation	Long-term reduction in public confidence Damage to a services reputation	Damage to an organisation's reputation	National media coverage with >3 days service well below reasonable public expectation (questions in the House) Total loss of public confidence (NHS reputation)
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	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	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 Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Significant numbers of staff not attending mandatory / key training	Non-delivery of key objective /service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training on an ongoing basis	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
Human resources/ Organisational development/ staffing/ competence	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action in statutory duty Improvement notices Low performance rating Critical reports	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action in statutory duty Improvement notices Low performance rating Critical reports	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance	Potentially serious breach. Less than 5 people affected or risk assessed as low eg files	Serious potential breach and risk assessed high eg unencrypted clinical records. Up to 20 people affected	Serious breach of confidentiality eg up to 100 people affected	Serious breach with either particular sensitivity eg sexual health details or up to 1000 people affected	Serious breach with potential for ID theft or over 1000 people affected