

Buckinghamshire, Oxfordshire and Berkshire West

and Frimley Integrated Care Boards

Joint Committee

Title of Paper	Integrated Finance and Performance Report		
Agenda Item	4.1	Date of meeting	13 January 2026
Exec Lead	Rich Chapman		
Author(s)	Veronica Lowthian, Dilani Russell, Ben Gattlin, Frank Eisenhower, Elaine Polton, Sarah Rockhall, William Stokes		

Purpose	To Approve	<input type="checkbox"/>	Decision required	Joint Committee	<input type="checkbox"/>
	To Ratify	<input type="checkbox"/>		BOB only	<input type="checkbox"/>
	To Discuss	<input type="checkbox"/>		Frimley only	<input type="checkbox"/>
	To Note	<input checked="" type="checkbox"/>		Meeting in Public	<input type="checkbox"/>

Executive Summary					
The paper reports the month 8 finance position for both BOB and Frimley ICBs and the month 5 performance information for both ICBs.					
Finance					
At month 8 the Frimley system is slightly better than plan, the forecast is breakeven. The ICB is continuing to experience cost pressures within S117, ADHD RTC and the independent sector contracts. Remedial action plans have been developed to mitigate the growing cost pressures.					
ICB cost pressures are currently being mitigated by underspends mainly in CHC and by the release of non-recurrent benefits YTD.					
Quarter 4 Deficit Support Funding receipt is dependent upon the system having a credible plan and on track to deliver. Forecast assumes full receipt.					
At month 7 the ICB developed a route map to break even that was been shared with NHSE. This is a live plan, progress has been made at M8 to close the efficiency gap with plans in place to deliver the remaining balance by year end.					
FHFT remains on plan although there have been cost pressures in month due to Industrial Action. The Trust has also developed a route map to breakeven.					
At Month 8 the BOB system is slightly better than plan, the forecast is breakeven. The ICB is experiencing elective overperformance in the acute sector, this is being mitigated by underperformance in other areas of acute expenditure within the NHS providers and Ophthalmology underperformance in the independent sector. The cost pressure continues within the community budget due to equipment and there are pressures in MH due to S117 and ADHD RTC.					
The overall position is being mitigated by underspends in certain budgets and the release of one-off benefits form PY and favourable dispute resolution.					

The ICB has developed a route plan to breakeven and is assuming full receipt of the Deficit Support funding.

Performance

Following feedback from the inaugural BOB Frimley Joint Committee edits have been made to the report. More targets have been added where applicable, where no target has been prescribed either through 2025/26 planning guidance or constitutional standards the target figure has been replaced with the plan figure for that month.

There are differential targets for BOB and Frimley in relation to RTT as the targets have been set against a baseline at a point in time with percentage improvements applied therefore different numerators and denominators have been included to achieve the required percentage.

Primary Care has no targets related to appointments therefore the target column for Primary Care metrics has been removed the metrics remain in the report for informational purposes. National focus for 2025/26 and beyond is on patient satisfaction with primary care services.

Feedback also included the timeliness of data and ability to benchmark performance. For the Public Joint Committee only published data may be used; Published elective data along with majority other metrics is available 6 weeks after month end.

The BOB and Frimley Reports have now been aligned and combined. The task and finish group has completed and been stood down; there will be no further development of the performance report contained herein. The next task and finish group is to be stood up immediately with the same membership to start developing the Thames Valley Report for 2026/27 which targets reporting published April data in June 2026. The report will be fully automated with Frimley access to the BOB database now approved.

The Committee is asked to note the performance challenges faced by all areas across our systems

Recommendation	The committee is asked to note the report
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Conflict of interest identified	
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Detail Members of the Committee have responsibility and/or accountability for performance portfolio included within the report	

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Performance Report Task and Finish Group (performance section only)	8 th December 2025 17 th December 2025	Performance report finalised and approved Noted
Joint Executive Meeting	18 th December 2025	

Finance and Performance Committee	Noted and Performance recommendations approved
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Integrated Performance Report as at Month 8





1. Finance

2. Performance

1. Finance

Frimley System Position as at Month 8

Year To Date - £85k better than plan

	YTD Plan	YTD Actual	YTD Variance	Annual Plan	Forecast Outturn	Forecast Variance
	£m		£m			
Frimley Health NHS Foundation Trust	(4.7)	(4.7)	0.0	0.0	0.0	0.0
Frimley ICB	0.0	0.0	0.0	0.0	0.0	0.0
Frimley ICS Surplus/(Deficit)	(4.7)	(4.6)	0.1	0.0	0.0	0.0

Forecast Outturn – Break Even

ICB remains marginally ahead of plan YTD

ICB Cost Pressures:

- Adult Mental Health - ADHD 'right to choose' referrals
- S117 pressures in Hampshire
- IPTs & GP Referrals to Independent Sector
- Acute out of area provider performance
- Pharmacy and Optometry overspends in POD

Remedial action plans have been developed for S117 and RTC ADHD in year pressures, the pressures are being mitigated to some extent by these and other non recurrent benefits.

Remedial action plan for IPTs & GP Referrals to Independent Sector (IS) have been developed and has shown an improvement, however still behind target. Controlling the activity in the IS relies upon NHSE supporting the issued Activity Management Plans, however the outcome of the escalation process is unlikely to be known until late December.

Overperformance at the acute out of area provider has been reviewed, the increased activity is in max fac., general surgery and gynae, however the analysis and comparison between data sets continues.

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

Deficit Support Funding in Q4 is dependent upon the system having a credible plan and on track to deliver. **Forecast assumes full receipt**.

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

FHFT marginally better than plan YTD

The Trust remains on plan with a small surplus in month and a year-to-date deficit. Both are in line with plan.

Income includes over and under delivery by commissioner although FICB has been held at plan.

The main favourable variance relates to high-cost drugs and devices with NHSE Specialised.

Included in the YTD is the impact of Industrial action.

Although CIPs are behind year to date the forecast for fully developed plans remains consistent with prior month

There is a Financial Recovery Board chaired jointly by the COO and CFO which is overseeing efforts to reduce costs.

BOB System Position as at Month 8

Year To Date - £129k better than plan

Forecast Outturn – Break Even

BOB ICB

BOB ICB position is on plan YTD and FOT.

- Acute (favourable)** – M8 has seen an increase in elective spend in October. There are, however, significant underperformance in other areas of expenditure within NHS providers and Ophthalmology under performances within the independent sector.
- Community (adverse)** – The ongoing overspend is due to Equipment as a result of the national change in provider. BCF adverse due to the Oxford Pool and Physiotherapy and Endoscopy activity above plan.
- Mental Health & LD (adverse)** – a slight worsening in month due to the ongoing drivers. The adverse FOT is predominantly due to Sec.117 and ADHD Right to Choose spend increase against budget. A deep dive exercise is being carried out to ascertain the drivers.
- The overall YTD and full year position also included underspends and other mitigations such as releasing uncommitted prior year accruals, favourable dispute resolutions and projected underspends in vacancies to support the breakeven position.

Surplus / (Deficit) - Adjusted Financial Position Organisation	YTD Plan	YTD Actual	YTD Variance	Annual Plan	Forecast Outturn	Forecast Variance
	£'m	£'m	£'m	£'m	£'m	£'m
Berkshire Healthcare NHS Foundation Trust	1.6	1.6	0.0	1.7	1.7	0.0
Buckinghamshire Healthcare NHS Trust	(5.5)	(5.5)	0.0	(0.8)	(0.8)	0.0
Oxford Health NHS Foundation Trust	2.3	2.4	0.1	4.8	4.8	0.0
Oxford University Hospitals NHS Foundation Trust	(5.5)	(5.4)	0.1	2.0	2.0	0.0
Royal Berkshire NHS Foundation Trust	(7.3)	(7.3)	0.0	(7.8)	(7.8)	0.0
TOTAL In-System Providers Surplus/ (Deficit)	(14.4)	(14.3)	0.1	(0.2)	(0.1)	0.0
Buckinghamshire, Oxfordshire And Berkshire West ICB	(9.9)	(9.9)	0.0	0.1	0.2	0.0
BOB ICS Surplus/ (Deficit)	(24.3)	(24.2)	0.1	(0.0)	0.0	0.0

BOB System

The system reported a YTD deficit of £24.2m (including deficit support funding), £0.1m favourable to plan

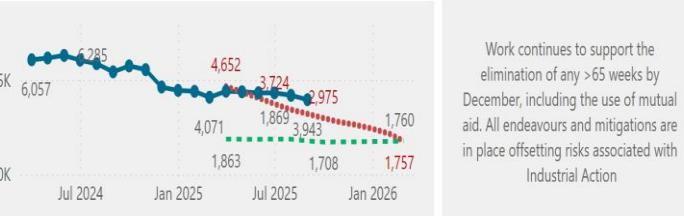
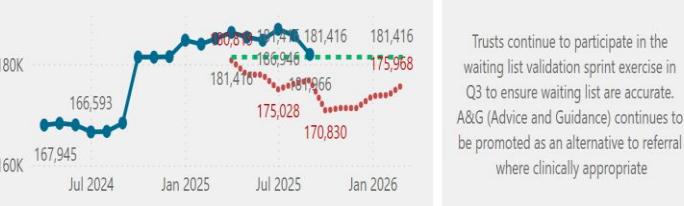
- BHFT: non-pay costs pressures are offset by income and pay costs better than plan.
- BHT: pay costs and non-pay costs worse than plan are largely offset by patient care income and other operating income being better than plan.
- OUH: non-pay costs (largely pass-through costs e.g. drugs) worse than plan are offset by patient care income other operating income and non-operating expenditure (e.g. gains on disposal of assets) better than plan.
- RBFT: pay costs and non-pay costs are worse than plan these are offset by education and training grant and other income being better than plan.
- unplanned costs relating to industrial action in July and November have been mitigated by e.g. the early release of balance sheet flexibilities planned for later in the year; this creates a financial pressure for providers in Q4.
- YTD efficiency delivery at M08 was adverse to plan, with adverse positions at the ICB and OUH offset by over-delivery in RBFT.
- 95% of system efficiency plans were fully developed at M08 (95% at M07).

2. Performance

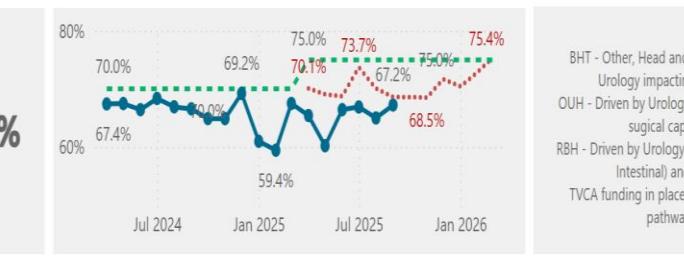
Performance data for Month 5 for both BOB and Frimley is detailed in the slides below

- The BOB and Frimley Reports have now been aligned
- There are differential targets for BOB and Frimley in relation to RTT as the targets have been set against a baseline at a point in time with percentage improvements applied. Therefore, different numerators and denominators have been included to achieve the required percentage
- Primary Care has no targets related to appointments therefore the target column for Primary Care metrics has been removed the metrics remain in the report for informational purposes. National focus for 2025/26 and beyond is on patient satisfaction with primary care services.

National Priorities - RTT

Indicator	Actual	Target	Trend	Actions
E.B.40 Percentage of RTT patients waiting 18 weeks or less	64.4% 01 September 2025	65.0%		Work continues to drive down waiting times, including the mobilisation of the Ophthalmology SPOA (single point of access) with other HVLC (high value low complexity) procedures being explored by the APC.
E.B.18 RTT waiting list - 52+ weeks	3,943 01 September 2025	1,768		Work continues to support the elimination of any >65 weeks by December, including the use of mutual aid. All endeavours and mitigations are in place offsetting risks associated with Industrial Action
E.B.40 RTT waiting list - less than 18 weeks	117,189 01 September 2025	117,920		The APC (Acute Provider Collaborative) work in managing HVLC (High Value Low Complexity) demand through a SPOA (single point of access) model is working well in Ophthalmology with other specialities now being explored
E.B.3a RTT waiting list - total	181,966 01 September 2025	181,416		Trusts continue to participate in the waiting list validation sprint exercise in Q3 to ensure waiting list are accurate. A&G (Advice and Guidance) continues to be promoted as an alternative to referral where clinically appropriate

National Priorities - Cancer

Indicator	Actual	Target	Trend	Actions
E.B.27 Percentage of patients receiving communication of cancer diagnosis within 28d faster diagnosis standard	77.0% 01 September 2025	80.0%		BHT - Haem, Gynae and Brain impacting compliance OUH - Urology, NSS (Non Specific Symptoms) and Haem impacting overall compliance RBH - Gynae, Urology and Haem driving position Funding in place and ongoing pathway support
E.B.35 Cancer - Percentage of patients seen within 62d	67.2% 01 August 2025	75.0%		BHT - Other, Head and Neck, Gynae & Urology impacting position OUH - Driven by Urology, Lung and Gynae surgical capacity RBH - Driven by Urology, LGI (Lower Gastro Intestinal) and Gynae TVCA funding in place, supporting key pathways
E.B.38 Percentage of people treated beginning first or subsequent treatment of cancer within 31 days of receiving a decision to treat/earliest clinically appropriate date	85.6% 01 September 2025	96.0%		BHT - Surgical capacity in Gynae and Skin driving the non compliance OUH - Breast, Lung and Gynae pathways impacted by surgical capacity challenges RBH - Urology, LGI, Gynae driving position TVCA support in place

National Priorities - MH, LDA & CYP

Indicator	Actual	Target	Trend	Actions	Indicator	Actual	Target	Trend	Actions
% of Annual Health Checks carried out for persons aged 14 years or over on the QOF Learning Disability Register in the period	12.5% 01 June 2025	11.3% Plan		Uptake rates of annual LD health checks is addressed through performance dashboards and practice discussions / visits. Rates being seen are positively above plan	E.M.13 Percentage of attendances at Type 1, 2, 3 A&E departments, departing in less than 4 hours	75.5% 01 September 2025	78.0%		Winter plans are in place at Trust, Place and System level, which include additional capacity planned to support anticipated peaks in demand. Work is also underway with partners to mitigate the risks associated with IA ahead of the Christmas period
E.H.37 Mean Length of stay for discharges in the RP for people aged 18 and over from adult acute, older adult acute and PICU beds (MHS156b)	47 01 September 2025	50		Progress remains well ahead of national target and ICB Plan, remains consistent from September to November	E.M.13 Total number of attendances at Type 1, 2, 3 A&E departments.	51,537 01 September 2025	50,435 Plan		Work continues with place partners to optimise use and promote available alternatives to ED through SPOA, UCR (Urgent Community Response), 111 and Pharmacy First especially in the run up to and over IA and Christmas period
E.A.5 Active inappropriate adult acute mental health out of areas placements (OAPs) (OAP03a)	5 01 September 2025	0		Low number suppression results in this metric reported as 5 or 0. BOB inappropriate OAPs are within that range	AQI A31 Cat 2 Mean Response Time - SCAS	27 01 August 2025	30		SCAS continue to drive improvements to support Cat 2 which includes working collaboratively with Trusts to further reduce handover delays and increase referrals to suitable alternative services rather than convey to ED
E.H.9 CYP Access - Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact (MHS95)	26,940 01 September 2025	26,531		Remains on track and is above the National Ambition					

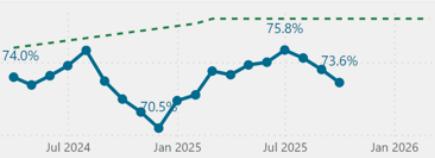
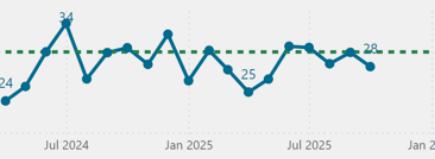
National Priorities - Primary Care

Indicator	Actual	Trend	Actions
% of Appointments within 14 days	82.2% 01 September 2025		Trendline is suggestive of appointments delivered within 14 days at expected rates. Practices introducing online consultation tools is expected to increase % seen within 14 days due to improved triaging/signposting
Appointments within 14 days	753,727 01 September 2025		Trendline is suggestive of appointments delivered within 14 days at expected rates. Practices not meeting 14 day metric are encouraged to enrol in GPIP and LMC/GPLG support will be available from Jan 2026
E.D.19 Appointments in General Practice and Primary Care Networks	917,359 01 September 2025		Appointments provided are inline with plan. Introduction of online consultation tools is expected to support management of appointments through better triaging and signposting

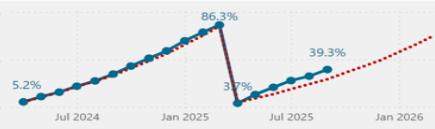
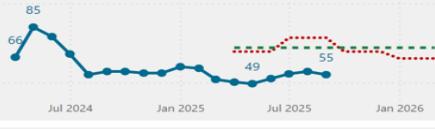
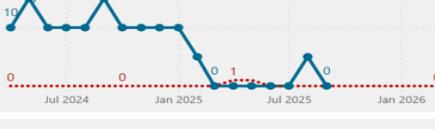
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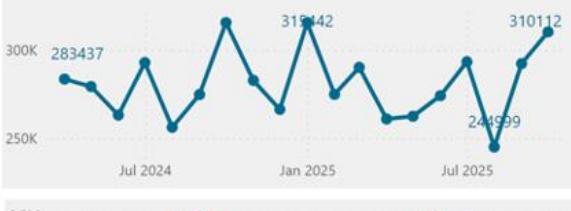
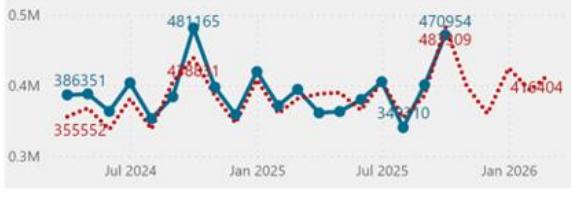
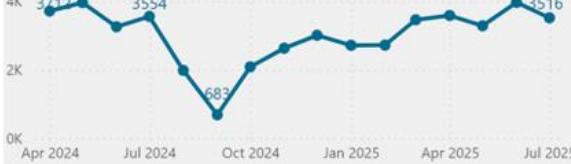
National Priorities - RTT



Indicator	Actual	Target	Trend	Actions
E.M.13 Percentage of attendances at Type 1, 2, 3 A&E departments, departing in less than 4 hours	73.6% 01 October 2025	78%		<p>4-hour performance remains below standard with high Type 1 pressure and sustained demand. SDEC (Same Day Emergency Care) / Discharge & Flow programmes are focussed on winter pressure to improve same-day and short-stay pathways</p>
E.M.13 Total number of attendances at Type 1, 2, 3 A&E departments.	37369 01 October 2025	There is no National Target for this metric		<p>ED attendances remain high, particularly Type 1, with sustained pressure from acuity, frailty and same-day demand. System partners are implementing Winter Plans, with 111, UTC and Virtual Wards aiming to moderate growth and improve flow</p>
AQI A31 Cat 2 Mean Response Time - SCAS	31.9 01 October 2025	30.0		<p>Mean response times for SCAS dipped below the national target for the latest reporting month at 27.2 minutes, within a context of +/- 8 minutes of variation over the last 12-month period.</p>
AQI A31 Cat 2 Mean Response Time - SECAMB	28.2 01 October 2025	30.0		<p>Cat 2 ambulance response times remain above the 18-minute standard, driven by hospital handover delays, high demand and workforce constraints. Joint improvement work continues across Frimley and SCAS/SECAMB to reduce lost hours and improve flow</p>

National Priorities - MH, LDA, CYP

Indicator	Actual	Target	Trend	Actions
% of Annual Health Checks carried out for persons aged 14 years or over on the QOF Learning Disability Register in the period	39.3% 01 September 2025	There is no National Target for this metric		<p>1% increase in delivery versus Oct 2024</p>
E.H.37 Mean Length of stay for discharges in the RP for people aged 18 and over from adult acute, older adult acute and PICU beds (MHS156b)	55.0 01 September 2025	72		<p>Progress ahead of plan</p>
E.A.5 Active inappropriate adult acute mental health out of areas placements (OAPs) (OAP03a)	0 01 September 2025	There is no National Target for this metric		<p>Progress on track</p>
E.H.9 CYP Access - Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact (MHS95)	10765 01 September 2025	9180		<p>Progress remains ahead of target. Dip is due to non-submission of data from two small third sector providers in the south</p>

National Priorities - Primary Care																				
Indicator	Actual	Target	Trend	Actions																
837 % of Appointments within 14 days	72.5% 01 October 2025	There is no National Target for this metric	 <table border="1"> <caption>Data for % of Appointments within 14 days Trend</caption> <thead> <tr> <th>Period</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr><td>Jul 2024</td><td>73.4%</td></tr> <tr><td>Oct 2024</td><td>66.5%</td></tr> <tr><td>Jan 2025</td><td>75.2%</td></tr> <tr><td>Jul 2025</td><td>72.5%</td></tr> </tbody> </table>	Period	Actual (%)	Jul 2024	73.4%	Oct 2024	66.5%	Jan 2025	75.2%	Jul 2025	72.5%	-- 84% of booked appointments in October 2025 were seen within 14 days. No national target with local ambition of 90% this indicator exceeding plan						
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836 Appointments within 14 days	310112 01 October 2025	There is no National Target for this metric	 <table border="1"> <caption>Data for Appointments within 14 days Trend</caption> <thead> <tr> <th>Period</th> <th>Actual (K)</th> </tr> </thead> <tbody> <tr><td>Jul 2024</td><td>283,437</td></tr> <tr><td>Oct 2024</td><td>310,112</td></tr> <tr><td>Jan 2025</td><td>310,142</td></tr> <tr><td>Jul 2025</td><td>244,999</td></tr> </tbody> </table>	Period	Actual (K)	Jul 2024	283,437	Oct 2024	310,112	Jan 2025	310,142	Jul 2025	244,999	-- 367k appointments booked within 14 days in October 2025						
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Oct 2024	310,112																			
Jan 2025	310,142																			
Jul 2025	244,999																			
796 E.D.19 Appointments in General Practice and Primary Care Networks	470954 01 October 2025	There is no National Target for this metric (Oct Plan is 483,309)	 <table border="1"> <caption>Data for E.D.19 Appointments Trend</caption> <thead> <tr> <th>Period</th> <th>Actual (K)</th> <th>Plan (K)</th> </tr> </thead> <tbody> <tr><td>Jul 2024</td><td>386,351</td><td>355,552</td></tr> <tr><td>Oct 2024</td><td>481,165</td><td>483,309</td></tr> <tr><td>Jan 2025</td><td>340,210</td><td>470,954</td></tr> <tr><td>Jul 2025</td><td>340,210</td><td>483,009</td></tr> </tbody> </table>	Period	Actual (K)	Plan (K)	Jul 2024	386,351	355,552	Oct 2024	481,165	483,309	Jan 2025	340,210	470,954	Jul 2025	340,210	483,009	-- Appointment capacity is being maintained	
Period	Actual (K)	Plan (K)																		
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861 Units of Dental Activity Delivered by Foundation Dentists	3516 01 July 2025	There is no National Target for this metric	 <table border="1"> <caption>Data for Units of Dental Activity Trend</caption> <thead> <tr> <th>Period</th> <th>Actual (K)</th> </tr> </thead> <tbody> <tr><td>Apr 2024</td><td>3,712</td></tr> <tr><td>Jul 2024</td><td>3,554</td></tr> <tr><td>Oct 2024</td><td>683</td></tr> <tr><td>Jan 2025</td><td>3,516</td></tr> </tbody> </table>	Period	Actual (K)	Apr 2024	3,712	Jul 2024	3,554	Oct 2024	683	Jan 2025	3,516	-- 378,797 UDAs delivered v target of 962,713 UDAs (39.35%). Normally see increased provision in second half of year. Performance ahead of 2024/25 and ahead of target.						
Period	Actual (K)																			
Apr 2024	3,712																			
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