Joint Committee Meeting (Public)

Tue 10 March 2026, 10:20 - 12:40

MS Teams

Agenda

10:20 - 10:20
0 min

1. Welcome, apologies for absence and Chair's introduction

Priya Singh

2026.03.10 - Paper 0 Agenda Joint Committee - PUBLIC - 10 March 2026 v6 20 Feb .pdf (3 pages)

10:20 - 10:20
0 min

2. Declarations of Conflicts of Interest

Priya Singh

Members are asked to declare any conflicts with regards to agenda items. Each ICB will be responsible for maintaining separate Registers of Interest - copies of which are accessible on the websites of the two ICBs

2026.03.10 - Paper 02 BOB ICB Register of Interest - Board Members and Directors.pdf (4 pages)
2.Master Copy ICB Board Conflict of Interest Register - February 26 v1.pdf (8 pages)

10:20 - 10:40
20 min

3. Draft minutes of Joint Committee meeting in public - 13 January 2026

Approve *Priya Singh*

3.1. Draft minutes of Joint Committee meeting - 13 January 2026

Chair

2026.03.10 - Paper 3.1 2026.01.13 Joint Committee Public Meeting Minutes.pdf (5 pages)

3.2. Chair and CEO update

Priya Singh / Nick Broughton

2026.03.10 - Paper 3.2 Chief Executive and Chief Officer Report.pdf (4 pages)

10:40 - 11:00
20 min

4. Delivery of 2025/26 Priorities

4.1. Finance, Planning and Transformation reports for BOB and Frimley

Note *Rich Chapman / Matthew Tait*

2026.03.10 - Paper 4.1 Finance and Performance.pdf (20 pages)

4.2. Quality reports for BOB and Frimley

Note *Sarah Bellars*

2026.03.10 - Paper 4.2 Joint ICB Quality Report.pdf (6 pages)

4.3. Workforce reports for BOB and Frimley

Note *Sandra Grant*

2026.03.10 - Paper 4.3 March Joint WF Report.pdf (17 pages)

11:00 - 11:30

5. ICB Transition

30 min

5.1. Transition Programme Director's report

Note *Caroline Corrigan*

5.1 Transition Programme Directors Report to the Joint Committee 20260310 v2.pdf (8 pages)

5.2. Planning submission - final version

Note *Hannah Iqbal / Rich Chapman*

2026.03.10 - Paper 5.2 Thames Valley Planning Final.pdf (9 pages)

11:30 - 11:50
20 min

6. NHS Buckinghamshire, Oxfordshire and Berkshire West ICB

6.1. Public Sector Equality Duty Report

Approve *Safina Nadeem*

2026.03.10 - Paper 6.1 BOB PSED report.pdf (94 pages)

6.2. Gender Pay Gap Report

Approve *Sandra Grant*

2026.03.10 - Paper 6.2 BOB GPG report.pdf (29 pages)

11:50 - 12:20
30 min

7. NHS Frimley ICB

7.1. Public Sector Equality Duty Report

Approve *Safina Nadeem*

2026.03.10 - Paper 7.1 PSED EDI report.pdf (33 pages)

7.2. Gender Pay Gap Report

Approve *Sandra Grant / Safina Nadeem*

2026.03.10 - Paper 7.2 Frimley GPG .pdf (28 pages)

7.3. Work Well Report

Note *Caroline Corrigan*

2026.03.10 - Paper 7.3 Thames Valley Work Well Service.pdf (23 pages)

12:20 - 12:30
10 min

8. Board Assurance Frameworks

8.1. Board Assurance Framework

Approve *Rich Chapman / Caroline Corrigan*

8.1 BOB and Frimley Board Assurance Framework update - March 2026 v2.pdf (3 pages)

12:30 - 12:30
0 min

9. Joint Committee Assurance Committee Reports - to note, not for discussion

9.1. NHS Buckinghamshire, Oxfordshire and Berkshire West: Audit & Risk Committee 24 February 2026

Note *Committee Chair*

2026.03.10 - Paper 9.1 AAA report - ARC 24 Feb 2026 meeting.pdf (1 pages)

9.2. NHS Frimley: Audit Committee 13 January 2026

Note *Committee Chair*

9.2 3As Audit Committee Assurance Reports 13.01.2026 v2 TA.pdf (2 pages)

9.3. Joint Finance and Performance Committee 26 February 2026

Note *Committee Chair*

9.3 AAA report Joint FP 26 Feb 2026 Tim Nolan FINAL.pdf (2 pages)

12:30 - 12:30
0 min

10. Close of all business

10.1. Any Other Business

Priya Singh

10.2. Questions received from public

Priya Singh

12:30 - 12:30
0 min

11. Date of next meetings in public and private: 20 May 2026 Thames Valley ICB Board Public meeting - time tbc

12:30 - 12:30
0 min

12. CLOSE

Agenda - Joint Committee Meeting in Public
between
NHS Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board
and
NHS Frimley Integrated Care Board

Tuesday 10 March 2026 between 10.20am and 12.40pm

Held via MS Teams

Quorum Joint Committee	
The quorum for the meeting will be: *a) Chair or Deputy Chair* *b) At least two Core Executive Members (from either ICB)* *c) At least two Core Non-Executive Members (from either ICB)* *d) At least two Core Partner Members (from either ICB)*	
Quorum BOB	**Quorum Frimley**
The quorum for a meeting will be two thirds of members, including: *a) either the Chief Executive or Chief Finance Officer* *b) either the Chief Medical Officer or the Chief Nursing Officer* *c) at least three non-executive members* *d) at least one Partner Member*	*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
	1.	**Welcome, apologies for absence and Chair's introduction**	-	Verbal	Priya Singh, Chair
	2.	**Declarations of Conflicts of Interest** *Members are asked to declare any conflicts with regards to agenda items. Each ICB will be responsible for maintaining separate Registers of Interest - copies of which are accessible on the websites of the two ICBs*	Note	Paper	Priya Singh, Chair
	3.1	**Draft minutes Joint Committee meeting in public – 13 January 2026**	Approve	Paper	Priya Singh, Chair
10.25am	3.2	**Chair and CEO update**	Note	Paper	Priya Singh, Chair

Timing	No	Item	Action	Delivery	Lead
					Nick Broughton, Chief Executive Officer BOB and Frimley
	4.	Delivery of 2025/26 Priorities			
10.40am	4.1	Finance, Planning and Transformation Reports for BOB and Frimley	Note	Paper	Rich Chapman – Chief Finance Officer and Matthew Tait, Executive Delivery Officer
	4.2	Quality Reports for BOB and Frimley	Note	Paper	Sarah Bellars – Chief Nursing Officer
	4.3	Workforce Reports for BOB and Frimley	Note	Paper	Sandra Grant - Chief People Officer
	5.	ICB Transition			
11am	5.1	Transition Programme Director's Report	Note	Paper	Caroline Corrigan – Chief Transition Officer
	5.2	Planning Submission – final version	Note	Paper	Hannah Iqbal, Chief Strategy & Commissioning Officer and Rich Chapman, Chief Finance Officer
	6.	NHS Buckinghamshire, Oxfordshire and Berkshire West ICB			
11.30am	6.1	Public Sector Equality Duty Report	Approve	Paper	Safina Nadeem, EDI Lead
	6.2	Gender Pay Gap Report	Approve	Paper	Sandra Grant – Chief People Officer and Safina Nadeem, EDI Lead
	7.	NHS Frimley ICB			
11.50am	7.1	Public Sector Equality Duty Report	Approve	Paper	Safina Nadeem – EDI Lead

Timing	No	Item	Action	Delivery	Lead
	7.2	Gender Pay Gap Report	Approve	Paper	Sandra Grant – Chief People Officer and Safina Nadeem, EDI Lead
	7.3	Work Well Report	Note	Paper	Caroline Corrigan – Chief Transition Officer
	8.	Board Assurance Frameworks			
12.20pm	8.1	Board Assurance Frameworks Review	Approve	Paper	Rich Chapman - Chief Finance Officer and Caroline Corrigan - Chief Transition Officer
	9.	Joint Committee Assurance Committee Reports – to note, not for discussion			
	9.1 9.2 9.3	NHS Buckinghamshire, Oxfordshire and Berkshire West: • Audit and Risk Committee 24 Feb 2026 NHS Frimley: • Audit Committee 13 Jan 2026 Joint Finance and Performance Committee 26 Feb 2026	Note Note Note	Paper Paper Paper	Committee Chairs
	10.	Close of all business			
12.30pm	10.1 10.2	Any Other Business Questions received from Public	-	Verbal	Chair
	11.	Date of next meetings in public and private: 20th May 2026 Thames Valley ICB Board Public meeting – time tbc	-	Verbal	Chair
12.40pm	12.	Close	-	Verbal	Chair

BOB ICB Board Members - Declarations of Interest

03 March 2026

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Name	Current position(s) held in the ICB	Declared Interest (Name of the organisation and nature of business)	Type of interest	Is the interest direct or indirect (including details of the relationship with the person who has the interest where indirect)	Nature of Interest	Date of interest From	Date of interest To	Action taken to mitigate risk	Audit & Risk Committee	People Committee	Population Health & Patient Experience Committee	Place & System Development Committee	System Productivity Committee
ALI Saqhib	Non-Executive Director Chair of Audit & Risk Committee Conflict of Interest Guardian	1. NHS Cambridgeshire and Peterborough ICB	Financial	Direct	1. Non-Executive Director and Audit Chair	01/07/2022	06/12/2025		**Chair**				**Member**
		2. Astra Zeneca	Financial	Direct	2. Astra Zeneca shares (£200)	2020	Current						
		3. ZM Technology Ltd.	Financial	Direct	3. Chief Executive Officer (Shareholder)	2021	Current						
		4. ZeroPA Madad UK Ltd.	Financial	Direct	4. Chief Executive Officer (Founder)	1997	Current						
		5. ZeroPA Madad CIC	Financial	Direct	5. Chief Executive Officer (Shareholder)	2021	Current						
		6. The Interest Free Loans Company Ltd	Financial	Direct	6. Chief Executive Officer (Shareholder)	2022	Current	Standing declarations – actions to be taken as deemed appropriate if conflict identified					
		7. SA Consulting Services Ltd	Financial	Direct	7. Chief Executive Officer (Shareholder)	1994	Current						
		8. Berkeley Square Investment Co Ltd	Financial	Direct	8. Chief Executive Officer (Shareholder)	1999	Current						
		9. Bedford Credit Union	Non-financial personal	Indirect	9. Director	2021	Current						
		10. Our Future Health	Indirect	Indirect	10. Brother is CEO and Chief Medical Officer	2022	Current						
		11. Queen Elizabteh Hospital Kings Lynn	Financial	Direct	11. Non-executive Director Audit Chair	22/07/2024	30/11/2025						
		12. Bolnhurst & Keysoe Parish Council	Financial	Direct	12. Clerk (40 Hours per month)	01/07/2025	Current						
		13. Milton Ernest Parish Council	Financial	Direct	13. Clerk (20 Hours per month)	01/10/2025	Current						
BELLARS Sarah	Chief Nursing Officer - *Joint BOB and Frimley ICB Cluster (as of 01.08.2025)*	1. BOB ICB	Indirect	Indirect	1. Family member is employed by the BOB ICB (under a different Directorate).	21-Jul-25	Current	Standing declarations – actions to be taken as deemed appropriate if conflict identified	**Attendee**	**Member**	**Member**		
BROUGHTON Nick	**Chief Executive Officer-** ***Joint BOB & Frimley ICB Cluster*** ***(as of 01.10.2025)***	1. Oxford Academic Health Partners (formerly Oxford Academic Health Science Centre)	Non-financial professional	Direct	1. Board Member	Jun-20	Current		**Attendee**	**Member**			
		2. Oxford Academic Health Partners (formerly AHSN)	Non-financial professional	Direct	2. Board Member – Oxford Academic Health Partners (AHSN)	2023	Current						
		3. Oxfordshire Health & Wellbeing Board	Non-financial professional	Direct	3. Attendee	Jun-20	Current						
		4. Buckinghamshire Health & Wellbeing Board	Non-financial professional	Direct	4. Attendee	Jun-20	Current						
		5. Thames Valley Academic Health Science Network	Non-financial professional	Direct	5. Member	Jun-20	Current						
		6. Charlie Waller Trust (mental health charity)	Non-financial personal	Direct	6. Trustee	2014	Current	Standing declarations – actions to be taken as deemed appropriate if conflict identified					
		7. Green Templeton College, Oxford University	Non-financial professional	Direct	7. Associate Fellow	Jan-24	Current						
		8. University of Oxford	Non-financial professional	Direct	8. Member of the Department of Psychiatry	Jan-24	Current						
		9. Thames Valley Cancer Alliance	Non-financial professional	Direct	9. Interim Chair	Jul-24	Current						
		10. James's Place (Charity)	Non-financial personal	Direct	10. Trustee	Mar-25	Current						
		11. NHS England	Financial	Direct	10. National Priority Programme Director for Mental Health, Learning Disabilities and Neurodevelopmental Conditions (Part time Seconded role)	Feb-26	Current						
CHAPMAN Richard	Chief Financial Officer - *Joint BOB & Frimley ICB Cluster (as of 01.10.2025)*	None	N/A	N/A	N/A	N/A	N/A	N/A	**Attendee**				
CORSER Rachel (LEFT BOB ICB 30/09/2025)	*Chief Nursing Officer*	*1. The Grange School, Aylesbury*	*Non-financial personal*	*Indirect*	*1. Associate Governor*	*Sep-21*	*Current*			*Member*	*Member*		
		2. Burdett Nursing Trust	*Non-financial professional*	*Direct*	*2. Trustee*	*Mar-23*	*Current*	*Standing Declaration - actions to be taken as deemed appropriate if conflict identified*					
		3. Wokingham Borough Council	*Indirect*	*Indirect*	*3. Stepsister is employed as Director of Children Services*	*Apr-24*	*Curent*						
CROWTHER Simon	NHS Trust/Foundation Trust Partner Member, BOB ICB Board	1. Oxford University Hospitals NHS Foundation Trust	Financial	Direct	1. Interim Chief Executive, Oxford University Hospitals NHS Foundation Trust	Sep-25	Current	Standing Declaration - actions to be taken as deemed appropriate if conflict identified					
		2. Healthcare Financial Management Association (HFMA)	Non-financial professional	Indirect	2. Vice President	Dec-19	Current						
		3. National Finance Academy	Non-financial professional	Indirect	3. Vice President	Mar-24	Current						
GAVRIEL George (Dr)	Primary Medical Services Partner Member, BOB ICB Board	1. The Swan Practice - Buckinghamshire	Financial	Direct	1. GP Partner	Sep-15	Current	Standing Declaration - actions to be taken as deemed appropriate if conflict identified			**Member**		
		2. The Swan Network	Financial	Direct	2. Accountable Clinical Director	Apr-21	Current						
		3. Buckinghamshire GP Provider Alliance	Financial	Direct	3. Director	Jul-22	Current						
					4. Director								
		4. Gavriel Professional Services Ltd *4a. Boehringer Ingelheim*	Financial	Direct	*4a. Paid to provide consultancy expertise with regards to Primary Care and Neighbourhoods to Boehringer Ingelheim (https://www.boehringer-ingelheim.com/uk)*	Oct-22 Sept-25	Current	4/4a.Standing Declaration - declare at all meetings. Actions to be taken as deemed appropriate if conflict identified					
		5. League of Friends, Bucks Community Hospital	Non-financial professional	Direct	5. GP Member	Apr-21	Current						
		6. RCGP - Thames Valley Leadership and Management Course	Non-financial professional	Direct	6. Course Organiser and Facilitator	Nov-17	Current	Standing Declaration - actions to be taken as deemed appropriate if conflict identified					
		7. Thames Valley Professional Support and Wellbeing Service	Indirect Interest	Indirect	7. Spouse - Associate Director	Sep-21	Current						
		8. FedBucks	Non-financial professional	Direct	8. Shareholder	Apr-24	Current						
IYER Lalitha	Chief Medical Officer Joint BOB & Frimley ICB Cluster *(as of 01.12.2025)*	1. Women's Scan Clinic	Financial	Direct	1. Director of private scanning company (company listed as Polar Diagnostics LLP)	*TBA*	Current	Standing Declaration - actions to be taken as deemed appropriate if conflict identified					
		2. Globe Management Consultants	Non-financial professional	Indirect	2. I am the Secretary of the company which is pwned by my spouse. I have no shareholding in this company.	*TBA*	Current	This company has no dealings with the Health Sector/NHS/CCG					
		3. Solutions for Health	Non-financial professional	Direct	3. I am a Medical Advisor on the Board if Solutions for Health	*TBA*	Current	Standing Declaration - actions to be taken as deemed appropriate if conflict identified					
		4. Women's Scan Clinic	Financial	Direct	4. Director of private scanning company (company listed as Polar Diagnostics LLP)	*TBA*	Current	Standing Declaration - actions to be taken as deemed appropriate if conflict identified					
		5. Globe Management Consultants	Non-financial professional	Indirect	5. I am the Secretary of the company which is owned by my spouse. I have no shareholding in this company.	*TBA*	Current	This company has no dealings with the Health Sector/NHS/CCG					
		6.Thames Hospice	Non-financial personal	Indirect	6. Holds a role as a clinical trustee at the Thames Hospice in Maidenhead.	Jul-25	Current	Unpaid voluntary role. This was with the permission of the CEO.					
		7. Magna Konserv	*Non-financial professional*	*Indirect*	*7. I am a Director of this company and have no financial interest or shareholding*	*TBA*	***01/01/2026***	*This company has no dealings with the Health Sector/NHS/CCG*					
MACDONALD Grant	Board Mental Health Representative	1. Oxford Academic Health Science Partnership Trustee	Financial	Direct	1. Trustee	8 Jan 25	Current	Standing declarations – actions to be taken as deemed appropriate if conflict identified					
		2. CEO Oxford Health NHS Foundation Trust	Financial	Direct	2. Chief Executive	20 Mar 22	Current						
NOLAN Tim	Non-Executive Director and Chair of the System Productivity Committee (Finance & Resources)	1. Labour Party	Non- financial personal	Direct	1. Member	Jul-23	Current	Standing declarations – actions to be taken as deemed appropriate if conflict identified		**Member**			**Chair**
		2. Royal Marsden NHS Foundation Trust	*Non-financial professional*	*Direct*	*2.Governor*	*Jun-19*	*01/01/2026*						
PARSONAGE Susan	Partner Member- Local Authorities, CEO Wokingham Council	1. Chief Executive Officer, Wokingham Borough Council	Financial	Direct	1. Chief Executive Officer	*TBA*	Current	Standing declaration – actions to be taken as deemed appropriate if conflict identified					

BOB ICB Board Members - Declarations of Interest

03 March 2026

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Name	Current position(s) held in the ICB	Declared Interest (Name of the organisation and nature of business)	Type of interest	Is the interest direct or indirect (including details of the relationship with the person who has the interest where indirect)	Nature of Interest	Date of interest		Action taken to mitigate risk	Audit & Risk Committee	People Committee	Population Health & Patient Experience Committee	Place & System Development Committee	System Productivity Committee
						From	To						
RAVE Aidan	Non-Executive Director and Senior Independent Director and Chair of the Place & System Development Committee	1. Bell Paul Ltd	Financial	Direct	1. Shareowner (50%)	Aug-14	Current		**Member**				
		2. Ernst & Young	Financial	Direct	2. Ad hoc consultancy role (none undertaken since March 2020)	Aug-14	Current	Standing declarations – actions to be taken as deemed appropriate if conflict identified					
		3. Good Governance Institute (professional services LLP)	Financial	Direct	3. Principal Consultant	Jul-22	Current						
		4. Royal Society of Arts	Non-financial professional	Direct	4. Fellow	2010	Current						
		5. National Liberal Club	Non- financial personal	Indirect	5. Member (Membership of the Governance Committee)	28/11/2025	Current						
SCAVAZZA Sim	Non-Executive Director and Deputy Chair, BOB ICB	1. Imperial College Healthcare Trust	Financial	Direct	1. Vice Chair	Jan-26	Current			**Chair**	**Member**	**Member**	**Member**
		2. London North West University Healthcare NHS Trust	Financial	Direct	2. Non-Executive Director	TBA	Current						
		3. Seacole Group	Non-financial personal	Direct	3. Chair	Sep-24	Current	Standing declarations – actions to be taken as deemed appropriate if conflict identified					
		4. Royal Society of Arts	Non-financial personal	Direct	4. Member/Fellow	2018	Current						
		5. Smart Works, registered UK Charity	Non-financial personal	Direct	5. Trustee	May-22	Current						
		6. National Saturday Club, registered UK Charity	Non-financial personal	Direct	6. Trustee	Jul-22	Current						
		7. Office of the Independent Adjudicator for Higher Education, England and Wales	Financial	Direct	7. Chair	Oct-23	Current						
		8. NHS Providers	Financial	Direct	8. Advisor on Race EDI	Jun-21	Current						
		9. Royal Female School of Art Foundation (RFSA Foundation)	Non-financial personal	Indirect	9. Trustee	Nov-25	Current						
SINGH Priya (Dr)	Chair of *Joint BOB ICB and Frimley ICB Cluster* (*as of 01.09.2025*)	1. NHS Frimley Integrated Care Board	Financial	Direct	1. Chair	TBA	Current						
		2. Regulatory Oversight Board (Cricket Regulator)	Non-financial professional	Indirect	2. Non- Executive Director. The Regulatory Board provides independent oversight of the Cricket Regulator, the regulatory body for cricket in England.	15/04/2024	Current						
		3. Royal Trinity Hospice	Non-financial professional	Indirect	3. Trustee. Royal Trinity Hospice is the local hospice for south west and central London. They provide free specialist palliative and end of life care for people living in Wandsworth and parts of Lambeth, Merton, Westminster, Hammersmith & Fulham, Kensington & Chelsea and Richmond. Founded in 1891.	01/04/2024	Current	Standing declarations – actions to be taken as deemed appropriate if conflict identified					
		4. CAF Nominees	Non-financial professional	Direct	4. Charitable Trustee. Provides expert advice, funding, and financial solutions to the charitable sector, partnering with donors on charitable giving.	12/04/2024	Current						
		5. PG Mutual Insurance	Financial	Indirect	5. Non-Executive Director. Provide income protection cover for professionals.	01/11/2023	Current						
		6. National Council for Voluntary Organisations (NCVO)	Financial	Direct	6. Chair of Board of Trustees. Secondary Employment.	01/11/2020	Current						
		7. Society of Assistance of Medical Families	Financial	Direct	7. Executive Director. Secondary Employment.	01/04/2021	Current						

A conflict of interest is defined as "a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.

BOB ICB Non-Board Member Directors - Declarations of Interest

03 March 2026

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Name	Current position(s) held in the ICB	Declared Interest (Name of the organisation and nature of business)	Type of interest	Is the interest direct or indirect (including details of the relationship with the person who has the interest where indirect)	Nature of Interest	Date of interest From	Date of interest To	Action taken to mitigate risk	Audit & Risk Committee	People Committee	Population Health & Patient Experience Committee	Place & System Development Committee	System Productivity Committee
ADAIR Sarah	Associate Director of Communications & Engagement	None	N/A	N/A	N/A	N/A	N/A	N/A					
BURROWS Sam	Chief System Development & Engagement Officer- Joint BOB and Frimley ICB Cluster (as of 01.12.2025)	1. Eightway Solutions Ltd	Indirect	Indirect	1. Spouse is the owner and operator of the company Eightway Solutions Ltd.	*TBA*	Current	Standing declaration – actions to be taken as deemed appropriate if conflict identified. Sought advice from the Governance team and communicated to Line Manager.					
CORRIGAN Caroline	Chief Transition Officer- Joint BOB and Frimley ICB Cluster (as of 01.12.2025)	None	N/A	N/A	N/A	N/A	N/A	N/A					
EDGINGTON Alison	Transition Programme Director- Frimley ICB *(Joint working with BOB ICB)*	1. AE Interim Solutions Ltd 2. Currie and Brown Ltd	Financial Financial	Direct Direct	1. Owner of a limited company offering strategic leadership, consultancy, programme management and executive coaching. 2. I am the executive coach for a senior individual in Currie and Brown Ltd and organisation that has extensive contracts with the NHS	1. 01/12/2024 2. 01/12/2024	1. Current 2. Current	Standing declaration – actions to be taken as deemed appropriate if conflict identified					
GRANT Sandra	Chief People Officer- Joint BOB and Frimley ICB Cluster (as of 01.12.2025)	1. Sophies Legacy- Childrens Cancer Charity	Non- financial personal	Indirect	1. Trustee	1. Oct 2023	1. Current	Standing declaration- to declare potential conflict of interest if engaged in decisions related ot childrens cancer.		**Member**			
GROOM Alastair (LEFT BOB ICB 31.12.2025)	*Director of Financial Improvement / (Interim Chief Finance Officer until 31.12.25), BOB ICB*	*1. Single Source Regulations Office (SSRO). Gov.uk* *2. Afsang Advisory Associates 1 Limited* *3. KPMG, PWC and NHS England* *4. Newcastle Upon Tyne NHS Trust*	*Financial* *Financial* *Indirect* *Indirect*	*Direct* *Direct* *Indirect* *Indirect*	*1. Non-executive member* *2. Director and Shareholder* *3. Professional relationships with individuals (former partner)* *4. Persoanl relationships with Consultant Clinical Psychologist*	*Oct-21* *Feb-22* *01-Jan-88* *01-Jan-66*	*Current* *Current* *Current* *Current*	*Standing Declaration- actions to be taken as deemed appropriate if conflict identified*					
IQBAL Hannah	Chief Strategy and Commissioning Officer - Joint BOB and Frimley ICB Cluster (as of 01.12.2025)	1. John Radcliffe Hospital- Oxford University Hospitals (OUH)	Indirect	Indirect	1. Spouse employed as senior registrar in peadiatrics	1. Aug 2023	1. Current	Standing declaration – actions to be taken as deemed appropriate if conflict identified	**Attendee**			**Member**	
RILEY Ben (Dr)	Executive Medical Director BOB ICB - Joint BOB and Frimley ICB Cluster *(as of 01.12.2025)*	1. Royal College of General Practitioners 2. Oxford Health NHS Foundation Trust 3. Beaumont Street Surgery / Healthier Oxford PCN, Oxford 4. Oxford Federation for GP & Primary Care (OxFed Health & Care Ltd.)	Non-financial professional Indirect Indirect Indirect	Direct Indirect Indirect Indirect	1. Fellow 2. Former Board Director and Chief Operating Officer for Community Health Services, Primary Care & Dentistry. 3. Former GP Partner and PCN Clinical Director 4. Former Chair and Director	2011 Apr-20 Dec-14 Dec-14	Current Feb-25 Sep-21 Sep-20	Standing declarations – actions to be taken as deemed appropriate if conflict identified	**Attendee**				

BOB ICB Non-Board Member Directors - Declarations of Interest

03 March 2026

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Name	Current position(s) held in the ICB	Declared Interest (Name of the organisation and nature of business)	Type of interest	Is the interest direct or indirect (including details of the relationship with the person who has the interest where indirect)	Nature of Interest	Date of interest From	Date of interest To	Action taken to mitigate risk	Audit & Risk Committee	People Committee	Population Health & Patient Experience Committee	Place & System Development Committee	System Productivity Committee
TAIT Matthew	Executive Delivery Officer - Joint BOB and Frimley ICB Cluster *(as of 01.12.2025)*	1. Cyclability- recieves funding from Active Oxford	Indirect	Indirect	1. Spouse is Director of "Cyclability" which is a CIC providing inclusive cycling services in Oxford. The organisation has a relationship and receives funding from Active Oxford. There is a relationship between Active Oxford and the ICB in terms of health inequalities priorities and potential funding. As we start to work through planning priorities for 2024/25. I have taken the view that this should be a declared potential conflict from the 05/02/2024.	1. 13/02/2023	1. Current	Standing declaration – actions to be taken as deemed appropriate if conflict identified- taken the view that this should be a declared potential conflict from the 05/02/2024.				**Member**	**Member**
		2. Consultation Institute (TIC)	Indirect	Indirect	2. Is a Fellow	2. 01/10/2025	2. Current						

Frimley ICB Board Register of Interest - February 2026								
Job Title	Firstname	Lastname	Interest	Description of Interest	Type of Interest			Actions agreed with Line Manager to mitigate risk
Chief Nursing Officer - Joint BOB and Frimley ICB Cluster	Sarah	Bellars	Son works for FHFT	Son worked for FHFT , currently as a student nurse	Declarations of Interest – Other	Indirect	Indirect	do not discuss work with my son
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 conflict anticipated.
Chief Executive - Joint BOB and Frimley ICB Cluster	Nick	Broughton	Oxford Academic Health Partners (formerly Oxford Academic Health Science Centre)	Board Member	Declarations of Interest – Other	Non-Financial Professional	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.
Chief Executive - Joint BOB and Frimley ICB Cluster	Nick	Broughton	Oxford Academic Health Partners (formerly AHSN)	Board Member – Oxford Academic Health Partners (AHSN)	Declarations of Interest – Other	Non-Financial Professional	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.

Chief Executive - Joint BOB and Frimley ICB Cluster	Nick	Broughton	Oxfordshire Health & Wellbeing Board	Attendee	Declarations of Interest – Other	Non-Financial Professional	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.
Chief Executive - Joint BOB and Frimley ICB Cluster	Nick	Broughton	Buckinghamshire Health & Wellbeing Board	Attendee	Declarations of Interest – Other	Non-Financial Professional	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.
Chief Executive - Joint BOB and Frimley ICB Cluster	Nick	Broughton	Thames Valley Academic Health Science Network	Member	Declarations of Interest – Other	Non-Financial Professional	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.
Chief Executive - Joint BOB and Frimley ICB Cluster	Nick	Broughton	Charlie Waller Trust (mental health charity)	Trustee	Declarations of Interest – Other	Non-Financial Personal	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.
Chief Executive - Joint BOB and Frimley ICB Cluster	Nick	Broughton	Green Templeton College, Oxford University	Associate Fellow	Declarations of Interest – Other	Non-Financial Professional	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.
Chief Executive - Joint BOB and Frimley ICB Cluster	Nick	Broughton	University of Oxford	Member of the Department of Psychiatry	Declarations of Interest – Other	Non-Financial Professional	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.
Chief Executive - Joint BOB and Frimley ICB Cluster	Nick	Broughton	Thames Valley Cancer Alliance	Interim Chair	Declarations of Interest – Other	Non-Financial Professional	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.
Chief Executive - Joint BOB and Frimley ICB Cluster	Nick	Broughton	James's Place (Charity)	Trustee	Declarations of Interest – Other	Non-Financial Personal	Direct	Standing declarations – actions to be taken as deemed appropriate if conflict identified.

Chief System Development & Engagement Officer- Joint BOB and Frimley ICB Cluster	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 - Joint BOB and Frimley ICB Cluster	Richard	Chapman			Nil Declaration			
Chief Transition Officer - Joint BOB and Frimley ICB Cluster	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 People Officer- Joint BOB and Frimley ICB Cluster	Sandra	Grant	Sophies Legacy- Childrens Cancer Charity	Trustee	Declarations of Interest – Other	Non-Financial Professional	Direct	Standing declaration- to declare potential conflict of interest if engaged in decisions related ot childrens cancer.
Chief Strategy and Commissioning Officer - Joint BOB and Frimley ICB Cluster	Hannah	Iqbal	John Radcliffe Hospital- Oxford University Hospitals (OUH)	Spouse employed as senior registrar in peadiatrics	Declarations of Interest – Other		Indirect	Standing declaration – actions to be taken as deemed appropriate if conflict identified
Chief Medical Officer - Joint BOB and Frimley ICB Cluster	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 - Joint BOB and Frimley ICB Cluster	Lalitha	Iyer	Globe Management Consultants	I am the Secretary of the company which is pwned 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 - Joint BOB and Frimley ICB Cluster	Lalitha	Iyer	Solutions for Health	I am a Medical Advisor on the Board if 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
Chief Medical Officer - Joint BOB and Frimley ICB Cluster	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 - Joint BOB and Frimley ICB Cluster	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 - Joint BOB and Frimley ICB Cluster	Lalitha	Iyer	Thames Hospice	I have accepted a role as a clinical trustee at the Thames Hospice in Maidenhead. it is anticipated that the start date will be the 7/7/25 . It is an unpaid voluntary role. This was with the permission of the CEO.	Declarations of Interest – Other	Non-Financial Personal	Indirect	I will recuse myself out of any decision making for the commissioning of services for the Thames Hospice.
Non-Executive Member	Sajjad	Khan	States Consulting Ltd	Director and Shareholder	Declarations of Interest – Other	Financial	Direct	No work currently being done within healthcare or public sector
Non-Executive Member	Sajjad	Khan	National Council for Voluntary Organisations (NCVO)	I have been appointed as an independent member of the Finance and Commercial Committee for the NCVO.	Declarations of Interest – Other	Non-Financial Professional	Indirect	In line with the COI policy.
Chief Executive - FHFT	Lance	McCarthy	Frimley Health NHS Foundation Trust	I am the Chief Executive of Frimley Health NHS Foundation Trust, an acute and community provider in the Frimley Health system.	Declarations of Interest – Other	Non-Financial Professional	Direct	Will excuse myself if there is a conflict of interests in any agenda items.
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	
Primary Care Partner Member	Prash	Patel	Thames Valley Primary Care Ltd	Director	Declarations of Interest – Other	Financial	Direct	
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 - Joint BOB and Frimley ICB Cluster	Priya	Singh	National Council for Voluntary Organisations	Appointed November 2020 - Chair of Board of Trustees	Outside Employment			
Chair - Joint BOB and Frimley ICB Cluster	Priya	Singh	Society for Assistance of Medical Families	Appointed January 2018 - Executive Director	Outside Employment			
Chair - Joint BOB and Frimley ICB Cluster	Priya	Singh	PG Mutual Insurance	Non-Executive Director	Declarations of Interest – Other	Financial	Indirect	Manage in accordance with COI policy.
Chair - Joint BOB and Frimley ICB Cluster	Priya	Singh	CAF Nominees	Charitable Trustee	Declarations of Interest – Other	Non-Financial Professional	Direct	
Chair - Joint BOB and Frimley ICB Cluster	Priya	Singh	Royal Trinity Hospice	Trustee	Declarations of Interest – Other	Non-Financial Professional	Indirect	In line of the COI policy.
Chair - Joint BOB and Frimley ICB Cluster	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 - Joint BOB and Frimley ICB Cluster	Priya	Singh	BOB ICB	Chair	Declarations of Interest – Other	Financial	Direct	Managed in accordance with policy.
Place Clinical Lead RBWM	Huw	Thomas	Claremont and Holyport practice	Partner in the practice	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	Maidenhead Primary Care Network	Practice is a member of Maidenhead PCN	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	Frimley Health NHS Foundation Trust	Spouse employed by Trust as Clinical Nurse Specialist	Declarations of Interest – Other	Indirect	Indirect	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	East Berkshire Primary Care	Work on sessional basis for East Berkshire Primary Care. EBPC provide out of hours care and other primary care services.	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	Holy Trinity Primary School, Cookham	Governor at school	Declarations of Interest – Other	Indirect	Indirect	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	Royal Borough of WIndsor and Maidenhead	Practice subcontracted to provide opiate substitute prescribing services for the Royal Borough of Windsor and Maidenhead	Declarations of Interest – Other	Financial	Direct	Manage in accordance with policy
NHS Provider Partner Member	Graham	Wareham	Surrey and Borders Partnership NHS FT	Employed as CEO	Declarations of Interest – Other	Non-Financial Professional	Direct	Will excuse if conflict of interest occurs
Attendees:								

Programme Director	Alison	Edgington	AE Interim Solutions Ltd	Owner of a limited company offering strategic leadership, consultancy, programme management and executive coaching.	Declarations of Interest – Other	Financial	Direct	Declaration of CoI.
Programme Director	Alison	Edgington	Currie and Brown Ltd	I am the executive coach for a senior individual in Currie and Brown Ltd and organisation that has extensive contracts with the NHS	Declarations of Interest – Other	Financial	Indirect	Declaration CoI
ED & I System Lead	Safina	Nadeem	Purple Infusion Ltd	Director of a limited company which provides training to health and social care sectors	Declarations of Interest – Other	Financial	Indirect	Do no provide any training via company to Frimley ICS
ED & I System Lead	Safina	Nadeem	BHA	Trustee for a Charity	Declarations of Interest – Other	Indirect	Indirect	
ED & I System Lead	Safina	Nadeem	Lancashire Cricket Foundation	No conflicts aniticipated	Declarations of Interest – Other	Non-Financial Professional	Indirect	

Minutes

Joint Committee meeting between NHS Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board and NHS Frimley Integrated Care Board – Meeting in Public

Tuesday 13 January 2026, 10.33-12.00

Held online via MS Teams

Chair – Priya Singh

Name	Role	Organisation
Members		
Priya Singh	Chair	BOB and Frimley
Sim Scavazza	Non-Executive Director (Deputy Chair BOB)	BOB
Paul Farmer	Non-Executive Member (Deputy Chair Frimley)	Frimley
Nick Broughton	Chief Executive Officer	BOB and Frimley
Sarah Bellars	Chief Nursing Officer	BOB and Frimley
Rich Chapman	Chief Finance Officer	BOB and Frimley
Caroline Corrigan	Chief Transition Officer	BOB and Frimley
Lalitha Iyer	Chief Medical Officer	BOB and Frimley
Saqhib Ali	Non-Executive Director	BOB
Ilona Blue	Non-Executive Member	Frimley
Sajjad Khan	Non-Executive Member	Frimley
Aidan Rave	Non-Executive Director	BOB
Tim Nolan	Non-Executive Director	BOB
Grant Macdonald	Provider Partner Member – Mental Health	BOB
Lance McCarthy	Provider Partner Member – FH FT	Frimley
Graham Wareham	Provider Partner Member – SABP	Frimley
George Gavriel	Primary Care Partner Member	BOB
Prash Patel	Primary Care Partner Member	Frimley
Huw Thomas	Primary Care Partner Member	Frimley
Susan Parsonage	Local Authority Partner Member – WBC	BOB
Grainne Siggins	Local Authority Partner Member – BFC	Frimley
Attendees		
Sam Burrows	Chief System Development and Engagement Officer	BOB and Frimley
Sandra Grant	Chief People Officer	BOB and Frimley
Hannah Iqbal	Chief Strategy and Commissioning Officer	BOB and Frimley
Matthew Tait	Executive Delivery Officer	BOB
Safina Nadeem	EDI Advisor	BOB and Frimley
Mark Sellman	Interim Chief Transformation and Information Officer	Frimley
Rob Bowen	Director, System Transformation & Development	BOB
Paul Swann	Head of Strategic Commissioning and Planning	BOB
Kelly Sutherland	Senior Corporate Office Manager (Minutes)	BOB
Sam Branscombe	Governance Support Officer	Frimley
Apologies		
Ben Riley	Executive Medical Director	BOB
Simon Crowther	Provider Partner member – OUHFT	BOB
Alex Gild	Provider Partner member – BHFT	Frimley
Karen Edwards	Local Authority Partner member – RBC	Frimley
Gareth Shepherd	Non-Executive Member	Frimley

Joint Committee Business		
1.	**Welcome, Apologies for absence and Introductions**	
	Priya Singh, Chair, welcomed everyone to the meeting. Introductions were made and apologies were received as detailed above. The meeting was confirmed to be quorate. The meeting was recorded, and the recording would be uploaded to both BOB and Frimley websites. Fifteen members of the public had signed up to attend the meeting.	

	One public question had been received which would be answered at the end of the meeting.	
2.	**Declarations of Conflicts of Interest**	
	The Joint Committee noted the conflicts of interest registers for BOB and Frimley. *No specific conflicts of interest were raised in relation to the agenda; however, the following was noted for transparency:* • *Sandra Grant's regional workforce director role*	
3.1	**Draft Minutes of the Previous Meetings**	
	The Joint Committee approved the following items: • *Draft minutes Joint Committee Meeting in Public – 18 November 2025*	
3.2	**Chair and CEO update**	
	Nick Broughton, Chief Executive Officer introduced the report, noting that the new Thames Valley ICB Executive Team was now in place and included three transitional roles to support the creation and development of the new organisation. He also highlighted that the new Executives were meeting with many external stakeholders including local MPs which was very important as the new Thames Valley ICB developed. In response to a number of questions from Board members, the following main points were noted: • Following a number of staff leaving under the Mutually Agreed Resignation Scheme (MARS) before Christmas, lessons had been learned which would be applied to those staff leaving under the Voluntary Redundancy (VR) scheme, in terms of capturing corporate memory, ensuring a robust handover and a feeling for individuals of 'leaving well.' • Voluntary Redundancy appeals were taking place this week and this process was being managed sensitively by Chief Officers. • Whilst there had been an increase in corridor care across all Acute trusts, additional processes were in place and a review undertaken last year found that this was being used safely. There had not been an increase in complaints about corridor care in A&E departments. • In response to a question regarding the variation between BOB and Frimley with regard to health checks for people with a learning disability and whether there would be an agreed target for the Thames Valley ICB on improving the take up of these health checks, it was agreed that this would be considered ahead of the submissions for 2026-27. **Action: Matthew Tait, Executive Delivery Officer** • The ICB was working closely with local authority partners to develop plans for Families First that were appropriate for each area. *The Joint Committee noted the update.*	
Delivery of 2025/26 Priorities		
4.1	**Integrated Finance and Performance Reports for BOB and Frimley**	
	Rich Chapman presented the Finance and Performance reports for BOB and Frimley as at Month 8 (M8). Key headlines were reported as follows: • Both ICBs on Plan for 2025/26 • Q4 Deficit Support Funding had been confirmed for both systems • However increasing demand was driving costs for providers, some of whom had also been impacted by the costs of industrial action prior to Christmas. NHSE had made some money available to offset these costs. Matthew Tait provided an overview of performance, highlighting Referral to Treatment Time (RTT) figures where the national target was 65% and BOB was performing close to plan on 67% - credit was due to all providers for maintaining a high level of elective activity during the period of industrial action in December. Most Trusts were performing to plan although BHT and Frimley had more of a challenge with wait times.	

	The intensive work to improve BOB's performance against the 62-day Cancer target was welcomed, with the Thames Valley Cancer Alliance working closely with Trusts. It was noted that RBFT was now coming out of tiering. Focus was being given to the recent 7% increase in cancer referrals to OUHFT. *The Joint Committee noted the Integrated Finance and Performance Report.*	
4.2	**Quality Reports for BOB and Frimley**	
	Sarah Bellars provided the Quality Report for BOB and Frimley which detailed high level updates against developing quality issues and current concerns. The following main points were highlighted: • Complaints – work was ongoing to improve complaints processes. Additional ADHD information was being provided on websites to help support patients. • Never Events – there had been no Never Events reported in either BOB or Frimley. • BHFT had temporarily paused their Adult ADHD pathway on 1st December due to capacity and demand pressures. This had been communicated comprehensively. • There had been a number of visits to OUH Maternity with a further Maternity Improvement Programme visit taking place next week. CQC would share the outcomes in due course, and it was noted that OUH was currently achieving against its Action Plan. • The BOB LeDeR programme had been on hold since December 2024 but had recently recommenced following appointment of new staff who were now undertaking reviews. *The Joint Committee noted the update.*	
4.3	**Workforce Reports for BOB and Frimley**	
	Sandra Grant presented the Workforce Report for BOB and Frimley and the following main points were discussed: • BOB was reporting as slightly over plan for Workforce, whilst Frimley was slightly under. • Reliance on temporary staff had been reduced significantly across the system. • ICB workforce was relatively stable with the impact of the Voluntary Redundancy scheme – where approximately 140 people would be leaving, the majority in March 2026. *The Joint Committee noted the update.*	
Planning for 2026/27		
5.1	**Update on Thames Valley ICB Planning Submission**	
	Hannah Iqbal, Rob Bowen and Rich Chapman presented slides detailing work that had been ongoing on the Thames Valley ICB Planning submission. During the presentation, in answer to questions and during subsequent discussions, the following main points were noted: • There were two material adjustments to financial allocations for Thames Valley ICB – i) the removal of deficit support funding and ii) the reduction in allocation to £19 per head of population. Core funding for 26/27 was therefore further from target than 25/26. • The initial financial submission indicated a gap against break even. Discussions were underway across the system as how to reduce that gap, which would be very challenging. • It was acknowledged that the Planning exercise was extremely complex at any time, but this was further compounded by the challenges of transition. • The innovation fund was widely supported, with timescales for applications noted as challenging.	

	• A Primary Care partner member expressed concerns about Health Inequalities funding being incorporated into the Innovation Fund and the risk that valuable existing local programmes would be lost as a result. In addition, smaller organisations might be at a disadvantage with bid writing due to lack of resources or expertise compared to larger institutions. • Sam Burrows advised that as reducing Health Inequalities is a key priority for the ICBs, it was important that it should not be regarded as funded separately. It was also important to acknowledge that it was legitimate to decommission activities if they were not delivering cost efficient impact needed. *The Joint Committee noted the update.*	
ICB Transition		
6.1	**Transition Programme Director's Report**	
	Caroline Corrigan introduced the Transition Programme Director's report, highlighting the fast pace of change. providing assurance to the Joint Committee on progress of the transition programme. The following main points were noted: • Formal ministerial processes were underway to establish the new Thames Valley ICB. This would dissolve both BOB and Frimley ICBs and establish the new geography of Thames Valley ICB. • Three consultations would be launched shortly – i) for staff transferring to Hampshire/ Isle of Wight ICB ii) for staff transferring to Surrey/Sussex ICB and iii) for staff transferring to the new Thames Valley ICB. This was not the launch of the new Thames Valley ICB structure – this was being finalised and was on track to be launched for consultation in late February. • As part of the move to achieve £19 per head of population cost, some ICB functions would move to providers or to region. • Voluntary redundancy settlements were currently being finalised with staff who had applied and this would reduce the number of compulsory redundancies required. *The Joint Committee noted the update.*	
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB		
7.1	**EPRR Annual Report**	
	The Chair welcomed Paul Jefferies to the meeting, who introduced the EPRR Annual Report for BOB ICB. The following main points were noted: • The Annual EPRR report had been presented to the BOB Audit and Risk Committee on 10th December 2025. • All Acute Trusts undertook a self-assessment against the 62 core EPRR standards in Summer 2025. Paul Jefferies then discussed this with them individually and at the end of October, a peer review exercise was carried out. SCAS were also involved and were found to be substantially compliant. • The BOB ICB team was also working collaboratively with Frimley colleagues to address any gaps identified in each ICB's EPRR assessment. *The BOB ICB Board approved the EPRR Annual Report.*	
Board Assurance Frameworks		
8.1/ 8.2	**BOB & Frimley BAFs**	
	Caroline Corrigan introduced the Board Assurance Frameworks for both BOB and Frimley ICBs. It was noted that the shared transition risk 'Safe dissolution of the ICB and creation of the Thames Valley ICB' had been reduced, in recognition of the comprehensive programme of mitigations associated with the work being undertaken by the Transition Programme office. In addition, it was reported that a new risk management framework for Thames Valley ICB was being built and a Risk Oversight Group would be established to develop a new Board Assurance Framework. Ilona Blue, Non-Executive Member and Chair of Frimley Audit Committee welcomed	

	this proactive approach to risk management for the new organisation. It was agreed that timeframes for development of the BAF would be shared at the next Joint Committee meeting. *The Joint Committee noted the updates to both BAFs.*	
9.	**Joint Committee Assurance Reports**	
9.1/9.2/9.3	*Assurance Reports for the following committees were noted and taken as read, and detailed issues for escalation or notice for the period October-December 2025:* • *BOB Audit and Risk Committee* • *BOB People Committee* • *Frimley Audit Committee* • *BOB System Productivity Committee* • *Joint Finance and Performance Committee*	
Close of Business		
10.1	**Any Other Business**	
	None.	
10.2	**Questions received from the Public** A question had been received from a member of the public in Bicester in relation to the availability of shared care protocols for Adult ADHD. Matthew Tait advised that whilst protocols were in place across Thames Valley, some GPs had chosen not agree this protocol. In particular, in Oxfordshire, the Adult ADHD service of Oxford Health had closed to new referrals and Oxford Health was not offering advice, guidance and education on ADHD to GPs currently. The ICB had agreed to offer a more enhanced shared care protocol across the system and were working with Oxford Health in connection with offering education and guidance for GPs who sign up. It was hoped that this would be in place for Quarter 1 of 2026/27. George Gavriel, Primary Care Partner member welcomed this development but advised that mitigations may need to be put in place to support patients in areas where GPs do not agree to the shared care protocols. Matthew Tait advised that he was working with Frimley colleagues who had developed a larger model and hoped to be able to utilise their learning to continue to improve the offer across Thames Valley.	
11	**Date of Next Meeting**	
	Date of next meetings in public and private: Tuesday 10 March 2026 between 10.30am and 12.00pm	
12.	**Close**	
	The Chair closed the meeting at 12.00pm.	

Buckinghamshire, Oxfordshire and Berkshire West

and Frimley Integrated Care Boards

Joint Committee

Title of Paper	Chief Executive and Chief Officers' Report		
Agenda Item	3.2	**Date of meeting**	10 March 2026
Exec Lead	Nick Broughton, Chief Executive		
Author(s)	Nick Broughton		

Purpose	To Approve	☐
	To Ratify	☐
	To Discuss	☒
	To Note	☐

Decision required	Joint Committee	☐
	BOB only	☐
	Frimley only	☐
	Meeting in Public	☐

Executive Summary	
This report provides an update for the Joint Committee on key topics and items for escalation since the BOB Board meeting in public on 13 January 2026 that are not covered in other items on the agenda. The work of the Chief Executive is wide ranging and impacts upon all the ICB and System's objectives: • *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*	
Recommendation	The Joint Committee is asked to note the updates within the report.

Conflict of interest identified
Yes ☒ No ☐
Detail: This report contains information relating to organisations that partner members of the Joint Committee 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.

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

Chief Executive and Chief Officers' Report

Context

1. This report provides an update to the Joint Committee regarding key topics of relevance in the Integrated Care Systems (ICS) and items for escalation.

2. The report shares highlights from the work of the Chief Executive, the Integrated Care Boards (ICBs) and their partners, together with key issues that are not reported elsewhere on the Joint Committee agenda.

3. Today's agenda includes Finance, Planning, Transformation, Workforce, and Quality Reports. There are also updates on 2026/27 Thames Valley ICB final planning submission, PSED and Gender Pay Gap reports for both BOB and Frimley ICBs and the Work Well report.

Chief Executive update

NHS England appointment

4. My secondment to the role of National Priority Programme Director for Mental Health, Learning Disabilities and Neurodevelopmental Disorders on a half-time basis began on 24 February 2026. This will run alongside my position as ICB Chief Executive, and I am very grateful for the continued support of the executive team to help enable this.

Stakeholder Engagement

5. Since the last public Joint Committee meeting I and fellow Chief Officers have held meetings with a number of our local MPs, chief executives and executive colleagues from our Local Authority partners, and senior NHS leaders from primary care and both NHS and Foundation Trusts.

6. Sam Burrows and I visited the Berkshire Care Association at Ascot Priory on 20 February. This was a valuable opportunity to meet with leaders of the care associations that represent independent care providers across Berkshire, Buckinghamshire and Oxfordshire and to explore opportunities for greater collaborative working.

7. I was delighted to be on the interview panel for the new Chief Executive of the Royal Berkshire NHS Foundation Trust and can confirm that James Blythe was appointed. James will be joining the Trust in May from St George's, Epsom and St Helier Hospital Group.

8. Interviews also took place on 2 March for the new Chief Executive for Buckinghamshire Healthcare NHS Trust, and I am very pleased to confirm that Raghuv Bhasin has been appointed. Raghuv has been the trust's interim Chief Executive since October 2025 and prior to that had been the trust's Chief Operating Officer.

Organisational Change

9. A number of colleagues from both ICBs have in recent weeks left the organisations or are about to leave as part of the transition to the new Thames Valley ICB, through both the Voluntary Redundancy and the Mutually Agreed Resignation Schemes that have been run. I am very aware that the decision to leave will have been very difficult for many colleagues and I would like to put on record my thanks to them all for their contribution to the NHS and our local system.

10. This continues to be a period of considerable uncertainty for colleagues, and we are now in the midst of the formal consultation exercise for the organisational restructure. I am very grateful for their continued dedication and professionalism.

Quarter Three Assurance

11. The executive team met with our counterparts from the South-East regional team on 25 February for an oversight meeting covering the third quarter of the financial year. It was chaired by the regional director. The meeting was an opportunity to review progress in relation to the creation of the Thames Valley ICB and the development of the medium-term plan. At the time of writing we await written feedback; however, the meeting highlighted the progress that has been made by the system in relation to both operational and financial performance.

Regional Governance

12. Interviews are scheduled to take place this month to appoint a Chair for the NHSE South-East region. This new role is part of the planned changes to the NHSE operating model. The Chair will lead the region alongside a regional Chief Executive.

Peer Support and Organisational Development

13. The ICB's leadership team has strong relationships with the other three ICBs in the South-East region and we are working closely across a number of areas. This work is overseen by the South-East ICB Joint Committee which meets on a regular basis. In addition to this the executive team has now met with colleagues from NHS Suffolk and North East Essex ICB to explore developing a buddying relationship to help share best practice and develop strategic commissioning capability and capacity.

Chief Officer updates

Chief Medical Officer

14. **Thames Valley Transition:** BOB and Frimley Medicines Optimisation teams are working jointly in preparation for the formation of the Thames Valley ICB in April 2026, aligning priorities and operational approaches for 2026/27. This includes the Day 1 Policies and Safe transfer checklist, working with regional colleagues to support a coordination of medicines policies with an establishment of an effective process, in addition to ensuring key medicines policies are in place for April 2026
15. **Governance Integration:** Teams are codeveloping a unified medicines governance framework—bringing together BOB and Frimley structures—to support consistent, transparent decision making for the wider Thames Valley population.
16. **Short-term Workforce Risks:** focus on highlighting the key risks and gaps within the Medicines Optimisation team and deliverables as we head into April 2026 with current VR position, and key strategic priorities with medicines
17. **Cost Improvement Planning (CIP) Alignment:** Collaborative development of the 2026/27 CIP programme is underway, including shared scheme identification, financial modelling, and consistent assumptions to support systemwide delivery
18. **Prescribing Quality Scheme (PQS):** Work is progressing to produce an aligned Thames Valley-wide PQS for 2026/27 to ensure equitable incentives and support consistent high-quality prescribing across all localities.
19. **Primary Care and POD:** Continuing to progress work on urgent dental care access and working with regional team colleagues to put in place additional capacity to reduce dental waiting lists for children requiring procedures under general anaesthetic.

Chief People Officer

20. Our ICB change programme continues with the focus being

- Finalising arrangements for approximately 130 staff who will be leaving through the Voluntary Redundancy process
- Clarifying the timeline and point of transfer for staff moving to other parts of our system or joining the ICB from the Commissioning Support Unit (CSU)
- Concluding our COSOP (Cabinet Office Statement of Practice) consultation for our Southern Transfer staff and for all other staff to move to Thames Valley ICB from 1 April 2026
- The formal launch of our staff consultation process for organisational restructure for 45 days from 24 February
- Supporting staff through the transition process with HR process guidance, together with wellbeing, leaving well and future career option support
- Leaders working collaboratively to manage capacity gaps as we hold current responsibilities moving to our new operating model
- Ensuring we have role matching, selection and recruitment processes which equip us with the skills and talent we need for the future

Chief System Development and Engagement Officer

21. The Joint Health Overview and Scrutiny Committee for the new Frimley Park Hospital development met and we fielded a joint leadership between FHFT and the ICB in attendance. The session was positive and moved forward a number of discussions, including addressing areas of public interest / concern that were raised before the meeting.

22. I am pleased that as an executive team we have reviewed our first draft of our System Development Blueprint and are working towards finalising our long-term vision for how our NHS partnerships can evolve to deliver the vision of the *10 Year Health Plan*.

Chief Transition Officer

23. A full Transition Programme report has been provided as part of the agenda for this meeting.

24. As previously verbally confirmed to the Joint Committee the Ministry of Housing, Communities and Local Government (MHCLG) issued an invitation "to those local authorities not yet covered by a strategic authority to propose the footprint on which their strategic authority should be established'. The ICB will engage with this process.

Equality, Diversity & Inclusion Advisor

25. Ensure EDI is fully integrated into all our work.

26. Equality Impact Assessments undertaken at key stages to identify and mitigate disproportionate impacts on our colleagues so these can be mitigated.

27. Facilitating EDI network drop-in sessions as part of consultation process to enable open dialogue and gather lived experience insights.

28. EDI is embedded throughout the whole recruitment process including the implementation of reasonable adjustments, ensuring colleagues are appropriately supported.

29. Clear interim EDI objectives have been set and engagement planned to develop priorities for the new Thames Valley.

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**	10 March 2026
Exec Lead	Rich Chapman		
Author(s)	Veronica Lowthian, Dilani Russell, Ben Gattlin, Frank Eisenhower, Elaine Polton, Sarah Rockhall, William Stokes		

Purpose	To Approve	☐
	To Ratify	☐
	To Discuss	☐
	To Note	☒

Decision required	Joint Committee	☐
	BOB only	☐
	Frimley only	☐
	Meeting in Public	☐

Executive Summary

The paper reports the month 10 finance position for both BOB and Frimley ICBs and the performance against the national priorities between November and January for both ICBs.

Finance

At month 10 the Frimley system is marginally better than plan, the forecast is breakeven. The ICB continues to see cost pressures within S117, ADHD RTC, the independent sector contracts and prescribing.

ICB cost pressures are currently being mitigated by underspends mainly in CHC and by the release of non-recurrent benefits YTD.

The ICB continues to review and update the route map to breakeven to ensure the forecast outturn position is achieved.

FHFT remains on plan with a forecast to breakeven. At month 10, the trust has included the industrial action costs for December and January, these will be fully funded.

At Month 10 the **BOB system** is slightly better than plan, the forecast is breakeven. The ICB continues to see pressures in elective overperformance in the acute sector being mitigated by underperformance in unbundled radiology and ERF expenditure. Cost pressures continue in community equipment, audiology, endoscopy and physiotherapy within the community budgets. The mental health budget is seeing pressures in 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 BOB system providers are mitigating their cost pressures, at M10 they have included the cost of industrial action and will received funding to support this.

Performance

At the December meeting the Committee was informed the development of this report has been ceased. The report as contained will continue to be produced until the end of the financial year, but no development will take place. Attention has turned to developing a comprehensive Board Performance Report for Thames Valley ICB from April 2026. The report will aim to align with the Insightful Board [1] published by NHS England Nov 2024. The report should include reporting of progress against operational plans, NHS constitutional standards and locally defined metrics in support of the delivery of the Thames Valley commissioning intentions. SPC charts will form the basis of the visualisation to ensure ease of understanding and a focus on variation.

If the Committee would like to request updates directly from the Performance Report Development Group, the Group would be happy to provide these updates.

One area removed from the report is Units of dental activity with a narrative update provided in its place. 1,271,013 UDAs (units of dental activity) have been delivered in YTD Nov 2025 vs an annual target of 2,079,683 UDAs (so 61.1% of total). Nationally there has been processing issues in Nov 2025 giving lower activity. The system expects activity increases in Q4 as with previous years.

[1] https://www.england.nhs.uk/publication/the-insightful-icb-board/"

The joint Committee is asked to *note* that several data sources included in this report are from unvalidated daily sitreps and are for internal management information purposes only and *not* suitable for publication.

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

Conflict of interest identified
Yes ☒ No ☐
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
Joint Executive Meeting	23 February 2026	Noted
Joint Finance, Performance and System Productivity Committee	26 February 2026	Noted

NHS
Frimley

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Integrated Performance Report as at Month 10

NHS
Frimley

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

1. Finance

2. Performance

1. Finance

Frimley System Position as at Month 10

Year To Date - £63k better than plan
Forecast Outturn - Break Even

	YTD Plan	YTD Actual	YTD Variance	Annual Plan	Forecast Outturn	Forecast Variance
	£m			£m		
Frimley Health NHS Foundation Trust	(2.9)	(2.8)	0.1	0.0	0.0	0.0
Frimley ICB	0.0	0.0	0.0	0.0	0.0	0.0
Frimley ICS Surplus/(Deficit)	**(2.9)**	**(2.8)**	**0.1**	**0.0**	**0.0**	**0.0**

Frimley ICB remains marginally ahead of plan YTD

Cost Pressures:

- Adult Mental Health - ADHD 'right to choose' referrals pressures & S117 Hampshire pressures
- IPTs & GP Referrals to Independent Sector
- Acute out of area provider performance
- Pharmacy and Optometry overspends in POD
- Prescribing, mainly due to weight loss drug Tirzepatide.

Remedial action plans have been developed for S117 and RTC ADHD in year pressures, the pressures are being mitigated to some extend 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. Activity Management Plans and the outcome of the escalation process was positive, with agreed activity numbers and therefore stabilising the position going forward.

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

FHFT marginally better than plan YTD

The Trust remains on plan with a small surplus in month and a YTD 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.

The Industrial action related funding and cost for November and December was Included in the actuals this month

CIPs are behind year to date and the forecast has now been reduced to reflect this.

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

The forecast is unchanged to deliver breakeven.

BOB System Position as at Month 10

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

- ✓ **Year To Date - £73k better than plan**
- ✓ **Forecast Outturn – Break Even**

Surplus / (Deficit) - Adjusted Financial Position Organisation	YTD Plan	YTD Actual	YTD Variance	Annual Plan	Forecast Outturn	Forecast Variance	Annual Plan Income/ Allocation
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Berkshire Healthcare NHS Foundation Trust	1.7	1.7	0.0	1.7	1.7	0.0	(396.1)
Buckinghamshire Healthcare NHS Trust	(5.2)	(5.1)	0.0	(0.8)	(0.8)	0.0	(687.2)
Oxford Health NHS Foundation Trust	3.1	3.2	0.0	4.8	4.7	0.0	(706.7)
Oxford University Hospitals NHS Foundation Trust	(3.1)	(3.1)	0.0	2.0	2.0	0.0	(1,722.3)
Royal Berkshire NHS Foundation Trust	(8.4)	(8.4)	0.0	(7.8)	(7.8)	0.0	(663.2)
TOTAL In-System Providers Surplus/ (Deficit)	**(11.9)**	**(11.9)**	**0.1**	**(0.2)**	**(0.2)**	**0.0**	
Buckinghamshire, Oxfordshire And Berkshire West ICB	(4.6)	(4.6)	0.0	0.1	0.1	0.0	(4,457.9)
BOB ICS Surplus/ (Deficit)	**(16.6)**	**(16.5)**	**0.1**	**0.0**	**0.0**	**0.0**	

BOB ICB

BOB ICB position is on plan YTD and FOT.

- **Acute (favourable)** – M10 has seen an increase in forecasted underspend from the previous month, mainly relating to an unbundled radiology and ERF spend. There remains elective activity over performance against plan for London Trusts, Frimley Trust, Milton Keynes and Independent Sector providers.
- **Community (adverse)** - The ongoing overspend is due to Community Equipment as a result of the national change in providers from NRS to Millbrook and BCF adverse due to the Oxford Pool and Physiotherapy and Endoscopy activity above plan.
- **Mental Health & LD (adverse)** – Sec.117and ADHD Right to Choose spend increase against budget.
- 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.

BOB System

The system reported a YTD deficit of £16.5m (including deficit support funding), £0.1m favourable to plan.

•BHFT: non-pay costs pressures are offset by income and pay better than plan.

•BHT: pay costs and non-pay costs worse than plan are largely offset by patient care income and other operating income 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 worse than plan are offset by non-BOB ICB patient care income, education and training, grant and other income better than plan.

•During M10 BOB ICS received additional allocations from NHSE to offset the financial impact of industrial action in 2025.

•YTD efficiency delivery at M10 was adverse to plan, with adverse positions at OUH and RBFT partly offset by a favourable variance at the ICB.

•95% of system efficiency plans were fully developed at M10 (95% at M09).

•Cash balances at all acute providers were below 2% of operating expenses at M10.

2. Performance

NHS
Frimley

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

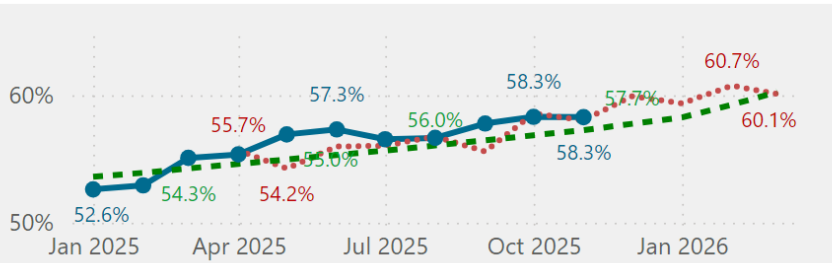
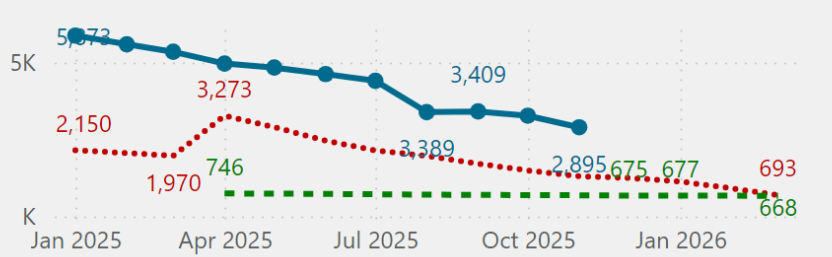
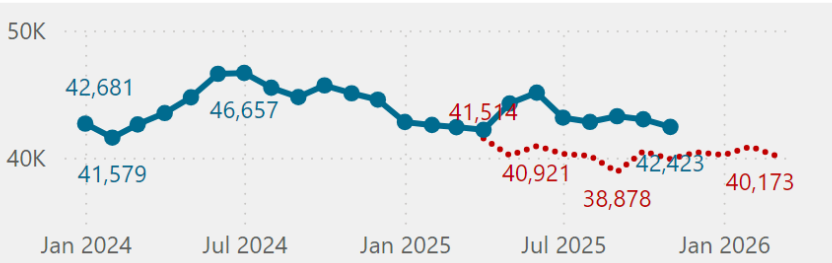
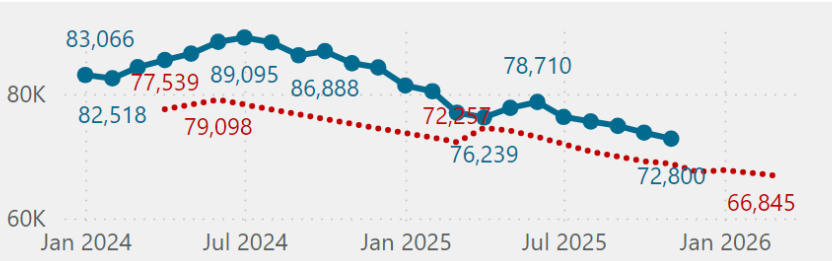
2.1 Performance – Frimley ICB

Frimley - Integrated Finance and Performance Report - Executive Summary

National Priorities - RTT

CONNECTED CARE

NHS Frimley

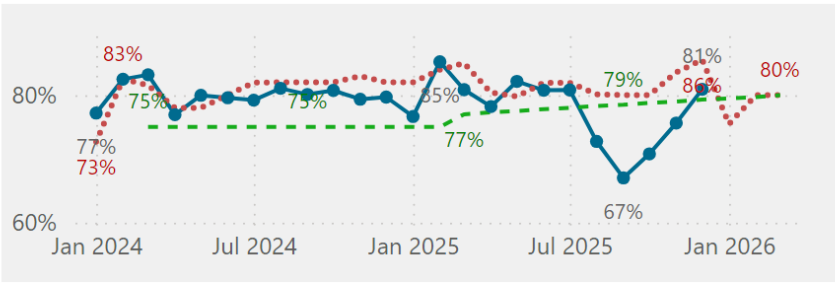
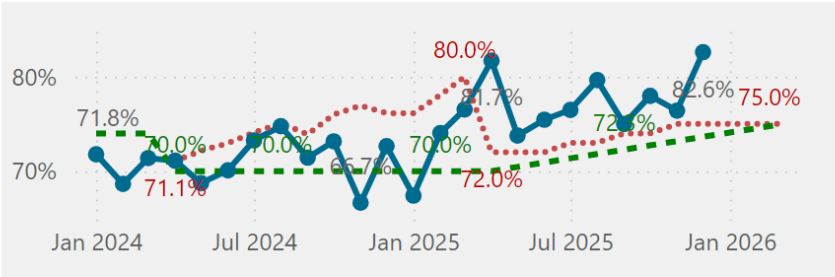
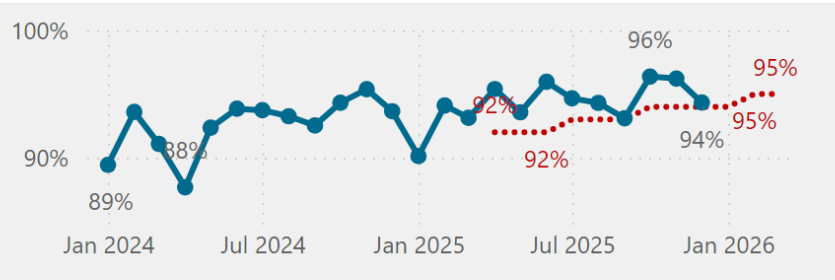
	Indicator	Actual	Target	Trend	Actions
768	E.B.40 Percentage of RTT patients waiting 18 weeks or less	58.3% 01 November 2025	57.2%		M8 above plan and M9 slightly below due to reduced number of working days and patient choice around festive period. Q4 Sprint continues to focus on outpatient appointments and clock stops. A&G improvement projects started in Gastro, ENT and Gynae
630	E.B.18 RTT waiting list - 52+ weeks	2,895 01 November 2025	688		52wks+ PTL proportion continued to reduce ahead of plan. M8 proportion was 2.2% and M9 2.1% v a 2.4% M9 plan. ICB ranked 29th of 42 ICBs. £150k allocated for Independent Sector spent to reduce +52wks cohort volumes in T&O.
634	E.B.40 RTT waiting list - less than 18 weeks	42,423 01 November 2025	There is no National Target for this metric		18wks performance for M8 (58.3%) ahead of plan 58.0%. M9 behind plan due to less working days. Q4 Actions focused on Outpatients sprints, and use of IS providers. Theatre productivity to improve T&O, Surgical Services and Ophthalmology backlogs.
633	E.B.3a RTT waiting list - total	72,800 01 November 2025	There is no National Target for this metric		Waiting list total reduced but remains behind plan by 4.7k pathways at M9. Demand increase above improved A&G usage and EBI policy impact, hence off plan. A&G embedding and Outpatient & outpatient procedure clock stop sprints supporting Q4 recovery.

Frimley - Integrated Finance and Performance Report - Executive Summary

National Priorities - Cancer

CONNECTED CARE

NHS Frimley

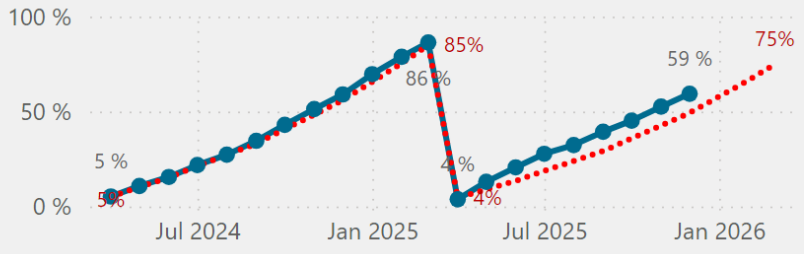
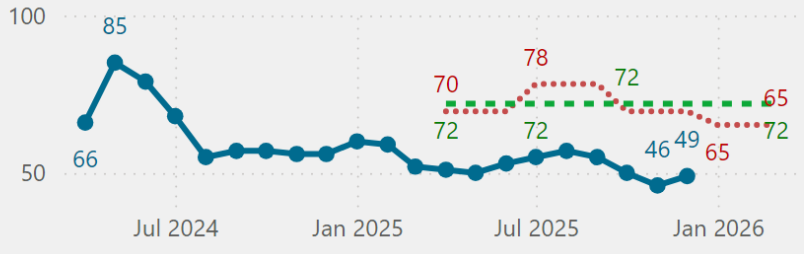
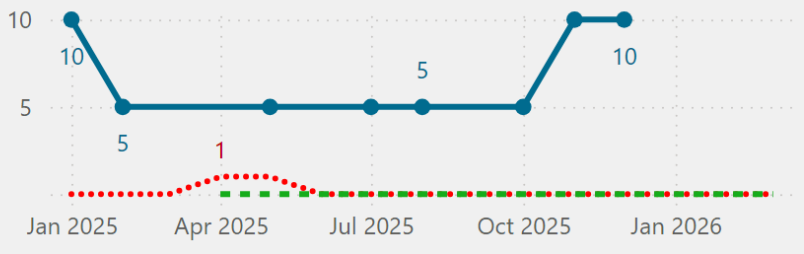
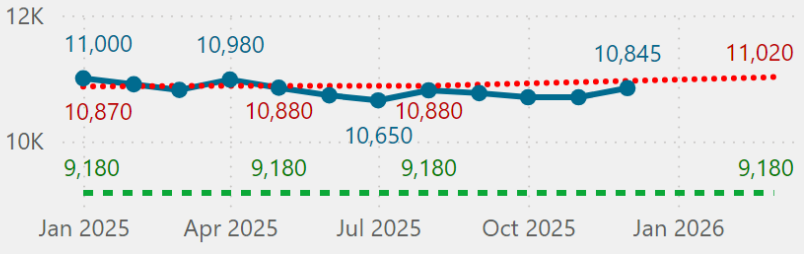
	Indicator	Actual	Target	Trend	Actions
672	**E.B.27 Percentage of patients receiving communication of cancer diagnosis within 28d faster diagnosis standard**	**80.9%** 01 December 2025	**79.3%**		ICB at 80.8% up from November 75.6%. Compliance impacted by Skin 59%, Urology 78.4% and lug 81.4%.
669	**E.B.35 Cancer - Percentage of patients seen within 62d**	**82.6%** 01 December 2025	**73.6%**		ICB at 82.7% up from novembers 76.5%. Compliance impacted by Lung 69.7%, Urological (other) 70.6% and Gynae (75%).
674	**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**	**94.3%** 01 December 2025	**95.0%** End of Year Plan		ICB at 94.3% down from November's position of 96.2%.Compliance impacted by lung 89.7%, Prostate 91.7% and Skin 91.9%.

CONNECTED CARE

Frimley - Integrated Finance and Performance Report - Executive Summary

National Priorities - MH - LDA - CYP

NHS Frimley

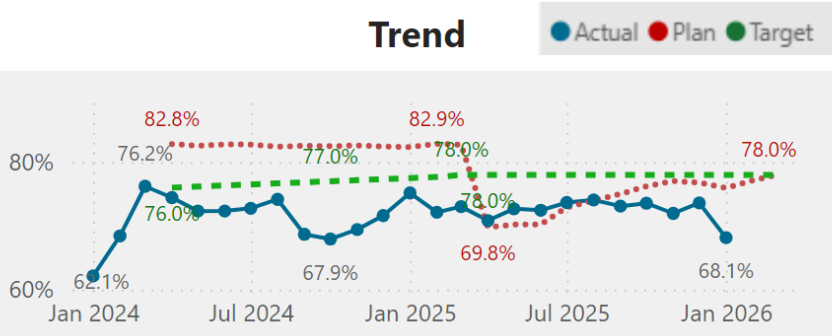
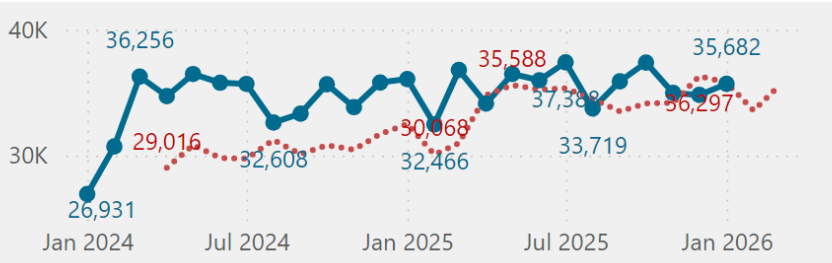
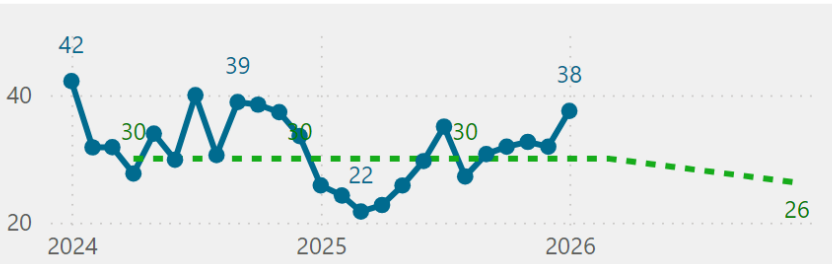
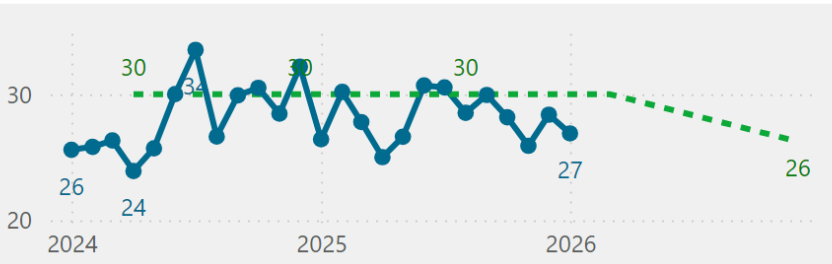
	Indicator	Actual	Target	Trend (Actual / Plan / Target)	Actions
9001	% of Annual Health Checks carried out for persons aged 14 years or over on the QOF Learning Disability Register in the period	**59 %** 01 December 2025	There is no National Target for this metric		
787	E.H.37 Mean Length of stay for discharges in the RP for people aged 18 and over from adult acute, older adult acute and PICU beds (MHS156b)	**49** 31 December 2025	**72**		Performance is good, well below plan and target
790	E.A.5 Active inappropriate adult acute mental health out of areas placements (OAPs) (OAP03a)	**10** 31 December 2025	There is no National Target for this metric		Slightly above plan. BHFT have told us that each day they have significant numbers waiting for beds with escalation from a range of acutes across the country. Awaiting outcome of MADE event planned for the w/c 2nd February.
766	E.H.9 CYP Access - Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact (MHS95)	**10,845** 31 December 2025	**9,180**		National ambition has been achieved but access is slightly below plan. The issue is in the South of the patch and is likely due to non NHS provider submission issues, we are looking into it

CONNECTED CARE

Frimley - Integrated Finance and Performance Report - Executive Summary

National Priorities - UEC

NHS Frimley

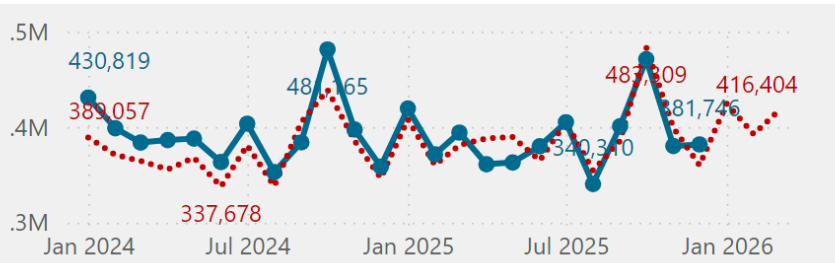
	Indicator	Actual	Target	Trend	Actions
736	E.M.13 Percentage of attendances at Type 1, 2, 3 A&E departments, departing in less than 4 hours	71.8% 01 January 2026	78%		Attendance levels remain broadly in line with seasonal expectations. Demand remains elevated, with sustained Type 1 pressure. System actions focused on flow, SDEC utilisation and discharge.
741	E.M.13 Total number of attendances at Type 1, 2, 3 A&E departments.	35,682 01 January 2026	There is no National Target for this metric		
331	AQI A31 Cat 2 Mean Response Time - SCAS	38 01 January 2026	28		
332	AQI A31 Cat 2 Mean Response Time - SECAMB	27 01 January 2026	28		Performance remains above national ARP 18-min target, driven by hospital handovers / high demand / workforce pressures. Joint improvement work underway across Frimley and the SCAS/SECAMB footprint.

CONNECTED CARE

Frimley - Integrated Finance and Performance Report - Executive Summary

National Priorities - Primary Care - Dental

NHS Frimley

	Indicator	Actual	Target	Trend	Actions
796	E.D.19 Appointments in General Practice and Primary Care Networks	381,746 31 December 2025	There is no National Target for this metric		The trend lines are in line with trajectory. Practice are all supported to improve their management of capacity through the GP transformation programme and Quality and resilience workplan.

NHS
Frimley

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

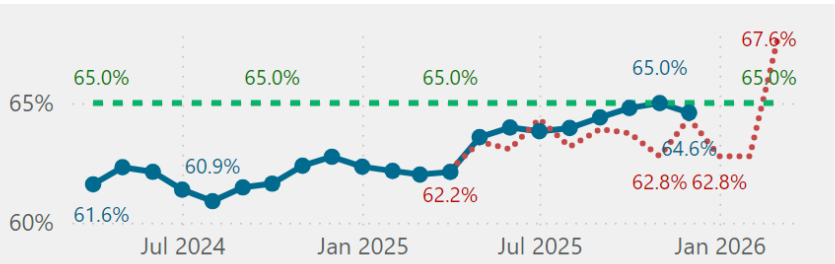
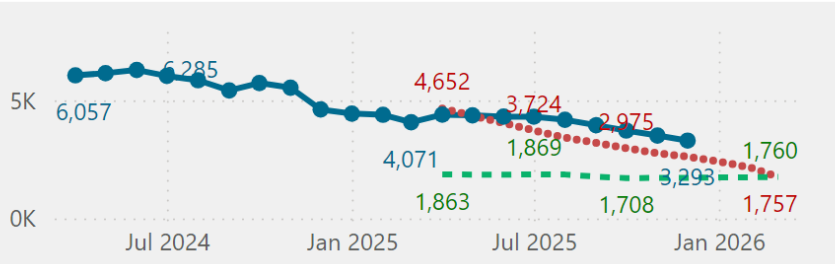
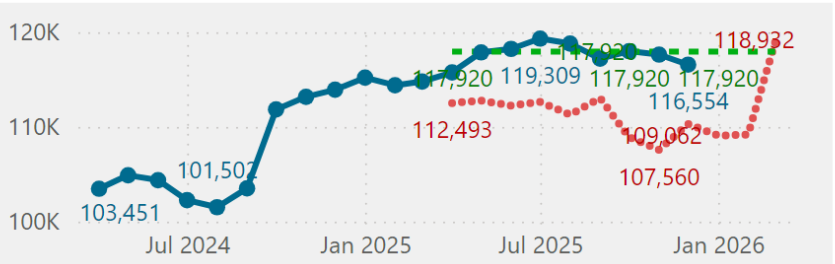
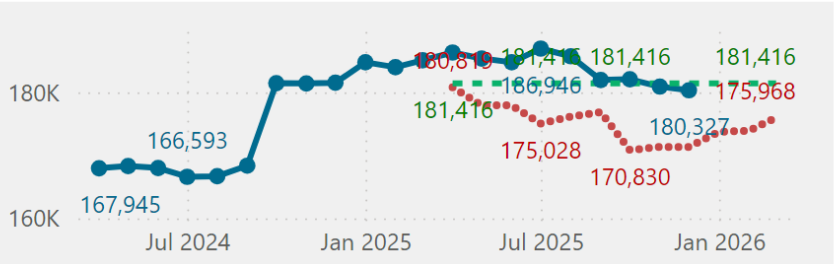
2.2 Performance – BOB ICB

CONNECTED CARE

BOB - Integrated Finance and Performance Report - Executive Summary

National Priorities - RTT

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

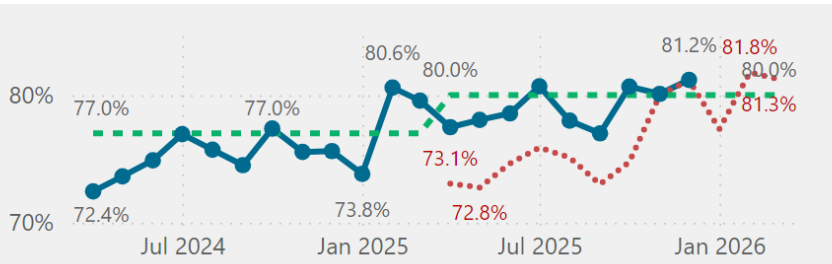
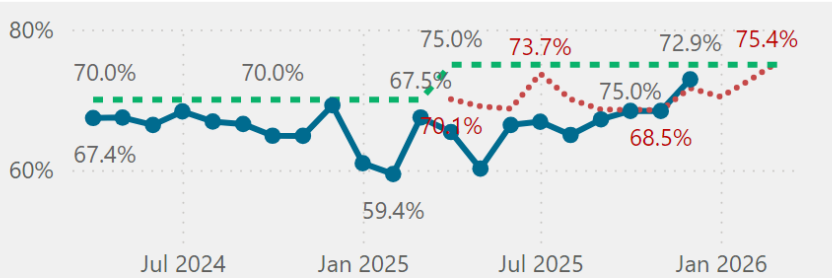
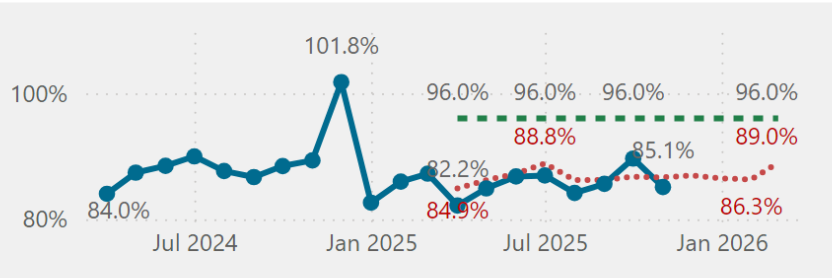
	Indicator	Actual	Target	Trend (Actual ● Plan ● Target)	Actions
768	E.B.40 Percentage of RTT patients waiting 18 weeks or less	64.6% 01 December 2025	65.0%		Work continues to drive down waiting times, inclunding the mobilidation of the Ophthalmology SPOA with other HVLC procedures being explored by the APC.
630	E.B.18 RTT waiting list - 52+ weeks	3,293 01 December 2025	1,713		Work is in train to deliver operating plan trajectories and elimination of any >65wks by year end, including the use of mutual aid and mitigating any risks to delivery associated with Industrial Action.
634	E.B.40 RTT waiting list - less than 18 weeks	116,554 01 December 2025	117,920		The APC work in managing HVLC demand through a SPOA model is working well in Opthalomology with other specialities now being explored. Orthopaedics being first followed by other high volume specialities.
633	E.B.3a RTT waiting list - total	180,327 01 December 2025	181,416		All Trusts participated in the waiting list validation sprint in Qu1 and Qu2 to ensure waiting list are accurate and advice and guidance continues to be promoted as an alternative to referral where clinically appropriate both pre and post referral.

BOB - Integrated Finance and Performance Report - Executive Summary

National Priorities - Cancer

CONNECTED CARE

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

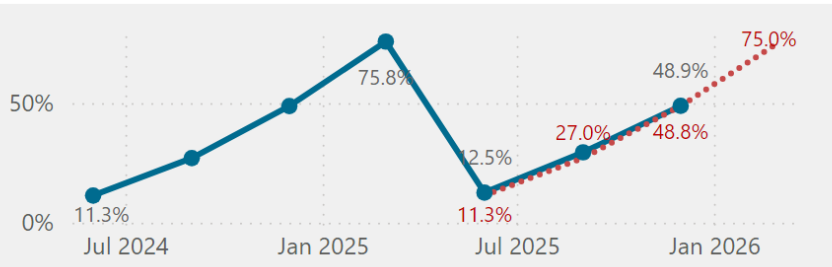
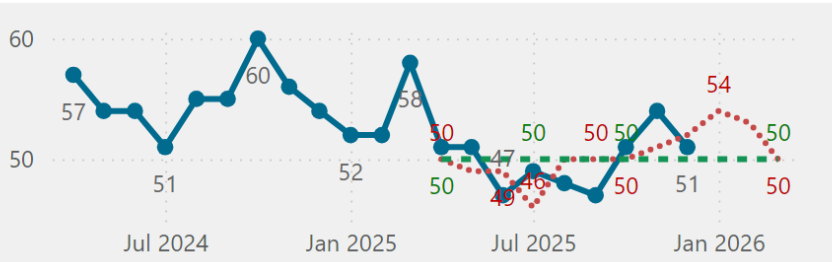
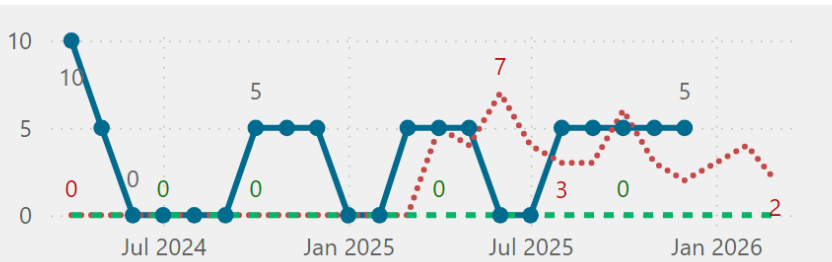
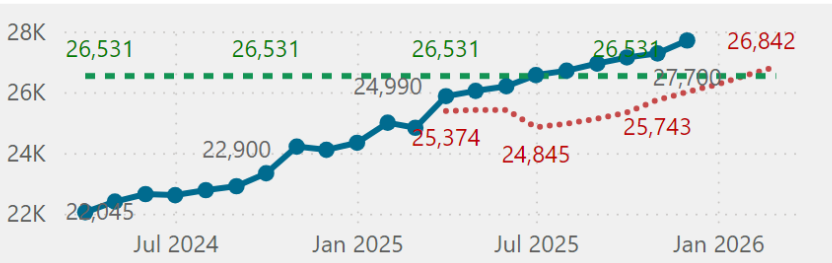
	Indicator	Actual	Target	Trend (Actual / Plan / Target)	Actions
672	E.B.27 Percentage of patients receiving communication of cancer diagnosis within 28d faster diagnosis standard	81.2% 01 December 2025	80.0%		Diagnostic challenges driving the position OUH 80.4% - Impacted by Gynae 61.1%, Urology 63.8% and head & neck 79.1% RBH 85.1% - Impacted by Urology 57.1%, Gyane 71.2% and Lower GI 75.1%
669	E.B.35 Cancer - Percentage of patients seen within 62d	72.9% 01 December 2025	75.0%		OUH 67.5% - Driven by Gynae 22.6%, Lung 42.2%, Upper GI Oesophagus & stomach 50% and Prostate 51.9% RBH 79.6% - Driven by Gynae 40%, Upper GI Hepatobiliary 43.8% and Upper GI Oesophagus & stomach 45.5% BHT 72.8% - Driven by Lung 35.7%, Gynae 37.5% and Upper GI Oesophagus & stomach 44.4%
674	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	85.1% 01 November 2025	96.0%		surgical capacity driving position OUH 78.6% - Driven by Breast 65.1%, Gynae 73.7% and Prostate 75% RBH 93% - impacted by Breast 86.5%, Lung 90.2% and Gyane 90.5% BHT 88.7% - Driven by Lower GI 75.9%, Skin 80.2% and Urology (other) 87.5%

CONNECTED CARE

BOB - Integrated Finance and Performance Report - Executive Summary

National Priorities - MH, LDA & CYP

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

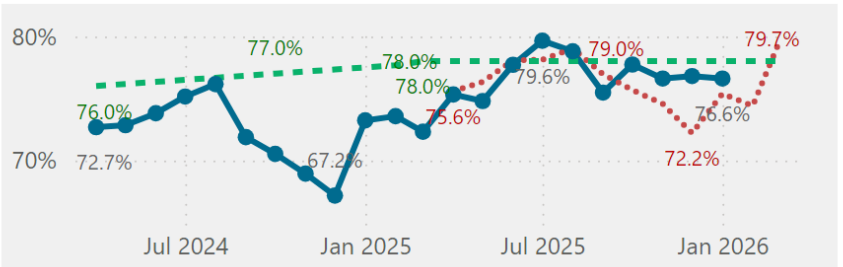
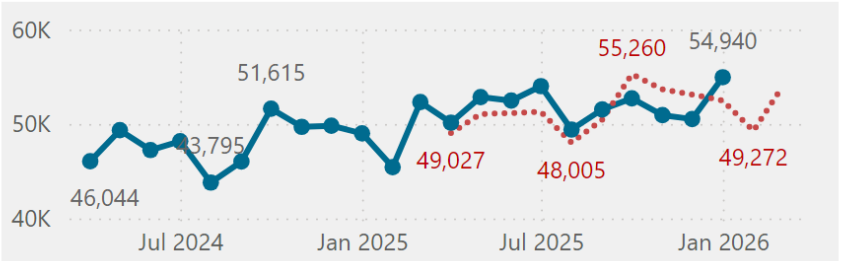
	Indicator	Actual	Target	Trend (Actual ● Plan ● Target)	Actions
9001	% of Annual Health Checks carried out for persons aged 14 years or over on the QOF Learning Disability Register in the period	48.9% 01 December 2025	48.8% Plan		Rates seen are positively inline with plan. Uptake of LD Health Checks continues to be monitored through data monitoring and practice engagement.
787	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)	51 01 December 2025	50		on track
790	E.A.5 Active inappropriate adult acute mental health out of areas placements (OAPs) (OAP03a)	5 01 December 2025	0		on track
766	E.H.9 CYP Access - Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact (MHS95)	27,700 01 December 2025	26,531		on track

CONNECTED CARE

BOB - Integrated Finance and Performance Report - Executive Summary

National Priorities - UEC

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

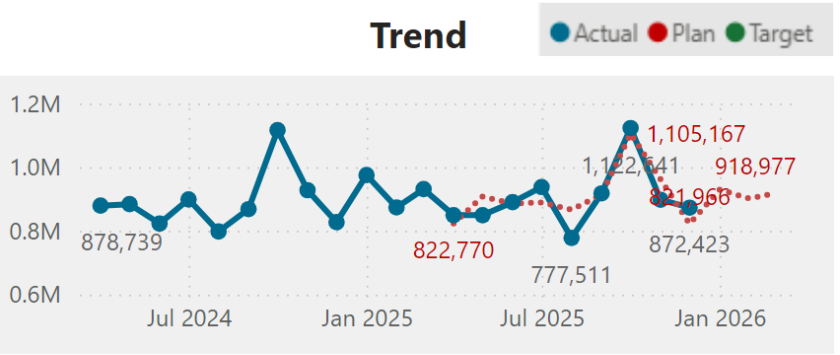
	Indicator	Actual	Target	Trend	Actions
736	**E.M.13 Percentage of attendances at Type 1, 2, 3 A&E departments, departing in less than 4 hours**	**76.6%** 01 January 2026	**78.0%**		Winter plans implemented across three places. Including pathways for minors where appropriate. Comms in place to encourage use of 111 to avoid ED. Senior decision-making at Front Door to meet 4-hour target.
741	**E.M.13 Total number of attendances at Type 1, 2, 3 A&E departments.**	**54,940** 01 January 2026	**55,260** Plan		Work continues with place partners to optomise use and promote available alternatives to ED through SPOA, UCR, 111 first, Pharmacy first. Stack queues (pilots in Oxon and Bucks).
331	**AQI A31 Cat 2 Mean Response Time - SCAS**	**38** 01 January 2026	**30**		SCAS continue to drive improvements to support Cat2 resposne times and are forecasting year end performance to be better than the national target of 30min despite significant pressure in January.

BOB - Integrated Finance and Performance Report - Executive Summary

National Priorities - Primary Care

CONNECTED CARE

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Indicator	Actual	Trend	Actions
796			
E.D.19 Appointments in General Practice and Primary Care Networks	**872,423** **01 December 2025**		Number of appts. being provided are inline with plan. Work continues with practices to accurately map appts. to support data accuracy.

Buckinghamshire, Oxfordshire and Berkshire West

and Frimley Integrated Care Boards

Joint Committee

Title of Paper	Joint ICB Quality Report		
Agenda Item	4.2	**Date of meeting**	10 March 2026
Exec Lead	Sarah Bellars, CNO Frimley ICB and Interim CNO BOB ICB		
Author(s)	Heidi Beddall, DCNO BOB ICB and Melanie Bessant DCNO Frimley ICB		

Purpose	To Approve	☐
	To Ratify	☐
	To Discuss	☐
	To Note	☒

Decision required	Joint Committee	☒
	BOB only	☐
	Frimley only	☐
	Meeting in Public	☐

Executive Summary	
The report will provide high level surveillance of developing quality issues and a precis of current issues and concerns. Areas acknowledged in the report are Patient Advice & Complaints (PACT) data, escalations of provider and ICB quality issues ,Never Events and/or patient safety incidents, CQC updates and external reviews or visits.	
Recommendation	The Joint Committee is asked to note the quality issues and mitigations highlighted in this report.

Conflict of interest identified
Yes ☐ No ☒
Detail

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

Joint Quality Boards in Common Public Report

Date of Writing: 26th February 2026

1. Introduction

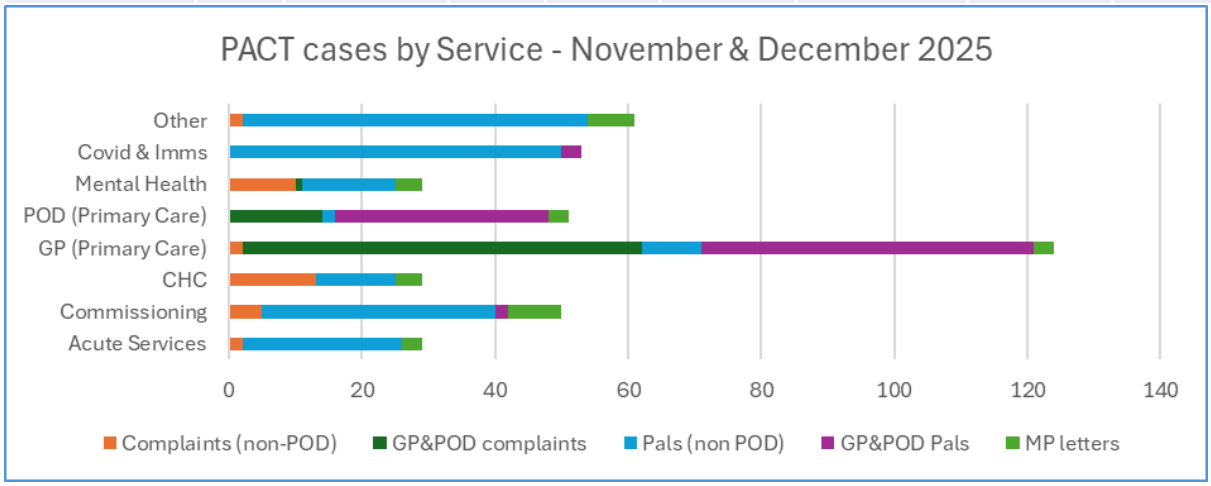
The purpose of this report is to provide the Boards in Common with high level surveillance of developing quality issues and soft intelligence. The report provides a precis of current issues and concerns that may not be covered in the Quality Report due to the nature of the concern or level of quantifiable assurance at the time of writing.

2. Surveillance Update

2.1. Complaints

2.1.1. BOB ICB Update

Nov & Dec 2025 - PACT data	No. Rec'd	Did not proceed with ICB	Clinical Care	Access & Waiting	Attitude & Behaviour	Financial or Policy Issues	Commun-ication	Other
Complaints (non-POD)	34	5	2	17	4	9	5	1
GP&POD complaints	75	54	43	7	5	1	16	3
Pals (non POD)	198	34	22	110	5	20	32	9
GP&POD Pals	87	26	17	43	6	2	16	3
MP letters	32	4	1	18	1	4	6	2
TOTAL CASES	426	123	85	195	21	36	75	18



There have been 426 cases in November and December 2025, 123 cases did not proceed to full investigation as many cases had been dealt with by local resolution with the patient and GP practice/dental practice.

The key themes continue to be access and waiting, clinical care, and communication. Most of these relate to primary care (GP and Dental), and Pharmacy & Optometry.

Concerns and complaints continue from patients and their MPs about delayed access to ADHD assessments and barriers to accessing ongoing prescribing of ADHD medications under shared care protocols within a primary care setting. There has also been increasing enquiries about the provider Clinical Partners and their temporary pause on referrals. Whilst a comms plan was delivered for transparency with our population about this issue, key learning for future comms is to be more detailed in terms of what the service user/patient will want to know, i.e. how does it affect their waiting time and access to services, give assurances in order to prevent an influx of enquiries.

A predominant number of inquiries and concerns relate to delays with access to Tier 3 weight management support and the eligibility criteria for NHS funded weight loss injections as well as eligibility criteria and availability of covid vaccinations for the Autumn campaign. Other cases include wheelchair services, patient transport and medicines management.

2.1.2. Frimley ICB Update

3. The table below shows Cumulative annual figures for CSU PALS and complaints across the Frimley area:

	2024-25	Q1 (Apr-Jun 25)	Q2 (Jul-Sept 25)	Q3 (Oct-Nov 25)	Jan 26	Total YTD
ICB Complaints	46	37	25	26	10	98
ICB PALS	325	97	85	106	41	329
POD Complaints	51	58	41	33	17	149
POD PALS/concerns	51	50	57	55	29	191

4. *Data for December is outstanding at time of reporting
5. On reviewing the complaints categorisation between the period of 1st April 2025 and the 31st of January 2026, there is a common theme between PALS enquires and formal complaints. The top three categories are access and waiting times, clinical care and communication. Although for January 2026, there has been an increase in the number of PALS and complaints relating to finance and policies.

5.1. Never Events or Patient Safety Incidents

FHFT – There have been no new never events reported

RBH - Two Never Events

- Wrong site surgery - patient was wrongly listed and consented for Right Eye macular hole repair instead of Left Eye macular hole repair
- Retained vaginal swab following gynaecology surgery in Turkey

Both are being investigated.

Escalations by Provider

AJM Wheelchair service in Berkshire West

RBFT served notice in 2024 and ICB awarded contract to AJM commencing August 2025. The open caseload of 658 on transfer. There has been difficulty with transition due to poor data quality, larger caseload and longer waits than indicated by previous provider. A subsequent increase in complaints, concerns raised by Trusts has been noted and the issue was highlighted in Wokingham SEND inspection where formal safeguarding concerns raised.The ICB working with AJM and has reviewed all 93 cases raised by partners to ensure actions are in place to see/review and provide equipment where necessary. Additional funding agreed for waiting list recovery during 2026/27 (approx 200 breaching 52 weeks). The ICB are involved in all relevant safeguarding investigations covering general learning and specific section 42 and section 47 cases

EMED patient transport

Quality and performance metrics remain considerably under KPI (discharges, outpatients, responses to concerns/complaints) and this is impacting patient attendance at appointments, some discharges are being cancelled, and some patients are waiting unacceptable times waiting for transportation. The provider is now in Enhanced Oversight for Quality and a Contract Performance Notice in place and recovery plan formally agreed

Pressure on Mental Health Beds

Both BHFT and SABP have seen an increase in referral and activity relating to adults and in particular older adults resulting in out of area placements being sort. However, there is a lack of out of area placements for older adults nationally as many private providers such as the Priory etc. are not designed either for the environment or skills and capability to provide care for the older adult. The Southeast region is seeing the same pressures.

FHFT and NHSE Quality Scorecard

FHFT are displaying as an outlier in their quality scorecard data in relation to pressure ulcers and SHIMI. The ICB Quality Lead has been working with FHFT and NHSE to understand the model hospital data.

For Pressure Ulcers, FHFT have has moved to ‘Purpose T’ for assessing their pressure ulcers and have seen an increase in the number of pressure ulcers particularly in Grade 3. Therefore, increasing the reported numbers to the national database.

As an ICB, we are working with NHSE to understand regional reporting to ensure consistent analysis is applied if Trusts are using differing tools to grade pressure ulcers, which could create an imbalance, when just reviewing data alone.

For the SHIMI data, FHFT and RBHT are pilot sites for including their SDECs in their mortality data reporting. Therefore, has contributed to the increase shown in the quality scorecards.

6. External Reviews or Visits

RBH - Antenatal screening programme was visited by the regional quality team and several actions for improvement have been identified including workforce and incident management. The SQAS team are overseeing the action plan directly with the Trust and ICB oversight will be maintained through the perinatal quality oversight group meeting.

7. CQC Updates

OUH Maternity awaiting inspection report.

Surrey and Borders Partnership NHS FT Acute wards for adults of working age and psychiatric intensive care units. OVERALL RATING: GOOD. Inspection dates: 21st and 22nd May 2025. Report published: 13th January 2026.

SCAS CQC report into inspection of EOC published, rated as 'good'. Well Led remains requires improvement for EOC from November inspection. Whole Trust Well Led inspection on 27 – 29 January- report awaited.

8. ICB Escalations

The LeDeR programme in BOB ICB has been on-hold since December 2024. This has been previously escalated but remains an ongoing risk. The backlog of case reviews is being addressed with temporary resource now allocated, 200 cases remain open, recovery plan in place and public communications shared.

Conclusion

This report has outlined a number of quality issues and concerns that the teams will be working with system partner organisations on during March/April 2026. Progress on these concerns will be reported to the Boards in Common through either the Quality Report or a future private report.

Authors:

Heidi Beddall, Deputy CNO, BOB ICB

Melanie Bessant, Deputy CNO, Frimley ICB

Buckinghamshire, Oxfordshire and Berkshire West

and Frimley Integrated Care Boards

Joint Committee

Title of Paper	Joint Workforce Reports - BOB and Frimley		
Agenda Item	4.3	**Date of meeting**	10 March 2026
Exec Leads	Sandra Grant, Chief People Officer		
Author(s)	Lisa Cully, Head of Workforce – Frimley Mauretta Belton-Simmons, Data Analyst - BOB		

Purpose	To Approve	☐
	To Ratify	☐
	To Discuss	☐
	To Note	☒

Decision required	Joint Committee	☒
	BOB only	☐
	Frimley only	☐
	Meeting in Public	☐

Executive Summary

This report presents a consolidated overview of workforce data for BOB and Frimley Integrated Care Boards (ICBs) and Integrated Care Systems (ICSs) as of Month 10).

For BOB and Frimley ICS, the report outlines:

- Whole-Time Equivalent (WTE) alignment against planned levels by trust
- Core workforce performance indicators, including absence rates, vacancy levels, and staff turnover
- Comparative analysis of regional workforce positioning

For BOB and Frimley ICB, the report highlights:

- Current headcount figures
- Trends in sickness absence
- Compliance with STaM training and appraisal requirements
- Staff movement trends
- Progress updates on key workforce transformation programmes

Recommendation	The Joint Committee are asked to note this report.

Conflict of interest identified
Yes ☐ No ☒
Detail

Reporting – has this paper been discussed at other meetings

Committee Name	Date discussed	Outcome
N/A	N/A	N/A

Joint Workforce Report (Frimley ICB/ BOB ICB)

March 2025

All data is for management information purposes and is not for wider circulation or publication

Introduction and Contents

This is our final edition of the Joint Workforce Report across BOB and Frimley prior to the formal launch of Thames Valley ICB.
Our teams have been working on Transition and ensuring the safe close -down and set-up of our organisations including MARs, VR, Reorganisation and Job Descriptions, Consultation documents (structures, OME, POD, Aldershot) and have been working closely with Finance colleagues to ensure a safe transition for Payroll and ESR functions.
This document outlines our key activity over February 2026

Headline Frimley ICS workforce metrics

NHS Frimley Integrated Care Board

		FHFT	BHFT	SABP
Against 25/26 Operational plans (M10)	All workforce (wte)	3.8% over plan	4.0% under plan	3.4% under plan
	Substantive	0.5% over plan	5.2% under plan	4.8% under plan
	Bank	52.2% over plan	13.1% over plan	8.9% under plan
	Agency	-8.7% under plan	14.8% over plan	12.9% over plan

	Metric	ICB	FHFT	BHFT	SABP
Workforce Metrics (M09/10)	Absence	2.4%	4.0%	5.3%	5.2%
	Vacancy	n/a	6.4%	5.8%	9.7%
	Turnover	11.1%	9.0%	11.2%	16.1%

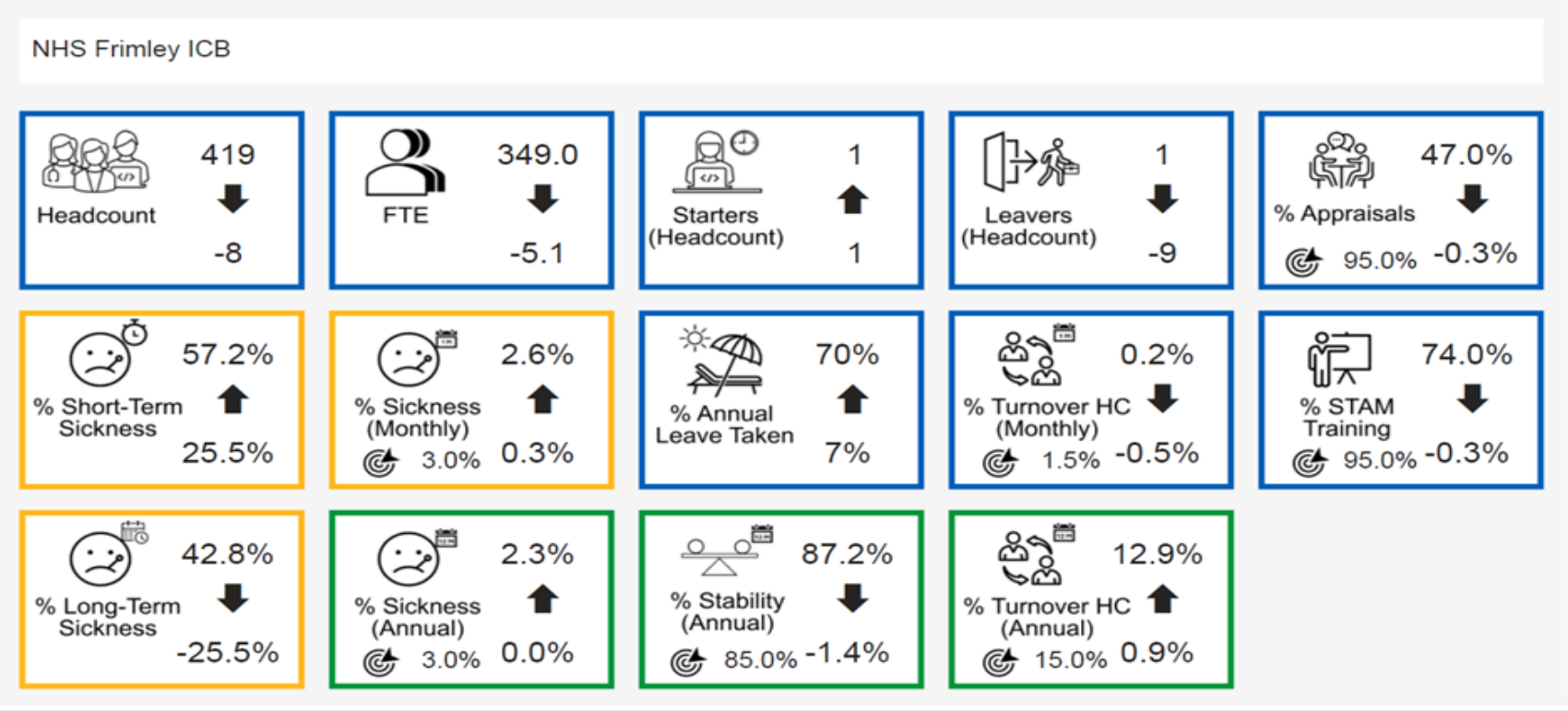
Headline BOB ICS workforce metrics

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

	Metric (WTE)	BHT	OHFT	OUH	RBFT
Against 25/26 Operational plans (M010)	All workforce	1% over plan	4.2% under plan	0.6% over plan	2.1% over plan
	Substantive	3% over plan	2.1% under plan	0.5% over plan	3.4% over plan
	Bank	26.8% under plan	13.1% under plan	5.% over plan	14.7% under plan
	Agency	3.6% over plan	57.9% under plan	24.4% under plan	68.7% under plan (8 WTE)

	Metric	ICB	BHT	OHFT	OUH	RBFT
Workforce Metrics (M09/10)	Absence	3.8%	4.8%	5.6%	5.0%	3.8%
	Vacancy	n/a	10.9%	7.2%	10.8%	1.4%
	Turnover	14.8%	9.5%	9.8%	8.9%	9.7%

ICB Workforce Metrics (M10) - Frimley

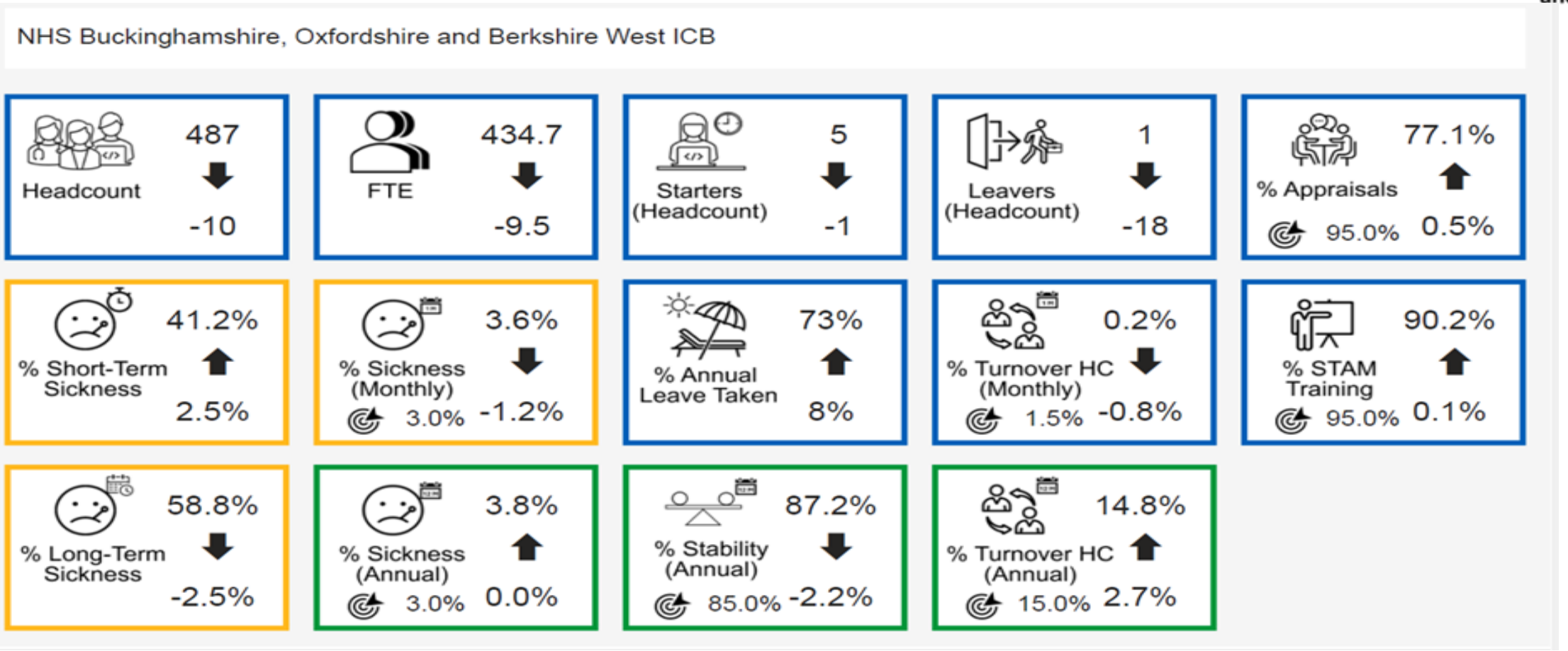


Key Highlights

- stable retention
- reduced long term sickness
- improved sickness rates overall
- challenges with short term sickness spikes,
- lower appraisal completion
- slightly reduced workforce numbers
- training compliance and stability remain generally strong but trending downward.

ICB Workforce Metrics (M10) BOB

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board



Workforce Summary

Overall workforce levels have remained broadly stable, with only marginal movements in both headcount and FTE across the reporting period. Headcount 247 (down by 10), FTE Time Equivalent (FTE): 434.7 (down by 9.5).

Monthly turnover is stable at 0.2%, compared with 1% in December. Annual turnover has risen to 14.8% (+2.7%), meaning more people have left over the year overall. Leavers are spread across staff groups and grades, with reasons remaining broadly consistent (career progression, internal moves, personal reasons).

Both short term and long term absence patterns remain consistent with previous months. Short-term sickness: 41.2% (down 2.5%), Long-term sickness: 58.8% (down 2.5%). Mental health conditions (anxiety, stress, depression) remain the leading cause of days lost in several directorates.

Programme Summary Report - Organisational Development

Completed by: Joe Smart
Reporting period: February 2025

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.

Month 2 2025/26	
	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.	Joint OD Support through change	Linkedin Learning contract ended 31 December to good feedback. 'Managing Self through Turbulent Times' was delivered through November.	NHS Elect subscription renewed to support staff going forward. Support for staff going through consultation is being developed and will be launched end of Feb/start of March			
2.	Line Manager and Senior Leader Forum	Completion of guide to working in a clustered organisation after collating all the feedback from Senior Leaders and Trade Unions.	BOB and Frimley separate line managers forums were closed in January, with a combined forum being set up for early March.			
3.	EDI Reporting	EQIA process is complete has been used in the change programme. Gender Pay Gap Reports and WRES/WDES completed	Action plans to be developed to take action on the Gender Pay Gap Reports and WRES/WDES			
4.	Staff Survey	Analysis of results and share the outputs with the ICB	Analysis used as part of pre consultation. Further engagement work is being planned with the Communications Team.			

Risks and issues (key programme level risks and issues)

Risk / issue ID	Project Risk description	RAG	Mitigation/ update	Responsible group/ individual/ organisation
1.	Staff disengage and productivity drops in clinical teams like CHC		Ongoing engagement activities, support through change and direct support for OME and CHC teams	OD
2.	Sickness increases as work place stress builds		Focus on wellbeing and supporting with capacity and priority frameworks	OD
3.				

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.	Exploring further wellbeing support to mitigate workplace stress. OD lead reaching out to NHS Provider Organisations to learn from best practice.	CPO	Ongoing	

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

Completed by: Parjinder Basra
Reporting period: February 2026

Last period	This period	Summary of current Programme Status
Time	Time	The Agenda for Change (AfC) agency and bank workstreams are now mature and have been integrated into one portfolio. The medical temporary staffing project has returned to 'green' as a revised plan has been agreed for new agency and bank ceilings with delivery through a cohort approach to step down the highest rates and usage trusts first.
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 portfolio has 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. One trust withdrew from the collaborative in 25/26 and up to three trusts may do so for 26/27 causing a shortfall in the required funding. The programme is planning 26/27 delivery to fit the final funding level, and a different host organisation is being secured due to the ICB scope changes.

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.	Performance	2025/26 YTD M9: agency as % of pay bill for SE = **1.7%** (NHS ceiling of 2.0%); bank as % of pay bill for SE = **7.1%** (NHS ceiling of 6.3%); year-on-year (YoY) SE bank reduction = -£21.2M **(-3.2%)**; YoY SE agency reduction = -£94.3M **(-38%)**.	Targeting interventions with those trusts spending above plan, feeding into February Collaborative Board. Producing 26/27 Workplan based on the Medium-Term Planning Framework with its requirement for year-on-year bank and agency reductions targets, leading to with the elimination of agency in 2029/30.			
2.	Agenda for Change – Agency	September 2025 ceilings have been held over winter. Merger with AfC Bank portfolio completed.	Begin planning to take remaining ceilings down NHSE caps in 26/27. Continue working with trusts to eradicate Band 2/3 usage.			
3.	Agenda for Change – Bank	Trusts continue to be supported on AfC rate strategy and usage reductions.	Agree regionwide rate strategy for 26/27 in light of the 2026/27 AfC pay ward of 3.3%.			
4.	Medical Temporary Staffing	Agency and Bank ceilings in place. Acute TS Medical Cohort (10 trusts) progressing a lockstep approach to bank ceiling step-downs. Enhanced support for priority trusts. Medical TS Success Framework in use.	Continue with Community & Mental Health cohort agency step-downs and be to consider bank solutions. Continue to progress Acute cohort bank step-downs. Support system-level CMO groups. Continue processes to maintain continue to medical bank 'actual' rates on PowerBI.			
5.	Governance and operational planning	Financial hub, scorecard and provider dashboards continue to assist delivery of 2025/26 operational plans.	Reworking governance changes given ICB geographical changes and the likely loss of workforce personal from ICSs.			
6.	Delivery plan	Key elements of the agreed 2025/26 Delivery Plan continue to be progressed with no exceptions.	Continue to progress enhanced controls, regionwide projects, direct support and sharing of best practice.			

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.		Agency and Bank ceilings are now in use. Work has now accelerated on rate changes in cohorts of trusts (i.e. CMH and Acute), whilst also focussing on volume reductions.	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 implemented in 2025/26. Performance management tool in use to assist with dynamic financial monitoring at system and trusts levels. Planning has commenced to deliver against the Medium-Term Planning Framework Requirements between 2026/27 and 2028/29.	Programme Board
3.	Funding from all providers will not be secured for 2026/27, plus a new host organisation will be required, 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.		Programme team is financially y viable 26/27 with 22 trusts signed-up. Berkshire Healthcare have agreed to host the Team, and the TUPE process from Frimley ICB has commenced. TV ICB Joint Executive to note the team will be moving to Berkshire Healthcare for April 2026, when this report will no longer be needed.	Programme Executive Sponsor (Julian Emms)

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.	The delivery of changes within ICBs is resulting in a rapid decrease in system-level workforce leadership and coordination resources, which have been instrumental in the collaboratives success by being an interface between the central programme team and providers. Members to consider whether any workforce capacity for temporary staffing coordination will remain in the TV ICB post rollout of the new ICS model.	Thames Valley ICB Joint Executive	Changes to governance arrangements to be discussed at Collaborative Board in 02/26.	

Frimley Academy Programme Summary Report -

Completed by: Bobby Cowan
Reporting period: February 26

Last period	This period	Summary of current Programme Status
Time	Time	Draft close-down plan developed and initial mobilisation underway to ensure safe and compliant closure of the Frimley Academy by 31 March 2026. Delivery capacity is significantly constrained (currently only 1 of 3 roles available) due to vacancies, sickness absence /voluntary redundancy; activity is being actively prioritised and will be escalated if support is required to maintain timeline.
Scope	Scope	Executive decision confirmed (Jan 2026) that the Frimley Academy will close on 31 March 2026 and will not transfer to Thames Valley ICB. Flagship delivery concluded Oct 2025; current activity is focused on supporting JPC/People, Culture & OD transition workstreams, progressing structured close-down and preserving key assets and learning.
Cost	Cost	2025 delivery completed under budget. No further programme spend is forecast; activity is now focused on final year-end reconciliation and close-down with Finance.

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.	Flagship Programmes: 20/20 & Wavelength	20/20 (C11) and Wavelength (C9) closed and evaluated, confirming two of the strongest cohorts since 2018, with very high participant satisfaction and clear evidence of real-world application and system benefit.	No further Academy delivery planned due to close-down; complete closure actions over the next 5 weeks. Support potential scoping options for Wavelength continuation via alternative arrangements outside the ICB.			
2.	CQ, 4D, Mirror Board, Staff support, C&M	CQ Workshop 6 delivered (5 Feb) and oversubscribed, demonstrating continued demand. Mirror Board confirmed to continue into Thames Valley ICB, with ongoing participation in the design group to support transition and continuity.	**CQ**: scope TV ICB approach bringing together previous BOB /Frimley CQ facilitator groups. **Mirror Board**: support transition arrangements as required under the agreed TV ICB model.			
4.	TV ICB People, Culture & OD	Draft NEM induction product developed for the four appointed NEMs (existing ICB-experienced cohort). Scope now broadened to develop a separate induction variant for genuinely new Board members (e.g. LA partners, new Trust/CEO members, new Primary Care members).	**NEM induction**: finalise and develop partner/new-Board-member induction. **Exec/Board development**: progress bridging development plans **Long term Board Development/procurement:** review scope and (Sept 26) timeline in light of recent adjustments to the bridging programme.			

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**	Risk/ issue needs resolution quickly as impact on programme is large
1.	Risk to safe and compliant closure of the Frimley Academy by 31 March 2026 due to reduced delivery capacity (1 of 3 staff available) and multiple cross-functional dependencies across HR, IG, contracts, finance and communications.		Draft close-down plan developed with a clear focus on the essentials/.The estimated effort is c.160–220 hours; activity will be prioritised and we will escalate any targeted support needed to stay on track to 31 March.	Academy Team	Risk/ issue should not be tolerated and needs resolution in medium term
2.	Risk of loss of programme IP, learning and delivery capability due to staff exits and limited time for structured knowledge capture, reducing future re-use of flagship leadership programmes.		Implement structured archiving and knowledge capture (Programmes in a Box), including catalogue of legacy files, digital platforms (e.g. Futures NHS), evaluation data and supplier materials. Future ownership, access and retention arrangements to be agreed with Thames Valley ICB.		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.	Executive noting of the Frimley Academy close-down plan to ensure awareness, alignment and consistent messaging, and to provide assurance that closure will be delivered safely and compliantly by 31 March 2026.	Caroline Corrigan/Joint Executive	Paper scheduled for Joint Transition Executive on 9 March; progress and messaging to be shared with Executives.	

Programme Summary Report - Primary Care Training Hub

Completed by: Andrea Hollister
Reporting period: February 2026

Last period	This period	Summary of current Programme Status
Time	Time	All programmes running to time.
Scope	Scope	2 programmes remain paused due to staffing constraints and reprioritisation stemming from organisational restructuring: Roll out of national induction and scoping the future clinical mentoring offer. The following programmes are being paused due to staff leaving on VR: Additional educational support for nursing fundamentals course, GPA and delivery of HCSW programme Non-clinical apprenticeship practice support will also pause. Website and communications to general practice regarding training and retention will be affected by staff taking VR and new processes will need to be established post March 26.
Cost	Cost	All programmes are within budget with an overall underspend.

Month 11 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	OMMT delivery started. 57 attended Tier 1. 61 attended Tier 2. Attended practice meeting to share evaluation of Learning Needs Analysis (LNA) . Fundamentals programme completed. Support to HEI closed due to ICB transition. Apprenticeships Wave 5 – 7 starters. Handover of clinical apprenticeships to HIOW/SS Student placements supported = 24 multiprofessional learners	Reporting for OMMT, planning for primary care specific events Continue handover of training to HIOW/SS and Thames Valley Primary Care School.			
2.	Retain	Wild Monday Health and Wellbeing webinar – x 2 Protected Learning Time (PLT events) delivered – 2 GP staff survey, awaiting analysis of national results CPD events x 11 Continue with Fellowships and mentorships People Promise Exemplar planning of website pages, social media and supporting webinar – paused due to team capacity Non-medical CPD offer developed and launched	Plan 2026/7 PLT delivery and handover to HIOW/SS Get feedback from non-clinical CPD delivery			
3.	Reform	Attended PCN transformation support meetings x 2, Workforce winter comms support materials refreshed Worked with OME to agree future function of Training Hub.	Continue with PCN transformation support meetings Start business case for 2026/7 Training Hub Programme delivery Prepare for team transition			

Risks and issues (key programme level risks and issues)

Risk / issue ID	Project Risk description	RAG	Mitigation/ update	Responsible group/ individual/ organisation
1.	Apprenticeship continuation: Budget Nov 25 announcement has brought in new measures for levy transfers: •10% levy for large employers will be removed •Levy expiry window removed from 24 months down to 12 (from new academic year, starting August). •Government's co-investment to large employers once their levy is fully used has reduced from 95% down to 75% •Growth and Skills Levy can be used for short courses as well as apprenticeships. •Minimum wage increases •Small employers currently receive full funding for 16 – 21 year olds to cover the cost of training fees, this has increased to age 25 . The risk to Practices is **likely** to be a significant reduction in accessing Trust and ICB levy transfers. Full impact yet to be understood, pending the NHS Workforce Plan release.		Raise concern with NHSE Southeast apprenticeship leads	Central government
2.	Reduced capacity for programme delivery for 2026/7 due to existing vacancies and impact of staff VR after 31 March 2026.		Request approval for recruitment to administrator, operational lead and backfill for band 7 mat leave project administrator training hub posts as a minimum to stabilise.	Frimley ICB exec

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.	Options for safe transfer of training hub function during organisational transition	Caroline Corrigan	Agreed – moving out to a provider by the end of Q1 2026/7	

Programme Summary Report - WorkWell

Completed by: Karen Hampton
Reporting period: March 2026

Last period	This period	Summary of current Programme Status
Time	Time	WorkWell 1.0 will finish at the end of March 2026 WorkWell 2.0 will launch in April 2026 all ICBS across the country will be involved.
Scope	Scope	WorkWell is now available across the whole of Frimley ICB. A Primary Care Innovation initiative is underway to identify and test new processes for issuing Fit Notes. This innovation phase will run until the end of June 2026.
Cost	Cost	Submission of pilot spend submitted to DWP quarterly includes service delivery costs, internal and external staffing costs externally IT support (JOY app and GetUBetter app) The Pilot has been delivered within the Full Funding allocation from DWP .

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.	Programme Management of WorkWell Pilot	WorkWell Pilot 1.0 will continue to operate until the end of March 2026. WorkWell 2.0 will launch in April 2026. The existing East Berkshire delivery model will transition into WorkWell as part of the Thames Valley ICB offer. In parallel, work has begun to transition services into neighboring ICBs in preparation for the disbandment of Frimley ICB. An initial draft delivery plan for WorkWell 2.0 will be submitted to DWP in March 2026.	The implementation phase for WorkWell 2.0 is scheduled to run from April to November 2026, providing a structured pathway for transition to the new ICB footprint. As part of this programme, an Accelerated Solutions Event will be convened with partners across the Thames Valley ICB to review the delivery plan and agree the implementation roadmap.			
2.	Implementation of the local WorkWell Service	All five places across the ICS are successfully accepting self-referrals to the WorkWell service We saw 202 participants during Quarter 3 of 2025/26. Social media campaign completed attended Job Fair's to promote service.	Ongoing work will be undertaken with neighbouring ICBs to ensure sustained and seamless delivery of the service during and beyond the transition period			
3.	Procurement of additional support services	Information from the Joy app is being collected on participant outcomes and benefits to support areas of development and to identify gaps in provision of support	Confirming procurement requirements and progressing necessary contract renewals to ensure continuity and sustainability of service provision in East Berkshire			
4.	Information Governance and Data insights	Referral pathways have been strengthened this quarter, Work with integration leads has progressed the incorporation of WorkWell referrals into the fit note process, and initial development has begun on using the Joy App to provide feedback to service providers.	Development of a robust performance and insights dashboard to support the transition to WorkWell 2.0, enabling improved monitoring, reporting and strategic decision-making across the program me.			
5	Creating a strategy for the future	The "ecosystem" has been created to support the local strategy working with local authorities to include WorkWell as pillar within the Get Britain Working plans. Engaged with local authority employment and skills meetings and Prosperity boards to raise profile of WorkWell and embed within strategic conversations	Actively supporting the local Get Britain Working Delivery Groups, contributing local insight and operational expertise to inform the development and rollout of employment-support initiatives.			
6.	Evaluation and sharing the learning of the	Frimley ICB and Surrey CC are working with BearingPoint on the external WorkWell evaluation, Data has been submitted	Completion of the work with external evaluators to undertake a full review of the WorkWell Pilot, providing an independent assessment of delivery, outcomes, and future recommendations.			

Risks and issues (key programme level risks and issues)

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		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 2025/26		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		DPIA has been signed 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?		All five places across the ICB are offering WorkWell to its residents	NHS Frimley RBWM
5.	We will not achieve the 3400 participants needed for the programme		Self-referral pathway implemented. A reduction in participant numbers agreed with DWP for year 2. All actions in remedial action plan completed.	NHS Frimley PCN

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.	**WorkWell 2.0** (April 26) To agree the approach to supporting the future of WorkWell with the development of Thames Valley ICB from April 2026	Frimley ICB and BOB ICB DWP and DHSC	**Recommendation**: To explore the opportunities for growth and development of the WorkWell Programme across the new Thames Valley ICB . **To note**: The National WorkWell Programme is confirmed to continue until 2028. Thames Valley ICB will become a designated WorkWell site from April 2026, aligning the region with the emerging national delivery model and building on the learning and outcomes from the Frimley Pilot. In preparation for the 2026 transition, early discussions are underway with Hampshire and Isle of Wight ICB and with Surrey and Sussex ICB to explore options for sustaining and expanding programme delivery beyond 2026. These cross-boundary conversations highlight clear opportunities to shape a future operating model that supports both local priorities and wider regional integration. There is also strong potential to scope future programme development across the BOB footprint. This includes alignment with the Get Britain Working Plan, collaboration with the Berkshire Prosperity Board, and continued engagement with Jobcentres across Berkshire—who have specifically requested WorkWell support for West Berkshire. Collectively, these developments represent a significant strategic opportunity to design a coherent, scalable WorkWell model that enhances integration, supports broader socio-economic objectives, and maximises programme impact across the region.	

Buckinghamshire, Oxfordshire and Berkshire West and Frimley Integrated Care Boards

Joint Committee

Title of Paper	Transition Programme Directors Report to the Joint Committee		
Agenda Item	5.1	**Date of meeting**	10 March 2026
Exec Lead	Caroline Corrigan, Chief Transition Officer		
Author(s)	Alison Edgington, Transition Programme Director		

Purpose	To Approve	☐	**Decision required**	Joint Committee	☐
	To Ratify	☐		BOB only	☐
	To Discuss	☐		Frimley only	☐
	To Note	☒		Meeting in Public	☐

Executive Summary

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

The Joint Committee is asked to note the following updates since the last report to the Joint Committee 04 February 2026:

- The Transition Programme is broadly on track to deliver against the Transition Programme Plan (Appendix 1).
- Priya Singh has been formally appointed as Chair of Thames Valley ICB by NHS England.
- The Transition Programme Board is overseeing high rated risks through the final phase of the Programme including: the achievement of the running cost target; Financing redundancies; Operating Model Efficiencies; and Commissioning Support Unit's Business Continuity. The Records Management risk reported in the previous Programme Director's report has been mitigated by the implementation of interim policy and guidance for staff leaving the BOB and Frimley ICBs before or on 31 March 2026.
- The Joint Committee approved the Transition Programme Assurance Statement Report on the 17 February 2026 at its development session. This was submitted to NHS England on the 20 February 2026.
- The Merger and Boundary Change Due Diligence Report (approved by the Transition Programme Board) and the first edition of the Transfer Schedules (South Frimley and Dental Contracting and commissioning: approved by an Executive Review Panel) were submitted to NHS England on the 20 February 2026 as part of checkpoint 3.
- The Prospective Thames Valley Constitution was submitted to NHS England on the 20 February 2026 for NHS England approval. This will be considered by the Joint

Committee meeting on the 10 March 2026 and submitted for approval at the first formal meeting of the Thames Valley ICB on day one – 01 April 2026. • The formal Staff Consultation in respect of Organisational Change commenced on the 24 February 2026 following the approval of the Remuneration Committee on the 17 February 2026. • Risks have been raised around continuity of services provided by SCW CSU. • The Operating Model Efficiencies (OME) Project has secured the support of specialist advisor, Brown Jacobson.	
Recommendation	**The Joint Committee is asked to:** • **Note** the Projects Highlight Report for February in Appendix One. • **Note** the high rated risks (section 1). • **Note** all updates in this report.

Conflict of interest identified
Yes ☐ No ☒
Detail

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Items contained in the report have been discussed at Joint Transition Executive; Various Project Boards; and the Transition Programme Board as directed in the paper.	November 2025 – March 2026	Further development of the Programme.

Transition Programme Director's Report to the Joint Committee

1. Introduction

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

A Projects Highlight Report and Risks is included in the Transition Programme Board agenda item 7 which demonstrates that the programme is broadly on track for delivery however, there are some high rated risks being managed through the final phase (Table 1) which the Transition Programme Board should note.

Table 1: High rated Risks

Risk Description	Controls and Mitigations	L	I
Revenue allocation of £19 capitation does not meet the full cost of TV ICB activities Risk that the revenue allocation for **NHS TV ICB Corporate** costs for 2026/27 and beyond is insufficient to deliver NHS TV ICB mandated strategic priorities and plans and/or meeting mandated NHS performance of governance requirements. **Cause:** Insufficient national funding formula with rising cost pressures and structural inefficiencies arising from legacy systems, transitional costs and duplicated functions. **Effect:** Core ICB activities are underfunded, with reduced ability to recruit and retain the required staff and/or invest in enabling infrastructure. **Impact:** Delay or reduction in the achievement of strategic objectives, innovation and service transformation. Potential quality and safety risks and reputational risks associated with stakeholder perception of under-performance.	**Controls:** 1. Organisational design programme established to oversee change programme 2. System wide vacancy panels in place to manage workforce growth. **Mitigation:** 1. Capture and review key cost assumptions underpinning envelope allocations. 2. Ensure all functional groupings flag critical gaps or cost pressures. 3. Allow future design phases to adjust proposed structures where significant misalignments between funding and functional need arise. 4. Build and track productivity improvements and cost-saving measures into the operating model to support long-term affordability. 5. Prepare high-level scenarios outlining what functions or investments might need to be deprioritised or phased if funding proves insufficient.	4	4
Finance to support Voluntary Redundancy (VR) and Compulsory Redundancy (CR) Risk that central funds available (£13.1m) will be insufficient to cover the full cost of redundancies. **Cause**: Potential that cost of VR and CR exceeds £13.1m. **Effects**: VR covered - Insufficient funding for CR unless further negotiations with NHS England are successful. **Impact**: Failure to meet running cost reduction target within the time period required by NHS England.	**Controls**: VR costs are covered. Once MARS, VY and vacancies are taken into account, the need for CR should be minimal. The outcome will not be known until the end of the organisational change consultation process in May 2026. **Mitigations**: Continued engagement on securing CR funding from Region to support achievement of target headcount.	4	4
South Frimley Transfer - Financial Disaggregation Transfer Schedule Completion Timelines bring forward project schedule. Specific concerns around readiness of financial disaggregation of costs and budget to support the boundary changes and transfer of south Frimley Geography to Hampshire & Isle of Wight (HIOW) and Surrey/Sussex ICBs is yet to be finalised. Cause: Timeline for Transfer Scheme, and internal governance have reduced time available to finalise disaggregation Effect: Lack of clarity and financial transfer of costs and budget for receiving ICBs. Impact: Failure to meet NHS E timeline for transfer scheme legal process if not achieved by 12 Mar 26.	**Controls**: 1. Regular meetings of the Task & Finish group with oversight from the Southern Transfer Project Group. 2. Escalation to Joint Transition Executive for Programme level oversight. **Mitigations**: 1. Extraordinary Finance Task & Finish group planned for 6 Feb to aim to resolve internally and escalate as needed to CFO. 2. Exec attendance at 6 Feb meeting to support and escalate as needed. 3. Ongoing engagement with receiving ICBs to resolve outstanding issues.	4	4
NEW - CSU risk to Transition to Thames Valley ICB There is a risk that short-term or fragmented decisions and lack of clarity could lead to instability and risk to the delivery of services **Cause:** The dissolution of CSU April 2027 (target for staff exit by Dec 26). Leading to uncertainty, loss of staff and impact on Business Continuity. **Effect:** 1) Without due notice reduction in services provided causing delays to essential transition activities. 2)- Lack of clarity affects workforce modelling, TU engagement, and confidence in consultation docs. 3)- Future delivery mechanism for services provided by CSU not known. **Impact:** 1) Delay to Closedown and Set-up activity due to dependency on CSU support (IT, HR). 2) Loss of confidence in consultation documentation. 3) New org design does not reflect changed situation for services that were delivered by CSU. 4) Service may not transition to Thames Valley ICB safely if withdrawal or reduction of service occurs.	**Controls:** 1. Weekly meetings with PMO and CSU Lead for BOB & Frimley. 2. Escalation to Thames Valley ICB Executive for Programme level oversight. **Mitigations:** 1. Raising of this risk for oversight. 2. Function by Function review of the impact on delivering successful transition on 1 Apr 26. - Corporate IT transition - GP IT Continuity of service - IG - HR - Complaints - FOIs (Frimley) 3. Ongoing engagement with OME and team leading work to do things once across the South East.	4	4
NEW - Unknown Quality & Equality impact of Organisational Change There is a risk that the quality and equality impacts of organisational change are not fully understood. **Cause:** Capacity within Directorates to undertake assessment (and delay to pinning down org design decisions). **Effect:** Unknown impact with potential to fail to meet Public Sector Equity Duties. **Impact:** Disadvantage to patients.	**Controls:** 1) Detailed Quality & Equality plan in place 2) Escalation to Execs and Programme Board as needed **Mitigations:** 1) EHIA in place for staff changes. 2) QEIA completed for Closedown and Set-up activities.	4	4
NEW - Records Management Transfer There is a risk that some records may not transfer appropriately to the new arrangements. **Cause:** Inadequate steer and guidance for staff with regard to some areas of records management. **Effect:** Some records are not transferred appropriately. **Impact:** Lack of access to data, or loss of data.	**Controls:** Closedown and Set-Up Due Diligence Process will oversee. **Mitigation:** Records Management has been developed and implemented for staff and reinforced via the Closedown and Set-up Project Board.	4	4

It is highly likely these risks will transition from the Programme to the Corporate Risks Register of the Thames Valley ICB.

2. National Update

(Included in the Programme Director's Report to the Joint Committee 10 March 2026)

Confirmation has been received of the appointment of Priya Singh as the Chair for Thames Valley ICB. Further details are awaited from NHS England to enable the appointment of CEO and Board members.

3. Cluster Update

There are no specific updates from the last period, other than those already highlighted in the body of this report.

4. Regional Update

(Included in the Programme Director's Report to the Joint Committee 10 March 2026)

4.1 Regional Transition Assurance Process

4.1.1 The Merger and Boundary Change Due Diligence Report and **Transfer Schedules** including the staff, assets and liabilities due to be transferred out of NHS Frimley ICB were submitted to NHS England as a first edition on the 20 February 2026 as part of the NHS England Assurance Process Checkpoint 3. The Transfer Schedules include the details of the staff groups affected by the South Frimley boundary change and the disaggregation of Dental Commissioning which has been hosted by Frimley ICB since 2022. Staff are being transferred from Frimley ICB to Hampshire & the Isle of Wight ICB (HIOW), or Surrey & Sussex ICB, or Kent & Medway ICB. In addition, the Transfer Schedules include the details of property, primary care practices and contracts being transferred from Frimley ICB to HIOW ICB and Surrey & Sussex ICB.

We expect NHS England to review the schedules and provide feedback ahead of 'Checkpoint 4' (02 March 2026), when finalised schedules and a letter of assurance from the Cluster CEO will be sent to NHS England and the CEOs of the receiving ICBs.

'Checkpoint 5' is the final step when the Transfer Orders will be signed by the NHS England CEO 12 March 2026.

4.1.2 Following the Joint Committee approval of the Assurance Statement Report (17 February 2026 for approval), **the Assurance Statement** signed by the Cluster Chair and CEO has been submitted to NHS England.

4.1.3 The **Thames Valley Constitution** has been drafted and submitted to NHS England on 20 February 2026. This was considered by the Executive on the 23 February 2026 and will be reviewed by the Thames Valley Shadow Board on the 17 March 2026, prior to being submitted for the approval of the inaugural Thames Valley ICB Board on the 01 April 2026.

4.2 South, Central and West Commissioning Support Unit (SCW CSU)

Concerns remain about the continuity of services provided by the SCW CSU with Voluntary Redundancies impacting on the ability to deliver some services. A risk has been raised for inclusion on both the Transition and Corporate risk registers.

5. Executive Team

5.1 Key points of discussion/decisions

The Executive Team meets weekly and has discussed the following in relation to the Transition Programme since the previous Programme Board:

- Approved the final organisational structure (09 February 2026)
- Approved Records Management Interim Policy and Guidance for Leavers (16 February 2026)
- Approved the Risk Transfer Process from the Transition Programme to the Thames Valley Corporate Risks Register (16 February 2026)
- Noted the Day One Requirements Action Plan (16 February 2026)
- Noted the Thames Valley Constitution (23 February 2026)
- Noted the 'Readiness Operate' position as of 23 February 2026 and agreed actions to mitigate risks
- Received an update on the South Frimley Transfer arrangements (02 March 2026)
- Received a weekly update on the Operating Model Efficiencies (section 8);

The outcomes of the discussions have informed the development of the Transition Programme Board 11 March 2026 agenda.

6. The Operating Model and Organisational Design Project

(Included in the Programme Director's Report to the Joint Committee 10 March 2026)

6.1 Operating Model and Directorate Structures

The finalisation of directorate structures has concluded with Designate Chief Officers, beyond the timescales reported to the Joint Committee in January. The Remuneration Committees-in-common approved the structure on the 17 February 2026 and following meeting with the Trade Unions (18 February 2026), the formal consultation on organisational change commenced as planned on the 24 February 2026.

The next step is the Quality and Equality Impact Assessment (QEIA) of each directorate to assess the effect of the changes for patients and the public in terms of access, patient experience and quality. This is a current and continuing responsibility for ICBs as part of their Public Sector Equality Duties (PSED) which will transfer into the new ICB.

6.2 South East Collaboration

A proposal was approved by Executives on 10 February 2026 for HIOW and Thames Valley ICB to take a Pan-ICB approach with HIOW hosting a combined EPRR and System Control Centre. This is however at risk due to HIOW restructuring, details of which are still

being understood. The services are being considered as a package due to the current organisational configuration.

6.3 Pharmacy, Optometry and Dental

The NHS Chief Executive has approved a motion that will enable the staff affected by the disaggregation of the Dental Service hosted by Frimley ICB to be transferred as part of the current Transfer Schedules being applied to enable the boundary changes to South Frimley. This means that staff in the Dental Service affected by the agreement to disaggregate the service will transfer under this mechanism to Hampshire & the Isle of Wight, Surrey & Sussex and Kent & Medway ICBs.

7. People and Culture

7.1 Organisational Development

The People and Culture Project Board have developed an Organisational Development Plan which was noted by the Joint Committee (17 February 2026).

7.2 Formal Staff Consultations

Three COSoP (UK Cabinet Office Statement of Practice on Staff Transfers in the Public Sector) commenced as planned on the 21 January 2026 in respect of staff transfers from Frimley ICB to Hampshire & the Isle of Wight ICB and Surrey & Sussex ICB; and from BOB and Frimley ICBs to Thames Valley ICB. The consultations closed on the 19 February 2026. The formal Staff Consultation regarding organisational Change has commenced on the 24 February 2026 following approval of the same at the Remuneration Committee on the 17 February 2026.

8. Finance and Estates

(Included in the Programme Director's Report to the Joint Committee 10 March 2026)

The Operating Model Efficiencies (OME) project continues to secure a provider willing to take the transfer of services designated as outside the strategic commissioning remit of ICBs. This is a complex contractual undertaking to which the project team have secured legal support from Brown Jacobson.

It is anticipated that the OME Project will transition into the work of the Thames Valley ICB with a priority to conclude the transfer of designated functions in Q1.

9. Closedown and Set-up

The Closedown and Set-up process is reaching a conclusion with a final review of readiness to operate from 01 April 2026, by the Transition Programme Board on 11 March 2026 (agenda item 8). The Audit Committees of both ICBs will receive an update date on day one readiness in March 2026.

The process has deployed a robust risk management and governance process throughout, and no barriers to transfer have been identified at this time.

A final report confirming the status of operational readiness will be brought to the Joint Committee final session on the 17 March 2026.

10. South Frimley Transfer

As set out in section 4, the formal Transfer Schedule was submitted to NHS England on 20 February 2026 following approval by an Executive Panel. This was supported by the Mergers and Boundary Changes Due Diligence Report. The process was approved by the Transition Programme Board on 11 February 2026, and assurance was provided to the Joint Committee of the BOB and Frimley ICB Boards on 17 February 2026. The deadline for the schedule to be signed by all parties is 12 March 2026; as at 3 March, we have engaged with Region to support resolution of some outstanding issues.

11. The Programme Plan version 13

The Transition Programme Board is asked to **approve** the alterations to the Programme Plan version 13 (highlighted in red font) against the previous approved plan (approved by Programme Board 11 February 2026).

The Programme Plan version 13 (Appendix 1) demonstrates that solid progress is being made with most projects delivering to the timescales previously mandated by the Programme Board.

11.1 Positive movements from the last plan:

- The Organisational Change Staff Consultation has commenced.
- All critical tasks are in progress including day one governance tasks.

11.2 At risk: The following areas are at risk but recoverable within the timeline once the organisational structure has been confirmed:

- Organisational structure QEIA. The QEIA process of assessing the new directorate structures will run concurrently with staff consultation to enable a single revision of draft structures.

12. Conclusion

The Joint Committee is asked to:

- **Note** the Projects Highlight Report for February in Appendix One.
- **Note** the high rated risks (section 1).
- **Note** all updates in this report.

Annex One: Projects Summary Highlight Report (February 2026)

Transition Programme Summary Report (1)

All Projects and Workstreams

Completed by: Lisa Higham Transition Head of PMO
Reporting period: February 2026

Last period	This Period	Summary of current Programme Status
Time	Time	Since the last Transition Programme Board the significant Transition Programme events include: • The launch of Thames Valley ICB structures consultation on 24 February. • Move to implementation of safe closedown and set up activities • Submission of the Transfer Schedule and Assurance letter on 26 February. Through the March period, the Transition Programme will focus on: • Continued engagement around the Organisational design consultation. • Managing the safe closedown of BOB and Frimley ICBs and actions required to stand up Thames Valley ICB including assessment of Readiness to Operate. • Continuation of the engagement on the Operating Model Efficiencies project, assessment of quality and equality impact for staff and service users, and financial impact.
Scope	Scope	
Cost	Cost	

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

Project/Workstream status

#	Workstream	Achievements in this period	Activities planned for next period	Time	Scope	Cost
1.	Operational Model and Organisational Design Project Includes: 1a SE Collaboration 1b POD Operating model	Phase 1 was completed on time, establishing a clear foundation for the Thames Valley Operating Model and Organisational Design. Since then, activity has focused on clarifying executive accountabilities, alignment to the commissioning cycle, and detailed workforce modelling to test affordability and risk. Executive attention has remained focused on interim stability, affordability, and design decisions (e.g., OME and CSU transfers) to ensure organisational readiness for 1 April. As a result, iteration of the future-state model has progressed, aligned to confirmation of TO-BE structures and leadership arrangements. Financial envelopes continue to be tested against workforce modelling and sensitivity scenarios. Scope remains stable.	• Finalise TO-BE structures and costings, identifying redesign requirements and alternative delivery arrangements. • Confirm sequencing assumptions (including OME). • Refine workforce gap analysis as consultation progresses. • Complete role profiles, EQIAs, consultation materials, and implementation planning. • Prepare consolidated Executive analysis on organisational shape, affordability, and key risks.			
1b	Pharmacy, Optometry and Dental Operating Model project	1. Focus for this period has been the confirmation of agreement across the 4 SE ICBs of the Dental staff transfer and consultation process which is now complete and formally approved by all 4 ICBs. 2. Dental staff alignment to the 3 SE ICBs where the staff consultation process has commenced is underway. 3. Preparation for the transfer of functional commissioning responsibility continues, now supported by Highlight reporting into the 4 individual ICB governance structures via each ICB SRO.	1. Continued review of T&F Group progress with collaborative assessment of opportunities, risk and mitigations 2. Continued assessment of dental functional stability and review of optimal dental transfer timeline.			

Transition Programme Summary Report (2)

Completed by: Lisa Higham Transition Head of PMO
Reporting period: February 2026

Project/Workstream status

#	Workstream	Achievements in this period	Activities planned for next period	Time	Scope	Cost
2.	People and Culture Project	The programme remains aligned to a 24 Feb 2026 launch for the Thames Valley ICB structures consultation; papers have been shared with trade unions and routed to RemCom. OME approach agreed in principle: include OME staff in the main structures consultation so individuals can see where they sit and contribute feedback, while clearly signalling later transfers for delivery functions.	• Finalisation of the settlement agreements. • Further development of a standardised FAQ-driven response system to manage high-volume queries. • Agreement on exit dates & handovers, supported by strengthened leavers process and new guidance. • Continue wellbeing wrap-around for impacted teams. • Prepare final VR paper for Remuneration Committee 1 April.			
3.	Finance and Estates Project	1. Progress continues to deliver reduction in operating costs. Clarity and route map to £19 per head approaching formal sign off. 2. The Operating Model Efficiencies risk has reduced due to expression of interest in six services by FHFT. 3. Funding was made available for Voluntary Redundancy, with focus now on mapping / monitoring position with regard to Compulsory Redundancy and the funding to support. 4. New southern office workstream underway, successful working group visit undertaken	1. To prepare additional insight analytics of the cost base as the organisational design completes. 2. Focus on OME programme and transfers of staff 3. Model CR now that structures have been agreed. Monitor and transact MARS outcomes and adjust where staff have withdrawn from MARS in favour of VR. 4. Arrangements for room booking & budget holding to be established			
4.	South Frimley Transfer Project	!. Agreements reached HIOW & S/S on most key areas, including Staff involvement in Structural Consultations. Project now moving to detailed operational implementation of Transition tasks. All workstreams have been updating Transfer Schedule . 2. Delays in completing financial disaggregation for FHFT (competing planning submission pressures) are impacting on ability to finalise contract values and provide clarity for receiving ICBs on financial implications of the transfer. Issue escalated at executive level with planned CEO/CFOs meeting	• Transfer Consultation outcome report produced • ELI Data shared with receiving ICBs • Individual Transfer letters sent out • Completion of Operation activities required to onboard staff in HIOW & SS • Hampshire MP meetings scheduled for March; joint briefings planned • Continued staff engagement throughout structure consultations			

Transition Programme Summary Report (3)

Completed by: Lisa Higham Transition Head of PMO
Reporting period: February 2026

Project/Workstream status

#	Workstream	Achievements in this period	Activities planned for next period	Time	Scope	Cost
5.	Closedown and Set-Up Project	1. The focus of this period has been continued implementation of closedown and set-up activity. Due diligence activities continue with formal submission of Assurance and Due Diligence reports to NHS England checklists along with the formal legal Transfer Schedule documentation . 2. Governance arrangements for Thames Valley ICB progressing with Constitution submitted to Region for approval and Governance Handbook being finalised.	1. Support Exec on management of dependencies and risk around transition activity. 2. Progress implementation of closedown and set-up activities 3. Finalise any outstanding issues with Transfer Schedule			
6.	Quality and Equality Health Impact Assessments Workstream	1. Quality Impact Assessment: All CDSU workstream QEIA's reviewed. Awaiting QEIAs for function groups. 2. EHIA prepared for Consultation around new organisational structures launched on 24 Feb.	1. Staff network meeting scheduled for 3 March to provide support and any other issues raised 2. Support EHIAs for consultations planned around Operating Model Efficiencies and any other issues raised.			
7.	Communications and Engagement Workstream	1. Two staff briefings undertaken one BAU and Transition update including timeline for staff consultation (10/2) and another to launch the staff consultation on the proposed structures for the Thames Valley ICB consultation (24/2) 2. Stakeholder engagement during February has focussed on preparing for launching stakeholder engagement on the development of the Thames Valley ICB operating model including drafting a communication to stakeholder ready for launch and developing an online survey. 3. Work continuing to progress the practical close-down and set-up tasks including moving to a single internal and external newsletter, development of a new Thames Valley ICB website and intranet and safe archiving of the BOB and Frimley ICB websites, aligning our social channels.	1. Considerable engagement activity throughout March to support the staff consultation including HR drop-in sessions, Chief Officer Briefings (for each directorate) and senior leaders meeting. 2. Planning for Day 1 Thames Valley ICB 'launch' communications. 3. Launch the stakeholder engagement on the operating model outlining ICB objectives on maximising value in commissioning, supporting integrated neighbourhood health, and prioritising prevention. 4. On-going promotion of the engagement and using existing meetings / forums to support engagement activity.			

Buckinghamshire, Oxfordshire and Berkshire West

and Frimley Integrated Care Boards

Joint Committee

Title of Paper	Thames Valley Planning Update		
Agenda Item	5.2	**Date of meeting**	10 March 2026
Exec Lead	Hannah Iqbal, Chief Strategy and Commissioning Officer and Rich Chapman, Chief Finance Officer		
Author(s)	Paul Swan, Head of Strategic Commissioning and Planning		

Purpose	To Approve	☐
	To Ratify	☐
	To Discuss	☐
	To Note	☒

Decision required	Joint Committee	☒
	BOB only	☐
	Frimley only	☐
	Meeting in Public	☐

Executive Summary

This paper provides the Joint Committee with a further update on the final planning submission for Thames Valley ICB, which was submitted on 12th February 2026.

It also provides a summary of the Innovation Fund process, including how expressions of interest are being evaluated and the next steps in developing plans with partners and the allocation of funding.

Recommendation	The Joint Committee is asked to note the update.

Conflict of interest identified
Yes ☐ No ☒
Detail

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

Thames Valley Cluster Joint Committee Briefing: Planning Update

10 March 2026

Overview

1. The core purpose of ICBs is to improve population health, reduce health inequalities and ensure consistent access to high quality services by planning and resourcing the right services across their geography to meet population need both now and in the future. For the new Thames Valley ICB, this means meeting the needs of the 2.5 million people we serve across Buckinghamshire, Oxfordshire and Berkshire by ensuring the best use of our £5.6bn healthcare budget.
2. The national planning approach has been reset by the Medium-Term Planning Framework - moving the NHS in England to a longer-term planning cycle. This is supported by three-year financial allocations issued according to statutory ICB footprints from April 2026, with ICBs expected to submit plans on that basis.
3. This paper provides an overview of the work we have undertaken across the Thames Valley as part of the national NHS planning round which culminated in a final submission on 12 February.
4. The paper is structured according to a summary of the following key areas:
    - Part 1: Thames Valley Plan Overview
        i. National planning requirements
        ii. Overview of Thames Valley planning activities
        iii. Final plan submission and Board assurance
    - Part 2: Thames Valley Innovation Fund

Part 1. Thames Valley Plan Overview

National planning requirements

5. In line with the 10 Year Health Plan (10YHP), the NHS is moving away from annual planning towards a medium-term approach to create greater "*headroom to fix the fundamental problems we face, in parallel with improving care in the immediate term*".
6. The Medium-Term Planning Framework (MTPF) sets out key changes to the way in which the NHS does planning, including:
    - *Evolving roles and responsibilities*, as per the Model ICB and Model Region blueprints, with ICBs becoming strategic commissioners.
    - *A move from system to organisation level submissions*: ICBs and providers will develop, assure and submit individual plans directly to NHS England.

- *The switch from single year to a rolling five-year medium term* planning horizon, underpinned by a multi-year funding settlement.
- *New types of plans required:* five-year integrated delivery plans from providers and strategic commissioning plans from ICBs.

7. Despite the significant organisational changes ICBs are undergoing, the expectations of ICBs during this planning round have been significant. The ask includes delivery of robust and triangulated plans setting out how ICBs will meet national standards, reform the model of care and commission in line with the 10YHP and MTPF over the next 3-5 years.
8. All ICBs and Trusts were required to submit two iterations of the plan. The first was submitted on 17 December and the final plan was submitted on 12 February.
9. NHS England (NHSE) provided guidance on the planning timetable and set out expectations on what should happen between first and final submissions, including review and feedback on plans from NHSE regional teams considering areas for improvement. System partners were expected to share and discuss plans, working constructively to deliver shared objectives and agree alignment.

Thames Valley Planning Activities

10. The first ICB submission was developed with input from multiple ICB colleagues and was strengthened through engagement with providers and partners. The first plan was financially break-even, but with projected areas of performance non-compliance based on historic trends against national performance expectations in the MTPF – informing a baseline trajectory for initial submission. The first plan was submitted by the national deadline on 17 December.
11. In advance of first submission, it was recognised the ICB and in-system provider plans would be misaligned, due to limited time to align following delayed NHSE publication of financial allocations. NHSE also expected this potential misalignment between plans at first submission. NHSE Regional feedback on the ICB first plan submission (incorporating commentary on in-system provider plans) was received on 7 January.
12. **Actions between first and final submissions -** Provider first submission activity and performance plans were reviewed and used to inform revision of ICB activity and performance trajectories for overlapping metrics. ICB and provider BI analysts collaborated on refinement of demand and scenario modelling to inform activity assumptions. Detailed Elective Referral to Treatment (RTT) modelling was undertaken by ICB planning, finance and BI leads. ICB portfolio leads continued to be engaged in planning development through the Thames Valley ICB Planning Forum, further planning team and portfolio lead meetings, as well as refinement of activity and performance trajectories with BI analysts.
13. **Engagement and alignment -** System CEOs considered planning through regular System Recovery and Transformation Board (SRTB) meetings. System CFOs continued to meet regularly to review first submission financial plans and share

understanding of assumptions and misalignment. Provider first plan submissions and adjustments were reviewed, along with system and provider level discussions to understand the financial misalignment gap across the system and the assumptions driving it – with a route to closing the gap as far as possible and agreeing where any remaining misalignment gap should fall. The ICB engaged with all six Place-based Partnerships in Thames Valley on the planning approach, Innovation Fund and place priorities and health and wellbeing strategies throughout January.

14. **Governance -** The Thames Valley ICB Planning Board (Executive) met weekly to review planning progress. The ICB and each provider held planning bilateral meetings through January to review plans and consider assumptions. The ICB joined weekly provider planning lead meetings throughout January.

Thames Valley Final Plan Submission

Finance	The finance element of the plan is compliant against the nationally set targets for the ICB, both in terms of revenue and capital. However, there remains a significant misalignment gap between the ICB and system partners. The route map to closing the gap has been discussed, reviewed, and continues to be closely monitored, with NHSE regional colleagues, Chief Executives and internally with ICB Board oversight via the Finance and Performance Committee. The financial plan assumes delivery of efficiency of £65m with an efficiency programme being established to target £75m to allow for any slippage or in year risk. The financial plan is challenging and will require on-going focus on transformation towards financial sustainability, robust management of contract performance balancing the requirements of performance and affordability, and strong financial control.
Activity and performance	The performance element of the plan is almost completely compliant against the nationally set targets for the ICB. Two out of 30 ICB performance metrics are technically non-compliant accompanied by clear rationale. There are a few compliant metrics within the areas of RTT, cancer and mental health where there are delivery risks which our teams will work to manage over the period of the plan. As part of the NHS England approval process, we anticipate discussions to cover how these risks will be managed to ensure performance is delivered.
Workforce	The ICB is only required to submit workforce plans for primary care and non-NHS mental health. Trust workforce plans and supporting narrative have been submitted directly to NHSE. Primary care workforce plans have been agreed in consultation with commissioning leads. The following assumptions have been used for each of the three years covered by the plan:

	• 1% year on year increase in the clinical workforce linked to anticipated growth in population and activity balanced against opportunities for productivity improvement. • No workforce growth in the admin and clerical workforce linked to productivity gains. • Acknowledgment that 27-28 and 28-29 plans will need to be reviewed in the light of evolving impact of neighbourhood working. A small non-NHS mental health workforce based in the Frimley footprint is included in the plan.
5-year strategic commissioning plan	As part of the final submission, ICBs were asked to submit 5-year strategic commissioning plans which set out their approach to improving population health, reducing health inequalities and improving access to consistently high-quality services over the course of the plan. A joint BOB and Frimley ICB team produced the comprehensive Thames Valley Commissioning Intentions that were published on 2 October 2025.The ICB agreed with the NHSE regional team that the Thames Valley Commissioning Intentions would form the basis of its strategic commissioning plan submission with a cover note explaining the work underway to develop a strategy over the spring and summer.
Summary	Thames Valley ICB has submitted a **financially compliant plan**, informed by the work described above. Thames Valley ICB has submitted a **performance compliant plan**, apart from two metrics. However, the intelligence outlined above that has informed our modelling projects delivery risk against the plan variably across the three years for some metrics. Thames Valley ICB has **not submitted a strategic commissioning plan** but has instead submitted the Commissioning Intentions developed in October. Work on a Thames Valley strategy will commence alongside the establishment of the ICB.

15. The boards of individual ICBs and providers are ultimately accountable for the development and delivery of their plans and have a responsibility to be assured in terms of the credibility, deliverability and affordability of the plans submitted. To support this NHSE developed a set of board assurance statements covering the key expectations of the board outlined in the planning framework alongside some specific elements of assurance that are required, with ICBs and Providers required to respond to these statements at first and full submission.
16. The Joint Committee reviewed and provided input into the board assurance statements submitted with the final ICB plans on 12 February.

Next steps

17. Since final plan submission the ICB has been working with Thames Valley providers to share and review all final plan submissions to clarify assumptions and achieve greater alignment.
18. We will keep the Joint Committee updated on next steps.

Part 2. Thames Valley Innovation Fund

Context

19. The Thames Valley Innovation Fund (TVIF) was launched to support different conversations about the services and models of care needed in the Thames Valley system if we are going to better meet the needs of our population, both now and in the future. It aims to support our ambition, set out in our commissioning intentions, that we need *"a significantly different set of services and model of care across the Thames Valley, alongside an ability to test new approaches and scale what works."*

20. For 2026/27, the fund has been allocated £53 million from the overall annual financial allocation for the Thames Valley.

Expressions of Interest

21. In January, we received 192 expressions of interest (EoI) from a range of partners, totalling a request for more than £139m for 2026/27 alone. 82% of the EOIs received were partnership bids from at least two organisations. The EOIs identify opportunities for change across a variety of sectors, scales and geographies. Figure 1 shows the geographical distribution of the submissions, based on the lead partner. Figure 2 shows the range of organisations contributing to the process.

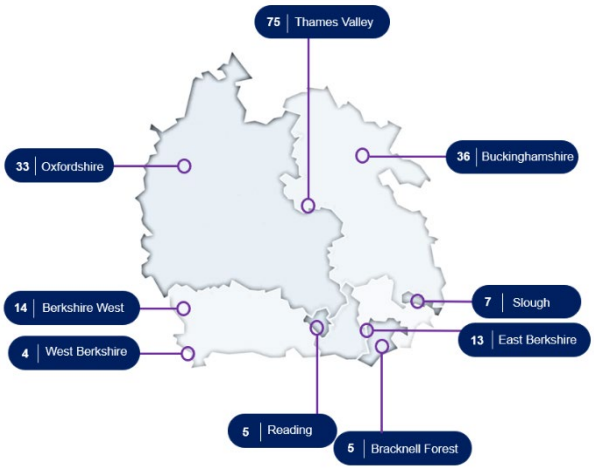


Figure 1. Source of EoIs

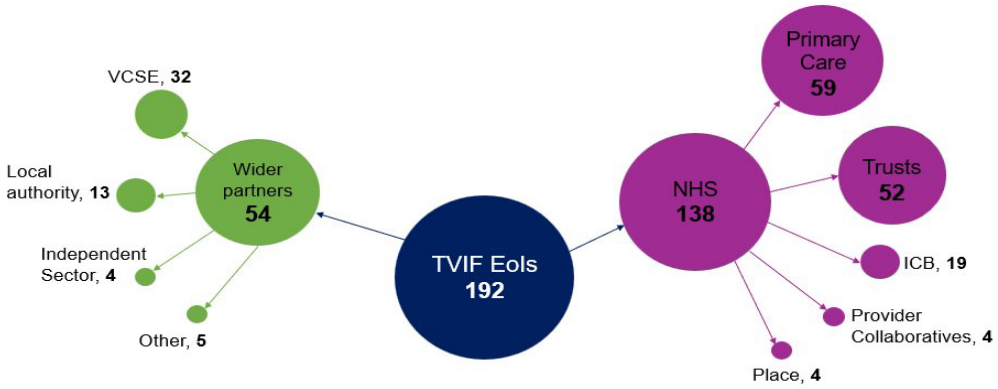


Figure 2. EoI lead organisation type

EOI Review

22. In late January, all EoIs were evaluated using a set of criteria which included strategic alignment, population impact, cost and resources, and deliverability. additionally, an Independent Advisory Panel also met to review the process to date and observed:

    - There is a huge amount of energy, problem solving and creativity in our system to harness as we seek to redesign our health system.
    - Many EoIs could be themed into groups around particular clinical pathways or population cohorts to deliver greater impact.
    - EoIs consistently described the scale of challenges that we face, particularly in terms of access and inequalities.
    - Many EoIs were small scale ideas, which if developed further, could be shaped into solutions which really make a difference to our population and the sustainability of our services.
    - Many submissions require further testing and validation against their system context, intended impact and proposed input, output and outcome metrics.

Phase 1 Allocations

23. Following the review period, the Thames Valley Planning Board agreed a first set of decisions regarding the fund.

24. These decisions are linked to the delivery of core services and priorities for the Thames Valley population in line with national NHS planning guidance. They are funded from the Innovation Fund and are consistent with the principle that they will support innovative ways of working given the level of reform and cross-system working proposed. These commitments will support the strategic commissioning intention to deliver maximum healthcare value by:

    - Improving access to planned care:
        - £17.9m allocated to fund activity required to deliver elective performance standards for our population, based on local modelling.
        - £2.1m transformation fund to reform elective pathways, including community outpatient models for priority pathways.
    - Accelerating the roll out of neighbourhood health:
        - 3% community growth (£9.9m) allocated to NHS community providers.
    - Mental Health Investment Standard (MHIS):
        - £8m of the Mental Health Investment Standard allocated to Thames Valley mental health trusts.

Phase 2 Allocations – Next steps

25. Following the phase 1 allocations, work is ongoing to make a further set of decisions. A set of principles has been used to funnel down to a small set of programme priorities which are link closely to the delivery of our commissioning intentions. These programmes are shown in figure 3.

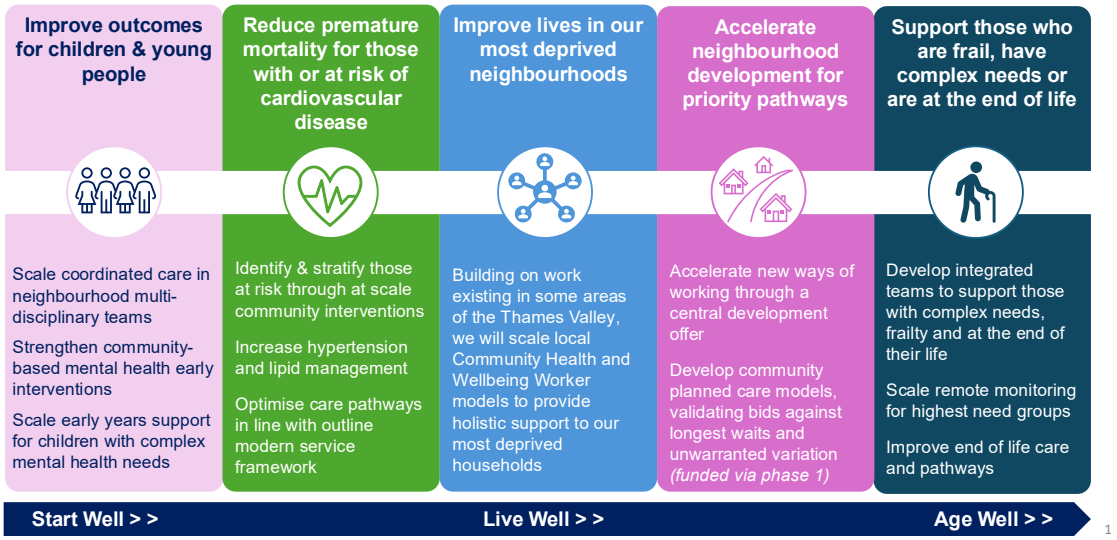


Figure 3. Priority programmes

26. Each programme has been shaped based on the EoIs received, identifying key themes, triangulating with national and local priorities and local information on population need. All EoI leads have received an update on the phase 1 allocation and the ongoing process to complete phase 2.

27. Over the coming weeks, the detailed scope of the programmes will be refined with the teams who have submitted EoIs most closely aligned with one or more of the priority programmes. We will facilitate workshops focussed on specific programmes or interventions; this will enable EoI leads with support from other stakeholders, clinical leaders, and ICB commissioning leads to develop the most relevant interventions and supporting delivery plans.

28. Following the development of these plans, the Thames Valley Planning Board will make decisions on funding allocations and agree the actions, costs and impacts defined for 2026/27 to enable the programmes and their associated work to commence.

Buckinghamshire, Oxfordshire and Berkshire West

and Frimley Integrated Care Boards

Joint Committee

Title of Paper	Public Sector Equality Duty Report 2025/26		
Agenda Item	6.1	**Date of meeting**	10 March 2026
Exec Lead	Safina Nadeem – EDI Advisor		
Author(s)	NHS BOB – Yasmin Mahmood, Head of Equality Diversity and Inclusion and Culture Change. NHS Frimley – Avril Brohier - People and OD Project Manager		

Purpose	To Approve	☐
	To Ratify	☒
	To Discuss	☐
	To Note	☐

Decision required	Joint Committee	☒
	BOB only	☐
	Frimley only	☐
	Meeting in Public	☐

Executive Summary

Under the Equality Act 2010, there is a requirement for NHS Buckinghamshire, Oxfordshire and Berkshire West (BOB) and NHS Frimley Integrated Care Boards to publish information demonstrating compliance with the General Equality Duty ('equality information') – as part of an annual Public Sector Equality Duty (PSED) report.

The PSED aims to integrate equality considerations in the day-to-day business of public sector organisations, requiring organisations to proactively consider ways to tackle systemic discrimination and disadvantages and promote equality for people sharing protected characteristics through a continuous improvement approach. Under the Specific Duties, ICBs are expected to publish:

- Information on staff and service users - analysed by protected characteristics
- One or more Equality Objectives
- Gender Pay Gap Report

The information must be published annually on our website on or before 30th March.

We know that embedding equality is central to delivering high-quality outcomes, improving population health, and ensuring innovative and productive teams. This report compiles this information focussing on its role as a commissioner, convenor of partnerships/system leader and employer.

The reports set out system-wide progress in delivering the Public Sector Equality Duty through strengthened governance, partnership working and focused equality, diversity and inclusion activity. Across both systems, action has been taken to eliminate discrimination, advance equality of opportunity and foster good relations, supported by targeted work to reduce health inequalities, improve workforce experience and strengthen inclusive leadership.

Progress includes delivery of prevention and population health initiatives aligned to national priorities, improvements in equality assurance processes, and leadership development

programmes aimed at increasing representation and inclusion at senior levels. Workforce and population data continue to inform priorities and highlight areas requiring further attention, particularly where inequalities in experience and outcomes persist. While progress has been made, we recognise that inequalities within our workforce and the populations we serve remain. As we transition into NHS Thames Valley ICB, EDI will remain a strategic priority in our role as a strategic commissioner. We will continue to use evidence, partnership working to reduce inequalities and to build a health and care system that is fair, responsive and accountable to the communities it serves.

Recommendation	To note and approve the Public Sector Equality Duty Report 2025/26 for publication.

Conflict of interest identified
Yes ☐ No ☒
Detail

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Thames Valley Designate – Executive Meeting	16 February 2026	Approved

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Public Sector Equality Duty 2025/26

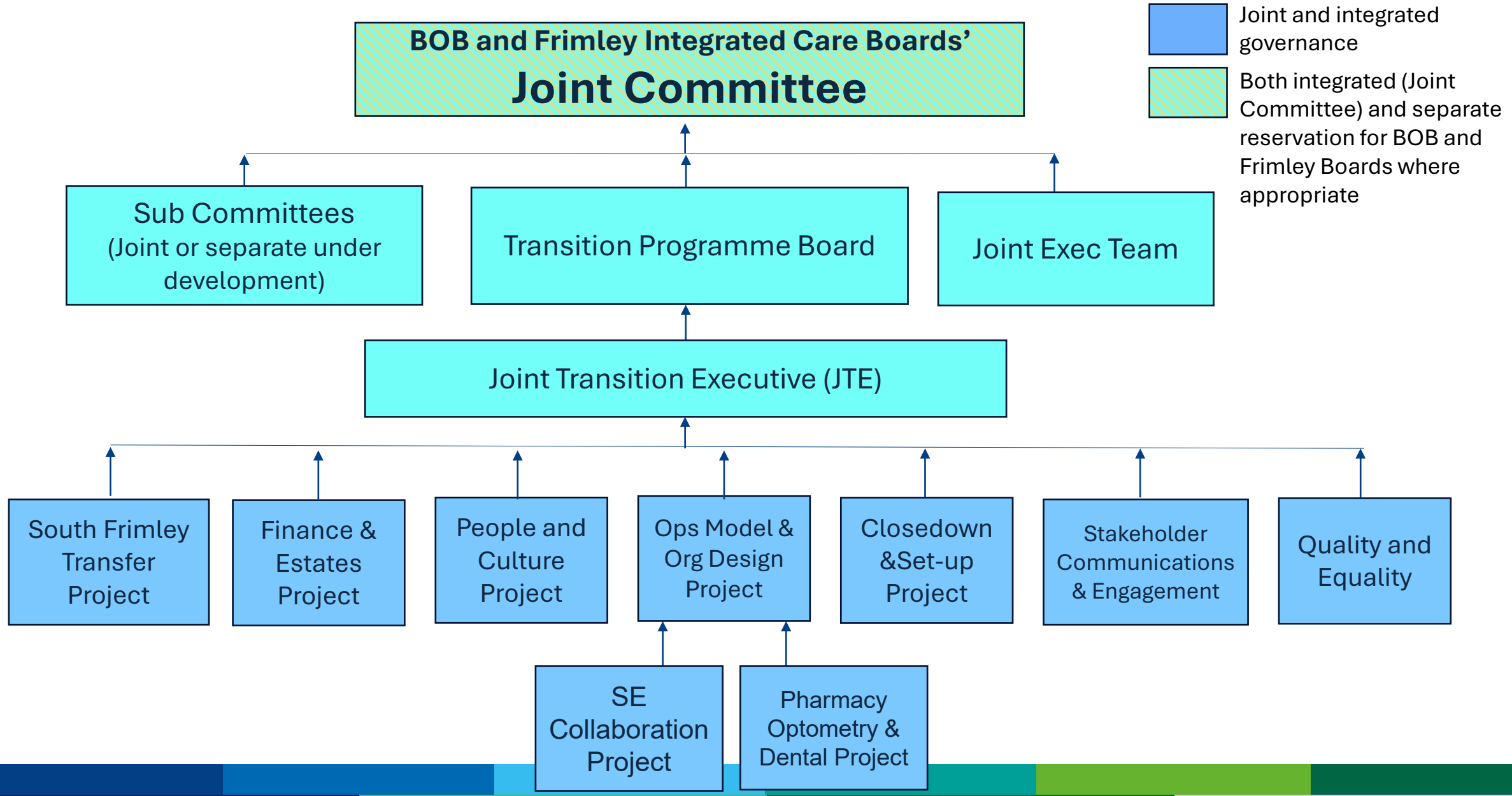
31 March 2026

BOB Population – Protected Characteristics, ONS 2021 2/2

Protected characteristics	Oxfordshire	Buckinghamshire	West Berkshire*
Marriage and Civil Partnerships	47% of Oxfordshire residents were married or in a registered civil partnership. Of those, 0.8% are in same-sex relationships.	31.5% - Not married or in a civil partnership 52.2% - Married or in a civil partnership	51.6% were married or in a registered civil partnership, 51.4% - married and 0.1% were in a registered civil partnership (0.1% opposite sex and 0.1% same sex).
Gender Identity	93% had a gender identity that was the same as their sex registered at birth 0.1% identified as Trans Man, 0.9% as Trans woman 0.10% - Non Binary 0.05% - Other Gender Identity	94.1% had a gender identity that was same as sex registered at birth Gender identity different from registration at birth: 0.2% 0.1% – Trans man 0.1% - Trans woman 0% - Non Binary 5.5% - Not answered	0.1% - underwent gender reassignment 0.1% identified as trans women 0.1% as trans men
Age	13% - aged 16 and under 64% - 16-64 18% - 65+	20% - aged 16 and under 61% - 16-64 19% - 65+	19% - are aged 16 and under 61.4% - 16-64 20% - aged 65 and over.
Sex	Female:51%, Male: 49%	Female: 51%, Male: 49%	Female: 51%, Malle: 49%
Pregnancy and Maternity	Data not available in all areas.		

ONS 2021 - www.ons.gov.uk, *How life has changed in West Berkshire: Census 2021, https://bitly.cx/DkMO, https://bitly.cx/2n51, https://bitly.cx/6dh3B , https://bitly.cx/sfAZ1

Transition Programme: Joint Committee Governance



Strategic Commissioning Intentions 2026/27 – 2029/30

Future Strategic Commissioning Intentions: Based on insights gathered over recent years across Berkshire, Oxfordshire and Buckinghamshire, including 3800 survey respondents, workshops with over 2000 people and focus groups, the following strategic objectives were developed to guide commissioning intentions for the next three years:

- Commissioning to maximise value
- Commissioning for integrated and proactive neighbourhood health
- Commissioning to prioritise prevention

The new Thames Valley ICB will focus on improving the health of the sub-region by optimising the budget of £5.6 million on reducing inequalities and improving access to consistently high-quality services across neighbourhoods, prioritising areas where there is evidence of lower life and healthy life expectancy at local authority and neighbourhood ward levels.

Using population segmentation tools to identify complexity of health needs, trends around healthcare usage and review of existing resources, feedback and payment mechanisms, the ICB will start to commission future services.

For more detail see https://www.bucksoxonberksw.icb.nhs.uk/media/6124/final_thames-valley-commissioning-intentions-021025.pdf

The population trends will be updated and analysed for Thames Valley sub-region in the Public Sector Equality Duty Report for the new Thames Valley ICB for the reporting year 2026/27.

Future Thames Valley ICB partners

Partners in the new Thames Valley ICB will include:

- Royal Borough of Windsor and Maidenhead
- Bracknell Forest Council
- Slough Borough Council
- Partners in voluntary and community sector from East Berkshire

Quality and Equality assessments through change

Monitoring of Quality and Equality Impact Assessments

As part of the change and reorganisation process, Quality and Equality Impact assessments (QEIAs) are being undertaken to ascertain impact of change on patient care and local populations. This is being operationalised in line with NHS national guidelines and processes.

Progress is being monitored and reported through the Quality and Equality Impact Assessment Group, which reports to the Joint Transition Executive, and has been meeting fortnightly since November 2025.

Separate Equality and Health Inequalities Assessments (EHIAs) are being undertaken for workforce through each of stages of the change programme. See Workforce Section: Improving staff experiences – evaluating equality impact

QEIAs have been completed on:

- Close down of BOB and Frimley ICBs and set up of the Thames Valley ICB
- Aldershot Centre for Health
- South Frimley Transfers

QEIAs currently being progressed:

- Operating Model for Thames Valley ICB
- Organisational Design
- Pharmacy, Optometry and Dentistry

Health Inequalities

This section sets out the programmes and projects to address health inequalities across the three Places – Buckinghamshire Oxfordshire and Berkshire West. It covers information on:

- Governance arrangements around Health Inequalities and Population Health Management
- Progress update on Prevention
- Devolution of Prevention and Health Inequalities Funding
- Support for Inclusion Health Groups
- Support for Asylum Seekers and Vulnerable Migrants
- Maternity Equity

Governance Arrangements - Health Inequalities

BOB ICB's approach on Health Inequalities has focussed on the continued development of our governance, population health approach, resourced activities and engagement. It has also been informed by national frameworks such as Core20PLUS5 and Inclusion Health.

Governance

The Prevention, Population Health and Reducing Health Inequalities Group continues to provide governance and oversight to the prevention and health inequalities work programme. In addition to scrutinising reports, the group has focussed on smoking, asylum seeker health, screening and immunisations, women's health and the inclusion health framework. To support the work, Prevention networks and Place-based partnerships have maintained oversight over local initiatives and collaborations within Buckinghamshire Oxfordshire and Berkshire West.

- In **Oxfordshire,** the Prevention and Health Inequalities Forum is co-chaired by the Place Director for Oxfordshire and the Director of Public Health. The group aims to reduce avoidable and unfair differences in health outcome among residents of Oxfordshire. To achieve this, it brings together key leaders from the health system in Oxfordshire to ensure primary, secondary and tertiary prevention initiatives are effective and move forward new initiatives and collaboration where there are gaps. The forum uses the Core20PLUS5 framework to help structure its work and will also focus on issues specific to the Oxfordshire context.
- In **Buckinghamshire** a new the Prevention and Health Inequalities Forum has been established to streamline various governance groups with an interest in health inequalities. Chaired by the Director or Public Health with a purpose to provide strategic leadership across work programmes, develop partnership approach and greater collaboration, identify opportunities for more effective impact & programme alignment.
- **In Berkshire West,** University of Reading has been facilitating an inequalities forum., including holding a successful conference. This forum is well attended by partners and NHS organisations; however, it is not focussed on health inequalities alone. It meets quarterly and has covered issues such as food poverty, which is a major focus for University of Reading researchers, and improved data to support research into inequalities. Some of the aims of the group are to support the reduction in differences in health between different groups in Berkshire and the health status and access to healthcare through addressing the causes of inequity in the population.

Progress in 2025/26 Summary

BOB ICB established a new Prevention and Health Inequalities Team in 2023 to embark on a programme of work to prevent ill-health and reduce inequality of access, experience and outcomes across our population and communities. Our five-year ambition is to reduce health inequalities within our population, ensuring that everyone has equal access to the right care and support. We want to keep people healthier for longer through increased primary and secondary prevention activities. In this report we reflect on the work of the team and in some cases refer to work led elsewhere in the ICB which supports health inequalities objectives.

Highlights of the past year include:

- Maturing governance arrangements set up to oversee the prevention and health inequalities agenda at a system and place level.
- A continued focus on population health management as an essential approach to tackling health inequalities.
- £3.6 million in Prevention and Health Inequalities Funding utilised by Places for locally-developed schemes to meet local needs, including:
  - Investment in Buckinghamshire's neighbourhood care approach including recruitment of 9 Community Health and Wellbeing Workers who will tackle health inequalities on the frontline.
  - £1m distributed in grants to support grassroots-led projects in Oxfordshire which enables investment in locally designed solutions to neighbourhood level problems.
  - A large Community Wellness Outreach programme in Berkshire West which has delivered 9802 (end September 2025) to our most vulnerable communities. Target is to complete 16667 checks by the end of June 2026.

Progress highlights on Prevention

The BOB Joint Forward Plan ambitions around prevention focus on four key areas: smoking, weight management, alcohol and drugs and physical activity. This is in keeping with its commitment to enhance primary and secondary prevention work to keep people healthy for as long as possible. Progress highlights over the past year and future plans in these areas are outlined below.

Smoking

To reduce smoking and increase access to tobacco dependency services, the Prevention and Health Inequalities team successfully:

- **maintained a monthly Tobacco Dependency Multi-Agency Steering Group**, including the ICB, NHS England, providers and local authorities, to refresh tobacco control alliance action plans and progress stop smoking initiatives.

- **Continued tobacco dependency treatment services** in all our acute and mental health inpatient settings and within maternity services with full coverage for all patients in contact with these services. Anyone admitted to hospital overnight, or receiving care from a midwife will get specialised support from a tobacco dependency advisor to stop smoking while in hospital and beyond. In 2025/26 six out of the eight services were fully established.

- **Worked with local authorities to develop projects to create a Smokefree Generation**
- **Delivering the national smoke-free pregnancy incentive scheme in our trusts**

In 2026/27, key plans include:

- Supporting staff to talk to patients about their smoking and increasing referrals to local stop smoking services by health professionals.
- Ensure smoking cessation services are embedded across acute, mental health and maternity services

Drugs and Alcohol

To reduce harmful drinking, drug behaviours and drug use (and increase referrals to Drug & Alcohol services), the team has:

- Maintained a system-wide network with Public Health partners with a focus on Drug & Alcohol as commissioners or Public Health practitioners. The network is fully established running monthly, with a focus to share good practice, provide peer support and identify opportunities to collaborate.

- A key topic for the network is the importance of referrals from Primary Care, understanding insight and data into why people decline treatment and clinical process of referring into Drug and Alcohol services including the utilisation of Audit-C as an identification and screening tool.

- Sharing good practice on Drug and Alcohol related deaths audits undertaken at Place, accelerating the ICB's work through the Medicine Safety Group, with a new ICS opioids Task and Finish group set up to reduce inappropriate prescribing of medicines associated with dependence and withdrawal symptoms.

- The network also engaged in the development of an Alcohol Care Teams Intelligence resource produced by OHID,

Plans for 2026/27 include:

- Increasing the number of people receiving support to tackle their alcohol & drug misuse. With more people identified and supported in higher risk groups such as, people living in more deprived areas, people with mental health conditions, Armed Forces veterans, offenders, homeless and reducing the impact on others, for example, children and young people.

Progress highlights on Prevention

Physical activity

Progress in 2025/26 include:

- Working in collaboration with partners across BOB to raise the profile and importance of the benefits of Physical Activity to facilitate an increase in the number of people being physically active
- Promoting Active Medicine Programmes with our clinicians to improve knowledge and confidence of staff in the benefits of physical activity
- Promoting physical activity as one the 5 ways to wellbeing
- Working with partners on a Physical Activity triage pathway in Berkshire West and co-commissioning the triage pathway Move Together in Oxfordshire.
- Supported the development of a new Physical Activity pathway in Buckinghamshire, funded by Public Health
- One of our long-term objectives is to embed more physical activity in our clinical pathways and our ambition is to start exploring this with our colleagues in the near future, along with improving our information sharing with clinicians and anyone else who refers into exercise on referral.

In 2026/27, key plans include:
Next year we will conduct further work to develop our work programme, aligning to our Joint Forward Plan and local Health and Wellbeing Strategies

Weight Management

Progress in 2025/26 include:

- Maintaining an ICB Weight Management Steering Group which improved collaboration inside the ICB of colleagues supporting different elements of the weight management pathway.
- Maintaining a Weight Management Sharepoint Page, that includes information for avenues to refer out to.
- Developing comms and leading on DWMP Webinars across BOB to promote and increase referrals to the NHSE Digital Weight Management Programme.
- Coproducing a bid for the Obesity Pathway Improvement Programme
- Contributing to the specification for a new Integrated Health Lifestyle Service in West Berkshire and Reading

- **In 2026/27, key plans include:**
- Increase in referrals to weight management services
- Increase in referrals to the National Digital Weight Management services (we are below NHSE target)
- Decrease in the variance in prevalence of obesity and diabetes between the least and most deprived population of the Thames Valley.

Progress highlights on Prevention

Hypertension and Lipid management

Progress in 2025/26 includes:

- Comprehensive Hypertension and lipid management data performance packs developed to support practices to achieve national targets in CVD Prevention and share best practice for improvement
- Our CVD Champions programme is now in its second year, with 40 out of 58 projects currently active in Core20+5 areas and driving CVD prevention QI projects in primary care.
- There has been significant community pharmacy success demonstrated in an above-average increase in blood pressure checks through pharmacies, notably in Reading and High Wycombe.
- A "Digital Sprint" webinar and follow up session was held to demonstrate how our digital data platform, Connected Care Insights platform. The work supported clinicians with data and "how-to" guides for better hypertension management.
- We have increased our community engagement with Hypertension webinars held with the BOB Allied Health Professionals (AHP) Forum and place Protected Learning Time (PLT) sessions, as well as a 'Lunch & Learn'. The sessions aimed to share the importance of hypertension management and equip the audience with key resources to support them.

In 2026/27, key plans include:

Early Detection & Diagnosis:

- Continue protocolised CVD case finding in community to slow disease progression and reduce emergency admissions.
- Confirm sustained Familial Hypercholesterolaemia (FH) genetic testing provision to proactively manage the high-risk population.

Community Prevention & Management:

- Hypertension (HTN): Significantly increase community HTN case finding and monitoring (via Community Pharmacy, home visits, etc.) to achieve or exceed the nationally-set CVD Prevention target.
- Lipid management: Continue to work with practices on optimal management, guided by 24/25 Statin optimisation PQS benefits.

Devolution of Prevention and Health Inequalities Fund

In 2025/26 the ICB devolved £3.6m to Places to develop local initiatives to tackle health inequalities in targeted local populations. Projects in the three places are set out below:

Buckinghamshire:

Buckinghamshire's approach to the Health Inequalities funding has significantly evolved over the 2.5 years this funding has been in place, always ensuring we remained focused on supporting people in our most deprived communities (Core20plus5).

Clear governance alongside partnership discussion, collaboration, constructive challenge and action have been key to the progress and impact we have made.

We have focused on ensuring strong evaluation of the health Inequalities projects to understand if they are delivering the desired outcomes and adaptations that may be required.

Our approach to this funding has been outward looking, to seek evidence, examples of best practice and consider national strategic direction.

We are operating in a rapidly changing environment, and this funding is a critical element of our strategic ambitions and outcomes:

- Our Health Inequalities projects are aligned to the Buckinghamshire 10-year Joint Health and Wellbeing plan and embedded in the actions plans supporting delivery of the strategy
- Our Health Inequalities projects are integrated within our Integrated Neighbourhood Teams (INTs) in our most deprived communities of Wycombe and Aylesbury
- Our Community Health and Wellbeing Worker project is a core element of our successful application to be in Wave one of the National Neighbourhood Health Implementation Programme (NNHIP). 9 CHHWs have been successfully recruited and will join the system in January 2026.

As Buckinghamshire's Neighbourhood teams rapidly evolve and change the way we deliver care, we continue to evaluate and review our projects to ensure they are supporting our ambition to see the most rapid improvement in outcomes for our most deprived communities.

Addressing Health Inequalities through Integrated Neighbourhood Teams in Buckinghamshire

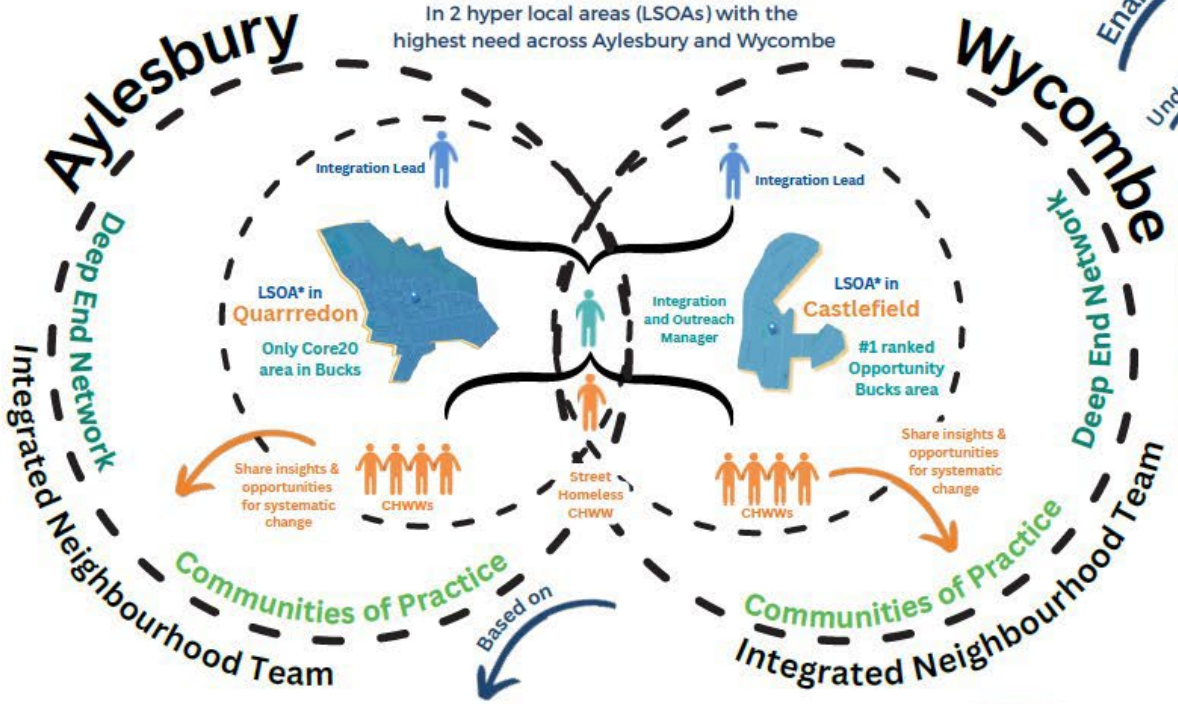
BOB ICB Prevention & Health Inequalities funded

Community Health and Wellbeing Workers (CHWW) Pilot

Delivering Primary Prevention, through targeted outreach at a hyper local level

Focused

In 2 hyper local areas (LSOAs) with the highest need across Aylesbury and Wycombe



Enabled by

A new **Bucks Health and Wellbeing Strategy** prioritising empowering communities, prevention and proactive care.

Integrated Neighbourhood Teams (INT) programme

Bringing existing teams working better together.

Underpinned by

Integrated community & workforce development programme

Communities of Practice (CoP) for Health Inequalities

CoP for front-line volunteers, practitioners, and community researchers in Aylesbury and Wycombe. Themed sessions aligned to Health Inequalities, INT & Inclusion Health priorities to foster learning and culture change.

Deep End Network

Peer-led network of GPs working at the Deep End of deprivation across Aylesbury and Wycombe Opportunity Bucks areas. Forum to **address inequalities and action insights**, barriers and opportunities identified though CHWWs and INT programme.

Community Researchers

Community Researchers with lived experience and from Core20 & Inclusion Health communities recruited, trained and mentored to **improve reach and engagement.**

Health Coaching

Health Coaching training providing key skills to '**Helping People Help Themselves**' offered to all CHWWs and INT members working on emerging neighbourhood health priorities

Making Every Adult Matter (MEAM)

Making Every Adult Matter (MEAM) expertise to support complex cases identified by CHWWs & feed into system change working.

VCSE representation

Facilitating VCSE **representation & voices** in Integrated Neighbourhood governance to shape direction & priorities

Buckinghamshire Executive Partnership

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Expected Outcomes

Improve

- Access & Experience for residents experiencing Health Inequalities.
- Health and wellbeing outcomes.
- Immunisation and screening rates including NHS Health Checks.
- Shared Care Record completeness & quality including demographics, lifestyles metrics, contact details and accessibility and reasonable adjustments.

Increase

- Number of referrals to preventative and community-based activities.
- Awareness of services, pathways and initiatives relevant to their health.
- Understanding of Health Inequalities and opportunities for prevention
- Competence and skills of workforce to address Health Inequalities and meet aims of Integrated Neighbourhood Health
- Capacity, competence and collaboration in wider community workforce

Reduce

- Health Inequalities and disparity in health outcomes.
- Disengagement in preventative services.
- Residents having to tell their story multiple times.

A tried & tested Brazil & Westminster Models. The Principles are:

Comprehensive: Whole household approach
Hyperlocal: 120–150 households per CHWW
Universal: Serve everyone regardless of need
Integrated: Linked to GPs, VCSE, and Local Authorities

*LSOA - Lower Super Output area - an area covering between 1,500 - 3,000 population

This means:

- Door knocking & monthly household visits
- Use Health Coaching, MECC, and VBA
- Promote screening & immunisations
- Non clinical (no tests, checks, vaccines, or diagnoses)
- Refer via Joy to preventative services (e.g. Be Healthy Bucks)
- Support digital inclusion, (e.g.introduce the NHS App)
- Update the Shared Care Record (demographics, contact info)
- Share insights to improve awareness & identify system level barriers

"If Brazil can go door to door with community health teams to prevent ill health, so can we." - 10 year NHS Plan

Azul Strong Corcoran
Senior Manager - Prevention, Health Inequalities & Place Link (Buckinghamshire) - BOB ICB
azul.strongcorcoran@nhs.net

Devolution of Prevention and Health Inequalities Fund

Oxfordshire: 25/26

Oxfordshire place-based funding has been committed with a key focus on our Core20Plus5 Clinical areas to support the streamlining of current projects and projects focussing on populations experiencing greatest health inequalities in access, experience, and outcomes. These include:

Oxfordshire Community and Voluntary Action (OCVA): We have supported OCVA who have initiated a 'Well Together Programme', working with anchor agencies in the 10 most deprived wards to coordinate grassroots VCSE groups to develop initiatives that address the Core20Plus5 principles and priorities. £1m in grants has been distributed to these initiatives.

Active Oxfordshire: In partnership with Oxfordshire County Council, we have been able to support the 'Move Together' and 'Move Medicine Programme'. The programmes provide a supportive pathway for people across Oxfordshire to become more active. It is co-ordinated by Active Oxfordshire in partnership with Oxfordshire's District Councils. Key achievements include 2052 people referred to Move Together in 23/24, a 21% increase on the previous year w2ith 60% of people attending their 3 month review reporting increased their activity levels.

Community Health and Wellbeing Workers: Funding of Community Health and Wellbeing Workers, with the overall aim of improving the health and wellbeing of identified deprived communities through an integrated approach - augmenting the impact of council-based community health development officers and social prescribers within GP practices. Case studies have noted a reduction in ED attendance from 29 in 2023 to 9 in 2024 for one individual. Overall increased compliance with screening and health checks has been achieved.

Devolution of Prevention and Health Inequalities Fund

Oxfordshire:

Early Start Oxfordshire: We have been able to contribute to the project of Early Start Oxfordshire delivering a maternity advocacy service via the Local Maternity Network in Oxfordshire for vulnerable families in deprived areas with the aim to:

- To improve the access, experience and outcomes for women and birthing people in OX4 using Asset Based Community Development approach.
- To coproduced targeted and effective community based antenatal education and support for minorities communities in OX4.
- To coordinate place based social prescribing with an anti-poverty, legal literacy lens.

Asylum Seeker Care Co-ordinator: To support the Asylum-seeking population within BOB, the ICB has undertaken a study to identify their support needs. The study highlighted that clinical time is being spent on non-clinical activities and support. To address this the team has funded a Fixed Term Asylum Seeker Care Co-ordinator post. The benefits of the project have included:

- Reduction in clinical workload through increased signposting.
- Improved awareness of health service navigation.

All projects have been progressing successfully, with quarterly and mid reports submitted evidencing project impact.

BOB wide Final Evaluation

A final evaluation has been produced which has examined the allocation approach to the funding, how the focus of the funding had been established at place and how any changes to Leadership and Culture had been developed through the shared us of the funds. This can be found https://www.healthinnovationoxford.org/our-work/community-involvement-and-workforce-innovation/workforce-innovation/our-current-projects/

Devolution of Prevention and Health Inequalities funding

Berkshire West

The Community Wellness Outreach Service delivers the NHS Health Check pathway in Berkshire West. This is a nationally mandated secondary prevention programme, to priority population groups in the community setting.

The service adopts a PHM approach, and data and intelligence from BOB ICS ensure provision to populations disproportionately affected by inequalities in access, experience and health outcomes.

Approximately 17,000 residents are projected to benefit from a health check by the end of the programme. As of the end of September 2025, 9802 health checks have been delivered.

So far over 3000 onwards referrals were made to Health Behaviour Change Support (Lifestyle). Of those, the majority have been to weight management services.

Alongside the delivery of the enhanced HC, the programme teams have started addressing some of the outcomes of the health checks and are providing a selected group of people with opportunities to reduce the risks associated with very high BMI with exercise schemes and free gym membership.

The Programme will finish in June 2026 and its evaluation will inform future commissioning decision.

Community Wellbeing Outreach Model

1. Use our shared care record, Connected Care, and local intelligence to identify individuals and communities most in need

2a. Arrange drop-in sessions in trusted community venues

2b. Send invitations to identified individuals

3. Health check and wellbeing conversation with Community Outreach worker, including feedback of results

Multi-disciplinary training programme for Community Outreach Workers is being developed including University of Reading, General Practice, Public Health plus other partners

4. Signpost to relevant wellbeing services including social prescribing

5a. Follow-up conversation with same individual, by phone or face to face

5b. Follow-up arranged in General Practice if required

Community Outreach Workers will be able to input information into an app that will integrate directly with all PCNs clinical systems to share results

6. Impact evaluation of this initiative to be led by Public Health experts

Population Health Management

Population health management is an essential approach to tackling health inequalities – to support professionals to design proactive models of care which meet the needs of their local population and address the wider determinants of health.

In 2024/25, the ICB has further developed a Population Health Management Collaboration Group which continues to bring together colleagues from a variety of disciplines across the organisation and our key local authority partners. Focusing on the four “I”s - Intelligence, Infrastructure, Incentives and Interventions, this forum has been helped to keep abreast of developments with our analytics platform and share best practice relating to effective targeted interventions.

In our three Places, we have also supported the development and refresh of Joint Strategic Needs Assessments, particularly relating to socially excluded Inclusion Health groups. This work will be ongoing as we continue to utilise and triangulate data to better understand the needs of the population.

We have also promoted the ICB's duties under the Statement on Health Inequalities, working with the CSU on a new dashboard. This has been shared across portfolio leads in the ICB to inform planning next year's activities.

We continue to advocate for a population health management approach across all services as a key mechanism to tackle health inequalities.

Support for Inclusion Health Groups

In Oxfordshire, the Prevention and Health Inequalities Forum established an Inclusion Health Task and Finish Group that has mapped commissioned services and partnerships supporting inclusion groups, allowing for greater awareness and opportunities to identify gaps and key areas of focus. A new Inclusion Health Joint Strategic Needs Assessment has also been developed and published.

In Buckinghamshire, a monthly Homeless Health meeting has gained traction with partners, due to the improved knowledge, connections and communications between one another to support this Inclusion Health group. This has led to a co-designed dedicated Homeless Community Health and Wellbeing Worker (CHWW) focused on the street homeless population in Aylesbury and High Wycombe to improve access to primary care, mental health and drug and alcohol services.

As part of the Integrated Community and Workforce Programme, a Community Researcher from the Gypsy, Roma, and Traveller (GRT) community continues to build trust in a community where engagement with services is often met with caution and fear, as well as raising awareness of the communities and their varied cultures. In September, Healthwatch Bucks delivered Awareness and Q&A Session for policymakers, practitioners, and frontline workers to workers to better understand the challenges faced by Gypsy,. Roma and Traveller communities and explore how services can become more inclusive and accessible. 35 people attended including a representative of NHSE with attendees finding it insightful due to the misconceptions, and myths that were busted through the interactive session. A Good Practice Guide for Working with English Gypsy, Irish Traveller and Showmen Communities is being developed as a resource to disseminate with colleagues across the system who could not attend the awareness and Q&A session.

Maternity Equity 1/3

There has been continued work in maternity, neonatal and women's health over the past year, which has strived to address inequalities in access, experiences and outcomes for women and birthing people using our services and implement our equity and equality action and maternity and neonatal single delivery plan and women's health strategy.

- **Royal Berks Maternity and Neonatal Voices Partnership (MNVP)** recently brought together community leaders to celebrate and launch an improvement project which represented significant outreach, investment in improving outcomes for black women and ongoing engagement between Royal Berkshire Foundation Trust (RBFT) the MNVP and Utulivu Women's Group.
- 'A **Celebration of Community, Partnership and Co-Production'** was attended by around 30 people representing local groups and organisations invested in improving maternity services. Presentations were given by The Right Worshipful the Mayor of Reading, Councillor Dr Alice Mpofu-Coles, Healthwatch, the MNVP, Women's Health Lead at the ICB, Interim Director of Midwifery RBFT and Utulivu Women's Group with an engaged audience including their colleagues, families involved in the project, the MEET PEET team from RBFT, Birthwise Collective and service user representatives. The event focused on what was working well within maternity and was an opportunity to showcase the improvements achieved through coproduction. A community of practice is being developed to continue conversations and drive forward sustainable change.
- The event celebrated the launch of a project which began with a national awareness programme, and a local need to improve awareness of having a booking appointment by 8 weeks for Black women. Through a series of surveys and focus groups with local service users, their families and community leaders, the MNVP, together with an Obstetrician at the Trust identified the key barriers to booking and coproduced the poster to clearly communicate the purpose and benefits of timely booking. Even before the launch Trust data has shown a significant improvement in Black women booking before 10 weeks as those involved in the project have spread the word and increased awareness.
- This project took time, as the MNVP invested in relationships, sharing their work and purpose while building trust with community partners and families. The MNVP Lead needed to be present and visible in their spaces and celebrate and value their work as we wanted them to value ours and engage in the coproduction process. This work demonstrates that authenticity and power of coproduction. The success of the partnership continues as we look to improve other aspects of care where we see worse outcomes and barriers to accessing maternity and neonatal services. The voices of women and birthing people in the community will always be the key factor in improving maternity services

Maternity Equity 2/3

There has been continued work in maternity, neonatal and women's health over the past year, which has strived to address inequalities in access, experiences and outcomes for women and birthing people using our services and implement our equity and equality action and maternity and neonatal single delivery plan and women's health strategy.

Key highlights for 2024/25 are given below:

Bucks MNVP worked with the Caribbean Lunch club for a Black History Month celebration at end of Oct where the focus was on the impacts of the cost of living on health and wellbeing. 125 local people registered for the event and 85 people, demonstrating a clear indication of the ongoing need to participate in open community led conversations and coproduction. For the maternity and neonatal focus, A 'Whose Shoes' methodology, was used (where stakeholders walk the journey of a service user) to frame interactive powerful and emotive discussions through intergenerational representation, young and old, all willing to share maternity stories about family and friends, and their hopes and dreams for improving maternity services.

The main themes identified through the discussions were:

- Equity in care, Listening and respect, mental health and wellbeing, names and identity, representation and visibility, community outreach, empowerment and voice, listening and presence, safe choice and continuity, staff burnout and pressures, community connections, challenging biases and stereotypes. The overarching message related to the transformational power of active listening and kindness.

The evening demonstrated the power of community led discussion, open respectful and solution focussed. It highlighted that meaningful change starts with listening and collaboration and that maternity care is truly everyone's business.

Artwork and a report have been generated which will inform equity work and continued conversations and coproduction.

A more recent event held at the multi-cultural centre, focused on perinatal mental health and was open to parents, community organisers, faith leaders, volunteers, peer supporters, doulas, health visitors, midwives, and was supported with a talk from PANDAs UK Foundation and local Talking Therapies and maternity services.

The 'Whose Shoes' format was utilised again and the main themes included:

Continuity of care, Prioritising mothers (and parents) not just focussing on health and wellbeing of baby, Resources such as Dads Pads, Not pushing immediate bonding, and the links between successful breastfeeding and mental health and wellbeing. The event was informative, well attended and a success. Further community connections were made with plans for future events.

Maternity Equity 3/3

There has been continued work in maternity, neonatal and women's health over the past year, which has strived to address inequalities in access, experiences and outcomes for women and birthing people using our services and implement our equity and equality action and maternity and neonatal single delivery plan and women's health strategy.

Key highlights for 2024/25 are given below:

Equal Start Oxford continues to grow from strength to strength. Equal Start Oxford (ESO) is a co-created, community embedded, place-based programme delivered in partnership between Flo's - The Place in the Park, Oxford University Hospital Trust (OUH) Maternity Services, and the communities it serves.

ESO is a community/health partnership between OUH and Flo's that offers a cost-effective community-based model of timely intervention to support vulnerable pregnant women and new mothers in the OX4 postcode, an area of high deprivation. It focuses on the first 1,001 days of life, recognising this as a critical window of opportunity to engage socially excluded communities with healthcare in general, maternal health, child development, and long-term wellbeing. ESO uses a maternal health justice and rights- based literacy lens to tackle the wider social determinants of poor health and poor maternal and infant outcomes, including deprivation, social isolation & social exclusion. This project:

1. Increases vulnerable women's access to maternity services by building their knowledge, confidence and trust. One of the many ways ESO does that is by running antenatal classes with translation co-facilitated by an OUH Specialist EDI midwife.

2. Reduces pressure on midwives by offering a trusted service to which they can refer vulnerable women for holistic, local, own-language support. This relief is delivered by an ESO referral pathway to Community Maternity Advocates who provide 1-1 support for pregnant people & new parents identified in clinic time as suffering the disadvantages of poverty & exclusion.

3. Increases the resilience of OX4 communities to support each other in pregnancy and parenthood by developing a growing peer to peer support network. Training includes, improving English classes, Paediatric 1st aid & Introduction to Community Interpreting.

4. Increases the confidence of local women & birthing people to participate in co-production with the healthcare system with training such as the Skills for Change 'Building Confidence to Speak in Meetings' training.

ESO has won the Team of the year award at the South-East Regional LMNS conference in 2024 & is recognised by the Oxfordshire County Council as the leading initiative on Early Years as Oxfordshire becomes a Marmot Place. The programme is also featured as a health inequalities case study in the recently published NHSE postnatal planning toolkit for ICBs and providers, https://www.england.nhs.uk/long-read/improving-postnatal-care-a-toolkit-for-integrated-care-boards-partners-and-providers/

Workforce Information

This section provides information on the ICB's workforce as at March 31st 2025, drawing data from the Employee Staff Records (ESR) and NHS Staff Survey Results for 2024-25. It includes information and trends on the following:

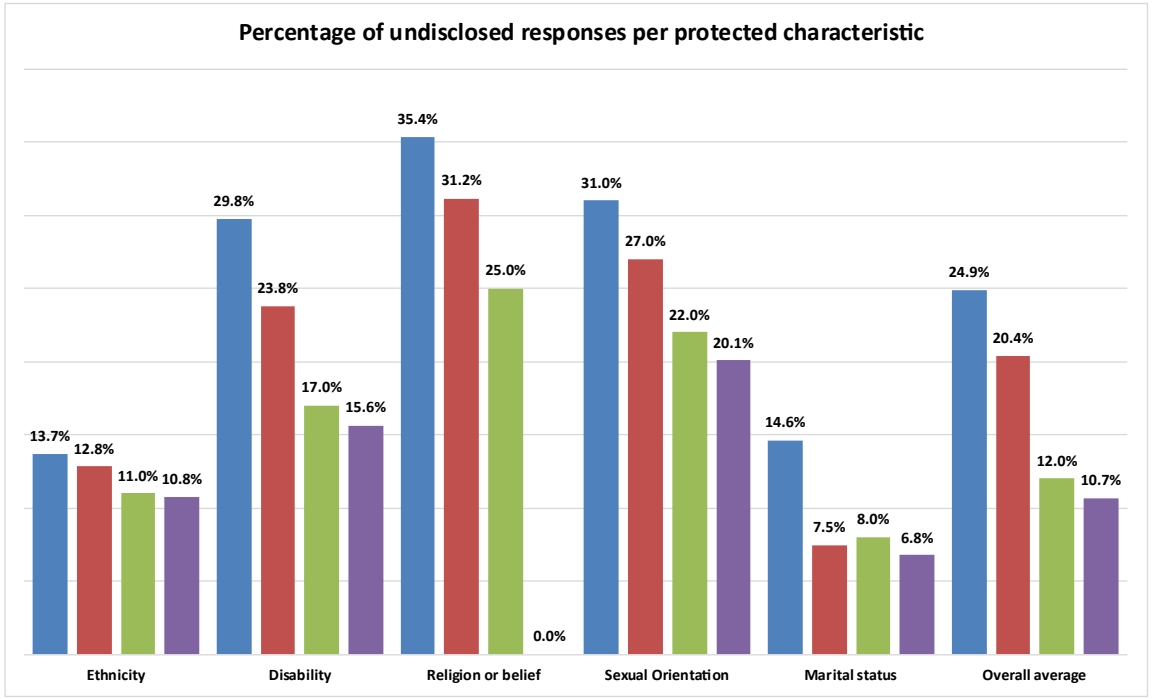
- Workforce profile analysed by protected characteristics to the extent possible.
- Gender Pay Gap disclosure results.
- Ethnicity Pay Gap disclosure results
- Analysis on race and disability equality using the Workforce Race Equality Standard (WRES) and Workforce Disability Equality standard (WDES) frameworks.

Workforce analysis by protected characteristics

BOB ICB employed 493 staff as at March 31 2025, , a 4.6% increase since March 2024. The data reported for March 31 2025 excludes Bank staff and Non Executive Directors to make it consistent with the reporting for Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). The analysis highlights that disclosures on Gender and Age were complete, whereas gaps remain for other protected characteristics. Since the last PSED report, we have actively promoted the need to update personal information to all staff. As a likely result, the % not disclosing their protected characteristics has reduced for all identities as seen in Table 1 below. A year-on-year improvement since 2022, demonstrates growing confidence among staff – which we will continue to support as we progress to form Thames Valley ICB.

Year	Total Workforce	% undisclosed protected characteristics					%
		Ethnicity	Disability	Religion or belief	Sexual Orientation	Marital status	Overall average
Jul-22	322	13.70%	29.80%	35.40%	31.00%	14.60%	24.90%
Mar-23	366	12.84%	23.80%	31.15%	27.00%	7.45%	20.40%
Mar-24	471	11.00%	17.00%	25.00%	22.00%	8.00%	12.00%
Mar-25	473	10.78%	15.64%	0.00%	20.08%	6.77%	10.66%

Table 1: Workforce Profile: Analysis on undisclosed data by protected characteristics 2022-25



Workforce profile: Gender

Of the total workforce of 493, 75.5% were female and 24.5% male (similar to 2024).

The majority of female staff were in Allied Health professional roles (100%), followed by Nursing and Midwifery roles (94.2%), then in Professional Scientific and Technical roles (83.9%). The highest representation of male staff (42.3%) was in Medical and Dental roles.

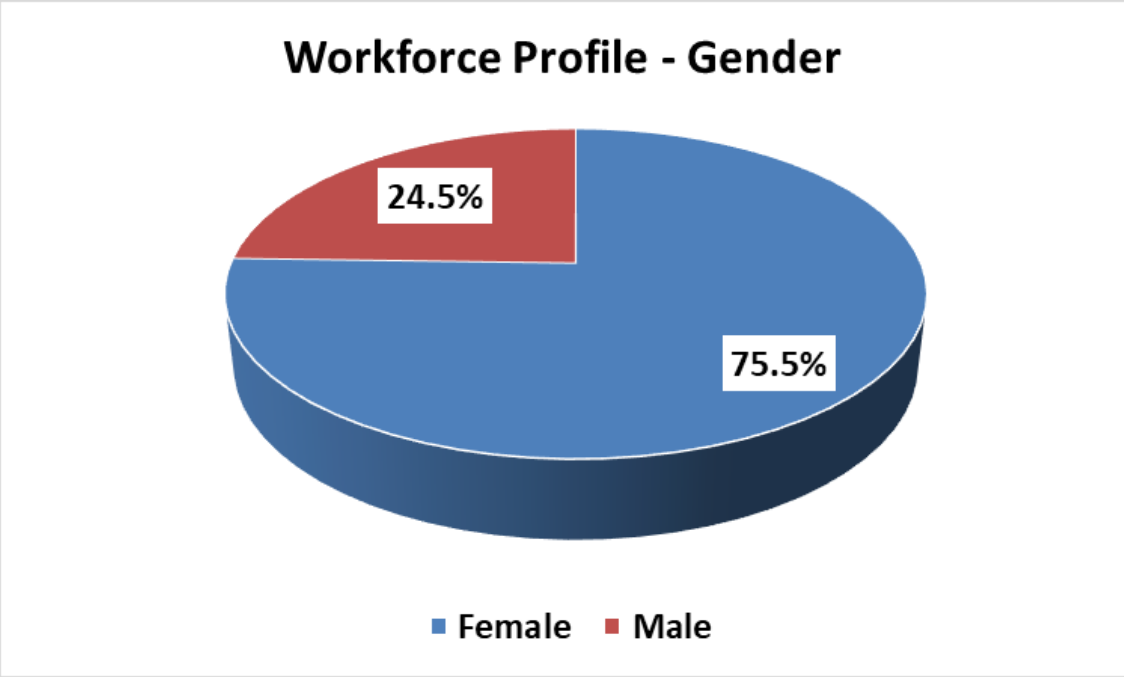


Chart 1: Workforce Analysis: Gender, March 31, 2025

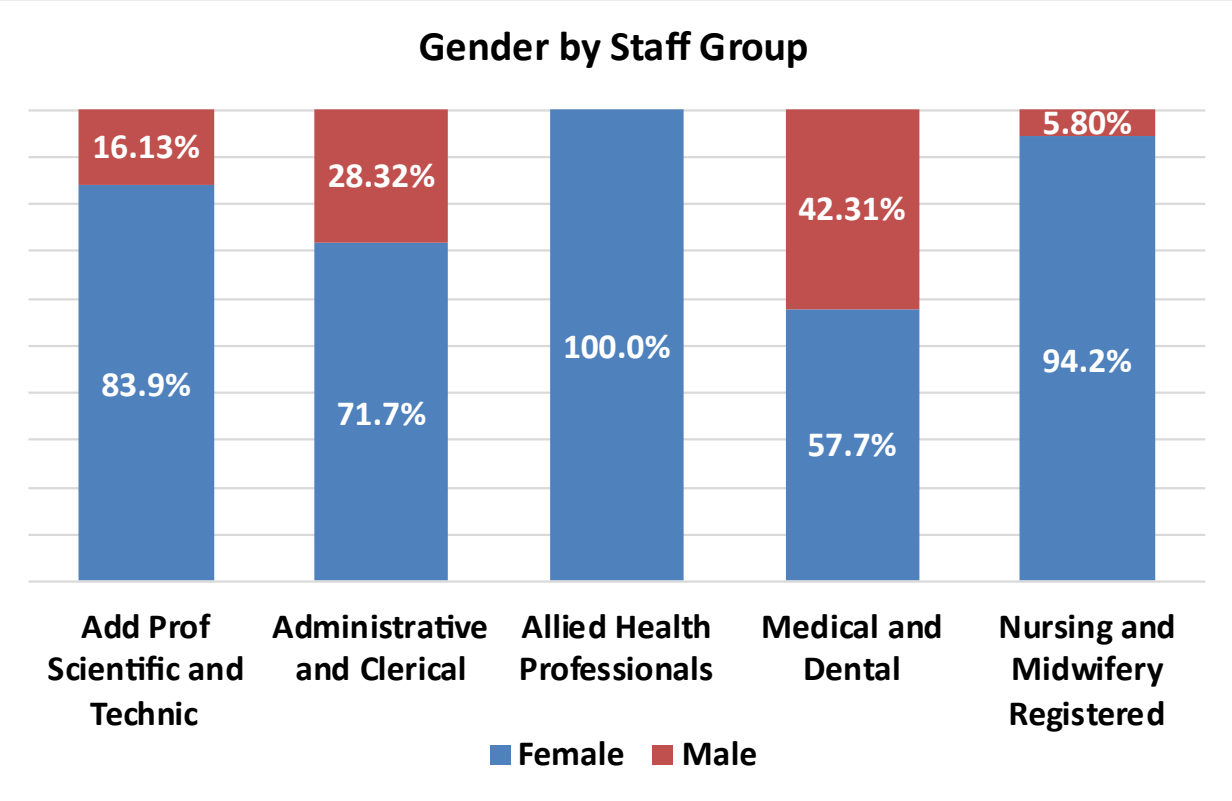


Chart 2: Workforce analysis by gender and professional group, March 2025

Workforce profile: Ethnicity 1

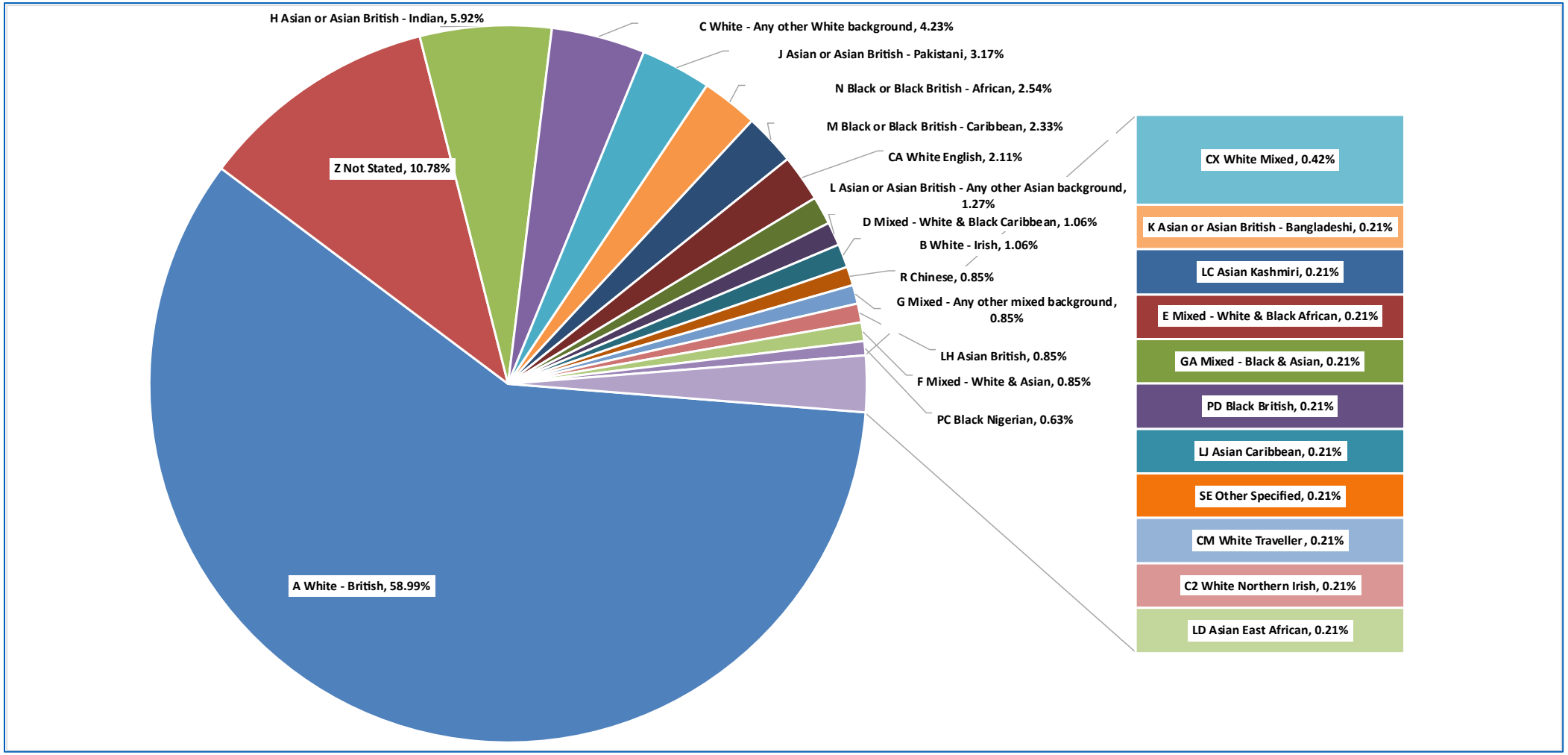


Chart 3: Workforce Analysis: Ethnicity – All staff, March 31, 2025

Ethnicity profile on March 31, 2025:

- 67.23% of the workforce identified as White
- 5.71% identified as Black, 12% as Asian, 3.17% as Mixed, 0.85% as Chinese. 0.21% as Other. 10.78% did not state their ethnicity.

The % of undisclosed ethnicity, dropped from 11% to 10.78%, a 0.2% (marginal) reduction. The chart shows the detailed ethnic groupings of the overall workforce.

Workforce profile: Ethnicity 2 – Professional Group

Ethnic minority representation was highest in Professional Scientific and Technical roles (41.9%). Medical and dental professions had the highest proportion of undeclared ethnicity (23.1%). Overall, approximately **22%** identified as being from Black and Ethnic Minority communities (approximately 2% higher than 2024), while 10.8% did not state their ethnicity (1% lower than 2024).

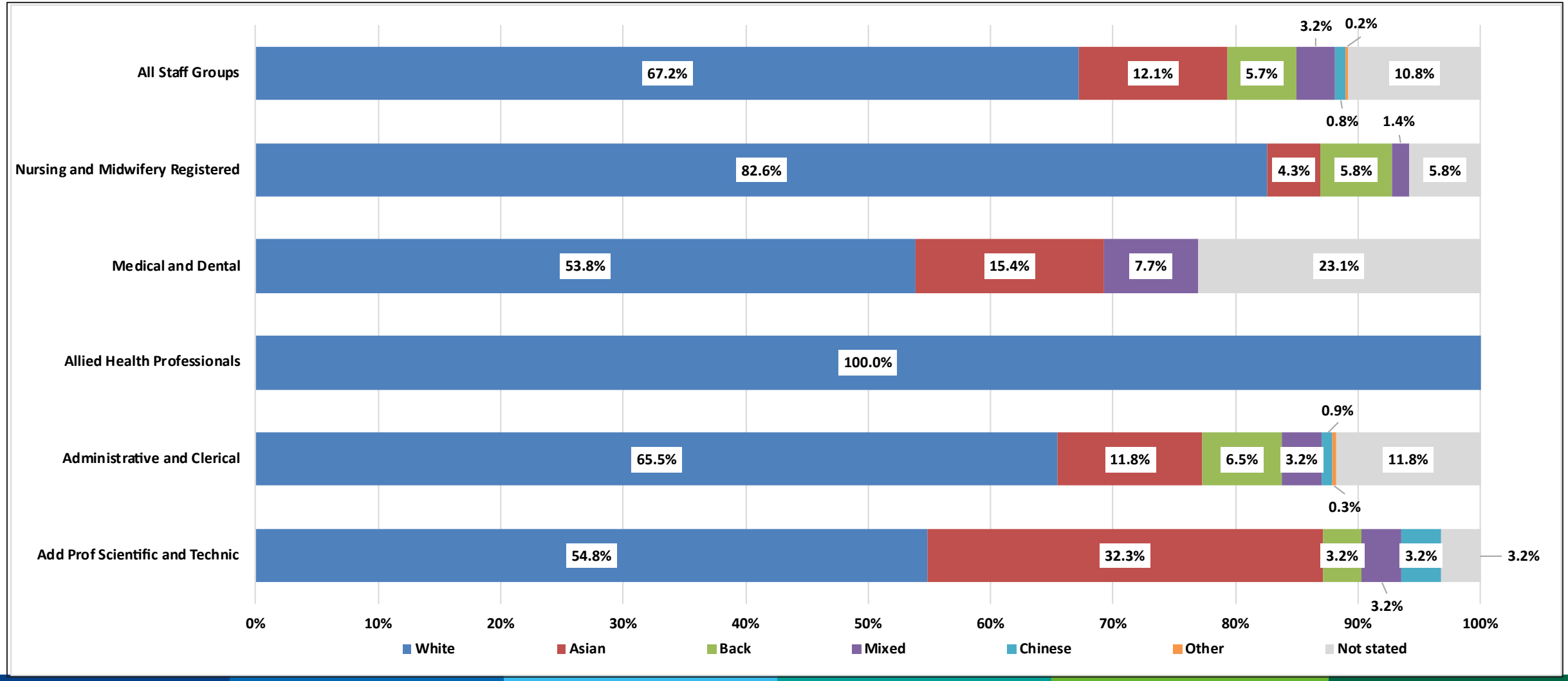


Chart 4 : Workforce Analysis: Ethnicity and professional group, March 31, 2025

Workforce profile: Disability

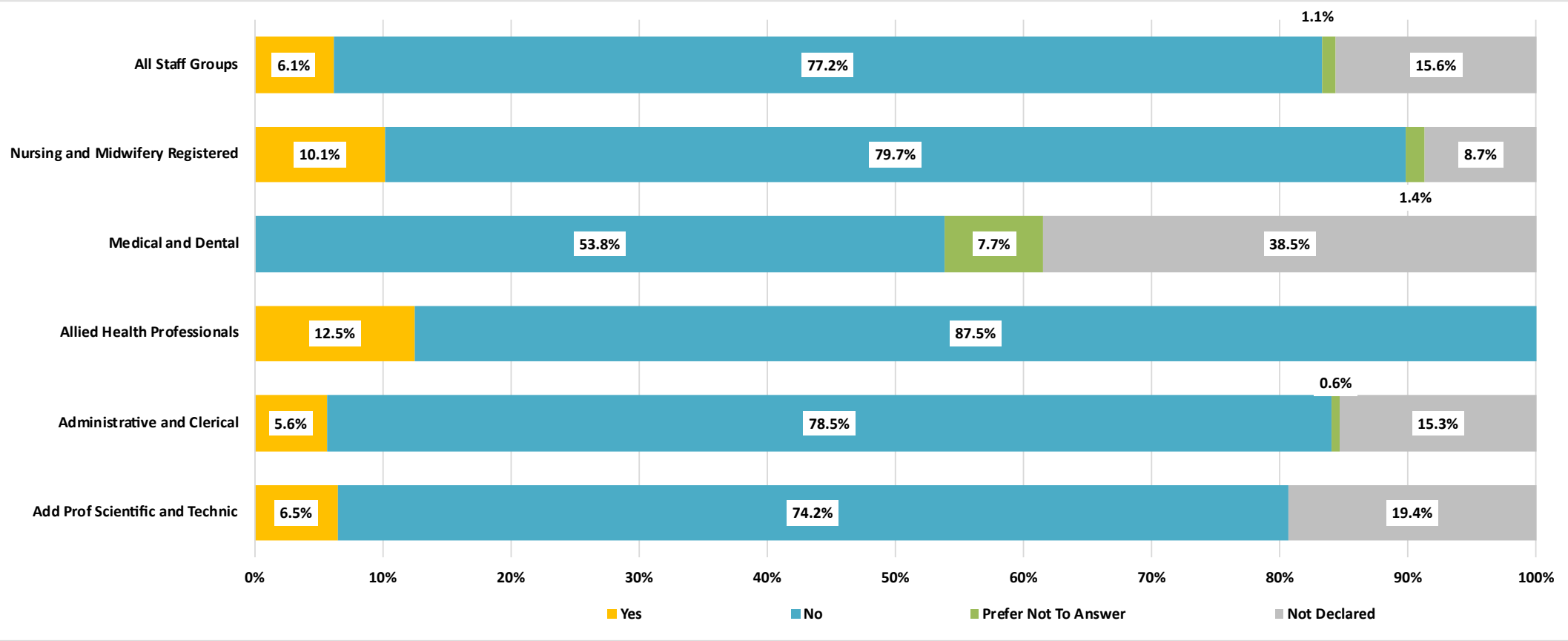


Chart 5: Disability and professional group 2025

- 6.13% declared a disability (0.6% higher than 2024).
- 15.6% did not declare (1.2% lower than last year – a slight improvement).
- 1% Preferred not to say
- The highest proportion of non-disclosure on disability was in Medical and Dental roles (38.5%), followed by Professional, Scientific and Technical roles (19.4%).

Workforce profile: Age

- Majority of the ICB workforce (33.8%) of the workforce in 2025 were in the 51-60 age cohort, followed by the 41-50 age band (26.8%).
- The medical and dental group had no staff below the age of 41.
- The administration and clerical group was the most age diverse professional group, with representation in all 11 age groups, followed by Nursing and Midwifery, which had representation in nine out of eleven age bands.

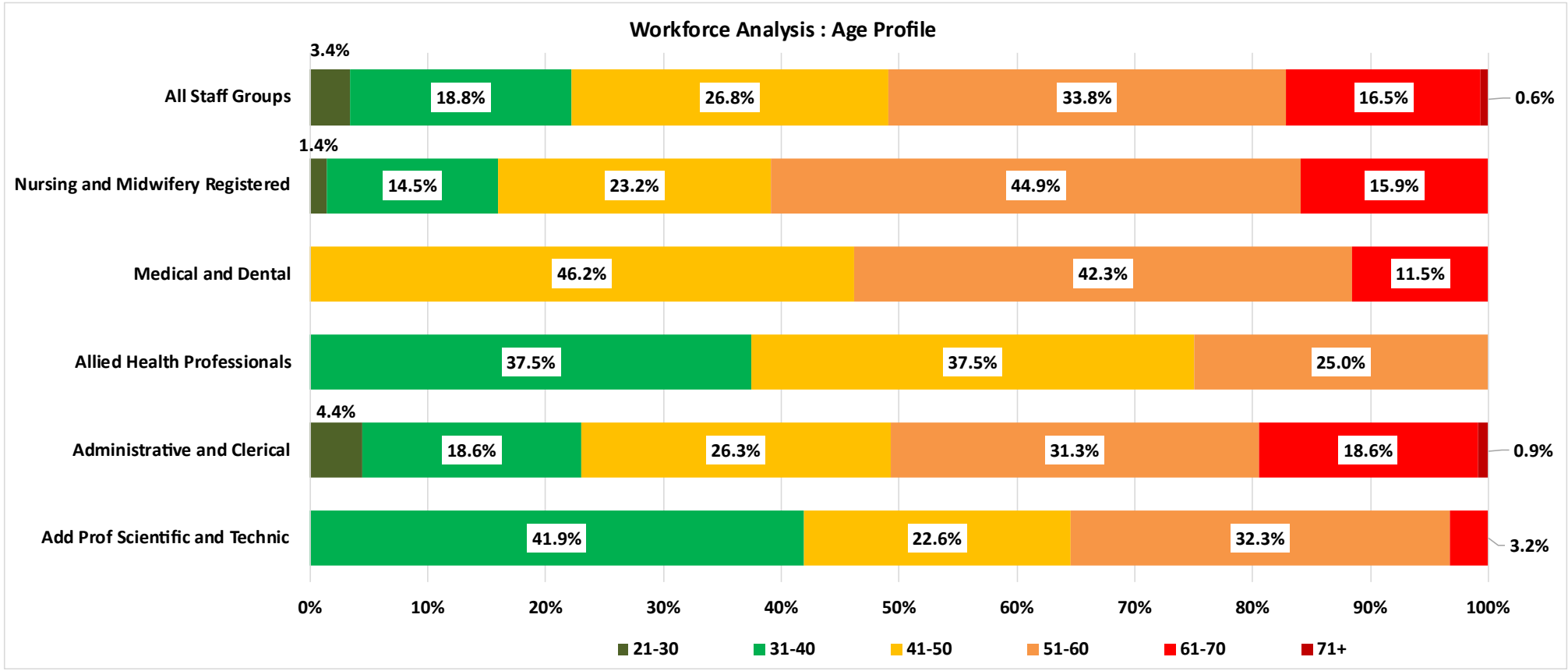


Chart 6: Workforce profile: Age, March 31 2025

Workforce profile: Sexual orientation and marital status

- 77.8% of the of workforce identified as Heterosexual, 20% declined to state their sexual orientation, while 1.27% identified as Gay or Lesbian
- 60.9% said they were married said they were married, followed by 20% said they were single and 1.48% declared they were in a civil partnership.

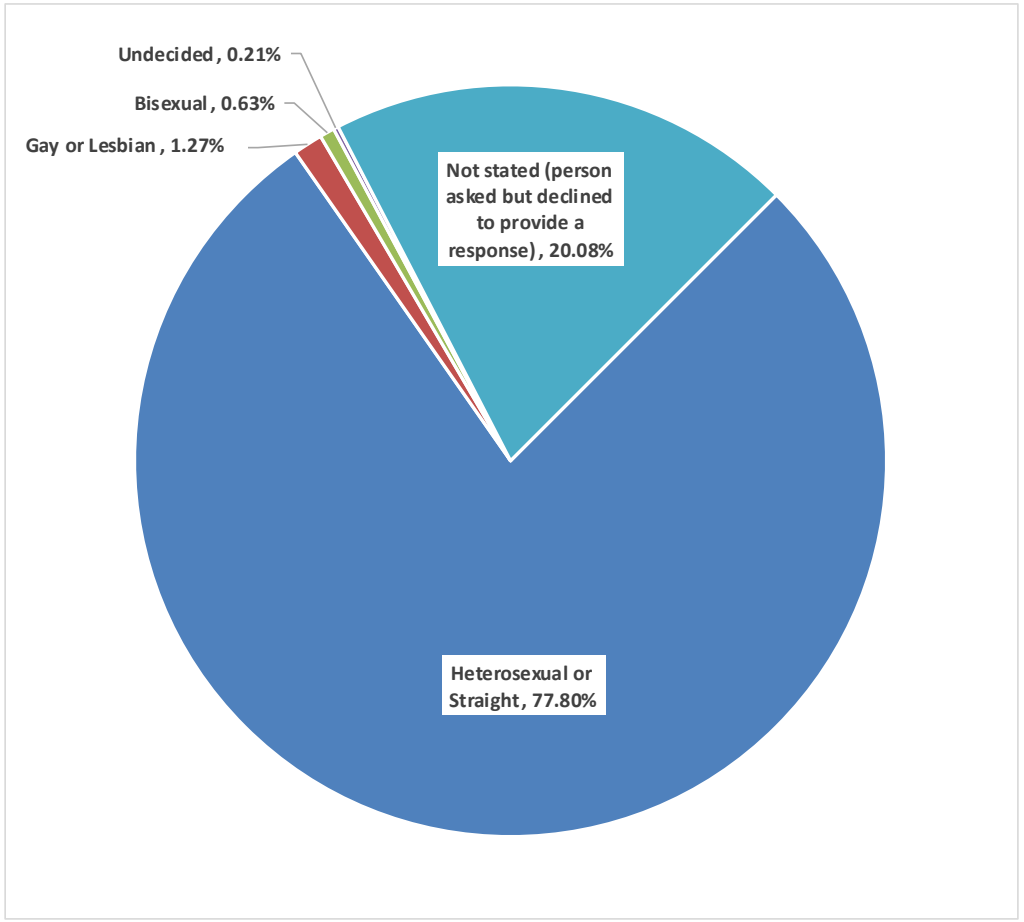


Chart 7: Workforce analysis: Sexual orientation, March 31 2025

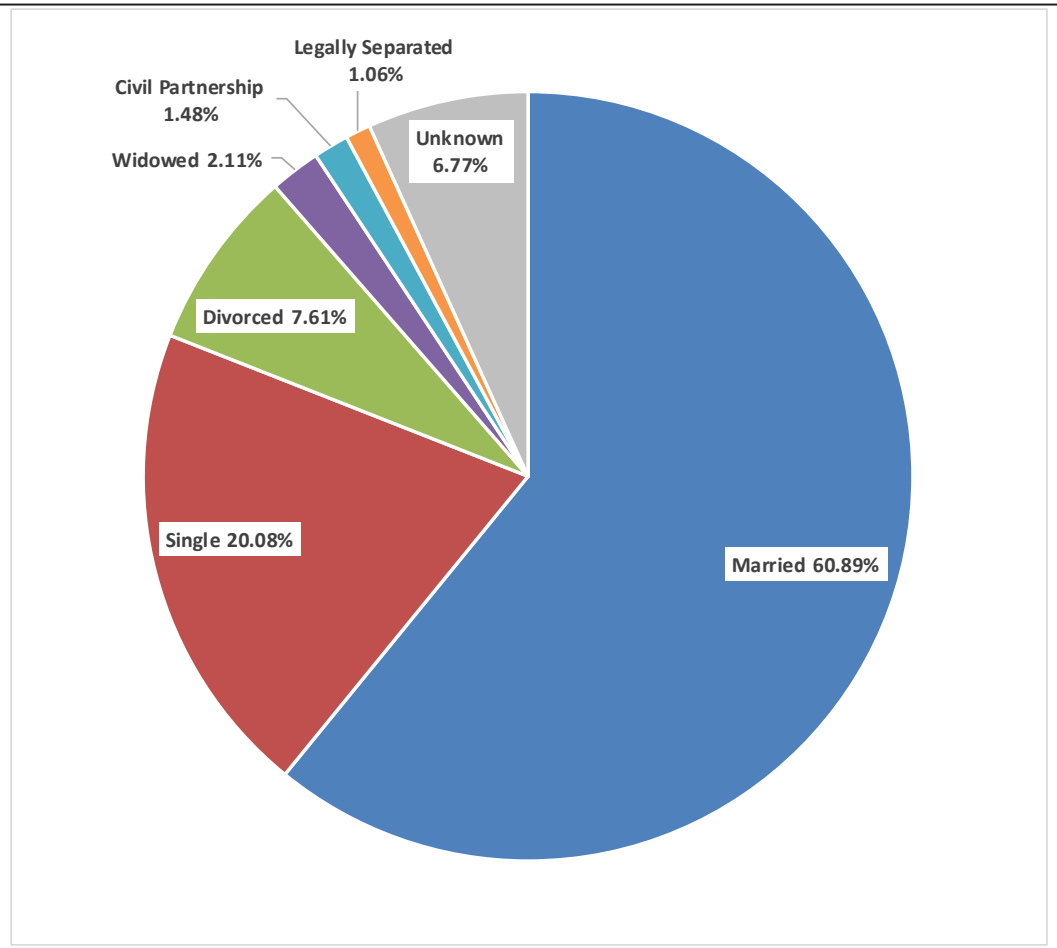


Chart 8: Workforce analysis: Marriage and Civil partnership, March 31 2025

Workforce profile: Religion/Faith/Belief

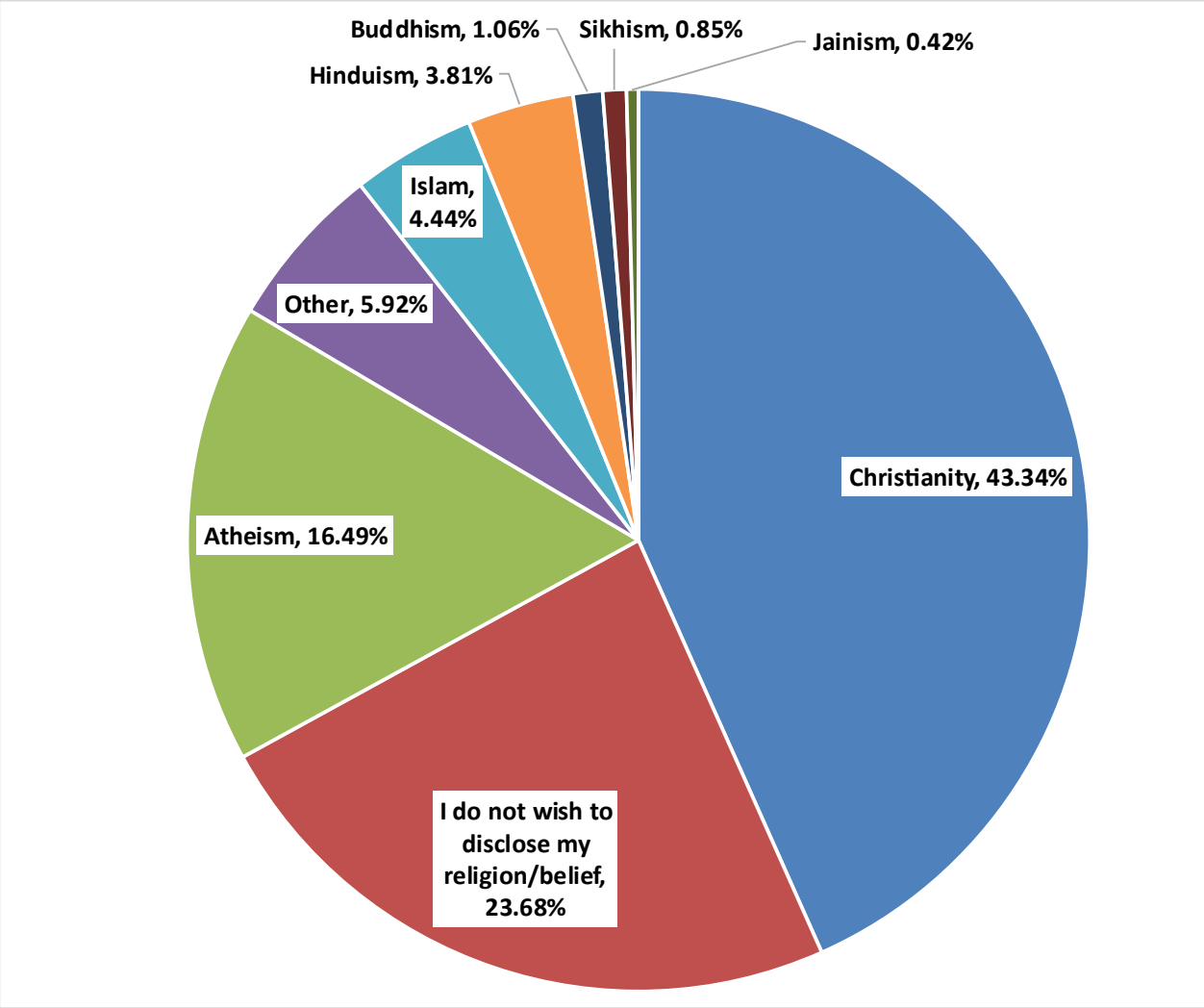


Chart 9: Workforce analysis: Religion, March 31 2025

The workforce profile for religion, highlights:

- 43.4% identified as Christian
- 23.7% did not wish to declare their religion/belief
- 16.5% identified as being Atheist
- 5.9% stated 'Other'
- 4.4% identified with Islam
- 3.8% identified with Hinduism
- 1% identified with Buddhism
- 0.85% identified with Sikhism
- 0.42% identified with Jainism

Workforce Equality Benchmarking

This section includes information on our workforce benchmarking results, including:

- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)
- Gender Pay Gap (GPG)
- Equality Delivery System: Due to the reorganisation process, the ICB did not undertake an EDS review in 2025/26 – but instead has reported against them through the Inclusivity through Change sections which relate to these two domains.

For the WRES, WDES and GPG the ICB's results have been compared with 2022-23 and national ICB average for 2024/25.

Key trends for BOB ICB – March 31, 2025

- **Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) benchmarking provides the reporting figures as at March 31, 2025. This** has been undertaken voluntarily for the third year. Comparisons with the previous year have been made where data is available. The analysis for these results need to be treated cautiously due to the small size of the organisation – with slight shifts in data showing large differences in outcomes. Non-disclosure by Ethnicity (11.48%) increased by 1.15% compared with 2023/24, showing a marginal deterioration. Non-disclosure by Disability (17.71%) reduced by 0.29%, showing very little material improvement. Supporting staff to feel confident to disclose their identities and creating a sense of belonging through a compassionate and inclusive culture will be a priority for Thames Valley ICB (*See WRES Results March 2025)*

- **WRES results** highlighted that White staff are 12.78 times more likely to be appointed from shortlisting – highlighting a critical need to ensure our recruitment process are fair and equitable, adopting recommendations set out in the BOB and Frimley Inclusive Recruitment guidance as we prepare for recruitments into the new Thames Valley ICB.

- The data highlighted that experiences of BME staff around bullying and harassment (from staff) and career progression were an improvement from last year (by 7.84% and 3.9% respectively) but remain worse when compared with those of White staff and the national average. BME and White staff experienced higher levels of bullying and harassment from patients and public compared with 2023/24, whilst perceptions on discrimination had improved for both groups (for BME staff by 8%, for White staff by 2%).

- **WDES Results:** Compared with 2023/24, the WDES results showed deterioration in experiences of disabled staff on most indicators, notably bullying and harassment from patients and public (+11%), from managers (+1.11%), and from colleagues (+9.42%). Reporting of bullying and harassment also dropped by 9.26%, which is a deteriorating trend, as a higher score is better for this indicator. Perceptions on career progression dropped by 5.7%, presenteeism increased by 3.8%, 12.5% fewer felt valued and % saying the organisation made reasonable adjustments dropped by 10.64%. Engagement scores for disabled staff also dropped by 0.6 points compared with the previous year. Overall experience scores for disabled staff (taken from the staff survey 2024/25) were lower than the national average. The disclosure rate on disability marginally improved to 6.05% (+0.53%).and likelihood of being appointed appeared favourable compared with non-disabled staff. *(See WDES Results, March 2025).*

Equality data – Key trends cont'd

- **Gender Pay Gap snapshot data for March 31 2025 highlighted a small but steady improvement - with mean pay gap (21.08%) reducing by 0.3% and median pay gap (11.15%) reducing by 1% compared with 2024.** The report highlighted that females were over-represented in all four pay quartiles, with the highest representation being in the Quartile 1 (86.54%) and the lowest in Quartile 4 (66.10%). Male representation was lowest in Quartile1 (13.46%) and highest in Q4 (33.9%). The proportion of women in senior-most pay quarter (quartile 4) was not reflective of the overall representation of women in the ICB (74.5%). Supporting their women to leadership roles will be a priority for the new Thames Valley ICB. *(See Gender Pay Gap results, March 2025)*

- **Ethnicity Pay Gap for the March 31 2025 snapshot data was undertaken for the first time.** The disclosure highlights that Ethnicity mean pay gap was 8.5%, indicating that the average hourly rate for BME staff was 8.5% less than White staff. Ethnicity median pay gap was 4% - meaning that median (mid-point) hourly rate for BME staff was 4% less than White staff. A disaggregated analysis produced for 7 ethnic groupings shows a greater representation of ethnic minority groups in lower pay bands compared with White staff and fewer in higher Afc pay bands is a likely cause of the driver. Mean and Median Pay Gap was found to be highest for Black staff

- We will do a full Ethnicity Pay Gap review in 2026/27 to monitor reasons for the disparity and offer a combination of flexible working, career progression and education opportunities to address structural barriers to progression. (*See Ethnicity Pay Gap, March 2025)*

Closing the gap: Key actions taken in 2025/26

To close the gaps highlighted in the Workforce Race and Disability Equality standards and Gender Pay Gap reports in 2024, we have taken a number of actions over the past year, which are now being jointly progressed with Frimley ICB as part of the transition into Thames Valley ICB. These include:

- **BOB ICB's Anti-Racism programme 2025-26**- including:
  - a 12-month Dialogue and Discussion series in collaboration with Race Equality Matters
  - promoting civility and respect through the Kindness in Action e-learning module
  - supporting inclusive recruitment,
  - and support for career progression.
  - The Antiracism Programme was the ICB's WRES Action Plan agreed in 2024/25 – the actions around inclusive recruitment and career progression are being developed jointly with Frimley ICB. We will jointly plan additional learning and education sessions in 2026/17 to support the interventions identified. (See Section on Enhancing Staff Capabilities)

- **Up-to-date guidance on reasonable adjustments** based on engagement with staff networks and trade unions, supported by lunch and learning sessions and engagement open to all staff. The final guidance will be completed by March 2025

- A**n up-to-date set of HR policies, procedures and guidance** to ensure staff and line managers have access to appropriate information to support staff – all of which have completed equality impact assessments
- **An agreed approach to staff engagement staff equality networks, including bimonthly meetings, closed safe space sessions, workshops, webinars and heritage month celebrations.** Two new forums – Managers' and Senior Leaders' Networks were set up to provide additional avenues for engagement through the change programme.

- **Ensuring workforce data is kept up-to-date and published** in keeping with guidance from the Equality and Human Rights Commission, NHS England and GDPR regulations – through regular communications to all staff through All Staff Forum and the monthly Bob Buzz newsletter.

- *(See Section: Improving Staff Experiences for more information)*

Workforce Race Equality Standard results, March 2025

Indicator 1 – Workforce profile by ethnicity for 2024/25 highlights:

- **Approximately 22.03%** (2% higher than 2023-24) of the ICB's workforce **identified as either Black, Asian, Mixed or from Other ethnic groups**. For the purposes of reporting, they have been grouped as BME in keeping with the WRES Technical Guidance.

- **Non-Disclosure on Ethnicity (11.4%) had increased marginally by 0.6**% compared with 2023-24 – but was an improvement from 2022-23 (by 1.46%). The non-disclosure rates were highest in the Medical and Dental workforce (23.08%), followed by non-clinical roles (12.7%).

- **BME representation was highest at Bands 8a-8b in non-clinical and clinical roles - (27.6% and 34.2% respectively),** 3% higher than last year for Non-Clinical roles and 5.6% higher for clinical roles - showing an improvement in representation in these roles since 2023-24. The proportion of BME staff drops off in 8C-VSM roles for clinical and non-clinical roles (12% and 8.7% respectively). However, compared with 2022-23, the % of non-clinical BME staff was 1.3% higher, but 4.9% lower for clinical roles.

- **Board representation (voting members) in terms of ethnicity was 11% higher than the workforce** (indicating a greater ethnic minority voting board representation compared with the overall workforce). The percentage difference between Executive Board members and the workforce, however was –22% - highlighting that BME representation in Executive roles was 22% less than the overall workforce representation.

The ICB will continue to encourage staff to report their personal data on protected characteristics to support accurate workforce analysis and target improvement initiatives to improve ethnic minority representation in leadership roles (8c upwards), whilst offering career development support open to all through NHS Elect and the South East Leadership Academy.

WRES March 2025 – Workforce Representation

AfC	2024-25					
	Non Clinical			Clinical		
Afc	BME	White	Not Declared	BME	White	Not Declared
Bands 1-4	26.3%	63.2%	10.5%	0	0	0
Bands 5-7	24.2%	65%	10.8%	13.3%	75.6%	11.1%
Band 8a-8b	27.6%	58.2%	14.3%	34.2%	65.8%	0%
8c-VSM	12%	73.3%	14.7%	8.7%	91.3%	0%
Total	**22.7%**	**64.7%**	**12.7%**	**19.8%**	**75.5%**	**4.7%**

Table 2: WRES 2024-25 – Workforce representation by AfC Bands

Workforce Overall	BME	White	Not declared
Non Clinical	**22.7%**	**64.7%**	**12.7%**
Clinical	**19.8%**	**75.5%**	**4.7%**
Medical and Dental	**23.08%**	**53.85%**	**23.08%**
Total Workforce	**22.03%**	**66.52%**	**11.45%**

Table 3: WRES Workforce representation 2023-25, Clinical and Non Clinical roles

Workforce Overall	BME	White	Not declared
2022-23	**19.9%**	**67.1%**	**13%**
2023-24	**20.17%**	**69%**	**10.83%**
2024-25	**22.03%**	**66.52%**	**11.45%**

Table 4: WRES Workforce representation 2022-25

BOB ICB WRES March 31 2024/25 – compared with 2023/24

Indicator Description	2022-23	2023-24	2024-25	ICB Sector Average 2024-25
1. BME staff representation in workforce overall	19.9%	20.17%	22.03%	Not Available
2. Relative Likelihood of White Staff being appointed compared to BME	1.30	2.51	12.78	Not Available
3. Relative likelihood of BME staff entering formal disciplinary procedure compared to White	0.41	0	0	Not Available
4. Relative likelihood of White staff accessing non-mandatory training	Not Available	Not Available	Not available	Not Available
5. %experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BME: 17.5% White: 6.8%	BME:5.36% White: 7.6%	BME: 8.51% White: 8.47%	BME: 7.36% White: 7.02%
6. %experiencing harassment, bullying or abuse from staff in the last 12 months	BME: 30% White:19.6%	BME: 35.7% White: 21.6%	BME:**27.87%** White: **20.85%**	BME: 21.13% White: 15.21%
7. % believing the ICB provides equal opportunities for career progression	BME: :17.95% White: : 38.89%	BME: 23.2% White: 49.3%	BME: **27.12%** White: **44.87%**	BME: 36.88%: White: 54.91%
8. % who have experienced discrimination from Manager/Team leader	BME 15% White: 4.5%	BME: 28% White: 9.46%	BME: **20%** White: **7.36%**	BME: 15.19% White: 5.06%
9. BME board representation (voting) minus BME workforce representation* Red – Worse than 2022/23, Green – Better than 2022/23	BME: 28.6%, Difference: 8.7%	BME: 20% Difference: 0	BME: 33% Difference: 8%	Not Available

Workforce Disability Equality Standard, March 2025

Indicator 1: Workforce analysis by disability suggests:

- **Approximately 6.05% of the workforce had disclosed their disability statues** – a 1% improvement since 2023-24.
- **Non-Disclosure rates were highest in medical and dental roles (46.15**%, - 5.7% lower than last year – showing an improvement), followed by Non-Clinical roles 17.2% (1.4% higher or worse than last year).
- **Disclosure on disability was highest in clinical roles at Bands 5-7** (13.3% - an improvement from last year) and lowest in Band 8c-VSM non-clinical roles (1.6% - marginally worse than last year).

WDES, March 2025 – Workforce Representation

AfC	2024-25					
	Non Clinical			Clinical		
Afc	Disabled	Non Disabled	Not Declared	Disabled	Non Disabled	Not Declared
Bands 1-4	2.6%	73.7%	23.7%	0	0	0
Bands 5-7	9.2%	74.2%	16.7%	13.3%	68.9%	17.8%
Band 8a-8b	4.1%	82.7%	13.3%	7.9%	84.2%	7.9%
8c-VSM	1.6%	77%	21.3%	4.3%	87%	8.7%
Total	**5.4%**	**77.3%**	**17.2%**	**9.4%**	**78.3%**	**12.3%**

Table 6: WDES: Workforce Profile: Analysis by Afc band

	2023-24			2024-25		
	Disabled	Not Disabled	Undeclared	Disabled	Not Disabled	Undeclared
Non Clinical	5.4%	78%	16.6%	5.4%	77.3%	17.2%
Clinical	7.1	78.6%	14.3%	9.4%	78.3%	12.3%
Medical and Dental	0	48.15 %	51.85%	0	53.85%	46.15%
Total	5.52%	76.43 %	18.05%	6.05%	76.24%	17.71%

Table 7: WDES: Workforce analysis: Clinical and Non Clinical roles

Workforce Overall	Disabled	Non Disabled	Not declared
2022-23	2.49%	71%	26.5%
2023-24	5.52%	76.43%	18.%
2024-25	6.05%	76.24%	17.71%

Table 8: WDES: Workforce analysis: 2022-25

BOB ICB WDES – Comparisons with 2024-25 and national average

	Indicator Description	2022-23	2023-24	2024-25	ICB Average
1.	% Declaring disability	2.5%	5.52%	6.05%	N/A***
2	Relative likelihood of non-disabled staff being appointed compared with disabled	2.54	0.94	0.43	N/A
3	Relative likelihood of disabled staff entering capability processes compared with non-disabled	0	0	0	N/A
4a	% of staff experiencing harassment, bullying or abuse from patients, relatives or public	With LTC**::14.6% Without LTC: 7.2%	With LTC** 6.94% Without LTC: 7.25%	**With LTC: 18.31%** **Without LTC:5.19%**	With LTC: 1 Without LTC:
4b	% experiencing bullying, harassment and abuse from managers	With LTC: 12.2%; Without LTC: 14%:	With LTC: 19.44% Without LTC: 14.49%	With LTC::**20.55%** Without LTC: **11.30%**	With LTC: Without LTC:
4c	% experiencing bullying, harassment and abuse from other colleagues	With LTC: 17% Without LTC:15.7%:	With LTC: 12.50% Without LTC: 16.10%	With LTC: **21.92%** Without LTC: **13.04%**	With LTC: Without LTC:
4d	% saying that the last time they experienced harassment/ bullying at work, they/colleague reported it	With LTC: Nil Without LTC: 25%	With LTC: 50% Without LTC: 46.81%	With LTC::**40.74%** Without LTC: **50%**	With LTC: Without LTC:
5	% who believe that their organisation provides equal opportunities for career progression or promotion	With LTC: 39% Without LTC: 33.9%	With LTC: 40.28% Without LTC: 45.41%	With LTC:: **34.72%** Without LTC: **42.36%**	With LTC: Without LTC:

** LTC – refers to people with long-term disabilities – and is the description used in the staff survey. ***N/A – Not Available – as there is no comparative national benchmarking data for ICBs. This is being undertaken voluntarily.

Gender Pay Gap snapshot for March 2025

BOB ICB	2023	2024	2025
Mean Pay Gap	24.92%	21.4%	21.08%
Median Pay Gap	13.6%	12.72%	11.15%
Bonus Pay Gap	0	0	0

Table 10: Gender Pay Gap 2022-25

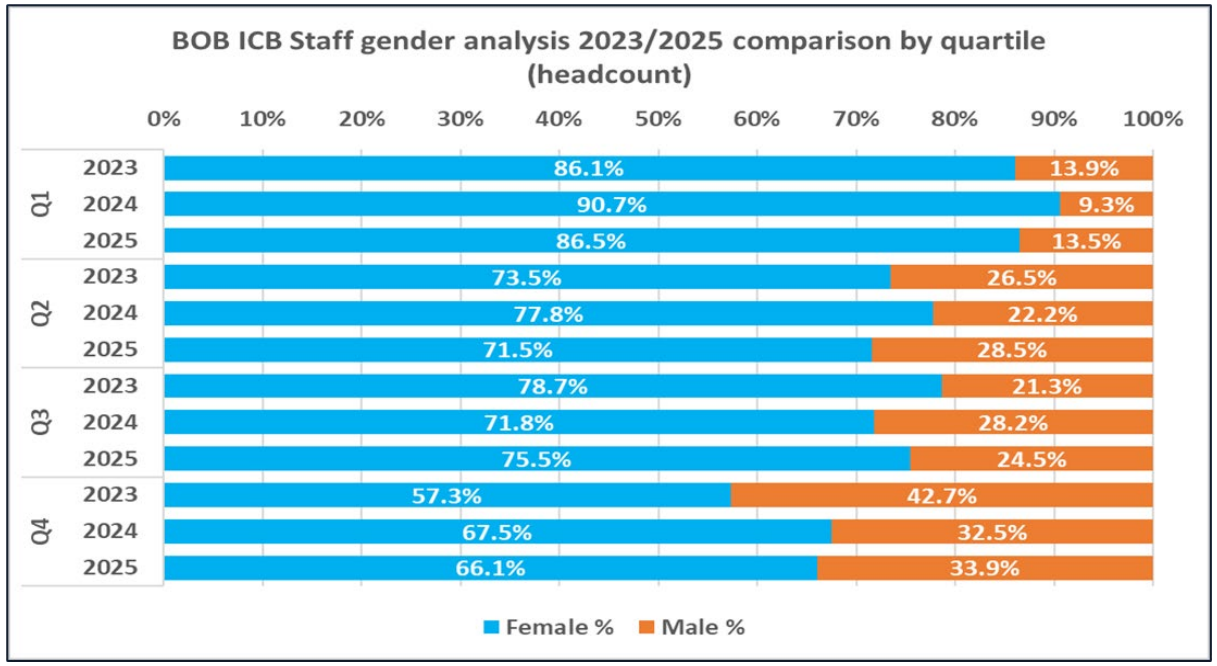


Chart 10: Gender Pay Gap 2022-25 – Pay Quartiles

Key highlights for 2025 compared with 2024:

- Mean and Median Pay Gaps narrowed steadily over 3 years – reducing by 0.32% and 1.57% respectively in 2025 (see Table above) .
- Female representation dropped by 1% in Quartile 4 compared with 2024 – however, representation was 9% higher than 2023.
- Male representation improved in Quartile 4 by 1.4% compared with 2024 (See Chart 11).
- Quartile 3 saw the highest increase in female representation in 2025, a 3.7% increase from 2024.
- Compared with their overall representation in the workforce (74.5%), female staff were under-represented in leadership roles (Quartile 4) and over-represented in Quartile 1. Supporting their career progression will be a priority in Thames Valley ICB.

Gender Pay Gap March 2024 snapshot – comparison with SE ICBs

Integrated Care Board	Mean Pay Gap %	Median Pay Gap %	Bonus Pay Gap %
Buckinghamshire Oxfordshire and Berkshire West	21.4%	12.7%	No bonuses were paid.
Surrey Heartlands	**9.7%**	12.3%	No bonuses were paid.
Kent and Medway	27.1%	15.1%	No bonuses were paid.
Sussex	20.6%	**9.7%**	No bonuses were paid.
Hampshire and Isle of Wight	**23.9%**	19.8%	No bonuses were paid.
Frimley	20%	**25%**	No bonuses were paid.

The above information is drawn from the Government Equalities Office website – it compares disclosure rates for the March 2024 snapshot for ICBs in the South East. ICBs with the highest Pay Gap are in Red, whilst those with the lowest Pay Gap are in Green.

Surrey Heartlands ICB had the lowest mean pay gap whilst Sussex ICB had the lowest median pay gap. Hampshire and Isle of Wight ICB had the highest mean pay gap and Frimley ICB had the highest median pay gap.

March 2025 comparisons will be available from April 2026.

Gender Pay Gap March 2024 SE snapshot – Pay Quartile

Integrated Care Board	Quartile 1	Quartile 2	Quartile 3	Quartile 4 (highest paid)
Buckinghamshire Oxfordshire and Berkshire West	**90.7%**	77.8%	71.8%	67.5%
Surrey Heartlands	83.9%	82.2%	80.3%	72.7%
Kent and Medway	88.2%	81.6%	74.4%	**61.5%**
Sussex ICB	83.2%	85.8%	75.8%	65.7%
Hampshire and Isle of Wight	88.0%	83.1%	74.3%	64.3%
Frimley	83.5%	80.9%	72.5%	61.8%

This Table highlights comparisons across pay quarters – focussing on the lowest pay quarter (Quartile 1) and highest pay quarter (Quartile 4). The ICBs with the lowest representation at Quartile 4 and highest representation at Quartile 1 are highlighted Red.

Ethnicity Pay Gap, snapshot March 2025

The Equality (Race and Disability) Bill, which is likely to be passed in 2026, will require employers to report on ethnicity and disability pay gaps in the same way as gender. At BOB ICB we have produced the Ethnicity Pay Gap snapshot for March 31 2025 for the first time, based on data drawn from our Employee Staff Records. We are not producing a Disability Pay Gap this year due to the low disclosure rate on ESR currently, which may make the analysis meaningless.

The Ethnicity Pay Gap analysis compares the mean and median pay for Ethnic Minority Staff (the term BME is being used for the purposes of reporting) compared with White staff. We are also including the calculations for staff whose ethnicity is 'Unknown', and will provide a snapshot of hourly rates to gain additional insight.

Ethnic Origin Grouping Summary	Mean Hourly Rate	Median Hourly Rate	Total Full Pay Relevant Employees
BME	31.0517	27.4905	101
Not Known	38.4161	28.1807	52
White	33.9474	28.6403	302
% Diff White - BME	8.5299	4.0145	67
% Diff White - Not Known	-13.1637	1.6048	83

Table11: Ethnicity Pay Gap March 2025

Ethnicity Pay Gap disclosure as at March 31 2025:

- **Total WTE staff**: 455, BME: 22%, White:66.4%, Unknown: 11.4%
- **Mean Ethnicity Pay Gap:** 8.5% - this means the average hourly rate for BME staff was 8.5% less than White staff.
- **Median Ethnicity Pay Gap:** 4% - this means the median (mid-point) hourly rate for BME staff was 4% less than White staff.
- **Mean Pay Gap for Ethnicity Not known**: -13.16% - this means the average pay for those whose Ethnicity was not known was 13.16% higher than that of those disclosing as White staff
- **Median Pay Gap for Ethnicity Not Known:** 1.6% - this means the median hourly pay for this group was 1.6% lower than those disclosing as White staff.

Ethnicity Pay Gap disaggregated

Ethnic Origin Grouping	Mean Hourly Rate	Median Hourly Rate	Total Full Pay Relevant Employees
Asian	33.09	28.87	59
Black	23.58	19.09	26
Mixed	36.19	30.94	15
Not Stated	38.41	28.18	52
Other	27.49	27.49	1
White British	34.22	28.87	266
White Other	31.88	27	36
% Diff White British - White Other	6.85	6.46	86
% Diff White British - Asian	3.31	0.0000	78
% Diff White British - Black	31.08	33.86	90
% Diff White British - Mixed	-5.74	-7.17	94
% Diff White British - Other	19.68	4.78	100
% Diff White British - Not Stated	-12.24	2.39	80

Table 11: Ethnicity Pay Gap disaggregated – 7 classifications

The disaggregated analysis for 7 groups highlights:

- **Mean hourly** rate was highest for those with Ethnicity Not stated (£38.41), followed by those identifying as Mixed (£36.19), then White British (£34.22).
- **Median hourly rate** was highest for those identifying as Mixed (£30.94), followed by those identifying as White and Asian (£28.87), then Not Stated (£28.18)
- **Mean and Median Pay Gap** was highest for Black British group (31.08% and 33.86%) .

Possible reasons for the Pay Gap could include fewer Black staff in leadership roles and overrepresentation in Quartile 1 (lowest pay quarter - see overleaf).

We will review the results as part of a wider career progression programme for staff in 2026/27 as part Thames Valley ICB's Equality Diversity and Inclusion Improvement Programme.

Ethnicity Pay Gap: Pay Quartile

Quartile	Asian	Black	Mixed	Not Stated	Other	White British	White Other	Total
1	14%	14%	2%	11%	0%	52%	7%	100%
2	11%	3%	2%	12%	1%	59%	12%	100%
3	19%	4%	5%	10%	0%	57%	5%	100%
4	8%	3%	3%	13%	0%	65%	8%	100%

Analysis by Pay Quartile suggests:

- 65% of staff in the uppermost (highest) pay quartile were White British, compared with 3% identifying as Black, 3% as Mixed and 8% as Asian. 13% in Quartile 4 did not state ethnicity.
- Highest representation of Asian staff was in Quartile 3 (19%)
- Highest representation of Black staff was in Quartile 1 (14%).

Improving Staff Experiences – Inclusivity through Change

In light of the change and reorganisation programme, the organisational development programme planned at the start of the year was revised and reframed.. This section highlights work undertaken since April 2025, against the nine areas highlighted in the NHS South East Inclusivity through Change document – linking each to the National High Equality Impact Actions:

- Leading through change
- Compassion through change
- Communication – Accessibility
- Evaluating equality impact through change
- Engaging staff and communities
- Inclusive Assessment and Selection
- Career support during change
- Organisational Development Interventions
- Wellbeing support

Leading through change

Since the publication of the Model ICB Blueprint and Fit For the Future: NHS 10-Year Health Plan, the ICB leadership has adopted a range of measures over 2025-26 to ensure equality and inclusion is embedded in all stages of the change. These are summarised below. Link to Equality High Impact Actions are also highlighted in the Table below.

Key actions (linked with High Equality Impact Action 1 – Leaders setting ED&I Objectives and plans)	Plans for 2026/27
• Joint Transition Executive established, supported by People and Culture and Equality and Quality Impact Assessment Working groups. • Interim values agreed for new Thames Valley ICB (*see overleaf)* • Fortnightly All staff Forum meetings were held led by the Chief Executive to provide staff with regular updates. • Weekly feedback from Executive meetings were shared with managers and senior leaders. • Equality and Quality impact analysis is being undertaken iteratively at each stage of the change process to identify and manage risks in a timely manner. • Strategic Equality Objectives for new Thames Valley ICB are being drafted – to be finalised in March 2025. • Equality impact assessments have been completed on voluntary redundancies, staff transfers from Frimley ICB, closure of Aldershot Health Centre and closure of Frimley and BOB ICBs. • Chief Executive has sponsored the BOB Antiracism programme *(see Section on Enhancing staff capabilities)* • Executive sponsorship and support for network-led activities, including: Black History Month Conference in October 2025, Disability History Month Conference and workshop on Transawareness in December 2025 *(see more details in section on Staff Engagement).*	Sustainable support for staff networks for Thames Valley ICB to be agreed in Aoril-May 2026 Equality Objectives and vision for Thames Valley ICB to be finalised in March 2026

Compassion through change

To ensure staff feel supported and heard through the change process, a number of workshops, meetings and drop-in sessions were held in 2025. Learning from last year's change programme, frequent communication at all levels was undertaken to ensure staff had opportunity to seek clarification and escalate concerns. Key actions are given below.

Key actions – linked with High Impact Action 4 – addressing perceptions on bullying, harassment and discrimination and health inequalities at workplace	Plans for 2026/27
Interim Values adopted by Joint Transition Executive: • **Compassion** – We put people first, valuing dignity, respect, inclusion and kindness in everything we do • **Collaboration** – We work as one team with our colleagues and communities, building trust and taking shared responsibility • **Excellence** – We continually learn, improve and strive to deliver the highest quality of care and service, and ensure value for money for our populations Drop-ins were organised by the HR Team to provide more detailed explanations on MARS, Voluntary Redundancies, COSPO (transfer), Pensions and Consultation processes. In addition, to support staff through the reorganisation the ICB offered workshops on: • Managing Self through Change • Leading Self Through Change • Taking Stock • Financial wellbeing • Access to a range of mental health support, including Employee Assistance Helpline, Occupational Health, Staff Network chairs and NHS Wellbeing apps	Values to be refreshed following launch – to be updated following further feedback. Welcome packs and inductions planned to facilitate safe transfer into new ICB in April 2026

Communication through Change

To ensure information shared on the change and reorganisation was accessible, clear and easy to understand, the ICB increased the frequency and communication methods. These are set out below.

Key Actions – Linked woth High Impact Action 4&6: addressing health inequalities at work and bullying, harassment and discrimination at the workplace	Plans for 2026/27
Weekly communication bulletins were set out to all by email, fortnightly All Staff Briefings and the monthly BOB Buzz newstetter. For more accessible information/explanations on the technical aspects of change, such as MARS and Voluntary Redundancy Schemes, weekly drop-in sessions were organised by the HR Team where staff had the opportunity to ask more detailed questions. Trade Union representatives have held closed briefing sessions with our three staff networks, so that the technical aspects could be clarified in a confidential space. This took place for the MARS, Voluntary Redundancy, COSOP (transfers) stages. The communication and engagement strategy for the ICB commits to use plain, respectful and culturally appropriate language in all communications. Communications were also offered in multiple formats (e.g., Easy Read, BSL, large print) on request. Additional insight and feedback offered through the CARE, LGBTQIA+, disability networks and Trade Unions have informed the transition work and helped improve approaches to communications. A Transition Page on the intranet with all key information on the reorganisation has been maintained – which includes the process, timelines, wellbeing and career development resources and FAQs for staff. A Transformation Update Newsletter keeping staff regularly updated is also published on the intranet..	To study best practice around communications inclusive and improvise further. New Thames Valley ICB website to include a welcome page with information on staff networks, ED&I, Freedom To Speak Up Guardians and wellbeing resources.

Evaluating equality impact of change – 1/2

Since the announcement of the change programme in March 2026, the ICB has made a conscious efforts to ensure ED&I is embedded in the planning and implementing process of the change.

Key Actions	Plans for 2026/27
• The **BOB and Frimley Joint Transition Executive** is supported by two working groups which address ED&I and culture: the Quality and Equality Impact Assessment Group and the People and Culture Working Group which are chaired by the Strategic ED&I Advisor and Chief People Officer respectively. Both working groups have been meeting fortnightly to ensure oversight and progress according to plan. • Through the Quality and Equality Impact Assessment Working Group, progress is monitored on completion of Equality Health Impact Assessments (EHIAs) and ensuring risks and mitigations are identified in a timely manner. These assessments focus on the impact of change on staff sharing the nine protected characteristics under the Equality Act 2010. • Staff have also been offered Equality Impact Assessment training organised by the South East ED&I Lead and Hamshire and Isle of Wight ICB. **Work progressed includes:** • Completion of the equality analysis of the BOB and Frimley ICB workforce as at October 31, 2025 to ensure we have an up-to-date staff profile from the start of the change programme. This is serving as a baseline against which the impact of change on the workforce is being monitored. **EHIAs completed as at February 2026:** • Voluntary Redundancy applications • COSOP process for transfer of BOB and Frimley staff into Thames Valley ICB • Close down BOB and Frimley ICB and set up of new ICB • Southern Transfers • Staff Consultation on New Organisational Structure • Dental Hub Disinvestment	Update EHIA process based on feedback and plan for additional training/briefing sessions. Analyse equality impact of change after new structure is ready

Evaluating equality impact of change – 2/2

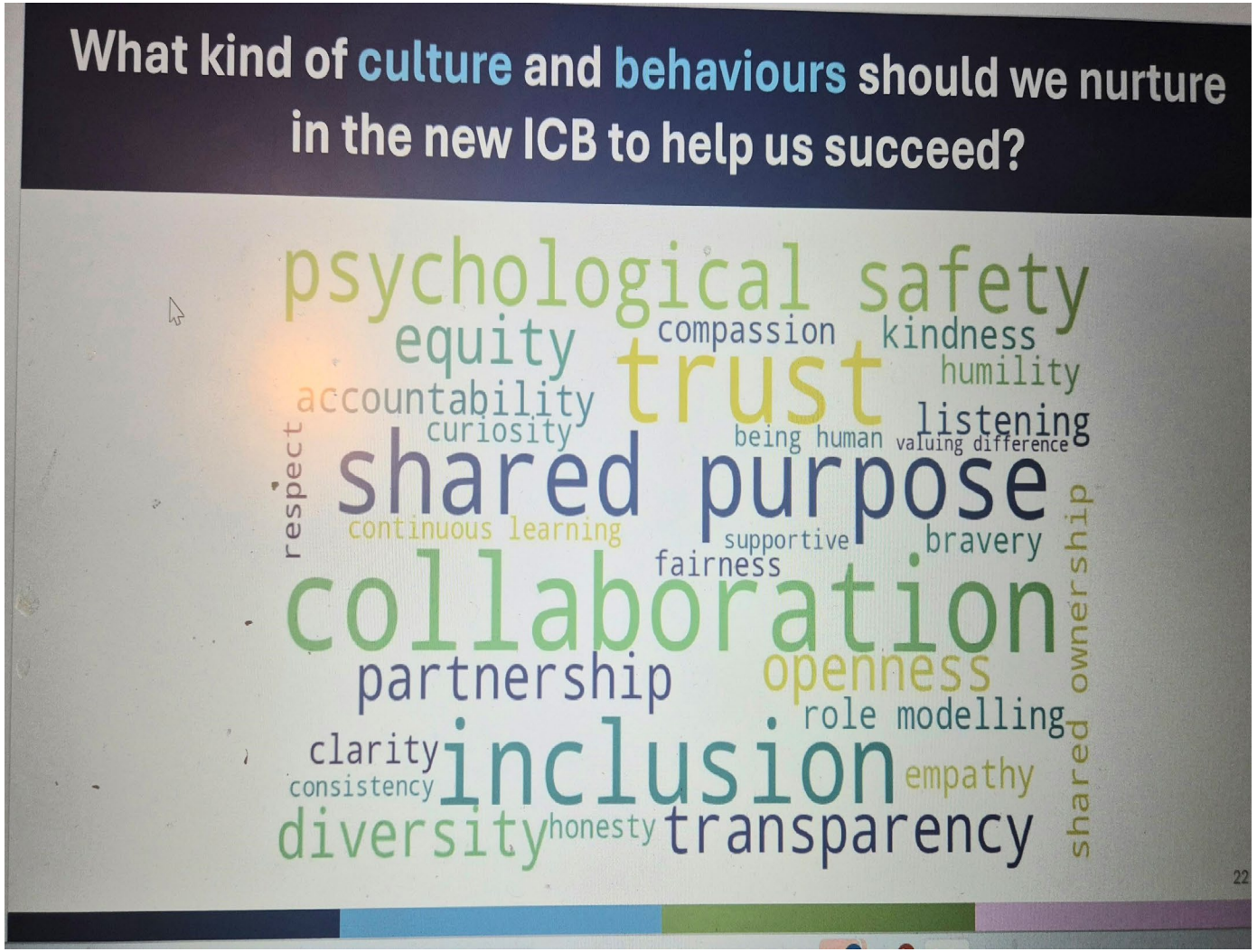
Key Actions	Plans for 2026/27
Other actions taken: • We involved staff network and trade union representatives in the review of the EHIAs to ensure feedback is captured to strengthen the assessments and inform decision-making. • Findings from the EHIAs will be used to inform future improvements through the next stage of the change including exit interviews, safe transfer and onboarding into Thames Valley ICB and future improvements to support upcoming recruitment and retention. • The full impact will be ascertained after the new structure is implemented and an analysis of those at risk of redundancy is completed. **Emerging findings from the EHIAs include the need for:** • greater consideration of reasonable adjustments and flexible working in the new Thames Valley ICB – as the change of office base may adversely impact staff with long-term conditions and caring responsibilities. • consideration of mitigations related to religion, faith of belief – with the consultation period coinciding with religious observance, notably Ramadan, followed by Easter. • an updated population profile across Thames Valley, analysed by protected characteristics.to support future benchmarking and analysis.	To continue involvement of staff network and trade union reps in EHIAs to strengthen scrutiny and assurance

Engaging staff and communities

Regular engagement and 'over-communicating' has been central to the change process to ensure staff, communities and partner organisations are kept well-informed. Between June and August 2025 a number of engagement sessions were held to understand staff views on the proposed Thames Valley ICB, with a focus on culture and relationships.

Key Actions – Linked with High Equality Impact Action 4 &6 :Address health inequalities at workplace and eliminate bullying, harassment and discrimination from any source	Plans for 2026/27
Staff • **Between. 21st & 31st July, 278 staff from BOB and Frimley ICB participated in 13 virtual workshops sharing over 4,000 thoughts, ideas and questions on the purpose, culture and ways of working** for the future Thames Valley ICB. Equality and Inclusion was embedded in the engagement process from the start – with the engagement sessions highlighting the need to focus on psychological safety, trust and compassion (see next slide). . • Dedicated drop-in sessions were held through the year with HR Teams, Trade Union representatives and Staff Network members thereafter – to ensure information shared on the MARS, Voluntary Redundancies and the transfer process into the Thames Valley ICB was accessible and staff from minoritised groups had opportunity to seek clarification in a safe and confidential space. • Staff Network chairs have been held dedicated Safe Space sessions and surveyed members to get anonymised views – which have been escalated to the People Team. (*See more in section on Staff Engagement).* • Fortnightly meetings were held with the Managers' and Senior Leaders' Networks to ensure staff concerns across all levels were heard, to ensure robust sharing of information across teams.	Build on staff engagement findings to design culture development programme. Thames Valley ICB inductions to include a section on Equality Diversity and Inclusion

Culture and Behaviour: staff engagement event



Key themes from the staff engagement event in July 2026 – identifying values and behaviours to be nurtured in Thames Valley ICB:

Need to:

- foster psychological safety and a learning culture.
- build trust and ensure transparency.
- embed inclusion, equity and belonging.
- act with compassion and kindness.
- collaborate around shared purpose.
- lead by example and role model behaviours.

Engaging stakeholders

Stakeholder engagement sessions were also held between July and August 2025, including NHS Trusts, Primary Care leadership, Local Authorities representatives, voluntary, community and social enterprise (VCSE) sector, Healthwatch, academic, research and innovation organisations and elected representatives. 40 partner organisations provided feedback.

Key Actions	Plans for 2026/27
Feedback from external partners highlighted the need for: • Greater clarity of roles and responsibilities between partners • Support for outcome-based commissioning and streamlining for contractual arrangements • Evidence-based commissioning – based on data and insights, which can be actionable. • Support for integrated care at neighbourhoods and for place-based partnerships • Ensuring health inequalities was central to the ICB's role • Ongoing VCSE engagement, with a focus on volunteering and pathways into paid employment.	Continued focus on VCSE engagement in ICB's strategic commissioning work.

Inclusive recruitment and selection

BOB and Frimley ICBs have collated their resources on inclusive recruitment and have been reviewing options to ensure recruitment, selection and onboarding is fair, inclusive and robust.

Key Actions – Linked to High Impact Action 2 - Embedding fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	Plans for 2026/27
• Compiling the BOB and Frimley guidance packs on Inclusive Recruitment. • Setting up an Inclusive recruitment Task and Finish Group as part of the BOB antiracism strategy – feedback from members been used to inform the recruitment options around upcoming recruitment for both – internal ring-fenced roles (Suitable Alternative Employment) and roles advertised externally (competitive recruitment). • The recruitment policy has been updated in keeping with ACAS guidance and the recruitment team have considered options, including assessment centres, process and design of panel interviews and inclusion champions. • The Inclusive Recruitment Guidance packs have been uses to inform Job Description templates for Thames Valley ICB. • Staff have been offered access to a range of courses on recruitment and selection, career planning and leadership development through NHS Elect, Linkedin Learning and the South East Leadership Academy career series. • Staff have had access to the mentoring and coaching through the Buckinghamshire Health and Social Care Academy and the South East Leadership Academy. • We will also procure face-to-face inclusive recruitment training for staff between April and June 2026.	Additional training on debiasing recruitment

Career support through change 1/3

Through 2025, we have offered staff a range of career development support through subscriptions to high-quality learning platforms, such as NHS Elect, Linkedin Learning and the South East Leadership Academy. Details given below:

Key Actions – Linked with High Equality Impact Action 2 - Embedding fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	Plans for 2026/27
NHS Elect: Staff have had access to over 150 courses around leadership and management development. Between April and December 2025 from BOB and Frimley ICBs : ➢ 537 attendances at webinars ➢ 617.5 learning hours ➢ 376 registered users on the NHS Elect website ➢ 161 online course sign ups ➢ 141 learning hours via online courses ➢ 758.5 total online learning hours **Popular courses included:** • **Compassionate conversations** • CV writing and interview skills • Career Planning and progression • Quality improvement • Making the most of AI	Inclusive recruitment training for recruiting managers Renewal of NHS Elect subscription in 2026/27 Thames Valley Shadow Board to create a representative leadership pipeline

Career support through change 2/3

Key Actions – Linked with High Equality Impact Action 2 - Embedding fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	Plans for 2026/27
Other career support offers for BOB and Frimley ICB staff included: **Linkedin Learning: A**ccess to a free 6-month subscription to the Linkedin Learning platform – including over 10,000 expert-led courses in a range of areas from certified courses to byte sized leadership development webinars. **Between July and December 2025 – snapshot of access to the platform:** ➢ 522 of the 650 (80%) licenses offered were activated. ➢ 512 unique user logins ➢ 200 monthly repeat learners **Popular courses:** • Project Management Foundations – 25 • What is Generative AI – 14 • Excel Essential Training – 13 • How to speak smarter when put on a spot - 12 • How to boost your productivity with AI Tools -8 • AI Driven Project Manager - 8 • Agile Foundations - 7 • Excel Formulae and Functions: Quick Tips -7 • How to Lead Hire and Get Ahead – 7 • How to stop being busy and start being strategic – 7	NHS Elect licence renewed Management and Leadership Develop Programme planned for Thames Valley ICB

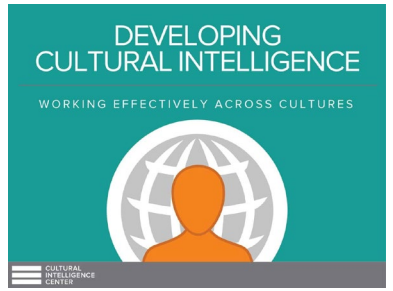
Career support through change 3/3

Key Actions – Linked with High Equality Impact Action 2 - Embedding fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	Plans for 2026/27
Career support for BOB and Frimley ICB staff also included: • **NHS England South East Leadership Academy** – Career development offers and ED&I skills development courses between August and December 2025. • **BOB ICS Leading through Cultural Intelligence Course** – to enhance staff capabilities in navigating change and diverse cultures (see more in Section on Enhancing Staff Capabilities). • **BOB ICB's Antiracism Dialogue and Discussion series –** (*See more in Section on Enhancing staff capabilities)*	NHS Elect licence renewed Management and Leadership Develop Programme

LinkedIn Learning

NHS Elect

NHS England



Organisational development interventions

Wellbeing and related organisational development interventions in 2025-26 include: increased listening sessions with staff across teams and hierarchies through two additional networks for managers and senior leaders. Other interventions included improved support for line managers, strengthened appraisal process and the 12 month Antiracism Programme to encourage productive conversations on race and inclusion.

Key Actions – Linked with High Impact Action 4: Addressing health inequalities at the workplace	Plans for 2026/27
To support staff through change a number of OD interventions have been put in place, including: • Fortnightly managers and senior leaders' network meetings to ensure regular communication flow through the organisation. • Facilitating three staff networks: Cultural Awareness and Race Equality (CARE), Diverse Ability and LGBT+ Networks to support minoritised staff groups through bimonthly meetings for members and allies and closed Safe Space sessions. • Monthly listening sessions between the Chief People Officer and Staff Network chairs • 12-month Antiracism Dialogue and Discussion Series • Celebratory History Month conferences and workshops (see section on Staff Engagement) • Employee Engagement Forum to ensure regular meetings with Trade Union representatives. • Access to a Coaching and Mentoring pool through Buckinghamshire Health and Social Care Academy (till September 2025) and the NHS England Coaching and Mentoring pool. • Launching a new appraisal framework to support staff with personal development and career conversations. • Other reflective sessions that have been organised include: Managing Self and Team Through Change, Taking Stock, Prioritisation Matrices, Friends on Friday. • Staff have had access to a range of wellbeing support including: Guidance on how to deal with change and uncertainty, psychological well-being self-assessment tool, access to financial wellbeing webinars, pension advice and Mind Wellness app.	New induction and Onboarding plans Developing line management support Outplacement support to be finalised

Enhancing staff capabilities and psychological safety

This section spotlights programmes underway within the ICB to develop staff/managerial confidence and capabilities to navigate change, create psychological safety and work effectively with diverse teams and organisations. Examples highlighted include:

- Antiracism Dialogue and Discussion series
- Neurodiversity E-Learning Module
- Coaching and Mentoring update
- Developing Cultural Intelligence – Phase 2
- Statutory and Mandatory Training
- Freedom To Speak Up Guardians

Enhancing capabilities: Antiracism Dialogue & Discussion

In April 2025, BOB ICB collaborated with Race Equality Matters (REM) to launch its 12-month Dialogue and Discussion Series to facilitate productive conversations on race and inclusion following the civic disturbances in 2024. Since it began, we have completed 10 lunchtime webinars, covering a range of topics to engage staff in discussions on how to become antiracist. The sessions, which have drawn on extensive research, notably **Ibram X. Kendi's book: *How To Be an Antiracist"*** have seen lively participation from staff. Several teams have since used the resources as part of team and away day workshops. The discussions were illustrated through lived experience stories at the Cultural Awareness and Race Equality Network.

Topics covered include:

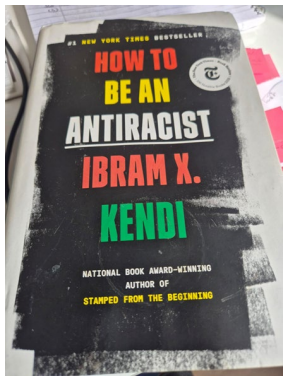
- Understanding dimensions of racism
- What is antiracism?
- Privilege and allyship
- Intersectionality
- Assumptions and Stereotypes
- Flags – symbol of unity or division?
- #t'sNotMicro
- Code Switching
- What's in a Name?

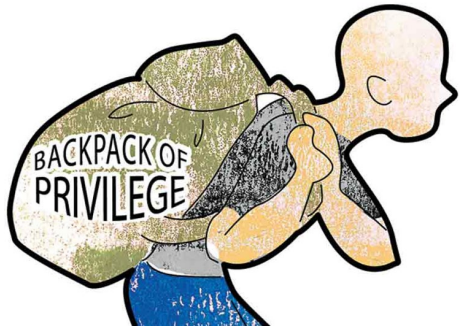
Key highlights:

- Average attendance: 80 per session
- 190 learning hours completed
- Antiracism sharepoint folder set up to share resources
- New appraisal framework includes objective on antiracism and inclusion
- Race Equality Matters 5-Day Challenge resources promoted to all teams for team and personal learning.

Teams adopted Five-Day Challenge resources include:

- Primary care operations
- Long Term Conditions,
- Prevention and Health Inequalities,
- Special Education Needs and Disabilities
- People Directorate





Enhancing capabilities: Coaching

BOB ICB has partnered with the Buckinghamshire Health and Social Care Academy to offer accredited Levels 3 & 5 Coaching and Mentoring courses and access to a pool of coaches and mentors for all ICB staff.

Update for 2025-26:

- 9 completed Level 3 Coaching and Mentoring course
- 9 coaching pairs established
- 1 paired with leadership mentor
- 5 trained in 360 degrees feedback coaching

Coaching Community of Practice – Monthly Coffee, Cake and Coach Lunch and Learn sessions are promoted to all course delegates to help enhance personal effectiveness.

Coaching others helps me to be more reflective in my approach to life and work.

I continue to develop my skills as a coach, and it encourages me to learn more about different coaching styles and techniques.

Seeing people gain confidence, overcome challenges, and achieve their goals is a powerful reminder of the impact coaching can have.

The Coaching and Mentoring Pool

part of the Buckinghamshire Health & Social Care Academy

Enhancing capabilities: Cultural Intelligence

Developing Cultural Intelligence (CQ)– a half day programme, organised in partnership with the Cultural Intelligence Centre UK, was offered to all ICB staff in 2024/25 as part of an ICS-wide initiative *(see more Section on BOB ICS Partnerships Projects)* . In 2025-26, the course was offered to ICB staff again as part of Phase 2 of the programme. Fourteen ICB staff completed the course, which was aimed at enhancing their capabilities to navigate cultural difference (organisational, national and professional).

Update for 2025-26:

- *8 sessions were offered*
- *29 ICB staff completed the course*
- *120 learning hours covered*

Cultural Intelligence is being considered as a key competency in the Leadership and Managerial competency framework planned for Thames Valley ICB.

I have used CQ in managing my team, and the extra awareness has really helped me personally. I have encouraged others to complete the CQ course

Really good and important course

I work in a very small team, so this has not changed my way of working. It has allowed me to think more about people in the community and how I interact with them.

Key learning point: taking more time to collaborate with colleagues from different professional backgrounds to be able to learn better from them

I'm taking forward relevant content into the Active Bystander Training I'm involved in

Enhancing capabilities: Neurodiversity e-learning

In 2025, BOB ICB's Allied Health Professional, Nursing and Clinical Leadership Team developed a two-part Neuroinclusive E-learning module in collaboration with partners across health and education. The project is aimed at developing an accessible, healthcare-specific, interactive e-learning resource and toolkit for managers to support neurodivergent staff. The project manager co-designed the module with members of the ICB's Diverse Ability Network, subject matter experts, higher education partners, and colleagues across EDI, workforce and leadership roles. It will launch in March 2026.

The Neurodiversity E-Learning Package has 2 modules:

Module 1 covers *Neuroinclusive Leadership: Understanding Neurodivergence* focussed on building an understanding of neurodivergence in the workplace, including language and identity, commonly recognised neurodivergent identities, challenges and strengths, social norms and masking, disclosure, legal responsibilities, and what neuro-inclusion looks like in practice.

Module 2, *Neuroinclusive Leadership: Supporting Staff Effectively*, focusses on practical tools for managers, supervisors and leaders, including effective communication, reasonable adjustments, supportive supervision, myth busting and signposting to further resources. The content has been informed by contributions from subject matter experts and wider evidence has a self-directed, interactive and scenario-based approach.

Safety Culture: Freedom To Speak Up Service 2024/25

Three Freedom To Speak Up (FTSU) Guardians were appointed to encourage staff to raise concerns and create a climate of psychological safety within the ICB. In 2025-26 the guardians have supported staff through the change and reorganisation, escalating concerns to the leadership in a timely manner and to the board twice a year.

Work undertaken in 2025:

- Support for 43 cases
- **Key areas for concerns escalated included**: staff not feeling valued, cultural insensitivity, uncertainty and anxiety impacting on morale, people affected by ripple affect of behaviour**.**
- **Key strengths identified over the past year:** Opening of MS Teams Chat to allow mutual support and discussion, overinforming so staff have greater clarity on change, better support for line manager and improved appraisal process, immediate dedicated OD support to address issues related to bullying and increased involvement of networks with events and Antiracism webinar series.
- **Impact of service:** areas of concerns rapidly escalated to executive team**,** teams have felt better supported and are demonstrating more compassionate behaviour towards one another, adjustments have been made to transformation programme, role of staff networks has been strengthened.

Equality Diversity and & Inclusion E-Learning

In 2025/26, BOB ICB offered a number staff a range of e-learning packages to support improved understanding of equality, diversity and inclusion. These included statutory and mandatory and discretionary training offers. These are given below. The statutory and mandatory compliance rates were the snapshot completion rates as at December 31 2025.

ED&I related Training	Attendance/compliance
ED&I Statutory and Mandatory Training	93.23%
Understanding sexual misconduct (September-December 2025)	77.71%
Conflict Resolution	93.03%
Oliver McCowan Training	62.13%
Kindness into Action (Non Mandatory – May-October 2025)	4

Sexual Safety Charter Implementation

In 2025, BOB ICB implemented all 10 steps of the NHS Sexual Safety Charter in support of the Worker Protection (Amendment of Equality Act 2010). The act mandates that employers take proactive, reasonable steps to prevent misconduct at work, including harassment by third parties like clients or customers. Progress updates and knowledge sharing also took place through the BOB ICS Safer Workplaces Forum.

Key actions taken in 2025include:

- Clear plan and policy to address sexual misconduct at work developed led by the Head of Adult Safeguarding (Oxfordshire) and HR Policy Manager setting standards on expected behaviours.
- Line managers have access to information on how to follow escalation processes consistently.
- Policies are clear about circumstances in which complaints and investigations about staff should be shared with future employers and police
- Staff survey results on question related to sexual harassment shared with staff.
- E-Learning training on Sexual Misconduct promoted as part of statutory mandatory learning offer.
- Regular communications to staff promote awareness through monthly newsletter BOB Buzz and All Staff briefings.
- Raised awareness through staff networks.
- Board-level ownership and accountability for cultural issues, prevention strategies, and oversight.

Future plans include:

- Building on work undertaken at BOB and Frimley ICBs to have updated resources for Thames Valley ICB – including governance, risk framework, communications and awareness.

HR Policies

To ensure all staff have access to an updated set of HR policies which set out guidance for line managers and staff on all areas of the employee life cycle, the ICB has been undertaking a full review of its workforce policies, identifying gaps and opportunities for improvement.
Local implementation reflects changes to legislation and national policy development from NHS England.

The ICB people policy template includes an Equality Impact Assessment, which is reviewed by the Head of Equality Diversity and Inclusion and Culture Change, Equality and Quality Impact Assessment Panel and Trade Union Partnership Forum before being approved and ratified by the Executive Management Team and People Committee. The three staff networks also have opportunity to comment and feedback on policies that have relevance to their members.

Policies approved in 2025 include national (NHSE) policies and locally developed policies:

- Pension Recycling
- Disclosure and Barring Service
- Parental Policy (including Maternity, Adoption, Parental Leave, Shared Parental Leave, Neonatal Care)
- Pregnancy and Baby Loss
- Carer Policy
- Leave Policy
- Travel & Expenses
- Sexual Misconduct
- Domestic Abuse
- Flexible Working
- Appraisal
- Early Resolution and Grievance
- Bullying and Harassment
- Recruitment
- Fit and Proper Persons Test

Procedures and guidance to support the policies are reviewed alongside, promoted through staff communication channels with training arranged where appropriate.

Policies to be developed or refreshed in 2026 include:

- Sickness Absence
- Early Resolution and Grievance
- Menopause
- Statutory and Mandatory Training
- Organisational Change and Pay Protection
- Reasonable adjustments guidance

In light the of the transition to a new organisation, work is underway to review and compare BOB ICB's and Frimley ICB's people policies and processes to ensure a smooth transition to the new Thames Valley ICB.

A new people policy review timetable will be developed in 2026/27.

Staff Engagement

This section highlights the engagement and consultation forums in place to ensure all sections in the workplace have opportunity to participate in decisions affecting them.

Staff Networks 1/4 – Engagement through change

In 2025-26, the ICB's three key staff networks, Cultural Awareness and Race Equality (CARE), Diverse Ability and LGBT+ Networks continued to play an active role in informing the reorganisation process and championing improvements to employment practices.

Network Chairs and members have contributed significantly to the design process and engagement events held. In addition, they have participated in Staff Partnership Forum and collaborated with Trade Union representatives to ensure their members have clear, accessible information on all aspects of the change such as MARS, voluntary redundancies and safer transfer into Thames Valley ICB..

Staff Network Chairs have held monthly/bimonthly meetings with the Chief People Officer to ensure that concerns are escalated and responded to in a timely manner. They have also had introductory meetings with staff network representatives from Frimley ICB and begun discussions on options to consider in the new ICB.

Network chairs regularly survey their members to identify concerns which can be escalated appropriately, In addition, they have also held regular confidential 'Safe Space' closed sessions to ensure members are able to voice issues openly.

Network members have participated in a range of task and finish groups to inform the change process including:

- Inclusive Recruitment Task and Finish Group
- Equality and Health Inequalities Impact Assessment Working Group – to feed into EHIAs undertaken as part of the change process.
- All three network chairs have Executive Sponsors and have contributed to the Ways of Working for Staff Networks documents for consideration by the Executive, regarding resources and protected time for network leads. This would be reviewed in 2026/27 in light of resources available.
- Network Co-Chairs have received support to develop their leadership skills through access to coaching and mentoring, certificate courses in equality diversity and inclusion and access to peer support from ICS staff network leads. Access to NHS Elect and Linkedin Learning has also been promoted through them to members.

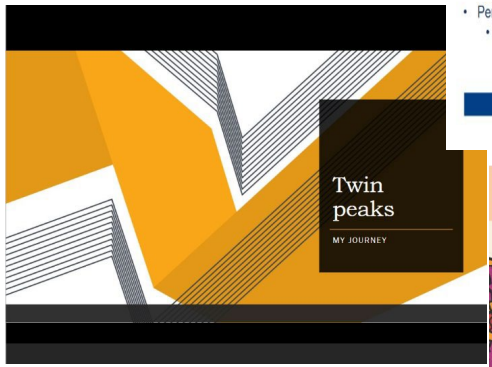
Staff Networks 2/4: Key events in 2025-26

Cultural Awareness and Race Equality (CARE) Network:

In 2025-26, the CARE Network met bimonthly with its members and organised webinars with external speakers and lived experience stories with staff on the following topics:

- Living and Thriving with Mental Health
- South Asian Heritage month - Roots to Routes (exploring the journey growth and involving connections made through generation) – focussing on stereotype and assumptions and the impact of civic and political unrest.
- Safe Spaces Lunchtime webinar following the Civic unrest in July-August 2024 – which helped inform the ICB's Anti-Racism programme.
- Black History Month – organised joint conference with BOB ICS Staff Network Chairs on October 15 2026 at John Radcliffe Hospital (see pics overleaf).
- Interracial relationships and its impact on children
- Breaking the glass ceiling
- I am British! Mind Your Language

Webinars organised by CARE network has helped illustrate topics explored as part of the BOB ICB Antiracism Dialogue and Discussion series through Lived Experience Stories shared by staff members. These have attracted wide participation averaging between 50-80 attendees, the highest the network has enjoyed over the past 3 years. Members of the network volunteered to form the Antiracism Working Group in February 2025.



Black History Month Conference 2025

Jointly organised by BME Network Chairs at Buckinghamshire Healthcare NHS Trust, Oxford University Hospitals, Oxford Health NHS Foundation Trust and Oxfordshire County Council and BOB ICB, the event featured:

- Guest speaker – Junior Hemans, Management Consultant and Non Executive Director at Black Country Healthcare NHS Trust – who shared his leadership journey
- Panel discussion on Inequalities health and social care
- Presentation on Skin Tone Bias in Wound Care by Mikko Enoc, Senior Tissue Viability Nurse at Central London Community Healthcare NHS Trust
- Spoken Word session with poet and artist, Lennox Cartey
- The event attracted 200 participants from across the ICS.

Staff Networks 3/4

Diverse Ability Network – supporting staff with physical, mental health, neurodiverse and long-term conditions. In 2025-26 the network led on the following:

- Supported staff with disabilities and longterm conditions as part of the change reorganisation process. Members were supported members with clear, inclusive accessible communications, regular check-ins and safe spaces for discussion, support and peer connection. It also facilitated a joint meeting with the MiP Trade Union representative for additional guidance.

- For **Learning Disabilities Week between 16th and 22nd June**, the network hosted a lived-experience presentation from Learning Disabilities charity, ***My Life, My Choice***, along with briefings through communications bulletins. The network also promoted Children's Hospice Week during the week.

- For **Disability History Month**, the network collaborated with Oxford University Hospitals to co-host Disability History Month Conference on December 10 2025, with co-chair, Darcy Carter, as one of the speakers. On **17th November 2025,** the network hosted an Art and Crafts lunchtime session for ICB staff, celebrating creativity, connection and inclusion – giving attendees the opportunity to express themselves through art, also creating an MS Teams background for staff to use.

- The network has contributed to the development of the Reasonable Adjustments Guidance, which will be published by March 2025, accompanied with a lunchtime webinar open to BOB and Frimley ICB staff. It has contributed to the Neuro-inclusion E-Learning Module led by the Allied Health, Nursing and Nursing Directorate.

My Life My Choice

Staff Networks 4/4

Lesbian Gay Bisexual Transgender+ Network:

In 2025-26, the LGBT+ Network continued to raise awareness of the health and workplaces inequalities faced by LGBT+ communities through its meetings.

Key work undertaken by the network included:

- Providing a space and confidential space for LGBT+ staff to escalate concerns.
- Collaborated with other network chairs to inform the change and reorganisation process.
- Contributing to briefing and awareness-raising on the Supreme Court ruling on biological sex.
- Leading a webinar on Trans Awareness Session with Transactual on December 11th 2025. The event was attended by 106 staff and open to partners across the region.

Staff Partnership Forum

- The BOB ICB Staff Partnership Forum (SPF) has been established to provide a regular and formal means of information, consultation and negotiation between managers, staff representatives and elected trade union representatives.
- The forum, which was launched in January 2024, has since been renamed Employee Engagement Forum and includes representatives from all NHS Trade Unions.
- The Terms of Reference establishes the key principles of effective partnership working, the scope and delegated authority of the forum's roles and responsibilities and the operating machinery (including a reference to the BOB Trade Union Recognition Agreement) and model structure of the forum in the wider organisational context and governance arrangements.
- The forum has been the primary platform for formal consultation between staff, their representatives and the ICB Change Programme. IT reviews all key policies and ensures they have an equality impact assessment, prior to being signed off by the Executive Management Committee. Prior to approval, policies have also reviewed by the Equality and Quality Impact Assessment Panel for additional assurance.
- The Employee Engagement Forum has ensured decisions are made in a fair and inclusive manner and have offered independent, impartial advice and challenge to the decision-making process on the Change Programme and reorganisation programme. They have offered feedback on all key policies and plans and informed the content of Equality and Health Inequalities Assessments (EHIAs).

BOB ICS NHS and Local Authority System Collaborative - Partnerships and Projects

This section sets out key forums, projects and programmes underway to promote collaborative working around Equality Diversity and Inclusion in BOB ICS.

BOB ICS Partnership Forums 1/2– Inclusion Group

In 2025-26, BOB ICB continued to facilitate two key forums with its ICS Partners – the BOB ICS Inclusion Group and Safer Workplaces Forum The BOB ICS Inclusion Group, which meets fortnightly, includes ED&I and professional leads, such as nursing and midwifery representatives involved in ED&I-related work. The Safer Workplaces Forum, which met monthly, includes wellbeing, patient safety, security and ED&I leads. Both forums have provided opportunities for knowledge and resource sharing, responding to key national programmes, such as the Violence Prevention and Reduction Standard and the Sexual Safety Charter. Bi-monthly provider assurance reports are also given to NHS England. In 2026/27, BOB ICS Inclusion Group will merge with the Frimley ED&I Leads Forum and the Safer Workplaces Forum will expand to include representatives from Frimley ICB and local authority representatives.

BOB ICS Inclusion Group highlights 2024-25:

- Fortnightly lunch time meetings which offer opportunity to connect, share information, updates and peer learning.
- Staff Networks Peer Support – including an LGBT Support Group and a newly formed Ethnic Minority Staff Network Chairs Network – which met monthly from March 2025 and organised the Joint BOB ICS Black History Month Conference hosted by Oxford University Hospital on October 15, 2025.
- BOB ICB's Diverse Ability Network collaborated with OUH's disability network to host the Disability History Month Conference 2025.
- Participation in the Regional ED&I Forum for Trust and ICB leads.

Key partnership projects:

- Developing Cultural Intelligence training – Part 2 offered to all partners between April-November 2026.
- Joint response to the Equality and Human Rights Commission consultation on guidance related to biological sex.
- Joint BOB ICS Black History Month Conference on October 15th 2025 at John Radcliffe Hospital – hosted by Oxford University Hospital.
- Joint Disability History Month event hosted by Oxford University Hospital

BOB ICS Forums 2/2 – Safer Workplaces Forum

The BOB ICS Safer Workplaces Forum was set up in 2022, to share knowledge and resources around violence ppreventionn and reduction from patients and public with healthcare settings. The forum includes wellbeing, security, patient safety, HR, OD and ED&I representatives – who meet monthly to share progress updates, learn about key national policy changes and benchmark progress. In May 2025 marked 3 years through a celebratory workshop and has since expanded to include partners from local authorities and Frimley ICB.

Highlights for 2025-26:

- Face-to-Face workshop at Oxford Health Foundation Trust to mark 3 years of the forum. The day included presentations from the Regional ED&I Lead – offering an overview of regional trends around violence and aggression and highlights from partner NHS Trusts.
- Implementation of 10 points of Sexual Safety Charter in all Trusts – sharing insights on staff engagement, learning and development and multi-disciplinary work.
- Quarterly trends around violent incidents in in-patient units and impact of public aggression on social care staff – offering potential for joint working in this area.
- National conference hosted by Oxford University Hospitals on Violence Prevention and Reduction – which saw a range of presentations on impact of bodywon cameras as part of the No Excuses Campaign, multi-disciplinary approaches to violence prevention and perspectives from frontline and clinical leads.

Plans for 2026-27 include:

- Expand membership of forum to include: Oxfordshire County Council, Buckinghamshire Council and Frimley Healthcare NHS Trusts.
- Closer engagement with Thames Valley Police and other local authorities in Frimley ICS.
- Scope place-based partnerships around violence prevention from public – and focus on wider implications for community cohesion.

Violence Prevention and Reduction Summit

On October 02, 2025, Oxford University Hospitals NHS Foundation Trust hosted a Violence Prevention and Reduction Summit – bringing together NHS colleagues, police, mental health professionals and partners from across the country to share best practice in tackling violence and aggression towards NHS and other public sector staff.

A landmark event, the conference focused on how organisations can work collaboratively to protect staff and improve safety for all – with presentations from a range of clinical and non-clinical teams, including communications, security, Emergency Department, Medical Management and Children and Young People's teams. The summit attracted participation from across the ICS, region and country.

Thursday 2 October 2025 at the
Leonardo Royal Hotel, Godstow Road, Oxford OX2 8AL

AGENDA

08:30 – 09:00	Registration & Welcome Coffee	Attendee check-in
09:00 – 09:15	Opening Remarks	Yvonne Christley, Chief Nursing Officer, OUH
09:15 – 10:00	Session1 (No Excuses)	OUH Emergency Department MDT
10:00 – 10:10	Session 2 (Hannah's Story)	FILM – Q&A
10:10 – 10:30	Session 3 (Incident Themes)	Dr. Luke Solomons, Consultant Psychiatrist and Simulation & Technology Enhanced Learning Tutor
10:30 – 10:45	**Break**	
10:45 – 11:15	Session 4 (HSE)	Julie Wood, Principal Specialist Inspector Occupational Health at Health and Safety Executive
11:15 – 12:00	Reveal Media Presentation	Reveal Media Team
12:00 – 12:45	Session 5 (Children's & Young People)	Zoe Pooley, Matron, Children's Directorate
12:45 – 13:30	**Lunch**	
13:30 – 14:15	Session 6 (Medical Management)	Dr. Larry Fitton, MRC Divisional Director, Nicola Richardson, Deputy Director of Nursing
14:15 – 15:00	Session 7 (Security Management)	Jurijus Gagarinas, Trust Security Manager
15:00 – 16:00	Session 8 (Round Table Discussion)	Dr Jonny Glover, Consultant, Emergency Department
16:00 – 16:30	Closing Remarks	Terry Roberts, Chief People Officer

This event is kindly sponsored by reveal

BOB ICS Projects – Developing Cultural Intelligence 1/4

In 2025-26, we concluded the roll out of Cultural Intelligence (CQ) Training programme for BOB ICS. Funded by the South East Leadership Academy in partnership with the Cultural Intelligence Centre UK, this programme commenced in 2023/24 as a pilot. A recognised licenced leadership development programme, BOB and Frimley ICBs rolled out a comprehensive implementation plan, benefitting many staff and teams in the Thames Valley sub-region between 2024 and 2026.

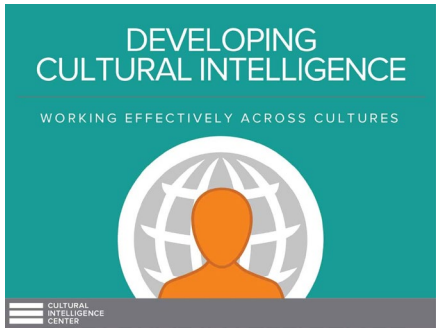
Key Highlights from BOB ICS:

- ❑ 7 Facilitators trained across the ICS – developing in-house capabilities within partner organisations
- ❑ 121 staff completed the course from across ICS
- ❑ 484 learning hours completed
- ❑ Podcast, briefings and learning manuals made available to participants
- ❑ CQ programme informing culture and behaviour frameworks at partner organisations

How we intend to use CQ within Thames Valley ICB:

- Develop future byte-sized learning modules.
- Integrate CQ into leadership competency frameworks studying from best practice.

CULTURAL INTELLIGENCE CENTRE



Cultural Intelligence Programme 2/4 – Highlights

Findings from survey of all participants in January 2026:

- **90%** of respondents said the course enhanced their understanding of how culture influences behaviour, preferences and interaction
- **90%** said the course helped them reflect on their behaviour preferences and how they affect workplace interactions
- **66%** said the course made them better equipped to interact effectively with individuals from different cultural backgrounds
- **81%** said they recognise behaviours that support psychological safety and inclusion in teams.
- **80%** said they recognise how CQ can help harness the collective wisdom of people, population, and partnerships
- **85%** felt the topics covered were relevant
- **52%** said the course had applicability to their job role
- **81%** said the quality of facilitation was high
- **71.4**% said the level of engagement was high.

CQ Highlights 3/4: What participants liked most

"Ability to apply my own knowledge and experience of cultural intelligence and interact with others.

It is very relevant and informative

Getting to understand myself a bit more.

"to feel empowered "

Thoughtful exercises and examples, pitched at all levels

The unique insight into my CQ report and what I can work on and how my scores can be different to others and learning ways to adapt.

CQ Highlights 4/4: Areas for improvement

More opportunities to use the handbook and apply the knowledge in more scenario discussions

It would be good to have a section where we have the opportunity to discuss any interactions we feel we would like help/input with from our own personal experience

"Longer breakout work, commensurate with the length of the course.

Longer breakout work, commensurate with the length of the course.

Thoughtful exercises and examples, pitched at all levels

Design a shorter, "How are you getting on?" follow up session to dissect how participants see their working practice has been impacted (if at all).

Case Studies

This section includes a selection of case studies which provide a closer insight into initiatives and interventions underway at place, and system level to improve outcomes for staff and communities.

Our Approach to Neighbourhood Working

- BOB ICB delivers neighbourhood working through a clear system-place-neighbourhood model, with the ICB setting strategy and standards, Place-based Partnerships and Health and Wellbeing Boards providing joint NHS-local authority-VCSE leadership, and neighbourhoods as the primary level for delivery.
- BOB ICB is developing a neighbourhood working model that brings together NHS, local authorities, VCSE partners and communities to plan and deliver care around small populations, with a disproportionate focus on areas and groups experiencing the greatest inequalities, including Core20PLUS5 and inclusion health groups.
- Neighbourhoods are supported by place-based Integrated Neighbourhood Teams (INTs) and Primary Care Networks, enabling proactive, preventative and personalised support for people with complex needs and those most affected by wider determinants of health.
- Strong relationships, trust and community activation are central to our approach. Community-led development is a foundation of the model, supporting co-production, building local capacity and enabling trusted VCSE organisations to reach people who are underserved or excluded from traditional services.
- Our approach is informed by population health management, using public health data and local insights alongside health information to identify inequalities affecting people with protected characteristics and to target action accordingly.
- BOB ICB is an active participant in the National Neighbourhood Health Implementation Programme (NNHIP) and regional neighbourhood programmes, using learning to shape local models and accelerate improvement.
- This approach supports our PSED duties by reducing inequities in access, experience and outcomes, and by embedding equity, prevention and community voice within neighbourhood delivery.

Primary Care: Integrated Neighbourhood Teams (INT)

Early Years Buckinghamshire

• Wycombe is an area of Buckinghamshire which has patients living in areas of high deprivation.

• An INT is forming to identify patients who have declined or not engaged with child one-year health reviews and/or childhood immunisations to understand barriers and improve uptake.

• Outcome measures the INT seeks to impact include: increased uptake of 1-year child health development checks and childhood immunisations by non-attendees as well as improved awareness, engagement and access to wider CYP/family/parental support services and offers.

• The INT includes PCNs, Healthwatch, Family Hubs, Education and Health Visitors.

• Interventions being explored include partner communications campaign, MDT approaches outside of the usual health locations.

Reducing Health Inequalities Oxfordshire

• There are INTs across the three areas of higher deprivation in Banbury and some of the areas of deprivation within Oxford City.
• The two PCN's in Banbury are focusing on those who meet the frailty criteria or those with long term conditions.
• One aspect of the project in Banbury, is a focus on all those who had an admission to hospital for their respiratory condition, looking at the EPC rating of their house and other variables to assess the skills set of those who need to carry out a home visit.
• The Banbury INTs have expanded to include people from Cherwell District council, Public Health, Primary Care, and the community specialist nursing teams. Additional diagnostics for assessing people with respiratory conditions will start in November within one PCN but will take referrals from both PCN's.
• In Oxford City, the Brazilian model has been implemented to look at a wider range of issues within people's home environment.
• One PCN within Oxford city, which covers the most deprived area within the city, is focussing on children and young people who have been referred to CAMHS. This INT will provide additional support with social prescribers to support the young person (YP) and their family. The aim is to reduce the need for young people to be seen by CAMHS, promote the well being of the person and their family and create capacity within CAMHS for those who will benefit the most from it.

Primary Care – Managing hypertension in dental settings

In 25/26, BOB has continued piloting hypertension case findings in dental settings through a national award supporting this work. 20 dental practices are taking part and have delivered 2000 blood pressure checks in the last year.

The aim of the work is to improve overall detection of hypertension in the population and offer an alternative route to have blood pressure checks outside of other routine health and care settings.

This work is also aimed at reducing inequalities for people living in areas of higher deprivation.

BOB has received £50,000 to carry out this work. This covers start-up equipment costs to purchase blood pressure monitors, training, communications campaign, and incentivising blood pressure case findings in oral health teams.

References

https://www.gov.uk/government/publications/gender-pay-gap-reporting-guidance-for-employers

https://www.closeyourpaygap.org.uk/pay-gap-guide/#rlslider_1

https://www.gov.uk/government/publications/gender-pay-gap-reporting-guidance-for-employers/making-your-calculations#:~:text=Take%20the%20mean%20(average)%20hourly,Multiply%20the%20result%20by%20100.

Contact us

If you have any questions about this report or would like it in a different format, please contact us at: Bobicb.enquiries@nhs.net

Write to us:

Buckinghamshire, Oxfordshire, Berkshire West ICB
First Floor
Unipart House
Garsington Road
Cowley
OX4 2PG

Buckinghamshire enquiries: 01296 587220

Oxfordshire enquiries: 01865 336800

Berkshire West enquiries: 0118 950 3094

Buckinghamshire, Oxfordshire and Berkshire West

and Frimley Integrated Care Boards

Joint Committee

Title of Paper	Gender Pay Gap Report – BOB ICB		
Agenda Item	6.2	**Date of meeting**	10 March 2026
Exec Lead	Safina Nadeem, EDI Advisor		
Author(s)	Yasmin Mahmood, Senior EDI Lead		

Purpose	To Approve	☒
	To Ratify	☐
	To Discuss	☐
	To Note	☐

Decision required	Joint Committee	☒
	BOB only	☐
	Frimley only	☐
	Meeting in Public	☐

Executive Summary

1. This paper presents the ICB's third and final Gender Pay Gap Report, which is required to be published by 30 March 2026 under the Equality Act 2010. The report provides the gender pay gap disclosure as at 31 March 2025 in keeping with guidance published by the Equality and Human Rights Commission and the Government Equalities Office.

2. The Equality Act 2010 requires all public bodies to show due attention to the three aims of its General Duty, which include the need to: eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity, and promote good relations between people sharing a protected characteristic and those who do not.

3. To meet the General Duty, ICBs have a Specific Duty to publish Gender Pay Gap information annually.

4. Organisations employing over 250 staff have to report on the following:
   - Percentage of men and women in each hourly pay quarter (or each quartile),
   - Mean (average) gender pay gap for hourly pay, as a percentage,
   - Median gender pay gap for hourly pay, as a percentage,
   - percentage of men and women receiving bonus pay,
   - Mean (average) gender pay gap for bonus pay, and
   - Median gender pay gap for bonus pay.

5. The percentages can either be positive (showing women have lower pay or bonuses than men) or negative (men have lower pay or bonuses than women) or 0, where there is equal pay or bonuses between men and women.

6. Key findings for BOB ICB:

   1. Percentage of men and women in each hourly pay quarter or quartile

   In the 2025 disclosure, female staff were over-represented in all four Quartiles, with the highest representation in Quartile 1 (86.54%) and lowest at Quartile 4 (66%). Male staff have the highest representation at Quartile 4 (33.9%) and lowest at Quartile 1 (13.46%).

The results highlight a 3.7% increase of female staff in Quartile 3, compared with 2024. Representation of female staff dropped in Quartile 1 (by 4%) and Quartile 4 (by 1.4%) compared with 2024.

As female representation at senior most levels is lower than the organisational average of 74.5%, targeted actions to support their career development will be a priority, which we will address with Frimley ICB, as we form the new Thames Valley ICB. Frimley ICB's Gender Pay Gap disclosure for 2025 will, therefore, be studied along with BOB ICB's to ensure we collaboratively develop the improvement plan.

2. **The mean (average) gender pay gap for hourly pay in 2025 was 21.08%, 0.3% lower than 2024 and 3.84% lower than 2023 – showing a steady reduction in the average pay gap over 3 years.**

This means in 2025, the average pay of female staff was 21.08% less than male staff.

3. **Median Gender Pay Gap for hourly pay in 2025 was 11.15%, 1.57% lower than 2024 and 2.45% lower than 2023 – showing a steady drop over 3 years.**

This means that in 2025, the hourly pay gap at the median or 'middle' of the salary bands was 11.15% less for women compared with men. The median pay gap in 2025 was comparable with the South East average across all sectors of 11%, but 4% higher (worse than) the national average of 6.9% across all sectors.

The table below shows the comparative rates over the past three years – highlighting a small but steady narrowing of the hourly pay gap between male and female staff at BOB ICB.

	Average Hourly Rate			Median Hourly Rate		
Measure	**2023**	**2024**	**2025**	**2023**	**2024**	**2025**
Pay Gap %	*24.92%*	*21.38%*	*21.08%*	*13.60%*	*12.72%*	*11.15%*

Table 1: BOB ICB Mean and Median Pay Gap 2023-25

Key steps to address the pay gap are covered in the action plan – they include: ensuring standardised pay grading through job evaluations and consistent application on AfC guidance on appointment and thereafter. We will target efforts around supporting female progression to senior roles the new Thames Valley ICB – learning from best practice. Access to coaching, mentoring, stretch and acting-up opportunities will continue to be prioritised as we develop a representative leadership pipeline in the new ICB.

In 2025-26, staff have had access to high quality learning and development through subscriptions to the Linkedin Learning and NHS Elect learning platforms and the South East Leadership Academy. Access to mentoring and coaching has been offered through the regional Leadership Academy and Buckinghamshire Coaching and Mentoring Pool.

4. **Bonus Pay**

No bonus payments were declared through ESR.

7. **Contents of report**

The report covers: • Slides 2 and 3 – Summary of Gender Pay Gap (GPG) Disclosure information. • Slide 5 – Legal context and why GPG reporting is important. • Slides 6 and 7 – Background and context in BOB ICS. • Slide 8 – Scope of report. • Slides 9 and 10 – Workforce profile. • Slide 11 - Gender Pay Gap disclosure – key findings. • Slides 12 – Gender Pay Gap – Key improvements between 2023-25 • Slide 13-15 – Gender analysis – comparisons between 2023-25 • Possible reasons and drivers of Gender Pay Gap. • Slides 16-17 – Comparison with South East ICBs • Slide 18 – Comparison with national average • Slide 19 – Key drivers of Gender Pay Gap • Slide 23-24 App 1 – Gender Pay Gap Action Plan	
Recommendation	To note and approve the BOB Gender Pay Gap report for publication.

Conflict of interest identified
Yes ☐ No ☒
Detail

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
BOB Frimley Joint Executive meeting	8 December 2025	Noted
Remuneration in Commons Meeting	17 February 2026	Noted / Approved

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Gender Pay Gap Report

Snapshot March 31 2025

Gender Pay Gap, March 31 2025 – Executive Summary

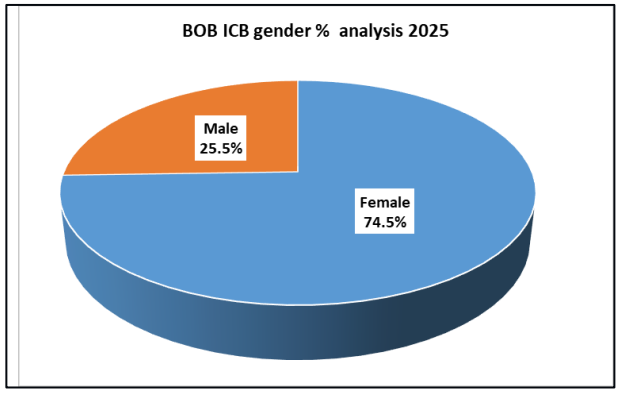


Chart 1 : BOB ICB Gender Profile 2025

Mean Pay Gap: 21.08%

Mean Male Hourly pay: £40.12

Mean Female hourly pay: £31.65

Difference: £8.45

Median Pay Gap: 11.15%

Median Male Hourly pay: £30.94

Median Female hourly pay:£27.49

Difference: £ 3.45

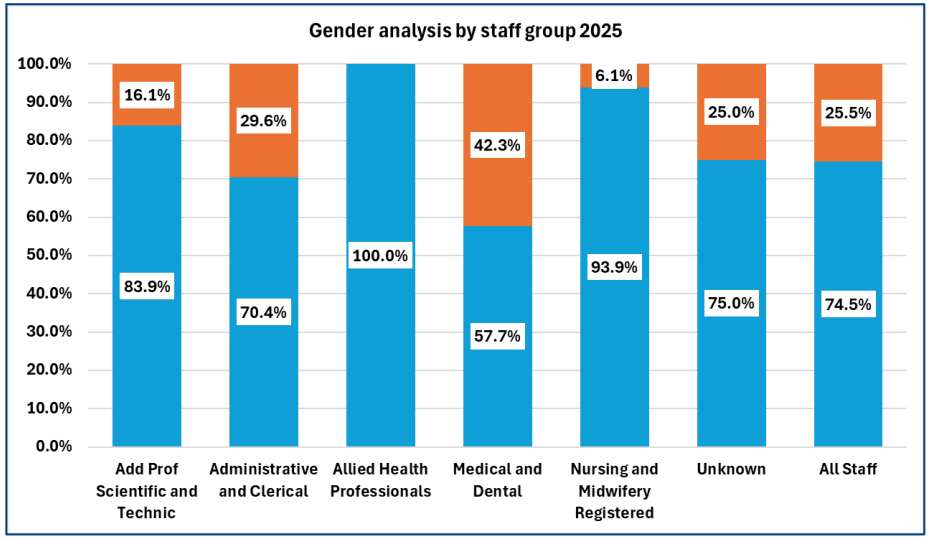


Chart 2 : Gender analysis by Professional Group

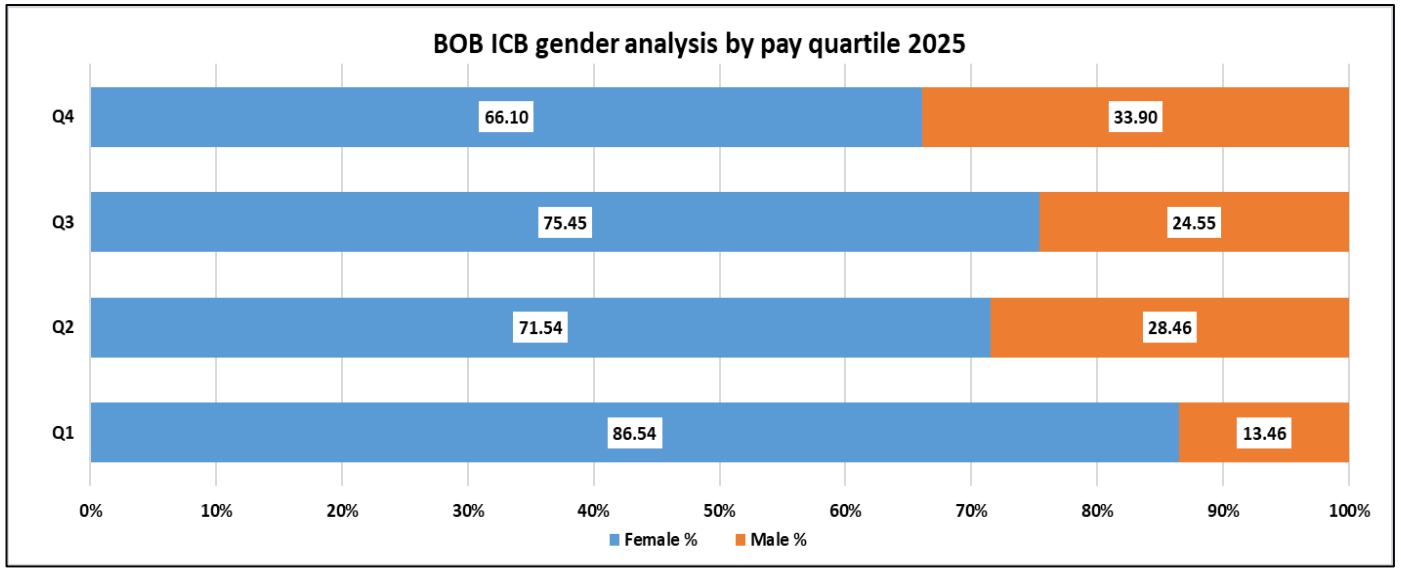


Chart 3 : Gender analysis by Pay Quartile (%)

*Quartile refers to pay quarter, where 1 is the lowest pay quarter and 4 is the highest

Gender Pay Gap March 2025 – Executive Summary

Disclosure Metrics	BOB ICB Results
1. Percentage of men and women in pay quarter or quartile – where Quartile 1 is the lowest pay quarter and 4 the highest	**Female staff were over-represented in all 4 Quartiles** Female staff have highest representation in Quartile 1 (86.5%) and lowest representation in Quartile 4 (66.1%). The biggest increase in female staff was noted at Quartile 3 (an increase of 3.7% since 2024). Male staff have the highest representation at Quartile 4 (33.9%) and lowest at Quartile 1 (13.5%). The representation between male and female staff gap is narrowest at Quartile 4.
2. Mean (average) gender pay gap for hourly pay	**The mean (average) gender pay gap for hourly pay in 2025 is 21.08%.** This means the average hourly pay for women is 21.28% less than men. The mean pay gap for 2025 is **0.3% lower than 2024.**
3. Median Gender Pay Gap for hourly pay	**The Median Gender Pay Gap for hourly pay is 11.15%.** This means the hourly pay gap at the median or 'middle' of the salary bands is 11.15% less for women compared with men. **The median pay gap for 2025 was 1.57% lower than 2024.**
4, **Bonus Pay**	No bonus payments were declared through ESR.

Executive summary – analysis of Gender Pay Gap

BOB ICB's Gender Pay Gap for the snapshot data March 31 2025 highlights:

1. Whilst representation of female representation at Quartile 3 has improved since 2024 by 3.7%, female representation at Quartile 4 (66%) continues to be lower than the organisational female average of 74.5% (by 8.5%) – highlighting the need for targeted work to improve female representation at senior levels.
2. Whilst the median gender pay gap has narrowed over the past three years, from 13.6% in 2023 to 11.15% in 2025, the pay gap persists probably due to a number of factors, namely: an increased proportion of male staff working full-time compared with women and an increased proportion of men in higher salary bands compared with women – both factors known to increase gender pay gap (see slide 19 and 20). This is borne out by the evidence within BOB ICB, which highlights that while the proportion of female staff working full-time in 2025 was 3.8% more than 2023, the proportion of male staff working full-time was 9% higher over the same period (see Slide 15). Likewise, the % of men in Quartile 4 (the highest salary band) increased by 1.4% since 2024, but dropped by 1.4% for female staff.
3. More women than men in lower pay quartile and in part-time roles, along with fewer females in the senior-most roles compared with the organisational average are thus are possible factors contributing to the gender pay gap at BOB ICB.
4. As BOB ICB clusters and merges with Frimley ICB to form the new Thames Valley ICB in April 2026, we need to note Frimley ICB's Gender Pay Gap disclosure and recommend that we work collaboratively with them to improve female representation at senior levels, learning from other organisations with more representative senior leadership teams and continually improve our recruitment, pay and progression practices to narrow equality gaps.
5. Actions to close the Gender Pay Gap are set out in our action plan in Appendix 1. They include: targeted work to improve female representation in senior roles, consistent pay grading and terms and conditions for male and female staff in all roles, particularly for senior roles (notably in job share roles or when hosted by different organisations migrating differing terms and conditions), consistent practices around salary negotiations on appointment in terms of paying at bottom, middle and top of scales in keeping with AfC guidance and ensuring progression practices are consistently maintained.

- **Note:** Median pay gap is a more accurate measure as it is not skewered by very low hourly pay or very high hourly pay. However, as higher paid people tend to be men and very low paid staff women, the mean pay (including lowest and highest rates of pay divided by total number of staff) reflects the impact of the higher proportion of women working in lower paid roles and the higher proportion of men in higher paid roles – hence the need to view them together.
-

Contents

Introduction

Legal Context: The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 require public sector organisations employing 250 staff and over to publish their Gender Pay Gap Report by end of March annually, providing 'snapshot data' for 31 March of the previous year as part of their Public Sector Equality Duty. This is the third report published by Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), since it formally came into existence on 1 July 2022.

This report has been prepared in accordance with guidance published by the Government Equalities Office. The 'snapshot' information includes staff holding an employment contract as at 31 March 2025, based on our Employee Staff Records (ESR) and provides comparative information for the previous two years. This will be BOB ICB's last report – future pay gap data will be reported for Thames Valley ICB from April 2027.

Why is Gender Pay Gap reporting important? Gender pay gap reporting highlights differences in the average (mean or median) earnings of men and women - expressed as a percentage of men's earnings. For example, women earn 15% less than men.

How does it help? It helps to understand equality gaps at the workplace, female and male participation at different levels and if talent is rewarded fairly and effectively. Gender Pay Gap reporting promotes accountability and transparency and informs actions to minimise equality gaps.

How is Gender Pay Gap different from Equal Pay: Equal pay deals with pay differences between men and women carrying out same jobs, similar jobs or work of equal value. Failure to ensure equal pay for roles of equal value between men and women is unlawful.

Gender Pay Gap reporting shows the average hourly pay differences between men and women and whether any one gender is disproportionately over-represented at a particular salary band. Individual component calculations (mean, median, bonus and by pay quarter) help identify what is causing the difference and inform action plans to minimise the gaps.

About BOB ICB

Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) exists as a statutory organisation responsible for planning, arranging and meeting the health and care needs of close to two million people living in Buckinghamshire, Oxfordshire and Berkshire West.

BOB ICB replaced Buckinghamshire, Oxfordshire and Berkshire West Clinical Commissioning Groups (CCGs) on July 1st 2022, following the passage of the Health and Care Act 2022. It took over the commissioning responsibilities of the CCGs and established Integrated Care Partnerships to bring health and social care partners closer to form an Integrated Care System

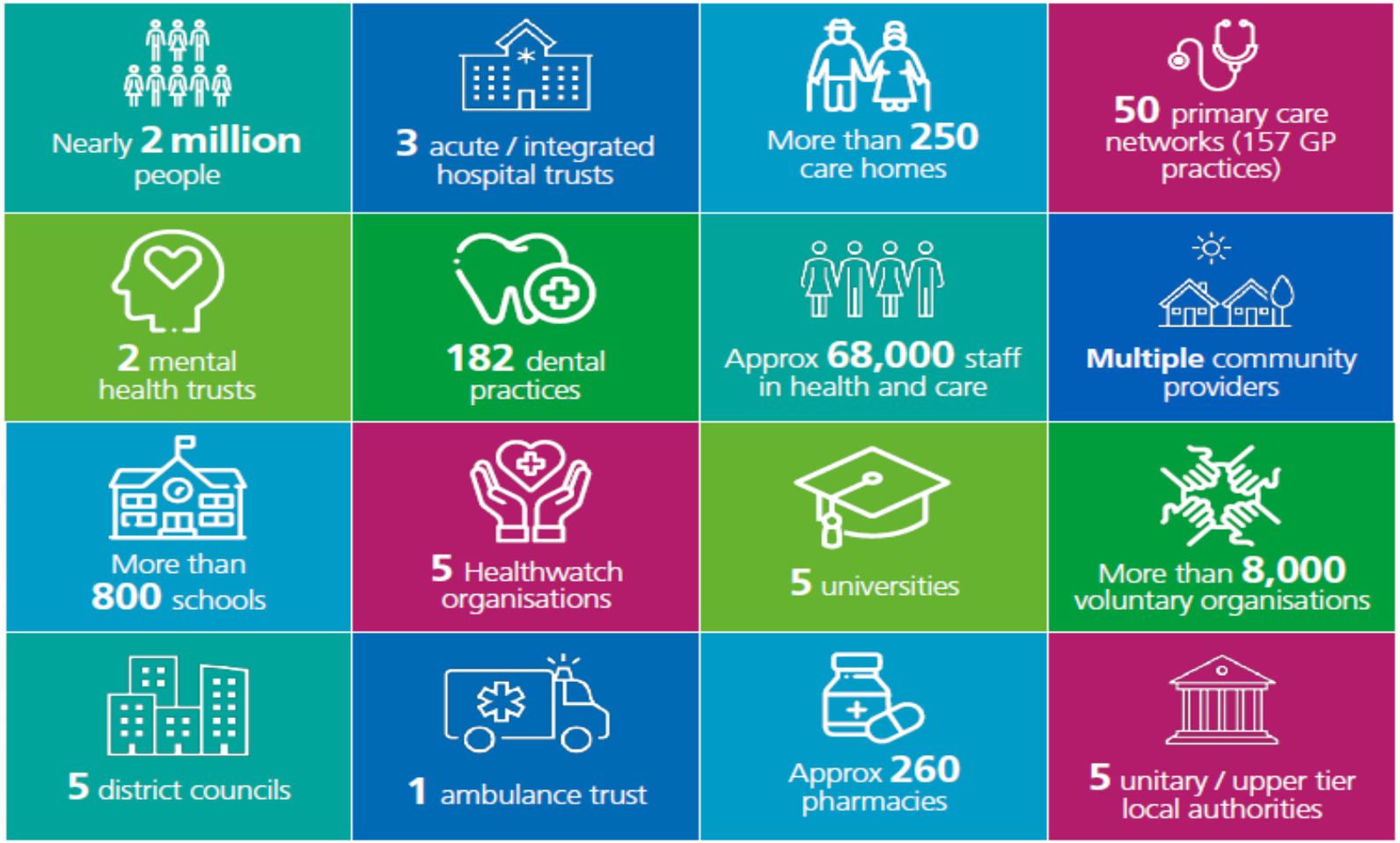
The four main aims of the ICS are:

- improving outcomes in population health.
- tackling inequalities in health outcomes, experience and patient outcomes
- enhancing productivity and value for money, and
- supporting broader social and economic development.

BOB ICB partners

Our partners include:

- ❑ Berkshire Healthcare NHS Foundation Trust
- ❑ Buckinghamshire Healthcare NHS Trust
- ❑ Oxford Health NHS Foundation Trust
- ❑ Oxford University Hospitals NHS Trust
- ❑ Royal Berkshire NHS Foundation Trust
- ❑ South Central Ambulance NHS Foundation Trust
- ❑ Buckinghamshire Council
- ❑ West Berkshire Council
- ❑ Oxfordshire County Council
- ❑ Reading Borough Council
- ❑ Wokingham Borough Council
- ❑ Universities and Education facilities
- ❑ VCSE Alliance
- ❑ Healthwatch



Scope of Gender Pay Gap Report

As part of Gender Pay Gap reporting requirements, the ICB is required to publish:

1. Percentage of men and women in each hourly pay quarter (or each quartile).
2. Mean (average) gender pay gap for hourly pay
3. Median gender pay gap for hourly pay
4. percentage of men and women receiving bonus pay
5. Mean (average) gender pay gap for bonus pay, and
6. Median gender pay gap for bonus pay.

Source:https://www.gov.uk/government/publications/gender-pay-gap-reporting-guidance-for-employers/who-needs-to-report#:~:text=Include%20self%2Demployed%20people%20in,own%20staff%20to%20do%20it.)

Data collection is required for two types of employees:
•'relevant employees' or those with an employment contract, including Bank staff.
•'full-pay relevant employees' or those who are paid their usual full basic pay (including full-time, part-time staff and Bank staff).

We are expected to use data on :
•'relevant employees' to calculate gender pay gap in bonus pay
•'full-pay relevant employees' for all other gender pay gap calculations.

All pay information for this report has been drawn from Employee Staff Records (ESR) and is based on guidance, calculations and parameters applied across NHS reporting for Gender Pay Gap.

The following are not included in our calculations:
- Agency workers and contractors employed by a service company (they are part of the headcount of that company).
- Contractors offering a service rather than employment (for e.g. Non Executive Directors).

Workforce Profile, March 2025

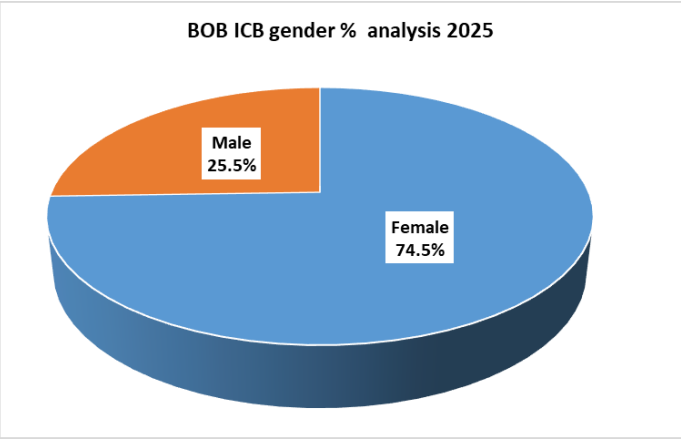


Chart 4 : BOB ICB Gender Profile

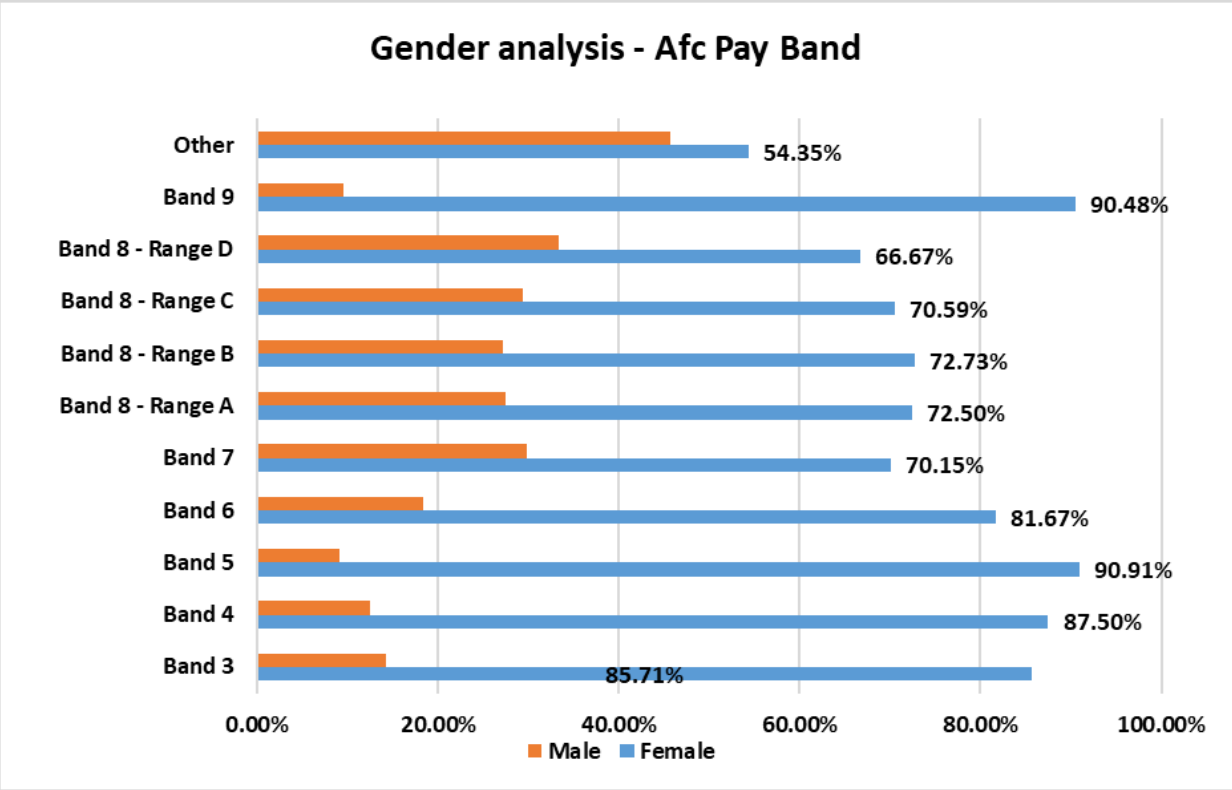


Chart 5 : BOB ICB Workforce Gender analysis AFC Pay Band

- As at March 31st 2025, BOB ICB employed **455** staff, of which 74.5**%** were women and **25.5%** were men (**See Chart 4).**
- Women were over-represented in all Agenda for Change (AfC) salary bands – with the proportion being highest at **Band 5 (90.9%) and Band 9 (90.5%)** and lowest at VSM (**54.35%). The proportion of females at** Band 9 increased by 1.44% compared with 2024.
- The proportion of men was highest at Very Senior Manager (VSM) posts (**45.65%), 9% higher than last year, although the number of male staff remained the same at this level. The change was due to a reduction in female staff (1 less than 2024).** This was followed by Band 8d (33.3%). Male representation was lowest at Band 5 (9%) – similar to 2024. A more detailed comparison with last year can be found in Slides 12-18.

Workforce gender analysis by staff group, March 2025

- Allied Health Professionals had the highest female representation (100%), followed by Nursing and Midwifery roles (94 %).
- Representation gap among male and females was narrowest in Medical and Dental roles, with 58% being female and 42% male.

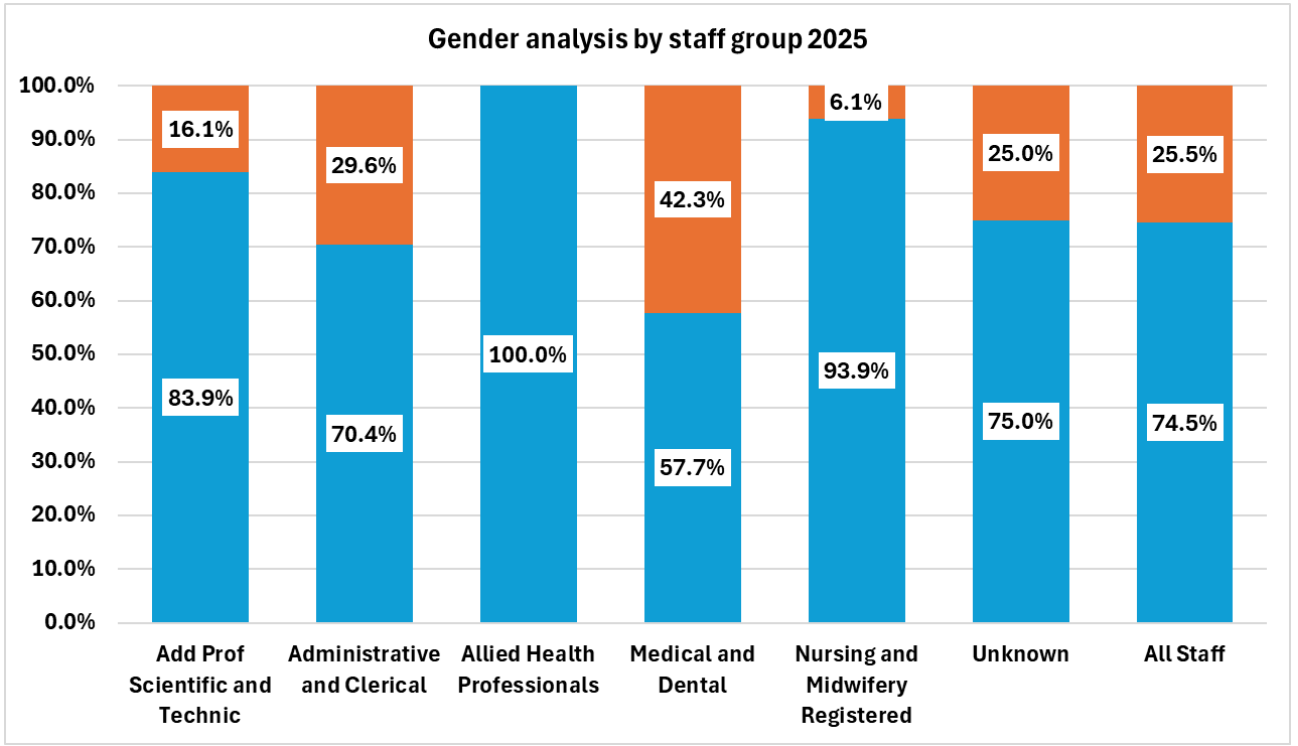


Chart 6 : BOB ICB gender analysis by staff group

Gender Pay Gap Disclosure, March 31 2025

- **Mean Pay Gap:** The mean pay gap was **21.08%**, This means that in 2025, the average hourly rate for women was 21.8% less than men. When monetised, it means on average, for every £1 earned by men, women earned 0.78p.
- **Median Pay Gap: The Median pay Gap was 11.15%. T**his means that in 2025 the median hourly rate was 11.15% lower than men. When monetised, this means for every £1 earned by men (in the median range), women earned 0.89 p.
- **The mean hourly rate** for women in 2025 was £8.46 less than men, whereas the **median** hourly rate for women was £3.45 lower than men. (See Chart 8).
- **Pay Quartile**: Females were over-represented in all four pay quartiles, with the highest representation being in Quartile 1 (86,54%) and the lowest in Quartile 4 (66.10%). Male representation was lowest in Quartile1 (13.46%) and highest in Q4 (33.9%). See Chart 8a.
- **Bonus Pay**: There was no bonus pay declared in 2024.

BOB ICB	2023	2024	2025
Mean Pay Gap	24.92%	21.4%	21.08%
Median Pay Gap	13.6%	12.72%	11.15%
Bonus Pay Gap	0	0	0

Chart 7: Gender Pay Gap 2023-25

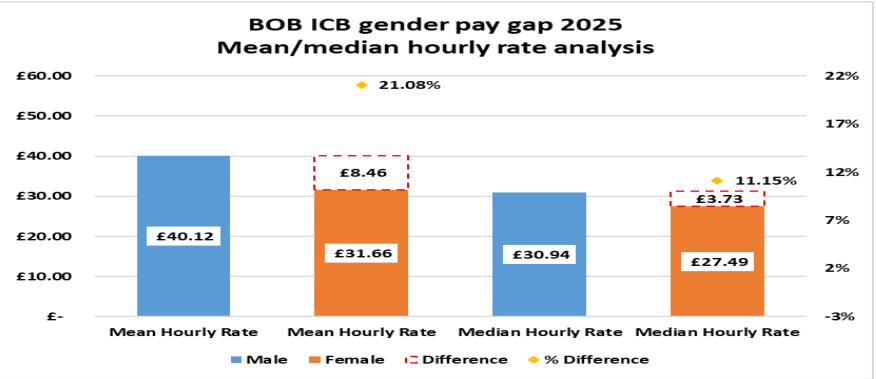


Chart 8: Gender pay gap 2025 mean/median hourly rate analysis

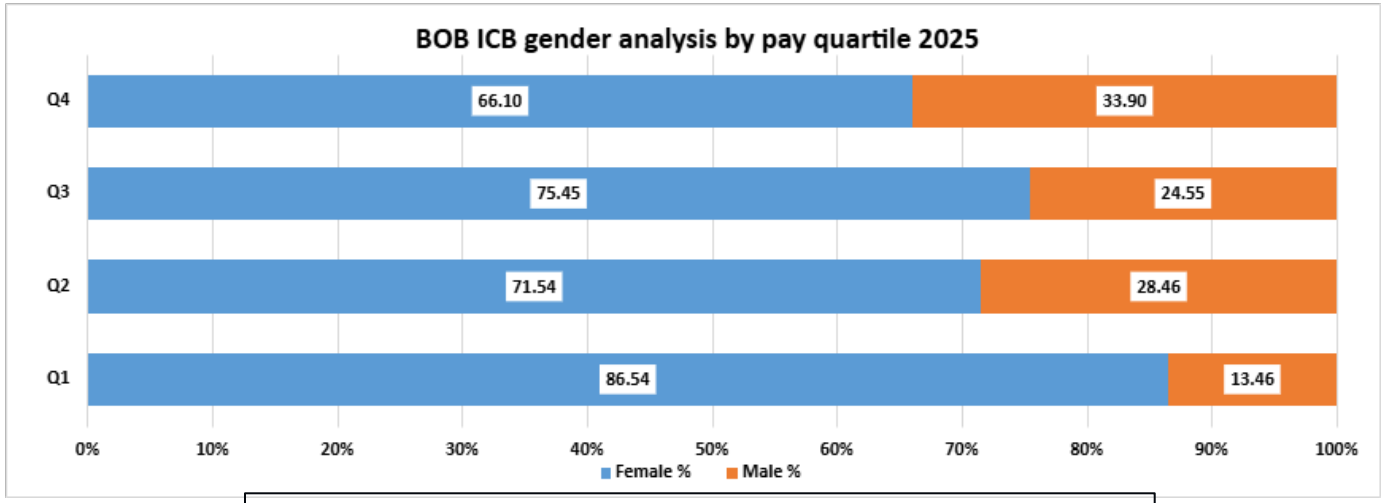


Chart 8a: Gender pay gap 2025 mean/median hourly rate analysis

Gender Pay Gap 2023-2025: Key improvements

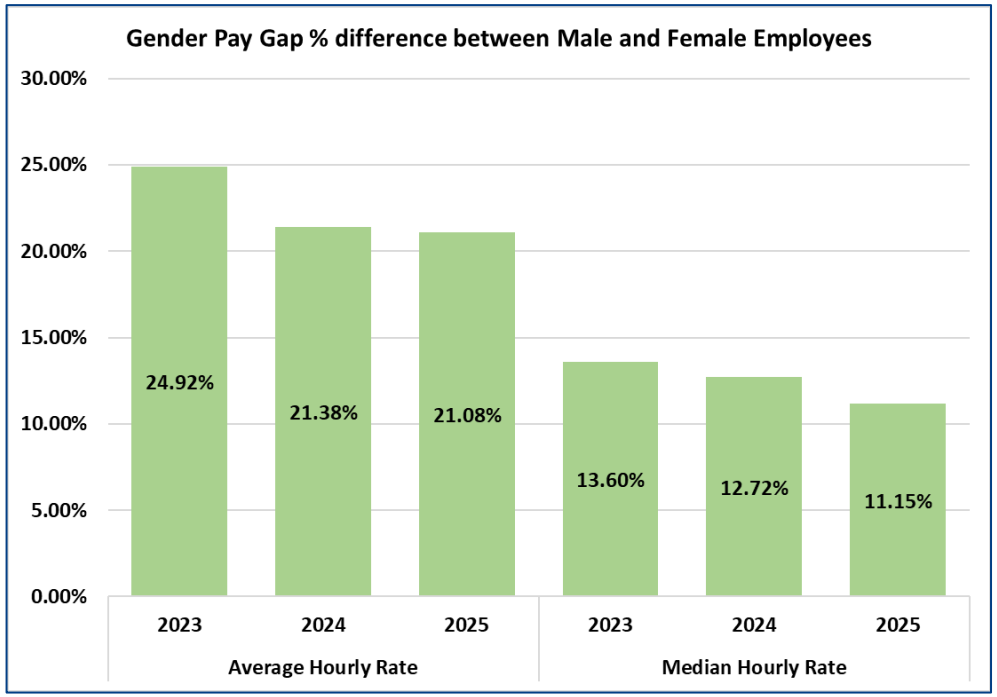


Chart 9 : Mean and Median Hourly pay gap comparison - 2023-2025

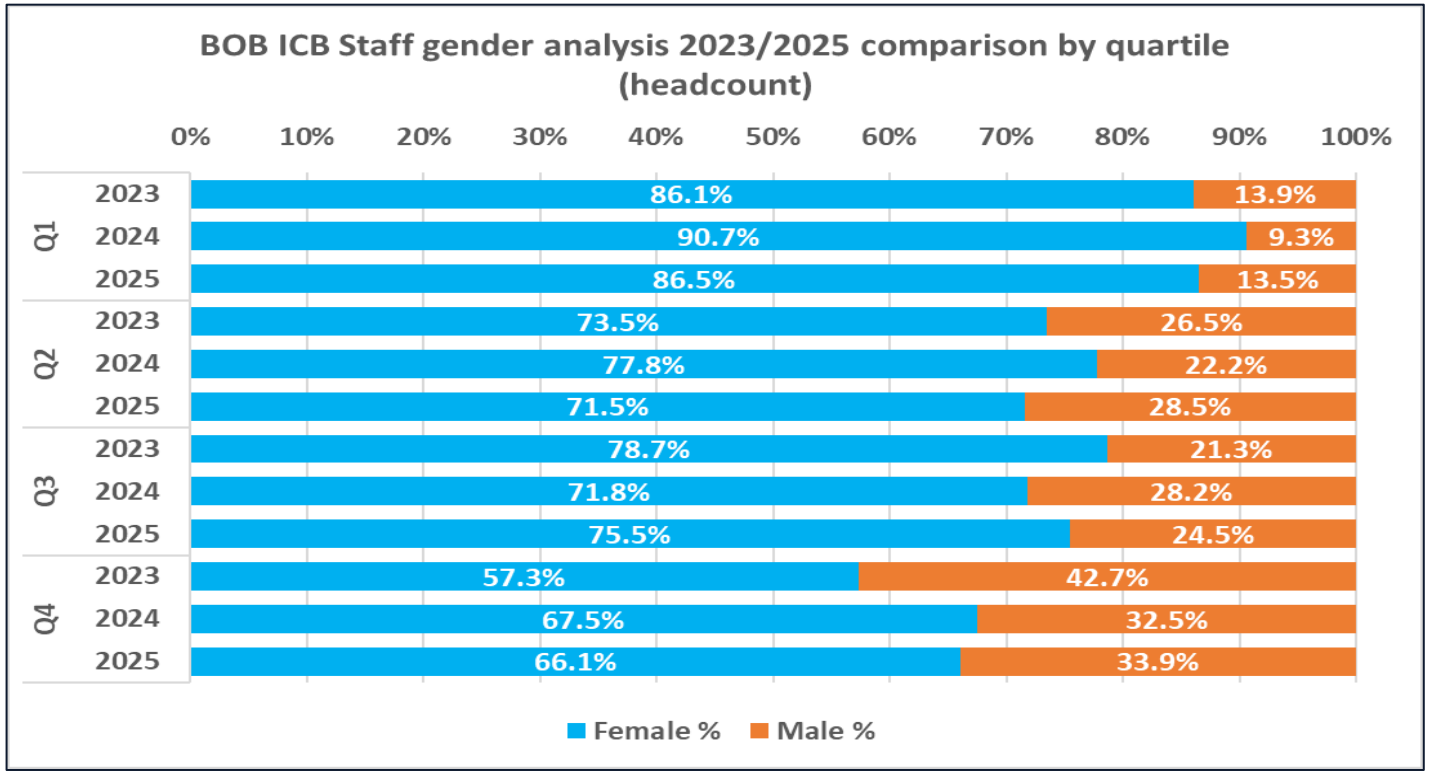


Chart 10 : Gender analysis by pay quartile comparison 2023-25, March 31 2025

The Gender Pay Gap results for 2025 highlighted:

- Mean and median pay gap narrowed by 0.3% and 1% respectively compared with 2024, showing a small improvement over 3 years (See Chart 9).
- Female representation dropped by 1.4% in Quartile 4 (1 less female) compared with 2024 – however, representation was 9% higher than 2023. Male representation improved in Quartile 4 by 1.4% (2 more males) compared with 2024 (See Chart 10).
- Quartile 3 saw the highest increase in female representation in 2025, a 3.7% increase from 2024. Female representation dropped in Quartiles 1 and 2 by 4% and 6.3% respectively.

Gender analysis by AfC Band – 2023-25

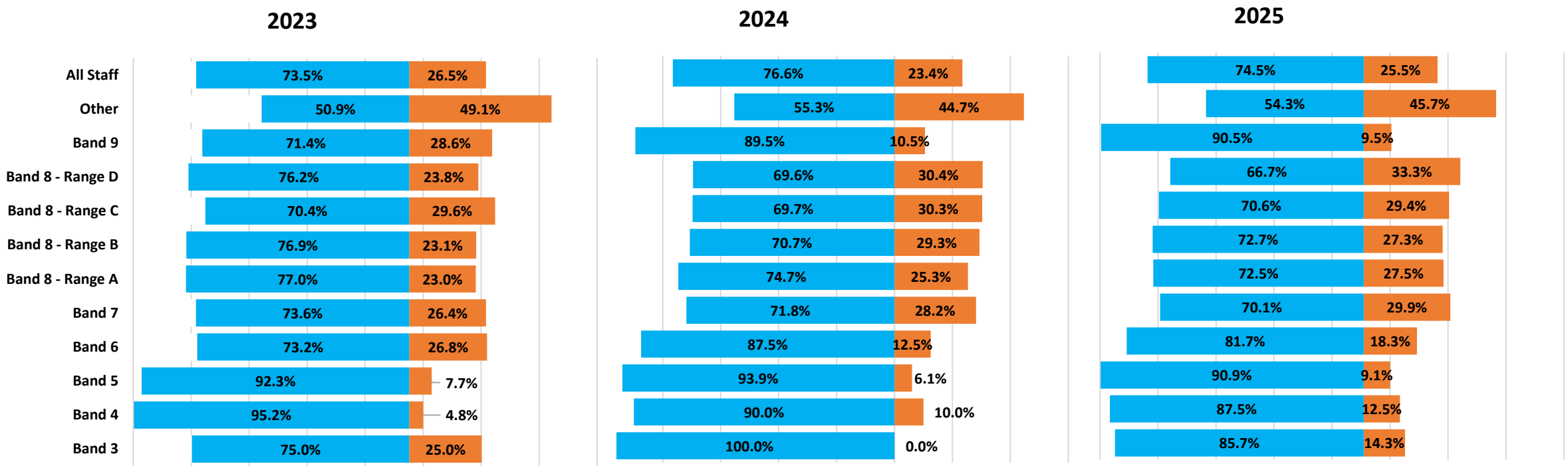


Chart 11 : Gender analysis by AfC Band 2023-25

The 3-year analysis of the gender analysis by pay band suggests:

- Female representation saw a year-on-year improvement at Band 9 - improving by 1% since 2024 and a 19% improvement compared to 2023.
- Female representation improved at Bands 8c and 8b by 2% and 1 % respectively compared with 2024.
- In 2025, the gap in gender representation was narrowest in VSM roles (-8.6%), whilst the gap was -10.6% in 2024 and -1.8% in 2023.

Gender analysis 2023-25 - Working arrangements

The gender analysis by working arrangements highlights:

One of the key drivers of gender pay gap is part-time working for female staff. The three-year analysis shows that the proportion of women working full-time has increased year-on-year, probably contributing to the narrowing of the gender pay gap.

In 2023, 61.7% of women were working full-time, in 2025 the proportion rose by 3.8% to 65.5%.

By contrast, the % of male staff working full-time increased by 9% over the same period - showing a higher increase in full-time working by men compared with women. This may help to explain why the gap, (though narrowing), continues to exist.

See also Slides 19 and 20

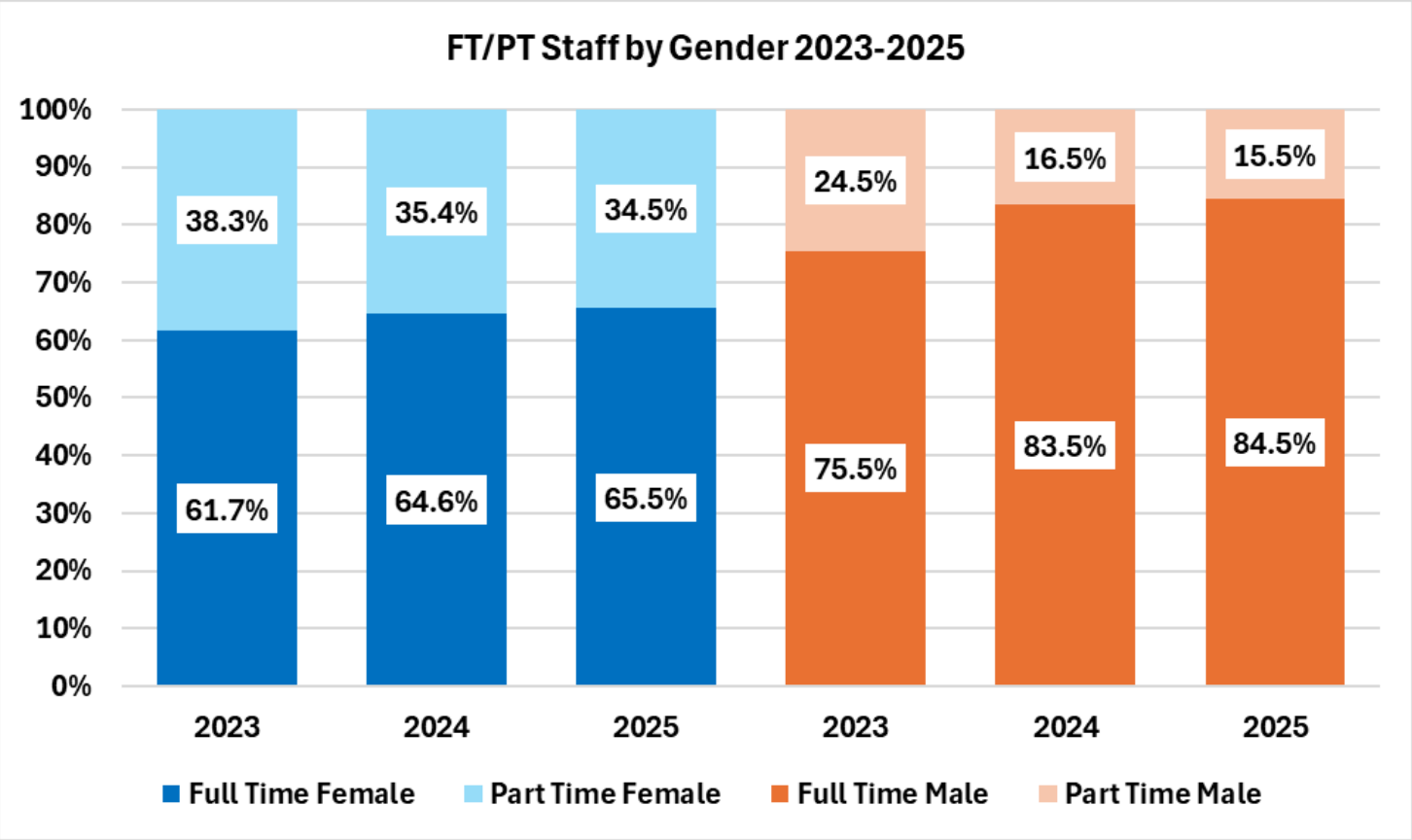


Chart 12 : Gender analysis by working arrangements 2023-25

Gender pay gap analysis – Hourly Rate comparison

Gender Pay Gap analysis of differences in hourly rates between 2023 and 2025 highlights (see Chart 13):

- Difference in median hourly rates between male and female staff was lowest in 2025 (£3.45) compared with the previous two years – showing a small but steady drop or improvement over 3 years. It was highest in 2023 (£3.91)
- The average or mean difference in hourly pay between male and female staff was lowest in 2024 (£7.90) – in 2025, the mean gap was £0.56 higher than 2024, but £1.89 lower than 2023.
- The data on median hourly rates thus suggests a steady reduction in the pay gap between female and male staff – as median pay tends to be a more stable indicator of difference than mean pay.

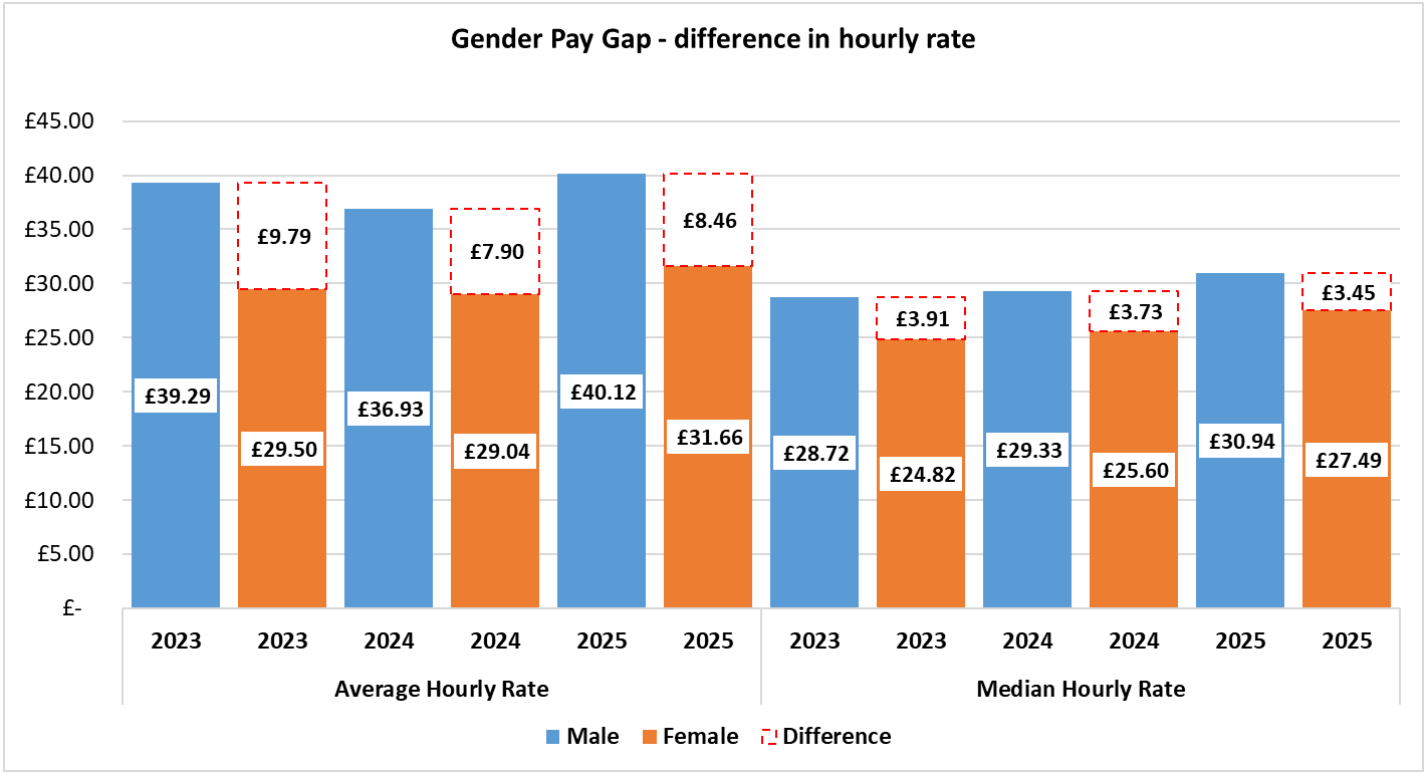


Chart 13: Mean and Median hourly rate differences between male and female staff – comparing rates between 2023-2025

Gender Pay Gap March 2024 snapshot – comparison with SE ICBs

Integrated Care Board	Mean Pay Gap %	Median Pay Gap %	Bonus Pay Gap %
Buckinghamshire Oxfordshire and Berkshire West	21.4%	12.7%	No bonuses were paid.
Surrey Heartlands	**9.7%**	12.3%	No bonuses were paid.
Kent and Medway	27.1%	15.1%	No bonuses were paid.
Sussex	20.6%	**9.7%**	No bonuses were paid.
Hampshire and Isle of Wight	23.9%	19.8%	No bonuses were paid.
Frimley	20%	**25%**	No bonuses were paid.

The above information is drawn from the Government Equalities Office website – it compares disclosure rates for the March 2024 snapshot for ICBs in the South East. ICBs with the highest Pay Gap are in Red, whilst those with the lowest Pay Gap are in Green.

Surrey Heartlands ICB had the lowest mean pay gap whilst Sussex ICB had the lowest median pay gap. Hampshire and Isle of Wight ICB had the highest mean pay gap and Frimley ICB had the highest median pay gap. The EDI Team are speaking to Sussex to understand their approach in this space.

March 2025 comparisons will be available from April 2026.

Gender Pay Gap March 2024 SE snapshot – Pay Quartile

Integrated Care Board	Quartile 1	Quartile 2	Quartile 3	Quartile 4 (highest paid)
Buckinghamshire Oxfordshire and Berkshire West	**90.7%**	77.8%	71.8%	67.5%
Surrey Heartlands	83.9%	82.2%	80.3%	72.7%
Kent and Medway	88.2%	81.6%	74.4%	**61.5%**
Sussex ICB	83.2%	85.8%	75.8%	65.7%
Hampshire and Isle of Wight	88.0%	83.1%	74.3%	64.3%
Frimley	83.5%	80.9%	72.5%	61.8%

This Table highlights comparisons across pay quarters – focussing on the lowest pay quarter (Quartile 1) and highest pay quarter (Quartile 4). The ICBs with the lowest representation at Quartile 4 and highest representation at Quartile 1 are highlighted Red.

Comparison with national average in 2025

In April 2025, the Office for National Statistics (ONS) reported that the national median Gender Pay Gap **was 6.9% (**down from 7% in 2024). BOB ICB's median Gender Pay Gap was as **11.15%** at March 31 2025, which is 4.25% higher than the national average and marginally higher than the South East average across sectors of **11%**.

Comparisons with peer ICBs in the South East will be undertaken in Q1 of 2026/27 after their Gender Pay Gap results are published.

Office of National Studies reported the following in April 2025:

- Nationally, the gender pay gap has fallen by approximately a quarter among full-time employees over the last decade. It stood at 6.9% in April 2025, down from 7% in 2024.
- The gap is larger for employees aged 40 years and over than those aged under 40 years. Women's share in high paying jobs decreases with age.
- The gap is larger among high earners than among lower-paid employees - with the highest gap found in skilled trades occupations and lowest in the caring, leisure and other service occupations.
- Within England, the gap among full-time employees was higher in the South East (11%) and London (10.7%) – partly because these regions had more earning the highest wages.
- The English regions had a higher pay gap compared with Wales (1.9%), Scotland (3.5%) and Northern Ireland (1.1%).

https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2025#the-gender-pay-gap-by-region

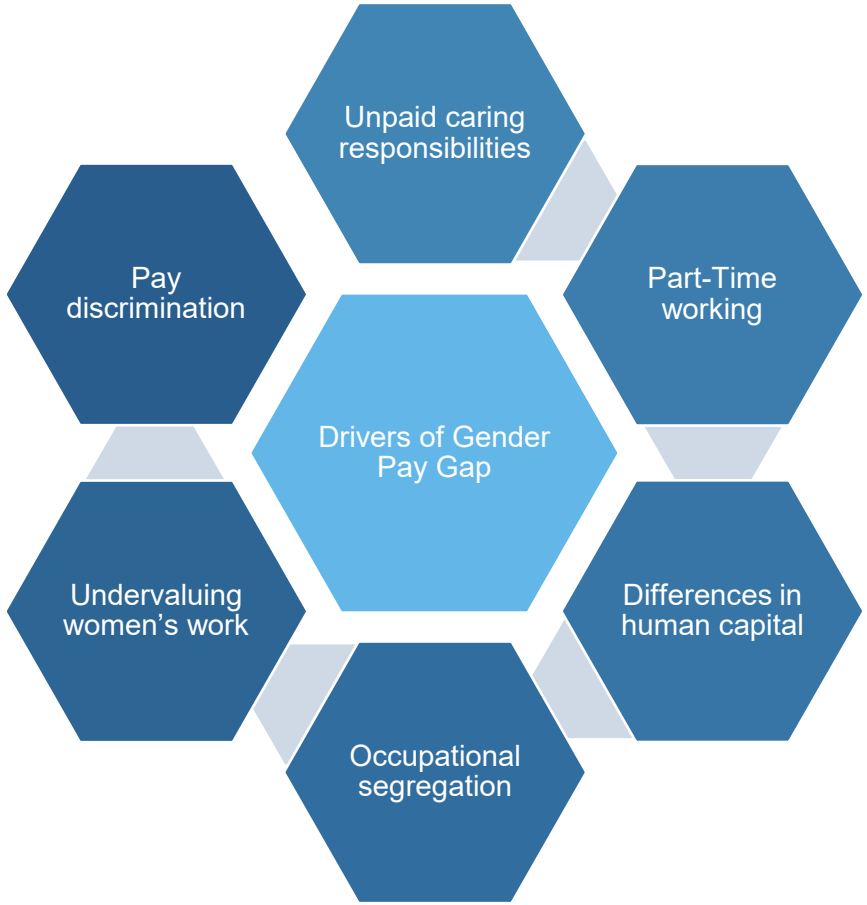
Within the health sector, the *Mend the Gap Report* (2020) identified the following societal and structural factors contributing to the Gender Pay Gap among doctors:

- Women being more likely to work less than full-time (LTFT), which lowers their pay.
- Male doctors being more likely to be older, more experienced and hold more senior positions – which leads to higher pay.
- Periods of LTFT working impact women's career and pay trajectories negatively as they reduce their experience and slows down their progression to senior positions.
- Among hospital doctors, gaps in total pay were largely due to Clinical Excellence Awards (CEAs), allowances and money from additional work – which are larger than gaps in basic pay alone.

Key drivers of Gender Pay Gap

According to the Charted Institute of Personnel Development::

- Gender pay gaps are often the outcome of economic, cultural, societal and educational factors.
- Personal choices on working arrangements (part-time) and careers are often influenced by matters outside of the individual's control, such as the availability and affordability of childcare – leading to structural barriers.
- Choices available to women continue to be more constrained than those available to men.



https://www.cipd.org/uk/knowledge/guides/gender-pay-gap-reporting-guide/

Closing the gap – next steps

Monitoring the Gender Pay Gap will be undertaken annually and we will continue to benchmark ourselves with peer comparators and learn from good practice across sectors to ensure we are closing pay and progression gaps and offering male and female staff equal opportunities to progress and be rewarded through robust, fair and objective methods.

Gathering data and developing our systems to monitor and report trends will be critical to that effort. The action plan will be monitored on an ongoing basis to support the ICB's Equality Diversity and Inclusion Action Plan as it transitions into the new Thames Valley ICB. See Appendix for the Gender Pay Gap Action Plan.

We will publish our ethnicity and disability pay gaps after the passage of the Equality (Race and Disability) Bill, which will make it a statutory duty to report both. We have started making preparations towards it and will report through our annual Public Sector Equality Duty Report.

References

https://www.gov.uk/government/publications/gender-pay-gap-reporting-guidance-for-employers

https://www.closeyourpaygap.org.uk/pay-gap-guide/#rlslider_1

https://www.gov.uk/government/publications/gender-pay-gap-reporting-guidance-for-employers/making-your-calculations#:~:text=Take%20the%20mean%20(average)%20hourly,Multiply%20the%20result%20by%20100

https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2025#the-gender-pay-gap-by-region

https://www.closethegap.org.uk/content/faq/#rlslider_10

Contact Us

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

If you have any questions about this report or would like it in a different format, please contact us at: Bobicb.enquiries@nhs.net

Write to us:

Buckinghamshire, Oxfordshire, Berkshire West ICB
First Floor
Unipart House
Garsington Road
Cowley
OX4 2PG

Buckinghamshire enquiries: 01296 587220
Oxfordshire enquiries: 01865 336800
Berkshire West enquiries: 0118 950 3094

Appendix 1Gender Pay Gap Action Plan 2025-26

Evidence	Actions	By When and who	Update
Benchmark Gender Pay Gap results	Compare the ICB's Gender Pay Gap results with comparators. Draft Ethnicity Pay Gap report.	Q1 2025/26 Q4 2025/26 - ED&I lead	March 31 2024 comparative data for South East ICBs reported to People committee Ethnicity pay gap data now available.
Over representation of women in Part-Time roles – with possible implications on Pay Gap	Promote hybrid and flexible arrangements to support work life balance and reduce need for part-time hours.	Q4 2024/25 – HR Policy Lead+ comms	Flexible working, Carers' Leave and Other Leave policies published. Career development offer to be scoped in April 2026
Over-representation of women in lower pay bands	Review ICB's recruitment practices to ensure staff are recruited and appointed in an equitable manner to attract a wider talent pool Promote mentoring and coaching to increase female and ethnic minority representation in Upper Quartile roles. Develop a targeted career development programme to support female progression in leadership roles.	Q3 2024/25 – HR Policy Lead, EDI, OD and HR leads (change team). Q1 2026/27	Recruitment policy updated and published. Inclusive recruitment guidance pack developed for ring-fenced interview panels. Recruitment team reviewing options to attract and retain gender diverse talent at all levels. ICB staff have access to Buckinghamshire Mentoring and Coaching pool – 9 completed Level 3 Coaching course. All staff have access to Linkedin Learning, NHS Elect and the SE Leadership Academy offers.
Over-representation of women in lower pay bands and in all roles, except VSM and Medical/ Dental	Ensure job evaluations continue to be undertaken to ensure posts are benchmarked in a fair and equitable manner, using AfC framework and T&Cs for medical and dental staff, Executive Directors and VSMs.	Q4 2024/25 – HR Team	Job Evaluations /standardised JDs being developed for all roles as part of ICB reorganisation process. This is continuing as part of the transition process into Thames Valley ICB.
Develop representative talent pipeline – with support for career progression.	Review appraisals process to ensure all staff have career conversations and are supported on personal development plans.	Q4 2024/25	Updated Appraisal policy and guidance pack now in place.

Gender Pay Gap Action Plan 2024-25

Evidence	Actions	By When and Who	Update
Mend the Gap report – pay gap between Male and Female Doctors, National ED&I Plan	Work with ICS partners to implement recommendations of Mend the Gap report through Standard Conditions of Contract.	Ongoing	Trusts have self assessed against Mend the Gap report, implementing recommendations on LTFT working for all, flexible working and CEAs. ICB implementing recommendations – including flexible working, access to mentoring and coaching and related developmental opportunities.
Support managers and staff to work effectively in diverse teams, improve workplace experiences (staff survey feedback, 2023)	Roll out of the cultural intelligence programme within ICB, along with related OD plans to enhance inter-personal and team effectiveness.	August 2024-August 2025 by EDI Lead	65 staff across ICS have participated in CQ programme, 18 from BOB ICB. Evaluation underway. To review how to continue in new Thames Valley ICB.
National Programme on sexual safety at workplace	Plans to be reviewed for Women's and Men's Mental Health Networks in new Thames Valley ICB.	ED&I Leads/CPO in 2026/27	To be considered after the launch of Thames Valley ICB in 2026/27.
National Sexual Safety at work programme	Implement NHS Sexual Safety in Healthcare Charter over 2024-25 – offering training and support for managers. Work with partners to monitor progress of implementation of sexual safety charter BOB ICS Safer Workplaces Group.	Launched in Q3 – ongoing work on implementation by Head of Adult Safeguarding and OD Business Partner.	NHSE Sexual Safety Toolkit – including E-Learning and policy framework launched, along with Sexual Safety Policy. Briefings made at All Staff Forum by Head of Adult Safeguarding. All ICS partners implementing charter.

Appendix 2 - Gender Pay Gap Calculations explained

Descriptor	Calculation
Mean Pay Gap%	Average Pay Gap = Difference between Male AVG hourly rate and female AVG hourly rate Mean pay gap % = Average Pay Gap/ Male AVG hourly rate * 100
Median Pay Gap %	Median Pay Gap = Difference between median hourly rates for male and females Median Pay Gap % = Median Pay Gap/Median Pay Gap for men *100
Bonus Pay Gap %	Mean Bonus Gap = Difference between mean bonus paid to men and women Median Bonus Gap = Difference between median bonus paid to men and women Mean bonus gap (%) = Mean Bonus Pay Gap/mean male bonus*100 Median bonus gap (%)= Median Bonus Pay Gap/median male bonus*100
Quartile Pay Bands	% of male and female staff in lower, lower middle, upper middle and upper pay quartile

Buckinghamshire, Oxfordshire and Berkshire West

and Frimley Integrated Care Boards

Joint Committee

Title of Paper	Public Sector Equality Duty Report 2025/26		
Agenda Item	7.1	**Date of meeting**	10 March 2026
Exec Lead	Safina Nadeem – EDI Advisor		
Author(s)	NHS BOB – Yasmin Mahmood, Head of Equality Diversity and Inclusion and Culture Change. NHS Frimley – Avril Brohier - People and OD Project Manager		

Purpose	To Approve	☐
	To Ratify	☒
	To Discuss	☐
	To Note	☐

Decision required	Joint Committee	☒
	BOB only	☐
	Frimley only	☐
	Meeting in Public	☐

Executive Summary

Under the Equality Act 2010, there is a requirement for NHS Buckinghamshire, Oxfordshire and Berkshire West (BOB) and NHS Frimley Integrated Care Boards to publish information demonstrating compliance with the General Equality Duty ('equality information') – as part of an annual Public Sector Equality Duty (PSED) report.

The PSED aims to integrate equality considerations in the day-to-day business of public sector organisations, requiring organisations to proactively consider ways to tackle systemic discrimination and disadvantages and promote equality for people sharing protected characteristics through a continuous improvement approach. Under the Specific Duties, ICBs are expected to publish:

- Information on staff and service users - analysed by protected characteristics
- One or more Equality Objectives
- Gender Pay Gap Report

The information must be published annually on our website on or before 30th March.

We know that embedding equality is central to delivering high-quality outcomes, improving population health, and ensuring innovative and productive teams. This report compiles this information focussing on its role as a commissioner, convenor of partnerships/system leader and employer.

The reports set out system-wide progress in delivering the Public Sector Equality Duty through strengthened governance, partnership working and focused equality, diversity and inclusion activity. Across both systems, action has been taken to eliminate discrimination, advance equality of opportunity and foster good relations, supported by targeted work to reduce health inequalities, improve workforce experience and strengthen inclusive leadership.

Progress includes delivery of prevention and population health initiatives aligned to national priorities, improvements in equality assurance processes, and leadership development

programmes aimed at increasing representation and inclusion at senior levels. Workforce and population data continue to inform priorities and highlight areas requiring further attention, particularly where inequalities in experience and outcomes persist. While progress has been made, we recognise that inequalities within our workforce and the populations we serve remain. As we transition into NHS Thames Valley ICB, EDI will remain a strategic priority in our role as a strategic commissioner. We will continue to use evidence, partnership working to reduce inequalities and to build a health and care system that is fair, responsive and accountable to the communities it serves.

Recommendation	To note and approve the Public Sector Equality Duty Report 2025/26 for publication.

Conflict of interest identified
Yes ☐ No ☒
Detail

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Thames Valley Designate – Executive Meeting	16 February 2026	Approved

Frimley Health and Care

NHS Frimley

Equality, Diversity, and Inclusion

Annual Report

Part A: Public Sector Equality Duty

March 2026

Contents

Foreword

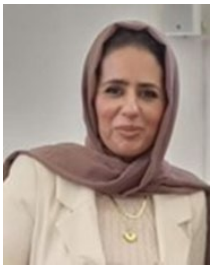
We are pleased to present Frimley Integrated Care Board's Annual Equality Report, which sets out our progress, priorities, and accountability in advancing equality, diversity, and inclusion across our organisation and wider system.

We know that embedding equality is central to delivering high-quality outcomes, improving population health, and ensuring innovative and productive teams. Over the past year, we have taken deliberate steps to strengthen how EDI is governed, embedded, and measured. This includes improving the fairness and transparency of our recruitment and people processes, introducing clearer mechanisms to challenge unacceptable behaviours, and advancing a system-wide anti-racism framework to drive consistent action and accountability.

In addition, a key strategic development this year has been the delivery of Cohort 1 of the Mirror Board Programme. This programme has strengthened our leadership capability by bringing lived experience directly into decision-making and governance. As the first cohort concludes, the learning from this work will be embedded into future leadership and assurance arrangements.

This report sets out work that has been undertaken within the ICB and system partners to demonstrate our ongoing commitment to EDI and we know that while progress has been made, inequalities within our workforce and populations persist. Therefore, as we transition into the Thames Valley ICB, EDI will remain a strategic priority. We will continue to use evidence, partnership, and inclusive leadership to reduce inequalities and build a health and care system that is fair, responsive, and accountable to the people it serves.

Nick Boughton
Chief Executive
Frimley Integrated Care Board



Safina Nadeem
EDI System Lead
Frimley Integrated Care Board

Introduction

Frimley ICS covers five main 'Places': **Royal Borough of Windsor and Maidenhead**, **Slough**, **Bracknell Forest**, **Surrey Heath** and **North East Hampshire and Farnham** (comprising Hart, Rushmoor and Waverley Local Authority Districts).

It enjoys a diverse population and workforce across health and social care. We understand that this brings huge talent and experience into the ICS but also know that there remain inequalities for our people and population that we need to address.

Public Sector Equality Duty

This Annual Report provides an overview through case studies of the work we have delivered this year to meet our Public Sector Equality Duty, which states that we must work to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it;
- Foster good relations between people who share a protected characteristic and people who do not share it.

Part B of this report gives details on the demographics of our ICB workforce and ICS communities.

Within Frimley ICB and the wider ICS, we have delivered this work by embedding our EDI strategy. We continue to use the data contained in our Data Report to understand the lived experiences of our people, and use identified challenges to drive change for equity of outcomes for our staff, volunteers, and the people we serve.

Back to contents page

Our EDI Vision and Ambitions

Our vision is to ensure equality, diversity and inclusion are at the heart of our culture, leadership and service delivery. We are committed to creating an environment where everyone feels respected, valued and able to contribute fully, and where barriers to access, experience and opportunity are actively addressed. By embedding EDI principles across our work, we aim to improve health outcomes, support a diverse and inclusive workforce, encourage innovation and collaboration, and deliver services that better meet the needs of our diverse communities. Our priorities included:

1. Create a Positive and Inclusive Culture
2. Diverse Representation at senior levels
3. Fair and transparent recruitment
4. Promote cultural and behavioural changes to ensure EDI is demonstrated by all

Frimley ICS has continued to take proactive and coordinated action to meet our PSED duties as well as creating inclusive environments. This work has focused on promoting inclusive cultures, increasing awareness and understanding of responsibilities, and ensuring robust processes are in place to respond effectively when concerns arise. Through system-wide collaboration and ongoing engagement, this approach aims to prevent inequalities, improve staff and patient experiences, and support the delivery of equitable and inclusive services.

Some examples of work being undertaken to reduce inequalities is presented below.

Berkshire Health NHS Foundation Trust (BHFT)

Berkshire Healthcare NHS Foundation Trust continued to challenge inequality and improve understanding of the diverse experiences of its workforce and communities. The annual EDI forum included a keynote session led by Hari Sewell, which encouraged reflection on race-based and intergenerational trauma—helping colleagues recognise how historical and structural inequalities shape present-day experiences and behaviours. The Trust also presented updates on the development of the Skin Tone Bias Assessment Tool, aimed at improving clinical equity by addressing how clinical presentation varies across different skin tones, thereby reducing discriminatory outcomes

Several initiatives highlighted in the event strengthened opportunities for under-represented staff and communities. The Trust shared progress on the Faith Project, including new multifaith resources, badges and e-learning to support staff, students and carers in delivering culturally sensitive care. Presentations also covered Advanced Choices in Mental Health Support and community-led research from TRIYBE into the potential health impacts of chemicals in Black hair-care products—ensuring voices from marginalised communities influence practice and policy. The introduction of the Gypsy, Traveller, Roma, Showmen and Boater Pledge demonstrated further commitment to addressing inequalities affecting long-excluded groups. In addition, the Trust unveiled the final draft of itself-Advocacy, Cultural Competence and Allyship Guide, co-produced with staff networks, emphasising the development of skills and support mechanisms that enable equitable opportunities for staff across all backgrounds.

The event brought together a diverse mix of clinical and non-clinical colleagues, community members and partners, celebrating shared learning and connection. A central part of the day honoured Windrush and Global South NHS pioneers, with stories captured by ACRE and commemorated through artwork and film, emphasising respect, gratitude and improved cultural understanding across the organisation. The presence of the Mayor of Reading, who personally thanked retired NHS workers from diverse backgrounds, further strengthened community ties and reinforced the Trust's commitment to valuing contribution across generations and cultures. By celebrating lived experience and creating space for dialogue, the Trust continued to foster belonging, connection and positive relationships across its workforce and communities.

Frimley Health NHS Foundation Trust (FHFT)

Over the past year, Frimley Health NHS Foundation Trust (FHFT) has continued to embed equality, diversity and inclusion as a core enabler of the FHFT Strategy 2025–30. Action to eliminate discrimination and remove barriers has included the implementation of a more consistent and effective approach to Reasonable Adjustments, contributing to improved National Staff Survey outcomes, and the introduction of Personal Support Plans (Disability Passports) to ensure individual needs are recognised and supported throughout employment. FHFT has also strengthened its Equality Impact Assessment (EIA) process and governance, embedding this more robustly within business planning, and completed a comprehensive EIA to support the Frimley Park Hospital New Hospital Programme across all potential site options.

FHFT has continued to invest in its **'Leader in Me'** programme, supporting colleagues from Black and Minority Ethnic backgrounds to develop leadership capability and progress into senior roles. This work forms part of the Trust's wider approach to addressing underrepresentation, improving progression outcomes and supporting a more inclusive leadership pipeline.

In addition, it has reconstituted its People Networks with clear executive sponsorship, strengthening their visibility, influence and connection to decision-making. In addition, reciprocal mentoring has been embedded within senior leadership development programmes to support shared learning, improve cultural competence and strengthen engagement between senior leaders and colleagues from underrepresented groups.

Sexual Misconduct ICB

The Worker Protection Act (2024, as an amendment of the Equality Act, 2010) came into effect in October 2024. This amendment introduces a legal duty for all employers to proactively take reasonable steps to prevent sexual harassment.

During this reporting year, Frimley Integrated Care System has focused on the implementation and assurance of Sexual Safety in the Workplace arrangements, following earlier alignment with the Worker Protection (Amendment of Equality Act 2010). The NHS England Sexual Safety in the Workplace policy has been rolled out consistently, supported by a mandatory sexual safety eLearning module and an anonymous reporting mechanism operating alongside formal reporting and Freedom to Speak Up routes.

This has been supported through clear and accessible processes, resources available on the intranet, regular staff communications, and the inclusion of sexual safety content within the NHS Thames Valley corporate induction from 1 April 2026. A local Equality and Health Inequality Assessment (EHIA) has informed implementation activity to ensure it reflects the needs of the local workforce and geography. Additional support is available through the Employee Assistance Programme and signposted routes to specialist support.

A culture of psychological safety have been promoted through engagement with Staff Networks, EDI stakeholders and Freedom to Speak Up Guardians, strengthening confidence in reporting and support mechanisms. Staff awareness has been further supported through a 'Lunch and Learn' session, organisation-wide communications marking White Ribbon Day, and continued learning through national and system-wide Communities of Practice. Oversight is provided through a task and finish group, meeting quarterly to review learning and themes, with insight escalated to the ICB EDI Working Group to support continuous improvement.

No reports of sexual misconduct were received during the reporting period. Assurance has been strengthened through an NHS England audit completed in September 2025 and participation in a subsequent national audit in February 2026

Hate Crime Awareness ICB

During the reporting year, national and international events both in 2024 and 2025 led to increased concern regarding Islamophobia, antisemitism and other forms of hate crime, including the widespread display of flags and symbols across the country. NHS Frimley acted swiftly to assess risk and coordinate a system-wide response to support staff across health and social care.

Frimley Integrated Care System led by Safina Nadeem EDI System Director completed and implemented its system Anti-Racism Framework, co-produced with colleagues from across the ICS and subsequently adopted by partner organisations within their local governance and workforce arrangements. This has provided a consistent, system-wide approach to preventing and addressing racism.

The ICB engaged promptly with EDI Leads and Freedom to Speak Up Guardians to identify support needs and reinforce reporting routes. An ICS-wide online safe space was facilitated for colleagues across health, social care and the Voluntary, Community and Social Enterprise sector, supported by written guidance on hate crime definitions, reporting routes and access to local and national support services.

Feedback indicated that this activity reduced feelings of isolation, strengthened peer support and increased confidence to seek help and act as allies. Learning from this work will inform the culture and approach of the new Thames Valley Integrated Care Board, supporting continued action to address hate crime and promote psychological safety. System-level insight into hate crime incidents will continue to be developed, with assurance and learning reported to the Board in 2027 under the new ICB governance arrangements.

Back to contents page

North Hampshire Urgent Care (NHUC)

During 2024/25, North Hampshire Urgent Care (NHUC) strengthened its approach to eliminating discrimination through the revision of its Equality, Diversity and Inclusion Policy and the introduction of a Preventing Sexual Harassment in the Workplace Policy. NHUC achieved Disability Confident Employer status, NHS Veteran Aware accreditation, and the Defence Employer Recognition Scheme Bronze Award, demonstrating compliance with national standards and strengthened organisational assurance.

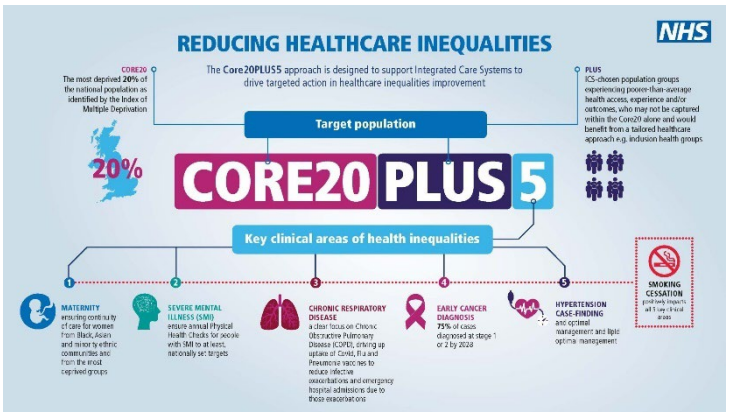
NHUC has taken action to advance equality of opportunity through delivery of an EDI staff survey with resulting improvement actions, increased collection and use of equality data, and targeted learning and engagement activity. Staff are supported through accessible policies, intranet resources, EDI communications, and inclusion of EDI priorities within workforce planning. Work has also progressed to support neurodivergent staff and patients, prepare for Gender Pay Gap reporting, and improve recruitment, onboarding and induction processes.

NHUC has promoted good relations by strengthening staff engagement through its EDI Engagement Group, celebrating cultural and religious events, and delivering awareness activity across the organisation. At system level, NHUC has actively contributed to the Frimley ICS Anti-Racism Alliance, supported delivery of the Frimley ICB EDI Conference, and participated in the Mirror Board Programme. These actions support a culture of respect, inclusion and collaboration across health and social care.

Back to contents page

NHS Frimley Integrated Care Board – Reducing Health Inequalities

Frimley Integrated Care Board recognises health inequalities as unfair and avoidable differences in access to care, experience, and outcomes. Using population health management data and Joint Strategic Needs Assessments, the ICB identifies groups experiencing poorer outcomes, including people living in areas of deprivation, individuals with learning disabilities, unpaid carers, and other underserved communities. Equality impact assessments and health inequalities analyses are routinely applied to key strategies, commissioning decisions and service changes to mitigate adverse impacts and reduce structural disadvantage.



The ICB's approach aligns with the Core20PLUS5 national framework, focusing on the most deprived 20% of the population (deciles 1–4) and locally identified PLUS groups. Targeted actions include embedding health inequalities considerations into commissioning, supporting place-based partnerships to tailor interventions, and working with VCSE partners to improve access, engagement and service uptake. Initiatives delivered through the Core20PLUS5 Community of Practice and the Living Well Ambition include improvements in cardiovascular disease prevention, outreach activity for priority cohorts, co-produced and translated health information, increased access to blood pressure monitoring in community settings, and support for staff wellbeing through BP stations and Making Every Contact Count (MECC) training. Early data indicates reductions in smoking prevalence, increased uptake of weight management and alcohol treatment services, and improved hypertension control.

Good relations have been strengthened through partnership working with VCSE organisations, place-based systems and communities to co-produce interventions and build trust. Progress is monitored through the ICB and Living Well Board, with disaggregated data reported via subgroups and used to inform continuous

quality improvement. This approach demonstrates a commitment to collaboration, transparency and long-term action to reduce inequalities in access, experience and outcomes for Frimley's population.

NHS Frimley Mirror Board Programme

NHS Frimley ICB Mirror Board programme has now been successfully completed, delivering demonstrable impact on leadership development, equality, and inclusion across the system. Designed to strengthen representation from protected characteristic groups, the programme brought together colleagues from across health and social care to develop Board-level skills while influencing ICB decision-making.
The Mirror Board created structured spaces where lived experience was central to Board-level discussion. Through Reciprocal Mentoring, members and senior leaders explored how organisational culture, systems and processes impact different groups, enabling the Board to better identify and address inequities or potential discriminatory practice.
Members' contributions to the System Anti-Racism Framework, as well as reflections on the Frimley Financial Sustainability Plan and Core20PLUS5, strengthened Board awareness of differential impacts on communities and workforces. These discussions resulted in more informed equality impact considerations and improved scrutiny aligned with anti-discriminatory practice.

A core purpose of the programme was to increase progression opportunities for those from protected characteristic groups. The Mirror Board has achieved this by:

- Providing direct exposure to Board-level strategic work and system leadership
- Supporting members to take on senior responsibilities or progress into more advanced roles
- Strengthening participants' confidence, capability and visibility across the system
- Ensuring diverse perspectives shaped strategic areas such as health inequalities, community engagement, and workforce development

These outcomes helped reduce barriers to leadership, diversify the pipeline, and enable fairer access to progression and system influence.

The programme significantly strengthened cross-group understanding and collaboration. Through shared learning, reflective conversations and joint problem-solving:

Members deepened understanding of each other's lived experiences, identities and challenges. Reciprocal mentoring improved relationships and empathy between senior leaders and diverse staff groups. Cross-system collaboration improved relationships across organisations, sectors and communities

This has contributed to a more inclusive leadership culture and strengthened trust across the system.

Throughout the year, the Mirror Board delivered tangible improvements in leadership capability, diversity of thought and system cohesion. Successes include:

- Leadership development and increased readiness for senior roles
- Stronger advocacy for under-represented groups
- Enhanced strategic insight feeding into Board decisions
- More inclusive challenge and reflection within Board discussions
- Greater confidence and visibility of diverse talent across the system

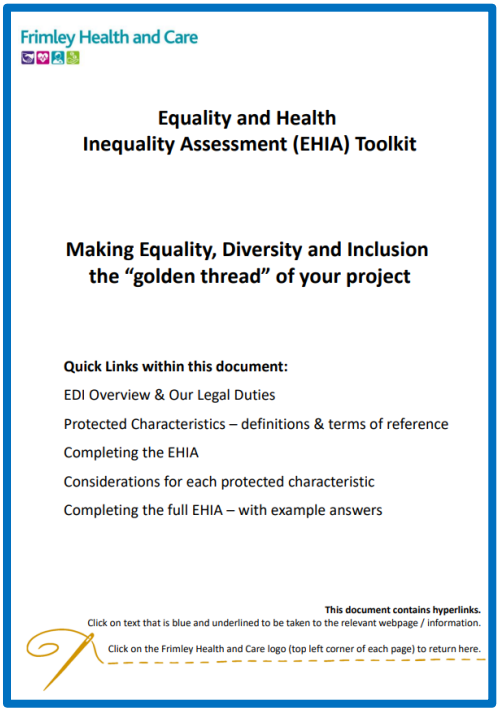
In recognition of its impact and innovation, the Mirror Board programme was nominated for an award at the Asian Professional Network Awards (APNA Awards) and was awarded a Certificate of Excellence. This external recognition reflects the programme's strong contribution to inclusive leadership, equality and system change, and reinforces its value as a model of good practice within and beyond the Frimley system.

As NHS Frimley ICB transitions into the new Thames Valley ICB, the CEO has formally committed to continuing the Mirror Board programme, recognising its significant contribution to advancing the PSED aims and strengthening equality, diversity and inclusion across the system. This commitment ensures continuity, preserves the learning and momentum, and embeds the programme within the leadership culture of the new organisation

Equality and Health Inequality Assessment (EHIA)

In 2025, NHS Frimley ICB strengthened its approach to embedding Equality, Diversity and Inclusion (EDI) into decision-making by reviewing and updating its Equality and Health Inequality Assessment (EHIA) process. The previous two-step structure was replaced with a streamlined single-step form following staff feedback.

The new EHIA form was designed collaboratively by the EDI Team and incorporates clear governance: all EHIAs must involve relevant stakeholders, including staff networks, and where a neutral or negative impact is identified, the assessment must be reviewed by the ICB's EDI Working Group and co-signed by an EDI Team member to ensure risks are fully mitigated. A comprehensive toolkit—containing legal duties, definitions of protected characteristics, guidance on completing the form, example answers, and workforce and community data—was launched through an all-staff briefing, supported by six months of training.


Frimley Health and Care

Equality and Health Inequality Assessment (EHIA) Toolkit

Making Equality, Diversity and Inclusion the "golden thread" of your project

Quick Links within this document:

EDI Overview & Our Legal Duties

Protected Characteristics – definitions & terms of reference

Completing the EHIA

Considerations for each protected characteristic

Completing the full EHIA – with example answers

This document contains hyperlinks.

Click on text that is blue and underlined to be taken to the relevant webpage / information.

Click on the Frimley Health and Care logo (top left corner of each page) to return here.

For the 2026 reporting year, the EHIA has become fully embedded as a core requirement across all programmes and projects. It is now actively and consistently used throughout the transition from NHS Frimley ICB to the new Thames Valley ICB. The EHIA process is being applied across all major workforce and organisational change programmes, including voluntary redundancy, compulsory redundancy, COSOP processes, organisational design work, and transition planning for the new ICB. This ensures that equality, diversity and health inequality considerations are systematically built into every stage of change, supporting fair, transparent and legally robust decision-making across the system. The widespread adoption of the EHIA demonstrates the organisation's commitment to making EDI the

"golden thread" of its operations and strengthening compliance with the Public Sector Equality Duty during a period of significant transformation.

Back to contents page

System Anti-Racism Alliance

Throughout 2025, system partners engaged deeply in the co-design of the system Anti-Racism Framework 'Beyond Boundaries' alongside of a system Anti-Racism Alliance. A chief executives roundtable event was convened with senior leaders from across the system, including the NHS, voluntary sector organisations, local authorities, fire and rescue services, and police, to support collective discussion and action to address race inequalities across the system. The Framework's five pillars, its accompanying maturity model, and the requirement for organisations to set SMART improvement goals created a practical and structured approach for partners to adopt. As a result, by the close of the reporting year, partner organisations had begun not only to embrace the Framework but also to embed its principles into their own internal strategies, governance structures, and cultural development work.

Alongside this Berkshire Healthcare NHS Foundation Trust through their Unity Against Racism | Berkshire Healthcare NHS Foundation Trust programme and taskforce, shared openly with the Frimley Integrated Care Partnership, their work enabling senior leaders from across the ICS to understand both the progress achieved and the barriers encountered along the journey. This transparency helped build momentum and trust across partner organisations.

This collective ownership means that the anti-racism agenda is no longer held at ICB level alone. Partner organisations are taking it forward independently, adapting the maturity model to fit their local contexts and building their own programmes of work that support sustained progress. The strong engagement across the ICS in 2025 has ensured that the Anti-Racism Framework is well positioned to continue delivering impact as the system transitions into the new Thames Valley ICB, with organisations committed to driving this work forward as part of their ongoing work.

Back to contents page

Frimley ICS EDI Conference- 'Everyday Action - Meaningful Impact'

In November 2025, Frimley Health & Care in collaboration with Frimley NHS Foundation Trust and system partners delivered their annual Equality, Diversity and Inclusion Conference.

The conference was opened by Dr Priya Singh (Chair) and Lance McCarthy**,** Chief Executive of Frimley Health NHS Foundation Trust**,** who spoke about collective commitment as an Integrated Care System (ICS) to embedding Equality, Diversity and Inclusion (EDI) into organisational practices. This was followed by a Keynote by Dr Alice Mpofu-Coles from the University of Reading and the Mayor of Reading**,** who spoke on *Embracing Diversity to Overcome Inequality*.

The conference featured diverse speakers and topics, including lived experience perspectives and senior leadership engagement, which attendees found authentic, relevant, and impactful. Workshops and discussions supported learning, reflection, and the identification of practical actions to promote inclusion within the workplace.

Workshops included:

- Tackling Prejudice and Inequality
- Cultural Intelligence
- Leaders' Question Time
- Confronting Racism with courage
- LGBTQ+ Inclusion in Healthcare
- The Power of Staff Networks

Evaluation feedback from attendees indicated that the conference was highly effective, reporting that increased awareness and understanding of how to embed best practice into their own organisations.

"The conference reflected diversity really well, both in its content and the range of speakers. Each session brought a different lens on equity, diversity and inclusion, whether it was organisational leadership, cultural intelligence, intersectionality, or tackling prejudice across communities. The keynote speakers and workshop leads represented a mix of backgrounds, sectors and lived experiences, which made the discussions feel balanced and authentic. "

Back to contents page

Next steps in 2026: Our EDI Priorities

Action	Lead	Updates	Target date	Outcome measures
1. Inclusive and Compassionate Leadership: Leaders will actively model inclusive behaviours and champion equality, diversity and inclusion in all aspects of their work.				
To help achieve this we will: • Embed Inclusive and Compassionate Leadership in board development offers • Deliver Executive workshop on Inclusive Leadership using best practice models • Ensure Line manager development on leading well/managing diverse teams • Deliver a Thames Valley Mirror Board programme	EDI Lead OD Team		April 2026-March 2027	Leaders have attended Inclusive Leadership workshop EDI is built into line manager development Delivery of Thames Valley Mirror Board Programme
2. Inclusive Culture and Belonging: We will continue to enhance workplace inclusivity and belonging, so all our staff feel valued and respected.				
This will be done by: • Continuing to deliver and monitor the NHS workforce race equality standard (WRES) and Workforce Disability Equality Standard (WDES) • Delivery of the System Anti-Racism Framework • Coaching and mentoring and tools for staff network chairs • Training and workshops for all staff on building inclusive cultures, challenging poor behaviours • EDI build into the new Induction programme and PDR process • Use our learning culture and continuous improvement approach and work in partnership with staff and EDI networks to test these approaches as we deliver them	EDI Team Stakeholders: Staff network, People Team, Organisational Development Team		March 2025 - 2028	By 2029 our workforce will be representative by ethnic diversity at all levels of the organisation Our WRES/WDES scores will show improvements positive experiences Improvement on metrics year on year

3. Inclusive Policies and Practices: ensure our policies and practices are fair, transparent and inclusive				
We will do this by: • Continue to support our equality staff networks to have a voice in decision making and raise issues with senior leaders • Ensure reasonable adjustment policy in place and training for managers • Ensure all people policies are equality impact assessed to highlight any differential impact so it can be addressed • Reviewing and strengthening our policies and practices to ensure they are fair, transparent and inclusive, and by embedding equality impact considerations into decision-making processes	EDI & Organisational Development Teams		March 2025 - 2026	

Frimley Health and Care

NHS Frimley

Equality, Diversity, and Inclusion

Annual Report

Part B: Community and Workforce demographics

1st April 2025 to 31st March 2026

Contents

Introduction

This document forms part of our Annual Report for Public Sector Equality Duty and Equality and Human Rights Commission.

It looks at the demographics of our health and social care workforce, as well as the population living in Frimley Integrated Care System (ICS). We have looked at these groups by Protected Characteristics, which are set out in the Equality Act (2010).

NHS Frimley ICS covers five main 'Places': **Royal Borough of Windsor and Maidenhead**, **Slough**, **Bracknell Forest**, **Surrey Heath** and **North East Hampshire and Farnham** (comprising Hart, Rushmoor and Waverley Local Authority Districts).

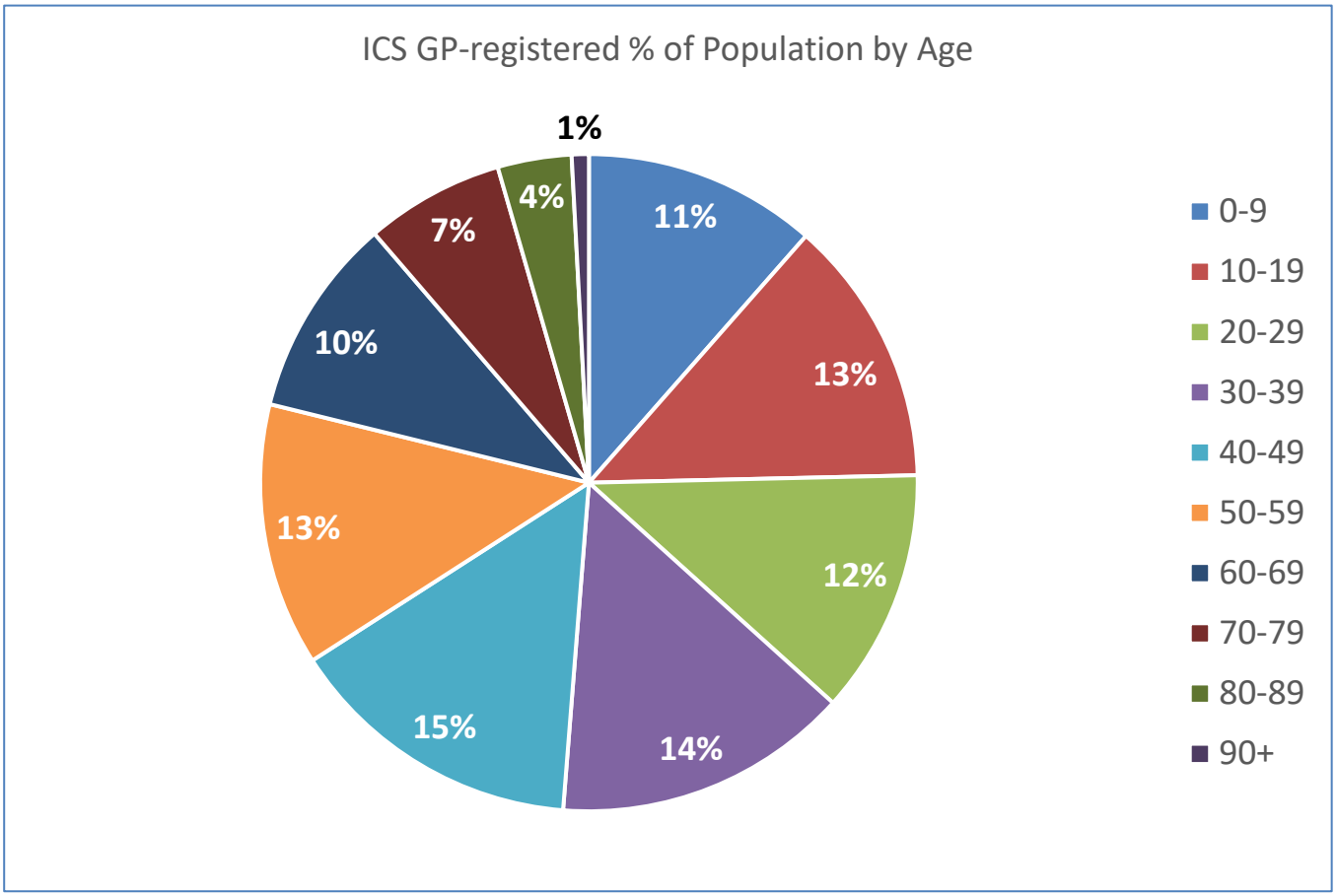
Our Communities

Frimley ICS is privileged to have a bespoke database known as Connected Care. It links information from our General Practice surgeries and other key providers so that we can identify areas of deprivation, or where there are high instances of people living in different protected characteristic groups. For other reporting, the latest (2021) Census data is used.

Age

Data from our Connected Care system shows that:

- Nearly a quarter of our GP-registered population are Children and Young People under the age of 20.
- Our population are distributed fairly equally between the ages of 20 and 59 years.
- We can see a decline in patient numbers from the age of 60 years.
- This trend is consistent with data that was analyzed in January 2024.

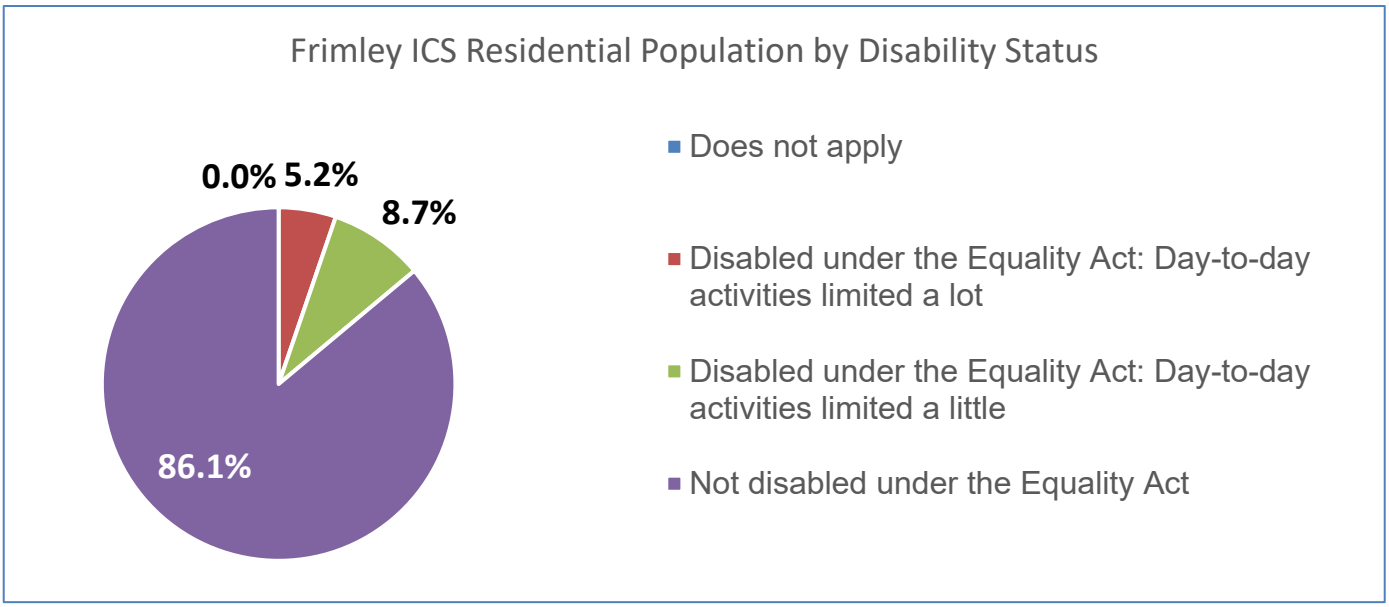


Disability

Census data from 2021 shows that:

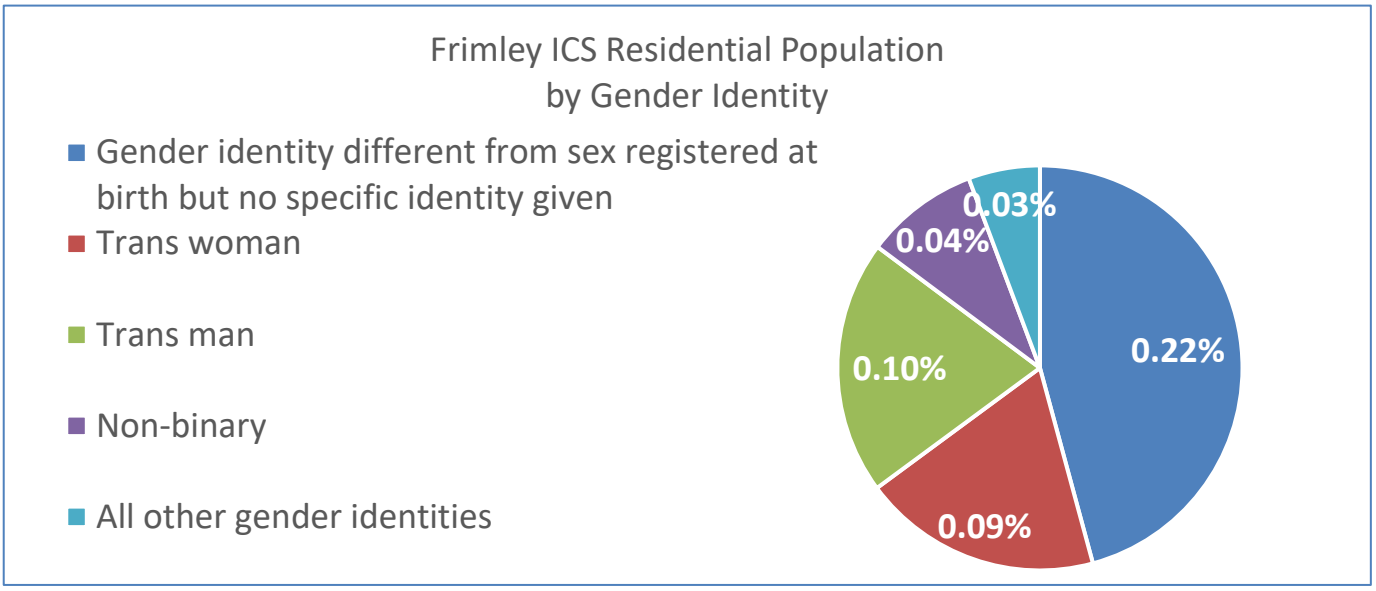
- 9% of our residential population have declared themselves to have a disability that limits their daily activities a little.

- 5% of our residential population have a disability that limits their daily activities a lot.



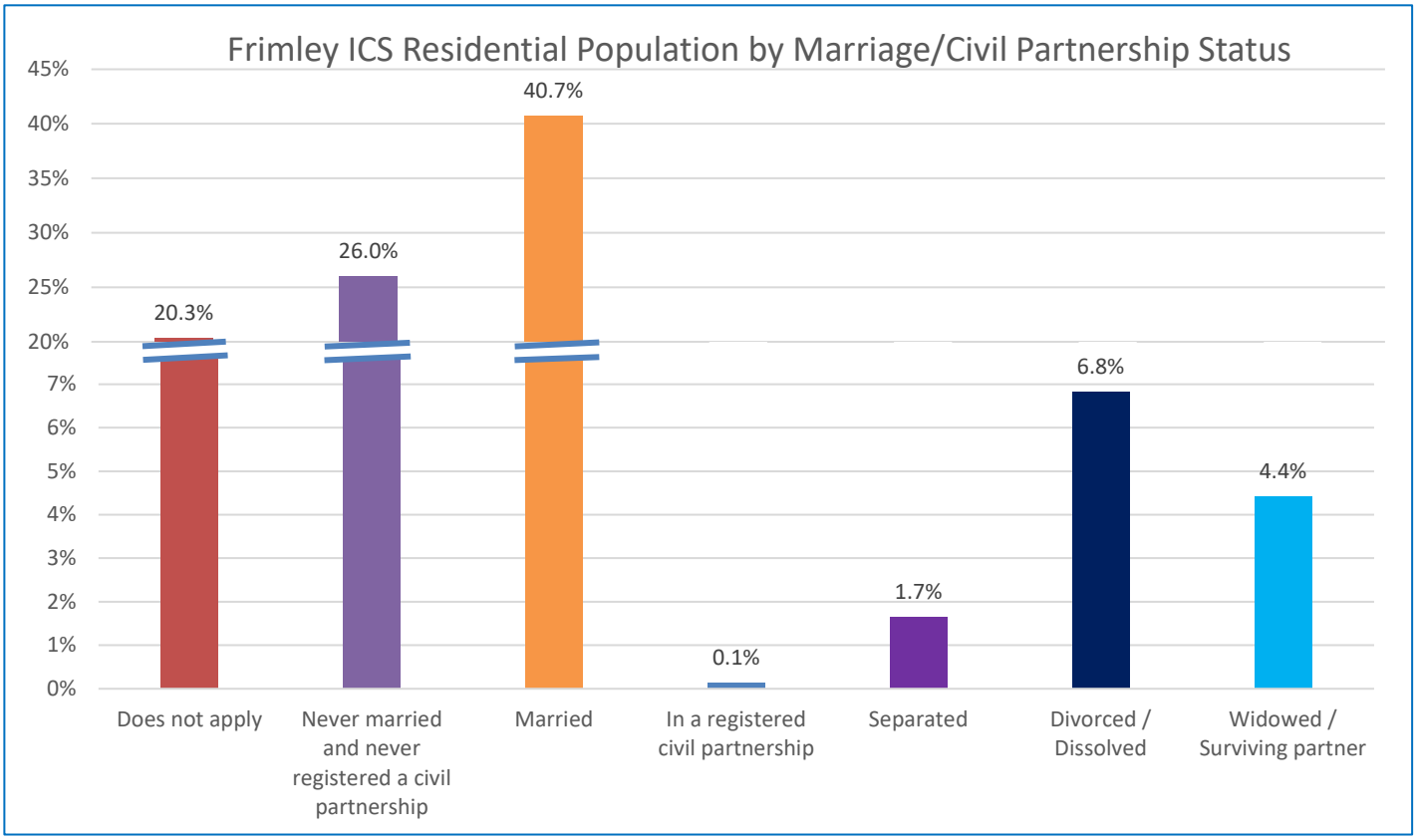
Gender

Census data from 2021 shows that 93.5% of our residents state their gender identity is the same as the sex they were registered at birth. Of the remaining 6.5% of our residents, 5.94% chose not to answer the question. The remaining 0.56% of our residents identify as follows:



Marriage & Civil Partnership

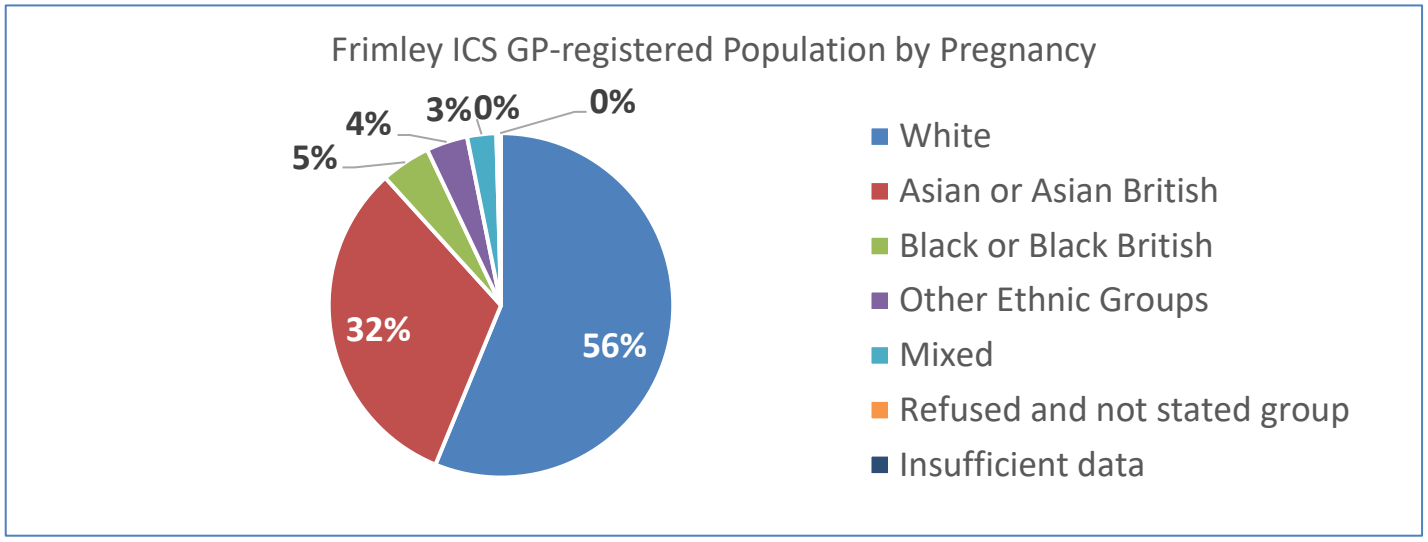
Census data from 2021 shows that most of our residents are married. 26% have never registered a marriage or civil partnership, and a further 20% of our residential population stated that this metric 'does not apply'.



Pregnancy & Maternity

Connected Care data shows that 1.3% of GP-registered patients are pregnant or have been pregnant within the last 12 months of January 2025.

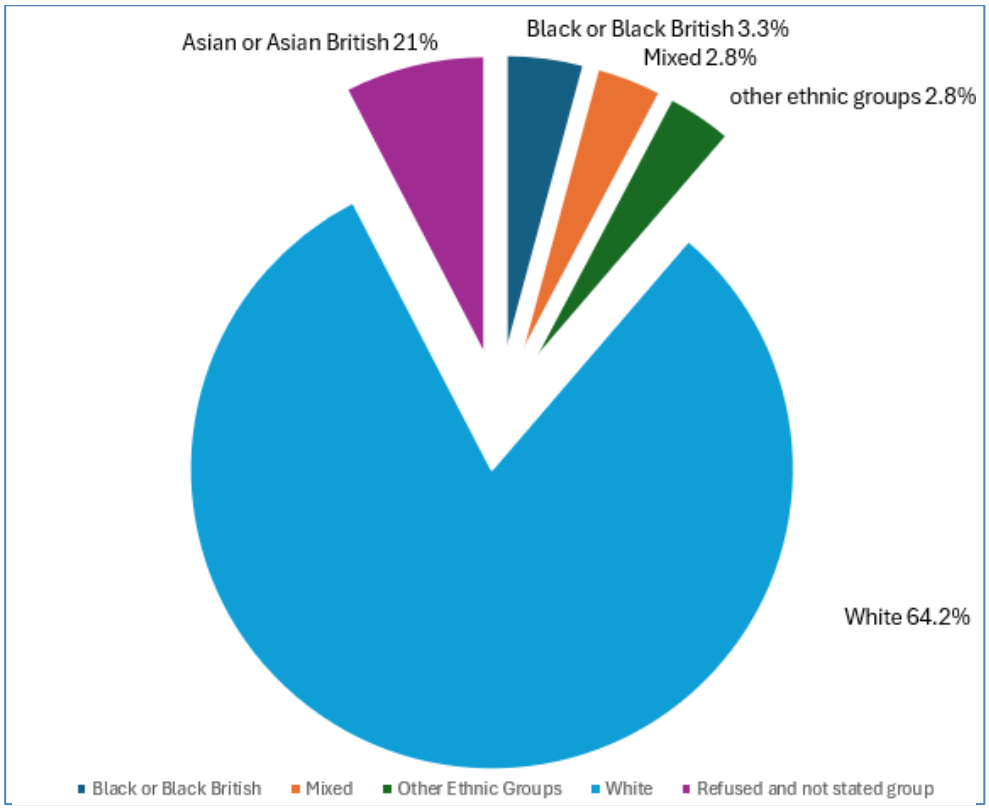
The ethnicity of our pregnant patients remains similar to 2025, as shown below:



Race & Ethnicity

The data presented in this section for 2025 is taken from our Connected Care data system. It represents patients registered with General Practices in the Frimley ICS geography.

Ethnicity	# Population	% of Population
Asian or Asian British	167,214	21.0%%
Black or Black British	26,208	3.3%
Mixed	21,944	2.8%
Other Ethnic Groups	22,080	2.8%
White	511,801	64.2%
Refused and not stated group	50,632	6.0%
Total	**797,096**	**100.0%**



- NHS Frimley's population registered with GP practices
- The B.A.M.E. population is 237,446 is a representation of 28.8% of the Frimley population
- The white population is 511,801is a representation of 64.2% of the total Frimley population

A population of 50,632 is a representation of 6.0% of the Frimley population are those who have refused or not stated their ethnicity

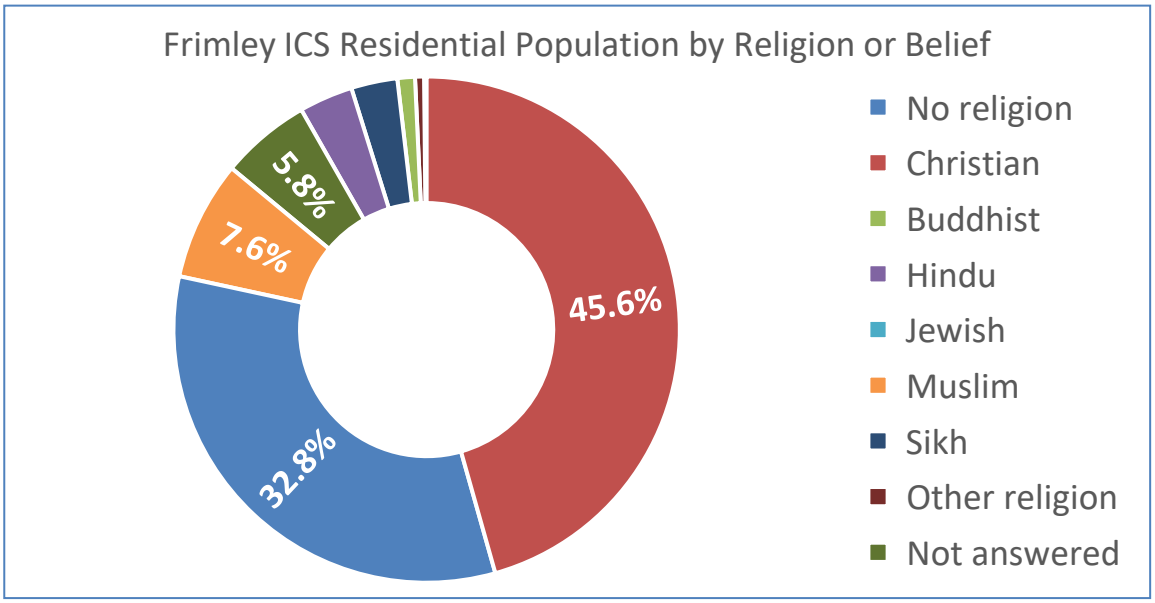
Religion or Belief

Census data from 2021 shows that over 45% of our residential population are Christian, while just under 33% reported having no religion.

We have a higher number of Muslim residents than the national average, and most of this population live in and around Slough.

The majority of our Sikh community also live in Slough, although the opening of a new Gurdwara in Surrey Heath in late 2024 may influence this demographic.

The majority of our Buddhist residents live in Rushmoor.

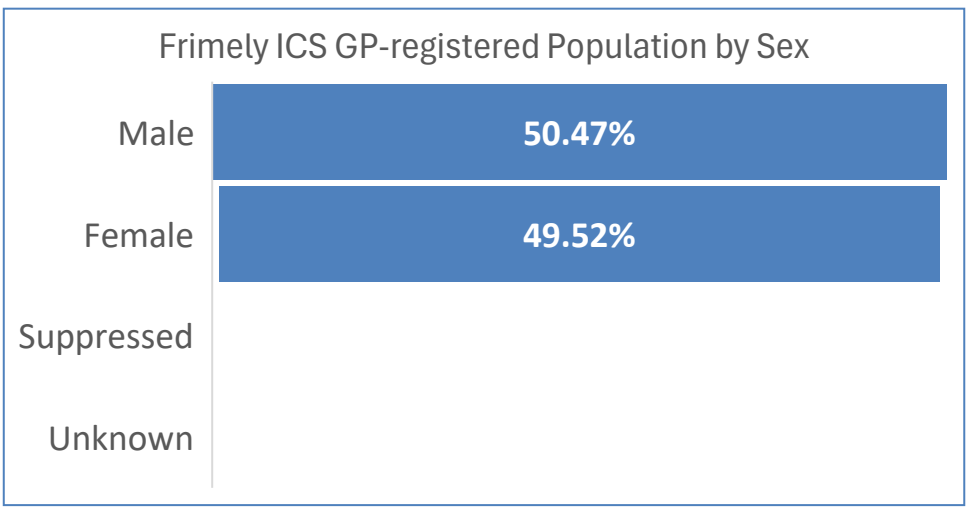


Sex

Data from this year is similar to 2024. We have a higher population of males than females.

Our male population has increased by around 0.04% (about 320 people).

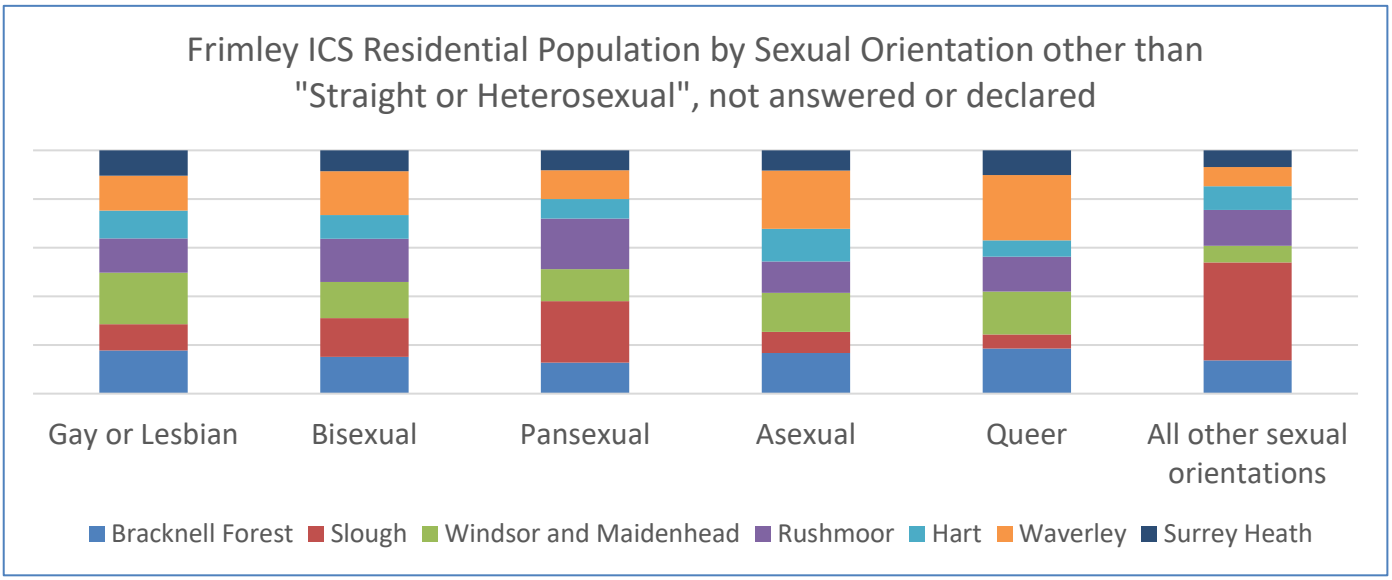
Our female population has decreased by 0.03% (approximately 240 people).



Sexual Orientation

Census data from 2021 shows that 90% of our residential population are Heterosexual, while a further 7.3% of our residential population did not answer or declare their sexual orientation.

The remaining 2.4% of our residential population identified as above. Our largest demographics

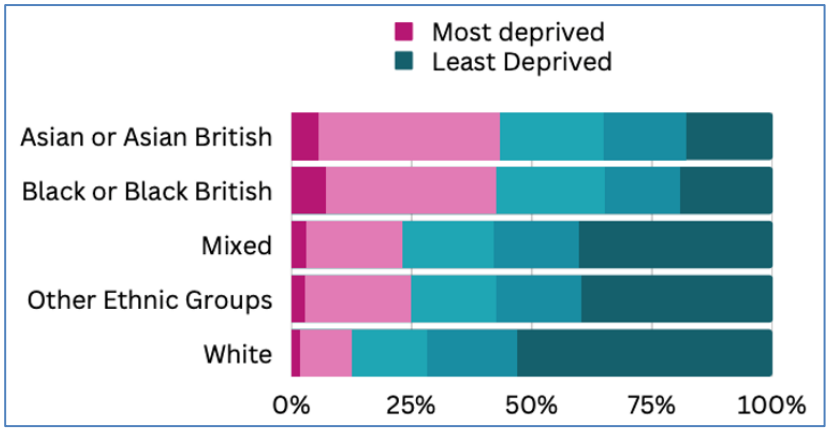


in this chart sit within the “Gay or Lesbian” and “Bisexual” categories. Windsor and Maidenhead Place hosts the largest population of people who are not heterosexual, followed by Rushmoor and Bracknell Forest Places respectively.

Socio-economic vulnerabilities & deprivation

Frimley ICS enjoys an internationally diverse population across health and social care. Around 3% of our population live in the most deprived areas of England. Of those living in deprivation, over 30% of residents are from Black, Asian and Minority Ethnicity backgrounds.

Our Gypsy Roma Traveler community are seven times more likely, and our Nepalese community are three times more likely to live in deprivation than our white community.



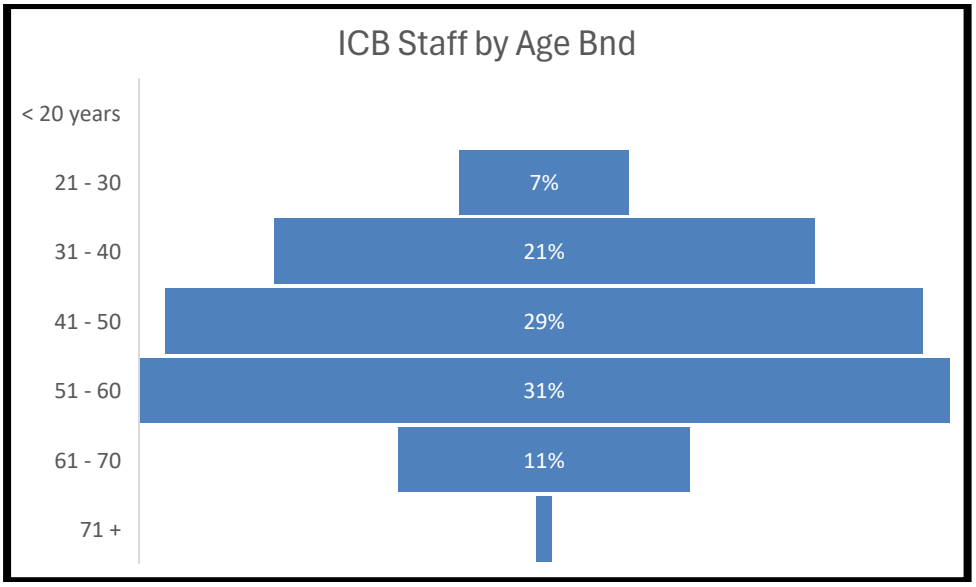
Our Workforce

In order to remain comparative with last year's report, our workforce data was pulled on 31st March 2025. On this date we had 489 members of staff. This includes all members of staff on permanent, fixed term and bank staff.

We have segmented the data by protected characteristic, drawing comparisons to last year's report to develop a narrative of our Organisational Change programme

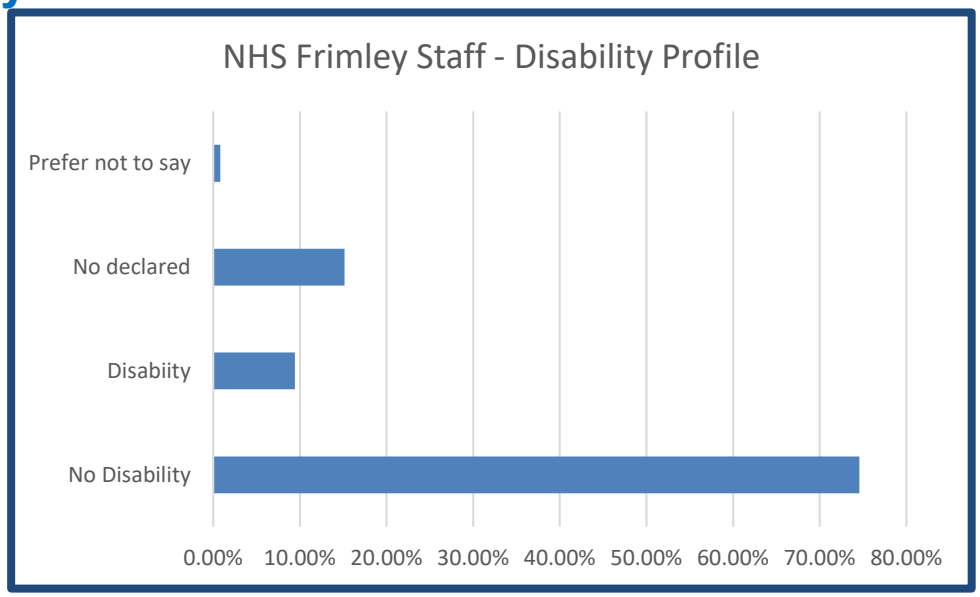
Age

Similarly to last year's report, the majority of our workforce are between 31 and 61 years of age.



We have seen a small decrease in the 61-70 age group from 12% to 11%.
The age bands 21-3- and 31-60 age groups have largely remained the same.

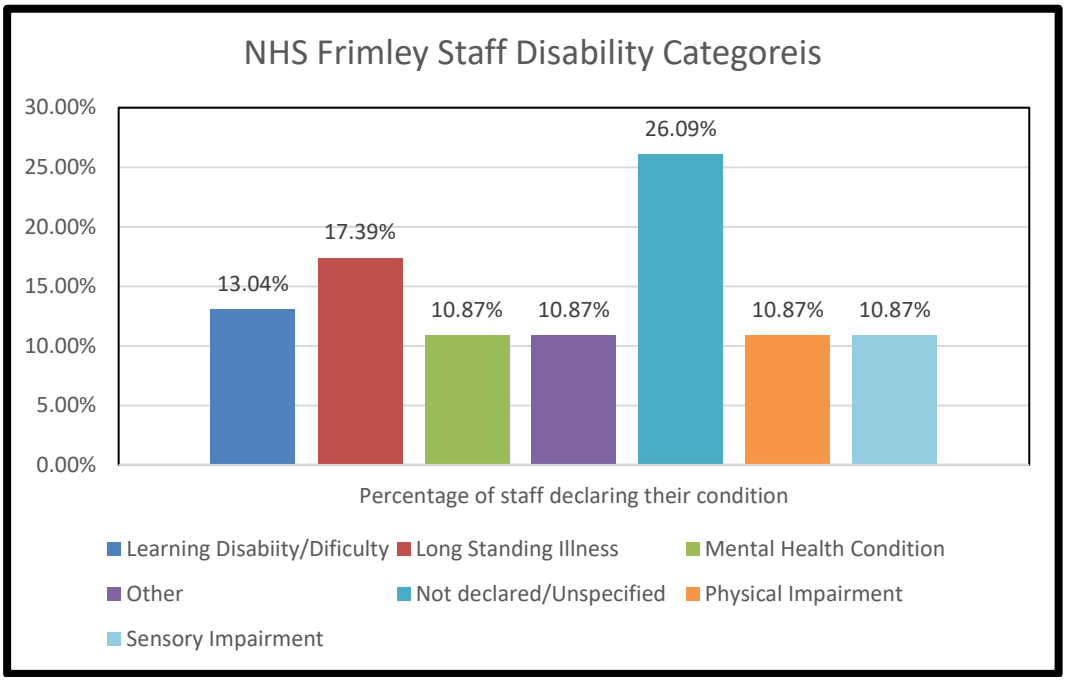
Disability



The disability profile of NHS Frimley ICB's workforce remains broadly consistent with the previous reporting period. The majority of staff 74.59**%** report that they do not have a disability.

15.16% of staff have not declared their disability status, while a further 0.82% have chosen not to disclose this information.

The proportion of staff reporting a disability has decreased slightly, from 10% in the previous year to 9.43% in the current reporting period.



Disability Profile of the Workforce

An analysis of workforce disability data indicates that, of the 46 employees who responded, a range of disabilities and long-term conditions are represented. The largest proportion of employees 26.1%, did not declare their disability or selected “not declared/unspecified”. This highlights the importance of continuing to promote a supportive and inclusive culture in which staff feel confident to disclose disabilities where appropriate.

Among employees who disclosed a disability or condition, long-standing illness represents the highest category 17.4%, followed by learning disabilities or learning difficulties 13.0%.

Mental health conditions account for 10.9% of respondents, reflecting the growing recognition of mental health as a key equality consideration within the workforce.

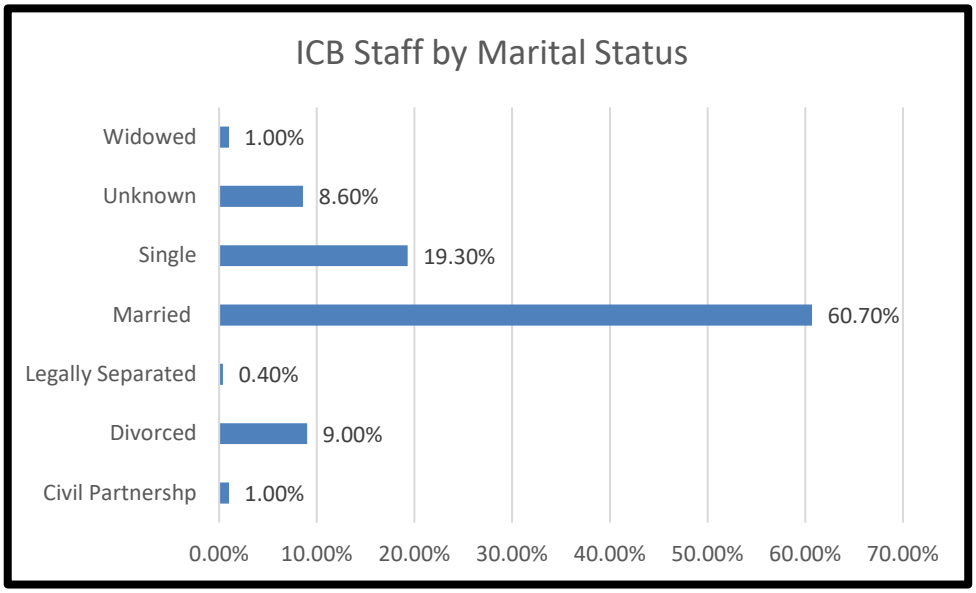
Physical impairments and sensory impairments each account for 10.9%, while a further 10.9% identified as having another disability or condition not captured within the specified categories. This demonstrates the diverse nature of disabilities within the workforce and reinforces the need for flexible, individualised approaches to reasonable adjustments.

Overall, this data supports NHS Frimley’s ongoing commitment under the Public Sector Equality Duty to eliminate discrimination, advance equality of opportunity, and foster good relations for disabled staff. Continued focus will be placed on encouraging disclosure, reviewing reasonable adjustment processes, and ensuring that workplace policies and practices remain inclusive and responsive to the needs of all employees.

Gender Reassignment

The data collected in our Electronic Staff Record (ESR) continues not to report gender outside of the male/female binary. It prevents us from understanding the full makeup of our workforce. It also prevents us from understanding how we can attract talent from this protected characteristic group to come and work with us. This has been escalated to NHS England through EDI and National LGBTQ+ Staff Network channels.

Marriage or Civil Partnership



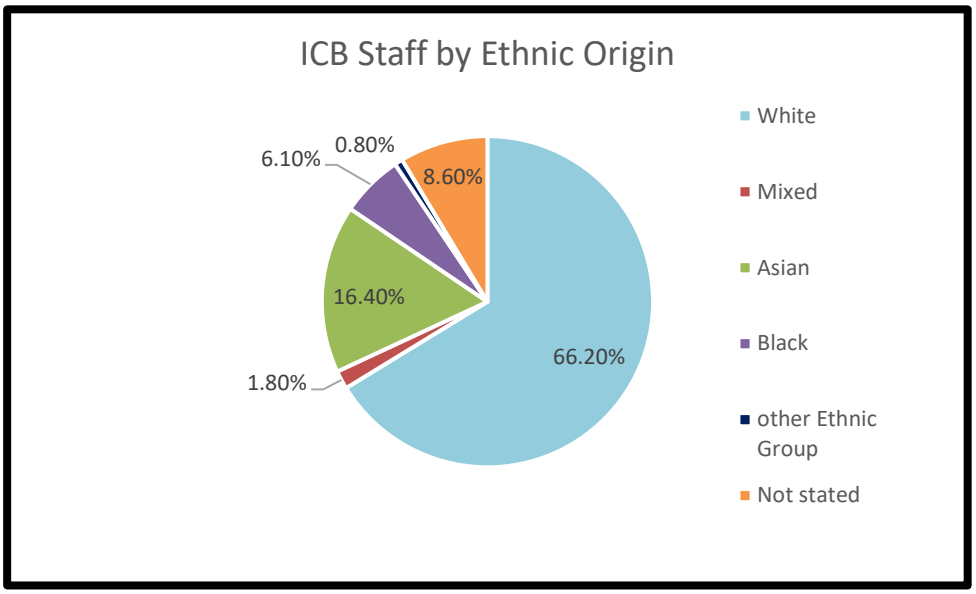
Marital Status Profile of the Workforce

Workforce equality monitoring data indicates that, of the 488 employees who provided a response, the majority are married, representing 60.7%. Employees who are single account for 19.3%, while 9.0% identified as divorced.

Smaller proportions of employees are in a civil partnership 1.0%, are widowed 1.0%, or are legally separated 0.4%. A further 8.6% of employees selected “unknown”, highlighting the importance of continuing to encourage accurate and complete equality monitoring information.

Although marital status is not a protected characteristic under the Equality Act 2010, this data provides useful contextual insight into workforce diversity. In line with the Public Sector Equality Duty, NHS Frimley will continue to ensure that policies, procedures, and access to flexible working and support arrangements are applied fairly and consistently, supporting an inclusive working environment for all staff.

Race



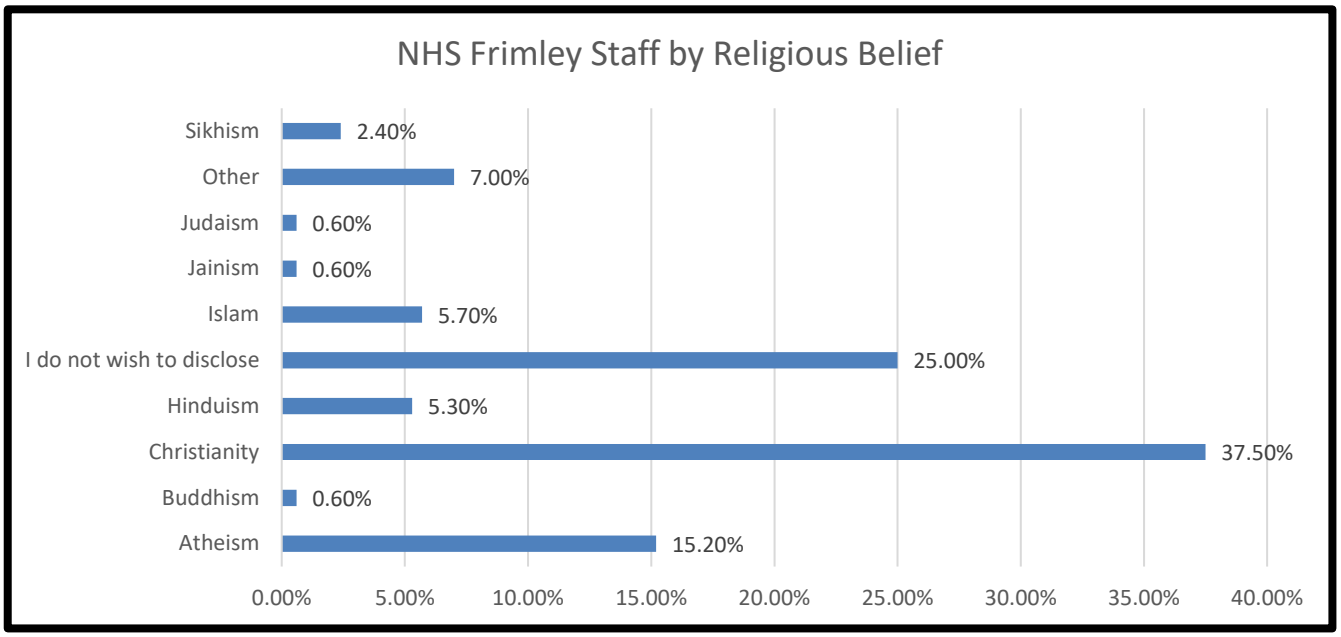
Workforce equality monitoring data shows that, of the 488 staff who provided a response, the majority identify as White, representing 66.2%. Staff from Asian ethnic backgrounds account for 16.4%, while 6.1% identify as Black. A further 1.8% of staff identify as being from a Mixed ethnic background, and 0.8% identify as belonging to another ethnic group.

A proportion of staff 8.6%, selected “not stated”, highlighting the continued importance of encouraging accurate and complete equality monitoring information to support effective analysis and action planning.

This data demonstrates the ethnic diversity within the workforce and supports NHS Frimley’s ongoing commitment under the Public Sector Equality Duty to eliminate discrimination, advance equality of opportunity, and foster good relations between people from different ethnic backgrounds. NHS Frimley will continue to review workforce data alongside relevant benchmarks, promote inclusive recruitment and progression practices, and support initiatives that address disparities and improve representation across all staff groups.

Completion rates for ethnicity data have improved by 2%, which may indicate increased staff confidence and trust in how equality monitoring information is used to inform the ICB’s EDI strategy. This improvement aligns with the ICB’s Anti-Racism Alliance commitments and reflects the ongoing work of the EDI team and the B.A.M.E. Network in promoting engagement and inclusion.

Religion or Belief



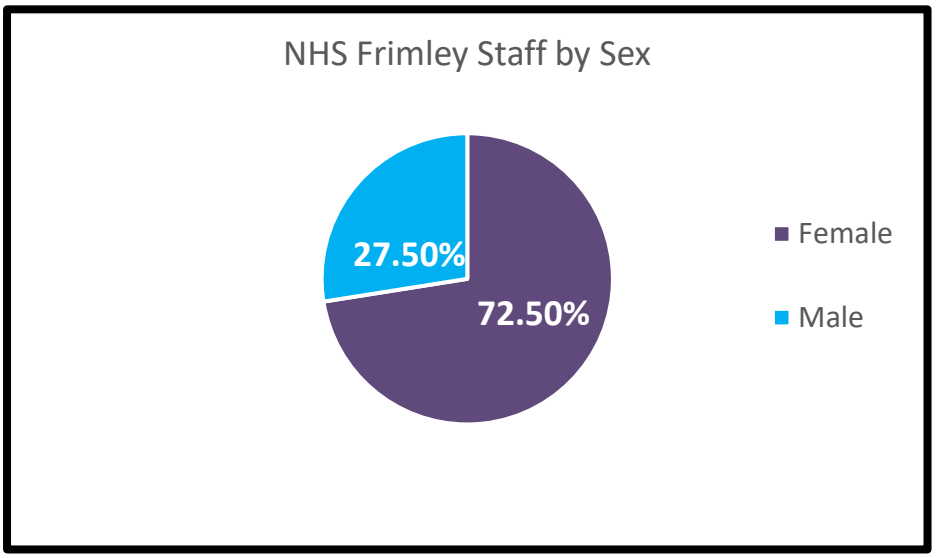
Religion and Belief Profile of the Workforce

Workforce equality monitoring data shows a diverse range of religious beliefs among the 488 staff who provided a response. The largest proportion identify as Christian, representing 37.5%, while 15.2% identify with no religion (Atheism). Staff identifying as Hindu 5.3%, Islam 5.7%, Sikh 2.3%, Buddhism 0.6%, Jainism 0.6%, Judaism 0.6% or other religions 7.0%, further demonstrate the variety of beliefs within the workforce.

A significant proportion of staff 25.2%, chose not to disclose their religion or belief, highlighting the ongoing importance of creating a culture in which employees feel confident to share equality monitoring information.

Religion and belief is a protected characteristic under the Equality Act 2010, this data provides valuable insight into the workforce profile and supports NHS Frimley's commitment under the Public Sector Equality Duty to eliminate discrimination, advance equality of opportunity, and foster good relations. The ICB continues to ensure that policies, working practices, and support mechanisms respect all beliefs and promote inclusion across the organisation.

Sex

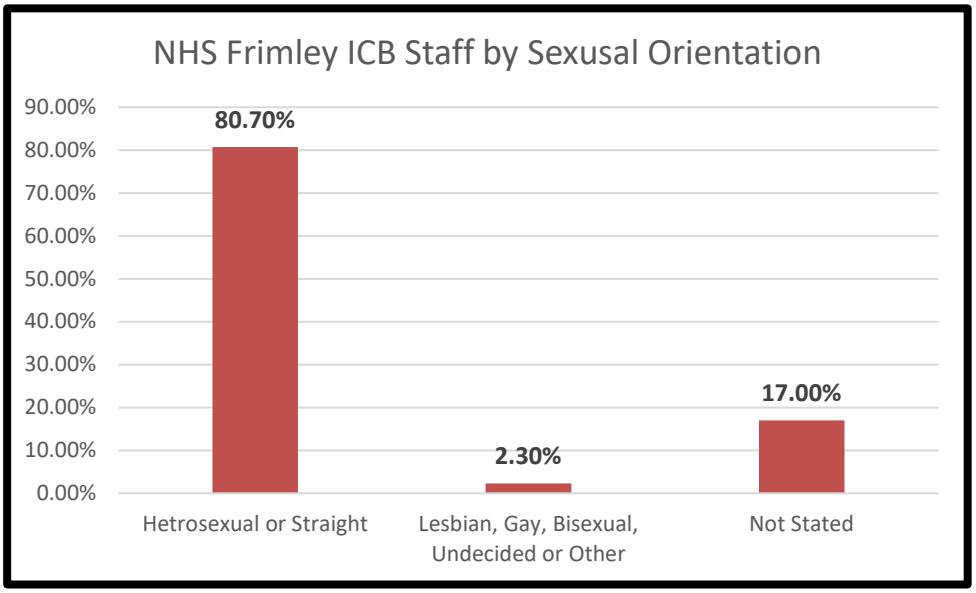


Sex Profile of the Workforce

Workforce equality monitoring data indicates that, of the 488 staff who provided a response, the majority are female, representing 72.5%, while 27.5% are male. Compared to the previous reporting period, the proportion of male staff has risen by 1.5%, while the proportion of female staff has correspondingly fallen by 1.5%.

This profile reflects the gender distribution across the organisation and provides important context for workforce planning, engagement, and equality initiatives. Sex is a protected characteristic under the Equality Act 2010, and NHS Frimley remains committed to ensuring that policies, practices, and opportunities are applied fairly and consistently, supporting gender equality across all areas of employment, including recruitment, development, flexible working, and progression.

Sexual Orientation



As at 31st March 2025, the majority of respondents identified as Heterosexual/Straight, accounting for 80.7% of the total. The proportion of individuals identifying as Lesbian, Gay, Bisexual, Undecided, or Other has slightly decreased from 3% to 2.3%, which may be attributed to the recent organisational change programme that NHS Frimley underwent. Notably, the percentage of respondents who did not state their sexual orientation has continued to decline, dropping from 19% in 2024–25 to 17% as of 31st March 2025, reflecting an ongoing improvement in engagement with equality monitoring.

Buckinghamshire, Oxfordshire and Berkshire West

and Frimley Integrated Care Boards

Joint Committee

Title of Paper	NHS Frimley Gender Pay Gap Report		
Agenda Item	7.2	**Date of meeting**	10 March 2026
Exec Lead	Safina Nadeem, EDI Advisor NHS Buckinghamshire, Oxfordshire and Berkshire West ICB & NHS Frimley ICB		
Author(s)	Avril Brohier – People and OD Project Manager		

Purpose	To Approve	☐
	To Ratify	☒
	To Discuss	☐
	To Note	☐

Decision required	Joint Committee	☒
	BOB only	☐
	Frimley only	☐
	Meeting in Public	☐

Executive Summary

1. This paper presents the ICB's third and final Gender Pay Gap Report, which is required to be published by 30 March 2026 under the Equality Act 2010. The report provides the gender pay gap disclosure as at 31 March 2025 in keeping with guidance published by the Equality and Human Rights and the Government Equalities Office.

2. To meet the General Duty, ICBs have a Specific Duty to publish Gender Pay Gap information annually.

3. Organisations employing over 250 staff have to report on the following:
   - Percentage of men and women in each hourly pay quarter (or each quartile),
   - Mean (average) gender pay gap for hourly pay, as a percentage,
   - Median gender pay gap for hourly pay, as a percentage,
   - percentage of men and women receiving bonus pay,
   - Mean (average) gender pay gap for bonus pay, and
   - Median gender pay gap for bonus pay.

4. The percentages can either be positive (showing women have lower pay or bonuses than men) or negative (men have lower pay or bonuses than women) or 0, where there is equal pay or bonuses between men and women.

5. Key Findings for NHS Frimley
   - **Mean gender pay gap: 21.9%** — women's average hourly pay is 21.9% lower than men's (mean male £42.71 vs mean female £33.37; **£9.34** difference). This is a **0.1 percentage point improvement** vs 2024.
   - **Median gender pay gap: 26.2%** — at the midpoint, women's hourly pay is 26.2% lower than men's (median male £38.06 vs median female £28.09; **£9.97** difference). This is **increase of 1.2 percentage points** vs 2024 (25.0%).
   - **Bonus pay:** No bonus pay reported (0% in 2023, 2024 and 2025).

6. Workforce Representation

- Men are most represented in **Quartile 4 (44.25%)**.
- **Female representation in Quartile 4 fell** from **61.82% (2024)** to **55.75% (2025)**, a decline of **6.07%** and is **10.1% lower** than in 2023 — a key driver of the gap.
- **Workforce profile (2025):** 441 staff; **71.88% women**, **28.11% men**. Women remain the majority across most AfC bands, but senior-band movements are mixed (e.g., **Band 9 - 58% female 42% male**; **VSM "Other" 49% female / 51% male**).

7. Trend between 2023 and 2025
   - **Mean gap:** rose in 2024 then **nudged down** to **21.9%** in 2025 (**20.5%** → **22.0%** → **21.9%**).
   - **Median gap: widened each year** to **26.2%** in 2025 (**23.5%** → **25.0%** → **26.2%**).
   - **Quartiles:** 2025 shows **more men entering the highest-paid quartile** vs 2024/2023, while women's share in Quartiles 1–2 declined slightly year-on-year.

8. Regional & National Context (for perspective)
   South East ICBs (2024 snapshot):
   - Frimley's **median** gap 25% was the **highest** in the region in 2025;
   - **Frimley's mean** gap was **20%** (lower than Kent & Medway's **27.1%**, which was the highest mean).
   - **UK comparison (ONS, 2025):** National **median** gender pay gap among full-time employees was **6.9%** (South East cross-sector Average is **11%**).
   - Frimley's **26.2%** median gap is therefore **well above** both the UK and South East averages.

Overall, the pay gap reflects structural workforce patterns, particularly the concentration of men in senior, higher-paid roles.

9. Action Plan
   - The 2025/26 actions under NHS Frimley (see Appendix 6) will be carried forward to inform the Thames Valley ICB's approach to addressing the gender pay gap, ensuring continuity while being adapted to reflect the new ICB's governance, workforce and priorities.

Recommendation	Note and approve the BOB Gender Pay Gap and Action Plan for publication.

Conflict of interest identified
Yes ☐ No ☒
Detail

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Joint Executive	21st January 2026	An action arising from the Joint Executive was to understand why Frimley ICB is an outlier for having the largest gender pay gap in the South East. This analysis has been undertaken, and the findings are

		reflected within this executive summary.
Remuneration Committee in Common Meeting	17 February 2026	Approved

Gender Pay Gap Report

Snapshot March 31st 2025

Contents

Gender Pay Gap March 2025 – Executive Summary

NHS Frimley

Disclosure Metrics	NHS Frimley Results
1. Percentage of men and women in pay quarter or quartile – where Quartile 1 is the lowest pay quarter and 4 the highest	Female staff have the highest representation in Quartile 2 (79.82%) and the lowest representation in Quartile 4 (55.75%). There has been a decrease of female staff in Quartile 4 as of March 31st 2025 (55.75%) compared to March 31st 2024 (61.82%). Male staff have the highest representation at Quartile 4 (44.25%) and the lowest at Quartile 2 (20.18%).
2. Mean (average) gender pay gap for hourly pay	**The mean (average) gender pay gap for hourly pay in 2025 is 21.9%.** This means the average hourly pay for women is 21.9% less than men. **The mean pay gap for 2025 is 0.1% lower than 2024.**
3. Median Gender Pay Gap for hourly pay	**The Median Gender Pay Gap for hourly pay is 26.2%.** This means the hourly pay gap at the median or 'middle' of the salary bands is 26.2% less for women compared with men. **The median pay gap for 2025 has increased by 1.04%.**
4. Bonus Pay	No bonus payments were declared through ESR

Gender Pay Gap, March 31st, 2025 – Executive Summary

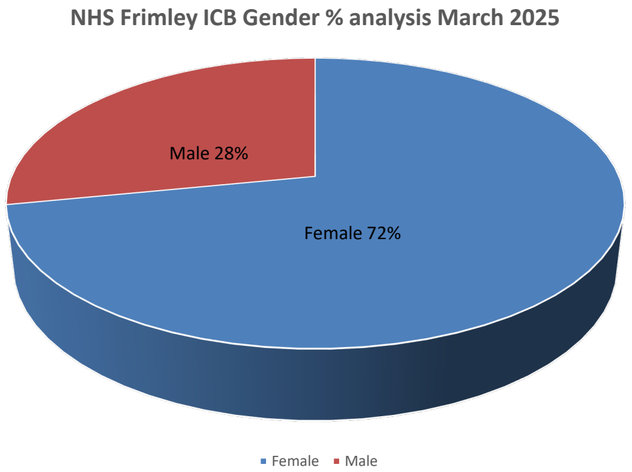


Chart 1: NHS Frimley Gender Profile 2025

Overall % Mean Pay Gap : Female mean hourly pay is approx. 21.9% lower than male hourly pay
Mean Male Hourly Pay: £42.71
Mean Female Hourly Pay : £33.37
Difference: £9.34

Overall % Median Pay Gap: Female median hourly pay is approx. 26.2% lower than male hourly pay
Median Male Hourly Pay: £38.06
Median Female Hourly Pay: £28.09
Difference: £9.97

Definitions of Mean Pay Gap and Median Pay Gap

- The **mean (average) pay gap** is calculated by adding up all employees' salaries and dividing by the number of employees, then comparing the average pay between two groups (e.g., men vs. women).
- The **median pay gap** is based on the middle point of salaries in each group. That is, if you line up all employees' pay from lowest to highest, the median is the salary in the middle. The gap is the difference between the medians of the two groups.

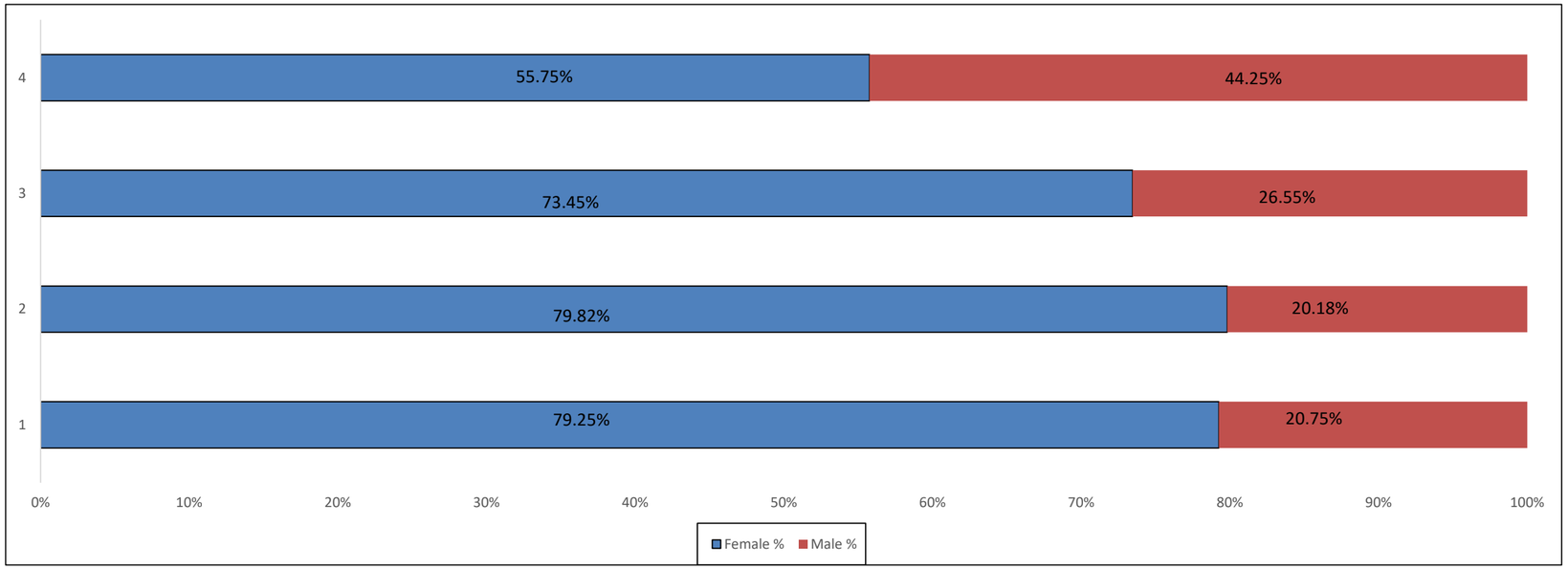


Chart 3: Gender Analysis by Pay Quartile (%)

Gender Pay Gap, March 31st, 2025 – Executive Summary

NHS Frimley

Measure	Strengths	Weaknesses
Mean Pay Gap	Takes into account all salaries, including very high earners. Useful for understanding overall earnings inequality.	Can be skewed by extreme salaries (outliers). May exaggerate the gap if a few people earn much more than the rest.
Median Pay Gap	Represents the typical employee in each group. Less affected by extreme values or outliers. Often considered a fairer representation of pay differences.	Ignores the distribution of the rest of the salaries. May understate inequality if high earners are disproportionately from one group.

Understanding Pay Inequality Through Mean and Median Measures

- High mean, low median - Inequality is concentrated at senior levels
- High mean, high median - Inequality exists across the organisation
- Low mean, low median -Pay distribution is broadly balance
- Median worse than mean - Widespread inequality at lower/middle grades

Mean and Median Pay Gaps: Strategic Indicators of Fairness and Progression

The median pay gap provides insight into the pay experience of the typical employee. The mean pay gap highlights the distribution of seniority, influence, and higher-paid roles within the organisation. Considered together, these measures are essential for assessing fairness, progression, and structural inequality.

Gender Pay Gap March 2025 – Executive Summary

Workforce Distribution by Pay Quartile

- Female representation is highest in Quartile 2 (79.82%) and lowest in Quartile 4 (55.75%), the highest-paid quartile.
- There has been a notable decline in female representation in Quartile 4, falling from 61.82% in March 2024 to 55.75% in March 2025.
- Male representation is highest in Quartile 4 (44.25%), reinforcing that men are increasingly concentrated in the highest-paid roles.

Interpretation of the above

- The reduction of women in the highest pay quartile is a key driver of the gender pay gap.
- Although women remain the majority even at senior levels, the rate of change favours men, which puts upward pressure on the overall pay gap.

Mean (average) Gender Gap

- The mean gender pay gap is 21.9% in 2025.
- This represents a small improvement of 0.1 percentage points compared with 2024.

Interpretation of the above

- The marginal improvement suggests some stabilisation in average earnings
- The change is very small and indicates that structural issues remain, particularly related to the distribution of staff across pay bands rather than pay differences within the same roles.

Median Gender Pay Gap

- The median gender pay gap is 26.2%, meaning women earn 26.2% less than men at the midpoint of the pay distribution.
- The median gap has increased by 1.04% since 2024.

Interpretation of the above

- An increasing median gap suggests that differences are widening
- This often points to slower progression for women, or a higher concentration of men in higher-paid roles within comparable bands.

Gender Pay Gap March 2025 – Executive Summary

.

Conclusions

Representation alone does not close the pay gap

- Despite women being the majority in all quartiles, significant pay gaps persist**.**

Senior pay distribution is a growing risk

- The decline in female representation in the highest-paid quartile is a concern**.**

Worsening median gap highlights structural issues

- The increase in the median pay gap suggests systemic challenges affecting the majority of women, not just a small number of senior roles.

Progression and career pathways require focus

- Attention is needed on how women move through pay bands and into the highest-paid roles.

Introduction

Legal Context: The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 require public sector organisations employing 250 staff and over to publish their Gender Pay Gap Report by end of March annually, providing 'snapshot data' for 31 March of the previous year. This is part of our Public Sector Equality Duty.

This report has been prepared in accordance with guidance published by the Government Equalities Office and the 'snapshot' information includes staff holding an employment contract on 31 March 2025, based on our Employee Staff Records (ESR) and provides comparative information from the previous two years. This will be NHS Frimley's last report – future pay gap data will be reported for Thames Valley ICB from April 2027.

Why is Gender Pay Gap reporting important? Gender pay gap reporting highlights differences in the average (mean or median) earnings of men and women - expressed as a percentage of men's earnings. For example, women earn 15% less than men.

How does it help? It helps to understand equality gaps at the workplace, female and male participation at different levels and if talent is maximised and rewarded fairly and effectively. Gender Pay Gap reporting promotes accountability and transparency and informs actions to minimise equality gaps.

How is Gender Pay Gap different from Equal Pay: Equal pay deals with pay differences between men and women carrying out same jobs, similar jobs or work of equal value. Failure to ensure equal pay for roles of equal value between men and women is unlawful.

Gender Pay Gap reporting shows the average hourly pay differences between men and women and whether any one gender is disproportionately over-represented at a particular salary band. Individual component calculations (mean, median, bonus and by pay quarter) help identify what is causing the difference and inform action plans to minimise the gaps.

About NHS Frimley Integrated Care Board

NHS Frimley Integrated Care Board (NHS Frimley ICB) exists as a statutory organisation responsible for planning, arranging and meting the health and care needs of approximately 850,000 people living in the Frimley Integrated Care Service System. The system consists of five places defined as:

- Bracknell Forest
- Windsor & Maidenhead
- Slough
- Surrey Heath
- North East Hampshire and Farnham

NHS Frimley ICB objectives:

- Reduce Health Inequalities for all residents who experience unwarranted variation in their outcomes or experience
- Increase Life Expectancy for the whole population, ensuring an improvement not just in length of life but in the quality of those years as well
- NHS Frimley - Our plans and strategies

Scope of Gender Pay Gap Report

As part of Gender Pay Gap reporting requirements, the ICB is required to publish:

1. Percentage of men and women in each hourly pay quarter (or each quartile).
2. Mean (average) gender pay gap for hourly pay
3. Median gender pay gap for hourly pay
4. percentage of men and women receiving bonus pay
5. Mean (average) gender pay gap for bonus pay, and
6. Median gender pay gap for bonus pay.

Data collection is required for two types of employees:
•'relevant employees' or those with an employment contract, including Bank staff.
•'full-pay relevant employees' or those who are paid their usual full basic pay (including full-time, part-time staff and Bank staff).

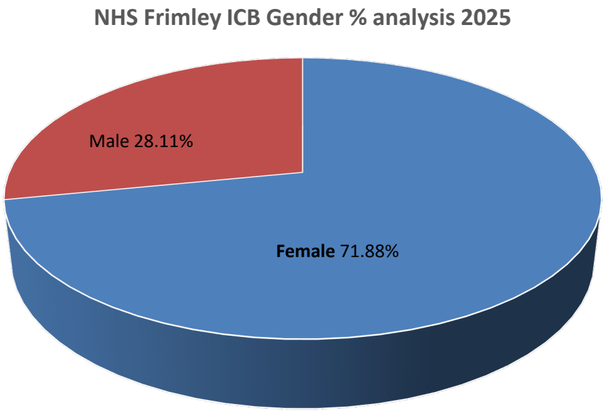
We are expected to use data on :
•'relevant employees' to calculate gender pay gap in bonus pay
•'full-pay relevant employees' for all other gender pay gap calculations.

All pay information for this report has been drawn from Employee Staff Records (ESR) and is based on guidance, calculations and parameters applied across NHS reporting for Gender Pay Gap.

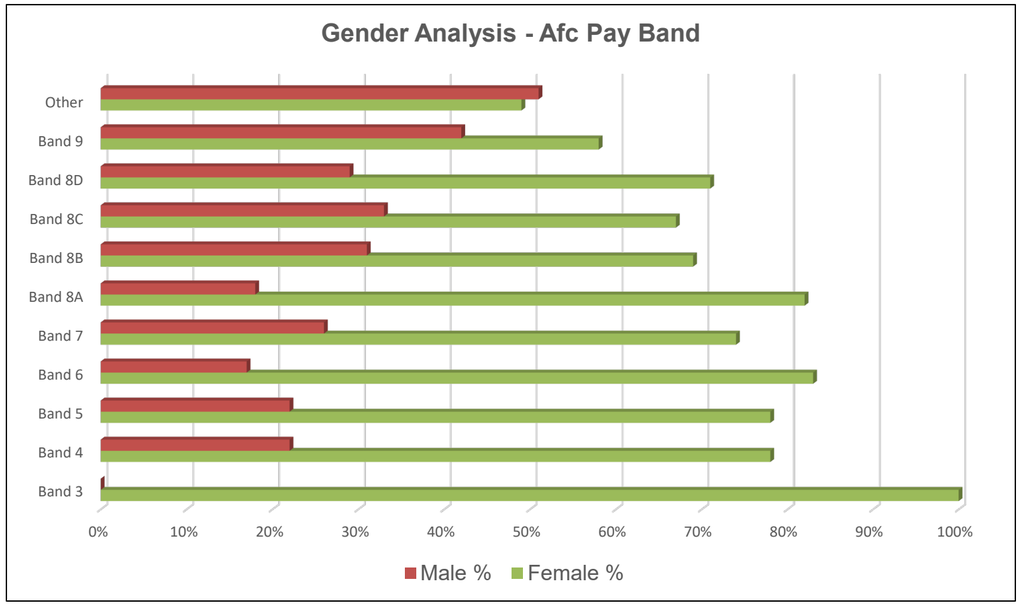
The following are not included in our calculations:
- Agency workers and contractors employed by a service company (they are part of the headcount of that company).
- Contractors offering a service rather than employment (for e.g. Non-Executive Directors).

Source: https://www.gov.uk/government/publications/gender-pay-gap-reporting-guidance-for-employers/who-needs-to-report#:~:text=Include%20self%2Demployed%20people%20in,own%20staff%20to%20do%20it.)

Workforce Profile, March 2025



NHS Frimley Gender Profile



NHS Frimley Workforce Gender Analysis AFC Pay Band

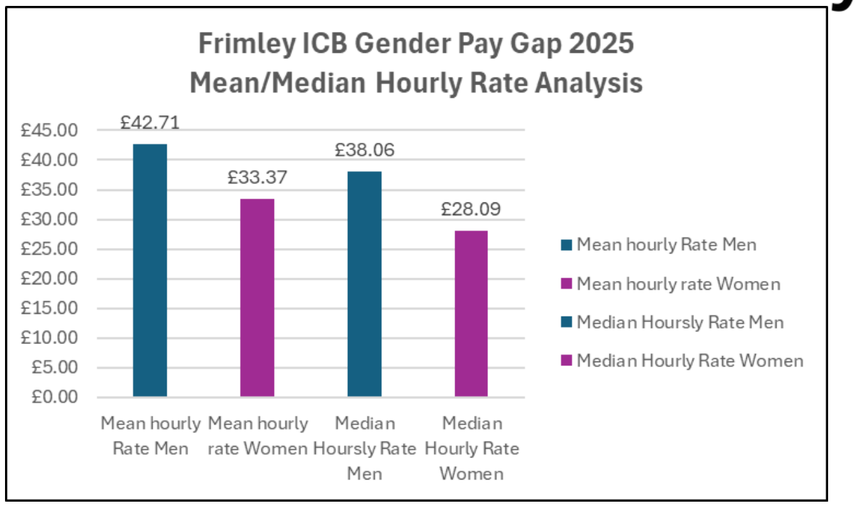
- As of March 31st, 2025, NHS Frimley employed **441** staff, of which 71.88% were women and **28.11%** were men.
- Women were over-represented in all Agenda for Change (AfC) salary bands – with the proportion being highest at **Band 3 (100%) and Band 6 (83%)** and lowest at VSM (**49%)**.
- The proportion of men was highest in Very Senior Manager (VSM) roles (51%) and Band 9 (42%). Compared with last year, the proportion at Band 9 decreased by 21%, while VSM increased by 5%. At Band 9, the number of male staff remained unchanged, while female staff numbers increased. In contrast, in the VSM category, female staff numbers declined, and male staff numbers increased (see Appendix XX).

Gender Pay Gap Disclosure, March 31st, 2025

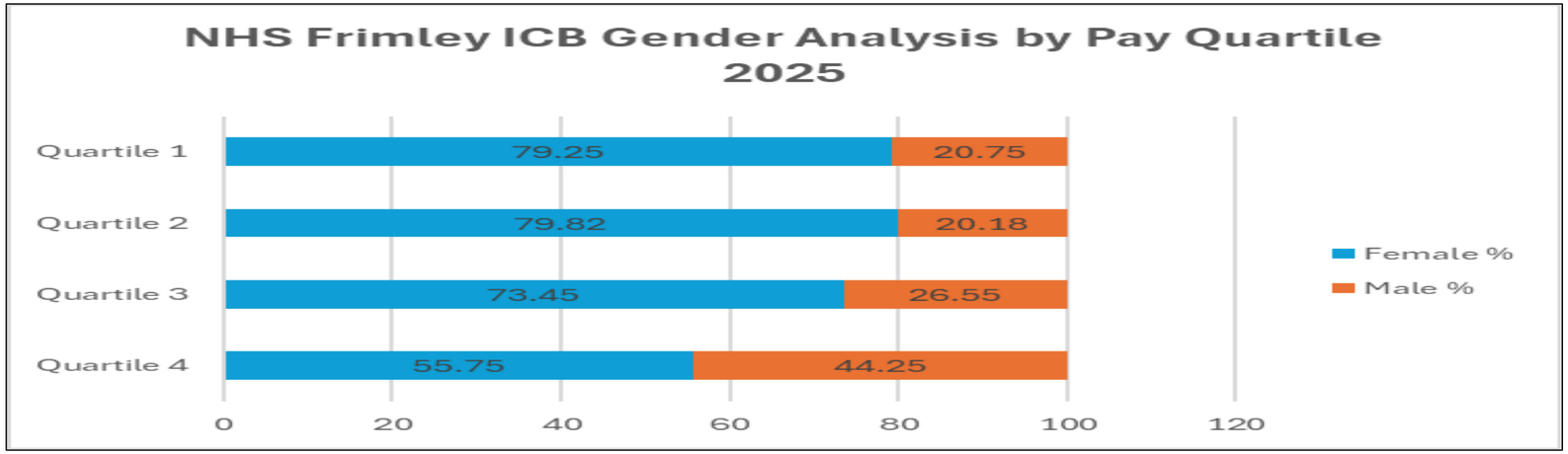
- **Mean Pay Gap:** The mean pay gap was **21.9%**, This means that in 2025, the average hourly rate for women was 21.9% less than men. When monetised, it means on average, for every £1 a men earned, women earned £0.78.
- **Median Pay Gap: The Median pay Gap was 26.2%. T**his means that in 2025 the median hourly rate was 26.2% lower than men. When monetised, this means for every £1 earned by men (in the median range), women earned 0.74p.
- **The mean hourly rate** for women in 2025 was £9.34 less than men, the **median** hourly rate for women was £9.97 lower than men.
- **Pay Quartile**: Females were over-represented in all four pay quartiles, with the highest representation being in Quartile 1 (79.25%) and the lowest in Quartile 4 55.75%). Male representation was lowest in Quartile1 (20.75%) and highest in Q4 (44.25%). See Chart 8a.
- **Bonus Pay**: There was no bonus pay declared in 2024.

Frimley ICB	2023	2024	2025
Mean Pay Gap	20.5%	22%	21.9%
Median Pay Gap	23.5%	25%	26.2%
Bonus Pay Gap	0	0	0

Gender Pay Gap 2023 - 2025

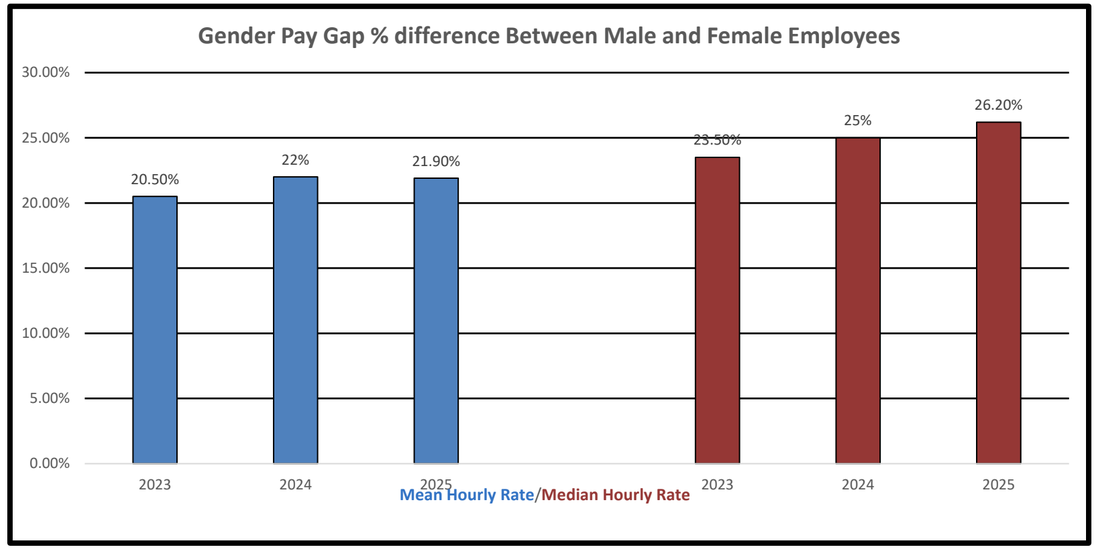


Gender Pay Gap 2025 mean/median hourly rate analysis

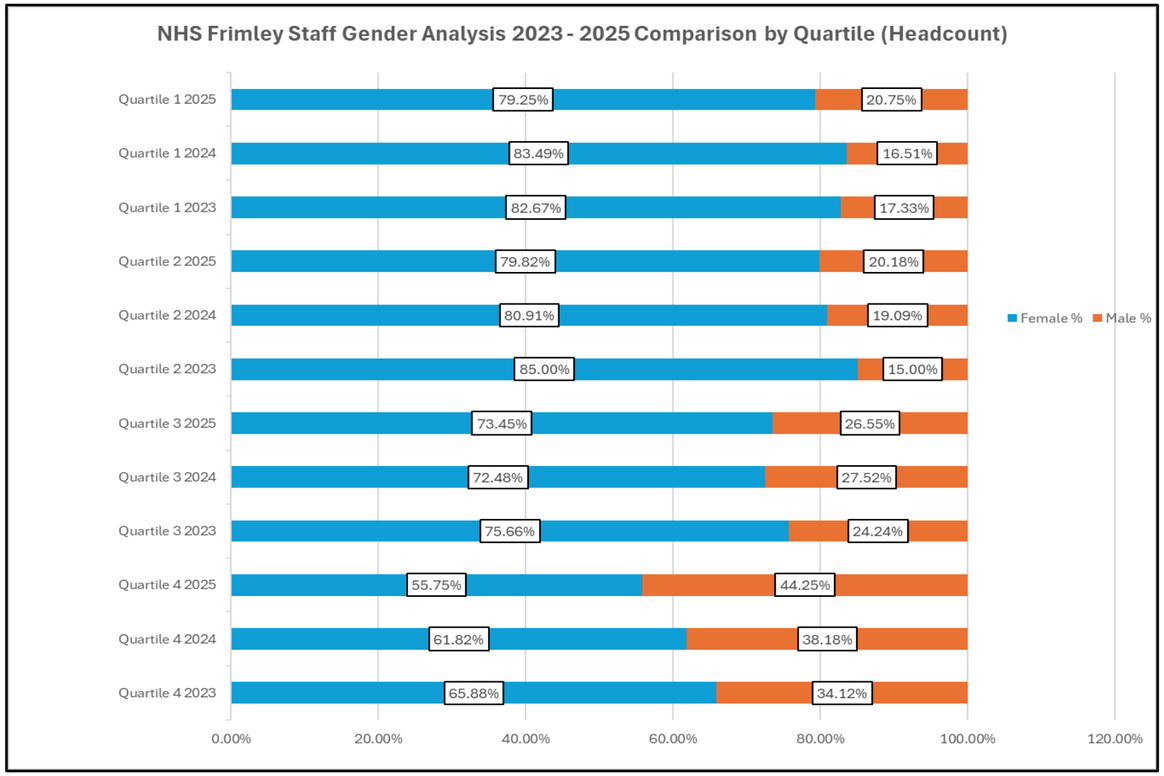


Gender Pay Gap 2025 Mean/Median Hourly Rate Analysis

Gender Pay Gap 2023 - 2025



Mean and Median Hourly Pay Gap Comparison 2023 - 2025

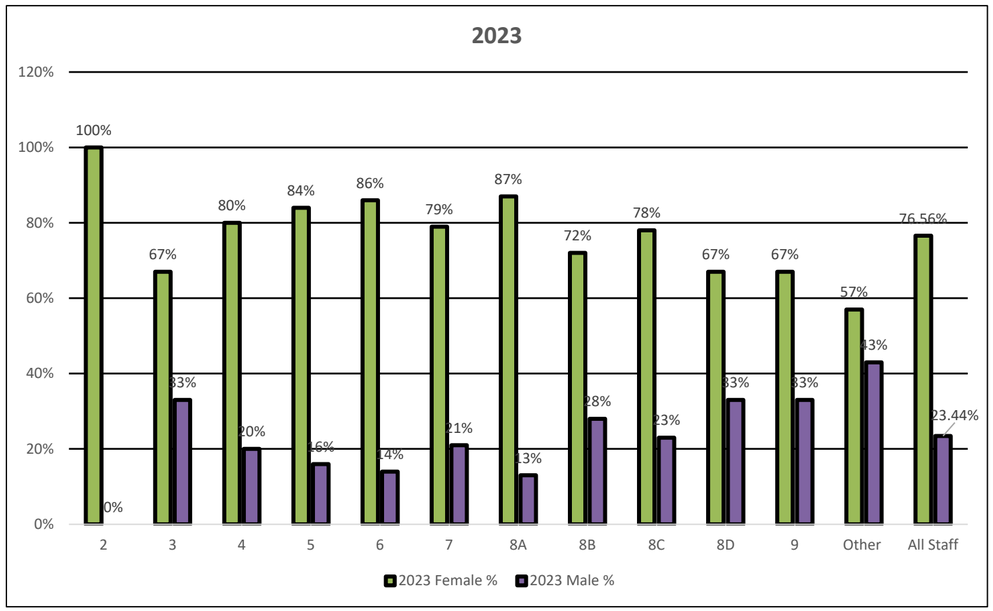


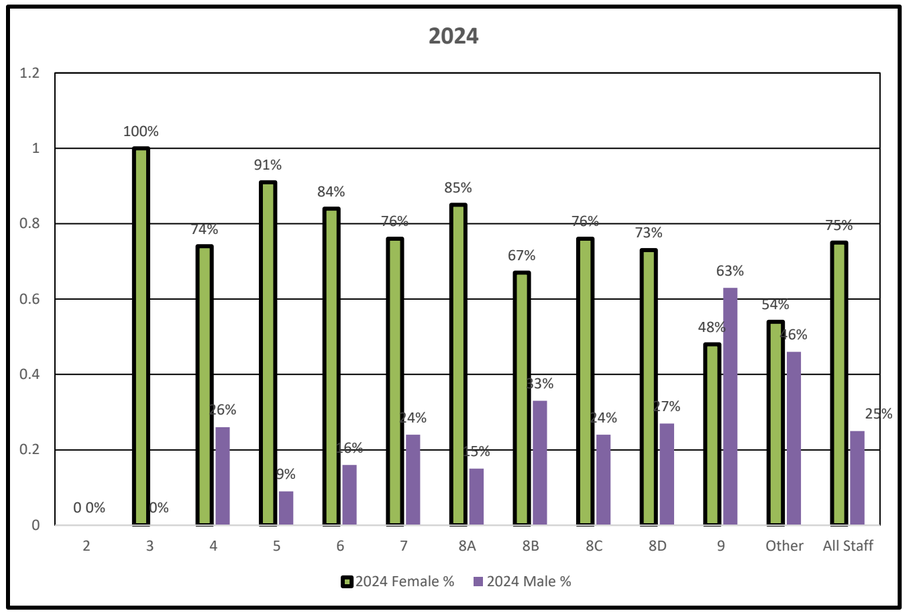
Gender Analysis by Pay Quartile Comparison 2023 – 2025, 31st March 2025

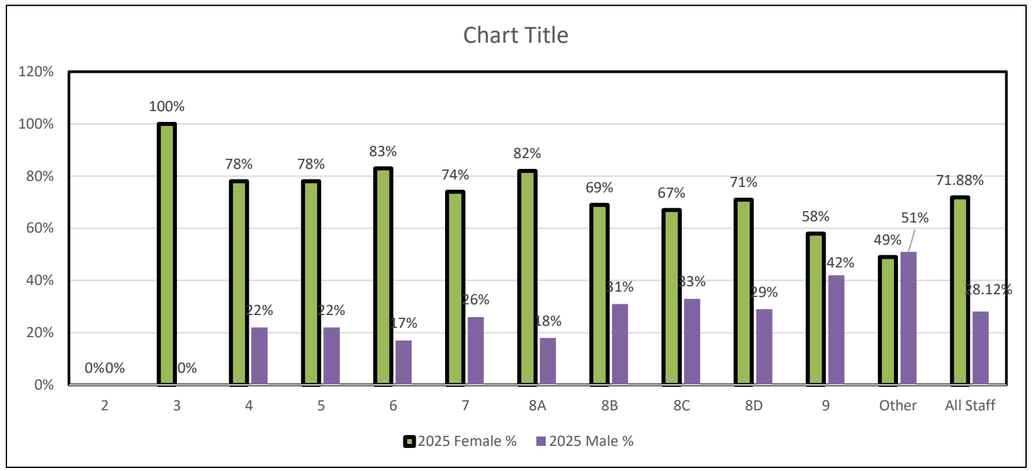
The Gender Pay Gap results for 2025 highlighted:

- The mean gender pay gap increased by 1.5% in 2024 and reduced marginally by 0.1% in 2025. The median pay gap has continued to widen since 2023, increasing by 1.2% compared with 2024.
- Female representation in Quartile 4 declined by 6.07% in 2025 and has decreased by 10.13% since 2023. In contrast, male representation in Quartile 4 increased by 10.13% compared with 2024 and rose by 4.06% between 2023 and 2024 (see Appendix 2).
- Quartile 3 recorded the largest increase in female representation in 2025, rising by 0.97% year on year. Female representation declined in Quartiles 1 and 2 by 3.42% and 5.18% respectively, reflecting increased male representation in these quartiles..

Gender Analysis by AfC Band – 2023 – 2025







The 3-year analysis of the gender analysis by pay band suggests:

- Women are the majority across most AfC bands in all three years.
- Female representation is trending down in several core bands from 2023→2025
- Senior bands show mixed movement:
  - Band 8C: a notable dip in the female share by 2025 (67% female).
  - Band 8D: broadly stable but still majority female (71% female).
  - Band 9: movement toward parity with men 2025 (58% female).
- Band 3 remains distinctly 100% female in 2024 and 2025, while Band 2 drops to zero incumbents by 2024/25. (See Appendix 1)

Implication: The shift towards more men in several bands—especially Band 7 and Band 8C—suggests changing workforce composition that can influence both the mean and median pay gaps. Gains toward parity at Band 9 help, but the larger bands (with higher headcounts) will have greater impact on the overall gap.

Gender Pay Gap March 2024 Snapshot – Comparison with Southeast ICBs

Integrated Care Board	Mean Pay Gap %	Median Pay Gap %	Bonus Pay Gap %
Buckinghamshire Oxfordshire and Berkshire West	21.4%	12.7%	No bonuses were paid.
Surrey Heartlands	**9.7%**	12.3%	No bonuses were paid.
Kent and Medway	27.1%	15.1%	No bonuses were paid.
Sussex	20.6%	**9.7%**	No bonuses were paid.
Hampshire and Isle of Wight	23.9%	19.8%	No bonuses were paid.
Frimley	20%	**25%**	No bonuses were paid.

The above information is drawn from the Government Equalities Office website – it compares disclosure rates for the March 2024 snapshot for ICBs in the South East. ICBs with the highest Pay Gap are in Red, whilst those with the lowest Pay Gap are in Green.

Surrey Heartlands ICB had the lowest mean pay gap whilst Sussex ICB had the lowest median pay gap. Hampshire and Isle of Wight ICB had the highest mean pay gap and Frimley ICB had the highest median pay gap. The EDI Team are speaking to Sussex to understand their approach in this space.

March 2025 comparisons will be available from April 2026.

Gender Pay Gap March 2024 South East Snapshot – Pay Quartile

Integrated Care Board	Quartile 1	Quartile 2	Quartile 3	Quartile 4 (highest paid)
Buckinghamshire Oxfordshire and Berkshire West	90.7%	77.8%	71.8%	67.5%
Surrey Heartlands	83.9%	82.2%	80.3%	72.7%
Kent and Medway	88.2%	81.6%	74.4%	61.5%
Sussex ICB	83.2%	85.8%	75.8%	65.7%
Hampshire and Isle of Wight	88.0%	83.1%	74.3%	64.3%
Frimley	83.5%	80.9%	72.5%	61.8%

This Table highlights comparisons across pay quarters – focussing on the lowest pay quarter (Quartile 1) and highest pay quarter (Quartile 4). The ICBs with the lowest representation at Quartile 4 and highest representation at Quartile 1 are highlighted Red.

Comparison with National Average in 2025

In April 2025, the Office for National Statistics (ONS) reported that the national median Gender Pay Gap **was 6.9% (**down from 7% in 2024). NHS Frimley ICB's median Gender Pay Gap was as **26.2%** at March 31 2025, which is 19.3% higher than the national average higher than the South East average across sectors of **11%**.

Comparisons with peer ICBs in the South East will be undertaken in Q1 of 2026/27 after their Gender Pay Gap results are published.

Office of National Studies reported the following in April 2025:

- Nationally, the gender pay gap has fallen by approximately a quarter among full-time employees over the last decade. It stood at 6.9% in April 2025, down from 7% in 2024.
- The gap is larger for employees aged 40 years and over than those aged under 40 years. Women's share in high paying jobs decreases with age.
- The gap is larger among high earners than among lower-paid employees - with the highest gap found in skilled trades occupations and lowest in the caring, leisure and other service occupations.
- Within England, the gap among full-time employees was higher in the South East (11%) and London (10.7%) – partly because these regions had more earning the highest wages.
- The English regions had a higher pay gap compared with Wales (1.9%), Scotland (3.5%) and Northern Ireland (1.1%).

https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2025#the-gender-pay-gap-by-region

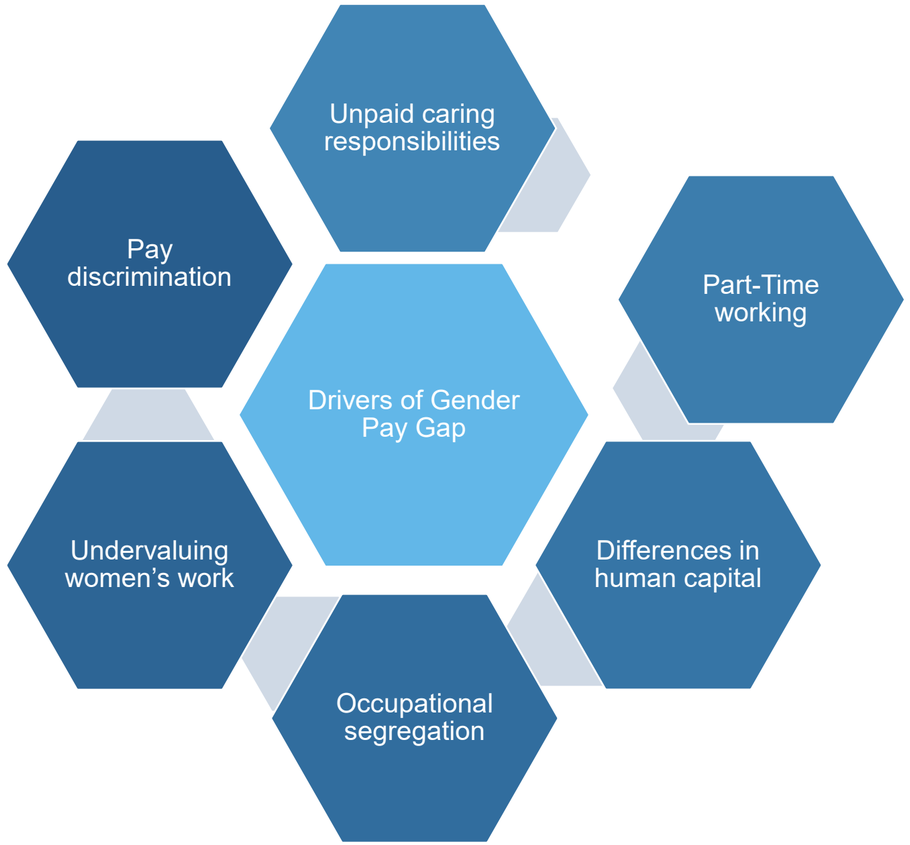
Within the health sector, the *Mend the Gap Report* (2020) identified the following societal and structural factors contributing to the Gender Pay Gap among doctors:

- Women being more likely to work less than full-time (LTFT), which lowers their pay.
- Male doctors being more likely to be older, more experienced and hold more senior positions – which leads to higher pay.
- Periods of LTFT working impact women's career and pay trajectories negatively as they reduce their experience and slows down their progression to senior positions.
- Among hospital doctors, gaps in total pay were largely due to Clinical Excellence Awards (CEAs), allowances and money from additional work – which are larger than gaps in basic pay alone.

Key Drivers of Gender Pay Gap

According to the Charted Institute of Personnel Development::

- Gender pay gaps are often the outcome of economic, cultural, societal and educational factors.
- Personal choices on working arrangements (part-time) and careers are often influenced by matters outside of the individual's control, such as the availability and affordability of childcare – leading to structural barriers.
- Choices available to women continue to be more constrained than those available to men.



https://www.cipd.org/uk/knowledge/guides/gender-pay-gap-reporting-guide/

Closing the Gap – Next Steps

Monitoring the Gender Pay Gap will be undertaken annually and we will continue to benchmark ourselves with peer comparators and learn from good practice across sectors to ensure we are closing pay and progression gaps and offering male and female staff equal opportunities to progress and be rewarded through robust, fair and objective methods.

Gathering data and developing our systems to monitor and report trends will be critical to that effort. The action plan will be monitored on an ongoing basis to support the ICB's Equality Diversity and Inclusion Action Plan as it transitions into the new Thames Valley ICB. See Appendix 6 for the Gender Pay Gap Action Plan.

We will publish our ethnicity and disability pay gaps after the passage of the Equality (Race and Disability) Bill, which will make it a statutory duty to report both. We have started making preparations towards it and will report through our annual Public Sector Equality Duty Report.

Action Plan as NHS Frimley Transitions to Thames Valley ICB

The actions set out for 2025/26 under NHS Frimley (See Appendix 6) will be carried forward to inform and influence the development of the Thames Valley Integrated Care Board (ICB) approach to addressing the gender pay gap. These actions will provide a foundation for consistency, learning, and continuity during the transition to the new ICB arrangements and will be reviewed and adapted as required to reflect the governance, workforce profile, and strategic priorities of Thames Valley ICB.

The following ongoing governance and delivery arrangements will be considered as NHS Frimley transitions to the Thames Valley ICB

- A Task and Finish Group will be established to oversee delivery of the gender pay gap action plan.
- The group will report to the EDI Working Group, with upward reporting to the Executive Team and Board.
- A detailed action plan will be developed, monitored, and reviewed through the EDI Team and OD Team.
- Plan. Progress, risks, and impact will be reported regularly through agreed governance routes to ensure accountability and assurance.

Appendix 3 – Gender by AfC Pay Grade

31/03/2023				
Band	Female	Male	Female %	Male %
2	1	0	100%	0%
3	2	1	67%	33%
4	12	3	80%	20%
5	26	5	84%	16%
6	38	6	86%	14%
7	48	13	79%	21%
8A	61	9	87%	13%
8B	26	10	72%	28%
8C	31	9	78%	23%
8D	14	7	67%	33%
9	6	3	67%	33%
Other	29	22	57%	43%

31/03/2024				
Band	Female	Male	Female %	Male %
2	0	0	0%	0%
3	2	0	100%	0%
4	17	6	74%	26%
5	30	3	91%	9%
6	42	8	84%	16%
7	56	18	76%	24%
8A	67	12	85%	15%
8B	32	16	67%	33%
8C	29	9	76%	24%
8D	16	6	73%	27%
9	3	5	38%	63%
Other	33	28	54%	46%

31/03/2025				
Band	Female	Male	Female %	Male %
2	0	0	0%	0%
3	3	0	100%	0%
4	18	5	78%	22%
5	29	8	78%	22%
6	50	10	83%	17%
7	55	19	74%	26%
8A	49	11	82%	18%
8B	41	18	69%	31%
8C	22	11	67%	33%
8D	12	5	71%	29%
9	7	5	58%	42%
Other	31	32	49%	51%

*Does not include FTCs/ Secondments or acting up arrangements during Organisational Change process

Appendix 4 – Gender Pay Gap by Quartile

The Proportion of men and women in each pay quartile (%) is calculated by ranking all employees from highest to lowest paid, dividing the workforce into four numerically equal parts (‘quartiles’) and working out the percentage of men and women in each of the four parts. (The lowest paid jobs are in quartile one).

31/03/2023				
Quartile	Female	Male	Female %	Male %
4 Upper	56	29	65.88	34.12
3 Upper middle	75	24	75.76	24.24
2 Lower middle	68	12	85.00	15.00
1 Lower	62	13	82.67	17.33

31/03/2024				
Quartile	Female	Male	Female %	Male %
4 Upper	91	18	61.82	38.18
3 Upper middle	89	21	72.48	27.52
2 Lower middle	79	30	80.91	19.09
1 Lower	68	42	83.49	16.51

31/03/2025				
Quartile	Female	Male	Female %	Male %
4 Upper	63	50	55.75	44.25
3 Upper middle	83	30	73.45	26.55
2 Lower middle	87	22	79.82	20.18
1 Lower	84	22	79.25	20.75

Appendix 5 – Gender Pay Gap Comparison NHS Frimley Data 2023, 2024 & 2025

31/03/23, 31/04/24 against 31/03/2025

Metric	2023	2024	2025	Notes
Headcount	339 25% men (78) 75% women (261)	438 25% men (111) 75% women (327)	441 28.2% men (124) 71.88% women (317)	2024 - Increased numbers due to intake of NHSE and SCW staff * ref slide 6 for details 2025 – slight increase in numbers due to growth
Median hourly rate	£34 per hour – men £26 per hour - women	£36 per hour – men £27 per hour - women	£38.06 – men £28.09 – women	At end March 2025 – women were earning 26.2% less than men. Men earn £1.35 for every £1.00 women earn
Mean hourly rate	£39 per hour – men £31 per hour – women	£41 per hour – men £32 per hour – women	£42.71 –men £33.37 - Women	As at 31/03/2025, men received a 4.17% increase and women received a 4.28% increase, which is a positive step toward bringing hourly rates closer to parity.
Quartiles (1 being lowest paid) Percentage of women	4 65.9% 3 75.8% 2 85.0% 1 82.7%	4 61.8% 3 72.5% 2 80.1% 1 83.5%	4 55.75% 3 73.45% 2 79.82% 1 79.25%	As at **31/03/23** women were over- represented in the lower pay quartiles (1st and 2nd) and men were over-represented in the 4th As at **31/03/24** the position had improved in the 2nd but declined in the others As at **31/04/25** has significantly improved in the highest quartile 4 and is over 50%. There has been some slight movement in the other quartiles.

Appendix 6 – Action Plan - NHS Frimley Gender Pay Gap

April – June Q1	July – September Q2	October – December Q3	January – March Q4
Identify an Executive sponsor to lead on Gender Inequalities	Benchmark Gender Pay Gap findings against other ICBs (both nationally and locally)	Review intersectionality aspects (Ethnicity, Disability Pay Gaps)	Prepare for 2024/25 Pay gap report
Develop a Women's Network across the ICB	Review national guides and action plans to incorporate best practice locally	Review 'additional payments' (on-call/ uplifts etc) to ascertain contribution to Gender Pay Gap	Ensure outcomes are included and reported in annual Equality report
Analysis of recent National Staff Survey to establish further Gender trends	Establish metrics and benchmarks for monitoring improvement		Ensure Inclusive recruitment practices are embedded and further upskill/ training for line managers
Engage broader staff networks (male, female, menopause, SPF etc) to further develop strategy	Review leaver rates and establish any trends, learning and best practice moving forward.		

Appendix 6 - References

https://www.gov.uk/government/publications/gender-pay-gap-reporting-guidance-for-employers

https://www.closeyourpaygap.org.uk/pay-gap-guide/#rlslider_1

https://www.gov.uk/government/publications/gender-pay-gap-reporting-guidance-for-employers/making-your-calculations#:~:text=Take%20the%20mean%20(average)%20hourly,Multiply%20the%20result%20by%20100

https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2025#the-gender-pay-gap-by-region

https://www.closethegap.org.uk/content/faq/#rlslider_10

Buckinghamshire, Oxfordshire and Berkshire West

and Frimley Integrated Care Boards

Joint Committee

Title of Paper	Thames Valley WorkWell Service 2.0 DWP Design and Delivery Plan		
Agenda Item	7.3	**Date of meeting**	10 March 2026
Exec Lead	Caroline Corrigan Chief Officer Transition Karen Beech Interim Head of People and SRO for WorkWell		
Author(s)	Karen Hampton Head of Learning and Change WorkWell		

Purpose	To Approve	☐
	To Ratify	☐
	To Discuss	☐
	To Note	☒

Decision required	Joint Committee	☒
	BOB only	☐
	Frimley only	☐
	Meeting in Public	☐

Executive Summary

WorkWell is a national joint programme led by the Department for Work and Pensions (DWP) and the Department of Health and Social Care (DHSC). It provides early-intervention, integrated work and health support for people with health conditions or disabilities, enabling them to start, stay and succeed in work. The programme offers holistic assessment, personalised coaching and coordinated access to local support services.

Nationally, WorkWell aligns with NHS England's 2025/26 priorities on prevention, improved access, productivity and shifting care into the community, as well as the Government's Get Britain Working agenda, which calls for locally integrated health, skills and employment models to address long-term sickness-related inactivity. Additionally, we expect close alignment with the regional Health Innovation Network (HIN), particularly in scaling innovation, strengthening digital and AI-enabled pathways, and embedding evidence-based approaches to improve work and health outcomes

The WorkWell programme is currently being piloted across fifteen Vanguard areas, supporting up to 60,000 participants. Frimley was one of the original national pilot sites and has provided a robust evidence base for integrated work and health support, particularly around personalised care, early intervention, and partnership delivery across PCNs, local authorities, DWP and VCSE organisations.

Transition from Frimley Pilot to Thames Valley ICB (WorkWell 2.0)
From 1 April 2026, the existing Frimley WorkWell pilot will transfer into the new Thames Valley ICB, becoming the foundation of a system-wide model. This transition will:

- ensure continuity of service for existing participants.
- preserve an effective, evidence-based model with proven engagement and outcomes.
- enable scaling of successful approaches—such as integrated Occupational Health Advisors and personalised Work & Wellbeing Plans—across Buckinghamshire, Oxfordshire, and Berkshire
- support alignment with national WorkWell 2.0 requirements, including improved data flows, strengthened workforce capability and consistent delivery standards.

A first draft design and delivery plan is required by DWP on 13 March 2026 as part of national preparations for the launch of WorkWell 2.0 in April 2026. The Thames Valley ICB submission reflects:

- local system priorities
- lessons learned from the successful Frimley pilot
- the shift from a local pilot to a consistent, scalable ICB-wide offer

The Frimley evidence base has directly shaped the proposed model, ensuring continuity of effective practice as the programme expands across the entire footprint. The initial WorkWell 2.0 DWP Delivery Plan is attached for information.

Proposed Model: WorkWell for the Thames Valley

The proposed model is an evolution of the Frimley WorkWell Pilot, incorporating the learning, evidence base and workforce approaches that led to strong engagement and positive outcomes. The model provides a single, integrated, person-centred service within PCN's that supports people with health-related barriers to move closer to and into good-quality employment. Key features include:

- A "One Front Door" model enabling simplified access through WorkWell Hubs (virtual, in-person and outreach).
- A strengthened Personalised Care model, incorporating Social Prescribing Link Workers.
- Embedding Occupational Health Advisors (OHAs) and work-focused assessments.
- Integration with NHS Neighbourhood Health multidisciplinary teams.
- A strong focus on prevention, early intervention, and initiative-taking support.
- Support from Training Hubs for workforce development and skills capability.
- A unified digital platform easing referrals, assessment, and coordination.

This integrated ecosystem ensures that participants receive coordinated support across health, employment, skills and welfare, minimising duplication, and maximising impact. While Thames Valley performs strongly overall, inequalities persist—particularly in Slough, Reading and parts of Buckinghamshire—where long-term conditions, MSK issues, mental health needs and wider social factors affect labour market participation.

The model is explicitly designed to reduce health inequalities, targeting:

- high-need areas (Slough, Reading, neighbourhoods in Buckinghamshire and Oxfordshire)
- people with MSK, mental health and multimorbidity needs.
- ethnically diverse communities with lower work retention
- individuals facing barriers such as debt, housing instability, transport, or digital exclusion.

By integrating health, employment, and social support, WorkWell strengthens early intervention and addresses wider determinants that drive persistent inequalities.

The recommended approach has a strong evidence base, enables prevention at population scale, ensures consistent delivery and standardised pathways, and aligns with national *Get Britain Working* priorities and ICB aims around prevention, inequalities, and improved healthy life expectancy.

Further co-design with our partners and stakeholders will take place via an Accelerated Solutions Event in April, lived experience panels, and ongoing work with the National Support Team and regional advisers.

Financial Implications

WorkWell is funded through national DWP programme investment, allowing the ICB to strengthen prevention and reduce future demand without placing pressure on existing budgets. The model's design—shared specialist resources, unified digital platform, and consistent pathways—supports efficient scaling and reduces duplication.

We expect to receive approx. £6.8 million in total over the three year (April 2026 to March 2029). Detailed financial modelling will be developed as further guidance and advice is provided by DWP. The TV ICB Executives have approved the proposed strategic and delivery approach, as detailed in the attached DWP WorkWell Initial Design and Delivery Plan.	
Recommendation	The Committee are requested to note the approach to WorkWell 2.0, for the Thames Valley, as approved by the Executive Team and detailed in the DWP Delivery Plan.

Conflict of interest identified
Yes ☐ No ☒
Detail

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Thames Valley Designate Executive Team	02 March 2026	Noted and approved the delivery plan for submission to Department of Work and Pension on 13th March 2026

Department for Work & Pensions

Department of Health & Social Care

WorkWell Service Initial Design and Delivery Plan

January 2026

This form is intended to support you to develop early views on the design of your WorkWell service. It should be completed by the ICBs nominated lead(s) or representative(s). Where clustering or merging arrangements are planned, this form should be completed by all relevant

ICBs to reflect early thinking. If possible, it would be preferable for these ICBs to work together to complete the form, but we understand that shared early thinking might be limited. If you have not started to develop this shared thinking, or have concerns with doing so, please contact your Regional Programme Advisor. Contact details are included in the associated guidance.

We recognise the significant pressures on services and that some areas may not yet have had the time or capacity to develop plans. Responses are therefore not expected to be final. This template is designed to capture any first considerations or assumptions you are able to share at this stage, with further detail to be developed over time where needed. Please refer to the accompanying guidance for information on the support available to you to complete this form.

We would be grateful if you could return the completed form by Friday, 13 March 2026. If this timescale presents any difficulty, or if you would like to discuss what might be feasible, please contact dhsc.workwell@DWP.GOV.UK. We expect that more detailed plans will be needed in late summer 2026, and we want to work with you to agree the scope and timing of this work.

This form should be completed with reference to the following documents:

1. *Appendix A - WorkWell Prospectus*. We recommend you read the Prospectus in full prior to completing this form.
2. *Appendix B* – Guidance for Completing and Sharing the WorkWell Service Initial Design and Delivery Plan Form.

Section 1 – Contact Information

The following information is to identify you as the ICB contact(s) for our records, and to support correspondence during this process. If you are merging/clustering, please include the required information for all lead ICB members or representatives.

Name and address of lead ICB member(s) or representative(s):	NHS Buckinghamshire, Oxfordshire and Berkshire West and NHS Frimley First Floor, Unipart House, Garsington Rd, Cowley, Oxford, OX4 2PG **Will be NHS Thames Valley from 1st April 2026**
Contact name(s) and telephone number(s) (if applicable):	Caroline Corrigan Chief Officer - Transition **Mobile:** 07500981630 Karen Beech Director of People **Mobile** 07881 231004 Karen Hampton Head of Learning and Change WorkWell **Mobile** 07968 591198

	All three individuals will be within NHS Thames Valley from 1st April 2026
Email address(es):	caroline.corrigan@nhs.net Karen.beech1@nhs.net Karen.hampton@nhs.net

Section 2 – Your WorkWell model

Please provide a high-level overview of your intended WorkWell service model, in line with the WorkWell Prospectus.

Your response should reflect your current early thinking on the core features of the model you intend to develop, including how it is expected to operate in practice for participants.

Where clustering and/or merging arrangements are planned, you may also outline any early assumptions about how the service could operate across the future footprint.

Please note:

- This does not need to represent a finalised model. We are interested in your emerging thinking and the rationale for your proposed approach.
- There is no defined word count for this response, but we recommend that your response is at least 200 words.
- Please use bullet points should you wish.

This delivery plan reflects current partnership and delivery arrangements, which will continue to evolve as the new Thames Valley ICB progresses through its transition period. As system structures mature, roles and collaboration models may be refined to ensure WorkWell delivery remains flexible, aligned to emerging needs, and responsive to ongoing developments across the Thames Valley footprint.

Thames Valley Integrated Care Board

From April 2026, the new Thames Valley ICB brings together partners across East Berkshire (formerly part of Frimley ICB) West Berkshire, Buckinghamshire and Oxfordshire, the total population for the ICB is approx. 2.35 million and is made up of the following:

- Berkshire 992,000 people
- Buckinghamshire 596,000 people
- Oxfordshire 763,000 people

(Map is illustrative and not to scale; boundaries are indicative only.)

Thames Valley is a high-employment, high-productivity region, but this headline position hides a persistent "two-speed" reality: alongside thriving labour markets sit communities where long-term health conditions, MSK issues, mental health needs and wider social pressures reduce people's ability to start, stay and succeed in work. These challenges are most visible in our urban and high-need neighbourhoods, where health inequalities and economic inactivity reinforce each other creating an opportunity to align health, employment and skills support at scale while keeping delivery rooted in place. WorkWell will be a practical mechanism for this: a single, joined-up offer that enables earlier intervention, clearer routes into support, and coordinated action with local authorities, Jobcentre Plus, employers and the VCSE sector—helping residents move closer to good-quality, sustainable work and supporting our wider prevention and inequality ambitions.

Proposed Model: WorkWell for the Thames Valley

The WorkWell model provides a single, integrated, person-centred service that supports people with health-related barriers to move closer to and into good-quality employment.

The proposed model is an evolution of the Frimley WorkWell Pilot, incorporating the learning, evidence base and workforce approaches that led to strong engagement and positive outcomes. The key features include:

- A "One Front Door" model enabling simplified access through WorkWell Hubs (virtual, in-person and outreach).
- A strengthened Personalised Care model, incorporating Social Prescribing Link Workers.
- Embedding Occupational Health Advisors (OHAs) and work-focused assessments.
- Integration with NHS Neighbourhood Health multidisciplinary teams.
- A strong focus on prevention, early intervention and proactive support.
- Support from Training Hubs for workforce development and skills capability.
- A unified digital platform easing referrals, assessment and coordination.

This integrated ecosystem ensures that participants receive coordinated support across health, employment, skills and welfare, minimising duplication and maximising impact.

The proposed model reflects the first thinking and core principles developed through the Frimley pilot, providing a solid foundation for wider system design. As Thames Valley ICB, we

will build on this early framework by hosting an accelerated solutions event in April, bringing partners together to refine the model, co-design the operational approach, and ensure it meets the needs of our local population.

Single WorkWell Hubs ("One Front Door")
WorkWell hubs will be set up across PCN's and can be accessed virtually, in person, or through outreach providing a single, coordinated point of access to a wide range of support. Each hub brings together social prescribers, occupational health advisors, Connect to Care Work Coaches, all working collectively to ensure individuals receive seamless, joined-up aid.

This integrated structure simplifies navigation and removes the need for participants to understand or manage multiple service pathways. Individuals will initially access up to eight weeks of tailored support and referred on to other delivery partners were proper. Referrals are accepted from health professionals (including GPs), the DWP and Jobcentre Plus, Local Authorities or via a QR code for self-referral.

Person Centred Care and Social Economic Determinants of Health
Personalised care is at the core of the WorkWell model. Participants are assigned a dedicated Social Prescriber WorkWell Coach, who is embedded in the delivery hubs who undertakes a holistic assessment and co-produces an eight-week, personalised Work & Wellbeing Plan with the participant this includes:

- Rapid access to MSK, mental health and behaviour change pathways.
- Community and VCSE-based prevention activities.
- Digital health tools for self-management.
- Focus on mitigating risks associated with deconditioning, isolation and chronic condition deterioration.
- Access to skills and employment support

Coordination with NHS Neighbourhood Health teams to ensure joined-up care. This early, proactive model enhances clinical outcomes, reduces demand on primary care, and supports sustainable employment. The model will also address critical non-medical factors that limit employability:

- Housing issues
- Debt and financial hardship
- Transport problems
- Food and fuel poverty
- Caring responsibilities
- Digital exclusion

Through integrated support from Local Authorities VCSE partners, and the wider system, WorkWell reduces barriers that prevent engagement and progression towards work.

Employer Engagement & Inclusive Employment
WorkWell will create a strong employer-facing function to improve access to fair, flexible and inclusive work. The key elements are:

- Partnerships with local employers to shape roles and workplace adjustments.
- Employer education on capability-based assessments.
- Work trials, tasters and volunteering pathways.
- In-work support to improve retention and progression.

- Introduction of the Healthier Workplace Charter

This enhances local economic productivity while supporting ICS ambitions around population health and prosperity.

Health & Work Lifecycle Assessments

A new and distinctive feature—shaped by learning from the Frimley pilot—is the introduction of proactive, capability-focused assessments delivered in partnership with Occupational Health Advisors (OHAs). These assessments offer a constructive alternative to the traditional fit note process, shifting the emphasis from limitations to an individual's functional abilities and potential for participation.

Working alongside health practitioners and WorkWell Coaches, OHAs enable earlier, joined-up decision-making and ensure that support is coordinated from the outset. This integrated approach helps individuals remain connected to work, prevents escalation of health-related issues, and reduces avoidable cycles of repeated fit notes.

The assessments aim to:

- Find functional abilities and strengths.
- Recommend practical and sustainable workplace adjustments.
- Provide early, evidence-based work and health advice.
- Reduce unnecessary sickness absence and break the cycle of repeated fit notes.

Our WorkWell Model aims to deliver the following outcomes:

- Reduced dependence on fit notes and improved clinical decision-making.
- Better understanding of functional capability and reasonable adjustments.
- Earlier intervention for health-related employment barriers.
- Improved confidence, motivation and wellbeing.
- Stronger progression towards work readiness and job entry.
- Increased job sustainment and stability.
- Enhanced cross-sector collaboration between health, employment and skills.

Together, these outcomes strengthen the ICS's ability to tackle inequality, improve workforce participation, and reduce long-term demand on health and social care.

The model is designed to be scalable and consistent across the Thames Valley footprint, with:

- Local hubs offering community insight and "place-based" delivery.
- Central coordination for quality assurance, outcomes and digital oversight.
- Shared specialist resources (OHAs, MSK teams, mental health practitioners).
- A unified digital platform enabling referrals, assessments and outcome reporting.
- A fully integrated eco-system supporting reach and capability.

The model is intentionally designed to be scalable and consistent across the Thames Valley footprint, combining local flexibility with system-wide coherence. Local hubs will offer strong community insight and deliver truly place-based support, while central coordination ensures robust quality assurance, consistent outcomes checking and effective digital oversight. Shared specialist resources—including Occupational Health Advisors, MSK teams and mental health practitioners—will be deployed across the system to maximise reach and ability. Underpinning the whole model is a unified digital platform that enables seamless referrals, standardised assessments and reliable outcome reporting. Together, these elements create a fully integrated ecosystem capable of supporting both reach and capability at scale.

Section 3 – Demographic context of your ICB

Please provide a brief, high-level overview of the population across your footprint. Where relevant, you may outline any early thinking on population groups or areas that could be a focus for WorkWell.

Where clustering and/or merging arrangements are planned, you may also note any population factors that could be relevant to future WorkWell delivery once those arrangements are in place.

This could include information on factors including, but not limited to:

- Working age population
- Levels of economic inactivity
- Known measures of deprivation.
- Local healthy life expectancy
- Employment rates

Please note:

- You can prioritise certain areas or groups through the design and delivery of your WorkWell service, but your service must be accessible by everyone in your population footprint. This applies to merged/clustered ICBs.
- We understand that you may not have access to the latest data that is internally verified, and do not require this at this stage.
- You can include a map, or similar illustration should you wish.
- There is no defined word count for this response, but we recommend that your response is at least 200 words.
- Please use bullet points should you wish.

Thames Valley ICB: High-Level Population Overview and Early WorkWell Priorities

The future Thames Valley ICB will cover a highly diverse population across Buckinghamshire, Oxfordshire, Berkshire and Frimley geographies. This diversity is reflected in wide variations in age structure, employment patterns, deprivation levels and health outcomes—factors that will directly influence future WorkWell design and delivery.

Working Age Population

Across the Thames Valley, the working-age population is relatively strong but varies significantly across localities:

- Younger working-age communities are prominent in parts of Berkshire East, including areas where the average age is 38.8, and in Slough, where diverse younger families form a substantial proportion of the population.
- Across the BOB ICB footprint the demographic profile is predominantly young-to-mid working age, although demographic projections show a steady ageing trend, with over-65s expected to rise to 25% by 2040.

This demographic mix creates both high-opportunity labour markets and areas where workforce participation is more fragile, contributing to varied local needs for work-and-health support.

Levels of Economic Inactivity

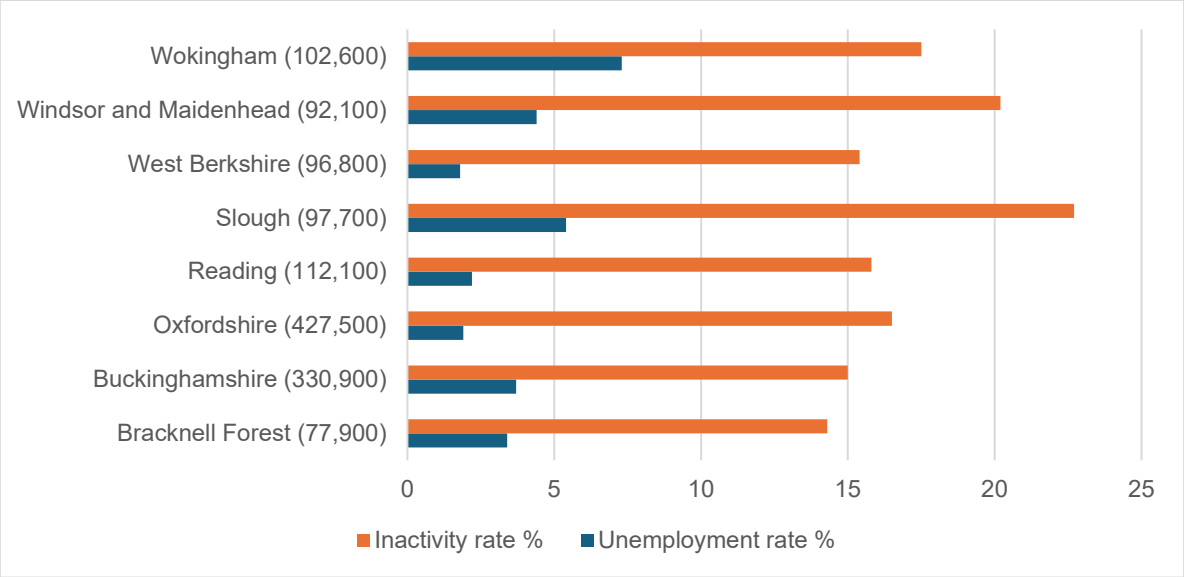
Economic performance varies considerably across the region (chart 1):

- BOB ICB has some of the highest GDP per head local authority areas in the UK, reflecting its strong knowledge-intensive economy.

- Berkshire East, including Slough, faces more acute pressures on employment and health, with higher prevalence of long-term health conditions that reduce work capability.
- Workforce instability is particularly notable in the Berkshire East labour market, where 18% of the adult social care workforce is on zero-hours contracts and vacancy rates signal persistent system pressures.

Overall, economic inactivity is concentrated in high-need urban localities, where poor health and lower labour market engagement intersect. Although the Thames Valley's overall unemployment rate is below the UK average, Slough, Windsor & Maidenhead and Wokingham remain above it and will be considered initial focus areas for WorkWell.

Chart 1
[1]



Healthy Life Expectancy

Healthy life expectancy (HLE) is generally above the England average across much of the Thames Valley, but masks significant inequalities:

- In BOB, HLE is 1.8 years higher (men) and 1.5 years higher (women) than the national average. However, inequalities persist: a 6-year gap for men and nearly 5 years for women exists between the least and most deprived areas.
- In Berkshire East, long-term condition prevalence—including diabetes, COPD, heart failure and mental health needs—is substantially higher in the 20% most deprived communities, particularly in Slough.

National evidence shows that areas with higher economic inactivity have lower healthy life expectancy, reinforcing the strategic importance of WorkWell interventions in high-need places.

Employment Rates and Labour Market Patterns

The Thames Valley economy includes several high-growth economic zones—Oxford, Reading, Wokingham and Slough—underpinned by strong life sciences, research, and technology sectors. However, disparities persist:

- BOB benefits from high-skilled employment and internationally competitive industries.

[1]

- Slough, by contrast, experience lower-quality and more insecure employment, which contributes to cycles of ill health, unemployment, and reduced labour market participation.

This contrast underscores the need for differentiated, place-based WorkWell models across the ICS.

The Thames Valley area total unemployment rate is lower than the UK average, (chart 2) however Slough, Windsor and Maidenhead and Wokingham are higher and will be a first focus for the WorkWell programme.

Chart 2 – Population and Employment rate.

Jul 24 – Jun 25						
Area	**Total Population (ONS est.)**	**Working-age population**	**Employment rate %**	**Unemployment rate %**	**Inactivity rate %**	**Ethnic minority inactivity % (regional)**
Bracknell Forest	124000	77900	82.8	3.4	14.3	21
Buckinghamshire	596000	330900	81.8	3.7	15	21
Oxfordshire	763000	427500	81.9	1.9	16.5	21
Reading	175000	112100	82.4	2.2	15.8	21
Slough	160000	97700	73.2	5.4	22.7	21
West Berkshire	161000	96800	83.1	1.8	15.4	21
Windsor and Maidenhead	158000	92100	76.3	4.4	20.2	21
Wokingham	178000	102600	76.4	7.3	17.5	21

Deprivation Overview (IMD 2025)

The latest English Indices of Deprivation (IMD 2025), published on 30 October 2025 by the Office for National Statistics and the Department for Levelling Up, Housing & Communities, provides the following picture across the Thames Valley ICB footprint:

Oxfordshire is one of the least deprived areas in England, ranked 146 out of 153 upper-tier authorities. Only 2 Lower Layer Super Output Areas fall within the most deprived 10% nationally, and just 2.57% of residents live in the most deprived 30%. Overall deprivation levels are low and show slight improvement since 2019.

Buckinghamshire also has low deprivation, ranked 140 out of 153, with no LSOAs in the most deprived 10% and only 2.09% of residents living in the most deprived 30%. Although still among the least deprived, it shows a small relative increase since 2019, likely due to methodological rather than real-world changes.

Berkshire has a more mixed deprivation profile due to its six unitary authorities. While many areas (e.g., Bracknell Forest, Wokingham) fall within the least deprived deciles nationally, Reading and Slough hold neighbourhoods among the most deprived in England, creating pockets of significant need.

Across these authorities, published analyses show:

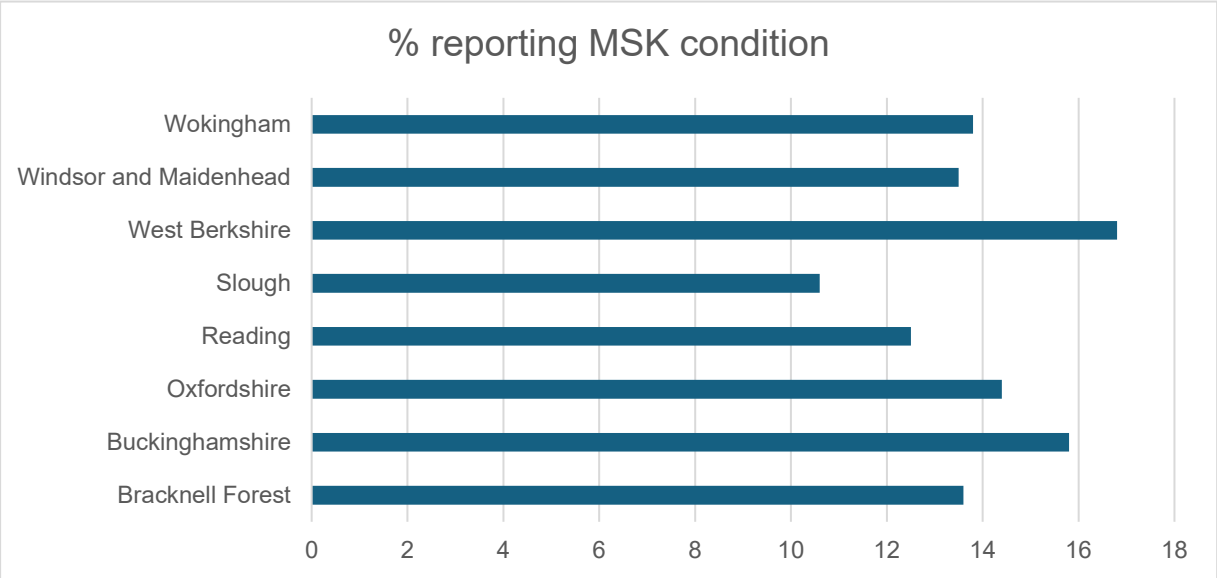
- Most areas fall within the middle to least deprived deciles nationally.
- Local authorities such as Bracknell Forest rank within the least deprived quartile nationally, consistent with wider South East England patterns.
- However, Reading and Slough hold neighbourhoods among the most deprived nationally and represent clear areas of concentrated need.

Early Thinking on WorkWell Focus Areas

Based on the combined population footprint and emerging evidence, and the evaluation of the Frimley WorkWell pilot the priority groups and geographies for WorkWell are likely to include:

- High-deprivation urban localities: Slough, parts of Reading, Oxford, and targeted neighbourhoods in Buckinghamshire.
- Working-age adults with long-term conditions, particularly musculoskeletal conditions and mental health issues.
- Ethnically diverse communities with known health inequalities and lower work retention, including Slough and parts of RBWM.
- Communities experiencing health-linked economic inactivity, consistent with national evidence on the strong association between inactivity and lower healthy life expectancy.

The current clustering between Frimley ICB and BOB ICB offers a strategic opportunity for aligned WorkWell delivery across shared borders, population flows, and areas with similar needs—supporting a more coherent regional offer.



Section 4– Your local delivery partnership

Please outline the key partners you currently expect to be involved in WorkWell delivery. Where clustering and/or merging arrangements are planned, you may also note any added partners likely to be involved as services align across the future footprint. Where relevant, you may indicate whether anticipated partnerships are ICB-specific or expected to operate across a wider footprint.

You do not need to describe how these partners will work together in detail at this stage, as this will be covered in Section 5.

Please note:

- No formal commitments or letters of support from these partners are required at this stage.
- It is not a problem if the list of partners changes as you develop your thinking.
- There is no defined word count for this response, but we recommend that your answer is at least 100 words.

Our Local Delivery Partners
Thames Valley ICB expects WorkWell to be supported by a broad set of partners across health, employment, local government, skills, and the voluntary sector. Partnerships will use both at ICB level and across the wider Thames Valley footprint, particularly the ICB continue to develop.

Local Authorities
We expect active involvement from all upper-tier and unitary authorities across the region:

- Buckinghamshire Council
- Oxfordshire County Council
- West Berkshire Council
- Reading Borough Council
- Wokingham Borough Council
- Bracknell Forest Council
- Royal Borough of Windsor & Maidenhead
- Slough Borough Council

NHS Providers and Primary Care Partners are expected to include:

- Buckinghamshire Healthcare NHS Trust
- Oxford University Hospitals NHS Foundation Trust
- Royal Berkshire NHS Foundation Trust
- Frimley Health NHS Foundation Trust
- Oxford Health NHS Foundation Trust
- Berkshire Healthcare NHS Foundation Trust
- Primary Care Networks across Thames Valley

Jobcentre Plus / Department for Work and Pensions
Jobcentre Plus District Teams covering Berkshire, Buckinghamshire and Oxfordshire will be key partners, with existing strong links particularly in the Berkshire area.
Voluntary and Community Sector

Local Employers and Employer Networks
Engagement is expected with:

- major employers across key sectors (public sector, coordination, tech, manufacturing, retail)
- Chambers of Commerce and employer forums
- ICS anchor institutions

Public Health Teams and Regional Bodies

- Local authority public health teams
- South East OHID, where relevant

Strategic Economic and Skills Partners

- Thames Valley LEP

- Oxfordshire LEP
- Local Prosperity Boards
- Regional skills and economic development partnerships
- Get Britain Working steering groups.

Section 5 – Working with key partners.

Please outline how you plan to engage and work with key partners for WorkWell across your footprint, in particular health services, Jobcentre Plus, local government, community and voluntary sector partners, and employers.

Your response should also describe how you will work with the National Support Team (NST), Regional Programme Advisers (RPA) and Local Learning and Change Managers (LCMs).

Please note:

- The approach and mechanisms through which you engage and work with key partners may change as you develop your thinking and approach. This is not a problem, provided it aligns with the Prospectus.
- There is no defined word count for this response, but we recommend that your response is at least 200 words.

Planned Approach to Engaging and Working with Key Partners for WorkWell

Across the Thames Valley footprint, the ICB expects WorkWell to be delivered through a coordinated, multi-agency partnership model that brings together organisations across health, local government, employment, skills, and the voluntary sector. Partnerships will be locally responsive—reflecting the differing needs, labour markets and population characteristics across places—but in several areas we expect collaboration working across the wider Thames Valley geography where this enables scale, consistency and shared learning.

We will also draw heavily on the learning, models, and proven operational relationships from Frimley ICB, particularly its experience in integrated employment support, system-wide partnership working, and working closely with PCNs, local authorities and DWP to deliver aligned work-and-health interventions.

The ICB will provide strategic leadership, meeting partners to ensure WorkWell is embedded within place-based health and care structures and aligned with wider economic, skills and employment priorities. Delivery will be anchored in strong local partnerships involving Primary Care Networks, neighbourhood teams, local authorities, the VCSE sector, DWP and Jobcentre Plus—ensuring early identification, coordinated support and effective referral pathways.

To maximise reach and system impact, WorkWell partnerships will extend to a broader strategic network, including:

- NHS providers and PCNs, enabling proactive identification of people with health-related barriers to work.
- Local employers and anchor institutions, supporting good-quality employment, work-place adjustments and sustainable job opportunities.
- Public health teams, providing population insights and prevention-focused approaches.
- Local authorities and strategic regional bodies, aligning WorkWell with devolved skills, economic development and transport functions.
- Trade unions, ensuring worker voice and safe, supportive employment practices.

- Voluntary and community sector organisations, drawing on trusted relationships, cultural competence and community reach.

This partnership architecture will enable a cohesive, place-based WorkWell offer that tackles health-related economic inactivity, reduces inequalities and supports sustainable employment across the Thames Valley

Local Authorities
We will work closely with all local authorities through the Get Britian Plans across the footprint to ensure that WorkWell aligns with local priorities on public health and prevention, economic inclusion, employment and skills pathways and community wellbeing. Engagement will take place through joint governance, shared operational delivery, pooled intelligence and ensures WorkWell aligns with local strategies on health inequalities, economic inactivity and community wellbeing.

Jobcentre Plus (DWP)
Jobcentre Plus District Teams will be core delivery partners, supported through:
- shared governance and partnership boards
- aligned referral pathways and feedback loops.
- joint workforce development and cross-agency training
- consistent engagement across Berkshire, Buckinghamshire and Oxfordshire

We will build on the strong Berkshire JCP relationships developed through earlier joint health-and-work programmes, ensuring a seamless participant experience and avoiding duplication.

NHS Providers and Primary Care
WorkWell will be embedded across health pathways through engagement with:
- Acute Trusts (Buckinghamshire Healthcare, OUH, Royal Berkshire, Frimley Health)
- Mental health and Community providers (Oxford Health, Berkshire Healthcare)
- all Primary Care Networks across the geography

Through strategic commissioning we will support with:
- joint pathway development for MSK, mental health, long-term conditions and occupational health
- integrated referral models
- share population health and employment insights.

This will support early identification, proactive intervention, and strong clinical integration.

Local Employers and Employer Networks
Partnerships will be set up with:
- major employers across sectors such as logistics, tech, manufacturing, retail and the public sector
- Chambers of Commerce and sector-specific forums
- ICS anchor institutions

Work will focus on:
- workplace adjustments and retention support
- early intervention for employees with health-related work challenges
- employer briefings and learning events.
- job creation and good-work commitments.

Public Health Teams and South East OHID
Local authority public health teams will provide:

- population health intelligence
- prevention modelling
- insights on economic inactivity and long-term condition trends

Alignment with South East OHID will strengthen prevention frameworks, analytical capability, and labour-market health intelligence, ensuring WorkWell is targeted where need is greatest.

Voluntary and Community Social Enterprise Sector (VCSE)
VCSE partners will be engaged through established locality networks and targeted commissioning approaches to deliver social prescribing and community navigation, employability and skills interventions and culturally responsive outreach to underserved groups. These partners are critical in reaching residents unlikely to engage with statutory services and in providing personalised, community-based support.

Local Strategic and Economic Development Partners
Although Thames Valley is not within a Mayoral Combined Authority boundary, alignment will continue through the Thames Valley and Oxfordshire LEPs, Local Prosperity Boards through regional skills and economic development partnerships and as a partner to the Get Britain Working Steering Groups. This will ensure that WorkWell contributes to the wider economic growth, productivity and workforce strategies across the region.

Cross-ICB Partners and Frimley ICB System Learning
Where populations and service footprints span boundaries, we will collaborate with:

- cross-ICB specialist providers
- regional VCSE organisations
- workforce, education and training hubs across Buckinghamshire, Oxfordshire and Berkshire West

We will adopt proven Frimley ICB approaches, including:

- embedding employment advisors within clinical and community teams
- cross-system governance and integrated operational models
- shared data, performance and outcomes frameworks
- strong partnership working with local authorities, JCP and VCSE partners.

These elements will ensure a scalable, consistent and evidence-informed WorkWell model across the Thames Valley.

Working With National Support Structures
We will support regular engagement with the National Support Team, Regional Programme Advisers and Local Learning and Change Managers through:

- Joint planning sessions
- Participation in national learning networks
- Data, quality and performance assurance discussions

These relationships will support continuous improvement, consistency and shared learning across the programme.

Section 6 – Governance

In recognition of the key role of local partnerships, we will need an explicit role for partners in the governance of the WorkWell service.

Please indicate how your organisation plans to establish the service in a way that ensures key partners are included appropriately in governing and co-designing the WorkWell service.

Where clustering/merging is planned, please outline how you plan to ensure that key partners are appropriately involved in oversight and co-design as services develop across clustered and/or merged ICBs.

Please note:

- While detailed plans aren't needed now, confirmation of this clear governance role for partners will be requested later.
- There is no defined word count for this response, but we recommend that your response is at least 150 words.

Governance and Co-Design of the WorkWell Service

Our current thinking—based on the governance and delivery model set up through the Frimley WorkWell pilot—is to implement WorkWell within a multi-layered, partnership-driven governance framework. This would include ICS-level oversight via the Living Well Board, place-level leadership through Health & Wellbeing Boards, strategic alignment with Prosperity Boards, and operational delivery through a multi-agency WorkWell Delivery Group and local Place Partnerships, supported throughout by lived-experience panels. This model reflects our ambition for shared accountability across health, employment and local government, but it stays provisional and will be reviewed and may change once the Thames Valley ICB's formal governance structures are ratified.

Principles Underpinning the Governance Model

The proposed model is based on three core principles:

- Shared decision-making across health, work, and local government leadership.
- Lived experience and community voice embedded in design, review and improvement.
- Consistent ICS-level governance, with local flexibility to adapt delivery at place level.

This proposed governance model:

- Embeds WorkWell within the ICB's health and wellbeing strategy.
- Aligns with local economic development via Prosperity Boards
- Ensures place-level ownership through HWBBs.
- Provides strong operational oversight through multi-agency delivery groups.
- Ensures lived experience and community voice shape ongoing design.
- Can scale effectively across future clustered or merged ICB footprints.

ICB-Level Governance: Living Well Board (Strategic Oversight)

The WorkWell service will be overseen at ICS level through the Living Well Board, providing:

- Strategic direction and alignment to ICB priorities
- Performance oversight and monitoring of outcomes
- System coordination across health, employment, prevention and population health
- An escalation route for system-level risks
- Routine WorkWell reporting—supported by data dashboards—will ensure visibility and senior leadership support.

Local Authority Governance: Health & Wellbeing Boards (Place Ownership)
Health & Wellbeing Boards (HWBBs) will provide place-level leadership through:

- Oversight of local priorities and social determinants of health
- Connection to VCSE networks and prevention programmes
- Co-design with residents and service users
- Alignment with public health strategies
  Regular insight packs and performance summaries will be provided to each HWBB.

Economic & Employment Leadership: Prosperity Boards
Given WorkWell's significant role in reducing economic inactivity, we will engage with local Prosperity Boards to ensure:

- Strategic alignment with employment and skills plans
- Links to employer networks and economic development priorities
- Integration of labour-market intelligence
- System support for inclusive growth, job carving and sector-led opportunities.

This positions WorkWell within the broader economic and workforce strategy for the region.

Operational Governance & Co-Design: WorkWell Delivery Group
A dedicated WorkWell Delivery Group will sit beneath the Living Well Board, to oversee the Service performance and quality Pathway development, Workforce and operational coordination Continuous improvement and risk management.
This group will include.

- ICB
- Local Authorities
- DWP / Jobcentre Plus
- VCSE organisations
- Skills and FE/Adult Education
- Providers across acute, community, mental health and primary care
- Employers
- Population Health teams

Co-Design & Lived Experience Panels
Structured co-design panels at both ICS and place levels will bring together:

- People with lived experience
- Community organisations
- Clinicians and practitioners
- Employers
- WorkWell Coaches

These panels will drive continuous service improvement, ensuring WorkWell stays inclusive, person-centred and responsive to community needs.

Section 7 – Aligning WorkWell with ICB Priorities and Local Strategies

Aligning WorkWell with ICB Priorities and Local Strategies

WorkWell funding will give WorkWell sites the capacity to build on existing work, health and skills strategies to further join up their local work and health landscape. In this section, please set out your early thinking on how WorkWell is expected to align with relevant ICB and local authority priorities and strategies.

Responses may include reference to activity developed through earlier ICB leadership funding or participation in national and regional programmes (for example, Health and Growth Accelerators or similar initiatives), as well as alignment with relevant local authority Get Britain Working plans.

Where clustering and/or merging arrangements are planned, the response may reflect early thinking on alignment across the future footprint should this be known.

Please note:

- This answer should outline your initial approach. We do not expect a complete strategy.
- There is no defined word count for this response, but we recommend that your response is at least 200 words.

Our Strategic Alignment approach

WorkWell funding will enable Thames Valley ICB to build on existing work, health and skills strategies while accelerating progress on shared regional priorities. Our early thinking drawing on learning from the Frimley WorkWell pilot is that the programme will align closely with the ICB's strategic focus on prevention, population health management, reducing economic inactivity, improving healthy life expectancy, and strengthening integrated community-based care.

As strategic commissioners, the new ICB will position WorkWell as a core part of how we support working-age adults with long-term conditions, MSK issues and mental health needs, integrating the offer within neighbourhood teams, PCNs and digitally enabled care pathways.

WorkWell will also align with emerging digital, data and AI initiatives, including risk stratification, population insight tools, remote support models and personalised self-management enabling more targeted identification of people at risk of health-related worklessness.

Local authorities' priorities around inclusive growth, healthier workplaces, reducing worklessness and supporting residents with long-term health conditions are strongly supported by WorkWell, which acts as the coordinating mechanism to join up adult skills, job brokerage, community prevention and public health activity. The programme also complements activity previously delivered through ICB leadership funding, regional health-and-growth initiatives and local employment and skills programmes.

Nationally, WorkWell aligns with NHS England's 2025/26 priorities on prevention, improved access, productivity and shifting care into the community, as well as the Government's Get Britain Working agenda, which calls for locally integrated health, skills and employment models to address long-term sickness-related inactivity. Additionally, we expect close alignment with the regional Health Innovation Network (HIN), particularly in scaling innovation, strengthening digital and AI-enabled pathways, and embedding evidence-based approaches to improve work and health outcomes.

Looking ahead, planned clustering between BOB and Frimley ICBs creates opportunities for further alignment across the wider Thames Valley footprint, including shared pathways, joint commissioning, consistent data and outcomes frameworks, and harmonised employer engagement models. This remains early, high-level planning and will be refined once the new Thames Valley ICB's governance and strategic structures are formally ratified.

Section 8– Monitoring, Evaluation and Data Sharing

In line with the WorkWell Data Sharing Agreement, ICBs will have to send a defined set of participant-level management information to DWP for the purposes of national evaluation. This includes selected personal, employment and health-related data items necessary to assess engagement, participant journeys and outcomes.

Please outline your early thinking on data collection and sharing.

You could also include information on the following:

- Early thinking on legal bases for processing and sharing personal and special category data.
- Any initial plans for monitoring participant journeys and outcomes at an individual level, including across services.
- Early considerations around data-sharing arrangements with partners.

Please note:

- This does not need to represent a finalised approach. We are interested in your emerging thinking and areas where further guidance or support may be helpful.
- There is no defined word count for this response, but we recommend that your

Early Thinking on WorkWell Data Collection and Sharing - Approach & Governance

In line with the WorkWell Data Sharing Agreement, our early planning prioritises secure, consistent participant-level data collection and sharing to support local delivery and national

evaluation. We will develop a Data Protection Impact Assessment (DPIA) for the WorkWell Hub and establish supporting information governance (IG) controls for external applications (e.g., Joy) used for referrals, case management and participant engagement. Our approach incorporates learning from the Frimley WorkWell pilot and is designed to enable shared learning across the wider system. We will ensure transparency, data minimisation and role-based access controls throughout.

Data collection model

We intend to implement a minimum workable dataset aligned with DWP requirements, covering personal identifiers, employment information, relevant health data, referral activity and outcomes. Design principles shaped by Frimley learning:

- Embed capture in routine workflow to reduce burden.
- Minimise duplication for participants.
- Ensure consistent fields and definitions across partners.

We plan to use Joy for real-time recording of interactions, secure update-sharing and improved case coordination between NHS, community and employment partners. Where clinically relevant recording occurs in primary care, we will use a standardised SNOMED code to support identification, monitoring and interoperability.

Monitoring participant journeys

We will track individual journeys across services through:

- A standard activity log (contacts, interventions, referrals)
- Referral and follow-on tracking across NHS, community and employment services.
- Outcome recording (employment progression, capability/functional changes, health improvements and sustained work)

Joy will enable longitudinal tracking and an auditable record of interventions. Monitoring will combine quality-assured structured data with qualitative insight, with KPIs aligned to Get Britain Working (GBW) and reductions in health-related inactivity rates.

Data sharing with partners

We will:

- Use the DWP Data Sharing Agreement for national evaluation flows.
- Put in place local Information Sharing Agreements (ISAs) where needed.
- Apply role-based access controls (including within Joy) to ensure proper visibility.
- Maintain secure storage, clear retention policies and data minimisation
  Early co-design with partners—and, where possible, a single shared digital tool—will streamline governance and reduce friction.

Evaluation (local, external and national alignment)

Alongside national evaluation, we will run a local evaluation programme to understand implementation effectiveness, barriers/enablers and to drive continuous improvement. We also plan to commission or take part in external evaluation to provide independent impact assessment, comparability with neighbouring ICBs, and structured learning. We will work with the Health Innovation Network (HIN) to strengthen digital pathways, AI-enabled insight, and evaluation design, including rapid feedback loops.

Contribution to the national programme

We will actively contribute to national learning by sharing insights, case studies and evaluation outputs via the Futures platform, presenting progress at Learning & Community of Practice (LCM) events, and engaging with peers to support consistency and continuous improvement.

This is early thinking. Details will be finalised through DPIA/ISA completion, partner co-design, and the ratification of the Thames Valley ICB's governance and data standards.

Section 9 - Respondent Declaration.

By signing and sharing this form, the authorised representative(s) of the Respondent confirm(s) that:

- The information provided in this form is accurate to the best of the Respondent's knowledge at the time of submission.
- The Respondent is an ICB completing this form on behalf of its local system partners, including the relevant Local Authority and Jobcentre network.
- The Respondent intends to participate in regional and national networks to support shared learning and the exchange of good practice across areas delivering WorkWell.
- The Respondent is committed to ensuring compliance with the Public Sector Equality Duty in the design and delivery of their WorkWell service.

Please note, for merging/clustering ICBs, this form must be signed by an authorised representative of each ICB.

Signature(s):	**To Be Added**
Name and position of authorised representative(s)	Caroline Corrigan Chief Officer - Transition NHS Buckinghamshire, Oxfordshire and Berkshire West and NHS Frimley
Date	23rd February 2026

For and on behalf of the Respondent(s)

Buckinghamshire, Oxfordshire and Berkshire West

and Frimley Integrated Care Boards

Joint Committee

Title of Paper	Q4 2025/26 Board Assurance Framework (BOB and Frimley)		
Agenda Item	8.1	**Date of meeting**	10 March 2026
Exec Lead	Caroline Corrigan – Chief People Officer		
Author(s)	Tom Allinson – Senior Governance Manager		

Purpose	To Approve	☐
	To Ratify	☐
	To Discuss	☐
	To Note	☒

Decision required	Joint Committee	☒
	BOB only	☒
	Frimley only	☒
	Meeting in Public	☒

Executive Summary

Introduction:

The Board Assurance Framework (BAF) reports on NHS Buckinghamshire, Oxfordshire and Berkshire West (BOB) and NHS Frimley Integrated Care Boards' Strategic Objectives and details the significant long-term risks to the achievement of these. The respective BAFs provide assurance that both ICBs are on track to deliver their 2025/26 Strategic Objectives and highlight where necessary, any gaps in controls and assurances and the associated actions. The BAFs also provide assurances that any risks which may impact on the achievement of those Strategic Objectives are being appropriately managed.

Shared Transition risk:

The Frimley and BOB Transition Programme Director is the named Senior Responsible Officer (SRO) for the shared Principal Risk **"Safe dissolution of the ICB and creation of the Thames Valley ICB"** assurance is provided that this remains fully aligned to the *Transition Risks, Assumptions, Issues, and Dependencies ("RAID") Log* which is regularly reviewed by the Joint Transition Executive and which forms a key part of the Transition Programme Board.

This shared strategic objective allows executives from both organisations to maintain oversight and receive assurance on the BAF transition risk during the period of formal clustering between Frimley and BOB ICBs (1 October 2025 – 31 March 2026), in advance of the establishment of the Thames Valley ICB on 1 April 2026.

Both organisations have prioritised management of the transition risks detailed extensively within the RAID log in Q4 as we near the close-down of BOB and Frimley ICBs and the establishment of Thames Valley ICB. The Board is asked to note therefore that there are some areas across both BAF documents that are not up to date, but is provided assurance that all BAF risks, including mitigation actions and controls, will be taken forward and rolled into BAU risk management within Thames Valley ICB from 1 April 2026.

Further assurance is provided that the internal auditors of both organisations (being KPMG for BOB and RSM for Frimley) have given Substantial Assurance on their risk management processes, including operational management of the BAF itself.

NHS Frimley:

The Joint Committee is asked to note the final risk appetite scores for Quarter 4 2025/26.

The Joint Committee is further asked to note that the following Strategic Objectives have been scored with an inherent (score before mitigation) and residual (score after mitigation) risk score.

The effects of the controls show whether the Strategic Objective sits in or out of the agreed Risk Appetite Statement found within Frimley's BAF document.

Strategic Objective	Risk Appetite	Risk Threshold	January 2026 position	Change since January 2026
SO1 (Starting Well)	Cautious	8	OUT (9)	=
SO2 (Living Well)	Cautious	8	IN (6)	=
SO3 (People, Places and Communities)	Seek	16	IN (9)	=
SO4 A (Our People) - Workforce	Open	12	IN (12)	=
SO4 B (Our People) – WorkWell	Open	12	IN (12)	=
SO5 (Leadership and Culture)	Open	12	IN (12)	=
SO6 A (Outstanding Use of Resource) - Finance	Open	12	OUT (20)	=
SO6 B (Outstanding Use of Resource) - Cyber	Open	12	OUT (15)	=
SO7 (Safe dissolution of the ICB and creation of the Thames Valley ICB)	Open	12	IN (8)	=

At present, six Principal Risks are within appetite and three sit outside appetite.

NHS BOB:

The BAF comprises ten strategic risks. There are two risks on the BAF scoring 15 or above (BOB0002 - Financial Sustainability, BOB0004 - Access to Services).

The BAF was last reviewed at the 13 January 2026 Joint Committee Meeting in Public.

Risk No.	Risk	Risk Created	Aggregated Assurance level	Inherent Score	Residual Score (February 2025)	Progress/Risk Appetite
BOB0001	Health Inequalities	Nov 2022	Adequate (0.5)	9	9	Risk is currently below appetite Remained at 9 – 18 months
BOB0002	Financial Sustainability	Nov 2022	Adequate (0.5)	20	20	Risk is currently above appetite Remained at 20 – 18 months
BOB0003	Resilience	Nov 2022	Adequate (0.63)	12	8	Risk is currently below appetite Remained at 8 – 15 months
BOB0004	Access to Services	Nov 2022	Substantial (0.92)	16	16	Risk is currently within appetite Remained at 16 – 34 months
BOB0005	Transformation	Nov 2022	Adequate (0.5)	16	9	Risk is currently below appetite Remained at 9 – 33 months
BOB0006	Safety, Safeguarding and Quality	Nov 2022	Adequate (0.5)	12	6	Risk is currently within appetite Remained at 9 – 3 months

BOB0007	Working in Partnership	Nov 2022	Substantial (0.76)	12	12	**Risk is currently below appetite Remained at 12 – 35 months**
BOB0008	ICB Workforce	Nov 2022	Adequate (0.5)	9	9	**Risk is currently below appetite Remained at 9 – 35 months**
BOB0009	ICS Workforce	Jan 2025	Adequate (0.5)	16	12	**Risk is currently below appetite Remained at 12 – 6 months**
BOB0010	Safe dissolution of the ICB and creation of the Thames valley ICB	Sept 2025	Adequate (0.5)	20	8	**Risk is currently within Appetite Reduced from 12 -8 – 4 months**

Next steps – building a Risk Management Framework for Thames Valley ICB

An outline draft Risk Management Framework for Thames Valley ICB was reviewed and supported by the Shadow Thames Valley Oversight Group on 2 March 2026. Thames Valley ICB will operate a delegated risk management system, where individual risks are managed operationally by specific portfolio boards and escalated to the Board and its assurance sub-committees.

Work is progressing to safely close existing risk management processes in both organisations. All risks are being reviewed and streamlined during this process, and an outline Risk Register for Thames Valley ICB will be drafted based on existing Frimley and BOB risks in March 2026. Assurance is provided that the BOB and Frimley Executive Teams and the Transition Programme Close-down and Set-up Project Board have continued to remain fully sighted on this work during Q4 2025/26. In addition, assurance has been provided to the BOB Audit and Risk Committee at its meeting in February 2026, and the Frimley Audit Committee at its next meeting in March 2026.

The Governance Team is working across both organisations to ensure the safe transfer of all risks to a new risk management database system ready for Day 1 establishment of Thames Valley ICB on 1 April 2026.

Outline 26/27 Strategic Objectives for Thames Valley ICB will be discussed at the Designate Thames Valley ICB Board on 17 March 2026. Once agreed, these will then be used to develop principal risks for a new Thames Valley BAF in Q1 2026/27.

Recommendation	The Joint Committee is asked to note the final positions of the Board Assurance Frameworks for NHS BOB and Frimley ICBs for Q4 2025/26.

Conflict of interest identified
Yes ☐ No ☒
Detail

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

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	Audit and Risk Committee
Date of Meeting:	24th February 2026
Committee Chair:	Saqhib Ali

Key escalation and discussion points from the meeting

Alert:

Advise:

Governance and Risk Updates: the Committee remained concerned about the loss of organisational memory and the capacity of teams within BOB ICB, particularly as voluntary redundancies start to impact ahead of April 1, 2026.

ISFE2: the Committee welcomed the news that the new finance system risk had been downgraded but noted some continuing issues with reporting and a backlog of invoices to clear. However, it was acknowledged that as a new ledger would be formed for Thames Valley ICB, BOB and Frimley ICBs were benefitting from additional support from NHSE.

Internal Audit: the Committee discussed and approved two Internal Audit reviews – on Data Quality: DQiPs and on Transition Risk Management. Both audits had overall ratings of Significant Assurance with minor improvement opportunities.

Internal Audit Progress report: the Committee noted that the remaining reviews for this year were now underway. Whilst significant improvements had been seen in the tracking of actions following internal audit reviews over the past 12 months, there were a number of overdue actions reported on this occasion, which might reflect a lack of capacity across the organisation.

External Audit Plan: the Committee received and discussed EY's External Audit Plan.

Assure:

The Committee noted reports on:

- Day 1 Governance Update
- Annual Report and Accounts Timetable
- IFRS17
- Anti-Crime Service Progress reports

Audit Committee Assurance Reports

Audit Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	Audit Committee
Date of Meeting:	13 January 2026
Committee Chair:	Ilona Blue
Key escalation and discussion points from the meeting	
Alert:	
• Cyber Security Internal Audit: Four-month delay in agreeing scope. If unresolved within one week, the Committee will escalate to the Board as there is a risk of impacting timely delivery of the Head of Internal Audit Opinion. • ISFE2 System Risks: Ongoing issues outside local control require continued oversight and may need formal handover to the new ICB. • IG Supply-Chain Assurance: Low assurance persists due to fragmented procurement routes and limited visibility of national contracts. • Delays in the audit programme: risk to delivering the Head of Internal Audit Opinion on time, with Internal Audit warning their confidence may change if progress doesn't improve and the Committee requesting early escalation if the risk increases	
Advise:	
• Cyber Security Governance: Clarify future oversight model for the Thames Valley ICB and confirm how assurance will be obtained. • Risk Appetite and Strategic Objectives: Designate Chief Officers should agree these before development of the new BAF in April 2026. • Financial Sustainability Risk Structure: Consider whether separating in-year and long-term financial risks would improve visibility.	
Assure:	
• Transition programme remains on track for 1 April 2026, with strong governance and NHS England oversight. • Risk management work progressing: consolidation of registers, new framework development, positive early audit feedback. • ISFE2 implementation improving; audit approaches aligned; further update due in March. • Annual Report and Accounts planning underway; key dependencies recognised; pension issue resolved. • Internal Audit: Risk Management audit showing reasonable assurance; DSPT review progressing; follow-ups being closed.	

- External Audit: Planning complete; VfM work commencing; ongoing engagement with management.
- Counter Fraud: Amber rating expected nationally; benchmarking positive; all recommendations completed on time.
- IG: Annual Report received; AI and Cyber Security Policies ratified; strengthened supplier assurance planned.

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

NHS
Frimley

Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	Joint Finance & Performance Committee
Date of Meeting:	26th February 2026
Committee Chair:	Tim Nolan

Key escalation and discussion points from the meeting

Alert:

Planning 2026-27: the Committee acknowledged the excellent work that has been done in this area and that significant further work will be undertaken in the next 2 to 3 weeks between the ICB and partners, to improve the position, in readiness for the new financial year. However, the committee was advised that at present a significant misalignment remains in the financial element of the Planning Submission (c. £174m) and felt that the Board should obviously be alerted to this. Having said this there is confidence that this number will be closed and that a workable solution potentially involving risk sharing with partners can be arrived at. The NHS regional team are well appraised of the situation. The Committee has requested ongoing updates over the course of the next few weeks and an opportunity for oversight of the final position before it is agreed.

Advise:

Organisational Design: the Committee is being kept well informed but was mindful that there were still some elements of the organisational design/new operating model which needed to be confirmed. The Committee will be updated further once agreements had been reached with partners.

Performance: the Committee noted both organisations' performance versus national targets and was pleased to note positive Mental Health performance. However, the committee requested that the operations team probe further to understand the areas of recent deterioration in ambulance performance. Similarly, the Committee feels the Board should note the ongoing disappointing performance vs the 62-day referral target for cancer treatment within the BOB system and the concerning 52-week RTT performance. The committee was also pleased to hear that the adoption of new methodology should enable this report to be more timely in future.

Risk Register: while many of the risks themselves remain red, the Committee was assured that the correct risks have been identified and that processes and monitoring is in place to support management of these risks appropriately. The Committee noted the work underway to set up a Risk Management Framework for Thames Valley ICB and would encourage Board engagement with identifying Strategic Objectives in a timely manner to support a robust approach to risk in the new ICB.

Assure:
In year financial position and performance: the Committee was assured that financial performance of the ICB and System at Month 10 is currently on track to achieve breakeven by year end. Similarly, the reports and commentary from the finance team suggest that CIPs are generally on target (or close to being so) with mitigations being put in place to offset areas of overspend. However, the Committee remains mindful of the possibility of last-minute “surprises” and with an eye on the new financial year highlighted risks associated with recurrent vs non-recurrent savings, ensuring trajectories from M12 into M1 are credible and that phasing of budget lines for the new FY are as accurate as possible (e.g. capital). **Draft TVICB Finance Policies including SFIs:** the Committee reviewed the draft TVICB Finance Policies including SFIs and recommended they go forward to the Day 1 TVICB Board meeting for approval. **PSR Update:** the Committee was assured that the contracting group which meets monthly for Frimley ICB to approve contract proposals was sighted on forthcoming renewals and that handover arrangements for South Frimley transfer were in place. Credible plans were in place for the four contracts which were currently still awaiting a definitive replacement.