

NHS Frimley Integrated Care Board
Agenda – Meeting in Public
Tuesday 22 July 2025 – between 11.30am – 12.30pm
Via MS Teams
Chair: Priya Singh
The quorum for a meeting will be seven members, including:

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

Timing	No.	Item	Action	Delivery	Lead
11.30	1.	Welcome, apologies for absence and Chair's introduction	-	Verbal	Priya Singh - Chair
	2.	Conflicts of Interest Register and declarations of any interests relating to this agenda	Note	Paper	Priya Singh - Chair
	3.	Minutes of the last meeting in Public held on 21 May 2025 and matters arising	Approve	Paper	Priya Singh - Chair
	4.	Chief Executive Update	Note	Verbal	Sam Burrows – Chief Executive (Interim)
	5.	Outstanding Use of Resources			
11.40	5.1	Transition Programme Update - collaborative working arrangements with NHS Buckinghamshire, Oxfordshire and Berkshire	Note	Slides on the day	Sam Burrows Interim CEO and Caroline Corrigan, CPO and SRO for the Transition Programme
11.50	5.2	2025-26 System Transformation and Financial Recovery Update	Note	Slides on the day	Lalitha Iyer, Chief Medical Officer and Mark Sellman, Interim Chief Transformation

Timing	No.	Item	Action	Delivery	Lead
					and Information Officer Rich Chapman Chief Finance Officer
	6.	Leadership and Culture			
12.00	6.1	Anti-Racism Update	Note	Paper	Safina Nadeem EDI Lead and Alex Gild, Provider Partner Member
	7.	Performance Reporting			
12.10	7.1	Frimley ICB Quality Performance Report	Note	Slides	Sarah Bellars Chief Nursing Officer
	7.2	Frimley ICB Finance Performance Report	Note	Slides	Richard Chapman Chief Finance Officer
	7.3	Frimley ICB Workforce Performance Report	Note	Slides	Caroline Corrigan Chief People Officer
	8.	Business Items			
12.20	8.1	Board Assurance Framework	Note	Paper	Caroline Corrigan Chief People Officer
	9.	Close of Business			
12.25	9.1	Questions from the public received in advance of today's meeting	-	Verbal	Priya Singh - Chair
	9.2	Any Other Business	-	Verbal	Priya Singh - Chair
12.30	9.3	Close	-	Verbal	Priya Singh - Chair
Date of next meeting in public: 16 September 2025, 11.30 – 12.30					

Frimley ICB Board Register of Interest - July 2025

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

Frimley ICB Non Executive Member	Ilona	Blue	Defence Equipment and Support, an arms' length body of the MoD	Non-executive member of the Audit and Risk Assurance Committee	Declarations of Interest – Other	Non-Financial Professional	Direct	No conflicts anticipated.
Frimley ICB Non Executive Member	Ilona	Blue	Active Travel England, an executive agency of the Department for Transport	I am a non-executive director and Audit Chair	Declarations of Interest – Other	Non-Financial Professional	Direct	No conflicts anticipated
Frimley ICB Non Executive Member	Ilona	Blue	Network Rail, an arms' length body of the Department for Transport	I am an independent advisor to the Audit & Risk Committee and the Treasury Committee	Declarations of Interest – Other	Non-Financial Professional	Direct	None anticipated
Frimley ICB Non Executive Member	Ilona	Blue	Maritime and Coastguard Agency, an executive agency of the Department for Transport	Interim Non-executive director and Audit Chair. Term of appointment 1/2/25 to 31/10/25.	Declarations of Interest – Other	Non-Financial Professional	Direct	No conflicts anticipated
Interim Chief Executive Officer	Samuel	Burrows	Eightway Solutions Ltd	My spouse is the owner and operator of the company Eightway Solutions Ltd.	Declarations of Interest – Other	Indirect	Indirect	Sought advice from the Governance team and communicated to Line Manager. Will ensure that if this conflict of interest has the potential to become direct this will be immediately disclosed in order to identify further mitigations.
Chief Finance Officer	Richard	Chapman			Nil Declaration			
Chief People Officer	Caroline	Corrigan			Nil Declaration			

Local Authority Partner Member from Rushmoor Borough Council	Karen	Edwards	Land and property from which Rushmoor Borough Council as my employer would receive an income or profit may be under discussion	As an Executive Director of Rushmoor Borough Council with the responsibility for land and property there will be occasions when land and property from which the Council would receive an income or profit may be under discussion.	Declarations of Interest – Other	Non-Financial Professional	Direct	In the event that a land or property transaction comes forward to the benefit of the Council and it is a decision of the Board then I would ensure that proposals were submitted by another officer of the Council and I would not take part in any decision making unless clarifications were helpful and requested.
Frimley ICB Non Executive Member	Paul	Farmer	Frimley ICS	My son works for the Public Affairs agency PLMR. On occasion, he works with their healthcare clients.	Declarations of Interest – Other	Indirect	Indirect	
Frimley ICB Non Executive Member	Paul	Farmer	Frimley ICS	I am employed by Age UK as Chief Executive. Age UK is a charity which works with older people. It is federated with independent local charities, which may work with Frimley ICS in the provision of services.	Declarations of Interest – Other	Financial	Indirect	If contracts related to Age UK are discussed, I will recuse myself from discussions.
NHS Provider Partner Member from Berkshire Healthcare FT	Alex	Gild	Berkshire Healthcare NHS Foundation Trust	I am Deputy Chief Executive and voting Board member of Berkshire Healthcare NHS Foundation Trust, and provider partner member of the Frimley ICB.	Declarations of Interest – Other	Non-Financial Professional	Direct	Will declare interests on specific ICB business if and when needed.
Chief Medical Officer	Lalitha	Iyer	Women's Scan Clinic	Director of private scanning company (company listed as Polar Diagnostics LLP)	Declarations of Interest – Other	Financial	Direct	Will declare COI and leave meetings if any relevant discussions take place
Chief Medical Officer	Lalitha	Iyer	Globe Management Consultants	I am the Secretary of the company which is owned by my spouse. I have no shareholding in this company.	Declarations of Interest – Other	Non-Financial Professional	Indirect	This company has no dealings with the Health Sector/NHS/CCG
Chief Medical Officer	Lalitha	Iyer	Magna Konserv	I am a Director of this company and have no financial interest or shareholding	Declarations of Interest – Other	Non-Financial Professional	Indirect	This company has no dealings with the Health Sector/NHS/CCG

Chief Medical Officer	Lalitha	Iyer	Solutions for Health	I am a Medical Advisor on the Board of 'Solutions for Health'	Declarations of Interest – Other	Non-Financial Professional	Direct	I will declare COI and will leave meetings if any relevant discussions take place
Non-Executive Member	Sajjad	Khan	States Consulting Ltd	Director and Shareholder	Declarations of Interest – Other	Financial	Direct	No work currently being done within healthcare or public sector
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 not provide any training via company to Frimley ICS
ED & I System Lead	Safina	Nadeem	BHA	Trustee for a Charity	Declarations of Interest – Other	Indirect	Indirect	
ED & I System Lead	Safina	Nadeem	Lancashire Cricket Foundation	No conflicts anticipated	Declarations of Interest – Other	Non-Financial Professional	Indirect	
Primary Care Partner Member	Prash	Patel	Magnolia House	I am a profit sharing GP Partner	Declarations of Interest – Other	Financial	Direct	
Primary Care Partner Member	Prash	Patel	Frimley Health Foundation Trust	I am an employee of the FHFT	Declarations of Interest – Other	Non-Financial Professional	Direct	
Primary Care Partner Member	Prash	Patel	Berkshire Primary Care Ltd	I am the CEO and Medical Director	Declarations of Interest – Other	Financial	Direct	
Primary Care Partner Member	Prash	Patel	Ascot Primary Care Network	I am the Clinical Director of the Primary Care Network under the PCN Direct Enhanced Service Specification	Declarations of Interest – Other	Financial	Direct	
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	Friends of Chambo Seminary	Trustee	Declarations of Interest – Other	Non-Financial Personal	Indirect	No conflict anticipated
NHS Provider Partner Member	Graham	Wareham	Surrey and Borders Partnership NHS FT	Employed as CEO	Declarations of Interest – Other	Non-Financial Professional	Direct	Will excuse if conflict of interest occurs

Minutes of NHS Frimley Integrated Care Board

**Held in Public on Tuesday 21 May 2025 from 11.30am-12.30pm
Via Microsoft Teams**

Chair – Priya Singh

Present:	
Dr Priya Singh	Chair
Sam Burrows	Interim Chief Executive Officer
Sarah Bellars	Chief Nursing Officer
Caroline Corrigan	Chief People Officer
Richard Chapman	Chief Finance Officer
Dr Lalitha Iyer	Chief Medical Officer
Lance McCarthy	Chief Executive, FHFT
Graham Wareham	NHS Provider Partner Member
Sajjad Khan	Non-Executive Member
Gareth Shephard	Non-Executive Member
Alex Gild	NHS Provider Partner Member
Graham Wareham	NHS Provider Partner Member
Grainne Siggins	Local Authority Partner Member
Dr Prash Patel	Primary Care Partner Member
Dr Huw Thomas	Primary Care Partner Member
In Attendance:	
Safina Nadeem	Equality, Diversity, and Inclusion System Lead
Mary-Jane Steijger	Head of Governance
Olly Hemans	Communications and Engagement Manager
Otilia Neagu	Governance Coordinator (secretariat)
Sam Branscombe	Governance Support Officer
Tom Allinson	Senior Governance Manager
Apologies for Absence:	
Ilona Blue	Non-Executive Member
Karen Edwards	Local Authority Partner Member

1.	<p>Welcome and Apologies for Absence</p> <p>The Chair opened the meeting and welcomed members of the NHS Frimley Integrated Care Board.</p> <p>The meeting was noted to be quorate. Apologies were received as recorded above.</p> <p>Members agreed for the meeting to be recorded. The recording would then be uploaded to the public website along with the meeting papers</p> <p>Five members of the public had signed up to attend the meeting. One questions had been submitted in advance of the meeting which would be addressed at the end of the agenda.</p>
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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 18 March 2025 Action Tracker, and matters arising
	<p>The minutes of the last meeting in public were taken as accurate and approved without further comment.</p> <p>There were no matters arising</p>
4.	Chief Executive Update
	<p>Sam Burrows began the verbal update by recognising International Nurses Day, expressing gratitude for the contributions of nurses across the Frimley System.</p> <p>The ongoing changes for the Integrated Care Board (ICB) were noted, in particular following instructions from NHSE for a 50% reduction in the ICBs running cost base by the end of Q3 2024/25. Board members were assured that ongoing discussions would provide further clarity on the budget and implementation plans.</p> <p>The personal impact of these structural changes on staff was also noted, and Board members were urged to continue to lead with compassion during times of change. The CEO praised the professionalism and dedication of staff on behalf of the Board, emphasising their commitment to delivering high-quality healthcare.</p> <p>Sam Burrows celebrated notable achievements including:</p> <ul style="list-style-type: none"> • Primary care access: Frimley residents were more likely to secure a GP appointment within 24 hours than anywhere else in the Southeast. • Urgent care: Over 75% of residents received urgent care within four hours. • Elective procedures: Waiting times continued to improve with most treatments offered within 18 weeks of referral. <p>Sam Burrows confirmed that all strategic priorities had been delivered within the allocated budget for 2024/25 resulting in a small surplus. He closed by thanking board members and partners for their ongoing efforts during challenging times reaffirming their commitment to serving the population.</p> <p><i>The Board noted the update.</i></p>
	Outstanding Use of Resources
5.	25/26 Planning and Delivery
	<p>Richard Chapman outlined the four mandated deliverables for the NHS in 2025/26:</p> <ol style="list-style-type: none"> 1. Improving timely access to care including A&E, elective and mental health services. 2. Increasing productivity with a national target of a 4% improvement while reducing costs by at least 1%. 3. Operating within allocated budgets for the financial year. 4. Driving reform and innovation to enhance service delivery and efficiency. <p>It was confirmed that the submitted plan fulfilled all these mandates and several key risks were also highlighted:</p> <ul style="list-style-type: none"> • Efficiency delivery challenges across ICB and FHFT including an unidentified system gap at the time of plan submission.

- NHS standard contract changes which initially provided commissioners with better levers to manage elective activity but were later revised. Additional resources and contracting intelligence would be required for budget control.
- Acute care pressures with length of stay at FHFT continuing to strain resources. Efforts to reduce demand for acute beds would remain a priority.
- Financial risks including potential savings targets affecting operational delivery. Impact assessments would be conducted to mitigate unintended consequences.
- Environmental factors including the challenge of operating a RAAC hospital while ensuring delivery of a new hospital within the Frimley system.
- ICB operating cost reductions posing risks to management capacity and causing disruptions to strategic planning.

Richard Chapman detailed the system’s financial recovery approach which differed from traditional turnaround models by safeguarding long-term system transformation. A well-developed transformation plan was in place, focusing on embedding a jointly owned delivery mechanism across system partners. Both Boards were set to approve this transformation plan in upcoming meetings.

In closing, the system’s commitment to its ambitious goals was reaffirmed, and it was emphasised that proposed actions aimed to reduce risk rather than alter the strategic objectives.

Sajjad Khan queried whether the NHS 10-Year Plan set to be published in June, might introduce new initiatives that had not been accounted for in the current strategic plans.

Richard Chapman emphasised the alignment between existing local strategic objectives and national priorities, which were already in line with the Darzi recommendations which promoted a shift from hospitals to community care, digital solutions, and a focus on prevention rather than treatment.

The Chair closed by highlighting the importance of maintaining core strategic direction while remaining adaptable to potential new requirements.

The Board noted the update

Starting Well

6. Independent Mental Health Homicide Review into the tragedies in Nottingham Letter

Sarah Bellars introduced the review emphasising its public significance. She reminded members that the process had begun in February 2025 following the manslaughter of three members of the public in Nottingham by Valdo Calocane.

The review involved NHS mental health providers and the ICB requiring them to assess recommendations and provide assurance.

Members noted the collaborative approach outlined, working with Berkshire Healthcare Foundation Trust (BHFT), Surrey and Borders and neighbouring ICBs to ensure consistent evaluation and implementation. The multi-agency partnerships that support mental healthcare treatment and risk management was also noted, including the patient safety level forum where commissioned healthcare providers contribute to learning improvement and safety responses.

Provider Partner members present voiced support and confirmed that the public board assurance details were available on the their website including action plans and assurance measures.

	<p>The Chair acknowledged these contributions and closed the discussion by reaffirming the Board’s recognition of the steps taken and the approach being implemented.</p> <p><i>The Board noted the update</i></p>
	<p>Leadership and Culture</p>
<p>7.</p>	<p>Terms of Reference for the SE ICB and NHSE Joint Committee for Delegated Commissioning</p> <p>Caroline Corrigan presented the terms of reference for the newly established Joint Committee across six ICBs in the Southeast region. It highlighted that the committee had been formed to support delegated commissioning functions across the system.</p> <p>Key focus areas included:</p> <ul style="list-style-type: none"> • Specialised commissioning • Immunisation and screening delegation to ICBs • Ongoing work in podiatry, optometry, and dentistry (POD) <p>Members noted the schematic in Figure One which illustrated the structure and collaborative approach taken by the six ICBs alongside Southeast Region leadership. The committee would signal future opportunities in strategic and collaborative commissioning particularly in ambulance and emergency care.</p> <p>She confirmed that all six ICBs were signing off the terms of reference in their respective May Board meetings.</p> <p>Sam Burrows reassured members that significant work was already underway particularly in specialised commissioning and collaboration with NHS England across Southeast Region. The strategic intent behind service transformation was highlighted, including improved access to specialist care.</p> <p>The Chair concluded by formally seeking confirmation of Board support for the Joint Committee terms of reference.</p> <p><i>The Board <u>approved</u> the Terms of Reference for the SE ICB and NHSE Joint Committee for Delegated Commissioning.</i></p>
	<p>Living Well</p>
<p>8.</p>	<p>IUI Policy</p> <p>Lalitha Iyer presented the Board-approved alignment of intrauterine insemination (IUI) as a treatment for subfertility emphasising its importance in ensuring fairness, consistency and legal compliance for the population.</p> <p>She outlined the engagement process designed to understand the impact on affected individuals and ensure their voices were heard. The communications team planned targeted outreach including focus groups, discussions with charities, local representatives, local authorities, and healthcare organisations. Feedback from these engagements would shape future policy decisions.</p> <p>A proposed timeline included in the paper aimed for completion by 1 September 2025 with transitional arrangements for patients already in the referral system. Board members were assured that the guiding principle would be no disadvantage to referred individuals.</p> <p>Priya Singh acknowledged the significance of this policy as the first step in a broader fertility framework for the Southeast region ensuring equity and clarity for patients and public confidence and trust in fertility services.</p>

	<p><i>The Board noted the update.</i></p>
	<p>Performance Reporting</p>
<p>9.</p>	<p>Frimley ICB Quality Performance Report (Bracknell SEND inspection)</p> <p>Grainne Siggins provided an overview of the Bracknell SEND inspection explaining that the previous inspection in late 2021 had identified 32 areas requiring improvement, including nine areas of significant weakness. The latest inspection was conducted under a new regime which focused on better outcomes for children and young people.</p> <p>Despite substantial efforts the system had not achieved sufficient improvement in delivering visible positive impacts for children and families. The education, health and care plans showed inconsistencies failing to coherently identify children's needs. The ICB and local authority were held jointly accountable for SEND outcomes with CQC and Ofsted conducting the inspection. The review assessed the entire system including continuing healthcare, GP services, and commissioning gaps.</p> <p>Grainne Siggins acknowledged the progress made in planning and system improvements particularly in integrated therapy services but noted that children had yet to benefit from these changes due to implementation delays.</p> <p>The system was now required to submit a Priority Action Plan by Friday 23rd May, addressing three priority areas of concern. The plan was developed collaboratively involving parent carer forum representatives, elected officials and system leaders ensuring real-time engagement.</p> <p>To strengthen oversight an independent chair was appointed to lead the SEND Improvement and Assurance Board with subgroups focusing on the priority areas and implementation of the SEND strategy. Political oversight was reinforced with a local executive advisory group ensuring full transparency of submitted documents. Scrutiny colleagues were engaged to independently reach out to families and refine communication strategies.</p> <p>Grainne Siggins expressed optimism that improvements would soon be seen particularly through integrated therapy contracts with Berkshire Healthcare Foundation Trust. She emphasised that continued commitment and evidence-based outcomes would be critical in delivering tangible results for children and families.</p> <p><i>The Board noted the update</i></p>
<p>10.</p>	<p>Frimley ICB Finance Performance Report</p> <p>Richard Chapman presented the Month 11 financial position noting a £700,000 adverse variance against plan. However, following audit the ICB closed the financial year with a slight surplus achieving its required break-even position across the system.</p> <p>Key financial pressures included:</p> <ul style="list-style-type: none"> • Demand-driven costs reflected in performance metrics and financial reports. • Inflationary pressures particularly in prescribing costs across ICB and trust operations. • New NICE technology appraisals which would continue to pose financial risks in the foreseeable future. <p>Capital expenditure was then reviewed, with £1.2 million spent with half allocated to GPIT and the remainder to general practice premises to maintain service quality.</p>

	<p>In terms of performance, the following was then highlighted:</p> <ul style="list-style-type: none"> • Dermatological cancer waiting times as a key challenge prompting ongoing recovery actions across the trust and ICB. • Four-hour ED targets which improved towards the end of the year but fell short of the 78% benchmark—a key focus for the 2025/26 recovery plan. • Primary care responsiveness with Frimley ICB delivering the fastest primary care access in the Southeast achieving 84% of appointments within 24 hours and 90% within 14 days. Richard Chapman attributed this success to efficient virtual operations which helped optimise patient care amid demand pressures. <p>Sajjad Khan asked about national underspending on capital budgets.</p> <p>Richard Chapman acknowledged historical challenges with capital commitment, citing process limitations particularly during the pandemic. He assured the board that future planning had improved with government indications suggesting a more stable three-year resource forecast enabling better-managed delivery than in previous years.</p> <p>Prash Patel then expanded on the discussion regarding primary care performance, providing a qualitative perspective from general practice. He highlighted patient feedback indicating that while face-to-face consultations were becoming less traditional, rapid access through virtual channels had significantly improved responsiveness. He emphasised that primary care was broader than just physical consultations with follow-ups, education, reassurance, prevention strategies and triaging all playing crucial roles. Traditional models could create bottlenecks, whereas flexible access options like phone calls or text messaging allowed patients to stay informed and engaged with their care journey.</p> <p>Frimley ICB Workforce Performance Report</p> <p>11. Caroline Corrigan provided an overview of workforce metrics emphasising that staffing levels within the Integrated Care Board (ICB) had remained stable with low turnover. She highlighted trends in temporary staffing across the Southeast pointing that agency usage had decreased by 23% year-on-year, while bank staffing had dropped by 9.2%.</p> <p>The program collaborative approach had led to effective workforce management keeping agency reliance below the ceiling cap. Moving forward the focus had shifted to medical staffing with 11 trusts including FHFT working together to accelerate improvements.</p> <p>Caroline Corrigan also mentioned ongoing organisational development efforts particularly in leadership and change management.</p> <p><i>The Board noted the update</i></p>
	<p>Business Items</p>
<p>12.</p>	<p>Board Assurance Framework</p> <p>Caroline Corrigan outlined the Board Assurance Framework, emphasising the ongoing review of strategic objectives based on the model ICB blueprint.</p> <p>The board had been alerted to trends in controls and risks with two strategic objectives falling within risk appetite and four remaining outside, particularly in leadership, culture and resource allocation.</p>

	<p>Caroline Corrigan stated that further updates would be provided as the board reviewed the corporate Risk Register and aligned assessments from the Integrated Risk Group. Additionally, she noted the 50% cost reduction requirement and the development of the Integrated Care Board blueprint as key factors shaping future strategies.</p> <p><i>The Board noted the update.</i></p>
	Close of Business
13.	<p>Questions from the public received in advance of today’s meeting</p> <p>The Chair addressed a public question regarding negotiations with the trustees of Lynnwood as follows:</p> <p><i>“The ICB has secured a package of funding to deliver a health development in the Ascot area. The site for the development is not finalised, as we understand that the originally intended site is in the final stages of sale by the current owner, and it is not possible to progress any negotiation on the purchase of that particular parcel of land pending completion of that sale. All possible alternatives will be explored by the ICB in partnership with RBWM council to utilise the funding secured to deliver the development.”</i></p>
14.	<p>Any Other Business</p> <p><i>None</i></p>
15.	<p>Close</p> <p>The Chair closed the meeting at 12.30.</p>
	Date of next meeting in public: 22 July 2025, 11.30 – 12.30

NHS Frimley Anti Racism Framework and Alliance

Background

- Data from across the Frimley System, including results from the Workforce Race Equality Standard (WRES), Staff Surveys and lived experiences, shows BME colleagues continue to experience increased levels of racism.
- We listened to our 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.
- The framework has previously been discussed at Executive and Board and has now been finalised.
- This Framework includes best practice from across anti-racism reports, policies and guidelines that have been created and published nationally
- We have developed an Anti-Racism Alliance through engagement via Chief Executive Roundtable event in February 2025

The Anti Racism Framework

- The framework includes 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.
- The ICB will support organisations on how to use the framework and share best practice.
- The Anti- Racism Alliance network will be an oversight group.
- The ICB have committed to offering a development programme alongside this framework
- Organisations are encouraged to review their own progress against the goals regularly.

Execs are asked to note, discuss and approve framework

Frimley Health and Care



NHS

Frimley

'Beyond Boundaries'

Anti-Racism Framework



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3. Foreword

4. Being an Actively Anti-Racist System

4. Our action plan

5. Embedding anti-racist practices across our system organisations

5. Pillars of this Framework

5. Maturity Stages

6. Implementation Guidance

7. Reviewing Progress

7. Peer Review Process

7. Meaningful Change and Accountability

8. Leadership and Accountability

11. Workforce Race Equality

14. Community and Health Equality

17. Training, Education and Awareness

20. Reporting and Supporting

23. Set Goals: Sample Action Plan

24. Resource Allocation: Sample Plan

25. Monitoring and Reporting: Sample Plan

26. Iterative Improvement: Sample Plan

27. Third Party Reporting Centre for Frimley System

28. References and Resources

Foreword

Our ambitions are to build a future where equity, inclusion, and social justice are not just aspirations but lived realities. Racism, in all its forms, systemic, structural, and interpersonal, has no place in our society or our organisations.

This Anti-Racism Framework has been designed with partners across the Frimley system and is a reflection of our unwavering commitment to confronting and addressing racism.

The framework is a call to action and challenges us to look inward, to hold ourselves accountable, and to make meaningful changes that extend beyond words into tangible, lasting impact. We encourage organisations to use the framework to embed anti-racism principles in every aspect of culture, business, policy and decision-making.

We know being actively anti-racist requires courage, consistency, and the willingness to listen and learn. This journey is not always easy, but it is necessary if we want real change.

Alex Gild Deputy Chief Executive Berkshire Healthcare NHS Foundation Trust

Safina Nadeem Director of Equality, Diversity & Inclusion NHS Frimley

Sue Halliwell Chief Executive Bracknell Forest Council

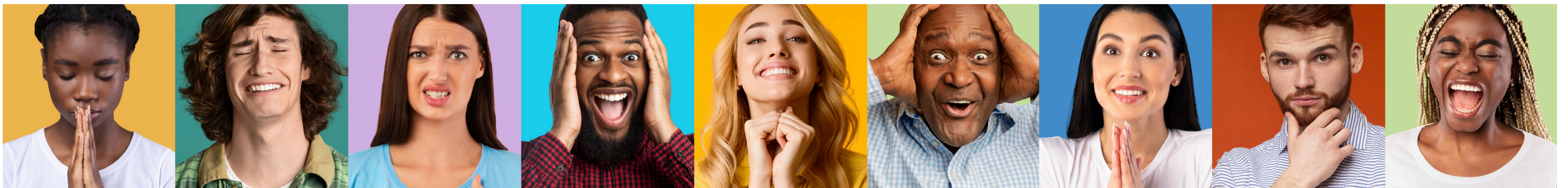
Being an Actively Anti-Racist System

In Frimley, our core values centre around our commitment to a fair, equitable and inclusive society for our health and social care colleagues, and our wider communities.

Data and lived experiences show that people from racialised groups continue to face personal racism as well as systemic and institutional race inequalities. This is unacceptable.

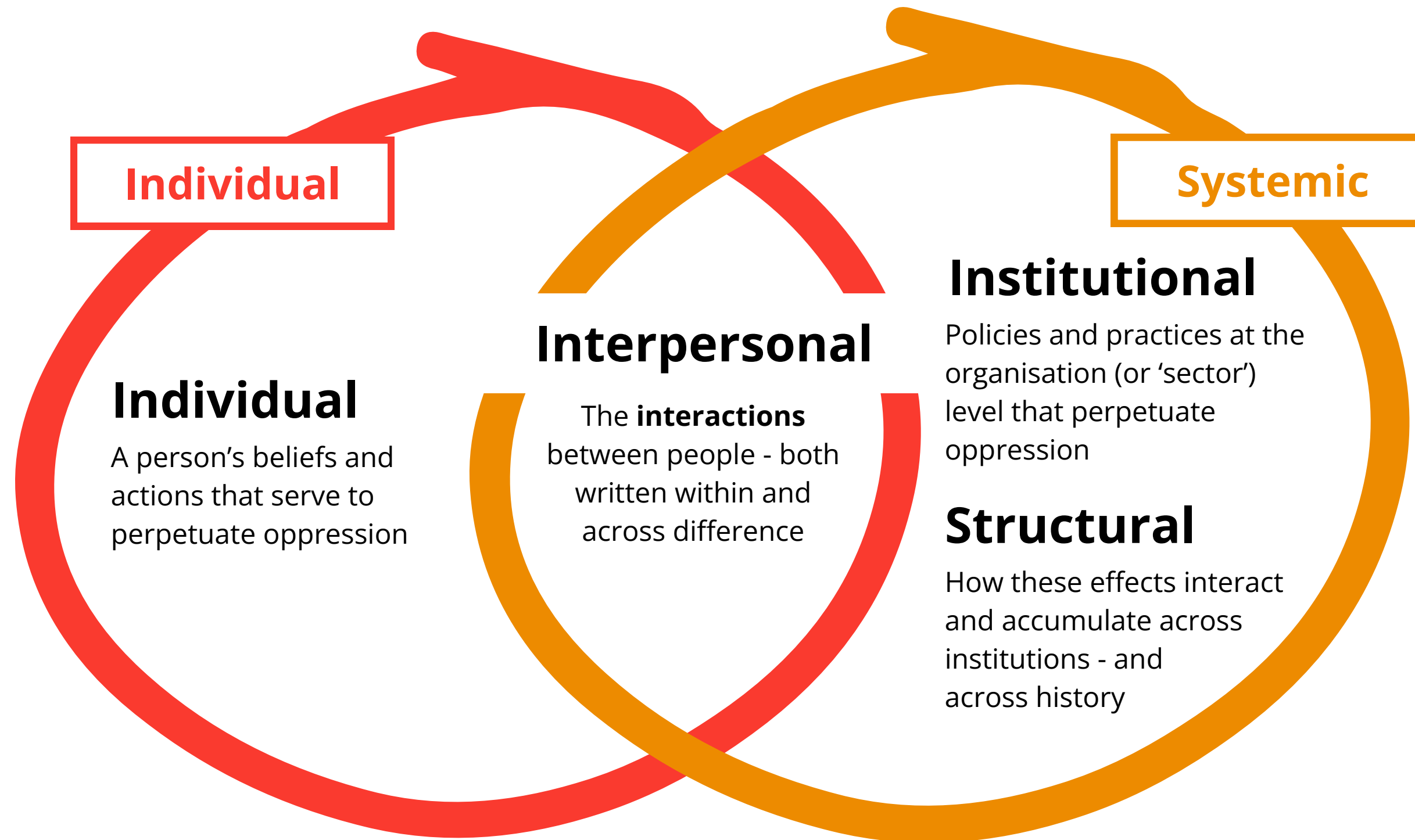
Racism causes psychological and cultural harm extending beyond an isolated incident. It impacts an individual's dignity, sense of power, and emotional well-being. This often leaves scars that are more difficult to heal compared to general bullying. It places significant burden on the victim of racism to report and evidence the discrimination. Once established, the burden shifts to the organisation, who must actively defend against accusations of racism.

The summer riots in 2024 highlighted the persistence of racism, with many colleagues sharing accounts of racial abuse they experienced. Racism and discrimination are also key factors driving the health inequalities that persist today; therefore, it is crucial that we take an active role in eliminating racism from society and addressing its impact within the communities we serve.



Understanding Racism

Racism is often associated with individual behaviours which disadvantage or discriminate against someone due their ethnic background, but it is important to remember Racism goes far beyond that. Racism is deeply embedded in structures, processes, and institutions, creating systemic inequalities that disadvantage certain groups.



Benefits of Being an Anti-Racist System

- **Improved outcomes for our communities**
Anti-racist organisations are better equipped to serve diverse communities fairly and effectively, addressing long-standing race inequalities.
- **Stronger trust and legitimacy**
Public confidence increases when organisations actively confront racism
- **Inclusive and safer workplaces**
Anti-racism practices foster psychological safety, improve health and wellbeing and reduce turnover. Staff will also be more productive if they feel they are valued and respected.
- **Better community engagement**
Anti-racist practices help build authentic, respectful relationships with communities, increasing access and participation.
- **Enhanced collaboration across services**
Shared anti-racist values create more cohesive, responsive system partnerships.
- **Improved reputation**
Proactively addressing racism helps prevent racist incidents and reduces reputational and legal risks.
- **Alignment with legal, ethical, and policy standards**
Supports compliance with the Equality Act 2010, Public Sector Equality Duty, and sector-specific accountability frameworks.
- **Addressing social injustice**
Taking an anti-racist stance is a proactive step toward dismantling structural race inequalities and promoting fairness across society.

Our Action Statement

“We are committed to taking bold, intentional and sustained actions to identify, challenge and dismantle racism in all its forms. We will embed anti-racism into every aspect of our organisation, holding ourselves accountable to measurable outcomes, amplifying marginalised voices, and working collaboratively to create an inclusive and equitable environment for all.”

This includes:

- Actively listening to and amplifying voices of people with lived experiences of racism
- Ensuring experiences of racism are acted upon
- Addressing Systemic race inequalities
- Creating policies and practices that promote race equality
- Providing education and training to create awareness and action on addressing racism
- Holding ourselves accountable as an Alliance through measurable goals, transparent reporting and outcome focused actionable insights.

Being “Actively Anti-Racist” is a vital component in reducing inequalities for our workforce and our communities It means making **proactive steps, policies and practices** to:

- **oppose racism** and
- **promote racial equality**

The key **focus for this Framework is on actions** over intent.

NHS England reference that anti-racism is a process with 3 tasks:

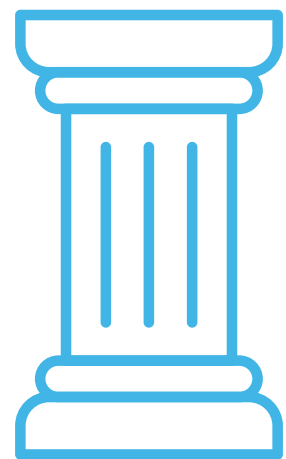
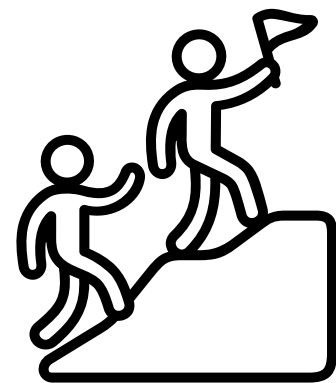
- 1. Naming racism**
- 2. Asking “how is racism operating here?”**
- 3. Organising and acting.**



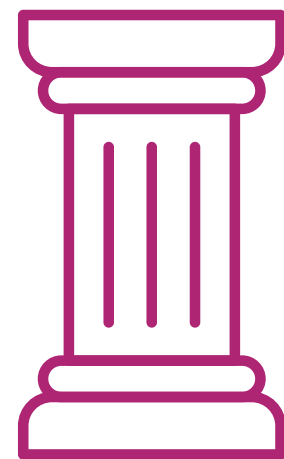
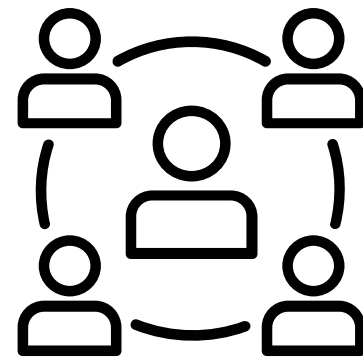
Embedding anti-racist practices across our System Organisations

NHS Frimley's Anti racism framework supports organisations to benchmark their current position and outlines the progression required to embed anti-racism practices and become an anti-racist organisation.

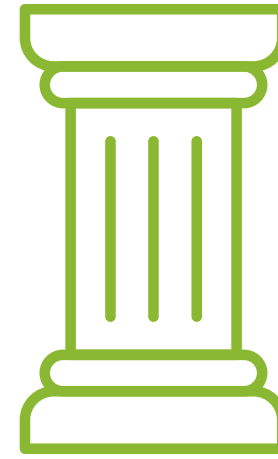
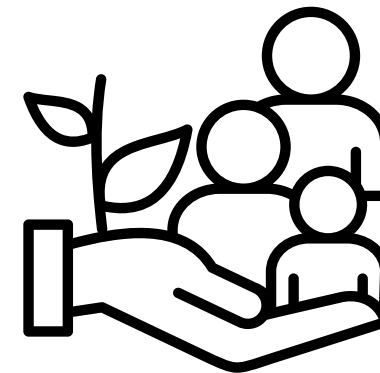
It is structured across five key pillars, with three stages of maturity to guide progress and acknowledge improvement.



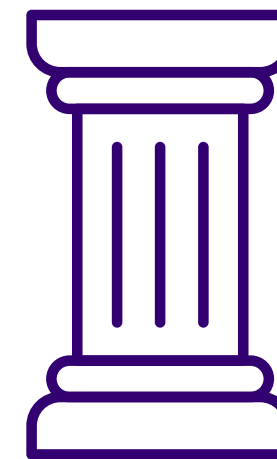
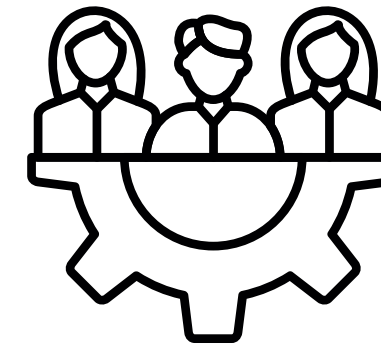
**Leadership and
Accountability**



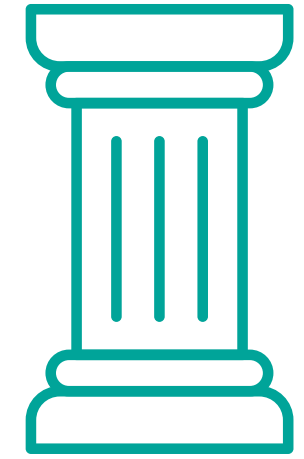
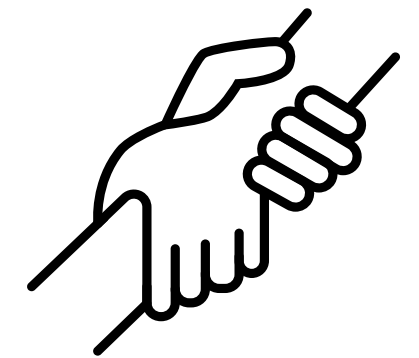
**Workforce
Equality and
Inclusion**



**Community,
Patient
Equality**



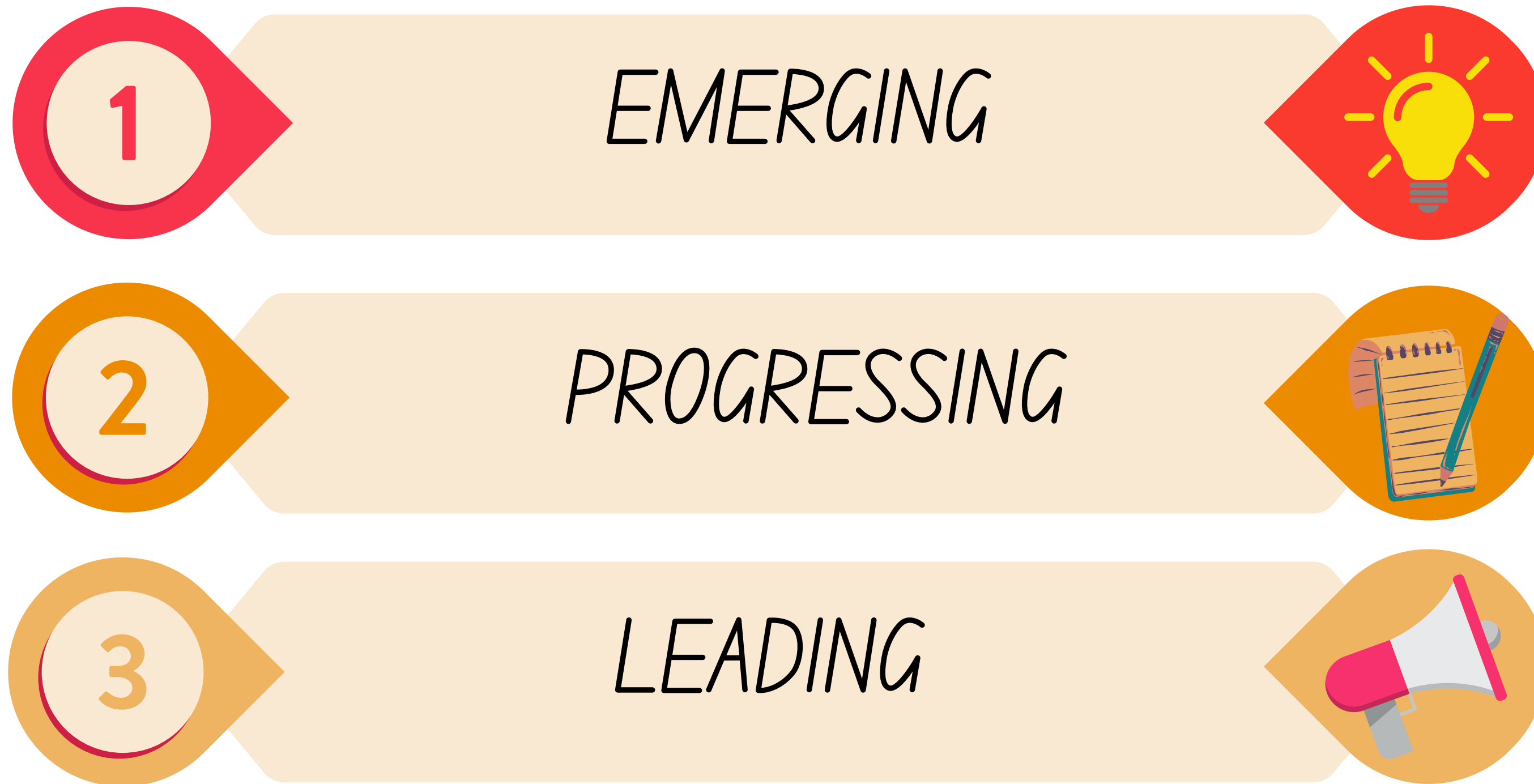
**Training,
Awareness
and Education**



**Reporting and
Supporting**

Maturity Stages

Each pillar progresses through the following stages:



Implementation Guidance

1. Baseline Assessment

- Conduct a comprehensive review of the organisation's current position on the maturity model.

2. Set Goals

- Define short- and long-term objectives for each pillar.
- Develop metrics to measure progress at each stage.
- Ensure feedback loops are designed to communicate your progress with staff and communities.
- Consider your educational campaigns and materials to raise public awareness of the harm caused by racism, promoting accountability, respect and safety for all.

3. Resource Allocation

- Ensure funding and staffing are sufficient to support anti-racism initiatives

4. Monitoring and Reporting:

- Deliver transparent reporting of progress to allow true assessment and measurable improvement of anti-racism efforts.
- Engage in the Anti-Racism Alliance Network to ensure alignment and consistency across policies and practices, reduce duplication and strategy fatigue.

5. Regular Review:

- Regularly review and refine your approaches based on outcomes and feedback.

This framework can be tailored to specific organisations, recognising that progress requires individual, organisational and cultural change.

Reviewing Progress

The 5 core pillars of this framework address racism at multiple levels. They should be assessed as an organisation, with specific consideration of who is responsible for delivering and progressing the parts of each pillar.

Progress against this framework should be reviewed regularly to ensure that goals are being actively implemented and developed on an ongoing basis. Organisations should have effective reviewing and robust governance processes to ensure accountability.

Peer Review Process

As an ICB we are keen to adopt a peer review model to evaluate the quality, effectiveness, and credibility of actions, ensuring it meets established standards and aligns with its intended goals. Peer reviews are an open, transparent and constructive process to promote accountability, provide constructive feedback, and foster improvement by leveraging the expertise and diverse perspectives of peers, including our communities.

Meaningful Change & Accountability

This Framework is a starting point for conversations. Each System organisation is at a different stage in its' Anti-Racism work and will be trying to achieve different goals.

Best practice from the Patient and Carer Race Equality Framework guides that organisations should work openly and transparently with communities to understand how they are accessing and receiving our health and social care services, and how we can improve them.

It may be appropriate to liaise with community groups to hear their lived experiences and allow them to hold your organisation accountable for its' progress in this work.

This framework may also link in with policies, procedures and guidelines you already have in place – for example a Bullying and Harassment Policy or Code of Conduct. Considering this when going through your own assessment can help you understand where workstreams from different teams overlap and where gaps may be identified.

This Framework is designed to be delivered alongside and compliment other frameworks that organisations are delivering for example :-

- Patient & Carer Race Equality Framework (NHS England, 2023)
- EDI Improvement Plan (NHS England, 2023)
- Equality Framework for Local Government (LGA, 2021)
- Royal College of Psychiatrists' Equality Action Plan (RCPsych, 2020)

Leadership & Accountability

Focus: Driving organisational commitment to anti-racism through leadership at all levels of an organisation. The role of leadership and vision are essential in shaping a future free from racism, as leaders set the tone by demonstrating visible and vocal commitment and taking public accountability to champion anti-racism efforts.

	Key requirements	Evidence from your organisation
Emerging	Discussions on racism begin at board level. Boards acknowledge racism and are curious about race and race equality in their organisation.	
	Leadership acknowledges systemic racism and its impact and commits to having a personal anti-racism objective in their appraisal	
	All Senior Leaders, board members, elected members undertake anti-racism awareness training.	
	Clear governance structure for Anti-Racism is developed	
	Safe Spaces are held for racism to be discussed and clear reporting mechanisms without fear of repercussions	
	The anti-racism action statement agreed (or organisation's own commitment) is published and promoted internally and externally	
	Key leaders are identified as champions/sponsors and their commitment documented.	
	Starting to assess intersectionality of your staff & workstreams.	

Progressing	All leaders, Board members and Non-Executive Directors have SMART EDI goals that consider intersectionality	
	Race Equality Champions are in place across teams and at different levels of the workforce	
	Black and minority ethnic staff network Chairs are involved in conversations around supporting commitments	
	Anti-racism is integrated into organisational strategies	
	Organisation has written processes in place for dealing with racist behaviour	
	Clear processes for holding leaders accountable are in place, prioritising transparency in data and lived experiences.	
	Senior Leadership Team diversity reflects the ethnic diversity of the local population	

Leading	Organisations can demonstrate long-term commitment to anti-racism.	
	Leadership performance reviews are tied to measurable anti-racism outcomes.	
	Anti-racism goals are linked to executives' and leadership objectives	
	Anti-racism workstreams consider, proactively support and educate about the intersectionality of BME people who also have other protected characteristics.	
	Policies ensure accountability for racist behaviours.	
	Innovative anti-racism programmes & initiatives have been created and delivered, e.g. training, mentorship, forums.	
	Development programmes being delivered for minority staff	
	Regular reporting on anti-racism progress.	
	Public recognition of good work being done around anti-racism.	
	Governance ensures systemic changes are maintained.	

Workforce Race Equality

Focus: Building an equitable, anti-racist and inclusive workplace. Using data to understand gaps and then make targets (developing) to reduce those gaps (achieving). Understanding the part of Positive Action & Positive Discrimination in appointing, supporting and retaining the workforce.

	Key requirements	Evidence from your organisation
Emerging	Data collection on workforce race equality and inclusion gaps; having a clear scope of what's collected and why.	
	Benchmarking reports such as WRES with other organisations across the System & Region	
	Racism is treated with the same seriousness as Bullying.	
	Mechanism in place for identifying biased hiring or promotion decisions.	
	Organisations carry out an ethnicity pay gap of their workforce	
	Addressing the disconnect and mistrust between protected characteristic declarations in Staff Records vs Surveys.	
	Having organisational culture that means staff are comfortable to speak out, knowing something will happen if they report an incident.	

Progressing	Values-based recruitment is used across the organisation	
	EDI Champions are on interview panels as a matter of routine, including questions on anti-racism	
	Anti-racist recruitment, retention, and promotion practices, embedded, practiced consistently	
	Consequences are in place if anti-racism is breached at any point (mandatory retraining; removal from interview panels).	
	People from minority groups are identified in talent management streams / programs and supported through career conversations to progress within the organisation	
	Cultural issues are comfortably discussed for people from minority groups.	
	Once data is scoped, gaps are identified and benchmarked against other organisations to answer “where do we need to improve?”	
	All staff in the organisation can clearly explain why they are involved in anti-racism work.	
	Assessment of team cultures vs the organisational culture, with supportive conversations to identify how this could be improved if there is a difference.	

Leading	Anti-racism principles are embedded in recruitment, training, and leadership development.	
	Staff from minority groups report feeling that all staff show a strong sense of advocacy	
	Strong allyship is demonstrated and felt by all staff to support colleagues experiencing racism.	
	Staff report feeling proud to work in this organisation (Staff surveys etc).	
	Improved scores relating to Workforce Race Equality Standard, Ethnicity Pay Gap Reporting or equivalent race reporting results	
	Board-level representation of BME staff is present; aiming to reflect the local population demographics.	
	Human Resources (HR) colleagues have completed inclusive investigations training from the Too Hot To Handle report.	
	Strong working relationships which focuses on investigating through anti racism lens between HR, Trade Unions & System organisations to break disconnect & build trust and race staff networks	

Community and Health Equality

Focus: Reducing health inequalities, hate crime and improving quality of life. Open, honest, transparent conversations that link to communities and allow them to inform the health and social care we provide through co-production.

Knowing lived experiences differ from our reporting. Making sure we ask “so what”.

	Key requirements	Evidence from your organisation
Emerging	Identifying what health data is available across the System.	
	Identifying any gaps in the available data by ethnicity.	
	Working across System Partners to understand what data they hold and how we can access / share it in a legally appropriate manner.	
	Health inequalities across racial groups are identified.	
	Stakeholders from our communities are identified and invited to discussions, race hate crime data is reviewed to identify race hate and hotspots.	
	Consideration made of how our community voices can help develop meaningful SMART goals	

Progressing	Community engagement highlights racial inequities in services.	
	Community Lived Experience informs what behaviour change should look like for staff.	
	Culturally competent care guidelines are co-designed with communities.	
	Mandatory training centring Community voices on new guidelines is developed & delivered.	
	Community voices give feedback in committees on how they're experiencing our work and help to regularly update goals and workstreams according to need.	
	All workstreams have anti-racism embedded in their work, regardless of what team they are owned by.	
	All staff are able to explain "what's in it for me, the organisation, staff, patients and our communities?"	
	Staff are able to clearly explain the goal of anti-racism work and why we are delivering it.	
	Anti-racism is not seen as separate or additional by staff or communities.	

Leading	Care pathways are reviewed for systemic bias with peers and / or community groups	
	Care pathway reviews include Community voices to ensure that service delivery is meeting people's needs.	
	Race equality metrics are part of service evaluation.	
	Leaders throughout your organisation hold themselves and one another accountable for delivering anti-racism in all their work.	

Training and Education

Focus: Ensuring staff are equipped to understand and address racism by using different learning methods, including lived experience.

	Key requirements	Evidence from your organisation
Emerging	Awareness training on racism and its impact is introduced (this may be included in your anti-racism / new guidelines training).	
	Human factors and their impacts are built into training.	
	Key training is reviewed and areas where racism is not embedded identified.	
	Events such as Black History Month, Race Equality Week and other key dates are prominently marked by the organisation.	

Progressing	Anti-racism training becomes mandatory & is linked to annual reviews / performance evaluations.	
	White allyship training becomes mandatory.	
	Mandatory training has follow-up assessments to gauge learning.	
	Resources are allocated for regular training sessions to be delivered.	
	Anti-racism is embedded through all other training, e.g. induction, leadership development, safeguarding, appraisal.	
	Impact of sessions evaluated at the end, and 3 months post- to ensure training continues being used	
	Specific mentoring programmes around race equality, such as reciprocal mentoring, are available to minority staff	
	Internationally-recruited staff have an induction, onboarding and development programme	

Leading	Training incorporates role-specific scenarios and action plans.	
	All Board and SLT members have training on anti-racism.	
	Anti-racism education evolves based on feedback and emerging research.	
	Organisation Leadership Development programmes have anti-racism built into them.	

Reporting and Supporting

Focus: Understanding lived experiences and mechanisms to report racism. Open, honest communication happens between staff, during internal reporting, between organisations and during external reporting. Feedback loops are established to all levels of the organisation and to Community voices.

	Key requirements	Evidence from your organisation
Emerging	All levels of staffing are aware of what anti-racism is.	
	Processes are in place for staff to report racism	
	The organisation can demonstrate continuously seeking to be curious, challenging and looking for gaps in data or reported experiences.	
	Racist incidents can be reported through a variety of methods, including one-to-one or groups, anonymously, through sponsorship or other means	
	Reports of racism are supported through a locally defined structured escalation framework that can be tailored to the needs of the people involved, including wellbeing support	
	Clear consequences are designed for failure to address racism, or to feed back to staff (warnings; leadership reviews).	

Progressing	All levels of staff are able to identify racism, either addressing it in the moment or reporting to line management to address.	
	Consideration has been made into whether anti-racism is reactive, proactive or innovative.	
	Objectives are unpacked and recreated with accountability & transparency where required: where are we? Where aren't we?	
	Data on patient / community / people we work with is collected by race.	
	Partnerships are formed with racial equity groups and local communities.	
	Data is used, monitored and flowed to national data sets to enable benchmarking, lesson sharing and service improvement.	
	Racism is proactively identified and reported on in workstreams concerning staff & communities.	
	Mechanisms are in place to identify behaviours we aren't picking up (positive and negative) & address accordingly.	
	Staff understand what Positive Action is and how it can be used to benefit the team and organisation.	

Leading	Agreed approaches for implementing a 'real time' transparent feedback loop for racialised and ethnically and culturally diverse communities.	
	Racism is proactively identified in workstreams and reported on across System colleagues (this could be sharing your Equality Impact Assessment).	
	Learning is proactively taken to the Anti-Racism Alliance or EDI Leads meetings to be shared at a System level.	
	Leads for the organisation link in and are engaged with the Anti-Racism Alliance	
	Feedback loops ensure Global Majority staff and Community voices shape decision-making.	
	Data proves there are more BME leaders in Senior Leadership positions (NHS Band 8a, or equivalent, and above).	
	Disclosure of racism within the organisation become closer to Staff/Pulse Survey disclosure rates.	

Set Goals: Sample Action Plan

Organisations should be working to prove that improvements have happened as a result of embedding their anti-racism goals.

Stage & Pillar	Task Description	Responsible Person	Target Completion	Status / Updates
Example: <i>Awareness: Leadership & Governance</i>	<i>EDI Team to support networks to present current experiences of staff at Board.</i>	<i>Network Chairs</i>	<i>31st March 2025</i>	<i>EDI Team aware of goal and deadlines. Discussion scheduled 2nd March 2025.</i>

Resource Allocation: Sample Plan

Stage & Pillar	Resources Required	Responsible Person	Target Completion	Status / Updates
Example: Awareness: Leadership & Governance	<i>HR Team to allocate time to pull data. EDI Team to dedicate time for developing and delivering update. No additional financial costs identified.</i>	<small>Responsible Person</small>	<i>31st March 2025</i>	<i>HR Team aware of data pull request by 31st January 2025, allowing EDI Team to meet goal.</i>

Monitoring and Reporting: Sample Plan

Stage & Pillar	Task Description	Task met metrics	Red-Amber-Green Rating
Example: <i>Awareness: Leadership & Governance</i>	<i>Network Chairs to present current experiences of staff at Board, supported by EDI Team.</i>	<i>Deliver presentation of staff experiences at Board meeting March 2025. Facilitate discussion of what data means to short and long-term organisation planning.</i>	<i>Last reviewed: 7/1/25</i>

Iterative Improvement: Sample Plan

Stage & Pillar	Task Description	Responsible Person	Target Completion	Status / Updates
Example: Awareness: Leadership & Governance	Short-term: Understand data, Senior Leadership have personal EDI goals.	EDI Lead & Chief Exec.	30th April 2025.	Awaiting March meeting.
	Long-term: Improved staff survey data linked to each goal.	Chief Exec.	31st March 2026.	Project under way.
	Short-term:			
	Long-term:			
	Short-term:			
	Long-term:			
	Short-term:			
	Long-term:			
	Short-term:			
	Long-term:			

References and Resources

[Achieving Health Equity: Naming Racism and Moving to Action with Professor C. P. Jones \(2022\)](#)

[British Medical Association: A Charter for Medical Schools to Prevent and Address Racial Harassment \(2020\)](#)

[Hate Crime \(2025\)](#)

Michelle Cox (2023) Employment Tribunal

[National Education Union: Anti-Racism Charter \(2024\)](#)

[NHS England Patient Carer Race Equality Framework \(2023\)](#)

[NHS Workforce Race Equality: A case for diverse boards \(2018\)](#)

[The State of Health and Adult Social Care in England \(2024\)](#)

[Too Hot To Handle \(2024\)](#)

Frameworks and Strategies influencing this work:

East of England Race Strategy (2021)

[North West BAME Assembly Anti-Racist Framework \(2023\)](#)

[Patient and Carer Race Equality Framework \(2023\)](#)

ICB Board Quality Update March 25

Overview

- Quality Updates
 - Sexual Assault Referral Centre (SARC)
 - Covid Spring Seasonal Vaccination Data
 - PALS Enquires and Complaints Annual Review
 - Healthwatch Surrey
 - Safeguarding Update
- CQC System Compliance and Updates

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.



Sexual Assault Referral Centre (SARC)



- The Sexual Assault Referral Centre (SARC) has been recommissioned by NHS England, this has resulted in changes to services and potential inequities, gaps in child protection skills and pathways that connect with partnerships.
- For Frimley ICB and system this has meant a change in the area in which this service was provided.
- The new provider is supportive of making changes to address the commissioning gaps with NHS England. There is careful and close monitoring of the new service.
- There is a visit to the Maidenhead service is planned and the Designated Nurse has been invited to join.
- Our concerns have been raised through the System Safeguarding Board, System Quality Group and to the South East Regional Quality Group.

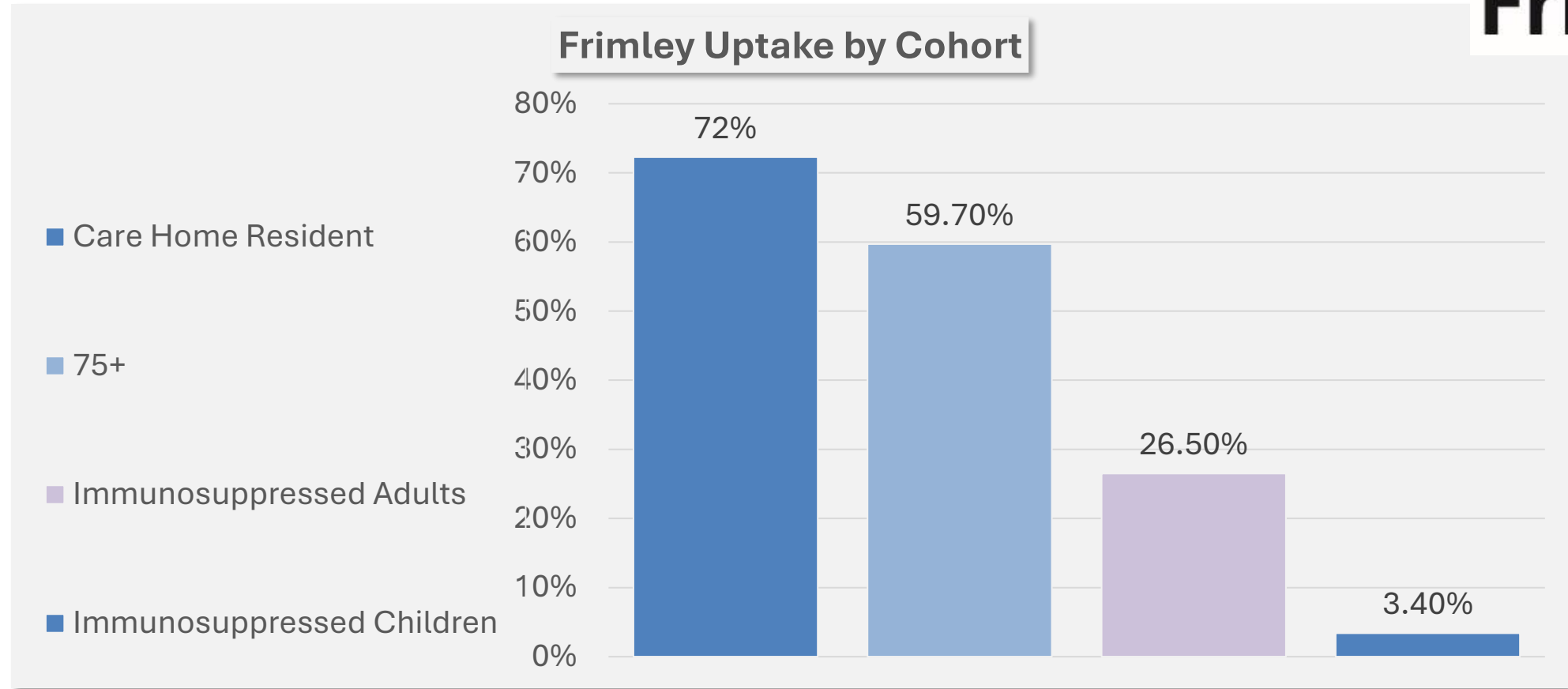
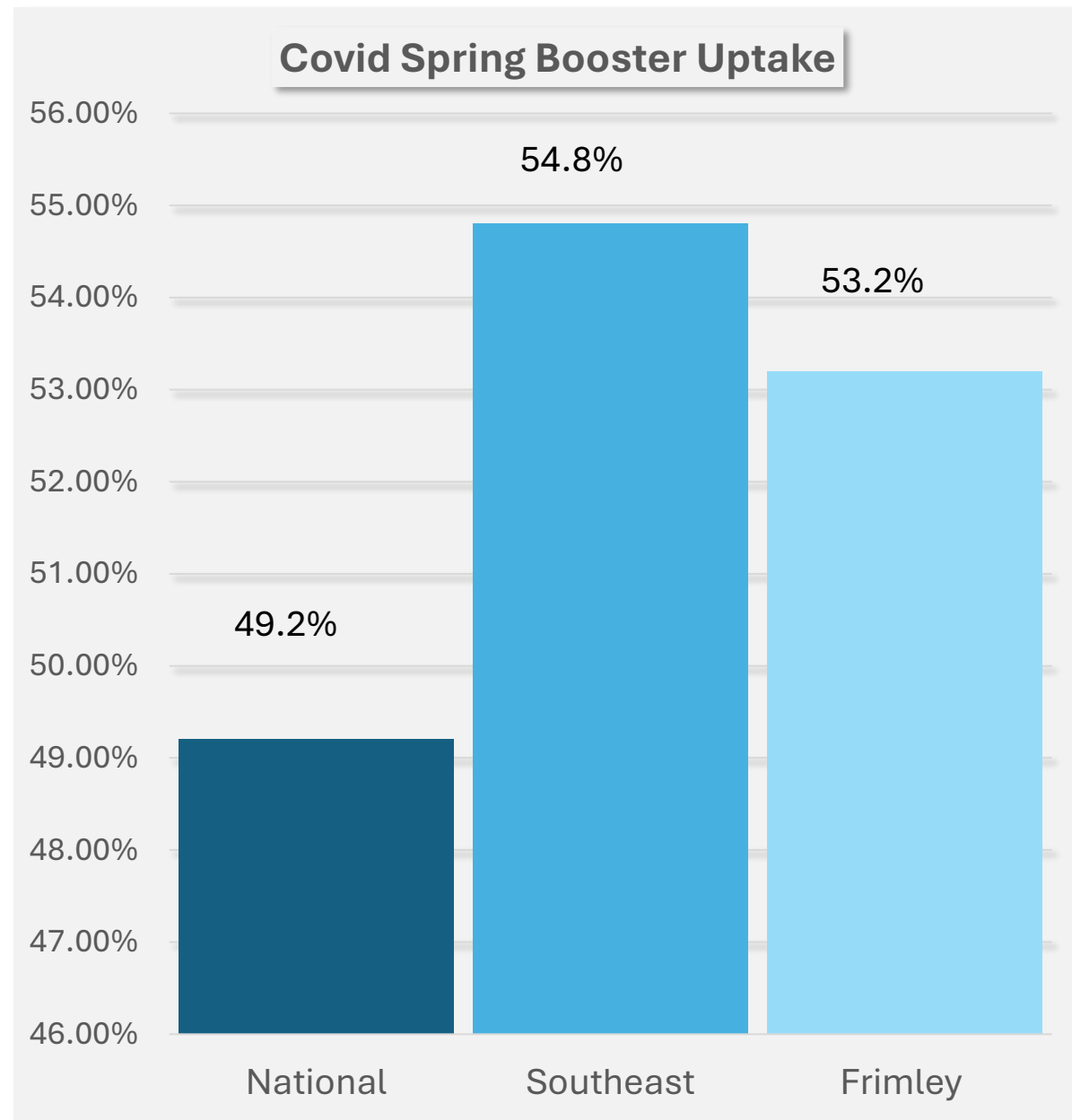
Covid Spring Seasonal Vaccination Data

Frimley

49K vaccination events

29.4K administered by PCN (60%)

19.5K administered by Pharmacy (40%)



Frimley

Highest uptake of care home residents in the SE region all eligible care homes visited.

Third highest system for uptake in all eligible and over 75s

Uptake for Immunosuppressed adults' group is low. (national uptake 24%)

Uptake comparison Spring Programme 2024 vs 2025

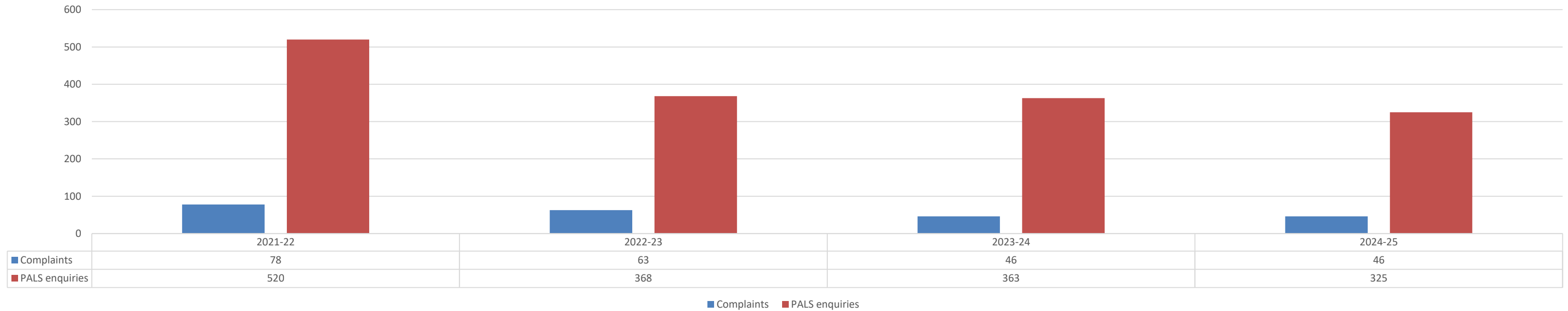
Spring Cohort	2024	2025
All Eligible	57.7%	53.2%
Care Home Residents	72.2%	72.3%
75+	63.3%	59.7%
Immunosuppressed	26.1%	22.8%

Latest Data Monday 2nd June

Patient Experience

PALS Enquires and Complaints Annual Review

Cumulative annual figures for PALS enquiries and complaints across the Frimley area:

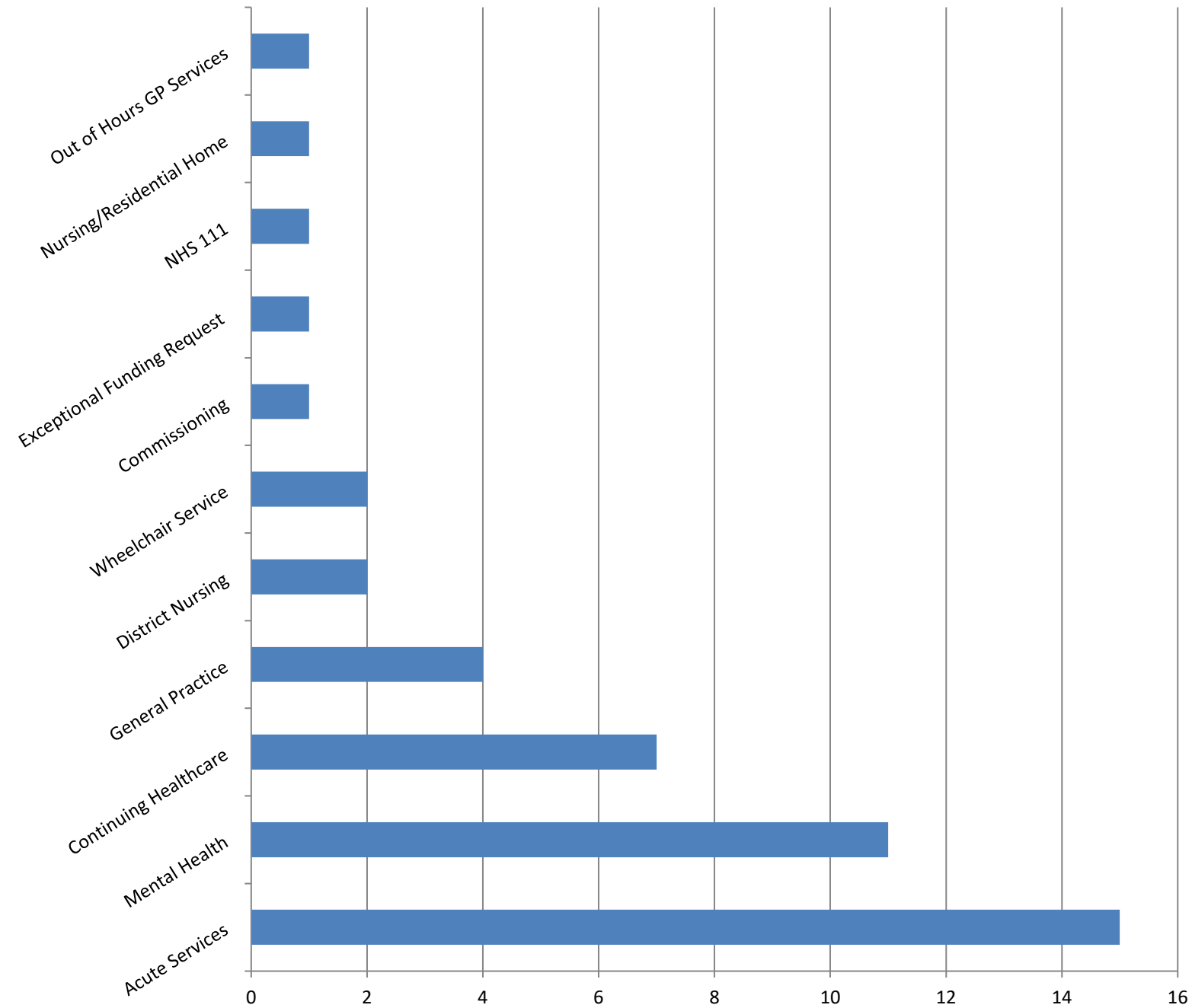


Complaints & PALS enquiries received by quarter:

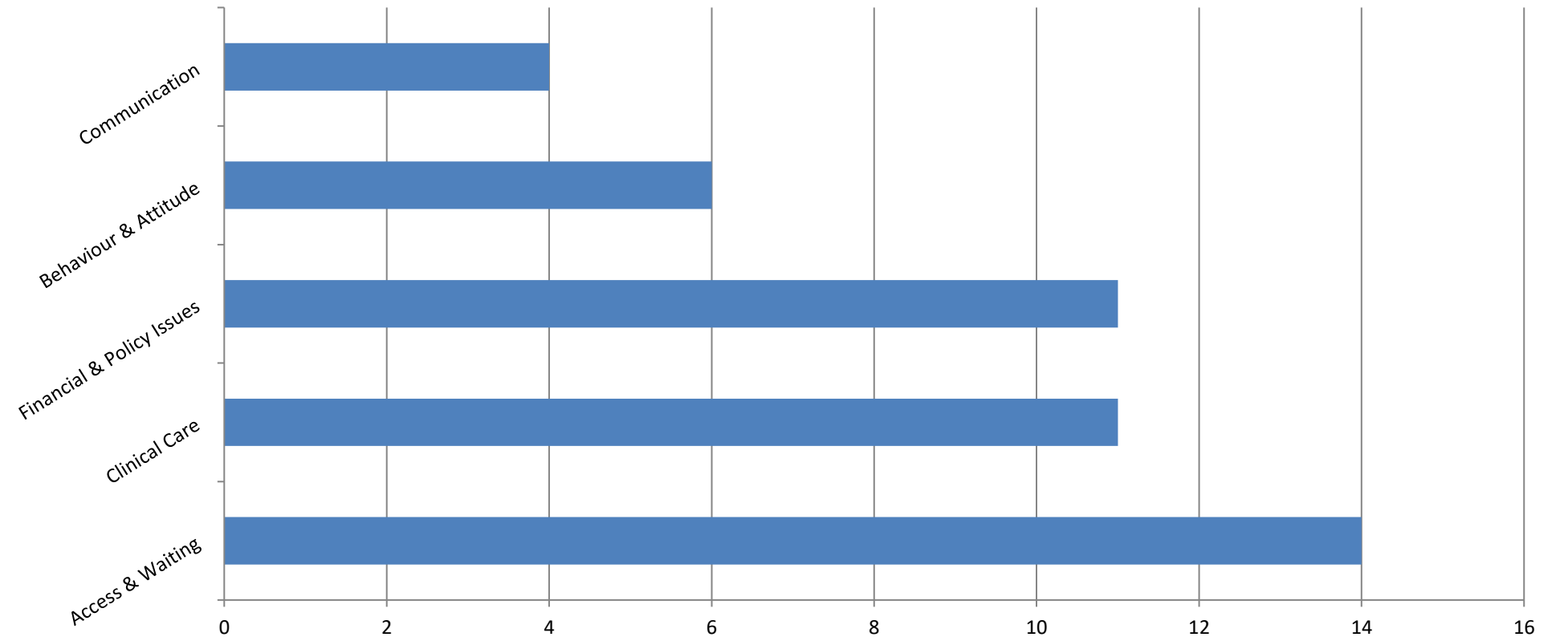
	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Total
Complaints	11	5	16	14	46
PALS	114	60	71	80	325

Themes:

Complaints by service:



Complaints by subject:



Healthwatch Surrey



- 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 provides insights into local people's views on, and experiences of health and social care services in Surrey Heath and Farnham.

Feedback themes:

GP practices

- positive feedback about the quality-of-care people were receiving, particularly around referrals and the system.
- Issues with appointments and unable to book in advance.
- Mixed feedback about navigating services.
- People not feeling listened to / rushed at appointments / didn't feel issues were being addressed.
- This has been feedback to primary care teams.

Secondary Care –

- capacity issues, experiences of corridor care and significant waiting times in ED.
- Feedback shows that people understand the pressures staff are under, and this isn't seen as individualised failings, but recognising how stretched services are.
- Frustration has been around admin issues (including confusing letter and not containing correct information) which is impacting patient experience.

Mental Health –

- feeling they are being pushed between services / declined referrals has a significant impact on people.
- This has been feedback to colleagues and currently awaiting responses for recommendations or actions.

Safeguarding Update

Safeguarding Reviews, Notifications and Rapid Reviews Q3 & Q4

	Notifications and multiagency discussion	Number processed to Scoping for information and RR only	Number progressed to Statutory Review
Bracknell	3	1	1
NE Hampshire	0	0	0
Royal Borough Of Windsor and Maidenhead	8	3	2
Surrey Heath and Farnham	3	2	1
Slough	2	1	0
Totals	16	7	4

Q3-4 Themes from Reviews

- Serious violence
- Self-neglect
- Unsafe sleeping
- Information sharing
- Complex mental health
- Homelessness
- Domestic abuse including death by suicide
- Domiciliary care and safeguarding thresholds
- Non-Accidental Injury
- Child Sexual Exploitation
- Elderly carers
- Lack of use of the multi-agency risk framework
- Safeguarding alerts on patient records

Child Death Overview Update 2024-2025 Summary

NB: this is taken from Data held by the ICB and not confirmed by Berkshire CDOP

	2020-21	2021-22	2022-23	2023-24	2024-2025
Bracknell	2	9	4	5	7
RBWM	5	7	5	6	4
Slough	12	14	27	24	15
Northeast Hants (that have had a Joint Agency response)	-	-	3	3	4
Surrey Heath and Farnham (that have had a Joint Agency response)	-	-	1	1	2
Totals			40	39	32

Age	2023-2024	2024-2025
Less than 24hours	4	8
1-28 days (neonate)	11	5
29 days to 1 year	5	6
1-4 years	4	6
5-9 years	5	2
10-16 years	7	4
17 years	3	1
Total	39	32

Category of cause of death (This data is yet to be confirmed, and this is the initial findings)	Bracknell	RBWM	Slough	NE Hants	Surrey Heath and Farnham	Total 2024 /2025	Total 2023 /2024	Total 2022 /2023
Perinatal/Neonatal	1	1	1		1	4	6	6
Extreme Prematurity	2					2	4	6
Trauma	1		1			2	1	3
Drowning						0	0	4
Infection		1	2	1		4	2	4
Life limiting condition			3			3	5	4
Chromosomal/genetic/metabolic	1		5			6	7	11
Sudden Unexplained Death in infancy (SUDI)		1	3	1	1	6	5	1
Sudden Unexplained Death in Childhood (SUDIC)	2	1				3	6	0
Oncology						0	3	0

Summary:

Please note due to the size of this data it is difficult to make conclusions based on just this. Below are observations and early considerations, and the annual CDOP reports will provide further clarity on the information across Berkshire, Hampshire and Surrey.

- 2024/25 initial data shows a decrease in the number of child deaths across Frimley ICB.
- A significant decrease in the number of Slough child deaths recorded.
- There was an increase in child death within the first day of life
- There was a decrease in the number of deaths in the neonatal period.
- We saw an increase in Sudden Unexplained Deaths (SUDI) in ages 1-4 however this initial data may change once further information is obtained
- There were 3 notifications to Safeguarding Boards following the child death. Two have proceeded to Safeguarding Children Practice Reviews; with themes of criminal exploitation, neglect, non-accidental injury and unsafe sleep.

Quality & CQC Outcomes

CQC Updates

- For general practice, 65/66 practices are rated as good with 1 practice that requires improvement.
- 16 Practices where last inspected and rated in 2015/2016/2017, therefore are more likely to be notified of an assessment. Pre-CQC visit offers have been shared with these practices.

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	62	3	0

Provider	CQC Rating			
	Outstanding	Good	Requires Improvement	Inadequate
Nursing Homes	4	42	11	0
Residential Homes	6	23	8	0
LD	2	36	4	0

Integrated Finance and Performance Report

Finance & Performance Committee – Month 02
Executive Summary

Frimley System Position as at Month 2



Allocative

(1) Managing Demand for Health Interventions



Technical

(2) Efficient Delivery of Health Intervention



Technical

(3) Organisational Internal Efficiency



Technical & Allocative

(4) Efficiency in Health Procurement



Allocative

(5) System Financial Opportunities

Year To Date – on plan (small £46k surplus)

Forecast Outturn – break-even

Overall position by Organisation	Plan	Actual	Variance	Plan	Actual	Variance
	YTD			FOT		
	£m			£m		
FHFT Position Surplus/(Deficit)	(3.3)	(3.3)	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)	(3.3)	(3.2)	0.0	0.0	0.0	0.0

ICB cost pressures:

- ADHD 'right to choose' referrals
- S117 pressures in Hampshire
- Independent Sector acute hospital spend
- Optometry spend in POD

These pressures are **currently being mitigated by underspends**, principally in **CHC**.

FHFT

The Trust is broadly in line with plan for the month and year to date.

Drugs overspends have been offset by savings in other non-pay lines.

Pay is in line with plan as agency and bank spend continuing to be at lower levels

Key Risk:

Deficit Support Funding (DSF) Qtr 1 has been received this month.

Profiled quarterly - receipt dependent upon the system having a credible plan and on track to deliver. **Forecast assumes full receipt.**



Integrated Finance and Performance Report - Finance Oversight

Key financial metrics for April 2025 to May 2025



	Target	Result	Variance	Forecast Outturn Variance	Achievement
	(YTD £m)	(YTD £m)	(YTD £m)	(Full Year £m)	
ICB Statutory Income	352.3	352.0	(0.3)	0.0	
ICB Statutory Expenditure	(355.6)	(355.2)	0.4	0.0	
ICB Statutory Surplus/(Deficit)	(3.3)	(3.2)	0.0	(0.0)	
Provider Agency Ceiling	2.6	2.1	(0.6)	£11.4m - 73.1 % (FOT Var to Cap)	
Provider Bank Ceiling	11.4	11.0	(0.4)	£61.8- 103.2 % (FOT Var to Cap)	
Capital position – ICB	0.4	0.0	0.4	0.0	
Capital position - FHFT	10.1	9.7	0.5	(7.1)	
Achieve Better Practice Payment Code - ICB	NHS Volume & Value 95%	Value - Met 99.5% Volume - Met 96.7%		N/A	
	Non-NHS Volume & Value 95%	Value - Met 99.3% Volume - Met 98.2%			
Achieve Better Practice Payment Code - FHFT	NHS Volume & Value 95%	Value - Not met 63.9% Volume - Not met 75.7%		N/A	
	Non-NHS Volume & Value 95%	Value - Not met 83.7% Volume - Not met 89.5%			

The Frimley system is 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 are currently being mitigated by underspends, principally in CHC.

FHFT is broadly in line with plan for the month and year to date. Drugs overspends have been offset by savings in other non-pay lines.

The system forecasts to deliver a balanced financial year end position.

ICB Statutory Position = NHS Frimley Integrated Care Board & FHFT (100%)
 ICB Statutory Surplus/(Deficit) includes ICB, FHFT (at 100%) and IS adjusted for intra co transactions
 Invoices paid within Better Practice Payment Code >95%, volume & value
 RAG rating relates to YTD results
 *minor variances due to roundings to £m

Integrated Finance and Performance Report - Finance Oversight

ICB Capital

ICB Capital

Frimley ICB has submitted the 2025-26 Commissioner Capital Plan which has been approved in principle by NHS England.

The MIG working group has met to review the submitted expressions of interest from GP Practices. While the GPIT BAU Replacement & Refresh PID is currently being worked on, ahead of submission to the ICB's Chief Finance Officer.

Frimley ICB also received additional Capital in 25-26 for the Utilisation & Modernisation Fund for GP Practices of £1.2million. Schemes have been submitted against this £1.2m and approved in principle, with the Estates and Primary Care Team prioritising the schemes based on the PCN Toolkit, clinical need, Estates principles and Premises Cost Direction guidance.



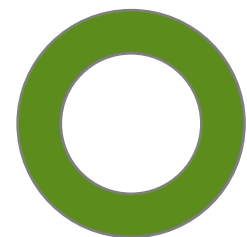
Approved Schemes:

NHSEI PID Reference	Scheme Name	Rationale	Scheme Category	Full PID Value	PIDS awaiting submission	PIDs awaiting approval	PIDs Approved	Balance remaining
				£'000				
QNQ-2526-001	GPIT & Corporate replacement for Out of Warranty / Breakfix devices	Replacement programme for out of warranty GPIT equipment	GPIT	500	0	500	0	0
QNQ-2526-002	Frimley ICB Primary Care MIG Schemes	Increasing clinical and admin capacity, improving access and infection control. Includes an increase on schemes, to cover any GPIT expenditure.	MIG	945	0	945	0	0
QNQ-2526- UMF	Frimley ICB Modernisation and Utilisation Fund Schemes	Increasing clinical capacity for Primary Care Services. Supporting schemes for reconfiguration & refurbishment of existing estates that increase utilisation and capacity.	UMF	1,200	0	1,200	0	0
				2,645	0	2,645	0	0

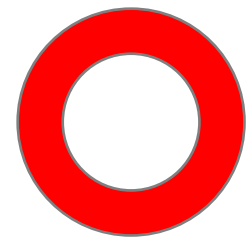
Exec Summary Performance Status Icon Key

Outer Ring = Position to Target

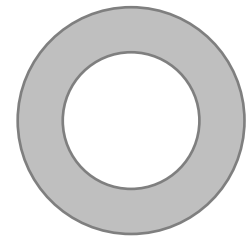
Outer Ring colour communicates the current value is:



At or above target



Below target



No target defined, comparison shown where available

Inner Icon = Trend (MoM or YoY)

Inner icon communicates the latest trend:



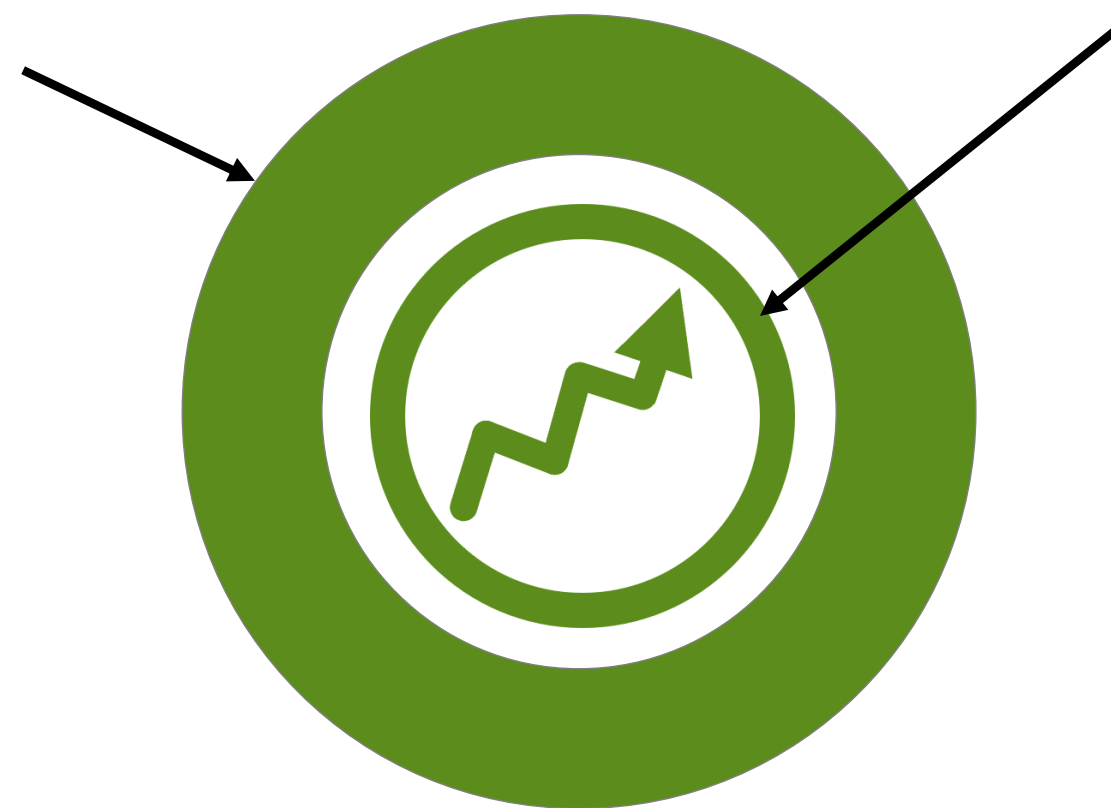
Improving trend



Declining trend



Stable, no clear trend



P = identifies data that is published publicly

DQ = identifies a data quality issue

Integrated Finance and Performance Report – Executive Summary



P

P

Measure	Status	Actual	Comparison / Target	Trend	Actions
Seen in 4 hrs (ED All types)		73% May 25	78%		<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 Constitutional Standards (12hr/4hr)</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. Big focus on reducing 104-day breaches, while SSCA deep dive into Lower GI has commenced. Key challenge is potential impact of summer spike within Skin Cancer pathway.</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% <i>Mar-25</i>	75%		Main Risk and Action not applicable
<p>P Average length of stay in adult acute mental health beds</p>		51 <i>Apr-25</i>	72		Main Risk and Action not applicable

Workforce Report

June 2025

Introduction and Contents

Transition work and development is now underway in the People and OD Directorate and we are actively re-prioritising work across the directorate to ensure alignment with our strategic goals and operational needs. We have redeployed resource to support the Change Programme whilst we continue to digest and develop the requirements of the 10-year plan to understand the long-term strategic workforce objectives.

This document outlines our key activity over June 2025:

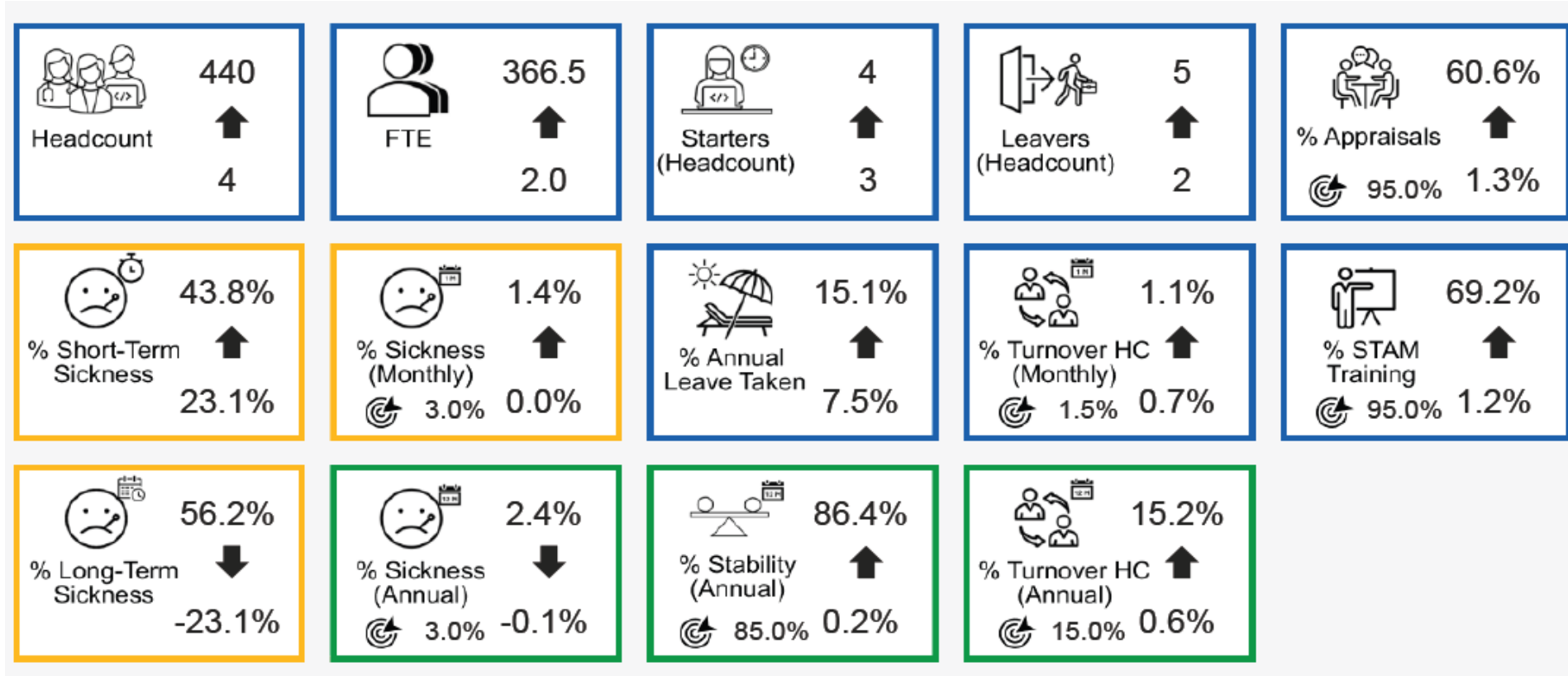
- 3-4 System & Region headline workforce metrics
- 5 ICB Workforce data
- 6-7 Temporary staffing collaborative
- 8-9 Primary Care Training Hub
- 10-11 Work Well
- 12-13 Frimley Academy
- 14-15 Organisational Development

Headline workforce metrics

Against 24/25 Operational plans (M02)		FHFT	BHFT	SABP
	All workforce (wte)	On plan	1.9% under plan	4.2% under plan
	Substantive	0.3% under plan	2.1% under plan	4.2% under plan
	Bank	3.6% over plan	0.6% under plan	12.8% under plan
	Agency	3.0% over plan	10.8% over plan	16.4% over plan

Workforce Metrics (M01)	Metric	ICB	FHFT	BHFT	SABP
	Absence	2.4%	3.2%	3.7%	3.2%
	Vacancy	Unavailable	7.5%	-2.5%	12.8%
	Turnover	1.1%	10.8%	11.1%	16.4%

ICB Workforce Metrics (M02)



- There was a small increase in headcount in May 2025 (4 people). Headcount and FTE has remained relatively stable over the last 12 months, other than a small increase in Spring 2025
- Turnover in May 2025 rose again to almost regular levels, with some fluctuations due to increased recruitment and leavers
- Although total absence in May 2025 has not changed since April 2025, the balance of short term versus long term absence has shifted, with short term absence accounting for 43.8% of total absence in May, compared to 21.7% in April 25. 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 May.

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

Completed by: Parjinder Basra
Reporting period: June 2025

Month 3 25/26

Last period	This period	Summary of current Programme Status
Time	Time	The Agenda for Change (AfC) agency and bank workstreams are both on-track. The medical temporary staffing project is 'amber' as agency and bank rates / usage have not stepped down to plan. A revised plan has been agreed for the medical project around three workstreams: 1) bank and agency rate ceilings; 2) workforce optimisation; and 3) provider support.
Scope	Scope	The medical temporary staffing project has been re-scoped to both cover upstream activities which affect contingent workforce demand and to fast-track the agency and bank reductions. The AfC agency and bank workstreams have moved to a sustainable portfolio footing i.e. have 'business as usual' on rate management whilst focusing on usage reductions.
Cost	Cost	The programme is being delivered within the agreed budget. Two trusts (Surrey & Borders; and Surrey & Sussex) have indicated that they will not be part of the collaborative in 2025/26 and this will cause a shortfall in the required funding. The programme has plans in place to adjust delivery to be achieved within the available budget.

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

Workstream status

#	Workstream	Achievements in this period	Activities planned for next period	Time	Scope	Cost
1.	Performance	2025/26 YTD M2: agency as % of pay bill for the region = 2.0% (NHS ceiling of 2.0%); bank as % of pay bill for the region = 7.3% (NHS ceiling of 6.3%); year-on-year (YoY) regional bank reduction = -£8M (-5.2%); YoY regional agency reduction = -£21.5M (-34.7%).	Continue shifting focus of performance framework to deliver targets for bank and agency expenditure limit achievement, feeding into July Board meeting. Develop new financial performance management hub to enable systems and trusts to track performance to enable early interventions where off-target.			
2.	Agenda for Change – Agency project	New AfC agency ceilings step-down planned for September 2025 with consultation in July.	Continue to monitor performance against April 2025 ceilings. Target corrective actions based on M2 financials.			
3.	Agenda for Change – Bank project	Trusts continue to be supported on AfC rate strategy and usage reductions.	Agree regionwide rate strategy for 2025/26. Agree themes and solutions from June workshop. Monitor M3 financials.			
4.	Medical Temporary Staffing project	Trust consultation completed on initial agency and bank ceilings and shared with project board. Optimisation survey completed. Enhanced support for priority trusts.	Finalise agency and bank ceilings proposition and plan following consultation with trusts. Analyse workforce optimisation survey and work with NHSE on SE Job Planning programme.			
5.	Governance and operational planning delivery targets	Submitted 2024/25 operational plans converted into trust targets and shared with the six systems.	Convert April 2025 submitted plans into performance products and share planned initiatives and schemes.			
6.	25/26 Delivery plan	Key elements of the agreed 2025/26 Delivery Plan continue to be developed.	Progress enhanced controls, regionwide projects and best practice sharing through communication and governance channels (e.g. system-level temporary staffing delivery groups).			

Risks and issues (key programme level risks and issues)

Risk / issue ID	Project Risk description	RAG	Mitigation/ update	Responsible group/ individual/ organisation
1.	Medical bank and agency rate reductions have not progressed to the required trajectory.		Project Board in July 2025 considered feedback from trusts on draft agency and bank ceilings. Ceilings to be finalised end of July and work will then commence on rate changes in cohorts. Plans being put in place for Resident Doctors' strike action.	Programme SRO
2.	The achievement of bank and agency expenditure limits across the SE in 2025/26 will be challenging due to the over-performance of the region over the last two years.		A new workplan and governance approach has been agreed for 2025/26. A performance management tool is being developed to assist with dynamic financial monitoring at system and trusts levels.	Programme Board
3.	Funding from all systems and providers may not be secured for 2025/26 within the context of national changes and financial targets at trust (i.e. corporate services reductions), ICB (50% reductions in 2025/26) and NHSE (merger into DHSC) levels.		Two trusts have indicated they will not be signing-up nor funding the collaborative in 2025/26. Programme team are adjusting plans to deliver within the reduced budget.	Programme Executive Sponsor

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

Key decisions or recommendations for progression

	Decision description	Decision Owner	Decision Status	RAG
1.	Revised regional strategy for agency and bank ceilings to be agreed and planned for to enable step-downs, minimisation of current rate variations and to secure best value.	Temporary Staffing Collaborative Board	Feedback on the medical agency and bank rate strategy has not been received from trusts and glidepaths will be developed. New plan going to Collaborative Board on 22 July for agreement.	

Programme Summary Report - Primary Care Training Hub

Completed by: Andrea Hollister
Reporting period: June 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 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.
Cost	Cost	TH funding through primary care transformation has not been approved. Significant risk is now held due to planned events approaching and no agreed finance or contracts allowed to be signed due to financial processes on hold. Significant staffing issues are staff to affect programme delivery. Reduction in project management staffing by 0.2 fte permanently, 1.0 fte on long term sick, 1 fte vacancy. 0.5 fte returned from mat leave.

Month 3 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	Delays with funding for OMMT. Primary care figures supplied. Agreed training resources with Frailty network. Filled IP training places x 4 and ACP placements x 6 LNA design completed.	ETAP survey to be distributed. LNA to be distributed. Comms and recruitment to 18 nursing fundamentals places. Explore capacity and demand work for student placements. Develop Frailty support webinar. Plan for data collection of OMMT across primary care			
2.	Retain	Wild Mondays Health and wellbeing webinar x 1. PLT events x 2 HCA conference postponed. New date 16 July. Further sharing of Primary Care Staff survey (GPSS). New CPD application system launch, CPD events delivered. Need to agree 3 key priorities for people promise plan that are relevant for primary care (paused) Comms for General Practice Staff Survey (GPSS) commenced GP development session delivered in June – Thriving in general practice.	Continue PLT delivery. Continue with CPD delivery Promotion of GPSS to continue and support sign up Create a one-page menu of opportunities for People Promise support Change finance process to streamline fellowship payments			
3.	Reform	Attended PCN CD meeting to develop PCN CD programme 10 June. Build website resources for general practice staff roles – all website development paused Options paper written and sent for future training hub function in new organisation	Feedback into organisational redesign work			
4.	Workforce Planning	Completed support Practices/ PCNs with National Workforce Return	Test primary care workforce dashboard with Practices and PCNs			

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.		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		Risk/ issue needs resolution quickly as impact on programme is large
2.	Physicians Associates expansion in primary care; scope of practice revised leading to possible redundancies		Employ other workforce to fill the service gap. ARRS rules have changed, and funding can be used for any professional including newly qualified GPs	GMC		Risk/ issue should not be tolerated and needs resolution in medium term
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.		Explore alternative supervisor accreditation courses. NHSE elect offer a suitable alternative that takes less time for accreditation. Pursuing this option nationally	NHSE		Risk/ issue can be tolerated as impact on programme is small
4.	Roll out of F2F tier 2 Oliver McGowan Statutory training		Pay Bucks Health and social care academy for delivery of contract.	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		Programme paused due to organisational restructure	Caroline Corrigan		
6.	Primary Care transformation SDF business case is not signed off for 2025/6 – reprioritisation of workforce retention programmes will be required, and programmes may need to cease due to financial pressures.		SRG/Finance to sign off business case. Move capital IT investment to revenue to ease cost pressures on IT resource purchases.	Frimley ICB exec		
7.	Future of primary care training hub function beyond the abolition of NHSE and the outcome of the training hub review		Agree what the future form and functions of a training hub function is	Central government/NHSE/ ICB		

Key decisions or recommendations for progression				
	Decision description	Decision Owner	Decision Status	RAG
1.	SRG sign off of primary care SDF business case	Richard Chapman	Pending	
2.	Options for safe transfer of training hub function during organisational transition	Caroline Corrigan	Pending	

Programme Summary Report - WorkWell

Completed by: Junia Ebanks
Reporting period: June 25

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

Last period	This period	Summary of current Programme Status
Time	Time	The National WorkWell Pilot will now run till the End of June 2026 this will allow all participants recruited in March 2026 to complete the 8-week programme no new referrals can be made during April to June 2026
Scope	Scope	Pilot areas are being onboarded as planned as part of the 'start small, review, improve and scale' approach. Discussions are being held with RBWM to review participation with the pilot. We are significantly behind with circa 25 referrals out of a target of 300 this quarter
Cost	Cost	Submission of pilot spend have been submitted to DWP included staffing costs and externally sources IT support (Joy and GetuBetter) which have been procured we have two areas of resource not filled and now frozen with recent ICB announcements regarding running costs.

Workstream status

	Workstream	Achievements in this period	Activities planned for next period	Time	Scope	Cost
1.	Programme Management of WorkWell Pilot	DWP formerly asked Frimley to develop an Accelerated Actions Plan (Remedial Plan) with the aim for improving the low participant rate. This plan was submitted to DWP on Tuesday 24th June ahead of the deadline.	DWP will hold periodic reviews of the plan, dates have not yet been confirmed. There will be a low participant root cause analysis workshop with PA Consulting and DWP date (TBC)			
2.	Implementation of the local WorkWell Service	Slough participant numbers are low and a Social Prescriber has just left, leaving participant numbers even more vulnerable. Rushmore Voluntary Services and Rushmore Citizens Advice are not yet seeing participants. Surrey Heath has successfully started seeing participants	Working with comms to produce marketing assets for GP Surgeries, digital screens and business cards Also working with comms to create an information web page, social media advertising and a press release.			
3.	Procurement of additional support services	The JOY app is being onboarded across the system including Rushmore Voluntary Services and Rushmore Citizens Advice	Weekly meetings have been diarised to facilitate quick and efficient onboarding			
4.	Information Governance and Data insights	Rushmore Voluntary Services and Rushmore Citizens Advice are undertaking the process to satisfy Frimley ICBs minimum IT standards	Rushmore Voluntary Services have registered to get an ODS number but we do not yet have a timeframe for this			
5.	Creating a strategy for the future	The Academy are providing support to map out the connections that will support and compliment the WorkWell Programme and develop a Frimley ICS framework to support Get Britain Working .	The first draft will be ready by the end of July 25			
6.	Evaluation and sharing the learning of the WorkWell Programme	Frimley ICB and Surrey CC are working with BearingPoint on the external WorkWell evaluation, we are in the scoping phase	Provide requested data at weekly meetings			

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
2.	Agenda for change pay increase not reflective in currently leadership allocation for 2024/25	Yellow	As above	DWP NHS Frimley
3.	An internal DPIA will need to be signed by all providers, as there is a delay in process sign off, we may need to start without it in place	Yellow	DPIA has been developed awaiting sign off	NHS Frimley DWP Joy Connect
4.	Four out of Five places within Frimley ICS are included in the programme, RBWM did not take part in the initial bid, this could lead to inequality across our system?	Yellow	Director of Public Health for RBWM in discussions with SLT at RBW&M	NHS Frimley RBWM
5.	We will not achieve the 3400 participants required for the programme	Yellow	Additional support offered to PCN to identify participants	NHS Frimley PCN

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.	Approval of the marketing assets	Karen Beech	Pending review	Green
2.	Approval of social media and press release materials	Karen Beech	Pending review	Green

Frimley Academy Programme Summary Report -

Completed by: Bobby Cowan
Reporting period: June 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

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 review	

Programme Summary Report - Organisational Development

Completed by: Lisa Cully
Reporting period: June 2025

Month 2 2025/26

Last period	This period	Summary of current Programme Status
Time	Time	OD workstream has met project deadlines in timelines set.
Scope	Scope	reprioritisation of OD workstream has been undertaken and resource redeployed to support Change programme
Cost	Cost	OD projects are within budget.

	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.	Joint OD Support through change	Established joint OD support proposal for the upcoming change programme with BOB ICB OD lead. OD plan has now been developed and forms part of the over-arching People and Culture Delivery Programme.	OD plan to be presented to Joint Transition Executive as part of wider People and Culture delivery programme. Additional resource to be sourced to support delivery of plan			
2.	LM Forum	Held LM forum focussed on supporting line managers to manage themselves through change with support via CSU colleagues as taster for wider LM development workshop series.	Continue to support Line Managers through change programme with specific focus on Health and wellbeing support for staff			
3.	EDI Reporting	Awaiting updates on national requirements for ICB reporting for WRES/ WDES	Paused. Update paper to be developed and presented to board/ Joint Transition Executive for approval			
4.	Staff Survey	Paused awaiting further discussions across South East region	Paused awaiting further discussions across South East region. Update paper to be presented to Board/ Joint Transition Executive for approval			

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Board Assurance Framework		
Agenda Item	8.1	Date of meeting	22 July 2025
Exec Lead	Caroline Corrigan – Chief People Officer		

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

Link to Strategic Objective	<i>Relates to all Strategic Objectives</i>
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Executive Summary
<p>Introduction:</p> <p>The ICB board is asked to review the Board Assurance Framework, noting the updates to the mitigating actions that have been made since the document was last reviewed in May 2025.</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 2024/25:</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>The ICB has 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 ICB’s that has resulted from the national announcement that all ICBs must make 50% running costs reductions by October 2025.</p> <p>The ICB will use the NHS England’s “Model Integrated Care Board- Blueprint v1.0” guidance issued in May 2025 to redesign its strategic commissioning functions and these plans will inform the development of the updated 2025/26 Strategic Objectives.</p> <p>A refreshed Board Assurance Framework, using an updated 2025/26 Risk Appetite Statement and Strategic Objectives will come to the next ICB Board in Public in September 2025.</p> <p>Risk Appetite:</p> <p>Using the Good Governance Institute (GGI) Framework the Board agreed the following 2024/25 Risk Appetite and Risk Thresholds which have been mapped to the risk domains in the BAF:</p>

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

Risk Thresholds

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

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

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

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

Effects of Controls and Trend Analysis:

The Board is asked to note the final risk appetite scores for Quarter 1 2025/26 (April, May and June).

As of July 2025, the Board is asked to note that the following Strategic Objectives have been scored with an inherent (current) and residual risk (score after the risk has been mitigated) for Q1 2025/26.

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

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 is asked to note that four Strategic Objectives sit within Risk Appetite Thresholds and two continue 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 is due to progress made against the actions detailed within the BAF.
- The Board is 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.

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

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



Addition of a new Cyber Principal Risk for Strategic Objective 6: Outstanding Use of Resource

The Board is 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* has been added to the BAF. A summary of scoring is shown below:

BAF REF: SO6-B	Strategic Objective: 6. Outstanding Use of Resources	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	Risk Domain: Financial	Current Risk Score: 15
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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			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)
I	L	Rating (IxL)	I	L	Rating (IxL)								
5	4	20	5	3	15	OPEN 12	Out	Current Rating	N/A	N/A	N/A	15	

Reporting Cycle:

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

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

Recommendation	The Board is asked to note the final position of the Board Assurance Framework for Q1 2025/26.
	The Board is asked to note the work underway to review and update its Risk Appetite Statement and Risk Thresholds for the year ahead. A refreshed BAF featuring a 2025/26 Risk Appetite Statement aligned to Strategic Objectives will be brought to the next Public meeting in September 2025.
	The Board is further asked to note the addition of a new Cyber Principal Risk for Strategic Objective 6: Outstanding Use of Resource.

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

22-Jul-25

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

Board Strategic Objectives 2024/25

Strategic Objective 1	Strategic Objective 2	Strategic Objective 3	Strategic Objective 4	Strategic Objective 5	Strategic Objective 6
Starting Well	Living Well	People, Places and Communities	Our People	Leadership and Cultures	Outstanding Use of Resources
We want all children to get the best start in life.	We want people from across all our communities to have the opportunity to live healthier lives.	We will ensure the voices of our residents, facilities and carers shape the ways we create healthier communities.	We want to be known as a great place to work, live and make a positive difference.	We will work together to build kind, inclusive and collaborative cultures which harness the 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.
<p>*Developing a whole system transformation programme to support our offer to neurodiverse children to a needs led model, reducing the long waits for ADHD/Autism assessments</p> <p>*Strengthening the partnerships across our system to improve outcomes for children and young people with SEND through early help and peer support</p> <p>*Improving the options available for children needing residential care, and further develop and strengthen the processes and arrangements for joint funding with partner local authorities.</p>	<p>*Creation of the whole system clinical strategy to support shift of care to out of hospital settings and quantifiable effect on reducing hospital activity, making full advantage of virtual care and other 21st Century healthcare transformation opportunities and enable NHP build assumptions</p> <p>*Definition and achievement of Core20+5 interventions on reducing inequality of outcome for maternity, severe mental illness, respiratory, cancer and hypertension, as well as the Plus groups approved by the ICB Board in 2024</p>	<p>*Definition of a new way of working and taking decisions together at Place with Local Authority partners and ICB teams, contributing to increased discharges and admission avoidance, facilitated by an improved utilisation of the Better Care Fund</p> <p>*Support and refinement of the VCSE at scale model which is being developed and implemented</p> <p>*Leadership and support of the co-design for ICP v2.0</p>	<p>*Finalise the implementation of the ICB restructure, realising a £4.5m improvement in the pay expenditure of the organisation and embed the OD activities required to make the operating model a success</p> <p>*Establish the DWP-DHSC Work Well programme as a funded pilot site and ensure that the financial support available is used to create high impact, personalised support for Frimley residents</p>	<p>*Further develop, promote and implement the ICB's activities in delivering our system wide Equality, Diversity and Inclusion Strategy</p> <p>*Build upon our system leadership approach and workplan, including our continuing commitment and support to the Frimley Academy</p>	<p>*Financial sustainability – break-even runrate by end of 25/26</p> <p>*Finalisation and publication of ICS Infrastructure Strategy</p> <p>*Progression of out of hospital capital estates schemes</p> <p>*New Hospital Programme – ICB responsibilities</p> <p>*CSU In-Housing and Pan-ICB digital architecture implemented</p>

Board Risk Appetite Statement 2024/25

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

It is key to achieving effective risk management and is agreed by the Board so that the nature and extent of significant risks we are willing to take in achieving our strategic objectives is understood. It represents a balance between the potential benefits of transformation, the challenges we face, and the threats change inevitably brings.

The Board will review its risk appetite annually or more frequently should the environment we operate in change significantly. The risk appetite sets the threshold for risk against key domains and enables the Board, its Committees and Boards and teams to effectively manage risks.

Risk Statement:

NHS Frimley recognises that long term sustainability of health and care services depends upon managing risks in relation to the delivery of our strategic objectives, and that our relationships with communities, staff and all our partners is key to our success. Our approach to our risk appetite is underpinned by the maturity of our system working.

We believe that no risk exists in isolation and that effective risk management is about finding the right balance between risks and opportunities to deliver our ambitions, to act in the best interests of our communities alongside delivering value for money. Our risk appetite approach recognises the need for risk trade-off conversations, creating a flexible framework within which we can drive transformation, make agile decisions and balance boldness and caution, risk and reward and cost and benefit. It also aims to provide a proportionate approach to risk reducing bureaucracy but ensuring appropriate rigour in our risk management.

We recognise that no health and care is risk free and when balancing risk, we will tolerate some more than others. For example: we will have a cautious approach to risks which impact quality (clinical quality, safety and patient experience) which means we prefer safe delivery options and take decisions that aim to mitigate the level of risk. When driving transformation and innovation we will seek options that have bigger rewards but greater risks to get there, using our risk approach to understand and balance the risk with benefits.

Overall NHS Frimley has an open appetite to take well-considered balanced risks to pursue innovation and opportunities where positive gains can be expected, whilst being confident that through good risk management the threats can be averted.

References: Good Governance Institute: Board guidance on risk appetite: 2020; NHSE/I Risk Appetite 2021

The Board has agreed its risk appetite in the following domains for 2024/25:

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

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

Risk Summaries

Strategic Objective 1: Starting Well													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)			Current Risk rating (after mitigation)			Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter
					I	L	Rating (IxL)	I	L	Rating (IxL)			
SO1	Quality	CYP and their families may not have their agreed needs met, with the result of lasting negative impact for them their families and Health and social care in the future.	Chief Nursing Officer	F&P / SQG	3	4	12	3	3	9	CAUTIOUS 8	OUT	NO CHANGE

Strategic Objective 2: Living Well													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)			Current Risk rating (after mitigation)			Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter
					I	L	Rating (IxL)	I	L	Rating (IxL)			
SO2	Quality	If we are unable to effectively implement and integrate the whole system strategy that supports the transformation of care to out-of-hospital settings, then the anticipated reduction in hospital activity may not be achieved. This may exacerbate health inequalities, leading to increased pressure on partner organisations, higher healthcare costs with risk to our recurrent financial sustainability and poorer access, outcomes and experiences for local communities.	Chief Medical Officer	F&P / SQG	4	4	16	3	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)			
SO3	Transformation	A new approach to the ICP, Place governance and ICB team changes, policy uncertainty (BCF and adult social care discharge funding) and financial challenges for all system partners (health and local authorities) could create a challenging partnership environment and prevent the delivery of our shared priorities and goals	Chief Transformation and Digital Officer	F&P / SQG	4	4	16	3	3	12	SEEK 16	IN	NO CHANGE

Strategic Objective 4: Our People													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)			Current Risk rating (after mitigation)			Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter
					I	L	Rating (IxL)	I	L	Rating (IxL)			
SO4-A	People	A) Workforce: We do not have the capacity and capability to deliver the required changes, realise the savings required and associated OD plan.	Chief People Officer	F&P / SQG	4	4	16	4	3	12	OPEN 12	IN	NO CHANGE

Strategic Objective 4: Our People													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)			Current Risk rating (after mitigation)			Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter
					I	L	Rating (IxL)	I	L	Rating (IxL)			
SO4-B	People	B) WorkWell: We do not have the capacity and capability to deliver a WorkWell Programme, that delivers the required impact for the residents of Frimley.	Chief People Officer	F&P / SQG	4	4	16	3	4	12	OPEN 12	IN	NO CHANGE

Strategic Objective 5: Leadership and Cultures													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)			Current Risk rating (after mitigation)			Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter
					I	L	Rating (IxL)	I	L	Rating (IxL)			
SO5	People	If we do not create an inclusive culture then we will not have the leadership capacity and capability to deliver for the communities we serve. If the ICB does not create an open, positive, transparent and inclusive culture then the cases of bullying, sexual misconduct, aggression and poor employee experience will lead to a higher number of employee relations cases, FTSU cases as well as a direct impact on delivery against our strategic workforce objectives.	Chief People Officer	F&P / SQG	4	4	16	3	4	12	OPEN 12	IN	Downgraded (16 -> 12)

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

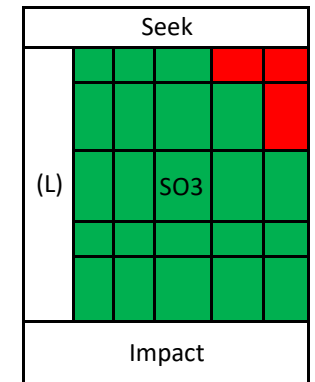
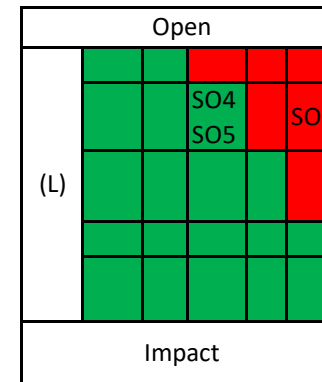
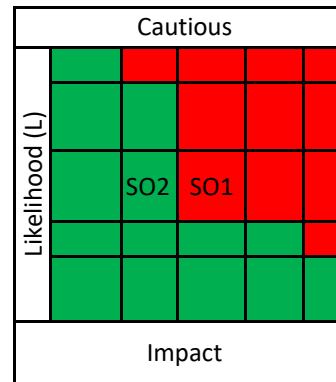
Strategic Objective 6: Outstanding Use of Resources													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)			Current Risk rating (after mitigation)			Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter
					I	L	Rating (IxL)	I	L	Rating (IxL)			
SO6-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/meeting its strategic objectives	Chief Transformation and Digital Officer	F&P / SQG	5	4	20	5	3	15	OPEN 12	OUT	N/A

Heat Map

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

The ICB board has applied the following Risk Appetite / Thresholds to the 2024-25 Strategic Objectives

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



BAF REF: SO1	Strategic Objective: 1. Starting Well	Principle Risk: CYP and their families may not have their agreed needs met, with the result of lasting negative impact for them their families and Health and social care in the future.	Risk Domain: Quality	Current Risk Score: 9
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Assurance Committee: Finance and Performance Committee / System Quality Group	Delegated Risk Owner: Chief Nursing Officer	Date Added to BAF: Q2 2024/25
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Initial Risk Rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)
I	L	Rating (IxL)	I	L	Rating (IxL)								
3	4	12	3	3	9	CAUTIOUS 8	OUT	Current Rating	9	9	9	9	TBC

Positive Assurance and Key Controls in Place	Gaps in Control and/or 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. Connecting housing and wider determinants into the work - for example using connected care data alongside LA insights to identify children at risk of respiratory illness this brings together a joint approach which enables the child's asthma to be supported and the improvements to the home such as damp and mould be made.</p> <p>5. Established Clinical Review Group to bring wider clinical expertise to assess needs that arise from health need.</p>	<p>There is a gap between the frameworks in use for determining eligibility for health funding, and expectation from partners of when a child should receive health funding. Increasingly challenging relationships with local authorities when planning care for children particularly where high cost associated for local authority. Continuity of service provision whilst integrated therapies procurement is undertaken. Capacity to deliver the whole system change needed to support young people who are neurodiverse. Capacity to deliver safety valve programmes within Local Authorities. Wait times for neurodiversity support will form part of the inspection framework in the near future leading to greater scrutiny and control from external regulators. Right to Choose framework being exploited by new and unverified providers to undertake assessments for neurodiversity with limited quality and financial control or oversight.</p>

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update
Residential project aiming to provide a local short term high intensity intervention that aims for children to return to the family home rather than needing to come in to the care of the LA.	Apr-27	Director for Children, Mental Health, and Learning Disabilities	This project closed as noted in previous updates. The ICB is actively engaged in a South East Regional Care Co-Operative that had been created to look at the opportunities to develop specialist placements and support market development. We have also just completed a 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.
Secure funding to bring LA partners together to further develop shared understanding of joint funding opportunities	Sep-25	Director for Children, Mental Health, and Learning Disabilities	Considerable amount of work has taken place since last update culminating in a workshop with DCSs and their deputies to move the work forward. We have a new joint panel 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.
Establishing right to choose framework utilising provider selection regime to try to regain control of the quality of service providers.	Sep-25	Head of Transformation CYP, MH, SEND, ADHD and Autism	Service Spec has been agreed and work is on target - we are slowing this work down slightly to ensure that any future ICB collaborations are considered. National guidance regarding RTC contracts is also expected which needs to feed into the programme
Needs-led model for neurodiversity in both MH providers to be in place by 1st November.	Nov-25	Head of Transformation CYP, MH, SEND, ADHD and Autism	Working with BHFT and LAs and primary care - we have gone live with new referral pathway. Timelines currently being met. The Frimley neurodiversity steering group has been established. Strengthened primary care support and working closely with Medicines Optimisation. work continues.

BAF REF: 502	Strategic Objective: 2. Living Well	If we are unable to effectively implement and integrate the whole system strategy that supports the transformation of care to out-of-hospital settings, then the anticipated reduction in hospital activity may not be achieved. This may exacerbate health inequalities, leading to increased pressure on partner organisations, higher healthcare costs with risk to our recurrent financial sustainability and poorer access, outcomes and experiences for local communities.	Risk Domain: Quality	Current Risk Score: 9							
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. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)
I	L	I	L				12	9	9	6	
3	4	3	2	CAUTIOUS 8	IN	Current Rating	12	9	9	6	
Positive Assurance and Key Controls in Place						Gaps in Control and/or Assurance					
<p>ICS Living Well Ambition and updated Terms of Reference for the Living Well Board, developed collaboratively with our partners.</p> <p>WorkWell Delivery Group established reporting into the Living Well Board</p> <p>All work programmes overseen and managed by the Living Well Board are progressing as planned, with the exception of one</p> <p>CORE20 'Plus' groups identified for outcome mapping, with a CORE20PLUS5 Community of Practice established</p> <p>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.</p> <p>Regular links to regional and national health inequalities groups/Boards</p> <p>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</p>						<p>Work on Inclusion health groups</p> <p>Inpatient Smoking Cessation Programme at FHFT has yet to reach full establishment, and recurrent funding for the Tobacco Advisors in post, is still pending</p> <p>Financial constraints might lead to inadequate investment into prevention and tackling health inequalities.</p> <p>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.</p> <p>Q4 action to create Strategic Commissioning Framework & new Procurement Policy</p>					
Mitigating Actions to Address Gaps				Target Date	Action Lead	Update					
Participating in the inclusion Health Regional Networks to progress work. To gain deeper insights into the needs of inclusion health groups, we will leverage the OHID South East data packs, augmented by Connected Care to enhance data accuracy and generate actionable insights.				Complete	Head of Prevention and Reducing Health Inequalities	<p>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.</p> <p>This action can now be closed, having been incorporated into the assurance and key controls in place.</p>					
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.					
Establishment of new System Operating Model				Mar-26	CFO and CT&DO	Revised processes are being rolled out within the ICB to support with financial recovery, in support of the revised system transformation board and to ensure alignment with partners and key programmes e.g. New Hospital Programme.					
Development of System-wide Transformation Programme				Jul-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: SO3		Strategic Objective: 3. People, Places and Communities				Principal Risk: A new approach to the ICP, Place governance and ICB team changes, policy uncertainty (BCF and adult social care discharge funding) and financial challenges for all system partners (health and local authorities) could create a challenging partnership environment and prevent the delivery of our shared priorities and goals				Risk Domain: Transformation		Current Risk Score: 9		
Assurance Committee: Finance and Performance Committee / System Quality Group						Delegated Risk Owner: Chief Transformation Officer			Date Added to BAF: Q2 2024/25					
Initial Risk Rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	
I	L	Rating (IxL)	I	L	Rating (IxL)									
4	4	16	3	3	9	SEEK 16	IN	Current Rating	9	9	9	9		
Positive Assurance and Key Controls in Place								Gaps in Control and/or Assurance						
<ul style="list-style-type: none"> - Establishment of new Places and Communities Board to create senior alignment and readacross - Approach to ICP Refresh and deployment sponsored by Chair and CEO of the ICB with 2 x Chief Officer support - Ongoing structured engagement with Local Authority Chief Executives by ICB CEO and CTDDO to escalate and resolve issues as they arise - Refreshing all age CHC policies (for East Berkshire residents) including escalation process in partnership with LAs 								<ul style="list-style-type: none"> - Awaiting National policy direction for BCF from April 26. Funding through these sources embedded into recurrent operational delivery and system ambitions - Emerging changes arising from the Local Government Reform White Paper published in December 2024 - not yet finalised - Changes in ICB role and configuration increase uncertainty and risk potential 						
Mitigating Actions to Address Gaps								Target Date	Action Lead	Update				
Working with LA partners to mitigate the NHS England approach to "engagement " on future of BCF								31/08/2025	CNO / Director for Places and Communities	In progress.				
Importance of strategic alignment between Places & Communities work and broader left shift / prevention / Living Well														
Ongoing LA Officer and Political engagement at a local level								31/08/2025	CEO / CNO / Director for Places and Communities	In progress.☑				
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.								31/03/2026	CEO / Director for Places and Communities	In progress.				

BAF REF: SO4-A		Strategic Objective: 4. Our People		1st Principal Risk: We do not have the capacity and capability to deliver the required changes, realise the savings required and associated OD plan				Risk Domain: People		Current Risk Score 12				
Assurance Committee: Finance and Performance Committee / System Quality Group/ People Board						Delegated Risk Owner: Chief People Officer		Date Added to BAF: Q2 2024/25						
Initial Risk Rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	
I	L	Rating (IxL)	I	L	Rating (IxL)									
4	4	16	4	3	12	OPEN 12	IN	Current Rating	12	12	12	TBC		
Positive Assurance and Key Controls in Place								Gaps in Control and/or Assurance						
<ul style="list-style-type: none"> * Joint People & Culture Workstream established in collaboration with BOB 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 								<ul style="list-style-type: none"> * Change Programme Group * Recurrent funding of 'non recurrent funding' (for example SDF) for programmes which are staffed and mobilised. * Whilst there is an action map for our OD delivery plan, we are finalising the priorities and timescales. This is being produced in partnership with BOB ICB and will act as a shared delivery plan through change. * ICB organisation talent and succession strategy - currently being scoped 						
Mitigating Actions to Address Gaps			Target Date	Action Lead	Update									
Joint BOB & Frimley ICB OD Support Plan and implementation will ensure there is a robust plan to support the organisational objectives through change and post- restructure.			Q1 25/26	CPO	Initial draft in production in partnership with BOB, initial review at Joint People & Culture Workstream on 06/05/2025.									
Continued provision and development of our Wider Leadership Forum			Q1 25/26	CPO	Continued senior leadership engagement on both change programme and BAU via our Wider Leadership Forum, with next scheduled session on 7th of May to update on change plans and launch comms and engagement on key messaging.									
Line Managers forum to support the wider organisation			Q1 25/26	CPO	Line Manager forums held on both 23rd April and 25th March have focussed on support for line managers through change, including open engagement on new approaches and blank page approach to understand support need. Continued provision of LM forums will enable support for this critical group throughout change programme.									
Robust oversight and scrutiny of Statutory and Mandatory training requirements			Q1 25/26	CPO	Established Statutory and Mandatory oversight group has enabled key SME's within organisation to come together and take a shared and collaborative approach to provision of STaM internally. Continued review of compliance in partnership with CSU.									

BAF REF: SO4-B		Strategic Objective: 4. Our People				2nd Principal Risk: We do not have the capacity and capability to deliver a WorkWell Programme, that delivers the required impact for the residents of Frimley. The potential consequences of this are increased unemployment, worsening health outcomes, economic strain, and reduced quality of life for our residents, in addition loss of funding to the System.				Risk Domain: People		Current risk score: 12	
Assurance Committee: Finance and Performance Committee / System Quality Group						Delegated Risk Owner: Chief People Officer			Date Added to BAF: Q2 2024/25				
Initial Risk Rating (before mitigation)			Current Risk Rating (after			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)
I	L	Rating (IxL)	I	L	Rating (IxL)								
4	4	16	3	4	12	OPEN 12	IN	Current Rating	12	12	12	12	
Positive Assurance and Key Controls in Place								Gaps in Control and/or Assurance					
<p>WorkWell Delivery Group - cross system group and chaired by a Director of Public Health. Delivery group will develop, test and monitor progress against projected referral numbers.</p> <p>Oversight of WorkWell Programme via the Living Well Board and updates also provided to the following Boards/Committees - Health and Wellbeing, People and Place and SLT.</p> <p>Future Delivery Plan - submitted and signed off by DWP.</p> <p>Programme resources in place and engaged with DWP and PA Consulting.</p> <p>Quarterly assurance and audit meetings/processes agreed and in place.</p> <p>Service providers have been identified to support with the delivery of the WorWell service across Frimley.</p> <p>Remedial Actions Plan in place due to low participant numbers, this is reviewed fortnightly with DWP and PA Consulting</p>								<p>DWP data requirements for identifiable information not available.</p> <p>Referral requirements remain untested (benchmarked information unavailable)</p> <p>Engagement from PCNs and GP Practices is below expectation, resulting in low referrals and participants</p>					
Mitigating Actions to Address Gaps								Target Date	Action Lead	Update			
Working closely with DWP to establish (not just for Frimley but all 15 pilot areas) a secure and legal method to share the information.								Complete	Programme Manager, Frimley H&C	DPIA with DWP is now signed off.			
Information governance expertise sought to advise on risk and potential digital solutions.								Q3 25/26	Programme Manager, Frimley H&C	Ongoing			
Remedial Actions Plan has been approved by DWP and will be moitored fortnightly. Root cause								Q3 25/26	Programme	Ongoing			

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BAF REF: 505		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. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	
I	L	Rating (IxL)	I	L	Rating (IxL)				Current Rating	12	12	16	12	
4	4	16	3	4	12	OPEN 12	IN	Current Rating	12	12	16	12		
Positive Assurance and Key Controls in Place								Gaps in Control and/or 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.</p> <p>The TOR currently reflects joint arrangements to collaborate on Specialised Commissioning, Pharmacy, Optometry and Dental Commissioning, Mental Health Commissioning and Ambulance and Urgent Care Commissioning.</p>								<p>Alignment between organisation and system leadership and EDI strategies</p> <p>Psychologically safe environment to explore complex cultural issues such as anti-racism.</p> <p>Lack of clear executive leadership capacity to oversee the delivery of delegated functions for Pharmacy, Optometry and Dental Commissioning and Specialised Commissioning on behalf of the 6 ICBs, and from within each ICB partner.</p> <p>Joint Committee is yet to be established.</p>						
Mitigating Actions to Address Gaps			Target Date	Action Lead	Add									
Refresh of the Frimley Academy Strategy			Q3	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>									
<p>Appoint Programme Director to increase leadership capacity and oversight of POD and Specialised Commissioning.</p> <p>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).</p> <p>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.</p> <p>For POD Commissioning ensure a robust case for change methodology is adopted to support the system make an effective decision regarding the future operational model based on evidence.</p>			Q3	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>									

BAF REF: SO6-A		Strategic Objective: 6. Outstanding Use of Resources				1st Principal Risk: The system fails to deliver the greatest possible value for the health and wellbeing of the population with the resource with which it is entrusted. This risk materialises owing to failure to deliver in-year financial balance and recurrent financial sustainability and/or secure sufficient capital and revenue resource to achieve strategic and operational aims, including delivery of the new hospital and associated transformation both of which are essential prerequisites to the minimisation of health inequalities and maximisation of healthy life years.				Risk Domain: Financial		Current Risk Score: 20		
Assurance Committee: Finance and Performance Committee / System Quality Group						Delegated Risk Owner: Chief Finance Officer			Date Added to BAF: Q2 2024/25					
Initial Risk Rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	
I	L	Rating (IxL)	I	L	Rating (IxL)									
5	5	25	5	4	20	OPEN 12	OUT	Current Rating	20	20	20	20		
Positive Assurance and Key Controls in Place						Gaps in Control and/or Assurance								
<p>The system requires cost-out savings of c. £133m to deliver a break-even revenue position for the current financial year. Work is underway to establish a jointly governed transformation programme which incorporates short-term actions to deliver in-year financial requirements and, within the same programme, longer-term actions to deliver the “left-shift” requirement to mitigate the demand for acute beds. This programme will of necessity incorporate the Darzi recommendations (hospital to community; analogue to digital; treatment to prevention) and in doing so will progress the minimisation of health inequalities and maximisation of healthy life years.</p> <p>Additionally, the system has established a System Financial Recovery Group (SFRG), jointly chaired by the Chief Executives of FHFT and FICB with CFO, CNO and CMO membership. The group has agreed that the system must place itself into internal turnaround and has communicated this to portfolio SROs, who it has tasked with delivering savings of an additional 2% of budgeted spend in-year.</p>						<p>The need to deliver a reduction in the system’s in-year cost base of £133m (c. 8% of influenceable cost base) was already challenging before the requirement to reconfigure the NHS infrastructure charged with delivering it within the first three quarters of the year was introduced by government. That requirement has the potential materially to impact the availability of management bandwidth to deliver the cost-out saving and lay the foundations for recurrent financial sustainability.</p> <p>The system is working with partner organisations rapidly to develop the transformation programme, but work remains to ensure it has appropriate governance and capacity to deliver. It is anticipated that a risk-based approach will identify capacity risks to the development and delivery of projects within the programme framework.</p> <p>Capacity is a key risk as management bandwidth is consumed by reorganisation and mitigating the potential instability risk associated with reorganisation. The intermittent nature of emerging guidance and thinking on the future form of NHS architecture combined with the requirement urgently to reduce operating cost in ICB functions mitigate against the delivery of a single, coherent planning process to map future form, which disallows an efficient transition planning and delivery process. Thus, the executive management bandwidth consumption from the process is far higher than has been the case in previous reorganisations.</p>								
Mitigating Actions to Address Gaps							Target Date		Action Lead	Update				

The system is working rapidly to develop the short and long term transformation programme jointly while adopting a risk-based approach to threats to its delivery.	30/09/2025	CIO	In progress. Update to be provided at July Board meeting by CIO
A joint executive transition programme has been established and will formally monitor risk arising and take action to mitigate. Mitigations include joint working on an intra and inter-system basis.	30/06/2025	CFO	ePMO system implemented, and the ICB continues to identify and develop opportunities.
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 &

BAF REF: SO6-B		Strategic Objective: 6. Outstanding Use of Resources		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				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)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	
I	L	Rating (IxL)	I	L	Rating (IxL)				N/A	N/A	N/A	15		
5	4	20	5	3	15	OPEN 12	Out	Current Rating	N/A	N/A	N/A	15		
Positive Assurance and Key Controls in Place								Gaps in Control and/or 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>								<p>25/26 Cyber Funding needs to be agreed.</p> <p>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.</p> <p>Resource to collate, develop and implement Cyber Strategy.</p> <p>Cyber training for ICS staff needs to be sourced and rolled out.</p>						
Mitigating Actions to Address Gaps							Target Date	Action Lead	Update					
25/26 Cyber Funding needs to be agreed							31/07/2025	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.							31/08/2025	NG	Strategy in draft, on hold at present due to organisation change.					
Identify resource to collate, develop and implement cyber strategy.							31/10/2025	MG	In progress					
Cyber training for ICS staff needs to be sourced and rolled out.							31/10/2025	NG	Obtained 2 quotes, engaged 1 provider, need to engage neighbouring ICB/ICS providers.					

Risk Score Matrix

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

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

Likelihood Score

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

Impact (Consequence) Score

	Consequence score (impact levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Serious	Catastrophic
Impact on the safety of patients, staff or public (physical /psychological harm)	<ul style="list-style-type: none"> Minimal injury requiring no/minimal intervention or treatment. No time off work 	<ul style="list-style-type: none"> Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days 	<ul style="list-style-type: none"> Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients 	<ul style="list-style-type: none"> Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects 	<ul style="list-style-type: none"> Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/ complaints/ audit	<ul style="list-style-type: none"> Peripheral element of treatment or service suboptimal Informal complaint /inquiry 	<ul style="list-style-type: none"> Overall treatment or service suboptimal Formal complaint / Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved 	<ul style="list-style-type: none"> Treatment or service has significantly reduced effectiveness Formal complaint/ Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on 	<ul style="list-style-type: none"> Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report 	<ul style="list-style-type: none"> Totally unacceptable level or quality of treatment/ service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/ Organisational development/ staffing/ competence	<ul style="list-style-type: none"> Short-term low staffing level that temporarily reduces service quality (< 1 day) 	<ul style="list-style-type: none"> Low staffing level that reduces the service quality 	<ul style="list-style-type: none"> Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory /key training 	<ul style="list-style-type: none"> Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Significant numbers of staff not attending mandatory / key training 	<ul style="list-style-type: none"> Non-delivery of key objective /service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training key training on an ongoing basis
Statutory duty/ inspections	<ul style="list-style-type: none"> No or minimal impact or breach of guidance/ statutory duty 	<ul style="list-style-type: none"> Breach of statutory legislation Reduced performance rating if unresolved 	<ul style="list-style-type: none"> Single breach in statutory duty Challenging external recommendations/ improvement notice 	<ul style="list-style-type: none"> Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical reports 	<ul style="list-style-type: none"> Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance

Adverse publicity / reputation	<ul style="list-style-type: none"> Rumors Potential for public concern / media interest Damage to an individual's reputation. 	<ul style="list-style-type: none"> Local media coverage – short-term reduction in public confidence Elements of public expectation not being met Damage to a team's reputation 	<ul style="list-style-type: none"> Local media coverage – long-term reduction in public confidence Damage to a services reputation 	<ul style="list-style-type: none"> National media coverage with <3 days service well below reasonable public expectation Damage to an organisation's reputation 	<ul style="list-style-type: none"> National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence (NHS reputation)
Business objectives/ projects	<ul style="list-style-type: none"> Insignificant cost increase/ schedule slippage 	<ul style="list-style-type: none"> <5 per cent over project budget Schedule slippage 	<ul style="list-style-type: none"> 5–10 per cent over project budget Schedule slippage 	<ul style="list-style-type: none"> Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met 	<ul style="list-style-type: none"> Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	<ul style="list-style-type: none"> Small loss Risk of claim remote 	<ul style="list-style-type: none"> Loss of 0.1–0.25 per cent of budget Claim less than £10,000 	<ul style="list-style-type: none"> Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000 	<ul style="list-style-type: none"> Uncertain delivery of key objective/ Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time 	<ul style="list-style-type: none"> Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification / slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption	<ul style="list-style-type: none"> Loss/interruption of >1 hour Minimal or no impact on the environment 	<ul style="list-style-type: none"> Loss/ interruption of >8 hours Minor impact on environment 	<ul style="list-style-type: none"> Loss/interruption of >1 day Moderate impact on environment 	<ul style="list-style-type: none"> Loss/interruption of >1 week Major impact on environment 	<ul style="list-style-type: none"> Permanent loss of service or facility Catastrophic impact on environment
Data Loss / Breach of Confidentiality	<ul style="list-style-type: none"> Potentially serious breach. Less than 5 people affected or risk assessed as low eg files 	<ul style="list-style-type: none"> Serious potential breach and risk assessed high eg unencrypted clinical records. Up to 20 people affected 	<ul style="list-style-type: none"> Serious breach of confidentiality eg up to 100 people affected 	<ul style="list-style-type: none"> Serious breach with either particular sensitivity eg sexual health details or up to 1000 people affected 	<ul style="list-style-type: none"> Serious breach with potential for ID theft or over 1000 people affected