Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

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

Wednesday 18 March 2026, 10:30hrs
Virtual Meeting – via MS Teams Town Hall

Members present:
Cluster Chair, Rob Whiteman
Cluster Chief Executive, Jonathan Higman
Primary Care Partner Member, Dr Francis Campbell
NHS Trusts & Foundation Trusts Partner Member Acute Sector, Cara Charles-Barks *(absent 11:30-12:30hrs)*
Non-Executive Director (NED) for Audit and Governance, Dr Claire Feehily
Non-Executive Director for Finance, Paul Fox
Non-Executive Director for Public and Community Engagement / Deputy Chair, Julian Kirby
Cluster Chief Officer Strategic Finance and Resources, Alison Henly
Deputy - Local Authority Partner Member – Wiltshire, Emma Legg *(until 11:45hrs)*
Cluster Chief Medical Officer, Bernie Marden
Cluster Chief Nursing Officer, Shelagh Meldrum
Local Authority Partner Member – Swindon, Sam Mowbray
Non-Executive Director for Remuneration and People, Suzannah Power
Cluster Chief Officer for Population Health Improvement, Dr Amanda Webb
Non-Executive Director for Quality, Ade Williams

Regular Attendees:
ICB Chief Delivery Officer, Rachael Backler (RB)
CEO, BaNES Council, Sophie Broadfield
ICB Chief of Staff, Richard Collinge (RCo)
ICB Chief Finance Officer, Gary Heneage (GH)
Cluster Place Director, Wiltshire, Caroline Holmes
ICB Chief Nurse, Gill May (GM)
Deputy CEO, AWP, Matthew Page (MP)
ICB Associate Director of Governance, Compliance and Risk
ICB Corporate Secretary

Attendees:
BSW ICB Head of Digital Transformation – for item 10b

Apologies:
Local Authority Partner Member – Wiltshire, Lucy Townsend (LT)
Cluster Chief Officer for Commissioning and Place, David Freeman (DavF)
Cluster Place Director, Swindon, Gordon Muvuti (GMu)
NHSE South West Managing Director (System Commissioning Development), Rachel Pearce (RP)
Cluster Place Director, Somerset, David McClay (DMcC)
Cluster Place Director, BaNES, Lucy Baker (LB)

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 Cluster Executives, who joined this meeting now as voting members of the BSW ICB Board, and to the Cluster Place Directors who joined as attendees and non-voters.

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 22 January 2026

3.1 The minutes of the meeting held on 22 January 2026 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 myalgic encephalomyelitis (commonly known as ME) services in BSW, and GP services in Wichelstowe.

5.2 The ICB Chief Nurse and Cluster Place Director for Wiltshire read out the 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 welcomed Sophie Broadfield, the CEO of BaNES Council, to her first Board business meeting as a participant. The Board were also advised of the resignation of Pam Webb as the VCSE Partner Member of the Board. The Board composition item was later on the agenda, though the Cluster CEO advised that place roles were also being considered in support of the move into cluster arrangements and then into merger, to ensure a strong engagement and involvement of the voluntary sector within each of the six places. Voluntary sector partner input into health and care discussions was valued, bringing a wealth of local knowledge and that different perspective.

6.2 The Chair acknowledged that this was the last Board meeting for Rachael Backler, Gary Heneage, and Gill May, noting his thanks for their commitment and service to the ICB and local population. On behalf of the Board, the Deputy Chair wished to commend the departing Executives for their assertion, assurance, personal response, and impressive people working. Best wishes were offered for their next chapters and challenges ahead.

6.3 The Chair advised that discussions continued with regards the deciphering of cluster and place arrangements, to bring clarity on accountability and delegations. Thanks were recorded to colleagues and members for the support during this move to the new cluster

arrangements, noting the cluster was learning and developing as it proceeded against the available guidance and requirements.

6.4 The Chair referred to the current operating context and events in Iran, and the impact this was having on inflation and interest rates, and the cost of living. The financial envelope for the NHS remained as was for 2026-27, the Chancellor had advised that any potential medium-term headroom would be prioritised elsewhere. The role of the ICB was to change, using commissioning to transform care, moving to left shift and a greater prevention focus, using digital as an enabler where possible. The NHS 10 Year Plan was being embedded, bringing that focus to make available resources work.

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, raising the following:

- A session was held on 17 March 2026 between ICB CEO's and the national team, primarily to discuss the neighbourhood health guidance and system archetypes, and how national, regional and ICB colleagues will work together. The session had further set the context of the strategic role of ICBs and the ambition to enable ICBs to shift from that short-term management to a longer-term NHS plan management, developing that strategic commissioner capability, outcomes approach, neighbourhood health, and interaction of ICBs and providers through Integrated Health Care Organisations. The strategic commissioning development programme was to go live June to September.
- The alignment of strategy to each Health and Wellbeing Board was fundamental, recognising the importance of the place roles and direction. The legislation was to form later in the year regarding statutory accountability of connections between the NHS and Health and Wellbeing Boards.
- The CEO report presented a positive message on dental services across BSW following the recent focus on urgent dental access. The focus was to now shift to routine access of dental care with a broader target, developing a sustainable dental network.
- The Special Educational Needs and Disabilities (SEND) reform referenced in the Government's School White Paper would bring a focus on improving SEND services, to be led by the local authorities, with the NHS to play its part through the local area partnership boards. The Cluster Place Director for BaNES, Lucy Baker, was leading on this on behalf of the cluster, with six place plans to be developed and shared through local authority and ICB governance in due course.
- NHS England was to transfer direct commissioning functions to ICBs from April 2027 (pending parliamentary approval), which would include vaccination and screening, and health and justice commissioning. Commissioning Hub based arrangements would be developed at regional level to create 'pan regional services'. Those currently delegated services were hosted by Somerset ICB, with this to be enhanced to include these additional delegations.
- Gratitude to Gill May, Rachael Backler and Gary Heneage were echoed, thanking them for their professionalism during the Executive consultation and restructure phase of the ICB transition. They continued to guide the system through the planning round, leaving a legacy for the cluster to now take forward and deliver.
- A national advert had been published for the Cluster Place Director for Bournemouth, Christchurch, and Poole (BCP) role that remained vacant. Becky Whale had been appointed as the interim Place Director for BCP whilst recruitment to the substantive position was underway.

- The wider staff change programme and consultation had been launched earlier that morning.
- As ICBs finalise their future new operating structure in line with the revised running cost allowance and the direction set out in the Model ICB Blueprint, NHS England asked each ICB to provide an assurance statement. Submission of the statement had been required ahead of the three ICBs' March Board meetings, therefore the Cluster Chair and Cluster CEO, in consultation with the non-executive members of the Joint Transition Committee, confirmed to the NHS England regional team that BSW, Dorset and Somerset ICBs:
    a. have considered and understand the functions for which they are accountable under current legislation, under formal delegation from NHSE, and as described in the Model ICB Blueprint, with specific regard to:
        • the current national position on functions identified as 'review for transfer'
        • the good practice guides shared on Continuing Healthcare, Infection Prevention and Control, Safeguarding, Special Educational Needs, and Medicines Optimisation
    b. are confident that the proposed 'To Be' structure enables the effective and efficient discharge of these functions within the £19 per head running cost allowance.
    c. are in the process of assessing the risks linked to the running cost reduction and identifying clear, tangible mitigations for any changes to how the ICB's functions will be delivered.

  To reflect the current position of the cluster, point (c) from NHS England's suggested wording of "have fully assessed" amended to "are in the process of assessing".

7.3 The Board discussion noted:

- Local authority colleagues recognised that there was a cohort of children and young people that deserved improved and joined up services, with the SEND reform, and the Governments' engagement and the wiping of the deficit on the dedicated schools grant at 90% welcomed. However, the challenge to honour those required responsibilities at pace was acknowledged. SEND local reform plans for each place were being developed with ICB colleagues, to submit within the next six weeks.
- The development of strategic commissioning capabilities and responsibilities was a significant task, with the use of incentives and new funding flows to developed alongside supporting guidance. The ICBs would continue to work alongside partners at a place and cluster level to address health issues and those wider determinants across our populations.

7.4 The Board ratified the decision of the Chair and CEO to submit the Board Assurance Statement to NHS England as referenced in the report.

8. Cluster Governance

8a. ICB Boards and Cluster Board Composition, and Cluster Governance Structure

8.1 The proposals for the composition for each ICB Board and the Cluster Board were shared in the supporting paper, noting this would be in place for the transition period until the ICBs formally merge, expected for April 2027. The three ICB's would operate as one under the cluster arrangements, whilst remaining individual legal entities. Legal advice had been sought to ensure delegation from the ICB Board to the Cluster Board were taken as far as possible, whilst remaining compliant, to aid this transition phase. The Cluster Chair was

cognisant that the three ICB Boards would need to meet to consider those items that could not be delegated, such as approval of an ICB's organisational budget or approval of Annual Report and Accounts, though this would be infrequent.

8.2 The Joint Transition Committee reviewed and discussed these proposals, recommending these on to each ICB Board for approval.

8.3 The Senior Independent Director role would be considered by the Cluster Chair once the non-executive appointments process for the cluster was complete, alongside that of Board Committee Chairs.

8.4 The Board **approved** the proposed composition of each ICB Board, and of the Cluster Board, approved the proposed cluster governance model, and agreed that the BSW ICB Constitution be amended to reflect this ahead of submission to NHSE for approval.

8b. Joint Remuneration Committee Terms of Reference

8.5 The Joint Remuneration Committee Terms of Reference have been drafted in consultation with the three Remuneration Committee Chairs and leads. The Terms of Reference were reviewed through the in-common Remuneration Committee arrangements, with the Committees recommending these to each Board for approval, noting these would create a supportive and agile accountability framework.

8.6 The Board **approved** the new Joint Remuneration Committee Terms of Reference, noting these would come into effect 1 April 2026.

9. BSW ICB Quality and Outcomes Committee

9.1 The draft minutes from the BSW ICB Quality and Outcomes Committee (QOC) meeting held on 3 March 2026 were shared for information. The Non-Executive Director (NED) Quality and Chair of the QOC advised that the Committee had been cognisant of the emerging cluster ambition and changing population health model that would need to form around strategic commissioning and left shift move against the demands and pressures. The Chair was keen to ensure the legacy of the committee and the organisation was not lost in this transition phase and implementation of cluster arrangements, particularly the focus on population health for the BSW geography. The performance metrics captured the legacy of the unique strengths and innovative work in train to pass on to the cluster. The Committee had debated and sought assurance on those reports received on population health, health inequalities and stroke services. The Chair wished to also commend the work of the Executives during this challenging time.

9a BSW Quality Exception Report

9.2 The Board **noted** the BSW Quality Exception Report, which provided a comprehensive overview of key quality, safety, and performance issues across BSW.

9.3 The ICB Chief Nurse highlighted the following areas:

- Assurance was given to the Board that all three BSW maternity providers were to submit complaint plans in support of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme. The Chief Nurse had signed these off on behalf of the ICB following review with the BSW Hospital Group CEO.

Each had also achieved >90% compliance with the NHS England Saving Babies' Lives Care Bundle and continued work towards meeting the >95% stretch targets. BSW maternity services remained in a good position.

- In response to the national report on corridor care risks, the three acutes had developed internal plans to mitigate associated risks, minimising the need to use corridors or temporary care areas. Region would maintain oversight of this.
- BSW remained in a good position nationally and regionally with regards its infection prevention and control performance – with BSW featuring in the higher quartile of delivery.

9.4 The Cluster Chair acknowledged the good practice in place across BSW to be shared across the cluster.

9b. BSW Statement on Health Inequalities

9.5 The Cluster Chief Officer for Population Health Improvement advised that the production of the Statement was an annual statutory requirement that ICBs must use when collecting, analysing, publishing, and acting on information about health inequalities. This was a snippet of the detailed data and reports held and produced by the BSW Intelligence Hub, used to drive the systems approach to reducing health inequalities and its commissioning decisions. The BSW Outcomes Framework previously shared with the Board supported this, embedding that inequalities focus, to identify those areas of unwarranted variation, using ringfenced funds to address inequalities and engage with the population for better access and outcomes.

9.6 Significant work was underway to bring together the operating model with the commissioning intentions, outcomes framework and place level approaches. This direction of travel would ensure commissioning was based on the needs of the population, supported by data at place and neighbourhood level. Baseline steps were being taken to bring together the best from each ICB.

9.7 The Board discussion noted:

- It was fundamental to the strategic commissioning role to utilise these tools and data at the forefront to design services and approaches to meet the needs of our communities.
- Health inequalities would be weaved into neighbourhood plans, using the various data sources of the local authorities and third sector organisations to make this real and tangible at place level to bring in line with the commissioning intentions and to prioritise as part of the place plans.
- Business continuity plans in place during the significant organisational change process would ensure Executives and applicable staff maintained oversight of quality, risks and the quality agenda. The ways of working were to be merged to bring out the best from each organisation. Colleagues were also to actively engage with providers to encourage that sharing of concerns and issues immediately.
- The Audit Committee had discussed and reflected on the need to define the 'managerial grip' risk during this period of complex transition. This was not a risk currently recorded upon the register, and it was one that should be recognised across all three organisations. in this time of heightened risk. The Committee wished to highlight this to the Executive for consideration within the guidance of the Risk Management Framework.
  The Cluster CEO advised that a similar conversation had taken place at the Transition Programme Board. The transition risk register would continue to be maintained separately

for the time being, recognising it was perhaps too early in the transition phase to bring the three risk registers together as one cluster risk register, though assurance was given that it was an area of work to progress. A report on consolidation of these registers would be brought back to the Transition Programme Board when appropriate.

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 the February and March committee meetings. The Committee had requested that the cost improvement plans (CIPs) be fully populated to inform the delivery of the medium term plan (MTP), elements of the acute plans were not yet confirmed. The Committee was aware that acute services and urgent and emergency care (UEC) reviews were planned to inform change and transformation, with timelines to be set. The scale of change needed for the system over the next three years was significant. Thanks were duly noted to Gary Heneage and Rachael Backler for their able support to the Committee and the NEDs, particularly during the planning process and the early stages of the organisational change.

10.2 The minutes from the meetings held on 4 February 2026 and 4 March 2026 were shared for information.

10a. BSW ICB and NHS ICS Revenue Position

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

10.4 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:

- At month 10, all organisations had moved their forecast positions.
- The most likely forecast for the system was a deficit of £25m. The Group was now presenting a £48m deficit, offset by the ICB's significant upside of £23m.
- Month 11 reporting was indicating the system was on track against the revised trajectories, though noting this was reliant on a strong elective performance in month 12 from the Group.
  There was no clawback on Elective Recovery Funds, therefore if there was a shortfall from the Group in month 12, the ICB would need to recognise the upside within its own position to land the forecast.
- There had been a possible risk to quarters one to three of Deficit Support Funding due to the deficit position, though this was considered minimal with clawback no longer expected.
- The deficit position would require repayment to NHS England, though this was not expected for 2026-27, therefore had not been included within the current MTP submission. If the system was to meet the plan over the next two years, it was understood this deficit would be written off, further accentuating the need to focus on de-risking 2026-27 plans.

10b. BSW Digital Strategy

10.5 The ICB Head of Digital Transformation joined the meeting for this item, presenting the BSW Digital Strategy, produced in collaboration with system digital and IT leads in response to the publication of the NHS 10 Year Plan and the strategic ambition of moving from analogue to

digital, addressing local clinical priorities, and population and workforce need. The Strategy confirmed the focus areas for BSW against the five key strategic themes, setting out the roadmap against identified actions and priorities. Capacity, resources and financial pressures had been identified as challenges and risks to delivery and the significant change required, with investments to align to ensure every pound counted. IT and digital were to be seen as enablers to support the workforce in that required culture change and development of new ways of working. This strategy sat alongside the BSW Cyber Strategy as approved by the Board at its November meeting. The cluster would bring together the best practice, strategies, and digital infrastructure of the three organisations to adopt and take forward collectively.

10.6 The ICB Finance and Infrastructure Committee endorsed this strategy at its February meeting, recommending it to the Board for approval.

10.7 The Board **approved** the BSW Digital Strategy 2026 to 2029, and noted the roadmap, risks, and success measures across the five strategic themes.

11. BSW ICB Commissioning Committee

11.1 The NED for Public and Community Engagement, and Chair of the Commissioning Committee advised that the Committee had considered the future cluster arrangements in relation to commissioning, and the need to still have a space to include partners to engage and contribute to design of services. Though there was more work to do to improve compliance and delivery, colleagues were commended for bringing it all together into a coherent and understandable Plan.

11.2 The draft minutes from the meeting held on 10 February 2026 were shared for information.

11a BSW Performance Report

11.3 The ICB Chief Delivery Officer (CDO) presented the latest BSW performance report, acknowledging the forthcoming amendments to the oversight regime as the role of region and the ICB change. Though tiering was to continue, region had already commenced practice of oversight with providers direct.

11.4 UEC challenges continued for the system, though there had been a de-escalation of the extreme pressures seen over the winter period. The impact of those challenges continued to be visible in the current data against ambulance handovers and the four hour performance. An improvement against the 28 and 62 day cancer referral targets and diagnostics had been seen, though these remained below plan. AWP had worked through the issues logged against the talking therapies service with ICB and regional colleagues, with good progress now recorded.

11.5 The Cluster Chair advised that BSW had received a positive mention in the dispatches of the Dorset ICB Board. The monies held for transformation were seen as a positive step, maximising the value of funds, and an incentive to be bold, with it encouraged to consider this across the Cluster. Efforts were still needed to deliver the collective strategy and required savings.

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

11b. BSW ICB 5 year Strategic Commissioning Plan

11.7 The Board signed off the Plan at its meeting in private in February ahead of submission, it was presented in this meeting in public for the record. The Plan had been further refined since the first draft ahead of the submission, with thanks noted to all colleagues who had contributed and helped bring the document to life.

11.8 The Board **noted** the BSW ICB Five Year Strategic Commissioning Plan and endorsed the implementation of the Plan.

12. BSW ICB Audit Committee

12.1 The NED Audit and Chair of the Audit Committee advised that the Committee had considered the risk environment in the round across all areas as transition to cluster arrangements progressed. The proposed updates to the committee terms of reference were considered, ensuring these aligned with Dorset and Somerset to enable in-common meetings under the revised governance structures during transition. The external audit was progressing well, despite ICB colleagues being part of the organisation change process and the impact to capacity. A good source of organisation memory would be maintained through internal audit with KPMG to continue as the ICBs internal auditors and counter fraud specialists. Internal audit reports were received against prescribing and the risk management framework, both rated as 'significant assurance with minor improvement opportunities'. The required production and submission schedule of the Annual Report and Accounts 2025-26 were noted, and the review points included for the Audit Committee and the ICB Board.

12.2 The NED Audit wished to commend Gary Heneage, Rachael Backler and their teams for the positive position of the ICB during this difficult year.

13. Any other business and closing comments

13.1 There being no other business, the Chair closed the meeting at 12.14hrs.

Next ICB Board meeting in public: *Cluster arrangements to be confirmed*