

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

Thursday 22 January 2026, 10:00hrs

Virtual Meeting – via MS Teams Town Hall

Members present:

Cluster Chair, Rob Whiteman (RW)
Cluster Chief Executive, Jonathan Higman (JH)
Primary Care Partner Member, Dr Francis Campbell (FC)
NHS Trusts & Foundation Trusts Partner Member – acute sector, Cara Charles-Barks (CCB)
Non-Executive Director (NED) for Audit and Governance, Dr Claire Feehily (CF)
Non-Executive Director for Finance, Paul Fox (PF)
ICB Chief Finance Officer, Gary Heneage (GH)
Non-Executive Director for Public and Community Engagement, Julian Kirby (JK)
ICB Chief Nurse, Gill May (GM)
Local Authority Partner Member – Wiltshire, Lucy Townsend (LT) (*from 10:12hrs*)
ICB Chief Medical Officer, Dr Amanda Webb (AW)
Voluntary, Community and Social Enterprise (VCSE) Partner Member, Pam Webb (PW)
Non-Executive Director for Quality, Ade Williams (AW)

Regular Attendees:

ICB Chief Delivery Officer, Rachael Backler (RB)
ICB Chief of Staff, Richard Collinge (RCo)
ICB Interim Director of Place – Wiltshire, Caroline Holmes (CH)
Deputy CEO, AWP, Matthew Page (MP)
ICB Associate Director of Governance, Compliance and Risk
ICB Corporate Secretary

Attendees:

Deputy – BaNES Council, Darryl Freeman (DF)
Cluster Chief Officer Strategic Finance and Resources, Alison Henly (AH)
Cluster Chief Officer for Commissioning and Place, David Freeman (DavF)
Cluster Chief Medical Officer, Bernie Marden (BM)
Cluster Chief Nursing Officer, Shelagh Meldrum (SM)
Cluster Place Director, Dorset, Dean Spencer (DS) (*absent 10:00-11:00hrs*)
BSW ICB Head of IT – for item 12b
BSW ICB Health and Care Professional Director – for item 8
BSW ICB Head of Strategic Intelligence – for item 8

Apologies:

CEO, BaNES Council – Sophie Broadfield
Local Authority Partner Member – Swindon, Sam Mowbray (SM)
ICB Director of Place – Swindon, Gordon Muvuti (GMu)
Non-Executive Director for Remuneration and People, Suzannah Power (SP)
NHSE South West Managing Director (System Commissioning Development), Rachel Pearce (RP)
Cluster Place Director, Somerset, David McClay (DMcC)

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. A special welcome was given to those recently appointed Cluster Executives who joined this meeting to observe business and learn more about the BSW area.
- 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 20 November 2025

- 3.1 The minutes of the meeting held on 20 November 2025 were approved as an accurate record of the meeting.

4. Action Tracker and Matters Arising

- 4.1 There were no actions recorded upon the tracker. There were no matters arising not covered by the agenda.

5. Questions from the Public

- 5.1 A number of questions had been raised in advance of the meeting concerning LeDeR (learning from lives and deaths – people with a learning disability and autistic people), as well as the decision-making process around funding for people with learning disabilities and/or autism.
- 5.2 The ICB Chief Nurse read out those questions raised and the ICB's response. The full record of the questions and responses would be made available upon the ICBs website following the meeting.

6. BSW ICB Chair's Report

- 6.1 The Chair spoke of those external factors to the ICB, including the current operational environment, the economy, and the NHS 10 Year Plan. Though a 2.5% increase in the inflation rates was expected over the coming year, and interest rates remained level, BSW was not anticipating any further growth in its allocated budget. Through the Plan, the ICBs role of transformation was through that of commissioning, contracting, moving resources to prevention, reducing demand on acute services by moving activity to community, and the use of digital.
- 6.2 The Chair also advised of the changes to be made to the governance arrangements from April to reflect cluster working. A Joint Cluster Board would be established, with the existing BSW ICB, Dorset ICB, and Somerset ICB Boards to delegate agreed responsibilities to this Cluster Board. Each ICB will still exist as legal entities, at least until April 2027 when a merger arrangement is proposed. These individual Boards would continue to meet as required to service any items outside that delegated to the Cluster Board. Place based arrangements were also to be formed for each Local Authority area to enable that local

decision-making. The Transition Committee will consider the governance proposals before these are recommended to each Board for approval.

- 6.3 Following the retirement of Will Godfrey from BaNES Council and the ICB Board, the Chair advised that the role of Local Authority Partner Member for BaNES had become vacant. Acknowledging that cluster governance arrangements and Board compositions were currently being explored, in the interim Sophie Broadfield, CEO of BaNES Council, will attend the Board as a participant, rather than commencing the required nominations and appointments process for this partner member role at this time.
- 6.4 It was also noted that NHS England had approved changes to the Constitutions of BSW ICB, Dorset ICB, and Somerset ICB on 23 December 2025 with regards the Executive members of each ICBs Board. These constitution amendments allowed for the formal appointment of the Cluster Chief Officers.

7. Cluster Chief Executive's Report

- 7.1 The Board **received and noted** the Cluster CEO's report as included in the meeting pack.
- 7.2 The Cluster CEO provided a contemporary update for the following elements:
- Delivery commitments for the current year and the operational context – significant work with partners had gone in to developing the winter plan for this year, though exceptional pressure on the system had continued since Christmas. The issue of managing those no-criteria to reside (NCTR) patients remained, with work ongoing with partners to provide care in other settings more effectively. NCTR was an issue seen across the BSW, Dorset and Somerset systems, there was an urgent need to get a grip on improving this flow. Multi-agency discharge events (MADE) had been held for a four week period; whilst focussed activity had been actioned, this had not yet brought the impact expected. The Cluster CEO wished to acknowledge the hard work of the staff involved from across the system and thank them for their continued efforts. Alongside this, BSW had managed to maintain planned care activity levels at around mid 90% during the industrial action.
 - Planning, priorities and strategic direction for 2026-27 – planning for next year remained live, with the BSW Five Year Strategic Commissioning Plan being refined ahead of final submission to NHS England by 12 February 2026. The ambitions for BSW over the next five years were being set out to support that radical change of health care services and that shift in delivery of services. The financial gap and delivery performance aspirations continued to be worked on. With the BSW Outcomes Framework (later agenda item) now being embedded, commissioning would move to outcomes focussed arrangements to better meet the needs of the population.
 - ICB change process – this formed part of the wider NHS change process happening at regional and national levels also. The Health Bill was being worked on to take through parliament in due course. The Cluster Executive roles had now been appointed to, with work underway to map out the next steps of the change process and the work of the team. Three roles remained to recruit to, Place Directors for BaNES, Wiltshire, and Bournemouth, Christchurch and Poole (BCP). Thanks were expressed to the BSW Executives, recognising their professionalism, strength and resilience during this time, continuing to lead and achieve. The wider organisational consultation would commence in March.

- The Target Operating Model (TOM) was being developed for the Cluster, considering the functions to deliver, the move to strategic commissioning in line with the NHS 10 year plan, statutory responsibilities for each ICB, and partnership working; setting the direction of travel and principles of working at cluster and place. This will then drive the organisational design, bringing together the three ICBs into one as the move to merger progressed.
- The independent national review into mental health conditions was welcomed, noting the growing demand on these services across the cluster. The new pathways of care would help address the long wait times.
- The national reform of the dental contract was live, with BSW to submit a response to the consultation.

The Cluster CEO was delighted to attend the recent opening of the Abbey Meads Dental Centre, a result of real partnership working, creative thinking and a different way of working. Working with local groups in Swindon, dental support for the homeless, and oral hygiene work for children was being delivered.

7.3 The Board discussion noted:

- The dental area was an example of risk and opportunity during this time of change for the ICB, system and HealthWatch. It was fundamental that good engagement and communications are maintained with the population and with those expert voices. Recognising this, the model was being co-created, enabling that reach to community groups. The Cluster CEO was mindful of the risk that the new cluster structure moves the organisation further away removed from these voices. The Cluster Chief Nursing Officer role held the portfolio of engagement with the public, with local level engagement continuing also through the Place Directors and through those existing partnership forums with system partners, utilising also the neighbourhood health approach.
- It was acknowledged that the corridor bed base within the hospitals was used in escalation and exceptional circumstances. This was not to be normalised and was to be stood down as soon as possible. The positive work to reduce ambulance handover times has moved the queue to be more visible within the hospitals. The urgent and emergency care (UEC) pathway was to be reviewed to ensure sufficient capacity and a move to a sustainable UEC model, considering the right place to support, and discharges made for that ongoing care to enable a better flow through the hospital. Primary care, community care, Local Authorities, the acutes, and patient self-care were all to play a part to transform the pathways and flow.

8. BSW Outcomes Framework

- 8.1 This briefing was being presented to the Board as recommended by the ICB Quality and Outcomes Committee, who had felt it was important for all Board members to be aware of the Outcomes Framework. The ICB Chief Medical Officer spoke of the Framework being an enabler to provide that future foundation for outcome commissioning, strategic commissioning, and that driver for change. The health outcomes were fundamental to the ICBs core purpose and ambition, central to the BSW Integrated Care Strategy, NHS 10 Year plan, Strategic Commissioning Framework, built around real system questions, and then evaluating those services to ensure they were having the desired impact and outcomes, not just driving activity.
- 8.2 The ICB Health and Care Professional Director and ICB Head of Strategic Intelligence joined the meeting to talk through the Framework and supporting paper, and to demonstrate the

dashboard. The Board were briefed on how the outcomes framework was developed, how the dashboard will be used to support development of outcomes across commissioning, planning, assurance and investment, and as a single shared reference point to consider benchmarking, trends, health inequality priorities, the ambitions and targets, and the cluster opportunities. The opportunity to embed these further in the system was recognised, to also sit alongside quality, access and finance. The 2026/27 commissioning intentions explicitly use the Outcomes Framework to agree the outcomes we expect to shift to.

8.3 The Board discussion noted:

- Significant support and endorsement for this approach and model.
- There was a need to resist focusing on responding to the 'where we are now' whilst this approach was progressed.
Though the system was still required to report on delivery against national indicators and targets, this Framework would be an enabler with real time information, segmented as required. Activity would be tracked to the Outcomes Framework, to consider what needed to be changed to action at scale, viewing collectively alongside plans to ensure the right scale and ambition to drive change.
- System partners access to this shared tool was fundamental, including to primary care and primary care networks.
A presentation and extended access to the Voluntary Care Alliance was also seen to be beneficial.
It was advised that although access amongst NHS organisations was possible, permission and access was held nationally as the data host. Access would be considered on a case by case basis, the team would look to develop a workaround to be proactive and unblock issues.
The Chair was keen to ensure that nationally determined access was not a hinder to progressing this for the ICB and cluster. This would be an item the Chair would raise at the NHS England Board meeting when held in Dorset on 5 February 2026.
- This presented a real opportunity to align with local government further and to consider the wider determinants of health. This was a live approach through the Integrated Community Based Care contract, needing to evidence improvement in performance now, whilst looking long term.
- Though the Framework concerned top level, longer term indicators and outcomes, this model would continue to be embedded for those shorter contracts to ensure focus on the overall system ambition. Elements of the Framework would be aligned to those individual contracts and specific areas of work, linking back with specific and tangible outcomes. This was already in practice with the hypertension programme, with the Framework supporting the programme, using the evaluation tool to measure the contribution and impact of the voluntary sector elements also.

8.4 The Cluster CEO gave assurance to the Board that there was a commitment to take the best across the cluster, to share, learn, and integrate where possible. This was a particular action in support of the Digital Strategy. Data and digital across the cluster would form part of the Board development session discussion on 12 February 2026.

8.5 The Chair thanked the team for their work on this to develop this fundamental tool to aid commissioning and transformation of services. The Board **noted** the purpose and use of the Outcomes Framework and dashboard across BSW, **noted** the proposed approach to setting outcome ambitions/targets, including the use of peer benchmarking where national standards do not exist, and furthermore **noted** the proposed inequalities ambition (disproportionate

improvement for Core20, ethnic minority groups, people with Serious Mental Illness and people with a Learning Disability). The Board supported the next steps to embed the Framework through Delivery Group planning, deep dives, commissioning and contract discussions.

9. BSW ICB Quality and Outcomes Committee

- 9.1 The draft minutes from the BSW ICB Quality and Outcomes Committee (QOC) meeting held on 6 January 2026 were shared for information. The Non-Executive Director (NED) Quality and Chair of the QOC advised that the Committee continued to request strong assurance at local and neighbourhood level, with a clear focus on the quality patient safety and outcomes objectives that underpin that wider partner and ICB working. The Committee had also commended the work of BSW in being the lead for flu vaccinations rates for over 65's across the South West, BSW remained a national exemplar despite the operational and organisational challenges being seen.
- 9.2 The next meeting of the ICB QOC is scheduled for 3 February 2026.

9a BSW Quality Exception Report

- 9.3 The Board **noted** the BSW Quality Exception Report, which provided a comprehensive overview of key quality, safety, and performance issues across BSW.
- 9.4 The ICB Chief Nurse highlighted the following areas:
- Corridor care had been a strong focus of discussion at the Committee. NHS England had published principles concerning corridor care, though it was recognised that this format of care was still not acceptable. Each acute had a 'red line', with a clear understanding of the safety requirements in the corridor care environment, and those triggers for escalation. The entire system shares the level of risk – ambulance handover, corridor care, and discharge.
 - Stroke care was recorded below expected performance levels. The Committee had requested a deep dive for the next meeting, with an internal audit also underway.
 - BSW was an outlier against the mixed sex breach target – this correlated with the current operational pressures.
 - Improvement in maternity services remained a national priority. All Trusts were required to undertake a homebirth review following the Manchester case. The outcome of the review for BSW would be presented to the Local Maternity and Neonatal System, with improvements and support considered from the commissioning lens.

10. BSW ICB Finance and Infrastructure Committee

- 10.1 The NED for Finance, and Chair of the Finance and Infrastructure Committee (FIC) advised of business covered during recent committee meetings. Recovery plans had been endorsed and were now signed off at a regional level. Deficit support funding had been received, enabling the system to reach financial balance. However, the financial position had since deteriorated and was being worked through with system and regional colleagues. Elements of capital monies were being held back due to the financial situation and impacting external factors to schemes. There could be possible capital slippage in year. Medium Term Planning needed to strengthen its alignment with capital planning and with the commissioning intentions, at BSW and BSW Hospital Group levels.

10.2 The minutes from the meetings held on 3 December 2025 and 7 January 2026 were shared for information.

10.3 The next meeting of the ICB Finance and Infrastructure Committee is scheduled for 4 February 2026

10a. BSW ICB and NHS ICS Revenue Position

10.4 The Board **noted** the report and the month eight financial position of the system.

10.5 The ICB Chief Finance Officer (CFO) provided a further update on the financial position of the ICB and Integrated Care System (ICS) highlighting the following:

- BSW did hit its revised trajectories to get to a deficit of £31.7m (representing a 2% of the year to date of allocation) with additional mitigations and phasing of the plan adjusted equating to £1.5m. The Group also made further mitigations also.
- The drivers remained consistent of non-receipt of deficit support funding, non-delivery of efficiencies, and the workforce position.

10.6 The deficit support funding had been received in full (£23.4m) at month nine. Factoring in also for the year to date, the variance would move down from £31.7m to £16m, a significant impact on the position. Real risks remained against the outturn position, with further mitigations needed to move back on plan. As a result of the systems financial position and planning, there had been delays in approval of capital schemes. There was a move to a joined-up approach and structure across the system, and greater alignment to the commissioning intentions.

11. BSW ICB Commissioning Committee

11.1 The NED for Public and Community Engagement, and Chair of the Commissioning Committee advised that the Committee maintained that high level monitoring of the Integrated Community Based Care contract operated by HCRG, with a more detailed update to come to the February committee meeting to continue that closer scrutiny on behalf of the Board. A joint meeting with the FIC had been held in December to review and approve the first submission of the Medium Term Plan (MTP), as delegated by the Board. Colleagues were commended for their forbearance and their continued delivery during these current times.

11.2 The draft minutes from the meeting held on 16 December 2025 and the joint meeting with the FIC held on 16 December 2025 were shared for information.

11.3 The next meeting of the Commissioning Committee is schedule for 10 February 2026.

11a BSW Performance Report

11.4 The ICB Chief Delivery Officer (CDO) presented the latest performance report, with challenges remaining on the major operational metrics of UEC, cancer, diagnostic and elective, though some improvements were being seen month on month. The tiering position across BSW was not expected to be amended for the next quarter. There was an error noted in the report regarding ED attendance – this had not doubled for November as stated.

Primary Care data was changing to online triaging, potentially affecting how appointments were being recorded in the data. This had been raised with the regional and national teams.

11.5 There had been a mixed picture of elective over the last nine months, some improvement had been seen, in particular with 65 week waits. Some improvement had been seen over RTT generally, though challenged going into next year's plan, particularly due to no expansion expected on Elective Recovery Funding until 2027-28. Delivery of transformation was fundamental as sought across the six elective specialities, with the move to the Group model in some areas being worked on. Delivery activity in the best place and to deliver the most value was a key consideration for both BSW and the cluster.

11.6 The Board **noted** the report for assurance purposes.

11b. BSW Medium Term Plan Update

11.7 The CDO briefed the Board on the working draft of the Five Year Strategic Commissioning Plan for BSW, the key component of the MTP submission. An extraordinary Board meeting in private had been scheduled for 10 February 2026 to seek sign off from the Board before submission by 12 February 2026.

11.8 The Commissioning Plan set the five year commissioning vision for the ICB. This had been cross-checked with the agreed commissioning intentions, and developed alongside cluster colleagues to ensure alignment. Feedback received from NHS England was being incorporated for key topic areas of finance, workforce, and mental health. It was recognised that there was further work to do at pace to make the Plan robust, to quantify commissioning intention activity, and the impact expected, aligning also with those agreements and outcomes metrics already in place. Stakeholder feedback was also to be incorporated to build on supporting BSW population information and knowledge. Detailed components of the MTP were still being worked through to provide those three year submissions for finance, workforce, activity, and performance.

11.9 The CFO advised that the three years financial element of the Plan was being worked up, with the focus to date being on 2026-27. Though striving for breakeven for next year, it was currently recording a £50m deficit position. A significant reduction in deficit regional and national support was noted. The available £16m of deficit support funding would only be allocated with a breakeven position. The Group and ICB had set a challenging 6% efficiency target against those ringfenced areas. Work continued to: triangulate the Plan and to improve the position, identify demand management schemes, and work though at pace on the 0.06% of the allocation ringfenced for transformation and return on investment from those schemes.

11.10 The Board discussion noted:

- Consideration was being given to the different commissioning role next year and to think boldly on how best to deploy resources, hence the ambition was to hold a transformation reserve to ensure investment in the left shift of services – to fund the UEC review and pump prime activity shift for the six speciality areas. This would bring a different level of risk to manage.
- Commissioning was to move to outcomes based, with consideration also to focus on what schemes could be stopped/decommissioned.
- The system had recorded a significant underlying deficit for a number of years. It required collective action of the system to address, and to spend the allocation more effectively for the best population outcomes.

- Prevention monies were also to be protected.
- The supporting detail of implementing this high level Plan would be shared in due course as the final submission was worked up.
- There were areas within the system driving these increased costs that needed attention. The mindset around deploying the allocation needed to change at BSW and cluster level. The right investment in the right services to move patients from the wrong/expensive areas of the system to keep them well and cared for in community and neighbourhood settings. Services and decisions should be data driven.
- The UEC pathway required fundamental change. This was not unique to BSW. A Board decision on the investment required would support that benefit and cost reduction.
- The ICB was to undergo an internal audit review of 'efficiency readiness' to assess plans ahead of April rollout. The CFO encouraged the acutes to commission a similar audit to give that further insight. A weekly efficiency dashboard was now being relaunched against next years requirement, critical to drive the focus for 2026-27. Flash reports would be produced against the transformation schemes to evaluate effectiveness.

11.11 On conclusion of the discussion, the Board **noted** the draft five year strategic commissioning plan for BSW, and the next steps in preparing the submissions.

12. BSW ICB Audit Committee

12.1 The NED Audit and Chair of the Audit Committee advised that the Committee continued to seek assurance from the Executives on the frameworks in place for the regarding governance and risk management, with auditors then testing these as part of the scheduled reviews. The meeting held on 4 December 2025 had recognised the current position of the ICB, the flux on its people and leadership as part of the significant change process underway, and the move to cluster arrangements. Whilst the ICB would maintain its statutory responsibilities as a legal entity, it would work towards the anticipated merger with Somerset and Dorset ICBs for April 2027. The Committee would ensure stable governance and monitor leadership impact following the reduction in organisational memory, maintaining agile ways to test and capture the risk profile.

12.2 A good sense of the plan for this year's audit was received from the external auditors. Reports from internal auditors had been received, to aid cluster progress and transition. The good review concerning Quality Governance and Safety was to be recognised and captured at cluster level. The ICB was implementing improvements to its Fit and Proper Person Testing (FPPT) process following the audit review, considering also that level of assurance required from Board partner members to satisfy requirements. The risk management report had been received, with the committee and colleagues starting to think how this would inform a cluster level risk register.

12.3 The three Audit Chairs across the cluster had begun discussions on how the committees would come together in common, the shared business, and those areas that were specific to each ICB.

12a. Annual Emergency Preparedness Resilience and Response Assurance Report

12.4 The CDO presented the submission of BSW ICB's Annual Emergency Preparedness Resilience and Response (EPRR) Core Standards Assurance report for 2025. The Board

was to maintain oversight of assurance for the ICB and providers. The ICB has self-assured itself as fully compliant for 2025, with NHS England confirming agreement with this rating.

12.5 The Board **noted** the contents of the report.

12b. Cyber Assurance Report

12.6 The ICB's Head of IT joined the meeting to provide an update to the Board on the ICS cyber strategy and cyber assurance. The BSW Cyber Strategy had been approved by the Board at its meeting in November, with a public summary now published upon the ICB website. This was used by all NHS organisations within the system, particular the Group. The system was working collaboratively, utilising those available national tools. The cyber exercise run in March had included EPRR colleagues, recognising that mitigations were not only cyber and digital related, attacks could impact other areas if not fixed quickly. Supply chains were an area to next been reviewed using available national tools and linking in with existing national work, noting these were the highest area at risk of attack. Funding of cyber work had been challenging over the last few years due this usually only funding one-year projects with limited revenue. A recent announcement had noted that cyber would be part of the new frontline productivity fund, with an element ringfenced funding for cyber with multiple years.

12.7 The Board **noted** the report and update.

12c. BSW ICB Board Assurance Framework Quarter Three Report

12.8 The ICB's Associate Director of Governance, Compliance and Risk presented the Board Assurance Framework (BAF) for Quarter three as part of the implementation of the agreed framework. The report brought the Board's attention the key risks to the achievement of the ICB's strategic objectives; and provided assurance that the ICB has in place mechanisms and processes to identify and manage operational and strategic risks. The unsettled and volatile operating environment and ICB position was reflected in the risks and scores. The area of strategic workforce had seen the mitigations paused whilst the cluster transition work progressed and this function moved out of the ICB. Prevention and health inequalities had also seen a pause in mitigations, to allow the alignment of mitigations and plans to the cluster strategy in due course. The cluster was not yet in a position to consider a cluster BAF and risk register, this would form part of the transition work.

12.9 The NED for Audit advised the committee had taken good assurance from the framework and material provided, though reflected that the pressures of the environment, change process, winter pressures, pace of change, were seen to be impacting.

12.10 The Board **noted** the quarter three risk position as articulated in the BAF and **confirmed** that the BAF risk articulations remained appropriate as an accurate reflection of the position. Furthermore, the Board took assurance that the ICB has in place arrangements and processes to identify and manage risks to the ICB's ability to achieve its strategic objectives.

12d. BSW ICB Declarations of Interest Registers

12.11 The ICB Corporate Office holds and maintains the statutorily required corporate registers for declarations of interests. The registers of Board members' and regular attendees' interests are shared regularly with the Audit Committee, and annually with the Board, and published

on the ICB website. Members were asked to ensure the Corporate Office was made aware of any changes to declarations.

- 12.12 The Board **noted** the update and was assured that the ICB has processes in place that enable it to comply with statutory requirements regarding transparency around, and management of, interests wherever and in whatever form they may arise.
- 12.13 With regards the FPPT internal audit report, the Associate Director of Governance, Compliance and Risk advised that the Governance Team was improving its processes to meet NHS reporting requirements, to be implemented during the Board appointments process coming up. Obtaining evidence from partner members was a key concern of the auditors, noting there should not only be reliance on obtaining sufficient evidence from employing organisations. The ICB needed to satisfy itself of the checks undertaken and evidence held. Appraisals of all Board members was also an area raised in the audit review, noting this should be proportionate, acknowledging that appraisals of partner members were undertaken by their employing organisations.
- 12.14 The Governance workstream as part of the cluster transition would ensure consistent, appropriate, and safe governance arrangements and records were in place, with the three ICB teams working together to align, and aware of respective processes already established.
- 13. Any other business and closing comments**
- 13.1 There being no other business, the Chair closed the meeting at 12.27hrs.

Next ICB Board meeting in public: Thursday 19 March 2026