

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

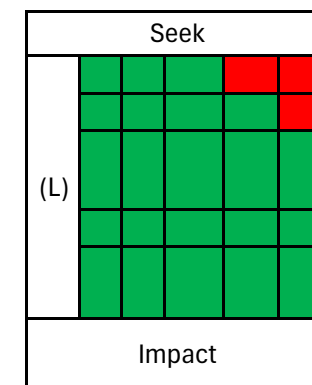
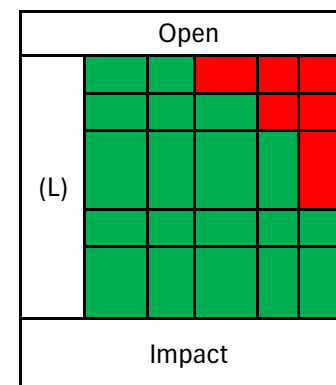
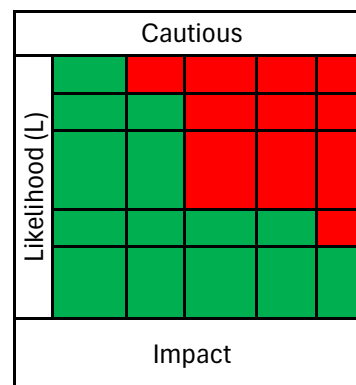
Strategic Objective 6: Thames Valley ICB Transition Programme													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)		Current Risk rating (after mitigation)		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter		
					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)				9	9	9	TBC	TBC
3	4	12	3	3	9	CAUTIOUS 8	OUT	Current Rating					
Key Controls in Place							Key Assurance						
<p>1. Collaborative system CYP strategy - our golden thread which runs through everything we do. 5 clear priorities create a 'true north' for the portfolio helping us to prioritise and plan</p> <p>2. System children's board is established and operating well with ICB board member, Rachael Wardell chairing this meeting. Feeding in to this are 4 system groups - SEND, CYP MH, Neurodiversity and Paediatrics.</p> <p>3. Utilising place and provider mechanisms for hearing CYP voice - for example Together as One in Slough have supported the work of the portfolio, with support Youth Health Champions, Asthma in Schools, undertaking several pieces of work for us.</p> <p>4. The portfolio takes a programme approach to a range of transformation projects which aim to improve the health and wellbeing of children and young people across the Frimley geography, such as partnering with housing to deliver the asthma/damp and mould project; working with our acute providers to deliver interventions for children with excess weight; and whole system transformation of neurodiversity services for children.</p> <p>5. Established Clinical Review Group to bring wider clinical expertise to assess needs that arise from health need.</p>							First Line of Defence: Management control and reporting		Second line of Defence: Functional Oversight / Governance		Third line of Defence: Independent review / Assurance / Regulatory oversight		
							System CYP Board	Reviewed Quarterly	FPC, SQG	Reviewed Monthly	Commissioners (NHSE)	Oversight Segment 1	
							CNO Directorate - team meetings	Reviewed Monthly	IRG	Reviewed Quarterly	Internal Audit 2024/25	Reasonable Assurance	
							4Risk leads	Reviewed Monthly	Board, Audit Committee, Rem Com	Reviewed bi-monthly	External Audit 2024/25	No significant weakness identified	
Gaps in Control and/or Assurance		Mitigating Action	Target Date	Action Lead	Update								
There is a gap between the frameworks in use for determining eligibility for health funding, and expectation from partners of when a child should receive health funding.		Residential project aiming to provide a local short term high intensity intervention that aims for children to return to the family home rather than needing to come in to the care of the LA.	COMPLETE	Director for Children, Mental Health, and Learning Disabilities	This project closed as noted in previous updates. The ICB is actively engaged in a South East Regional Care Co-Operative that had been created to look at the opportunities to develop specialist placements and support market development. We have also just completed a Frimley Housing Needs Assessment for those people in our system needing specialist housing with varying degrees of support. This will be socialised with LA partners to support the development of good housing options for our most vulnerable. This action is now recommended for closure following extensive work on IRAP with Partners in East Berkshire								
Increasingly challenging relationships with local authorities when planning care for children particularly where high cost associated for local authority.		Secure funding to bring LA partners together to further develop shared understanding of joint funding opportunities	COMPLETE	Director for Children, Mental Health, and Learning Disabilities	Considerable amount of work has taken place since last update culminating in a workshop with DCSs and their deputies to move the work forward. We have a new joint panel with LAs planned with an independent chair, we have diverted resource to support placement finding thus strengthening our collective support of children, we are also exploring a S75 arrangement for a pooled budget and are undertaking an EQIA of Childrens continuing care to consider parity of esteem for physical and mental health needs. This action is now recommended for closure.								
Right to Choose framework being exploited by new and unverified providers to undertake assessments for neurodiversity with limited quality and financial control or oversight.		Establishing right to choose framework utilising provider selection regime to try to regain control of the quality of service providers.	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)				N/A	15	15	TBC	TBC
5	4	20	5	3	15	OPEN 12	Out	Current Rating					
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)	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

Domains	Consequence score (impact levels) and examples of descriptors				
	1 Negligible	2 Minor	3 Moderate	4 Serious	5 Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service Suboptimal or informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint/Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/Organisational development/staffing/competence	Short-term low staffing level that temporarily reduces service quality (<1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale 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
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
Adverse publicity / reputation	Potential for public concern / media interest Damage to an individual's reputation.	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met Damage to a team's reputation	Local media coverage – long-term reduction in public confidence Damage to a services reputation	National media coverage with <3 days service well below reasonable public expectation Damage to an organisation's reputation	National media coverage with >3 days service well below reasonable public expectation, MP concerned (questions in the House) Total loss of public confidence (NHS reputation)
Business objectives/projects	Insignificant cost increase/schedule slippage	<5 per cent over project budget Schedule slippage	5-10 per cent over project budget Schedule slippage	Non-compliance with national 10-25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1-0.25 per cent of budget Claim less than £10,000	Loss of 0.25-0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/ Loss of 0.5-1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification / slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 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
Data Loss / Breach of Confidentiality	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