

# Minutes of the BSW Integrated Care Board - Board Meeting in Public

Thursday 21 September 2023, 10:00hrs

Function Room, Wyvern Theatre, Theatre Square, Swindon, SN1 1QN

## Members present:

Integrated Care Board (ICB) Chair, Stephanie Elsy (SE)

ICB Chief Executive, Sue Harriman (SH)

Primary Care Partner Member, Dr Francis Campbell (FC)

Deputy NHS Trusts and NHS Foundation Trusts Partner Member – acute sector, Cara Charles-Barks

Non-Executive Director for Audit and Governance, Dr Claire Feehily (CF)

Local Authority Partner Member – BaNES, Will Godfrey (WG) *(from 12:24hrs)*

NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector – Dominic Hardisty (DH)

ICB Chief Finance Officer, Gary Heneage (GH)

Local Authority Partner Member – Wiltshire, Terence Herbert (TH) *(until 11:45hrs)*

ICB Chief Nurse, Gill May (GM)

Non-Executive Director for Finance, Paul Miller (PM)

ICB Chief Medical Officer, Dr Amanda Webb (AW)

Voluntary, Community and Social Enterprise (VCSE) Partner Member, Pam Webb (PW)

## Regular Attendees:

ICB Director of Planning and Performance, Rachael Backler (RB)

Chief Executive, Wiltshire Health and Care, Shirley-Ann Carvill (SAC)

Chair of the BSW Integrated Care Partnership – Cllr Richard Clewer (RC)

ICB Chief of Staff, Richard Collinge (RCo)

ICB Director of Equalities, Innovation and Digital Enterprise, Jane Moore (JM)

Chief Executive, Swindon Borough Council, Sam Mowbray (SM)

ICB Director of Place – Swindon, Gordon Muvuti (GM)

ICB Director of Place – Wiltshire, Fiona Slevin-Brown (FSB)

ICB Director of Strategy and Transformation, Richard Smale (RSm)

ICB Chief People Officer, Jasvinder Sohal (JS)

ICB Deputy Director of Corporate Affairs *(from 10:15hrs)*

ICB Board Secretary

## Invited Attendees:

HealthWatch, Swindon and BaNES

Director for Urgent Care and Flow – for item 11

Transformation Director, BSW Elective Care Programme – for item 12

## Apologies:

Non-Executive Director for Quality, Professor Rory Shaw (RS)

NHS Trusts and NHS Foundation Trusts Partner Member – acute sector, Stacey Hunter (SHu)

Non-Executive Director for Public & Community Engagement, Julian Kirby (JK)

Non-Executive Director for Remuneration and People, Suzannah Power (SP)

ICB Assistant Director of Communications and Engagement

ICB Director of Place – BaNES, Laura Ambler (LA)

## **1. Welcome and Apologies**

- 1.1 The Chair welcomed members, officers and observing members of the public to the meeting of the BaNES, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) held in public, in particular to attending participants Sam Mowbray and Shirley-Ann Carvill who joined for their first Board meeting.
- 1.2 The above apologies were noted. The meeting was declared quorate.

## **2. Declarations of Interest**

- 2.1 The ICB holds a register of interests for all staff and Board members. None of the interests registered were deemed to be relevant for the meeting business. There were no other interests declared regarding items on the meeting agenda.

## **3. Minutes from the ICB Board Meeting held in Public on 13 July 2023**

- 3.1 The minutes of the meeting held on 13 July 2023 were approved as an accurate record of the meeting.

## **4. Action Tracker and Matters Arising**

- 4.1 Four actions were noted on the tracker, all marked as CLOSED, with updates added for the Board to note.
- 4.2 There were no matters arising.

## **5. Questions from the Public**

- 5.1 The Chair welcomed questions in advance of the Board meetings held in public. The ICB website details the process on how the public can submit questions to the Board, questions need to be sent in seven business days in advance of the meeting.
- 5.2 One question had been submitted regarding Patient Participation Groups, and the number that were active across the Swindon/Shrivenham area. The Chair responded by explaining that there are two Patient and Public Engagement Groups in BaNES and Swindon, and a number of Patient Participation Groups in Swindon, as well as in Wiltshire and BaNES. The full question and response will be published on the BSW ICB website: <https://bsw.icb.nhs.uk/document/questions-from-the-public-and-responses-icb-board-21-september-2023/>

## **6. BSW ICB Chair's Report**

- 6.1 The Chair provided a verbal report on the following items:
  - ICB Board Member Resignation – The Chair advised that the resignation of the NED for Quality had been received, with Professor Shaw wishing to now retire and stand down. The ICB Chair would now consider appointment options for this vital Board role, including discussions with NHS England regarding a temporary NED option until an appointment process could be undertaken. In the interim, the Chair would ensure the role and its duties were appropriately covered.
  - Impending Governance Review - On establishment in July 2022, all ICBs were given the clear national expectation that they would review their governance and partnership

arrangements after a year. The ICB Chair, working with the NHS England Regional Director, would decide on the scope of work. BSW ICB would embark on this governance and decision-making review shortly.

- NHS England Fit and Proper Person Test (FPPT) Framework - NHS England has developed the FPPT Framework in response to recommendations made by Tom Kark KC in his 2019 review of the FPPT (the Kark Review). The framework introduces a means of retaining information relating to testing the requirements of the FPPT for Board members, a set of standard competencies for all board directors, and a new way of completing references whenever a member leaves an NHS Board. The Framework is effective from 30 September 2023 and must be implemented by all NHS Boards going forward from that date. Members of the Board would shortly receive a letter outlining the new framework and its requirements.
- National Performance Themes – the NHS had recently been highlighted through national media headlines and cases, namely the Letby case, request to introduce Martha’s Law, and the survey on sexual assault and harassment across female surgeons. These would all have a significant impact on the NHS, and the culture and leadership within individual organisations.
- The Chief Medical Officer acknowledged the concerns and unacceptable behaviour raised by the recent national sexual harassment survey results as part of the ‘Breaking the Silence: Addressing Sexual Misconduct in Healthcare’ report, which stated two thirds of NHS female surgeons had been sexually harassed, and one third sexually assaulted. In collaboration with key partners across the healthcare system, BSW ICB was committed to working through the 16 recommendations of the report, and the ten core principles and actions raised within NHS England’s recently published first ever sexual safety charter.
- The ICB was also supportive of the proposed introduction of Martha’s Law, and was committed to formalising those options and processes already in place across BSW, giving patients and their families the power to request a clinical review. BSW supported that empowerment, ensuring patients and families felt able to voice concerns and seek a second opinion, further building on the BSW Freedom to Speak Up culture.
- The Chief Executive reflected on the recent Letby case outcome, and the links again with leadership and culture amongst organisations, and the importance of listening and learning. The facts of the case were being reviewed to ensure the NHS responded, reflected and embedded learning.
- NHS BSW Estate - The deterioration of reinforced autoclaved aerated concrete (RAAC) across public buildings was a significant issue currently being assessed by the Government and public sector bodies. The Chief Finance Officer advised that an assessment of the Integrated Care System (ICS) estate had been ongoing over the last 18 months, with no issues of RAAC yet yielded. Assessments would continue across the whole estate, with further updates brought to the ICB Board as required.

## **7. BSW ICB Chief Executive’s Report**

- 7.1 The Board received and noted the Chief Executive’s report as included in the meeting pack, which acknowledged the continued demands, pressures, risks and challenges seen across the system. The Chief Executive highlighted the following to members:
- Correction to item 2.5 – the costs driven by industrial action should state £2.4m, not £32.4m. This would be amended in the report and republished.

- Recovery of services and waiting lists to post pandemic levels continued, though demand was still greater than capacity in many areas. The productivity gap remained from pre-pandemic 2019/20 to 2023/24. The continued industrial action brought unprecedented situations for the NHS, impacting on outcomes and morale for staff and patients.
- The financial recovery of BSW remained a significant focus, acknowledging the post pandemic and historic underlying deficits. Month 4 had seen a further deterioration in the financial position of the system, largely due to continued cost pressures and inflation. A balance was needed between urgent and proposed transformation of health and care services and delivering elective recovery - to bring that safer and sustainable future. The Medium-Term Financial Plan (MTFP) needed to support our Integrated Care Strategy, acknowledging the requirement to breakeven over the three year period.
- Performance challenges for BSW continued against some areas of the NHS Oversight Framework, with the outcome of the NHS England quarter 1 segmentation process now confirming that BSW overall was to move from segment 2 to segment 3. (GWH and SFT remained in segment 2, RUH moved to segment 3).
- The Board supported the Chief Executive in signing the Armed Forces Covenant on behalf of the ICB, as part of the Op COMMUNITY initiative.

## 7.2 The Board discussion noted:

- Consideration was to be given to the ICB Board and system partners roles in embedding a strong safety culture across the system, ensuring appropriate apparatus, thinking and data points were in place to bring that level of assurance required.
- The implementation of the Patient Safety Incident Framework would shift how the NHS responded to incidents, encouraging curiosity and learning. This would be further explored with partners, being clear about operational values and supportive of speaking up. The quality of leadership was key in this, practicing the right behaviours and values, and creating a safe, speak up environment, aligned with the NHS People Promise, and the objectives of the ICBs Public and Involvement Strategy.  
[ACTION: ICB Board Development Session to further discuss ICS Culture and Leadership](#)
- BSW needed to improve on its community inclusion at all points, noting that community engagement timelines were often driven by NHS England and the implementation of its guidance.
- Plans being developed to support and improve system performance in relation to the BSW's Oversight Framework position should recognise the innovation required, whilst maximising the existing financial and workforce resources. A balance of decision-making and level of risk was needed. It was acknowledged that there were significantly more staff in post across the system since the pandemic, noting that the workforce was now favouring the agency environment and the working arrangements that brought. This provided an opportunity for BSW to develop its flexible working offer, to bring these colleagues back into the NHS.

## 8. Annual Report and Accounts 2022-23:

### 8a. BSW CCG 3-Month Annual Report and Accounts 2022-23

### 8b. BSW ICB 9-Month Annual Report and Accounts 2022-23

- 8.1 In accordance with the NHS England reporting guidance, the BSW Clinical Commissioning Group (CCG) 3-Month, and BSW ICB 9-Month Annual Reports and Accounts for 2022-23 were presented as part of this BSW ICB Board meeting held in public. The ICB was required to prepare two Annual Reports and Accounts for 2022-23 to reflect the three months operation of the BSW CCG for quarter one, and BSW ICB during quarters two to four.
- 8.2 The Board noted that the two Annual Reports and Accounts had received sign off by NHS England and had subsequently been published upon the ICB's website.

## **9. BSW Primary and Community Care Delivery Plan**

- 9.1 The ICB Place Director for Wiltshire talked through a number of slides to present the BSW Primary and Community Care Delivery Plan to the Board, setting out the six transformation priorities, key elements of the delivery plan, continued engagement plans, and next steps.
- 9.2 The Delivery Plan builds on the Integrated Care Strategy and its ambition, and draws on supporting national and local strategies relating to primary and community care services, informing the Integrated Community Based Care (ICBC) Programme. The Plan and priorities have been shaped by the Oversight Group, which included representatives from Healthwatch and the Voluntary, Community, and Social Enterprise (VCSE) Alliance, benefiting also from the engagement undertaken as part of the Strategy development. The Plan confirmed BSW's commitment to investing in primary and community care transformation, noting the focus areas and enablers, and required further exploration of solutions, interventions and timelines to aid decision-making.
- 9.3 The Board discussion noted:
- Though recognising that the expectation was of providers and partners to come together to deliver the Plan and take action, and to maintain the closer to home solution and person centred approach; a query was raised regarding item 6.3.1 of the Plan with regards 'first contact provided by third sector partners' as part of the mental health interface. Acknowledging the complexity of the needs of some people accessing mental health services, it was felt the wording needed to be amended to recognise that, where clinically appropriate, mental health professionals should provide that first contact. It was agreed to amend the wording to reflect the role of both sectors.
  - The Plan would be used to directly inform decision making within the operational groups and programmes, and investment decisions going forwards.
  - The VCSE Partner Member had also raised concerns at the Oversight Group regarding the need to strengthen the role of the VCSE sector in the Plan, and noted that this had been amended.
  - Assurance was given to the Board concerning the level of primary care engagement in the development of the Plan, despite the feedback deadlines and summer holiday period. Primary Care leads were members of the Oversight Group, engagement had been undertaken with the Primary Care Collaborative, and a short video had been shared with all practices to gather broader feedback. In his roles as a GP Partner and Primary Care Network Clinical Director, the Primary Care Partner Member advised that all routes for engagement had been tested and details had been shared wider, inviting feedback also from the Local Medical Committee.
  - The stated transformation priorities support the need for evidence and clinical opinion at the right point, to support the personalisation agenda. This would support that

sustainable system approach of changing the way of working and culture, empowering people to have a voice.

- 9.4 The Board approved the BSW Primary and Community Care Delivery Plan, subject to the third sector involvement element being reworded for the mental health interface point 6.3.1. The Board acknowledged the importance of this Plan in the context of the Integrated Community Based Care Programme, providing the strategic framing for the programme.

## **10. NHS Equality, Diversity and Inclusion Improvement Plan**

- 10.1 The ICB Chief People Officer presented the NHS Equality, Diversity and Inclusion (EDI) Improvement Plan, following its recent national launch. Though aimed at NHS organisations, the intent was to share this with wider system partners in due course. The Plan aligned with the ICB's statutory duties, the Public Sector Health Equality Duty, and the CQC well led reviews. The paper outlined an initial analysis and recommendations of the six high impact actions and the accountability framework for BSW.
- 10.2 The ICB People Committee had reviewed the paper at its meeting held on 13 September 2023, with the core discussion points noted, including the need to make EDI a system of practice and a consolidated item across all programme boards. The first of the high impact actions referenced Board objectives, with plans in place to discuss this further at a future development session. The remaining five actions related more to individual organisations, such as the international recruitment of staff. The ICB was able to support on the production of induction, onboarding and development documentation. How actions were progressing amongst system partners would be mapped out for the system, to consider if areas could be covered once for all organisations or share best practice. Partner support and the lack of a current EDI lead was a risk to progressing the Plan and the required improvements.
- 10.3 The Board discussion noted:
- Required reporting against the six high impact actions relied mainly on data, and less so on the 'doing' – of investment of time and effort and conversations. There was a need to develop qualitative softer material to determine experiential and effectiveness, and progress the new way of working. An improved understanding of the current available quantitative data and honest reflection was needed to better understand the BSW communities and population.
  - This framework and actions should link in with the 16 recommendations of the Breaking the Silence and Sexual Harassment Survey Report, ensuring associated training, exit interviews etc were in place.
  - The ICB People Committee would receive the ICB Gender Pay Gap Report at its next meeting, which would review the gap between medical and non-medical staff as part of action 3 to gauge the whole system view and wider impact. An explicit reference to equal pay would be made, in light of the current equal pay claims situation for Birmingham City Council.
  - An EDI Champion and supporting resource was needed to progress this work and improvements. The Team would identify the resource required and associated risks.
  - This Framework brought collaboration opportunities, ensuring the system started to make that cultural step change, and share learning. System leadership was needed to drive this forward.

10.4 The Board approved the NHS Equality, Diversity and Inclusion Improvement Plan, and the identified actions for BSW.

## **11. BSW Winter Plan**

11.1 The ICB Director of Urgent Care and Flow updated the Board on the system's Urgent and Emergency Care Winter Plan for 2023-24, sharing the key risks, challenges and mitigations. The BSW Winter Plan reflected the whole system approach, with all partners involved in its development. Demand and capacity planning had informed the annual planning process, alongside the learning from 2022-23 and the three key area priorities, and the further four key areas identified as part of the self-assessment undertaken in July. The identified risks and constraints would continue to be monitored by the BSW Urgent Care and Flow Board.

11.2 The Board discussion noted:

- The ICB's role was to work with system partners to produce this winter plan for submission to NHS England. Assurance was given to the Board that the plan was being used to navigate the expected challenges of Winter. Discussions concerning demand had resulted in scenario planning being undertaken to consider risks, consequences, and potential decision-making, to ensure safe and timely care continued to be delivered to the BSW population against these expected extreme circumstances, as learned through patient behaviours, demand and capacity modelling, and local and world trends.
- The value and support of the VCSE in delivery of the Plan and associated preventive and stay well campaigns should not be overlooked. It was also recognised that the VCSE workforce sees capacity and demand challenges over the winter period, in return in the spirit of the system, could the Employee Assistance Programmes be opened up by partners to VCSE commissioned services to support the sector resilience.
- Discussions would continue with Local Authority partners to resolve the additional funding requirement in support of this plan.
- The £6.877m of additional capacity investment had been built into the system budget for 2023-24. The forecast cost for the additional 23 step down beds referenced as an investment scheme would be clarified.

[ACTION: Details concerning the 23 beds and supporting financial resources as part of the Additional Capacity Investment Scheme would be confirmed with the Board.](#)

11.3 The Board noted the contents of the report and supporting presentation, the outline work undertaken to date, and the planned actions expected to be taken ahead of the final Winter Key Lines of Enquiry submission. The BSW Urgent Care and Flow Board would monitor the delivery of the schemes and report back to BSW Recovery Board and ICB Quality and Outcomes Committee.

## **12. BSW Elective Care Delivery Plan**

12.1 The Senior Responsible Officer for Elective Care (and Chief Executive of the RUH), and the Transformation Director for the BSW Elective Care Programme presented the BSW Elective Care Delivery Plan, providing an update to the Board on its development and direction of travel. BSW's ambition was to benchmark within the top 20% nationally, challenging itself to deliver services differently, address variation in outcomes, and maximise equity for the population.

12.2 The Plan was being developed in two phases, the first relating to quality and productivity improvement. The priorities for phase one focussed on achieving that consistent and co-ordinated approach, excellence in the basics, and ensuring mobilisation and implementation of the Sulis Elective Orthopaedic Centre, and Community Diagnostic Centre. The second phase would set out the strategic plan for elective care development and transformation, to consider the specific schemes to expand capacity, reconfigure services and the different ways of working. The demand and capacity modelling was a crucial element to this work, providing that tactical and strategic data to drive improvement and support the best utilisation of existing resources, and inform potential investment and transformation decisions. This was also a process being adopted across the South West, to drive region wide elective service change and inform investment. The governance framework would ensure that the BSW Elective Care Board (ECB) maintained oversight of all workstreams via the operations groups, System Intelligence Forum, task and finish groups and the Elective Recovery Fund (ERF) Delivery Group; ensuring clear management and the holding of partners to account.

12.3 The Board discussion noted:

- As a system, BSW was to focus on delivery of elective care to ensure the 107% activity target was met and ERF monies secured. The financial and productivity targets needed to be quantified to realise the delivery requirements. SFT and the independent sector were currently over achieving against the activity target, with the RUH and GWH working towards recovery in this area. The key was to achieve this target at the lowest cost, to align with MTFP and the Getting it Right First Time (GiRFT) programme. Monthly updates against this activity target would be provided to the ICB Finance and Investment Committee.
- Patient experience and patient impact data would be pulled through to inform the plan and delivery of the strategic health outcomes. Themes and methods to reduce variation would be further discussed by the BSW ECB and through the quality forums. Though a deliberate current focus on the short term, the plan would ensure a credible direction to shift the dials and improve delivery.
- The use and access to system data would need to be enhanced, to improve productivity and the amendment of standards and job plans with practices and surgeons, using targeted interventions.
- A focus on prevention and intervention would support the management of demand, freeing up capacity and moving to a sustainable position.
- The BSW ECB had commissioned the Acute Hospital Alliance to support the production of the delivery plan. Each Trust Board had also signed off the Plan, confirming ownership and accountability against the collective system action.
- Steps were in place to review the waiting lists and make contact with patients at least every three months, to consider the impact for those patients waiting for treatment. The My Planned Care website provides patients with waiting list information, though greater awareness of this national resource was needed.
- The discussion and comments from this should be a lens applied to all Delivery Plans – bringing together all Plans to cross reference improvement actions and consider and strengthen pathways and speciality opportunities.

12.4 The Board noted the BSW Elective Care Delivery Plan and approved the ongoing progression and development, noting further work was required to map against system demand and capacity modelling in conjunction with the 2024/25 planning round.



### **13. Review of Reading the Signals Maternity Report**

- 13.1 The ICB Chief Nurse provided an overview to the Board of the BSW position relating to progress against the recommendations set out within the “Reading the Signals report into East Kent Maternity services”, published in October 2022. BSW had responded to the recommendations and actions, providing assurance to the Board that robust governance was in place to continue monitoring against these.
- 13.2 NHS England has now published a three year delivery plan for maternity and neonatal care, though would be reviewed and refined in light of the recent Letby case. This highlighted the importance of listening to women and families with compassion. The focus was to grow, retain and support the workforce. The implementation of the Patient Safety Incident Framework would help support and sustain a culture of safety and learning. The BSW Local Maternity Neonatal System Board would maintain oversight against the implementation of these actions, with the ICB Quality and Outcomes Committee receiving deep dives against the outcomes to improve safer standards.
- 13.3 The Board noted the report for assurance regarding the BSW position and identified actions and monitoring processes.

### **14. 999 Lead Commissioner Arrangements – SWASFT Ambulances**

- 14.1 The ICB Chief Nurse talked through the proposed new lead commissioner arrangements with Dorset ICB, as part of the South West ICBs co-commissioning of ambulance services with the South Western Ambulance Services Foundation Trust (SWASFT). As lead commissioner, Dorset ICB would act on behalf of the South West ICBs to commission and manage the contract. The ICB Quality and Outcomes Committee would continue to be sighted on any arising incidents. The associated financial cost to support the new arrangements and additional resource required was capped at £104,469 for 2023/24 for BSW ICB.
- 14.2 The Board discussion noted:
- SWASFT performance was critical to the BSW agenda and delivery of its Strategy. The BSW ICB Chief Executive remained a member of the Ambulance Joint Commissioning Committee to maintain robust relationships with the South West ICBs and SWASFT direct. The BSW Care Co-ordination Hub was an example of joint working to effect positive change for the BSW population.
  - BSW ICB would use non-recurrent funds to cover the associated costs for 2023-24, with this ongoing cost built into the financial plan. Though it was noted this would see a 50% rise in associated costs of ambulance contract management, there was no existing resource within BSW to undertake this commissioning and contract management role. The Local Authority Partner Member for BaNES felt this was a significant increase, particularly in the context of BSW’s financial position. The financial element of these new arrangements had been scrutinised and approved by the Executive as per the ICBs Delegated Financial Limits. BSW ICB was not looking at alternative options of commissioning or procuring this contract arrangement. The Board was to consider the proposed lead commissioning arrangements and delegation of the commissioning function to Dorset ICB. The total value of the contract with Dorset ICB equated to

£691,000 The arrangements would support that improved commissioning resources and leverage to get the best out of the contract.

- 14.3 The Board noted the associated financial cost (capped at £104,469 for 2023/24 for NHS BSW ICB), and the concerns raised regarding this increase. However, overall agreement was confirmed against the proposed lead commissioning arrangement for SWASFT, and approval given for the delegation of the ambulance commissioning function, together with the relevant powers and authorities, to NHS Dorset ICB.

## **15. BSW Operational Performance and Quality Report**

- 15.1 The Board received and noted the NHS Operational Performance and Quality Report, providing that assurance to the Board against the key operational performance indicators. The ICB Quality and Outcomes Committee had reviewed the report in detail at its meeting held on 5 September 2023. By way of update to the report, the Board noted that BSW had moved into segment three as the outcome of the NHS Oversight Framework segmentation process (as discussed under item 7.1)

## **16. BSW ICB and NHS ICS Revenue Position**

- 16.1 The ICB Chief Finance Officer presented the report on the ICB and NHS ICS revenue position, highlighting the following to members:
- Month four reported that the ICS was materially off plan, with a £19.8m deficit - £11.1m behind the planned deficit of £8.7m.
  - Drivers of this significant deterioration were noted as the industrial action (accepted variance), prescribing pricing pressures with the 10+% growth and inflation, agency spend, and the efficiency shortfall. Industrial action was expected to impact further.
  - Significant pressures were also being seen for Continuing Healthcare and Learning Disabilities, recording increased inflation and a growth in individuals requiring care.
  - The segmentation process had identified finances as a concern, and a risk of delivery against the ambitious targets, with an impact on the MTFP.
  - A reforecast with all providers was underway, to be finalised the following week. The ICS was to focus on those areas of impact that it could influence. There was significant risk in the outturn position, with additional specific steps and interventions required.
- 16.2 The Board noted the report and the financial position of the BSW NHS ICS.

## **17. Report from ICB Board Committees**

- 17.1 The Board noted the summary report from the ICB Board Committees.

## **18. Any other business and closing comments**

- 18.1 There being no other business, the Chair closed the meeting at 12:49hrs

**Next ICB Board meeting in public: Thursday 16 November 2023**