

BOARD MEETING

Title	Chief Executive and Chief Officers' Report		
Paper Date:	03 September 2025	Meeting Date:	09 September 2025
Purpose:	Information	Agenda Item:	06
Author:	Executive Team; Dr Nick Broughton, CEO	Exec Lead/ Senior Responsible Officer:	Dr Nick Broughton, CEO

Executive Summary

This report provides an update for the Board on key topics and items for escalation since the meeting in public on 08 July 2025 that are not covered in other items on the agenda.

The work of the Chief Executive is wide ranging and impacts upon all of the ICB and System's objectives, with examples given below:

- *Improving outcomes in population health and health care*
- *Tackling inequalities in outcomes, experience and access*
- *Enhancing productivity and value for money*
- *Helping the NHS to support broader social and economic development.*

Key risks and mitigations

The Board Assurance Framework (BAF) undertakes regular review (monthly) with executives as part of a continual assessment. The BAF comprises nine strategic risks as defined by the Board. There are two risks on the BAF scoring >15, and one risk within appetite, which are highlighted within the summary below.

Risk No.	Risk	Risk Created	Aggregated Assurance level	Inherent Score	Residual Score (March 2025)	Progress/Risk Appetite	Last Reviewed
BOB0001	Health Inequalities	Nov 2022	Adequate (0.5)	9	9	Risk is currently below appetite Remained at 9 – 13 months	6 Aug 2025
BOB0002	Financial Sustainability	Nov 2022	Adequate (0.5)	20	20	Risk is currently above appetite Remained at 20 – 14 months	11 Aug 2025
BOB0003	Resilience	Nov 2022	Adequate (0.5)	12	8	Risk is currently below appetite Remained at 8 – 12 months	4 Aug 2025
BOB0004	Access to Services	Nov 2022	Substantial (1)	16	16	Risk is currently within appetite Remained at 16 – 30 months	4 Aug 2025
BOB0005	Transformation	Nov 2022	Limited (0)	16	9	Risk is currently below appetite Remained at 9 – 29 months	22 July 2025
BOB0006	Safety, Safeguarding and Quality	Nov 2022	Adequate (0.5)	12	12	Risk is currently above appetite Remained at 12 – 10 months	9 July 2025
BOB0007	Working in Partnership	Nov 2022	Substantial (1)	12	12	Risk is currently below appetite Remained at 12 – 30 months	4 Aug 2025
BOB0008	ICB Workforce	Nov 2022	Adequate (0.5)	9	9	Risk is currently below appetite Remained at 9 – 30 months	11 June 2025
BOB0009	ICS Workforce	Jan 2025	Adequate (0.5)	16	12	Risk is currently below appetite Remained at 12 – 3 months	11 June 2025

To provide further assurance in the mitigation of risk, a revised Board Assurance Framework (Vertical Summary Report) provides a summary of key controls and mitigations in place, as well as performance against the ICB's Risk Appetite (Appendix 1).

Risks around transition to the new Model ICB Framework

BOB ICB, as part of its risk review work, is taking into consideration elements of the new significant risks relating to the model ICB Framework, which is being reflected through the Frimley and BOB ICB BAF and CRR risks.

To address the significant organisational and system changes associated with the transition to a new operating model, as set out in the Model ICB Blueprint, BOB in conjunction with Frimley ICB, are looking to put in place a new Transitional/Re-design Risk as the transition will include potential disruptions and workforce adjustments, requiring a proactive approach to managing associated risks. The new risk will need to align to the organisation's strategic objectives.

The *NEW* BAF Risk (Strategic Objective) is described as follows:

Strategic objective	Risk	Score
Safe dissolution of the ICB and creation of the Thames Valley ICB	Misalignment with national policy and guidance or ICS 10-Year Plan would lead to operational instability, disrupted patient care, or eroded staff and stakeholder confidence.	16 V High

BOB ICB Strategic Objectives 2025/26

At its meeting on 26 August 2025, the Audit and Risk Committee (ARC) **Approved** the recommendation that BOB ICB rolls forward its 2024/25 Strategic Objectives 1 to 9 for 2025/26 (including Risk Appetite), until such time further executive review can take place as part of the transition to a new model ICB; and that the proposal of a new Joint Strategic Objective in relation to **“Safe dissolution of the ICB and creation of the Thames Valley ICB”** is adopted

BOB and Frimley ICB Transitional Risks are taken through JTE (the RAID Log) and this will be triangulated against our respective BAFs / CRRs.

Recommendation: That Board Approves:

- The carrying forward of BOB ICBs 2024/25 Strategic Objectives (including Risk Appetite) into 2025/26
- The adoption of the new Joint Strategic Objective in relation to “Safe dissolution of the ICB and creation of the Thames Valley ICB”.

Action Required

The Board is asked to approve the recommendation above re: Strategic Objectives for 2025/26 and note the Chief Executive and Chief Officers' report.

Conflicts of Interest:	Conflict noted: conflicted party can remain and participate in discussion.
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This report contains information relating to organisations that partner members of the Board lead/are employed by. The perspective of these members is an important aspect to enable the Board to focus on where the ICB (Integrated Care Board) and system contribute to improvement.

Chief Executive and Chief Officers' Report

Context

1. This report provided an update to the Board regarding key topics of relevance in the Integrated Care System (ICS) and items for escalation.
2. The report shares highlights from the work of the Chief Executive, the Integrated Care Board (ICB) and its partners, together with key issues that are not reported elsewhere on the Board agenda.
3. Today's agenda includes a request to approve updated Strategic Objectives for BOB ICB for 2025/26 and a Transition Update report seeking a number of approvals to enable a formal clustering arrangement with Frimley ICB from October 2025. In addition, there are monitoring reports for both Finance and Performance and Quality and important discussion items on Approach to Thames Valley Medium Term Planning and Neighbourhood Health.

CEO update

Draft NHS Planning Framework

4. Earlier this month the planning framework for the NHS in England was published. This reflects the ambition of the Ten-Year Plan and the need to significantly change how health services are delivered, organised and funded. The historic approach of annual funding settlements and planning cycles has made it difficult to focus on the long-term strategic planning of services. In order to address this the new planning framework outlines a move to a rolling five-year planning horizon. All organisations are therefore asked to prepare integrated five-year plans for the period from 2026/27 to 2030/31 and to demonstrate how financial sustainability will be ensured over the medium term. The framework is intended as a guide for local leaders responsible for shaping plans and sets out core principles and key planning activities which should be adapted according to local needs. It highlights that planning should be a collective endeavour and underpinned by the principles of being outcomes focused; accountable and transparent; evidence based; multidisciplinary and deliverable. The ICB and the system's provider organisations are now required to now lay the foundations for developing their five-year plans. The first phase of planning will run until the end of September during which time NHSE and the Department of Health and Social Security will translate the Ten-Year Plan and the spending review outcome into specific multi-year priorities and allocations. The second phase will launch at the end of September/early October with the publication of multi-year guidance and financial allocations for systems so enabling ICBs and providers to develop their medium-term plans with a view to formal board approval of these in December.

Neighbourhood Health Implementation Programme

5. Developing comprehensive neighbourhood health services is one of the core components of the Ten-Year Plan and is central to the Government's ambition to shift care from hospital to the community. In early July NHSE and the DHSC launched the National Neighbourhood Health Implementation Programme. The programme will be overseen by a joint DHSC and NHSE Task Force chaired by Sir John Oldham. Its aim is to develop neighbourhood health in a facilitative way, incrementally but also swiftly. All ICB and local authority CEOs were invited to submit applications from one or more places in their geographies to join the first wave of the programme. In response to this the ICB team has worked closely with place-based colleagues and applications were submitted in advance of the 8 August deadline from Oxfordshire, Berkshire West and Buckinghamshire. At the time of writing, we await the outcome of the applications.

Development of the Thames Valley ICB

6. Considerable work is ongoing to develop the new organisation as reflected by other items on today's agenda. The Joint Transition Executive has continued to meet on a weekly basis in order to oversee and coordinate the transition programme.
7. Between 21 and 31 July 2025, 278 staff across NHS Buckinghamshire, Oxfordshire, and Berkshire West (BOB) and Frimley ICBs took part in 13 workshops, generating more than 4,000 contributions on the purpose, enablers, culture, and way of working for the new ICB.
8. Staff appreciated the opportunity to meet colleagues in the other system and reflect on how much they have in common – there was a real sense of mutual respect and many positive reflections on the alignment across Frimley and BOB participants' input regarding the culture for the new ICB and the number of opportunities to learn from each other.
9. As part of the Joint Transition Programme to establish the new Thames Valley Integrated Care Board, we have been working closely, not only with staff, but also with partners and wider stakeholders to help shape the future organisation.
10. While conversations with stakeholders across Frimley and BOB are ongoing and continue to inform our development, we have also completed a dedicated first phase of formal engagement.
11. Stakeholder engagement is vital. It will help ensure that the new ICB is shaped by local insight and expertise. It will allow us to build on existing partnerships and effective ways of working, and ensure we are aligned with local priorities, governance structures, and the needs of our communities. It also promotes transparency and collaboration, especially important during a time of significant change and financial challenge.
12. We received formal feedback from 40 partner organisations, including NHS providers, local authorities, public health teams, patient groups, voluntary, community and social enterprise (VCSE) alliances, Healthwatch, and other system partners.
13. As part of this work, the two ICBs organised a Neighbourhood Health Place and Partnership Development workshop on 5 August 2025 in Maidenhead. This was followed by an online event on 11 August. In total, in excess of 100 colleagues from a wide variety of our partner organisations attended the two events; the outputs of which will now help to shape the transition planning for the new Thames Valley ICB and inform the future ICB's core purpose and culture.
14. Reports have been compiled outlining the key themes from both staff and stakeholder engagement, which have been shared with senior leadership teams from BOB and Frimley ICBs, as well as the Joint Transition Programme design team.
15. As part of our commitment to embedding community insight into the development of the new Thames Valley ICB, we are starting to plan a workshop with Healthwatch and VCSE sector colleagues at the end of September or early October. This session will explore how we can co-design mechanisms to ensure community voices are meaningfully included in our strategic commissioning approach. The workshop will be informed by the Model ICB Blueprint, the Dash review of patient safety, and the 10-Year Plan, all of which emphasise the importance of local intelligence, partnership working, and reducing health inequalities. It will also support the development of our neighbourhood health and partnership functions, ensuring that the new ICB is both locally connected and strategically aligned.
16. We would like to extend our sincere thanks to staff, partners and stakeholders across the BOB and Frimley systems for their invaluable contributions to the early phase of engagement. Their insights have already helped shape our thinking around the future operating model. We look

forward to continuing this collaborative approach and ensuring the voices of our staff, partners and stakeholders remain central to the design and delivery of the Thames Valley ICB.

System development and partner engagement

17. On 23 July 2025 I was a member of the panel that was interviewed as part of the process to relicence the Thames Valley Applied Research Collaboration (ARC). There are 15 ARCs in England, and they support applied health and care research that responds to and meets the needs of local populations and local health and care systems. Their aim is to improve outcomes for patients and the public, and to improve the quality, delivery and efficiency of health and care services. There is therefore close alignment between the aims of the ARC and the ICB. This was reflected in the content of the application and the ambition to further strengthen the relationship between the two organisations. (Appendix 2)
18. The new National Institute of Health and Care (NIHR) funding call for Applied Research Collaborations launched in November 2024. The current ARC for Oxford and the Thames Valley will end on 31 March 2026. The application focused on maintaining regional coverage for the Thames Valley with a new, more dispersed approach including new leadership and partnerships whilst also strengthening the current partnerships. The NIHR ARC Thames Valley application is being co-led by Professor Kam Bhui (University of Oxford) and Professor Shivani Sharma (Aston University). The ARC Thames Valley will continue to be hosted by Oxford Health NHS Foundation Trust and will be co-led by the Thames Valley ICB providing greater alignment and focus on local health and care challenges. The outcome of the application is imminent with a contract value of £12,299,956 for a five-year award commencing on 1 April 2026. There will be additional national funding available to successful ARCs; £7million to coordinate a national network for greater cross-ARC working and £75 million to fund national projects. Additionally, there will be the potential to extend the award to seven years, although we are not aware of the criteria for any of these additional elements at this stage.
19. Since the last meeting of the ICB Board, I have also met with both the Chair and Chief Executive of Health Innovation Oxford and Thames Valley.
20. On 20 August the Chair and I met with Councillor Steve Broadbent who has succeeded Martin Tett as Leader of Buckinghamshire Council. Steve was joined by Rachael Shimmin, the Chief Executive of the council.

Regional Oversight

21. On 13 August the executive team met with our regional colleagues for the ICB's quarterly performance oversight meeting. In addition to reviewing clinical, operational and financial performance since April the meeting also focused on the transition programme and the development of the Thames Valley ICB. At the time of writing, we await written feedback following the meeting.

South East ICBs Collaborative Office

22. Appendix 3 provides a summary of work being undertaken by the collaborative Office across the south east region.

Updates from Involvement and Insight Team

23. The ICB's public involvement team, supported by cardiovascular disease prevention colleagues is currently working with a primary care network (PCN) in Banbury (one of our areas of deprivation) to identify a cohort of patients who are diagnosed with hypertension but are not attending regular monitoring or are not taking medication as prescribed. The aim is to contact these patients directly (with their consent) to better understand why they are not engaging and to see what they may need to overcome barriers to access support and treatment.

24. If this initiative shows a benefit to both patients and the PCN, it is hoped to extend to other areas where PCNs are experiencing the same issues. We have already begun exploring the possibility of extending this initiative to practices in Buckinghamshire that serve the most deprived parts of Aylesbury.
25. We are currently preparing for “Know Your Numbers Week”, with a media release scheduled, together with social media posts. This is a campaign led by Blood Pressure UK, aimed at increasing awareness of high blood pressure and its dangers. People across the BOB area are being encouraged to get a free blood pressure check at a local community pharmacy. Participating pharmacies can be found [here](#). This free service is for people aged 40 and over. Our public involvement officers will use these resources at meetings with their community contacts during this period and we are working with Public Health colleagues and our NHS partners to help amplify the core messages.
26. In the second half of the year the CVD prevention campaign is scheduled to focus on lipid management.
27. Working with the Medicines Optimisation team, a BOB-wide public-facing campaign was launched during the week beginning 25 August to draw attention to the 640,000 litres of NHS medicines waste collected from our community pharmacies over 12 months (August 2024 to July 2025) and how everyone can help to tackle this issue, which costs the NHS nationally around £300m each year.
A media release attracted significant interest from broadcasters and resulted in extensive coverage including interviews with our CMO Ben Riley and local community pharmacist Olivier Picard with: Greatest Hits Radio, That’s TV, BBC Radio Berkshire and a television feature on BBC South. The campaign will continue with social media posts and an internal staff engagement session on 9 September. In addition, details of the campaign have been shared with NHS partners, local authorities and other stakeholders (vis the BOB Stakeholder Newsletter) to spread the message.
28. The team are preparing to run a webinar with Healthwatch Oxfordshire on the 10-year plan on 16 September 2025.
29. A system-wide workshop is scheduled for 16 September to co-design an insight bank, using a multi-stakeholder approach and external facilitation. Outputs will inform a business case and future procurement planning. A community insight bank will enable better use of existing intelligence, reduce duplication, and support more informed decision-making across the system.

Chief Delivery Officer

30. **Winter plans** are being developed across providers and through place-based partnerships supported by a board assurance framework at Trust and ICB level. Plans will be further tested by a regional winter event on the 8th of September involving all local Trusts and ICB representatives.
31. Final submissions need to be completed by 30 September 2025, and we are therefore seeking authority from the Board for the submission and final assurance statement to be delegated to the Chief Executive Officer and Chief Delivery Officer.
32. **Cancer Tiering support** continues with all three acute trusts in BOB focusing on recovery of 62-day cancer performance. Additional national funding and Thames Valley Cancer Alliance funding of nearly £2m is being distributed to support recovery and service improvement across the Trusts.

33. The programme to address the challenges associated with **Adult ADHD diagnosis and treatment** continues including reviews of present shared care protocols, options for future service models including the use of Artificial Intelligence, and the development of a robust commissioning framework for right to choose providers

Chief Finance Officer

34. The BOB system reported a year to date £34.4m deficit at M04, which is £0.4m favourable to plan. Within this, £1.1m direct costs relating to industrial action in July have been mitigated by the early release of balance sheet flexibilities; this creates a financial pressure in H2. The activity and income impact of the IA will be confirmed during M5.
35. Year to date system efficiency delivery at M04 was £0.1m adverse to plan. Work continues to develop plans for £80.0m of the £298.7m annual system target.
36. Cash balances were significantly improved at M04, partly due to the cash impact of the backdated pay award in August. The system is continuing to explore the options to manage the anticipated cash risks from M06 in the light of the recently issued NHSE guidance.
37. At M04, the overall ICB position is breakeven both at year to date and also forecast full year outturn. There are pressures in acute performance where contract over-activity is being investigated and also in Mental Health s117 and ADHD Right to Choose costs. All of this is being mitigated to date but any further cost pressures such as redundancies or further Industrial Action costs will likely cause the system to go off plan.
38. As noted on previous reports, NHS England are proceeding with the implementation and roll out of a new version of the financial ledger software for NHS England, all 42 ICBs and the Commissioning Support Units. The implementation of the programme has not been without its challenges and the ICB's project management dashboard has been red RAG rated. The principal risks are:
- that the system does not go live on 1 October 2025 affecting the ICB's provider payment runs in early October
 - that the data in the system is incomplete; the cutover rehearsals have revealed significant errors
 - that staff have had insufficient training and cannot use the system.
39. These matters are similar to other ICBs' concerns nationally and have been escalated to the central implementation programme management team for response.
40. On 18 August 2025 NHS England issued guidance to all NHS organisations on their new expectations for in-year financial management and their new interventions aimed to developing and delivering a more financially sustainable NHS. The guidance includes clear new rules and intervention options, tools, insight and support details. There is a recognition that the financial context is challenging, and NHS England want to be clear that finance must be high on every Board's agenda with clear accountability and financial discipline.
41. Specifics within the guidance include:
- Details of the conditions on the payment and re-payment of Deficit Support Funding
 - Details of the new Oversight Frameworks and certain financial overrides
 - A requirement to maintain focus on productivity and cost variation
 - A requirement to maintain strong financial governance, including at Board level and including finance in Board reporting. Key learnings from the 2024/25 I&I process have been set out:

- Gaps in quality of financial reporting and cost improvement programme (CIP) reporting within organisations
- Extent of Chair, NED and CEO involvement is a material factor in financial improvement
- Variable approaches to and pace of response from Boards to overspending and controls around spending.
- High variability in forecasting, risk reporting including management and mitigation
- The CFO was often the SRO for the CIP programme when all evidence shows this should be led by clinical / operational executives.
- Overreliance on net figures and not understanding gross positions or underlying positions
- Too much focus on variance reporting rather than run rates, forecasts and cash.

42. NHSE has also provided further details on:

- Interventions for organisations in deficit
- The new cash support regime – “provider revenue support” – which we anticipate will be helpful in addressing our system providers’ cash shortfall issues
- A set of best practice tools and resources from One NHS Finance “Thriving and Surviving”
- A national cost variation dashboard which will enable cost benchmarking into a new Power BI Premium Workspace.

43. Notwithstanding the ICB’s plans to cluster with Frimley from 1 October 2025, finance colleagues have discussed and agreed with BOB System Productivity Committee (SPC) members the continuance of BOB SPC separate from and in addition to Frimley’s Finance Committee until the end of March 2026 in order to maintain senior focus and control over BOB’s in-year 2025-26 financial performance.

44. Finally, as part of the first phase of the new planning regime the finance team at the ICB and across the system have been working on two sets of financial analysis, both of which are significant and which NHSE SE Region have asked that Boards are sighted on before submission:

- Analysis of underlying performance and the extent to which income and cost pressures are recurrent, or not
- Analysis and deconstruction of the “block” elements of the contract

Chief People Officer Update

45. At the end of M04 our system workforce is 0.6% over plan regarding pay costs. This is an improvement on the M04 position in 2024-25 when year to date pay costs were 0.9% over plan. The variance is driven by substantive pay costs which are 1.1% over plan. This is partially balanced by an underspend on temporary workforce. We continue to reduce pay costs in relation to bank and agency staff, and closely monitor overall workforce spend.

46. Mutually Agreed Resignation schemes (MARs): most of our trusts are operating MAR schemes at present, which have been approved by NHSE. There is a focus on reducing corporate staffing levels. The ICB has now received approval for its MARs scheme to operate in September. This was considered by the Remuneration Committee on 27 August 2025.

47. The recent industrial action by resident doctors had a £1.1m impact on system pay costs. Any further action represents a risk to achieving pay cost alignment to plan.

48. Sexual Safety Charter update: On 20 August 2025, the Sexual Safety Charter assurance framework was revised to incorporate the latest system-wide guidance outlining new measures to protect patients and staff from sexual misconduct. The ICB was asked to review the new actions and evaluate compliance. An audit will take place in the autumn to review progress on the implementation of the charter, as well as the actions outlined in the accompanying letter.

Progress made to date:

- An internal working (Task and Finish) group was established with representatives from safeguarding, communications, trade unions and the people team to ensure the ICB is meeting the charter commitments and that people feel safe and confident to come forward if they have experienced or witnessed incidents of sexual harassment or abuse.
- Policy: The NHS England sexual misconduct policy has been adopted by the ICB to ensure that complaints are addressed objectively, promptly, sensitively, and proportionately.
- Communications: A page has been developed on the Staff Zone (intranet): Sexual Harassment | BOB ICB which provides first line support and signposting to people who have experienced inappropriate sexual behaviour at work. Details of training and the new policy have been shared via the Staff Partnership Forum (SPF) and the BOB Buzz newsletter.
- Staff Training: A national e-learning module (via E-Learning for Health) will be a requirement for all BOB ICB staff to complete (as part of their statutory and mandatory training) from September 2025.
- 'Lunch and learn' sessions have been arranged for September and November 2025 and will be co-facilitated by representatives from the People and Safeguarding teams.
- Domestic Abuse: The ICB has signed up the resource rich Employers Initiative on Domestic Abuse (EIDA) What we do | Employers' Initiative on Domestic Abuse.
- The ICB's staff domestic abuse policy has been reviewed and updated and is currently in the policy approval process.
- Incident Reporting: The sexual misconduct policy sets out the various routes available to report disclosures. This includes anonymous reporting via the Freedom to Speak Up Guardians (FTSU), people professionals, trade union representatives and safeguarding leads. System level: a regular set of meetings, 'Safer Workplaces Forum' takes place, bringing together representatives from each of the health providers to share learning, resources and plans to meet their own commitments to the charter.

49. The ICB Transition progress report is detailed separately.

Chief Medical Officer

50. A key focus of work over the past few weeks has been progressing the design work for the new Thames Valley ICB, particularly for the clinical and quality leadership and Neighbourhood Health and partnership functions.
51. As described in the CEO's report above, colleagues representing stakeholders across the BOB and Frimley areas took part in two interactive workshops, one held online and one held in person, to inform the design of the Neighbourhood Health functions in the new ICB. The feedback we received is thoughtful, detailed and constructive and the high attendance demonstrated how invested colleagues are in the future success of the new organisation. We would like to express our huge thanks to everyone who has given their feedback, ideas and comments to help shape our new ICB and wider Neighbourhood Health development work.
52. Attendees were asked to consider a number of design and development questions, including defining collectively what neighbourhood working meant for them – this word cloud shows key

12. **Flexible Governance:** Allow rapid, localised responses to emerging needs.

Learning and Care Approaches

13. **Shared Learning:** Spread best practice to reduce variation and improve outcomes.

14. **Holistic Care:** Integrate health and social care with a whole-person approach, addressing clinical and social needs.

55. In terms of practical Neighbourhood Health development work, in the past month all three Places in BOB have submitted strong applications to the nationally-supported Neighbourhood Health development programme, with local partner and ICB support. A number of BOB Neighbourhoods have put forwards expressions of interest for a local accelerator development scheme being supported by the NHS SE region. The ICB has established an internal enabling group to support the local partners in progressing these programmes of work.

Chief Nursing Officer

56. The System Quality Group (SQG), chaired by the Chief Nursing Officer, convened in July 2025. Key highlights to share with the Board are:

57. The **Health Services Safety Investigations Body's (HSSIB) Annual Report and Accounts (2024-2025)** was published in July 2025. The SQG noted the key points in the report. It was also noted that the HSSIB published their Investigation Report into *Workforce and Patient Safety – Electronic communications on patient discharge from acute hospitals* which highlighted the patient safety risks associated with the communication of critical clinical information when patients are discharged from hospital inpatient settings, and the follow-up of ongoing actions for patients in primary and community care. The actions being taken to respond to the recommendations will be monitored via the trust and ICB governance structures.

58. **Dr Penny Dash's 2025 Review** into patient safety and care quality in England was noted by the System Quality Group (SQG). The review examines the roles and functions of six national organisations involved in patient safety: the Care Quality Commission (CQC), HSSIB, the Patient Safety Commissioner, the National Guardian's Office, Healthwatch England and Local Healthwatch. The review identifies overlaps and gaps in functions and makes several key recommendations:

- Revitalise the National Quality Board (NQB) to provide strategic oversight.
- Continue rebuilding the Care Quality Commission (CQC), with a clearer remit on improvement and regulation of fundamental standards.
- Clarify HSSIB's remit and maintain its role as a centre of excellence for investigations.
- Transfer hosting of the Patient Safety Commissioner to Medicines and Healthcare Regulatory Agency (MHRA), with broader patient safety work moving to a new patient experience directorate within NHS England, and eventually Department of Health and Social Care.
- Streamline patient voice functions by integrating Local Healthwatch and ICB engagement roles.

59. The SQG noted the work underway to respond to the 'significant weaknesses' highlighted during the multi-agency response to children experiencing domestic abuse across Reading during a **Joint Targeted Area Inspection (JTAI)**. Individual health provider organisations have developed their own action plans, all of which are discussed collectively at a monthly health providers' forum. These discussions also link into broader multi-agency improvement efforts coordinated through the Priority Action Improvement Group and the fortnightly Operational

Group. A dedicated improvement partner has been appointed to chair the Priority Improvement Group.

60. The SQG received a **deep dive report into Special Education Needs and Disability (SEND)** progress. The deep dive provided an update on progress, challenges, and the next steps in delivering the BOB ICB SEND programme. Inspection readiness remains a focus, with inspections expected in Oxfordshire and Berkshire West. At present, there is no single performance report spanning all local authorities. Each local authority and the ICB are measuring different indicators, which presents challenges for system-wide oversight and alignment. Progress was noted
61. The SQG received a report on the **Healthcare-associated Infections (HCAI)** across BOB, with a focus on bloodstream infections. Targeted prevention strategies have positively impacted on reducing HCAs. These strategies include place-based initiatives such as community clostridium difficile reviews with timely feedback into primary care, development of catheter passports to reduce urinary tract infections, hydration projects, and surgical site infection improvement work. The gallbladder pathway pioneered at Oxford University Hospitals Foundation Trust (OUHFT) has demonstrated reduced antibiotic use and lowered bloodstream infection risk.
62. As reported previously, the SQG welcomed the update on the improvement work underway across the **Paediatric Hearing** services. All site visits have been completed. The priority is to ensure a process is in place to recall and verify the look back of cases whilst maintaining adequate capacity to maintain access and support for new referrals across the services.
63. A series of **maternity insight visits** have been undertaken across the system as part of the Southeast Regional Insight Visit Programme. These visits were framed around progress against the single delivery plan and were well supported by regional colleagues. The response from providers was overwhelmingly positive, and trusts were well-prepared to showcase the improvements implemented since the Ockendon and East Kent reviews. Initial feedback from all sites has been affirming, highlighting areas of exemplary practice.
64. **OUHFT Maternity Improvements** were shared in detail during their Rapid Quality Review. The review concluded that the organisation has a clear understanding of the improvement areas within maternity care and discussions acknowledged the presence and influence of two campaign groups The Horton Campaign Group and Families Failed by OUH Maternity Services, both of which have overlapping engagement needs.
65. The SQG noted the plans for a **Rapid National Investigation into maternity and neonatal services**, to be completed by December 2025. The investigation will have two phases – a targeted review of up to ten of the most challenging maternity and neonatal units, and a system-wide investigation, consolidating insights from previous reports to produce a unified set of recommendations.
66. The SQG noted the regional improvement programme that is underway focused on enhancing patient safety and person-centred care in relation to **valproate prescribing**.

Chief Strategy, Digital and Transformation Officer

Organisational Design

67. As part of national efforts to simplify the NHS operating model and support delivery of the 10-Year Health Plan, the role of ICBs has been refocused around strategic commissioning. This, combined with a revised and reduced resourcing envelope and a new geography incorporating BOB ICB and the Berkshire East footprint of Frimley ICB, represents significant change. In response, a zero-based approach has been adopted to design how the future Thames Valley

ICB will work and operate, ensuring it is fit for purpose and capable of discharging its strategic commissioning role effectively and efficiently.

68. As part of the wider transition programme, the organisational design workstream was tasked with developing an approach to support the formation of the new organisation, clarifying its purpose, core functions, team structures, and options for future operating models. Members of the Strategy, Digital and Transformation Directorate played a central role in coordinating and supporting this work.
69. A collaborative methodology was used, securing input from staff and partners across BOB and Frimley to:
 - Define the core purpose and responsibilities and outputs for groups of functions required in the new ICB.
 - Collate ideas and opportunities on ways of working, organisation culture, expected behaviours and important relationships and dependencies, both across the ICB teams and with external partners.
 - Identify capabilities and skills that may required for success and develop initial design options that are affordable and aligned with the new ICB's strategic aims.
70. The four-week design period was designed to balance analysis with engagement, ensuring the technical and cultural dimensions of organisational design were captured. The process combined:
 - Baseline analysis – mapping current functions, resources, and costs against the Model ICB Blueprint and NHS 10-Year Health Plan.
 - Refining functional groupings – developing a framework of six groupings as the building blocks for future design.
 - Engagement and co-design – involving staff and partners to shape purpose, culture, and ways of working, before structures are determined.
71. The design activity involved three parallel sets of engagement activity to ensure staff remained involved in all aspects of the process.
 - Staff engagement: Workshops and surveys across both ICBs helped shape thinking around purpose, values, and ways of working.
 - Partner engagement: Feedback was received from NHS providers, Local Authorities, public health teams, VCSE alliances, patient groups, and wider system partners.
 - Executive-led design: Focused on functional groupings, resource envelopes, and initial design options.
72. This first phase has created a solid foundation for the next stage of development. The voices of staff, partners and communities will remain central as we move forward, to ensure that Thames Valley ICB is designed openly, informed by evidence, and shaped by those it serves.

Medium Term Planning Approach (Summary)

73. NHS England has released a new Planning Framework designed to reshape how the NHS in England approaches strategic and operational planning. This marks a significant shift from annual cycles to a rolling 5-year planning horizon, enabling more thoughtful, long-term transformation of services in response to evolving population needs and system pressures. Delivering the three shifts set out in the 10YHP and taking advantage of breakthroughs in science and technology.
74. The new Planning Framework features the following: Strategic shift, integrated planning requirements, planning principles, board accountability, outputs expected and the planning

cycle timeline.

75. A supplementary paper detailing the 2026/27 Planning Approach provides further operational guidance.

Digital, Data & Technology (DDaT)

76. The DDaT team recently undertook work to help NHSE develop national guidance on GP clinical system migrations for GP practices. The recently published Clinical System Migration guide provides a comprehensive overview and plan on how practices can safely and easily migrate to a new clinical system. With evidence showing that it takes an average of 18 months for a practice to return to their baseline level of productivity after changing their clinical system, and the national context of increased focus on national frameworks and a national IT approach, this has been an important piece of work and a reflection on our team's experience and expertise.
77. James Fitzpatrick of the DDaT team has been shortlisted for a prize in 'The National Cyber Awards 2025'. James is the ICB's Head of Infrastructure and Technology, and with the support of our health and care partners, developed our cyber security strategy and prioritised funding plans for cyber risk reduction measures across the BOB Integrated Care System. This combined work will bolster cyber protection across our health services where it is needed most and reduce online threats. James has been nominated in the 'NHS England Award' category and the winners will be announced later in the year.
78. £645k funding has been received from NHSE Digitising Social Care Programme for the use of Vayyar Sensor which utilises radio frequency motion sensors to monitor patients 24/7 without the use of cameras to preserve patient privacy while ensuring safety. The DDaT team has engaged with stakeholders across the five local authorities. Due to various reasons including capacity, resources and priorities, only Buckinghamshire and Oxfordshire County Council could commit to piloting this. This includes 5 care homes and 216 patients for a prospective go-live across five care homes with a total of 216 beds up to October.

BOB0001 - Health Inequalities

If:	the ICB is unable to integrate and lead effectively with its system partners in relation to improving health outcomes and reducing health inequalities	Project:	ICB Board Assurance Framework (BAF)		
Gaps in Control Identified:	Yes	Status:	Open		
NHS Oversight Framework Themes:	Preventing ill-health and reducing inequalities	Created:	17 Nov 2022		
Owner:	Ben Riley, Chief Medical Officer	Identified:			
Assignee:	Steve Goldensmith, Associate Director - Prevention & Health Inequalities	Scoring			
			Impact	Likelihood	Priority
		Inherent	3	3	9
		Residual	3	3	9
		Target	2	3	6

Controls

Reference	Control Summary	Owner	Assignee	Score	Gaps in Assurance
1472	The putting in place of agreed priorities as defined in JFP & Integrated Care Strategy to tackle health inequalities through Place and clinical...	No User	No User	0.50	Decision making time scales within SPLG. Ongoing financial priority considerations.
3738	The oversight and maintaining of good Governance around Health Inequalities.	Steve Goldensmith	Jo Reeves	0.50	Regular review of ToR Membership
3739	Resourced Actions - Decisions to inform the allocation and oversight of their delivery of Health Inequalities.	Steve Goldensmith	Jo Reeves	0.50	Previously allocated Funding has now been redistributed to address the BOB ICB deficit
3740	Population Health Management - improvement of data and analysis to inform health Inequalities priorities and outcomes.	Steve Goldensmith	Jo Reeves	0.50	Adequate data platforms and sharing agreements.
3741	Capacity and confidence to address inequalities across the multi disciplinary workforce	Steve Goldensmith	Jo Reeves	0.50	Collective co-ordination and delivery

Actions

Reference	ICB BAF Action Summary	Owner	Assignee	Variable Target	Last Updated
1163	Place development of plans for use of HI funding	Ben Riley	Jo Reeves	30 Nov 2025	06 Aug 2025
3743	Prevention, Population Health and Reducing Health Inequalities meetings established and working well.	Jo Reeves	Jo Reeves	30 Nov 2025	06 Aug 2025
3744	Population Health Management Collaboration Group spreading good practice across system	Jo Reeves	Jo Reeves	30 Nov 2025	06 Aug 2025
3749	Map and network with workforce leads to identify opportunities to influence training programmes to become more inequalities aware	Jo Reeves	Jo Reeves	01 Oct 2025	02 Apr 2025
4481	To develop and implement a plan to ensure HI remains a priority across BOB ICB,	Steve Goldensmith	Steve Goldensmith	30 Nov 2025	06 Aug 2025

Risk Appetite: Score 3 - Balanced
Risk is currently below Appetite
Appetite Lower: 11
Appetite Upper: 16

3 - Balanced: Will consider all options and tolerate a modest amount of risk if the reward is demonstrated. Acceptance that some loss may occur in pursuit of the reward.

BOB0002 - Financial Sustainability

If:	the BOB Integrated Care System is unable to manage its expenditure within its available resource	Project:	ICB Board Assurance Framework (BAF)			
Gaps in Control Identified:	No	Status:	Open			
NHS Oversight Framework Themes:	Finance and use of resources	Created:	17 Nov 2022			
Owner:	Alastair Groom, Chief Financial Officer	Identified:				
Assignee:	Dilani Russell, Director of Operational Finance	Scoring		Impact	Likelihood	Priority
		Inherent	4	5	20	
		Residual	4	5	20	
		Target	4	3	12	

Controls

Reference	Control Summary	Owner	Assignee	Score	Gaps in Assurance
1473	NHSE financial controls implemented across all organisations within the system. All new expenditure by ICB approved by Executive Team,...	Alastair Groom	Alastair Groom	0.50	None identified
4152	STRB leading on system recovery. Applying additional focus to short term delivery in light of current financial pressures.	Alastair Groom	Alastair Groom	0.50	Rise in employers' NI contributions

Actions

Reference	ICB BAF Action Summary	Owner	Assignee	Variable Target	Last Updated
4543	BOB ICB to achieve breakeven position for 2025/26.	Alastair Groom	Alastair Groom	22 Aug 2025	18 Jul 2025
4544	BOB ICB to report monthly to NHSE on financial position.	Alastair Groom	Alastair Groom	08 Sep 2025	11 Aug 2025

Risk Appetite: Score 3 - Balanced
Risk is currently above Appetite
Appetite Lower: 11
Appetite Upper: 16

3 - Balanced: Will consider all options and tolerate a modest amount of risk if the reward is demonstrated. Acceptance that some loss may occur in pursuit of the reward.

BOB0003 - Resilience

If:	the BOB health and care system lacks resilience to respond to significant incidents, events and emergencies	Project:	ICB Board Assurance Framework (BAF)		
Gaps in Control Identified:	No	Status:	Open		
NHS Oversight Framework Themes:	Access and outcomes	Created:	17 Nov 2022		
Owner:		Identified:			
Assignee:	Matthew Tait, Chief Delivery Officer	Scoring			
	Hannah Mills, Director of Performance and Delivery		Impact	Likelihood	Priority
		Inherent	4	3	12
		Residual	4	2	8
		Target	4	2	8

Controls

Reference	Control Summary	Owner	Assignee	Score	Gaps in Assurance
1475	NHSE EPRR Standards and Review	No User	No User	1.00	None identified
1476	Review through Audit and Risk Committee	No User	No User	0.75	None identified
1477	Production of Annual Report to Board	No User	No User	0.50	None identified
1478	Robust risk and capability management in partnership with stakeholders - LRF and LHRP	No User	No User	0.50	None identified
1479	EPRR work programme developed against risks	No User	No User	0.50	None identified
1480	Internal Business Continuity Management System	No User	No User	0.50	None identified

Actions

Reference	ICB BAF Action Summary	Owner	Assignee	Variable Target	Last Updated
4142	Following Board Review and Core Standards Review, a work plan for 2025/26 to be produced.	Paul Jefferies	Paul Jefferies	30 Oct 2025	

Risk Appetite: Score 4 - Open
Risk is currently above Appetite
Appetite Lower: 17
Appetite Upper: 21

4 - Open: Open to consider all options and take a greater degree of risk and tolerate higher uncertainty to achieve a bigger reward. Likely to choose an option that had a greater reward and accepts some loss.

BOB0004 - Access to Services

If:	The BOB health and care system does not meet its targets	Project:	ICB Board Assurance Framework (BAF)		
Gaps in Control Identified:	No	Status:	Open		
NHS Oversight Framework Themes:	Access and outcomes	Created:	17 Nov 2022		
Owner:	Matthew Tait, Chief Delivery Officer	Identified:	10 Dec 2024		
Assignee:	Ben Gattlin, Associate Director Performance Oversight	Scoring			
			Impact	Likelihood	Priority
		Inherent	4	4	16
		Residual	4	4	16
		Target	4	3	12

Controls

Reference	Control Summary	Owner	Assignee	Score	Gaps in Assurance
1481	NHSE assurance and oversight processes	No User	No User	1.00	none identified
1482	Review at PHPE Committee	No User	No User	1.00	none identified
1483	System Wide Boards	No User	No User	0.50	none identified
1484	Processes with Trusts	No User	No User	1.00	none identified
1485	Board Performance Reports	No User	No User	1.00	none identified
3982	System Oversight Meeting	Matthew Tait	Ben Gattlin	1.00	none identified
4435	Actions assigned and carried out as part of the monthly meeting review process	Matthew Tait	Ben Gattlin		

Actions

Reference	ICB BAF Action Summary	Owner	Assignee	Variable Target	Last Updated
4689	NHSE England tiering process in place, measuring performance across multiple domains to help NHSE direct resources and interventions were they are...	Matthew Tait	Matthew Tait	31 Mar 2026	

Risk Appetite: Score 3 - Balanced
Risk is currently within Appetite
Appetite Lower: 11
Appetite Upper: 16

3 - Balanced: Will consider all options and tolerate a modest amount of risk if the reward is demonstrated. Acceptance that some loss may occur in pursuit of the reward.

BOB0005 - Transformation

If: Gaps in Control Identified: NHS Oversight Framework Themes: Owner: Assignee:	The ICB is unable to develop a strong strategic commissioning capability through the organisation design and planned transition activities	Project:	ICB Board Assurance Framework (BAF)			
	Yes	Status:	Open			
		Created:	17 Nov 2022			
		Identified:	30 Jan 2025			
	Access and outcomes	Scoring				
			Impact	Likelihood	Priority	
	Hannah Iqbal, Chief Strategy, Digital and Transformation Officer	Inherent	4	3	12	
		Residual	3	3	9	
	Robert Bowen, Director of System Transformation and Development	Target	3	2	6	

Controls

Reference	Control Summary	Owner	Assignee	Score	Gaps in Assurance
4070	Work being undertaken under risk STR0008 in relation to provider collaboratives. ICB forward vision is currently being finalized in the BOB ICB...	Hannah Iqbal	Hannah Iqbal	0.00	In transition period
4071	System recovery and transformation board in place	Hannah Iqbal	Hannah Iqbal	0.00	Continuing to meet once a month and board is mobilising
4313	Monthly update to be presented to Board	Hannah Iqbal	Hannah Iqbal	0.50	none identified

Actions

Reference	ICB BAF Action Summary	Owner	Assignee	Variable Target	Last Updated
4314	Full org design process actively managed as part of wider Thames Valley transitional programme	Hannah Iqbal	Robert Bowen	25 Sep 2025	23 Jul 2025

Risk Appetite: Score 4 - Open
Risk is currently below Appetite
Appetite Lower: 17
Appetite Upper: 21

4 - Open: Open to consider all options and take a greater degree of risk and tolerate higher uncertainty to achieve a bigger reward. Likely to choose an option that had a greater reward and accepts some loss.

BOB0006 - Safety, Safeguarding and Quality,

If:	the ICB does not have the correct safeguarding and quality assurance mechanisms in place	Project:	ICB Board Assurance Framework (BAF)		
Gaps in Control Identified:	Yes	Status:	Open		
NHS Oversight Framework Themes:	People and leadership and capability	Created:	17 Nov 2022		
Owner:	Rachael Corser, Chief Nursing Officer	Identified:			
Assignee:	Heidi Beddall, Deputy CNO/Director of Quality	Scoring			
			Impact	Likelihood	Priority
		Inherent	4	3	12
		Residual	4	3	12
		Target	4	2	8

Controls

Reference	Control Summary	Owner	Assignee	Score	Gaps in Assurance
3675	Operational and system quality groups embedded	Rachael Corser	Heidi Beddall	1.00	none identified
3676	ICB internal equality and quality impact assessment panel established	Rachael Corser	Heidi Beddall	0.50	none identified
3677	Contracts for 24/25 updated to include safeguarding and quality requirements	Rachael Corser	Heidi Beddall	0.50	Lack of Assurance
3678	Contract review meetings to be established in 25/26 including safeguarding and quality....	Rachael Corser	Heidi Beddall	0.00	Lack of Assurance
3679	Quality insight visits protocol published - forward planner for 24/25 visits	Rachael Corser	Heidi Beddall	0.50	none identified
3734	Quality assurance framework updated for 24/25	Rachael Corser	Heidi Beddall	0.50	none identified
3735	ICB quality strategy to be published in 25/26	Rachael Corser	Heidi Beddall	0.00	none identified
4273	New Framework for Assurance Reporting has been implemented and rolled out to our providers. This aligns with Safeguarding contractual schedule.	Katherine Elsmore	Katherine Elsmore	0.00	Workforce, framework completion, safeguarding practices
4429	PSIRF oversight model in place	Heidi Beddall	Heidi Beddall	0.00	not applicable to primary care, all independent and intermediate providers

Actions

Reference	ICB BAF Action Summary	Owner	Assignee	Variable Target	Last Updated
3823	Quality Strategy- awaiting national quality strategy publication prior to drafting ICB quality strategy	Heidi Beddall	Heidi Beddall	21 Aug 2025	09 Jul 2025
3824	Establish Contract review meetings (with Finance)	Heidi Beddall	Heidi Beddall	01 Sep 2025	09 Jul 2025
4275	a. Consulting with provider safeguarding leads monthly...	Katherine Elsmore	Katherine Elsmore	21 Aug 2025	18 Jun 2025
4430	Prepare for delegation of POD and specialised commissioning quality oversight	Heidi Beddall	Heidi Beddall	31 Mar 2026	
4431	Develop quality dashboard	Heidi Beddall	Heidi Beddall	06 Aug 2025	04 Jun 2025
4432	Revise internal quality governance reporting	Heidi Beddall	Heidi Beddall	01 Apr 2026	09 Jul 2025

Risk Appetite: Score 2 - Cautious
Risk is currently above Appetite
Appetite Lower: 6
Appetite Upper: 10

2 - Cautious: Preference for safe delivery options but is able to tolerate low level risk and uncertainty. Every decision will be with the aim of mitigating the level of risk.

BOB0007 - Working in Partnership

If:	BOB does not develop effective partnerships across place, system and beyond	Project:	ICB Board Assurance Framework (BAF)		
Gaps in Control Identified:	No	Status:	Open		
NHS Oversight Framework Themes:	People and leadership and capability	Created:	17 Nov 2022		
Owner:	Matthew Tait, Chief Delivery Officer	Identified:	10 Dec 2024		
Assignee:		Scoring			
			Impact	Likelihood	Priority
		Inherent	4	3	12
		Residual	4	3	12
		Target	4	2	8

Controls

Reference	Control Summary	Owner	Assignee	Score	Gaps in Assurance
1492	NHSE assurance and oversight	No User	No User	1.00	none identified
1493	Review at SPD Committee	No User	No User	1.00	none identified
1494	Processes with Trusts	No User	No User	1.00	none identified
1495	Board Reports & Updates	Matthew Tait	No User	1.00	none identified
3571	Implementation of new Operating Model	No User	No User	0.50	none identified
3969	Specific agenda item on Quarterly NHSE Review meetings to look at Partnership Development	Matthew Tait	Dawn Riddell	0.50	none identified
3972	Update at PSD Committee meetings on Partnership working / Acute Provider Collaborative and Mental Health Collaborative.	Matthew Tait	Dawn Riddell	0.50	none identified
3975	Single Place focus at every Board meeting	Matthew Tait	Dawn Riddell	0.50	none identified

Actions

Reference	ICB BAF Action Summary	Owner	Assignee	Variable Target	Last Updated
3629	Specific agenda item on Quarterly NHSE Review meetings to look at Partnership Development	Matthew Tait	Dawn Riddell	31 Mar 2024	18 Jul 2024
3630	Update at PSD Committee meetings on Partnership working / Acute Provider Collaborative and Mental Health Collaborative.	Matthew Tait	Dawn Riddell	31 Mar 2024	18 Jul 2024
3631	Tripartite agenda prompt to be added to discuss parternship working at meetings	Matthew Tait	Dawn Riddell	30 Nov 2024	10 Dec 2024
3632	Single Place focus at every Board meeting	Matthew Tait	Dawn Riddell	31 Mar 2024	18 Jul 2024
3633	Board development sessions to be held on Acute Provider Collaborative and Mental Health Provider Collaborative.	Matthew Tait	Dawn Riddell	31 Mar 2024	23 Feb 2024
3634	Produce structures to support the new operating model and agree with partners	Matthew Tait	Dawn Riddell	31 Oct 2024	10 Dec 2024
3637	Need to ensure our new operating model supports an effective working model during and beyond transition.	Ben Gattlin	Dawn Riddell	31 Mar 2026	04 Aug 2025

Risk Appetite: Score 4 - Open
Risk is currently below Appetite
Appetite Lower: 17
Appetite Upper: 21

4 - Open: Open to consider all options and take a greater degree of risk and tolerate higher uncertainty to achieve a bigger reward. Likely to choose an option that had a greater reward and accepts some loss.

BOB0008 - ICB Workforce

If:	the care system within the BOB geography is unable to attract and retain a suitably qualified workforce	Project:	ICB Board Assurance Framework (BAF)		
Gaps in Control Identified:	Yes	Status:	Open		
NHS Oversight Framework Themes:	People and leadership and capability	Created:	17 Nov 2022		
Owner:		Identified:	31 Jan 2025		
Assignee:	Sandra Grant, Chief People Officer	Scoring			
			Impact	Likelihood	Priority
		Inherent	3	3	9
		Residual	3	3	9
		Target	3	2	6

Controls

Reference	Control Summary	Owner	Assignee	Score	Gaps in Assurance
1496	Build targeted recruitment strategies that align workforce planning with long-term business strategies.	Sandra Grant	Sandra Grant	0.50	The ICB needs to reviewphasing of recruitment to vacant roles, taking into account operating framework requirements (e.g. reduction in corporate service targets) and potential changes relating to operating model of NHSE

Actions

Reference	ICB BAF Action Summary	Owner	Assignee	Variable Target	Last Updated
1379	Resourcing plan for Nursing Directorate (AACH)...	Caroline Corrigan	Andrew Mltchell	16 Jan 2025	12 Nov 2024
4145	System projects in place to manage mental health patients in a non mental health setting to ensure we optimise our mental health workforce.	Sandra Grant	Dailshad Cunnan	31 Dec 2025	11 Jun 2025
4146	Aligning our bank payment levels so that we ensure that staff are treated fairly and that retention is consistent across organisations.	Sandra Grant	Dailshad Cunnan	31 Dec 2025	11 Jun 2025
4147	Reviewing skills shortages and taking a system wide approach to increasing supply.	Sandra Grant	Dailshad Cunnan	31 Dec 2025	11 Jun 2025
4419	All Controls and actions are reviewed as part of the monthly review process	Sandra Grant	Dailshad Cunnan	31 Dec 2025	11 Jun 2025

Risk Appetite: Score 4 - Open
Risk is currently below Appetite
Appetite Lower: 17
Appetite Upper: 21

4 - Open: Open to consider all options and take a greater degree of risk and tolerate higher uncertainty to achieve a bigger reward. Likely to choose an option that had a greater reward and accepts some loss.

BOB0009 - ICS Workforce

If:	NHS BOB ICB does not work with system partners to ensure an appropriate and affordable NHS workforce	Project:	ICB Board Assurance Framework (BAF)		
Gaps in Control Identified:	No	Status:	Open		
NHS Oversight Framework Themes:	Access and outcomes	Created:	02 Jan 2025		
Owner:		Identified:	02 Jan 2025		
Assignee:	Sandra Grant, Chief People Officer	Scoring			
			Impact	Likelihood	Priority
		Inherent	4	4	16
		Residual	4	3	12
		Target	4	3	12

Controls

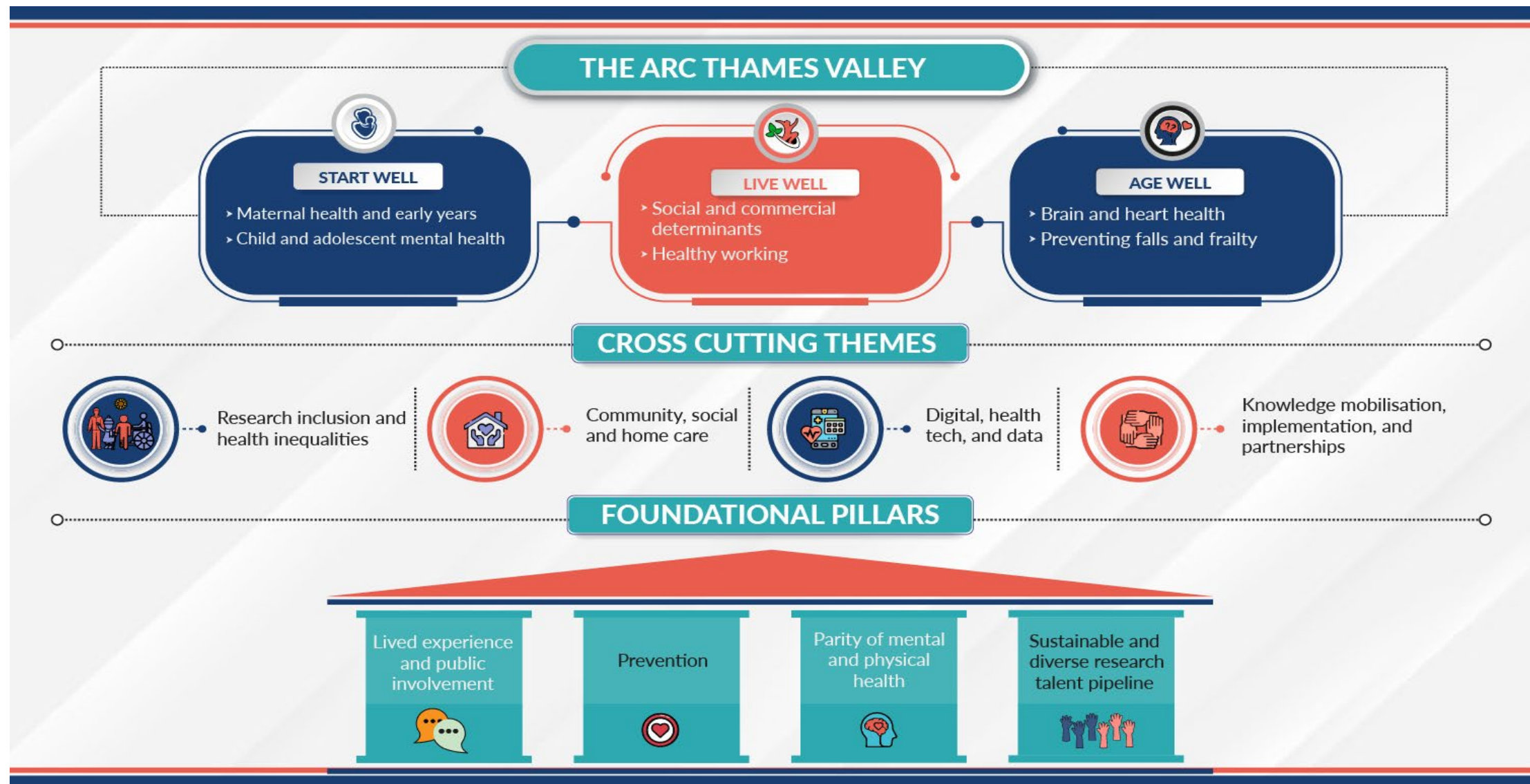
Reference	Control Summary	Owner	Assignee	Score	Gaps in Assurance
4391	Review of the System People Governance Structure	Sandra Grant	No User	0.50	Awaiting the broader organisational governance review
4392	Increasing performance approach to workforce planning and improving productivity	Sandra Grant	No User	0.50	Identifying finance to support the productivity and improvement plan
4395	Continuing to deliver the south east temporary staffing programme	Sandra Grant	Sandra Grant	1.00	none identified
4599	A facilitated event with Julian Emms - System Planning	Sandra Grant	Sandra Grant	0.00	none identified

Actions

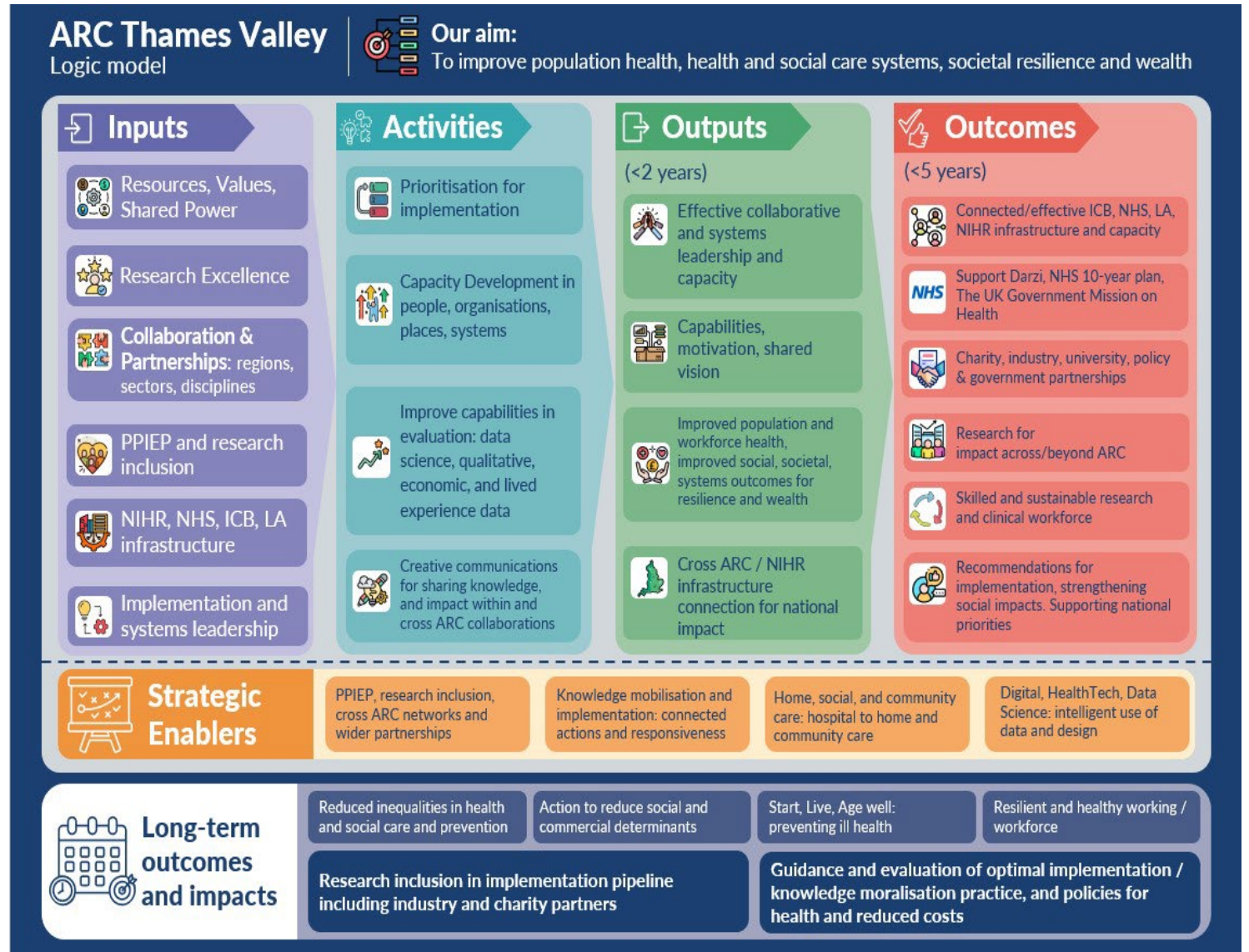
Reference	ICB BAF Action Summary	Owner	Assignee	Variable Target	Last Updated
4393	Embedding SPGS once approved	Sandra Grant	Sandra Grant	09 Jul 2025	11 Jun 2025
4394	Developing NHS Trust workforce productivity and improvement plan	Sandra Grant	Sandra Grant	09 Jul 2025	11 Jun 2025
4396	Introducing the Scaling Corporate Services Programme	Sandra Grant	Sandra Grant	09 Jul 2025	11 Jun 2025
4420	New CPO reviewing approach with system partners to ensure alignment to system priorities and developing longer term People/Workforce Plan. Reflects...	Sandra Grant	Dailshad Cunnann	11 Jun 2025	24 Jun 2025

Risk Appetite: Score 4 - Open
Risk is currently below Appetite
Appetite Lower: 17
Appetite Upper: 21

4 - Open: Open to consider all options and take a greater degree of risk and tolerate higher uncertainty to achieve a bigger reward. Likely to choose an option that had a greater reward and accepts some loss.



ARC Thames Valley Logic Model



5-year Impact

- Strengthened vertical and horizontal national strategic and operational partnerships bringing a relational approach to KM and Implementation
- ICB and specific area level data drives prioritisation with a focus on highest needs-costs targets to reduce inequalities
- Significant capacity development for KM, Implementation, and partnerships across region and throughout the academic pathways in health and non-health allied professionals
- Develop Creative Disruptive methodologies for linked RI-PPIEP, Implementation and KM into public and social arenas as well as care systems
- At least two interventions and approaches adopted across the ARC region and nationally in partnership with other ARCs, spanning health and social care and communities
- Responsive and agile ARC, NIHR infrastructure, ICB leadership and research teams addressing emerging challenges together for new models of care, opportunity conditions/clusters, digital tech development
- A connected mature SDE (locally and potentially nationally) for evaluation and research across NIHR infrastructures
- National implementation around at least one priority: SDE, early years/maternal care, prevention (population and primary care), Research Inclusion, Digital and Tech
- Optimise and action national scale up and impact through ARCs and NIHR infrastructure around multiple long-term conditions, KM/Implementation, Capacity Development, Health Inequalities, PPI EP

Southeast ICB Collaborative

South East ICB Collaborative Office

The Office for the south east ICBs has been established to provide coordination, programme management, and system leadership for collaborative work across the region. Its creation provides the region with its first dedicated vehicle for cross-ICB delivery — ensuring that the six current systems can work collectively where it is neither affordable nor effective to act alone.

This year's work has been dominated by two critical challenges:

- **The requirement for 50% running cost reductions**, requiring all ICBs to restructure simultaneously.
- **The closure of CSU services**, necessitating urgent development of shared functions and complex transition planning.

The Office has delivered substantial value by:

- **Driving shared function development:** establishing and progressing workstreams on IG, EPRR, GPIT and corporate digital services, with clear design principles, financial modelling, and options appraisals.
- **Providing regional coordination:** supporting ICBs to align consultation timelines, workforce planning, and policy frameworks — reducing duplication, sharing best practice and ensuring fairness for staff.
- **Maintaining influence with NHSE:** supporting the south east to speak with a single voice in regional and national forums, particularly in relation to ICB running cost-reduction and CSU transition issues.
- **Embedding governance and accountability:** establishing reporting lines into the south east regional leadership team and CEO forums together with developing structured reporting to improve decision-making.
- **Supporting major transition boards:** playing a key role in the creation and running of the Southeast CSU Programme Board, ensuring visibility and coordination across all affected functions.
- **Creating programme discipline:** introducing consistent programme management methods, milestones, and risk tracking across cross-ICB work.

In effect, the Office has acted as the “glue” between six ICBs, ensuring they could meet urgent national requirements while continuing to explore strategic opportunities for collaboration.

The Planning Guidance places new emphasis on delivering change at scale, through coordinated cross-ICB arrangements, and ensuring that commissioning capability is preserved through the establishment of regional Pan-ICB Offices.

The Office of the south east ICBs, already operating as a neutral convenor and delivery vehicle, is well placed to become the established vehicle for this transition.

Paper on behalf of the 6 Southeast ICBs:

NHS Buckinghamshire, Oxfordshire and Berkshire
NHS Hampshire and Isle of Wight Kent and Medway
NHS Surrey Heartlands

NHS Frimley
NHS Kent and Medway
NHS Sussex