Meeting Pack

South West London Integrated Care Board

16 November 2022
2.30pm – 5.00pm

Kingston Guildhall, High Street, Kingston upon Thames, Surrey, KT1 1EU

NHS South West London Integrated Care Board

Wednesday 16 November 2022
14:30 – 17:00
Location: Kingston Guildhall, Royal Borough of Kingston upon Thames; High Street; Kingston upon Thames; Surrey; KT1 1EU

The ICB has four core purposes. These are to:
o Improve outcomes in population health and healthcare;
o Tackle inequalities in outcomes, experience and access;
o Enhance productivity and value for money; and
o Help the NHS support broader social and economic development.

	Time	Agenda Item	Sponsor	Enc
1	14:30	**Welcome, Introductions and Apologies**	Chair	
2		**Declarations of Interest** *All members and attendees **may** have interests relating to their roles. **These interests should be declared in the register of interests.** While these general interests do not need to be individually declared at meetings, interests over and above these where they are relevant to the topic under discussion should be declared.*	All	01
3	14.35	**Minutes, Action Log and Matters arising** Minutes and actions arising from the ICB held on 17 October 2022	Chair	02
4	14:40	**Chief Executive Officer's report**	CEO	03
		Items for Decision		
5	14:50	**ICB Constitutional amendments**	Ben Luscombe	04
		Items for Information		
6	14:55	**Vaccination programme**	Tonia Michaelides	05
7	15:10	**Winter Update**	Jonathan Bates	verbal

08	15:20	**Emergency Preparedness, Resilience and Response: Core Standards Self-Assessment**	Ben Luscombe	06
09	15:30	**People and Communities Engagement Assurance Group update**	Mercy Jeyasingham	07
	15.40	**COMFORT BREAK**		

10	15:50	**ICB reports**
		
		    a. SWL ICS Quality & Oversight
		
		        1. Quality
		        2. Performance
		
		    b. Finance Report
			Dr Gloria Rowland, Jonathan Bates.
			
			Helen Jameson
				08
				
				09
				
				10

11	16:35	**Items for information only – not for discussion:**
		
		Committee updates
		    a. Finance & Planning Committee
		    b. Quality & Oversight Committee
		    c. Remuneration & Nominations Committee
			Chair	

12	16:36	**Questions from SWL Voluntary Community and Social Enterprise and Health Watch England**	Simon Breeze and Liz Meerabeau	
13	16:45	**Any Other Business**	All	
	16:50	**Meeting close**	Chair	
	16.51	**Public Questions** Members of the public are invited to ask questions, in advance by email, of the Board relating to the business being conducted today. Priority will be given to those received in writing in advance.	Chair	

Next Meeting: 18 January 2023, 10:00 – 13:00.
Achieving for Children, Clarendon Hall, 42 York Street, Twickenham, TW1 3BW

Name	Current position (s) held in the ICB .	Do you have any interests to declare? (Y or N)	Declared Interest (Name of the organisation and nature of business)	Financial Interest	Non-Financial professional Interest	Non-Financial Personal Interest	Indirect Interest	Nature of Interest	From	To	Action taken to mitigate risk
Mercy Jeyasingham	**Non Executive Member** ICB Board Member Chair of the Quality Oversight Committee Member of the Remuneration and Nominations Committee Chair of the People and Communities Engagement Assurance Committee	Y	1 Medicines and Healthcare products Regulatory Agency (MHRA).	1				1 Non Executive Director Medicines and Healthcare products Regulatory Agency (MHRA)	May-20	ongoing	Recuse from all discussion
Dick Sorabji	**Non Executive Member** ICB Board Member Chair of the Finance & Planning Committee Member of the Audit and Risk Committee	N	Nil Return								
Ruth Bailey	**Non Executive Member** ICB Board Member Chair of the Remuneration & Nominations Committee Member of the Audit and Risk Committee Chair of the People Board	Y	1 Executive Director (Job Share) of People and Organianial Effectiveness for Nursing and Midwifery Council 2 Husband is Director in UK Health Protection Agency. 4 Non-Executive Member on Hertfordshire and West Essex ICB		1 3		2	1 Executive Director (Job Share) of People and Organisational Effectiiveness for Nursing and Midwifery Council 2 Husband is Director in UK Health Protection Agency. 3 Non-Executive Member on Hertfordshire & West Essex ICB	1 November 2022 2 October 2016 3 July 2022	1-3 Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Martin Spencer	**Non Executive Member** ICB Board Member Chair of the Audit & Risk Committee	Y	1. NHS Counter Fraud Authority 2. Ofsted 3, Achieving for Children 4. Civil Service Commissioner 5. Education Skills and Funding Agency	1 2 3 4 5				1 Non Executive Director and Chair of the Remuneration Committee 2 Non Executive Director and Chair of the Audit Committee 3.Non Executive Director and Chair of the Audit and Risk Committee 4. Civil Service Commissioner 5. Chair	1. 09/18 2. 07/19 3. 11/20 4. 10/21 5. 10/18	1. 09/24 2. 07/23 3. 11/23 4. 10/26 5. 10/24	Recuse from all discussions
Sarah Blow	**ICB Chief Executive** ICB Board Member ICP Board Member Attendee of the Remuneration and Nominations Committee	Y	1. LAS				1	1. My son is a band 3 call handler for LAS outside of SWLondon	Jan-22	Present	Individually determined
Karen Broughton	**Deputy Chief Executive / Director of People & Transformation** ICB Board Member ICP Board Member Attendee of the Remuneration and Nominations Committee People Board Member	N	Nil Return								
Dr Gloria Rowland	**Chief Nursing and Allied Professional Officer and Director for patient outcomes** ICB Board Member ICP Board Member Member of the Quality Oversight Committee Member of the Finance and Planning Committee People Board Member	Y	1. Nursing and Midwifery Council 2. Care Embassy Consultancy & training Ltd - Director 3. Grow Nurses & Midwives Foundation 4. NHSE&I (London Region) 5.Turning the Tide 6. BG Helthcare Group	2 6	1 4 5	3		1 Associate Council Member (2 days a month) 2. Director (Husband owns the Company) 3. Chair of Trustee for a charity 4. Chair of Maternity & Neonatal critical review implementation programme 5. Report Author and founder 6. Director	1. 08.12.20 2. 21.01.17 3. 15.11.21 4. 15.11.21 5. 15.11.21 6. 27.10.22	1-6 Present	Ensure Board dates do not conflict
John Byrne	**Executive Medical Officer** ICB Boad Member ICP Board Member Member of the Quality Oversight Committee Member of the Finance and Planning Committee	N	Nil Return								
Helen Jameson	**Chief Finance Officer** ICB Board Member ICP Board Member Attendee of the Finance and Planning Committee Attendee of the Audit and Risk Committee	N	Nil Return								
Dame Cally Palmer	**Partner Member Specialised Services** Member of the ICB Board	Y	1. Chief Executive The Royal Marsden NHS Foundation Trust 2. NHS England/Improvement (national)	1				1. CEO of a Provider Trust in SWL 2. National Cancer Director	1. 2. April 2015	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Vanessa Ford	**Partner Member Mental Health Services** Chief Executive SWL & St. Georges Mental Health NHS Trust Member of the ICB Board	Y	1. Chief Executive SWL & St Georges Mental Health NHS Trust and a CEO member of the south London Mental Health and Community Partnership (SLP) 2. Co-Chair of NHS Confederation Mental Health Digital Group 3. Senior Responsibile Officer (SRO) of ICS Digital Programme 4. Merton Place Convenor 5. SRO for Regional NHS 111 programme for Mental Health	1	02-May			1. CEO of Provider Trust in SWL and a CEO member of the south London Mental Health and Community Partnership (SLP) 2. Co-Chair of NHS Confederaiton MH digital group 3. SRO of ICS digital programme 4. Merton Place Convenor 5. SRO for Regional NHS 111 programme for Mental Health	1 August 2019 2. August 2018 3.January 2021 4.July 2022 5.August 2021	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Jo Farrar	**Partner Member Community Services** Member of the ICB Board Member of ICP Board Richmond Place Member People Board Member	Y	1. Chief Executive Kingston Hospital NHS Foundation Trust	1				1. CEO of Provider Trust in SWL	1 2019	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Jacqueline Totterdell	**Partner Member Acute Services** Member of the ICB Board	Y	1 Group Chief Executive Officer St George's, Epsom and St Helier University Hospitals and Health Group	1				Group Chief Execuitve Officer of Provider Trust in SWL	01-Aug-21	Present	Declared and discussed where relevant with Conflicts of Interest Guardian

Name	Current position (s) held in the ICB .	Do you have any interests to declare? (Y or N)	Declared Interest (Name of the organisation and nature of business)	Financial Interest	Non-Financial professional Interest	Non-Financial Personal Interest	Indirect Interest	Nature of Interest	From	To	Action taken to mitigate risk
Dr Nicola Jones	**Partner Member Primary Medical Services** ICB Board Member ICP Board Member	Y	1. Managing Partner Brocklebank Practice, St Paul's Cottage Surgery (both PMS) and The Haider Practice (GMS) 2. Joint Clinical Director, Brocklebank PCN 3. Brocklebank PCN is part of Battersea Healthcare (BHCIC) 4. Convenor, Wandsworth Borough Committee 5. Primary Care Representative, Wandsworth 6. Co-Chair Cardiology Network, SWL ICS 7. Clinical Director Primary Care, SWL ICS	1 3 4 5	2 6			1. Practices hold PMS/GMS contracts. Dr Nicola Jones holds no director post and has no specific responsibilities within BHCIC other than those of other member GPs.	1. 1996 2. 2020 3. 2018 4. 2022 5. 2022 6. 2022 7. 2022	1-7 Present	Adherence to COI policy
Ruth Dombey	**Partner Member Local Authorities** ICB Board Member Joint Chair of the ICP	N	Nil return								
Matthew Kershaw	**Place Member Croydon** Member of the ICB Board	Y	1. Chief Executive of Croydon Healthcare Services NHS Trust	1				Chief Executive of a provider Trust in SWL	1. 19/10/2019	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Dr Annette Pautz	**Place Member Kingston** Member of the ICB Board	Y	1 Holmwood Corner Surgery 2 Kingston General Practice Chambers Ltd. 3 NMWP PCN	1 2 3				1 Partner at Holmwood Corner Surgery 2 Member of Kingston General Practice Chambers Ltd. 3 Board Member NMWP PCN	1 01.04.21 2 01.04.21 3 01.04.21	1-3 Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Dr Dagmar Zeuner	**Place Member Merton** Member of the ICB Board	Y	1. Director of Public Health, LBM In this role potential / perceived conflict of interest re any decision about future of St Helier's Hospital. 2. Partner is owner of ZG publishing (publishes the magazine: "Outdoor Swimmer"). 3. Honorary senior lecturer at the London School of Hygiene and Tropical Medicine. 4. Research advisor (occasional) for University of London/Institute of Child Health.	1 3			2		1. Feb 2016 2. Feb 2011 3. Apr 2006 4. Apr 2010		1. Not being a member of the CIC, being excluded from any decision making on the future of St Helier, which includes circulation of related unpublished papers.
Ian Dodds	**Place Member Richmond** ICB Board Member ICP Board Member	N	Nil Return								
Ian Thomas	**Participant Member Local Authorities** ICB Participant ICP Member	N	Nil Return								
James Blythe	**Place Member Sutton** ICB Board Member	Y	1.Managing Director , Epsom and St.Helier University Hospitals Trust 2.Spouse is a consultant doctor at Surrey & Sussex Healthcare NHS Trust		1		2		1.02/22 2. 01/22	Present	Recuse from discussions relating to relevant speciality and provider
Mark Creelman	**Place Member Wandsworth** ICB Board Member	N	Nil return								
Jonathan Bates	**Chief Operating Officer** Participant of the of the ICB Board Member of the of the Quality Oversight Committee Member of the of the Finance and Planning Committee	Y	1. Spouse provides primary care consultancy and interim support to a range of organisations.				1	Spouse provides primary care consultancy and interim support to a range of organisations.	Autumn 2020	Present	Highlighted potential conflict to the Accountable Officer
Charlotte Gawne	**Executive Director for Communications, Engagement and strategic stakeholder relations** Participant of the of the ICB Board	N	Nil Return								
Ben Luscombe	**Chief of Staff** Participant of the of the ICB Board Attendee of the of the Audit and Risk Committee Attendee of Remuneration and Nominations Committee Attendee Quality Oversight Committee	N	Nil Return								

MINUTES
South West London Integrated Care Board
Monday 17 October 2022
10am to 1pm
The Chaucer Centre, Canterbury Road, Morden, SM4 6PX

Chair: Ruth Bailey, Non-Executive Member

Members:	Designation & Organisation
Ruth Bailey (RB)	Non-Executive Member, SWL ICB
Dick Sorabji (DS)	Non-Executive Member, SWL ICB
Mercy Jeyasingham (MJ)	Non-Executive Member, SWL ICB
Jacqueline Totterdell (JT)	Partner Member, Acute Services (Group Chief Executive Officer St George's, Epsom and St Helier University Hospitals and Health Group)
Vanessa Ford (VF)	Partner Member, Mental Health Services (Chief Executive Officer, South West London & St. Georges Mental Health Trust)
Ruth Dombey (RD)	Partner Member, Local Authorities (London Borough of Sutton).
Matthew Kershaw (MK)	Place Member, Croydon. Chief Executive Officer Croydon Healthcare Services.
Dagmar Zeuner	Place Member, Merton, Director of Public Health, London Borough of Merton
James Blythe (JBl)	Place Member, Sutton. Managing Director Epsom & St Helier NHS Trust
Sarah Blow (SB)	Chief Executive Officer, SWL ICB
Karen Broughton (KB)	Deputy CEO/Director of People & Transformation, SWL ICB
Helen Jameson (HJ)	Chief Finance Officer, SWL ICB
Dr Gloria Rowland (GR)	Chief Nursing and Allied Health Professional/Director for Patient Outcomes, SWL ICB
John Byrne (JBy)	Executive Medical Director, SWL ICB.
Attendees	
Jonathan Bates (JBa)	Chief Operating Officer, SWL ICB
Charlotte Gawne (CG)	Executive Director for Communications, Engagement and Strategic Stakeholder Relations, SWL ICB
Observers	
Simon Breeze (SBr)	SWL Voluntary Sector Representative.
Liz Meerabeau (LM)	SWL HealthWatch Representative
In attendance	
Martin Ellis (ME)	Interim Programme Director, Digital Transformation, SWL ICB
Ben Luscombe (BL)	Chief of Staff, SWL ICB
Yvonne Hylton (YH)	Corporate Governance Officer, SWL ICB (Minute Taker)
Apologies	
Martin Spencer (MS)	Non-Executive Member, SWL ICB

Dame Cally Palmer (CP)	Partner Member, Specialised Services (Chief Executive Officer, The Royal Marsden NHS Foundation Trust)
Jo Farrar (JF)	Partner Member, Community Services (Chief Executive Officer Kingston Hospital Foundation NHS Foundation Trust).
Dr Nicola Jones (NJ)	Partner Member, Primary Medical Services, Wandsworth GP
Dr Annette Pautz (AP)	Place Member, Kingston. Kingston GP
Mark Creelman (MC)	Place Member, Wandsworth. Executive Locality Lead, Merton, and Wandsworth
Ian Dodds (ID)	Place Member, Richmond. Director of Children Services Royal Borough of Kingston upon Thames & London Borough of Richmond upon Thames
Ian Thomas (IT)	Participant, Local Authorities (The Royal Borough of Kingston and London Borough of Richmond).

No.	AGENDA ITEM	Action by
1	**Welcome and Apologies**	
	RB welcomed everyone to the meeting. Apologies received were noted, and the meeting was quorate.	
2	**Declarations of Interest**	
	A register of declared interests was included in the meeting pack. MJ declared an interest as a Non-Executive Director at the Medicines and Healthcare products Regulatory Agency (MHRA) noting that this did not conflict with any items on the agenda. There were no further declarations relating to items on the agenda and the Board **noted** the register as a full and accurate record of all declared interests.	
3	**Minutes, Action Log and Matters arising**	
	The Board **approved** the minutes of the meeting held on 1 July 2022. In relation to the one outstanding action, GR provided a verbal update on the development of the Children and Young People's Board in SWL, stating the areas of focus which included complex care needs for children, special education needs and disability (SEND), physical health and familial scope. It was agreed that the action relating to the Primary Care strategy will remain on the action log until it is presented to the Board in March 2023.	
4	**Decisions made in other meetings**	
	It was noted that a Part 2 meeting of the Board was held on 21 September 2022. RB outlined that Part 2 meetings allow the Board to meet in private to discuss items that may be business sensitive and matters that are confidential in nature.	

	For transparency, the items discussed and decisions taken at the meeting were presented to the Board meeting in public to note. The Board **noted** the report.	
5	**Chief Executive Officer Report**	
	SB provided an overview of the written report. In addition, it was noted that NHSE have now started the process to appoint a new Chair for SWL ICS. The Board **noted** the report	
6	**Delegation of Specialised Commissioning – Pre-delegation Assessment Framework (PDAF)**	
	JBa provided the context around the rationale for the delegation of specialised services in line with national policy, including the expected timeline of the process. The Board noted the examples for opportunities to change care pathways and address health inequalities through strengthening joined-up, end-to-end care. The financial, people and service-related legacy risks were also noted. In response to a question from JBl on the readiness of the ICB to mobilise delegated services from April 2023, JBa highlighted that SWL was in a good a position but noted that further work is required to build resilience for the arrangements put in place. The Board **approved** the draft PDAF submission to NHS England (NHSE) and agreed to delegate submission of the final version to the SWL ICS CEO.	
7	**Virtual Wards Business Case**	
	ME provided an overview of the Virtual Wards business case and the model of care, noting that by March 2023, the ICB is planning to have established 220 virtual ward beds across SWL and 428 virtual ward beds by March 2024. The financial allocations over the next two years from NHSE were also noted. It was noted that each Place had been instrumental in the development of the model, along with the Acute Provider Collaborative. In response to a question from RD on the impact and support for social care and voluntary sector organisations, SB noted that there will be a full evaluation of the service which would include the impact on the wider system. MK added that the aim of the model is to support patients with a shorter acute length of stay and success would mean that there would be no impact on social care. JBa stated the importance of the model on the delivery of urgent and emergency care this winter. With regard to funding beyond the two year period, it was agreed that the ICB will have to take a risk-based approach in the future to support the model if national funding was not available.	

	In response to a question from KB on the evaluation criteria, ME stated that usage, re-admission rates, patient experience and the effectiveness of the standard operating procedures will be used to monitor the success, in addition to the impact on admissions in the acute sector. DZ said that it would be helpful to have more engagement with patients and the public and that this was used as part of the evaluation process. The Board **approved** the application of the national funds identified to support the development of virtual wards.	
8	**Board Assurance Framework**	
	BL presented the Board Assurance Framework (BAF) and provided an overview of the ICB risk management process and governance arrangements. SB added that the BAF is a piece of work in development and the Board will need to think about the high priorities and associated risks within the system to be reflected in the BAF, without duplicating risks with providers. BL provided assurance that discussions are taking place within each Place to inform the Corporate Risk Register and BAF. GR agreed with JT that the quality risk will need to be reviewed to reflect the current pressures, and more widely ensure that each of the risks reflected any impact on quality. JBl queried the scope around the risk relating to Estates to ensure it reflects the wider capital environment. In response to the questions from the Board, BL confirmed that the developments will be picked up as part of the next iteration of the BAF. The Board **approved** the Board Assurance Framework with the proviso that further work was required to reflect the discussion.	
9	**Report from the South West London Integrated Care Partnership (ICP)**	
	RD presented the update on the main items of business that were considered at the ICP meeting and the ICP seminar in October. In addition, SB noted that the ICP will be developing the 5-year strategy and related priorities, with input from the ICB, Local Authorities and partners. RD agreed with comments from the Board and re-iterated the importance of decisions taken at the ICB Board impacting on partners in the system. The Board **noted** the update.	
10	**Winter Preparedness**	
	JBa and MK presented the key highlights from the paper noting that NHSE additional Winter Funding has been focussed almost entirely on increasing	

General and Acute bed capacity this year, as the non-elective inpatient pathway is where patient flow is particularly challenged.

It was noted that the plan has been built in partnership with local partners and key providers and takes into account, the different strengths and opportunities that exist in each place.

The Board discussed the challenges and risks, particularly on workforce with the recruitment and retention of staff.

MK added that a focus of the meeting (held on 30 September) which brought together partners from across the system was on how we support staff for example by introducing initiatives such as flexible working so staff feel supported in the short term, and at the same time look at how we recruit staff for the longer term.

It was agreed that alongside regular winter updates reporting, the Long Term Strategy for Urgent and Emergency Care will be reported to the Board.

Action: ICB 161022-01
Long Term Strategy for Urgent and Emergency Care to be reported to a future meeting of the ICB.

		JBa/MK

11	**ICB Committee reports**	

SWL Quality Report
GR presented the report and outlined the key areas of focus including quality metrics highlighting safety, experience, and well-led outcomes for SWL providers. The developments of the Quality Place Frameworks, Quality Strategy and Quality Dashboard were also noted.

MJ provided an overview on the development of the Quality and Oversight Committee.

In response to a question from JT, GR agreed to clarify the metric on falls at St George's as to whether it was a percentage of bed days or a straight falls figure.

Action: ICB 161022-02
GR to clarify whether the metric on falls at St George's was a percentage of bed days or a straight falls figure.

GR

The Board **noted** the Quality Report

SWL Performance Report
JBa provided an overview of the report, noting the upturn since publication on planned care and the reduction on 52 week wait reductions, and highlighting the areas of challenge.

In response to a question from KB on the timelines of cancer recovery plans, JBa stated that there is a commitment for performance to be recovered by March 2023 and whilst there is some variation across providers, some progress has been made.

	MJ assured the Board that the Quality and Oversight Committee had reviewed the performance report and in particular trends across SWL.	
	The Board **noted** the Performance Report.	
	<u>SWL Finance Report (M5)</u> HJ provided an overview of the report, providing context for the ICB and the SWL system. The Board was also requested to feedback on the format of the report and whether any additional information should be included.	
	It was noted that due to the delay in establishing the ICS the Finance Plan for 2022/23 was approved by the SWL CCG Governing Body and submitted to NHSE on 22 June. Since that time there has been a change to the financial framework which allowed CCG underspends to transfer to the ICB. This has resulted in £10.75m being added to the ICB budget.	
	The Board noted the overall SWL system position is forecast to be breakeven by the end of the year.	
	The Board noted the significant risk to deliver the plans due to the scale of efficiencies required for the remainder of the year and inflation.	
	DS provided an overview on the development of the Finance and Planning Committee.	
	A discussion followed on the delivery of efficiencies balanced with supporting staff. SB highlighted the challenging plan, noting the risks in making more efficiencies at greater pace for the rest of the year.	
	VF commented that staff are supportive of better productivity and higher efficiencies when this leads to greater numbers of patients being treated.	
	JT commented on the leadership challenge of supporting and enabling staff, and the importance of articulating the levels of risk at system, place and organisation level.	
	DZ noted the importance of transparency at System and Place, for example, that all partners are open about their financial pressures and statutory responsibilities and collectively agree what the system can do jointly with the resources.	
	The Board **approved** the ICB internal budget for months 4 to 12, noted the change in profile across Q1 versus Q2-4 and the Finance Report.	
12	**Questions from Healthwatch and the Voluntary Sector Representatives**	
	LM commented on the importance of public and patient engagement on Virtual Wards and any changes in innovation and service delivery and agreed that patient experience should inform the evaluation criteria.	
	In response to a question regarding the operation of the Virtual Ward service, SB noted that the intention is for the service to operate 24 hours a day but that the service is currently building up to this.	

	CG confirmed the importance of appropriate decisions being informed by the patient voice and reflected in the papers where appropriate. JBa provided assurance that there was patient representation at the UEC meeting on 30 September 2022. In response to a question from SBr on sharing information and papers with voluntary sector organisations at Place, CG and JBl recognised the challenge of the new model. The intention of Place leaders to work with Healthwatch and voluntary sector representatives was noted, and this will include determining what information can be shared through appropriate processes, but further work was required to support the voluntary and community sector organisations' contribution to decision making at Place.	
13	**Any Other Business**	
	There was no further business for discussion.	
14	**Questions from members of the public**	
	In response to a question regarding the commissioning of Pharmacy, Optometry and Dentistry (POD) services, SB provided an update on the plan for the delegation of PODs to ICBs in the future. In addition, it was confirmed that there is a national contract for dentists and that the ICB did not have influence over this contract. In response to a question on Practice Participation Groups (PPGs) and coverage of PCNs, SB agreed to take the concerns back to the local primary care teams but highlighted that the decisions rest with the GP practices. In addition, CG noted that engagement with patients and communities at Place is evolving and agreed to ensure the local engagement lead was aware of the concerns. In response to a question regarding the estate of the Orchard Practice in Chessington, SB outlined that there is a process for the allocation of capital for primary care and agreed to provide a direct response to the person who asked the question with any further information when available.	

Action	Responsible Officer	Target Completion Date	Update	Status	Committee	Type
A Primary Care Strategy for SWL will be developed and brought to a future Board meeting for approval.	Mark Creelman	15.03.23	Primary Care Strategy is on the ICB agenda for March 2023. C/Fwd to March 2023	Open	ICB Pt1	Action
Winter Update to be regularly reported to the Board	Jonathan Bates	16.11.22	Winter update is on the ICB agenda for November 2022, January and March 2023	Open	ICB Pt1	Action
Long Term Strategy for Urgent and Emergency Care to be reported to a future meeting of the ICB.	Jonathan Bates Matthew Kershaw	16.11.22	Date for reporting to ICB to be confirmed	Open	ICB Pt1	Action
GR to clarify whether the metric on falls at St George's was a percentage of bed days or a straight falls figure	Gloria Rowland	16.11.22	The number presented was a straight falls figures, however when we apply the 1000 bed days principle, the ratio is below the national average (4.65 per 1000 bed days)	Closed	ICB Pt1	Action

NHS South West London Integrated Care Board

`NHS South West London Integrated Care Board	
Date	Wednesday, 16 November 2022

Document Title	CEO report
Lead Director (Name and Role)	Sarah Blow, Chief Executive Officer, SWL ICB
Author(s) (Name and Role)	Jitendra Patel, ICB/ICP Secretary
Agenda Item No. 04	**Attachment No.** 03

Purpose (Tick as Required)	Approve		Discuss		Note	✓

Executive Summary

The report highlights items of interest to members of the Board and the Public which are not discussed in detail in the rest of the agenda.

Background:

At each public Board meeting the Chief Executive Officer provides a brief verbal and written update regarding matters of interest to members of the Board and members of the Public.

Purpose:

The report is provided for information to keep the Board updated on key issues not covered in other substantive agenda items.

Recommendation:

The Board note the contents of the report.

Key Issues for the Board to be aware of:

1. Maternity and Neonatal Services update

Dr Bill Kirkup's report 'Reading the signals: maternity and neonatal services in East Kent' was published in October and can be accessed at https://www.gov.uk/government/publications/maternity-and-neonatal-services-in-east-kent-reading-the-signals-report). I know I speak for all the Board in extending our thoughts and sympathises to all of those families who have been affected by these events.

We are committed to ensuring that providers in South West London provide the best maternity services. We are therefore reviewing this report and will bring back a report to the January Board to outline the actions we are taking on Maternity in South West London.

2. Black History Month: Celebrating black history, heritage and culture in South West London

Black History Month took place during October and provided an opportunity to celebrate the continued achievements and contributions of Black people to the NHS, UK and around the world.

We are committed to improving diversity and inclusion in South West London and that this leads to improved health and patient experience and better opportunities and experience for our staff.

A programme of events across the ICB encouraged all staff to explore the concept of expanding Black History Month beyond October to ensure Black history is represented and celebrated all year round.

3. Possible NHS Industrial Action

The Royal College of Nursing recently conducted a ballot which closed on 2 November 2022. In addition, a number of Trade Unions have indicated their intention to ballot members on strike action. We will work with partners across South West London and London to plan and manage any strike action that may follow.

Over coming weeks, the ICB, will be scenario testing our Emergency Preparedness, Resilience and Response arrangements in order to explore our response to potential multiple, concurrent operational issues and winter pressures, as well as reviewing our interdependencies with partners when responding to such pressures. This will include testing our response against the possible impacts of industrial action.

4. Delegation of Specialised Commissioning Services from NHS England to Integrated Care Boards

At the last Board meeting in October, we updated you on the work the ICB we were doing to prepare the ICB for the delegation of the first set of specialised commissioning services from April 2023. NHS England have recently written to the ICB to explain that the delegation of these functions will no longer be taking place in April 2023 but will, instead, take place from April 2024. As this has only recently been decided, we will continue to asses any impact of this change in date on the ICB and work closely with NHS England to ensure a smooth handover in April 2024.

5. Delegation of Pharmacy, Optometry and Dental (POD) services from NHS England to Integrated Care Boards

At the September Board seminar, we presented the planned delegation of Pharmacy, Optometry and Dental (POD) services from NHSE to ICBs. London ICBs are working together on the delegation process and since the seminar, we have submitted a joint Pre Delegation Assessment Framework (PDAF) to NHSE setting out London ICBs' readiness for delegation and identifying key risks and information needed to ensure a managed process. London ICBs have also agreed that the most beneficial operating model would be for one ICB to host the services

for all London ICBs ensuring continuity and stability for the contract management functions and the small POD team. The host will be NEL ICB.

NHSE will make the delegation decision in December and a paper will be brought to the SWL ICB Board in January

| **Conflicts of Interest:** |
| None |
| **Mitigations for Conflicts of Interest:** |
| N/A |

Corporate Objectives This document will impact on the following Board Objectives:	Overall delivery of the ICB's objectives

Risks This document links to the following Board risks:	N/A
Mitigations Actions taken to reduce any risks identified:	N/A

Financial/Resource Implications	N/A

Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A
What are the implications of the EIA and what, if any are the mitigations	N/A

Patient and Public Engagement and Communication	N/A

Previous Committees/ Groups	Committee/Group Name:	Date Discussed:	Outcome:
		Click here to enter a date.	

Enter any Committees/ Groups at which this document has been previously considered:		Click here to enter a date.	

Supporting Documents	N/A

NHS South West London Integrated Care Board	
Date	Wednesday, 16 November 2022

Document Title	ICB Constitutional amendments
Lead Director (Name and Role)	Karen Broughton, Deputy Chief Executive Officer / Director of People & Transformation SWL ICB
Author(s) (Name and Role)	Ben Luscombe, Chief of Staff
Agenda Item No. 05	**Attachment No.** 04

Purpose (Tick as Required)	Approve ✔	Discuss	Note

Executive Summary

The paper presents an amended SWL ICB constitution for approval, following direction from NHS England (NHSE) that the model ICB constitution had been updated to incorporate several small technical amendments.

The proposed amendments are highlighted within the attached constitution, and are referenced below, for ease:

1. Section 1.4.7 (f) – Health and Care Act reference 'section 14Z44' corrected to read 'section 14Z45';
2. Section 3.2.4 – Reference to the 'sections 56A to 56K of the Scottish Bankruptcy Act 1985' replaced with 'Part 13 of the Bankruptcy (Scotland) Act 2016';
3. Section 3.2.7 – 'A health care professional (within the meaning of section 14N of the 2006 Act)' updated to remove reference to section 14N of the 2006 Act and to read as follows 'A Health and Care Professional or other professional……..'.
4. Section 7.1.1 – Reference to 'paragraph 11(2)' amended to 'paragraph 12(2)'.
5. Appendix 1 – Addition of a definition for 'Health Care Professional' included in the table of terms, to read 'An individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.'

Recommendation:
The Board is asked to agree the updated constitution, in line with NHSE guidance, for final submission to NHSE for their approval.

Key Issues for the Board to be aware of:
In accordance with legislation (paragraph 15 of Schedule 1B to the NHS Act 2006) and in line with the existing Constitution, the Constitution can only be varied in two circumstances:
1. Where the ICB applies to NHSE in accordance with NHSE's published procedure and that application is approved; and
2. Where NHSE varies the Constitution of its own initiative, (other than on application by the ICB).

The suggested revision to constitution is line with category 2.

As part of the process for the variation to the Constitution, the ICB CEO has reviewed the proposed Constitution and is recommending these necessary amendments to the Board for agreement.

The constitution which the Board agreed on 1 July 2022 was in line with NHSE guidance at the time. The guidance has subsequently been updated and the proposed constitution reflects the required changes.

Conflicts of Interest: N/A	
Mitigations for Conflicts of Interest: N/A	

Corporate Objectives This document will impact on the following Board Objectives:	Overall delivery of the ICB's objectives

Risks This document links to the following Board risks:	N/A
Mitigations Actions taken to reduce any risks identified:	N/A
Financial/Resource Implications	N/A

Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A
What are the implications of the EIA and what, if any are the mitigations	N/A
Patient and Public Engagement and Communication	N/A

Previous Committees/ Groups Enter any Committees/ Groups at which this document has been previously considered:	Committee/Group Name:	Date Discussed:	Outcome:
		Click here to enter a date.	
Supporting Documents	SWL ICB Constitution v2.0		

NHS South West London Integrated Care Board

CONSTITUTION

Document Management

Revision history

Version	Date	Summary of changes
1.0	1 July 2022	Approved by NHS England
2.0	16 November 2022	Updated to reflect changes to the model ICB constitution requested by NHS England

CONTENTS

SWL ICB Constitution v1.0

1. Introduction

1.1   Background / Foreword

1.1.1   NHSE has set out the following as the four core purposes of ICSs:
   a)   Improve outcomes in population health and healthcare;
   b)   Tackle inequalities in outcomes, experience and access;
   c)   Enhance productivity and value for money;
   d)   Help the NHS support broader social and economic development.

1.1.2   The ICB will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges, including:
   a)   Improving the health of children and young people;
   b)   Supporting people to stay well and independent;
   c)   Acting sooner to help those with preventable conditions;
   d)   Supporting those with long-term conditions or mental health issues;
   e)   Caring for those with multiple needs as populations age;
   f)   Getting the best from collective resources so people get care as quickly as possible.

1.2   Name

1.2.1   The name of this Integrated Care Board is NHS South West London Integrated Care Board ("the ICB").

1.3   Area Covered by the Integrated Care Board

1.3.1   The area covered by the ICB is coterminous with the London Boroughs of Croydon, Kingston upon Thames, Merton, Richmond, Sutton and Wandsworth.

1.4   Statutory Framework

1.4.1   The ICB is established by order made by NHS England under powers in the 2006 Act.

1.4.2   The ICB is a statutory body with the general function of arranging for the provision of services for the purposes of the health service in England and is an NHS body for the purposes of the 2006 Act.

1.4.3   The main powers and duties of the ICB to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to ICBs, as well as by regulations and directions (including, but not limited to, those made under the 2006 Act).

SWL ICB Constitution v1.0

1.4.4   In accordance with section 14Z25(5) of, and paragraph 1 of Schedule 1B to, the 2006 Act the ICB must have a constitution, which must comply with the requirements set out in that Schedule. The ICB is required to publish its constitution (section 14Z29). This Constitution is published at www. southwestlondon.nhs.uk

1.4.5   The ICB must act in a way that is consistent with its statutory functions, both powers and duties. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to ICBs. Examples include, but are not limited to, the Equality Act 2010 and the Children Acts. Some of the statutory functions that apply to ICBs take the form of general statutory duties, which the ICB must comply with when exercising its functions. These duties include but are not limited to:

   a) Having regard to and acting in a way that promotes the NHS Constitution (section 2 of the Health Act 2009 and section 14Z32 of the 2006 Act);
   b) Exercising its functions effectively, efficiently and economically (section 14Z33 of the 2006 Act);
   c) Duties in relation children including safeguarding, promoting welfare etc (including the Children Acts 1989 and 2004, and the Children and Families Act 2014);
   d) Adult safeguarding and carers (the Care Act 2014);
   e) Equality, including the public-sector equality duty (under the Equality Act 2010) and the duty as to health inequalities (section 14Z35);
   f) Information law, (for instance, data protection laws, such as the UK General Data Protection Regulation 2016/679 and Data Protection Act 2018, and the Freedom of Information Act 2000); and
   g) Provisions of the Civil Contingencies Act 2004.

1.4.6   The ICB is subject to an annual assessment of its performance by NHS England which is also required to publish a report containing a summary of the results of its assessment.

1.4.7   The performance assessment will assess how well the ICB has discharged its functions during that year and will, in particular, include an assessment of how well it has discharged its duties under:
   a) section 14Z34 (improvement in quality of services);
   b) section 14Z35 (reducing inequalities);
   c) section 14Z38 (obtaining appropriate advice);
   d) section 14Z40 (duty in respect of research)
   e) section 14Z43 (duty to have regard to effect of decisions);
   f) section 14Z45 14Z44 (public involvement and consultation);
   g) sections 223GB to 223N (financial duties); and
   h) section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).

1.4.8 NHS England has powers to obtain information from the ICB (section 14Z60 of the 2006 Act) and to intervene where it is satisfied that the ICB is failing, or has failed, to discharge any of its functions or that there is a significant risk that it will fail to do so (section 14Z61).

1.5   Status of this Constitution

1.5.1 The ICB was established on 1 July 2022 by The Integrated Care Boards (Establishment) Order 2022, which made provision for its Constitution by reference to this document.

1.5.2 This Constitution must be reviewed and maintained in line with any agreements with, and requirements of, NHS England set out in writing at establishment.

1.5.3 Changes to this Constitution will not be implemented until, and are only effective from, the date of approval by NHS England.

1.6   Variation of this Constitution

1.6.1 In accordance with paragraph 15 of Schedule 1B to the 2006 Act this Constitution may be varied in accordance with the procedure set out in this paragraph. The Constitution can only be varied in two circumstances:

   a) where the ICB applies to NHS England in accordance with NHS England's published procedure and that application is approved; and
   b) where NHS England varies the Constitution of its own initiative, (other than on application by the ICB).

1.6.2 The procedure for proposal and agreement of variations to the Constitution is as follows:

   a) The Constitution will be reviewed as necessary by the CEO of the ICB. Following this review, the CEO will recommend necessary amendments to the Chair of the ICB, for agreement;
   b) Proposed amendments will be put to the ICB Board for ratification;
   c) Urgent amendments will be agreed by the ICB CEO and Chair;
   d) Proposed amendments to this Constitution will not be implemented until an application to NHS England for variation has been approved.

1.7   Related Documents

1.7.1 This Constitution is also supported by a number of documents which provide further details on how governance arrangements in the ICB will operate.

1.7.2 The following are appended to the Constitution and form part of it for the purpose of clause 1.6 and the ICB's legal duty to have a Constitution:

SWL ICB Constitution v1.0

a) **Standing orders** – which set out the arrangements and procedures to be used for meetings and the process to appoint the ICB committees.

1.7.3 The following do not form part of the Constitution but are required to be published.

a) **The Scheme of Reservation and Delegation (SoRD)** – sets out those decisions that are reserved to the Board of the ICB and those decisions that have been delegated in accordance with the powers of the ICB and which must be agreed in accordance with and be consistent with the Constitution. The SoRD identifies where, or to whom, functions and decisions have been delegated to.

b) **Functions and Decision map** - a high level structural chart that sets out which key decisions are delegated and taken by which part or parts of the system. The Functions and Decision map also includes decision making responsibilities that are delegated to the ICB (for example, from NHS England).

c) **Standing Financial Instructions** – which set out the arrangements for managing the ICB's financial affairs.

d) **The ICB Governance Handbook** – This brings together all the ICB's governance documents so it is easy for interested people to navigate. It includes:
    a) The above documents a) – c).
    b) Terms of reference for all committees and sub-committees of the Board that exercise ICB functions.
    c) Delegation arrangements for all instances where ICB functions are delegated, in accordance with section 65Z5 of the 2006 Act, to another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body, or to a joint committee of the ICB and one of those organisations in accordance with section 65Z6 of the 2006 Act.
    d) Terms of reference of any joint committee of the ICB and another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one or those organisations in accordance with section 65Z6 of the 2006 Act.
    e) The up-to-date list of eligible providers of primary medical services under clause 3.6.2.

e) **Key policy documents** - which should also be included in the Governance Handbook or linked to it - including:
    a) Standards of Business Conduct Policy;
    b) Conflicts of interest policy and procedures;
    c) Policy for public involvement and engagement.

2. Composition of the Board of the ICB

2.1 Background

2.1.1 This part of the Constitution describes the membership of the Integrated Care Board. Further information about the criteria for the roles and how they are appointed is in section three.

2.1.2 Further information about the individuals who fulfil these roles can be found on our website (www.southwestlondon.nhs.uk).

2.1.3 In accordance with paragraph 3 of Schedule 1B to the 2006 Act, the membership of the ICB (referred to in this Constitution as "the Board" and members of the ICB are referred to as "Board Members") consists of:
   a) a Chair;
   b) a Chief Executive;
   c) at least three Ordinary members.

2.1.4 The membership of the ICB (the Board) shall meet as a unitary Board and shall be collectively accountable for the performance of the ICB's functions.

2.1.5 NHS England policy, requires the ICB to appoint the following additional Ordinary Members:
   a) three executive members, namely:
   - Chief Financial Officer;
   - Executive Medical Director;
   - Chief Nursing Officer;
   b) At least two non-executive members;

2.1.6 The Ordinary Members include at least three members who will bring knowledge and a perspective from their sectors. These members (known as Partner Members) are nominated by the following and appointed in accordance with the procedures set out in Section 3 below:
   - NHS trusts and foundation trusts who provide services within the ICB's area and are of a prescribed description;
   - Primary medical services (general practice) providers within the area of the ICB and are of a prescribed description;
   - Local authorities which are responsible for providing Social Care and whose area coincides with or includes the whole or any part of the ICB's area.

2.1.7 While the Partner Members will bring knowledge and experience from their sector and will contribute the perspective of their sector to the decisions of the Board, they are not to act as delegates of those sectors.

2.2 Board Membership

2.2.1 The ICB has six Partner Members:
   a) Four Partner Members – NHS Trusts and Foundation Trusts;
   b) One Partner Member – Primary Medical Services; and
   c) One Partner Member - Local Authorities.

2.2.2 The ICB has also appointed the following further Ordinary Members to the Board:
   a) Six Place Members; and
   b) Deputy CEO.

2.2.3 The Board is therefore composed of the following members:
- Chair;
- Chief Executive;
- Four Partner Members - NHS and Foundation Trusts;
- One Partner Member - Primary Medical Services;
- One Partner Member - Local Authorities;
- Four Non-Executive Members;
- Chief Finance Officer;
- Executive Medical Director;
- Chief Nursing Officer;
- Six Place Members; and
- Deputy CEO.

2.2.4 The Chair will exercise their function to approve the appointment of the Ordinary Members with a view to ensuring that at least one of the Ordinary Members will have knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness.

2.2.5 The Board will keep under review the skills, knowledge, and experience that it considers necessary for members of the Board to possess (when taken together) in order for the Board to effectively carry out its functions and will take such steps as it considers necessary to address or mitigate any shortcoming.

2.3 Regular Participants and Observers at Board Meetings

2.3.1 The Board may invite specified individuals to be Participants or Observers at its meetings in order to inform its decision-making and the discharge of its functions as it sees fit.

2.3.2 Participants will receive advanced copies of the notice, agenda and papers for Board meetings. They will be invited to attend any or all of the Board meetings, or part(s) of a meeting by the Chair. Participants will be able to address the meeting and ask questions but may not vote. This may include:

- All Executive Directors of the ICB who are not appointed members of

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the Board; and

- A Local Authority Representative (this may be either a Chief Executive or someone who holds a relevant Executive level role, or be an elected member of one of the bodies listed at 3.6.1).

2.3.3   Observers will receive advanced copies of the notice, agenda and papers for Board meetings. They may be invited to attend any or all of the Board meetings, or part(s) of a meeting by the Chair. Any such person may not address the meeting and may not vote.

2.3.4   Observers may be asked to leave the meeting by the Chair in the event that the Board passes a resolution to exclude the public as per the Standing Orders.

3. Appointments Process for the Board

3.1 Eligibility Criteria for Board Membership:

3.1.1 Each member of the ICB must:
   a) Comply with the criteria of the "fit and proper person test";
   b) Be willing to uphold the Seven Principles of Public Life (known as the Nolan Principles); and
   c) Fulfil the requirements relating to relevant experience, knowledge, skills and attributes set out in a role specification.

3.2 Disqualification Criteria for Board Membership

3.2.1 A Member of Parliament.

3.2.2 A person whose appointment as a Board member ("the candidate") is considered by the person making the appointment as one which could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise.

3.2.3 A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted:

   a) In the United Kingdom of any offence, or
   b) Outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

3.2.4 A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, Part 13 of the Bankruptcy (Scotland) Act 2016~~sections 56A to 56K of the Bankruptcy (Scotland) Act 1985~~ or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings).

3.2.5 A person who, has been dismissed within the period of five years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any Health Service Body.

3.2.6 A person whose term of appointment as the chair, a member, a director or a governor of a health service body, has been terminated on the grounds:
   a) that it was not in the interests of, or conducive to the good management of, the health service body or of the health service that the person should continue to hold that office;
   b) that the person failed, without reasonable cause, to attend any meeting of that health service body for three successive meetings;
   c) that the person failed to declare a pecuniary interest or withdraw from

consideration of any matter in respect of which that person had a pecuniary interest; or

d) of misbehaviour, misconduct or failure to carry out the person's duties.

3.2.7 A ~~Health and Care Professional~~ health care professional (within the meaning of section 14N of the 2006 Act) or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned ("the regulatory body"), in connection with the person's fitness to practise or any alleged fraud, the final outcome of which was:

a) the person's suspension from a register held by the regulatory body, where that suspension has not been terminated;

b) the person's erasure from such a register, where the person has not been restored to the register;

c) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded; or

d) a decision by the regulatory body which had the effect of imposing conditions on the person's practice of the profession in question, where those conditions have not been lifted.

3.2.8 A person who is subject to:

a) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002, or

b) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).

3.2.9 A person who has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated.

3.2.10 A person who has at any time been removed, or is suspended, from the management or control of any body under:

a) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(f) (powers of the Court of Session to deal with the management of charities), or

b) section 34(5) or of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session to deal with the management of charities).

3.3 Chair

3.3.1 The ICB Chair is to be appointed by NHS England, with the approval of the

Secretary of State.

3.3.2 In addition to criteria specified at 3.1, this member must fulfil the following additional eligibility criteria

a) The Chair will be independent.

3.3.3 Individuals will not be eligible if:

a) They hold a role in another health and care organisation within the ICB area;
b) Any of the disqualification criteria set out in 3.2 apply.

3.3.4 The term of office for the Chair will be three years and the total number of terms a Chair may serve is three terms.

3.4 Chief Executive

3.4.1 The Chief Executive will be appointed by the Chair of the ICB in accordance with any guidance issued by NHS England.

3.4.2 The appointment will be subject to approval of NHS England in accordance with any procedure published by NHS England.

3.4.3 The Chief Executive must fulfil the following additional eligibility criteria:

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act

3.4.4 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply;
b) Subject to clause 3.4.3(a), they hold any other employment or executive role.

3.5 Four Partner Members - NHS Trusts and Foundation Trusts

3.5.1 These four Partner Members are jointly nominated by the NHS Trusts and/or Foundation Trusts which provide services for the purposes of the health service within the ICB's area and meet the forward plan condition or (if the forward plan condition is not met) the level of services provided condition:

a) Croydon Health Services NHS Trust;
b) Central London Community Healthcare NHS Trust;
c) Epsom and St Helier University Hospital NHS Trust;
d) Hounslow and Richmond community Healthcare NHS Trust;
e) Kingston Hospital NHS Foundation Trust;
f) London Ambulance Service NHS Trust
g) St George's University Hospitals NHS Foundation Trust;
h) South London and Maudsley NHS Foundation Trust

i) South West London and St George's Mental Health NHS Trust;
j) The Royal Marsden NHS Foundation Trust.

3.5.2 These members must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Be the CEO of one of the NHS Trusts or FTs within the ICB's area;
b) Of the four members: one member will bring a perspective of Acute Services; one member will bring a perspective of Mental Health Services (and meet the requirements set out in para 2.2.4); one member will bring a perspective of Community Services and one member will bring a perspective of Specialised Services.

3.5.3 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply.

3.5.4 These members will be appointed by a panel constituted by the Chief Executive and will be subject to the approval of the ICB Chair.

3.5.5 The appointment process will be as follows:
a) Joint Nomination:
- When a vacancy arises, each eligible organisation listed at 3.5.1. will be invited to make one nomination for each of the vacant roles outlined in 3.5.2.
- Eligible organisations may nominate individuals from their own organisation or another organisation and will, at the same time, confirm that nominations have been jointly agreed.
- All eligible organisations will confirm that they approve the full list of nominees proposed

b) Assessment, selection, and appointment, will be subject to approval of the Chair under c):
- The full list of nominees will be considered by a panel convened by the Chief Executive;

- The panel will assess the suitability of the nominees against the requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.5.2 and 3.5.3;
- In the event that there is more than one suitable nominee, the panel will select the most suitable for appointment.

c) Chair's approval:
- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b).

3.5.6 The term of office for these Partner Members will be three years with no limit on the number of terms that can be served. At the end of each term, the eligible nominators will be asked if they jointly agree to the current members being re-nominated. If they agree and subject to members remaining eligible, the Chair will be asked to re-approve these members. If they do not agree, the nominations, selection and appointment process will be re-run.

3.6 One Partner Member - Providers of Primary Medical Services.

3.6.1 This Partner Member is jointly nominated by providers of Primary Medical Services for the purposes of the health service within the ICB's area, and that are Primary Medical Services contract holders responsible for the provision of essential services, within core hours to a list of registered persons for whom the ICB has core responsibility.

3.6.2 The list of relevant providers of Primary Medical Services for this purpose is published as part of the Governance Handbook. The list will be kept up to date but does not form part of this Constitution.

3.6.3 This member must fulfil the eligibility criteria set out at 3.1 and also be a practising GP in the South West London ICB's geography.

3.6.4 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply.

3.6.5 This member will be appointed by a panel constituted by the Chief Executive and be subject to the approval of the ICB Chair.

3.6.6 The appointment process will be as follows:
a) Joint Nomination:
- When a vacancy arises, each eligible organisation listed at 3.6.2 will be invited to make one nomination.
- The nomination of an individual must be seconded by five other eligible organisations.
- Eligible organisations may nominate individuals from their own organisation or another organisation.
- All eligible organisations will be requested to confirm whether they

jointly agree to nominate the whole list of nominated individuals with a failure to confirm within five working days being deemed to constitute agreement. If they do agree, the list will be put forward to step b) below. If they don't, the nomination process will be re-run until majority acceptance is reached on the nominations put forward.

b) Assessment, selection, and appointment will be subject to approval of the Chair under c):
- The full list of nominees will be considered by a panel convened by the Chief Executive;
- The panel will assess the suitability of the nominees against the requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.6.3 and 3.6.4;
- In the event that there is more than one suitable nominee, the panel will select the most suitable for appointment.

c) Chair's approval
- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b).

3.6.7 The term of office for this Partner Member will be for three years. The total number of terms they may serve is three terms. At the end of each term, the eligible nominators will be asked if they jointly agree to the current member being re-nominated. If they agree and subject to the member remaining eligible, the Chair will be asked to re-approve this member. If they do not agree, the nominations, selection and appointment process will be re-run.

3.7 One Partner Member - Local Authorities

3.7.1 This Partner Member is jointly nominated by the Local Authorities whose areas coincide with, or include the whole or any part of, the ICB's area. Those local authorities are:

a) London Borough of Croydon;
b) The Royal Borough of Kingston upon Thames;
c) London Borough of Merton;
d) London Borough of Richmond upon Thames;
e) London Borough of Sutton;
f) London Borough of Wandsworth.

3.7.2 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Be the Chief Executive or hold a relevant Executive level role, or be an elected member of one of the bodies listed at 3.7.1.

3.7.3 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply.

3.7.4 This member will be appointed by a panel constituted by the Chief Executive and be subject to the approval of the ICB Chair.

a) Joint Nomination:
- When a vacancy arises, each eligible organisation listed at 3.7.1. will be invited to make one nomination.
- Eligible organisations may nominate individuals from their own organisation or another organisation and will, at the same time, confirm that nominations have been jointly agreed.
- All eligible organisations will confirm that they approve the full list of nominees proposed.

b) Assessment, selection, and appointment will be subject to approval of the Chair under c):
- The full list of nominees will be considered by a panel convened by the Chief Executive.
- The panel will assess the suitability of the nominees against the requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.7.2 and 3.7.3.
- In the event that there is more than one suitable nominee, the panel will select the most suitable for appointment.

c) Chair's approval:
- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b).

3.7.5 The term of office for this Partner Member will be three years with no limit on the number of terms that can be served. At the end of each term, the eligible nominators will be asked if they jointly agree to the current member being re-nominated. If they agree and subject to the member remaining eligible, the Chair will be asked to re-approve this member. If they do not agree, the nominations, selection and appointment process will be re-run.

3.8 Executive Medical Director

3.8.1 This member will fulfil the eligibility criteria set out at 3.1 and also the followingadditional eligibility criteria:

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act;
b) Be a registered Medical Practitioner.

3.8.2 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply.

3.8.3   This member will be appointed by the Chief Executive Officer of the ICB subject to the approval of the ICB Chair.

3.9   Chief Nursing Officer

3.9.1   This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a)   Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act;
b)   Be a registered Nurse.

3.9.2   Individuals will not be eligible if:

a)   Any of the disqualification criteria set out in 3.2 apply.

3.9.3   This member will be appointed by the Chief Executive Officer of the ICB subject to the approval of the ICB Chair.

3.10   Chief Finance Officer

3.10.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a)   Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act.

3.10.2 Individuals will not be eligible if:

a)   Any of the disqualification criteria set out in 3.2 apply.

3.10.3 This member will be appointed by the Chief Executive Officer of the ICB subject to the approval of the ICB Chair.

3.11   Deputy Chief Executive

3.11.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a)   Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act.

3.11.2 Individuals will not be eligible if:

a)   Any of the disqualification criteria set out in 3.2 apply.

3.11.3 This member will be appointed by the Chief Executive Officer of the ICB subject to the approval of the ICB Chair.

3.12 Non-Executive Members

3.12.1 The ICB will appoint four Non-Executive Members.

3.12.2 These members will be appointed by a panel constituted by the Chair and be subject to the approval of the Chair.

3.12.3 These members will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:
   a) Not be an employee of the ICB or a person seconded to the ICB;
   b) Not hold a role in another health and care organisation in the ICS area;
   c) One shall have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Audit and Risk Committee;
   d) Another should have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Remuneration, and Nominations Committee.

3.12.4 Individuals will not be eligible if:

   a) Any of the disqualification criteria set out in 3.2 apply;
   b) They hold a role in another health and care organisation within the ICB area.

3.12.5 The term of office for a Non-Executive Member will be three years and the total number of terms an individual may serve is three terms, after which, they will no longer be eligible for re-appointment.

3.12.6 Initial appointments may be for a shorter period in order to avoid all Non-Executive Members retiring at once. Thereafter, new appointees will ordinarily retire on the date that the individual they replaced was due to retire in order to provide continuity.

3.12.7 Subject to satisfactory appraisal, the Chair may approve the re-appointment of an independent Non-Executive Member up to the maximum number of terms permitted for their role.

3.12.8 The Chair may appoint one Non-Executive Member to be the ICB Board Vice Chair. The Vice Chair will be appointed by the Board following consideration by the Remuneration and Nominations Committee, based on the recommendation from the Chair.

3.13 Other Board Members

3.13.1 The ICB will appoint six members to bring perspective and expertise on how the place arrangements operate in each of the ICB's places. While the Place Members will bring knowledge and experience from their place and will contribute the perspective of their place to the decisions of the Board, they are not to act as delegates of their place

3.13.2 These members will fulfil the eligibility criteria set out at 3.1.

3.13.3 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply.

3.13.4 These members will be appointed by a panel constituted by the Chief Executive and be subject to the approval of the ICB Chair.

3.13.5 The term of office for this Partner Member is three years. There is no limit to the number of terms that can be served by this member. Subject to satisfactory appraisal, the Chair may approve the re-appointment of this Board Member.

3.14 Board Members: Removal from Office.

3.14.1 Arrangements for the removal from office of Board members is subject to the term of appointment, and application of the relevant ICB policies and procedures.

3.14.2 With the exception of the Chair, Board members shall be removed from office if any of the following occurs:

a) If they no longer fulfil the requirements of their role or become ineligible for their role as set out in this Constitution, regulations or guidance;
b) If they fail to attend a minimum of 75% of the meetings to which they are invited unless agreed with the Chair, in extenuating circumstances;
c) If they are deemed to not meet the expected standards of performance at their annual appraisal;
d) If they have behaved in a manner or exhibited conduct which has or is likely to be detrimental to the reputation and interest of the ICB and is likely to bring the ICB into disrepute. This includes but it is not limited to dishonesty; misrepresentation (either knowingly or fraudulently);
e) Defamation of any member of the ICB (being slander or libel); abuse of position; non-declaration of a known conflict of interest; seeking to manipulate a decision of the ICB in a manner that would ultimately be in favour of that member whether financially or otherwise;
f) Are deemed to have failed to uphold the Nolan Principles of Public Life;
g) Are subject to disciplinary proceedings by a regulator or professional body;
h) They materially fail to comply with the terms of the ICB's Constitution;
i) The person has refused without reasonable cause to undertake any

training which the ICB requires all staff and Board members to undertake;

j) The person, where the Chair reasonably considers (having sought appropriate clinical advice) lacks capacity, for the purposes of the Mental Capacity Act 2005, to manage and administer his/her property and/or affairs; or

k) The person is an active member of a body or organisation with policies or objectives such that his/her membership would be likely to cause the ICB to be in breach of its statutory obligations or to bring the ICB into disrepute.

3.14.3 Members may be suspended pending the outcome of an investigation into whether any of the matters in 3.14.2 apply.

3.14.4 If a Board member, other than an employee of the ICB, meets any of the criteria in 3.14.2, the following process will apply:

a) The Chair will convene a meeting of the Board, in private;

b) The approval of three quarters of the Board's membership is required to remove that individual from the Board, with the agreement of the Chair.

3.14.5 Executive Directors (including the Chief Executive) will cease to be Board members if their employment in their specified role ceases, regardless of the reason for termination of the employment.

3.14.6 The Chair of the ICB may be removed by NHS England, subject to the approval of the Secretary of State.

3.14.7 If NHS England is satisfied that the ICB is failing or has failed to discharge any of its functions or that there is a significant risk that the ICB will fail to do so, it may:

a) Terminate the appointment of the ICB's Chief Executive; and

b) Direct the Chair of the ICB as to which individual to appoint as a replacement and on what terms.

3.15 Terms of Appointment of Board Members

3.15.1 With the exception of the Chair, arrangements for remuneration and any allowances will be agreed by the Remuneration and Nominations Committee in line with the ICB remuneration policy and any other relevant policies published on the ICB's website and any guidance issued by NHS England or other relevant body. Remuneration for Chairs, will be set by NHS England. Remuneration for Non-Executive Members will be set by a specially constituted Remuneration and Nominations Committee which will not include Non-Executive Members of the ICB.

3.15.2 Other terms of appointment will be determined by the Remuneration and Nominations Committee.

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3.15.3 Terms of appointment of the Chair will be determined by NHS England.

3.16 Specific arrangements for appointment of Ordinary Members made at establishment

3.16.1 Individuals may be identified as "designate Ordinary Members" prior to the ICB being established.

3.16.2 Relevant nomination procedures for Partner Members in advance of establishment are deemed to be valid so long as they are undertaken in full and in accordance with the provisions of 3.5-3.7.

3.16.3 Any appointment and assessment processes undertaken in advance of establishment to identify designate Ordinary Members should follow, as far as possible, the processes set out in section 3.5-3.13 of this Constitution. However, a modified process, agreed by the Chair, will be considered valid.

3.16.4 On the day of establishment, a committee consisting of the Chair, Chief Executive and the Senior HR Advisor will appoint the Ordinary Members who are expected to be all individuals who have been identified as designate appointees pre ICB establishment and the Chair will approve those appointments.

3.16.5 For the avoidance of doubt, this clause is valid only in relation to the appointments of the initial Ordinary Members and all appointments post establishment will be made in accordance with clauses 3.5 to 3.13

4. Arrangements for the Exercise of our Functions

4.1 Good Governance

4.1.1 The ICB will, at all times, observe generally accepted principles of good governance. This includes the Nolan Principles of Public Life and any governance guidance issued by NHS England.

4.1.2 The ICB has agreed a code of conduct and behaviours which sets out the expected behaviours that members of the Board and its Committees will uphold whilst undertaking ICB business. It also includes a set of principles that will guide decision making in the ICB. The ICB code of conduct and behaviours is published in the Governance Handbook.

4.2 General

4.2.1 The ICB will:

a) Comply with all relevant laws including but not limited to the 2006 Act and the duties prescribed within it and any relevant regulations;
b) Comply with directions issued by the Secretary of State for Health and Social Care;
c) Comply with directions issued by NHS England;
d) Have regard to statutory guidance including that issued by NHS England;
e) Take account, as appropriate, of other documents, advice and guidance issued by relevant authorities, including that issued by NHS England; and
f) Respond to reports and recommendations made by local Healthwatch organisations within the ICB area.

4.2.2 The ICB will develop and implement the necessary systems and processes to comply with (a)-(f) above, documenting them as necessary in this Constitution, its Governance Handbook and other relevant policies and procedures as appropriate.

4.3 Authority to Act

4.3.1 The ICB is accountable for exercising its statutory functions and may grant authority to act on its behalf to:

a) Any of its members or employees;
b) A committee or sub-committee of the ICB.

4.3.2 Under section 65Z5 of the 2006 Act, the ICB may arrange with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the ICB's functions to be exercised by or jointly with that other body or for the functions of that other body to be exercised by or jointly with the ICB. Where the ICB and other

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body enters such arrangements, they may also arrange for the functions in question to be exercised by a joint committee of theirs and/or for the establishment of a pooled fund to fund those functions (section 65Z6). In addition, under section 75 of the 2006 Act, the ICB may enter partnership arrangements with a local authority under which the local authority exercises specified ICB functions or the ICB exercises specified local authority functions, or the ICB and local authority establish a pooled fund.

4.3.3   Where arrangements are made under section 65Z5 or section 75 of the 2006 Act the Board must authorise the arrangement, which must be described as appropriate in the SoRD.

4.4 Scheme of Reservation and Delegation

4.4.1   The ICB has agreed a Scheme of Reservation and Delegation (SoRD) which is published in full on the ICB's website (www.southwestlondon.nhs.uk).

4.4.2   Only the Board may agree the SoRD and amendments to the SoRD may only be approved by the Board.

4.4.3   The SoRD sets out:

   a)   Those functions that are reserved to the Board;
   b)   Those functions that have been delegated to an individual or to committees and sub committees;
   c)   Those functions delegated to another body or to be exercised jointly with another body, under section 65Z5 and 65Z6 of the 2006 Act.

4.4.4   The ICB remains accountable for all of its functions, including those that it has delegated. All those with delegated authority are accountable to the Board for the exercise of their delegated functions.

4.5 Functions and Decision Map

4.5.1   The ICB has prepared a Functions and Decision Map which sets out at a high level its key functions and how it exercises them in accordance with the SoRD.

4.5.2   The Functions and Decision Map is published on the ICB's website (www.southwestlondon.nhs.uk).

4.5.3   The map includes:

   a)   Key functions reserved to the Board of the ICB;
   b)   Commissioning functions delegated to committees and individuals;
   c)   Commissioning functions delegated under section 65Z5 and 65Z6 of the 2006 Act to be exercised by, or with, another ICB, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body;

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d) functions delegated to the ICB (for example, from NHS England).

4.6 Committees and Sub-Committees

4.6.1 The ICB may appoint committees and arrange for its functions to be exercised by such committees. Each committee may appoint sub-committees and arrange for the functions exercisable by the committee to be exercised by those sub-committees. The Board may also create Task and Finish Groups to undertake specific, time limited pieces of work.

4.6.2 All committees and sub-committees are listed in the SoRD.

4.6.3 Each committee, sub-committee or Task and Finish Group, established by the ICB operates under terms of reference agreed by the Board. All Terms of Reference are published in the Governance Handbook.

4.6.4 The Board remains accountable for all functions, including those that it has delegated to committees and subcommittees and therefore, appropriate reporting and assurance arrangements are in place and documented in terms of reference. All committees and sub committees that fulfil delegated functions of the ICB, will be required to:

a) Abide by the Terms of Reference for that committee or sub- committee, which will document the appropriate reporting and assurance arrangements.

4.6.5 Any committee or sub-committee established in accordance with clause 4.6 may consist of, or include, persons who are not ICB Members or employees.

4.6.6 All members of committees and sub-committees that exercise the ICB commissioning functions will be approved by the Chair. The Chair will not approve an individual to such a committee or sub-committee if they consider that the appointment could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise.

4.6.7 All members of committees and sub-committees are required to act in accordance with this Constitution, including the Standing Orders as well as the Standing Financial Instructions and any other relevant ICB policy.

4.6.8 The following committees will be maintained:

a) **Audit and Risk Committee**: This committee is accountable to the Board and provides an independent and objective view of the ICB's compliance with its statutory responsibilities. The committee is responsible for arranging appropriate internal and external audit.

The Audit and Risk Committee will be chaired by a Non-Executive

Member (other than the Chair of the ICB) who has the qualifications, expertise or experience to enable them to express credible opinions on finance and audit matters.

b) **Remuneration and Nominations Committee**: This committee is accountable to the Board for matters relating to remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the ICB.

The Remuneration and Nominations Committee will be chaired by a non-executive member other than the Chair or the Chair of Audit and Risk Committee.

4.6.9 The Terms of Reference for each of the above committees are published in the Governance Handbook.

4.6.10 The Board has also established a number of other committees to assist it with the discharge of its functions. These committees are set out in the SoRD and further information about these committees, including Terms of Reference, are published in the Governance Handbook.

4.7 Delegations made under section 65Z5 of the 2006 Act

4.7.1 As per 4.3.2, the ICB may arrange for any functions exercisable by it to be exercised by or jointly with any one or more other relevant bodies (another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body).

4.7.2 All delegations made under these arrangements are set out in the ICB Scheme of Reservation and Delegation and included in the Functions and Decision Map.

4.7.3 Each delegation made under section 65Z5 of the Act will be set out in a delegation arrangement which sets out the terms of the delegation. This may, for joint arrangements, include establishing and maintaining a pooled fund. The power to approve delegation arrangements made under this provision will be reserved to the Board.

4.7.4 The Board remains accountable for all the ICB's functions, including those that it has delegated and therefore, appropriate reporting and assurance mechanisms are in place as part of agreeing terms of a delegation and these are detailed in the delegation arrangements, summaries of which will be published in the ICB's Governance Handbook.

4.7.5 In addition to any formal joint working mechanisms, the ICB may enter into strategic or other transformation discussions with its partner organisations on an informal basis.

5. Procedures for Making Decisions

5.1 Standing Orders

5.1.1 The ICB has agreed a set of Standing Orders which describe the processes that are employed to undertake its business. They include procedures for:

   a) Conducting the business of the ICB;
   b) The procedures to be followed during meetings; and
   c) The process to delegate functions.

5.1.2 The Standing Orders apply to all committees and sub-committees of the ICB unless specified otherwise in Terms of Reference which have been agreed by the Board.

5.1.3 A full copy of the Standing Orders is included in Appendix 2 and form part of this Constitution.

5.2 Standing Financial Instructions (SFIs)

5.2.1 The ICB has agreed a set of SFIs which include the delegated limits of financial authority set out in the SoRD.

5.2.2 A copy of the SFI's is published on the ICB's website (www.southwestlondon.nhs.uk).

6. Arrangements for Conflict of Interest Management and Standards of Business Conduct

6.1 Conflicts of Interest

6.1.1 As required by section 14Z30 of the 2006 Act, the ICB has made arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by the ICB will be taken and seen to be taken without being unduly influenced by external or private interest and do not, (and do not risk appearing to) affect the integrity of the ICB's decision-making processes.

6.1.2 The ICB has agreed policies and procedures for the identification and management of conflicts of interest which are published on the ICB's website (www.southwestlondon.nhs.uk).

6.1.3 All Board, committee and sub-committee members, and employees of the ICB, will comply with the ICB policy on conflicts of interest in line with their terms of office and/ or employment. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB.

6.1.4 All delegation arrangements made by the ICB under Section 65Z5 of the 2006 Act will include a requirement for transparent identification and management of interests and any potential conflicts in accordance with suitable policies and procedures comparable with those of the ICB.

6.1.5 Where an individual, including any individual directly involved with the business or decision-making of the ICB and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the ICB considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this Constitution, the Conflicts of Interest Policy and the Standards of Business Conduct Policy.

6.1.6 The ICB has appointed the Audit and Risk Committee Chair to be the Conflicts of Interest Guardian. In collaboration with the ICB's senior governance advisor, their role is to:

   a) Act as a conduit for members of the public and members of the partnership who have any concerns with regards to conflicts of interest;
   b) Be a safe point of contact for employees or workers to raise any concerns in relation to conflicts of interest;
   c) Support the rigorous application of conflict of interest principles and policies;

> d) Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation; and
>
> e) Provide advice on minimising the risks of conflicts of interest.

6.2 Principles

6.2.1 In discharging its functions, the ICB will abide by the following principles as they relate to its arrangements for managing conflicts of interest:

a) The Nolan Principles;

b) Ensuring clear policy guidance is provided to all those performing a role on behalf of the ICB;

c) Monitoring compliance in accordance with published guidance;

d) Ensuring all interests are proactively declared;

e) Keeping an audit trail of actions taken; and

f) Such other principles as contained in the ICB's Conflicts of Interest policy and procedures.

6.3 Declaring and Registering Interests

6.3.1 The ICB maintains registers of the interests of:

a) Members of the ICB;

b) Members of the Board's committees and sub-committees; and

c) Its employees.

6.3.2 In accordance with section 14Z30(2) of the 2006 Act registers of interest are published on the ICB's website (www.southwestlondon.nhs.uk).

6.3.3 All relevant persons as per 6.1.3 and 6.1.5 must declare any conflict or potential conflict of interest relating to decisions to be made in the exercise of the ICB's commissioning functions.

6.3.4 Declarations should be made as soon as reasonably practicable after the person becomes aware of the conflict or potential conflict and in any event within 28 days. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.

6.3.5 All declarations will be entered in the registers as per 6.3.1.

6.3.6 The ICB will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually.

6.3.7 Interests (including gifts and hospitality) of decision-making staff will remain on the public register for a minimum of six months. In addition, the ICB will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The ICB's published register of interests states that historic interests are retained by the ICB for the specified timeframe and details of whom to contact to submit a request for this

information.

6.3.8   Activities funded in whole or in part by third parties who may have an interest in ICB business such as sponsored events, posts and research will be managed in accordance with the ICB policy to ensure transparency and that any potential for conflicts of interest are well-managed.

6.4   Standards of Business Conduct

6.4.1   Board members, employees, committee and sub-committee members of the ICB will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should:

   a) Act in good faith and in the interests of the ICB;
   b) Follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles);
   c) Comply with the ICB Standards of Business Conduct Policy, and any requirements set out in the policy for managing conflicts of interest.

6.4.1   Individuals contracted to work on behalf of the ICB or otherwise providing services or facilities to the ICB will be made aware of their obligation to declare conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the ICB's Standards of Business Conduct policy.

7. Arrangements for ensuring Accountability and Transparency

7.1.1 The ICB will demonstrate its accountability to local people, stakeholders and NHS England in a number of ways, including by upholding the requirement for transparency in accordance with paragraph 12~~11~~(2) of Schedule 1B to the 2006 Act.

7.2 Meetings and publications

7.2.1 Board meetings, and committees composed entirely of Board members or which include all Board members, will be held in public except where a resolution is agreed to exclude the public on the grounds that it is believed to not be in the public interest.

7.2.2 Papers and minutes of all meetings held in public will be published.

7.2.3 Annual accounts will be externally audited and published.

7.2.4 A clear complaints process will be published.

7.2.5 The ICB will comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the ICB.

7.2.6 Information will be provided to NHS England as required.

7.2.7 The Constitution and Governance Handbook will be published as well as other key documents including but not limited to:

   a) Conflicts of interest policy and procedures;
   b) Registers of interests; and;
   c) Those listed in 1.7.3

7.2.8 The ICB will publish, with our partner NHS trusts and NHS foundation trusts, a plan at the start of each financial year that sets out how the ICB proposes to exercise its functions during the next five years. The plan will explain how the ICB proposes to discharge its duties under:

   - sections 14Z34 to 14Z45 (general duties of integrated care Boards), and
   - Sections 223GB and 223N (financial duties).

   and

   - Proposed steps to implement the South West London joint local Health and Wellbeing Strategy.

7.3 Scrutiny and Decision Making

7.3.1 The ICB will have five Non-Executive Members who will be appointed to the Board, including the Chair; and all of the Board and Committee members will comply with the Nolan Principles of Public Life and meet the criteria described in the Fit and Proper Person Test.

7.3.2 Healthcare services will be arranged in a transparent way, and decisions around who provides services will be made in the best interests of patients, taxpayers and the population, in line with the rules set out in the NHS Provider Selection Regime.

7.3.3 The ICB will comply with the requirements of the NHS Provider Selection Regime including complying with existing procurement rules until the provider selection regime comes into effect.

7.3.4 The ICB will comply with local authority health overview and scrutiny requirements.

7.4 Annual Report

7.4.1 The ICB will publish an Annual Report in accordance with any guidance published by NHS England and which sets out how it has discharged its functions and fulfilled its duties in the previous financial year. An annual report must, in particular:

a) Explain how the ICB has discharged its duties under section 14Z34 to 14Z45 and 14Z49 (general duties of integrated care Boards);
b) Review the extent to which the ICB has exercised its functions in accordance with the plans published under section 14Z52 (forward plan) and section 14Z56 (capital resource use plan);
c) Review the extent to which the ICB has exercised its functions consistently with NHS England's views set out in the latest statement published under section 13SA(1) (views about how functions relating to inequalities information should be exercised); and
d) Review any steps that the ICB has taken to implement any joint local health and wellbeing strategy to which it was required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007.

8. Arrangements for Determining the Terms and Conditions of Employees.

8.1.1   The ICB may appoint employees, pay them remuneration and allowances as it determines and appoint staff on such terms and conditions as it determines.

8.1.2   The Board has established a Remuneration and Nominations Committee which is chaired by a Non-Executive Member other than the Chair or Audit and Risk Committee Chair.

8.1.3   The membership of the Remuneration and Nominations Committee is determined by the Board. No employees may be a member of the Remuneration and Nominations Committee but the Board ensures that the Remuneration and Nominations Committee has access to appropriate advice by:

   a) Members of the HR team (including the Executive Director with responsibility for the HR function) being available to attend and advise the committee as needed;
   b) The ICB's senior governance advisor, providing support, advice and attending the committee as required.

8.1.4   The Board may appoint independent members or advisers to the Remuneration and Nominations Committee who are not members of the Board.

8.1.5   The main purpose of the Remuneration and Nominations Committee is to exercise the functions of the ICB regarding remuneration included in paragraphs 18 to 20 of Schedule 1B to the 2006 Act. The terms of reference agreed by the Board are published as part of the Governance Handbook on the ICB's website (www.southwestlondon.nhs.uk).

8.1.6   The duties of the Remuneration and Nominations Committee include:
   a) Oversight of the nominations and appointments to Board Member roles;
   b) Approve the terms and conditions of employment for all individuals directly appointed by the ICB as workers, clinical leads, office holders, including pensions, remuneration, fees and travelling or other allowances payable;
   c) Set remuneration, allowances, terms and conditions for ICB Board members;
   d) Agree any discretionary payments or terms and conditions for staff employed by the ICB;
   e) Approve any termination or redundancy payments;
   f) Approve the transfers of staff into or out of the ICB;
   g) Ensuring the ICB follows national pay and terms and condition frameworks;
   h) Setting remuneration, allowances and terms and conditions for the Chief Executive and Very Senior Managers (VSMs) in line with national

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guidance; and

    i)   Any other relevant duties.

8.1.7   The ICB may make arrangements for a person to be seconded to serve as a member of the ICB's staff.

9. Arrangements for Public Involvement

9.1.1 In line with section 14Z45(2) of the 2006 Act the ICB has made arrangements to secure that individuals to whom services which are, or are to be, provided pursuant to arrangements made by the ICB in the exercise of its functions, and their carers and representatives, are involved (whether by being consultedor provided with information or in other ways) in:

a) the planning of the commissioning arrangements by the Integrated Care Board;
b) the development and consideration of proposals by the ICB
for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals (at the point when the service is received by them), or the range of health services available to them; and
c) decisions of the ICB affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

9.1.2 In line with section 14Z54 of the 2006 Act the ICB has made the following arrangements to consult its population on its system plan:

a) We have six local Health and Care Plans, one for each of our Local Authority Boroughs. We will ensure these are co-developed and inform our overall system plan;
b) To ensure the local Health and Care Plans are right for our communities we co-develop them through Partner and stakeholder engagement, health and care organisations at place level, as well as key stakeholders in the borough;
c) Broad engagement – using our current community/patient group networks, and wider engagement tools such as Citizens Panels and other 'representative sample' surveys or group work;
d) Targeted engagement with communities that experience health inequalities within each borough;
e) Targeted engagement with patients and communities that have Long Term Conditions – those that are prioritised in the local health and care plans and /or are prevalent in each borough.

9.1.3 The ICB has adopted the ten principles set out by NHS England for working with people and communities.

a) Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS;

b) Start engagement early when developing plans and feed back to people and communities how it has influenced activities and decisions;

c) Understand your community's needs, their relevant social histories, experience and aspirations for health and care, using engagement to find out if change is having the desired effect;

d) Build relationships with excluded groups – especially those affected by inequalities;

e) Work with Healthwatch and the voluntary, community and social enterprise sector as key partners;

f) Provide clear and accessible public information about vision, plans and progress to build understanding and trust;

g) Use community development approaches that empower people and communities, making connections to social action;

h) Use co-production, insight and engagement to achieve accountable health and care services;

i) Co-produce and redesign services and tackle system priorities in partnership with people and communities; and

j) Learn from what works and build on the assets of all partners in the ICS – networks, relationships, activity in local places.

9.1.4 These principles will be used when developing and maintaining arrangements for engaging with people and communities.

9.1.5 These arrangements, include:

a) Each borough or Place has a local communications and engagement group, comprising communication and engagement professionals from all partner organisations, the NHS, Local Authorities, Healthwatch and the voluntary sector, to drive forward and deliver our priority work. These groups ensure that work and insight is coordinated across the system and that we maximise channels and reach by working in partnership;

b) These local borough groups report regularly to each place based partnership committee about past, current and planned engagement activities to contribute towards patient voice being central to influencing local decision making;

c) Informed by EHIAs, JSNAs and local insight, each borough has developed a map of key areas/communities to prioritise engagement work with. Indices of Multiple Deprivation data was overlaid with information about health inequalities. These maps will continue to be refreshed to ensure we are reaching our diverse populations working closely with the population health management team;

d) Assurance of good practice engagement happens at two levels: firstly each borough or Place has a mechanism for assuring local work;

e) Secondly we have a South West London group (including Healthwatch and the voluntary sector) to: provide assurance to the ICB that the duty to involve has been met and to provide advice on engagement plans and activities to ensure they meet best practice and are inclusive of those that are seldom heard, experience health inequalities and or/have protected characteristics;

f) Listening to local people and communities is recognised as everyone's responsibility within the ICB. Training, development and toolkits to

support good practice engagement to be delivered across teams/functions. Teams are encouraged to factor in communications and engagement requirements at an early stage of their planning so that they can be appropriately resourced and meaningfully delivered;

g) The Board will receive reports which provide an overview of the engagement activities across the ICB – noting the communities it has reached, impact that it has made, decisions it has influenced and any lessons learned;

h) To support transparent decision making, ICB papers will be published in advance of meetings, including the engagement reports, and meetings will be held in public. Our 'involving people and communities' section of our website will include opportunities for people to be involved and provide information about past, current and planned engagement activities;

i) We will use the following methodologies to reach our local people and communities;

j) Broad community engagement - working with the voluntary and community sector to host 'community conversations', to hear and respond to feedback, answer questions and gather insight. We also widen our reach through organic social media via NHS and partner channels, and paid digital adverts on platforms such as Facebook, Nextdoor and Instagram;

k) We champion 'every contact counts' supporting staff to have 'confident conversations' with local people and patients;

l) Community champions and influencers - working with key local influencers (faith leaders, community champions, health care professionals, GPs and their practices) to lead and host conversations for us building trust and confidence within our diverse communities;

m) Grassroots support programme – to improve our reach into health inclusion communities facilitating and intensifying meaningful, respectful and culturally appropriate activity in our local boroughs;

n) Surveys and questionnaires – for example working with our 'People's Panel' (a virtual group of local people who broadly reflect the population of South West London). These surveys have led to deeper dives into specific areas; and

o) Targeted focus groups and one-to-one interviews - particularly for those who are digitally excluded to help inform and shape our work.

Appendices

Appendix 1: Definitions of Terms Used in this Constitution

2006 Act	National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022.
ICB Board	Members of the ICB.
Area	The geographical area that the ICB has responsibility for, as defined in part 2 of this Constitution.
Committee	A committee created and appointed by the ICB Board.
Sub-Committee	A committee created and appointed by and reporting to a committee.
Health Care Professional	An individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.
Integrated Care Partnership	The joint committee for the ICB's area established by the ICB and each responsible local authority whose area coincides with or falls wholly or partly within the ICB's area.
Place-Based Partnership	Place-based partnerships are collaborative arrangements responsible for arranging and delivering health and care services in a locality or community. They involve the Integrated Care Board, local government and providers of health and care services, including the voluntary, community and social enterprise sector, people and communities, as well as primary care provider leadership, represented by Primary Care Network clinical directors or other relevant primary care leaders.
Ordinary Member	The Board of the ICB will have a Chair and a Chief Executive plus other members. All other members of the Board are referred to as Ordinary Members.

Partner Members	Some of the Ordinary Members will also be Partner Members. Partner Members bring knowledge and a perspective from their sectors and are and appointed in accordance with the procedures set out in Section 3 having been nominated by the following: • NHS trusts and foundation trusts who provide services within the ICB's area and are of a prescribed description; • the primary medical services (general practice) providers within the area of the ICB and are of a prescribed description; and

	• the local authorities which are responsible for providing Social Care and whose area coincides with or includes the whole or any part of the ICB's area.
Health Service Body	Health service body as defined by section 9(4) of the NHS Act 2006 or (b) NHS Foundation Trusts.

Appendix 2: Standing Orders

1.   Introduction

1.1. These Standing Orders have been drawn up to regulate the proceedings of South West London Integrated Care Board so that the ICB can fulfil its obligations as set out largely in the 2006 Act (as amended). They form part of the ICB's Constitution.

2.   Amendment and review

2.1. The Standing Orders are effective from 1 July 2022.

2.2. Standing Orders will be reviewed on an annual basis or sooner if required.

2.3. Amendments to these Standing Orders will be made as per paragraph 1.6.2 of the SWL ICB Constitution.

2.4. All changes to these Standing Orders will require an application to NHS England for variation to the ICB Constitution and will not be implemented until the Constitution has been approved.

3.   Interpretation, application and compliance

3.1. Except as otherwise provided, words and expressions used in these Standing Orders shall have the same meaning as those in the main body of the ICB Constitution and as per the definitions in Appendix 1.

3.2. These Standing Orders apply to all meetings of the Board, including its committees and sub-committees unless otherwise stated. All references to Board are inclusive of committees and sub-committees unless otherwise stated.

3.3. All members of the Board, members of committees and sub-committees and all employees, should be aware of the Standing Orders and comply with them. Failure to comply may be regarded as a disciplinary matter.

3.4. In the case of conflicting interpretation of the Standing Orders, the Chair, supported with advice from the ICB's senior governance advisor, will provide a settled view which shall be final.

3.5. All members of the Board, its committees and sub-committees and all employees have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

3.6. If, for any reason, these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the

circumstances around the non-compliance, shall be reported to the next formal meeting of the Board for action or ratification and the Audit and Risk Committee for review.

4. Meetings of the Integrated Care Board

4.1. Calling Board Meetings

4.1.1. Meetings of the Board of the ICB shall be held at regular intervals at such times and places as the ICB may determine.

4.1.2. In normal circumstances, each member of the Board will be given not less than one month's notice in writing of any meeting to be held. However:

   a) The Chair may call a meeting at any time by giving not less than 14 calendar days' notice in writing;
   b) One third of the members of the Board may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting. If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the Board members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all members of the Board specifying the matters to be considered at the meeting;
   c) In emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.

4.1.3. A public notice of the time and place of meetings to be held in public and how to access the meeting shall be given by posting it at the offices of the ICB body and electronically at least three clear days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.

4.1.4. The agenda and papers for meetings to be held in public will be published electronically in advance of the meeting excluding, if thought fit, any item likely to be addressed in part of a meeting is not likely to be open to the public.

4.2. Chair of a meeting

4.2.1. The Chair of the ICB shall preside over meetings of the Board.

4.2.2. If the Chair is absent, or is disqualified from participating by a conflict of interest, the Vice Chair, if present, shall preside.

4.2.3. The Board shall appoint a Chair to all committees and sub-committees that it has established. The appointed committee or sub-committee Chair will preside over the relevant meeting. Terms of

Reference for committees and sub-committees will specify arrangements for occasions when the appointed Chair is absent.

4.3. Agenda, supporting papers and business to be transacted

4.3.1. The agenda for each meeting will be drawn up and agreed by the Chair of the meeting.

4.3.2. Except where the emergency provisions apply, supporting papers for all items must be submitted at least seven calendar days before the meeting takes place. The agenda and supporting papers will be circulated to all members of the Board at least five calendar days before the meeting.

4.3.3. Agendas and papers for meetings open to the public, including details about meeting dates, times and venues, will be published on the ICB's website (www.southwestlondon.nhs.uk).

4.4. Petitions

4.4.1. Where a petition has been received by the ICB it shall be included as an item for the agenda of the next meeting of the Board.

4.5. Nominated Deputies

4.5.1. With the permission of the person presiding over the meeting, the Partner Members of the Board may nominate a deputy to attend a meeting of the Board that they are unable to attend. The deputy must be of an equivalent position to the Board member they are deputising for. The deputy may speak and vote on their behalf.

4.5.2. The decision of the person presiding over the meeting regarding authorisation of nominated deputies is final.

4.6. Virtual attendance at meetings

4.6.1. The ICB Board and its committees may choose to meet physically (for example, for the purpose of an AGM), at its discretion. However, by default, the ICB Board and its committees will be held virtually.

4.7. Quorum

4.7.1. The quorum for meetings of the Board will be 50% members, including:

   a) The Chair or Vice Chair;
   b) Either the Chief Executive or the Chief Finance Officer;

    c) Either the Executive Medical Director or the Chief Nursing Officer;

    d) At least one other Non-Executive Member;

    e) At least two Partner Members;

    f) At least two Place Members.

4.7.2.   For the sake of clarity:

    a) No person can act in more than one capacity when determining the quorum;

    b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

4.7.3.   For all committees and sub-committees, the details of the quorum for these meetings and status of deputies are set out in the appropriate terms of reference.

4.8.   Vacancies and defects in appointments

4.8.1.   The validity of any act of the ICB is not affected by any vacancy among members or by any defect in the appointment of any member.

4.8.2.   In the event of vacancy or defect in appointment the following temporary arrangement for quorum will apply:

    a) The quorum will remain at 50% of total Board members (i.e. no reduction in the quoracy outlined in 4.7.1 of these standing orders).

4.9.   Decision making

4.9.1.   The ICB has agreed to use a collective model of decision-making that seeks to find consensus between system partners and make decisions based on unanimity as the norm, including working though difficult issues where appropriate.

4.9.2.   Generally, it is expected that decisions of the ICB will be reached by consensus. Should this not be possible then a vote will be required. The process for voting, which should be considered a last resort, is set out below (except where clause 3.14.4 of the main Constitution applies):

    a) All members of the Board who are present at the meeting will be eligible to cast one vote each;

    b) In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from participating in the meeting,

including exercising their right to vote if eligible to do so;

c) For the sake of clarity, any additional Participants and Observers (under 2.3 of the Constitution) will not have voting rights;
d) A resolution will be passed if more votes are cast for the resolution than against it;
e) If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote; and
f) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

Disputes

4.9.3.   Where helpful, the Board may draw on third party support to assist them in resolving any disputes, such as peer review or support from NHS England.

Urgent decisions

4.9.4.   In the case urgent decisions and extraordinary circumstances, every attempt will be made for the Board to meet virtually. Where this is not possible the following will apply.

4.9.5.   The powers which are reserved or delegated to the Board may, for an urgent decision, be exercised by the Chair and Chief Executive (or relevant lead director in the case of committees) subject to every effort having been made to consult with as many members as possiblein the given circumstances.

4.9.6.   The exercise of such powers shall be reported to the next formal meeting of the Board for formal ratification and the Audit and Risk Committee for oversight.

4.10.   Minutes

4.10.1.   The names and roles of all members present shall be recorded in the minutes of the meetings.

4.10.2.   The minutes of a meeting shall be drawn up and submitted for agreement at the next meeting where they shall be signed by the person presiding at it.

4.10.3.   No discussion shall take place upon the minutes except upon their accuracy or where the person presiding over the meeting considers discussion appropriate.

4.10.4.   Where providing a record of a meeting held in public, the minutes shall be made available to the public.

4.11.   Admission of public and the press

4.11.1.   In accordance with Public Bodies (Admission to Meetings) Act 1960, all meetings of the Board and all meetings of committees which are comprised of entirely Board members or all Board members, at which public functions are exercised will beopen to the public.

4.11.2.   The Board may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

4.11.3.   The person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Board's business shall be conducted without interruption and disruption.

4.11.4.   As permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) the public may be excluded from a meeting to suppress or prevent disorderly conduct or behaviour.

4.11.5.   Matters to be dealt with by a meeting following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the Board.

5.   Suspension of Standing Orders

5.1. In exceptional circumstances, except where it would contravene any statutory provision or any direction made by the Secretary of State for Health and Social Care or NHS England, any part of these Standing Orders may be suspended by the Chair in discussion with at least 50% of those members present.

5.2. A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

5.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Audit and Risk Committee for review of the reasonableness of the decision to suspend Standing Orders.

6.   Use of seal and authorisation of documents.

6.1. The ICB shall have a Seal. All deeds executed by the ICB shall, unless otherwise so determined, be signed by two duly authorised members of the ICB. The Chief Executive Officer shall keep a register in which s/he, or another manager of the ICB authorised by him/her, shall enter a record of the sealing of every document.

6.2. In land transactions, the signing of certain supporting documents will be delegated to managers and set out clearly in the Scheme of Reservation and Delegation but will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed).

NHS South West London Integrated Care Board

Date	Wednesday, 16 November 2022

Document Title	Vaccination Update
Lead Director (Name and Role)	Tonia Michaelides, Director of Health and Care in the Community
Author(s) (Name and Role)	Una Dalton, Programme Director: COVID and Flu Ruth Eager, Vaccination Planning and PMO
Agenda Item No. 06	**Attachment No.** 05

Purpose (Tick as Required)	Approve		Discuss		Note	X

Executive Summary

Vaccination is a key measure in preventing significant illness and subsequent pressure on health services. The paper provides South West London progress in the delivery of its winter vaccine programme including COVID19, Flu and, Monkey Pox, Childhood Polio boosters and MMR.

Highlights include:

- Over 215,957**COVID vaccinations** (36% of those eligible) have been administered.
- Over 179,531 **flu vaccinations** (22% of those eligible) have been administered.
- Over 40k children have received a **Polio booster** (24.6% of those eligible).

- 881 **monkeypox vaccinations** have been administered (61% of those eligible).
- a national **MMR campaign** has begun with invitations sent to parents of eligible children. We are seeing low numbers come forward.
- A comprehensive **communications and engagement strategy** is in place to support the vaccination programmes, building on NHS England (London) and National plans. The national communications strategy launched last week.
- Work is about to commence on the creation of a **SW London Immunisations strategy.**

Purpose:
To update the board on the ICB Immunisation Programme.

Recommendation:
The Board is asked to note the contents of the report.

Key Issues for the Board to be aware of:
- We are seeing lower than expected uptake across all immunisation pillars and there is significant capacity available on national and local booking systems.
- As a priority we are trying to understand and address vaccine hesitancy in terms of care home staff.

- As we move to business as usual, the South West London COVID Board has taken a decision to decommission the three mass vaccination sites based in shopping centres. This change will take effect from end December 2022.

Conflicts of Interest:

N/A

Mitigations for Conflicts of Interest:

N/A

Corporate Objectives This document will impact on the following Board Objectives:	Reducing Health Inequalities Improving Health and health services

Risks This document links to the following Board risks:	There is a risk that licenses (a requirement for vaccine delivery) will not be available in a timely manner for new vaccination sites required to replace the mass vaccination sites when they are stood down. Licence numbers are limited and all London regions current allocation are in use.
Mitigations Actions taken to reduce any risks identified:	We have raised this risk with region and national and will be in discussion to resolve. If the licenses are not available in time to open new vaccine sites to replace the mass vaccination sites, we will work to ensure all existing sites are able to work at maximum capacity where required

Financial/Resource Implications	N/A

Is an Equality Impact Assessment (EIA) necessary and has it been completed?	An EIA has been carried out at the start of the programme and was refreshed in the planning stage of the Autumn programme.
What are the implications of the EIA	The roving offer has expanded to ensure we are able to offer vaccinations to all patient cohorts particularly the underserved groups.

and what, if any are the mitigations	Community engagement has been refocussed and targeted communications have been produced to address issues raised.

Patient and Public Engagement and Communication	A comprehensive communications and engagement strategy is in place to support the vaccination programmes, building on NHS England (London) and National plans.

Previous Committees/ Groups Enter any Committees/ Groups at which this document has been previously considered:	Committee/Group Name:	Date Discussed:	Outcome:
	None	Click here to enter a date.	
		Click here to enter a date.	
		Click here to enter a date.	

Supporting Documents	

South West London Integrated Care Board

16th November 2022

VACCINATION UPDATE

1.   Introduction

1.1   Vaccination is a key measure in preventing significant illness and subsequent pressure on health services.

1.2   The paper provides progress in the delivery of the South West London Immunisations programme including:

- Covid-19 autumn vaccination programme
- Seasonal flu programme
- Monkey pox
- Childhood Polio booster programme

2.   Overview of progress to date

2.1   Although South West (SW) London is performing well in terms of the London regional position across all 4 programmes, we are below the national position. This is caused by the numbers of people coming forward to have their immunisations being lower than we had planned for. Current progress includes:

- Over 215,957 **COVID vaccinations** (36% of those eligible) have been administered.
- Over 179,531 **flu vaccinations** (22% of those eligible) have been administered.
- Over 40k children have received a **Polio booster** (24.36 of those eligible).
- 881 **monkeypox vaccinations** have been administered (61% of those eligible).
- a national **MMR campaign** has begun with invitations sent to parents of eligible children. We are seeing low numbers come forward.

2.2   There is significant capacity across all sites to meet the uptake levels we have planned, and this is available on national and local booking systems.

2.3   We have sufficient vaccine supply and stock of all vaccines within the ICB and there is robust work on balancing allocations and orders in light of lower-than-expected demand, to reduce the risk of wastage.

2.4   There is close monitoring of vaccination visits and uptake in care homes with the intention of the majority of visits being concluded by 14th November. As a priority we are trying to understand and address vaccine hesitancy in terms of care home staff.

2.5   Healthcare worker vaccinations (for Trusts) are now being reported via Foundry for both Flu and Covid. Foundry is the NHS national data platform that provides data, modelling and integration platform that provides users with reliable and timely data to make informed, effective decisions. There is a fortnightly London meeting with Trust programme leads to support sharing of information and best practice activities and learning across the capital.

2.6   Focused work is underway to provide an offer of COVID and Flu vaccination to underserved communities in each Borough.

2.7   As we move to business as usual, the South West London Immunisations Board has taken a decision to decommission the three mass vaccination sites based in shopping centres. This change will take effect from end December 2022. We are working with all pillars, including a SW London roving team, PCNs, community pharmacies and hospital hubs to ensure there is sufficient capacity available for future programmes or in the event of a surge.

2.8   A comprehensive communications and engagement strategy is in place to support our plans, building on NHS England (London) and national guidance. The national communications strategy supporting winter launched last week.

2.9   Work is about to commence on the development of a South West London Immunisations strategy which we plan to launch in early 2023.

2.10   We understand that the Joint Committee on Vaccination and Immunisation (JCVI) will decide shortly on the need for a 2023 Spring and Autumn COVID booster programme.

3.   **COVID Vaccination Autumn Booster**

3.1   The SW London population eligible for an Autumn covid booster is estimated at 740,000 and includes the following cohorts:

- Residents and staff in care homes for older adults
- Frontline health and Social Care workers
- All adults aged 50 years and over (invited in cohorts by age)
- Persons aged 5 to 49 in a clinical risk group
- Persons aged 5 to 49 years who are household contacts immunosuppressed patients
- Persons aged 16 to 49 who are carers.

The programme began on 5th September 2022 and is scheduled to run until the 31st of December 2022. To date, over 215,957 vaccinations (36% of those eligible) have been administered in SW London.

3.2 At least 27,894 of these vaccinations have been co-administered with flu. Co-administration of COVID and flu is being offered where vaccine supply is available, and the individual would like this to happen.

3.3 First booster doses are also available for those aged 12 and older and 5 to 11 year olds with a weak immune system.

3.4 A first vaccination (evergreen offer) continues to be made available.

3.5 Bookings are open on the national booking system or by phoning 119 and walk-in appointments are available at many sites.

3.6 We continue to meet Borough leads to plan the development of our roving model. The roving model is a mobile team of vaccinators who are able to administer vaccines across a range of sites such as community and shopping centres. We focus the work of our roving teams with neighbourhoods and population groups with the lowest immunisation uptake. The roving team has been providing COVID and Polio vaccinations to date and from early November has been able to offer flu vaccination.

3.7 We are currently focusing on the uptake of care home residents and staff, housebound, 80+ age and Trust staff to better understand the lower-than-expected uptake. This is of concern due to the increasing case level and hospital admissions due to Covid-19 in this segment of the population and the potential for staff sickness during the winter period. Most recent data shows the uptake rate the following cohorts – Care Home Residents and Residential Care Workers 70.4%, Healthcare Workers 27.6% and Social Care Workers 16.6%

3.8 During November we will be holding a focussed one-week vaccination programme for each Borough to target our underserved communities including homeless, asylum seekers, sex workers and travelling communities.

3.9 As part of the national planning requirement for COVID vaccinations all ICBs need to reflect how they will surge capacity rapidly if required should cases rise again. We have reviewed local surge plans to ensure we have sufficient workforce and vaccine to respond if required.

4. Annual Flu Campaign 2022

4.1 The following cohorts are currently being offered the annual flu vaccination:
- all children aged 2 or 3 years on 31 August 2022/all primary school aged children (from reception to Year 6)
- those aged 6 months to under 65 years in clinical risk groups

- pregnant women
- those aged 65 years and over and those in long-stay residential care homes
- carers and close contacts of immunocompromised individuals
- frontline health and care staff
- secondary school children in years 7, 8 and 9
- 50- to 64-year-olds that are not in a clinically at-risk group

4.2　To date, over 179,531 flu vaccinations (22% of those eligible) have been administered in SW London. With the largest percentage uptake rates in care home residents 34.7%, 65+ years old 49.3%.

4.3　GP practices are inviting patients for vaccination and members of the public can book an appointment via the National Booking Service at local community pharmacies.

4.4　Co-administration of COVID and flu is being offered where vaccine supply is available, and the individual would like this to happen.　The national team are working to synchronise vaccine availability to maximise co-administration during the programme and we should see numbers rise through November.

4.5　Additional flu vaccine is now available, and we have shared with practices how to order.

4.6　Trusts continue to vaccinate their staff with an average uptake of 31.5% across SWL providers

5.　Polio Booster

All SWL children aged 1 – 9 years old irrespective of their polio vaccination status, are currently being offered the Polio booster dose.　Currently over 40,000 children have received a **Polio booster** (24.36% of those eligible).

5.1　Vaccination continues to take place in GP practices, at the three South West London mass vaccination sites. Two community pharmacies sites in SWL have also　been approved to administer the polio vaccine to this age group. Once the mass vaccination centres will ensure that there is sufficient population coverage through our existing sites. We will also increase the number of community pharmacies that are able to offer the vaccine. We use a mapping tool to identify optimal locations for new sites to maintain sufficient vaccination capacity, particularly in areas of lower uptake.

5.2 Bookings are available for all sites via SWL web site <u>Book or manage a coronavirus (COVID-19) vaccination - NHS (www.nhs.uk)</u> and are advertised on the grab a jab website <u>https://www.nhs.uk/conditions/polio/vaccination-sites/</u>

5.3 We continue to review and increase the use of our roving team to ensure that we can provide coverage across all Boroughs. There is booking availability in all boroughs, and we are continually reviewing capacity and the availability of workforce to address any gaps in provision.

5.4 From early November, the focus of the roving team will move to concentrate on areas of high numbers of unvaccinated children – Croydon will be an initial priority area for this work.

5.5 A letter was sent to the parents of unregistered children detailing where they can receive a vaccination. Parents can make an appointment by contacting the SW London hub <u>0203 8800338</u> or emailing <u>homecare.covidvaccine@swlondon.nhs.uk</u>.

5.6 We await guidance from NHSE (London) on a completion date for this campaign.

6. Monkeypox

6.1 As of October 10^{th,} 2022, there had been 2,411 confirmed monkeypox cases in London, which is the vast majority of the monkeypox cases in England.

6.2 Whilst the priority to provide first doses remains, plans have been put in place for second doses appointments to be available from 31st October. 61% of the eligible population have received their first dose.

6.3 The interval between first and second doses needs to be between 2 to 3 months. First patients were vaccinated at the beginning of July and are now due second doses.

6.4 Post exposure vaccination for staff continues to be delivered by Guys and St Thomas and the Royal Free.

6.5 We are working with all four SW London sexual health clinics to promote intradermal vaccination which will enable a greater number of doses from each vial of vaccine. Training has been provided to all staff on this change to administration asap with a view to going live with appointments from 31st October.

7.   MMR Campaign

7.1   A national MMR campaign has started and will run until December 2022. The eligible cohort is children aged 1-6 years who are becoming eligible or are eligible or overdue for their MMR vaccinations.

7.2   Current uptake across SW London is 69% for MMR1 and 68% for MMR2.

7.3   There will be three rounds of invites 4-5 weeks apart including letters/texts/emails. Invites will advise parents that records suggest that their child is due or has not completed the MMR vaccination course and invites the parent to check their red book, to check other immunisations and to book an appointment with their local GP practice.

8   Summary

8.1   Good progress continues to be made on South West London Vaccination Programme and we are performing well in terms of the London regional position across all 4 programmes. However, we are below the national position.

8.2   We continue to target people who are currently unvaccinated or vaccine hesitant across the 4 programmes.

8.3   A new South West Immunisations strategy is being developed with an expected launch in early 2023

NHS South West London Integrated Care Board

Date	Wednesday, 16 November 2022

Document Title	Emergency Preparedness Resilience and Response Self-Assessment 2022 – Core Standards
Lead Director (Name and Role)	Ben Luscombe, Chief of Staff
Author(s) (Name and Role)	Emma Duffy – Deputy Director of Surge & Emergency Planning
Agenda Item No.	08	**Attachment No.**	06

Purpose (Tick as Required)	Approve		Discuss	X	Note	

Executive Summary

The Emergency Preparedness, Resilience and Response (EPRR) Core Standards assessment is an annual self-assessment against a set of 'core standards' which determine the Organisations' current resilience status and readiness to respond comprehensively in the event of an incident. It ensures the ICB has agreed processes that are aligned with its statutory obligations under the Civil Contingencies Act 2004 (CCA) as a category 1 responder.

Purpose:

The Board is asked to note and discuss the ICB's EPRR core standards submission and level of compliance for information and assurance.

Recommendation:

The Board is asked to review and discuss the Core standards position and our self-assessment submission for the ICB.

Key Issues for the Board to be aware of:

After a "light touch" approach by NHSE in 2021, the assurance process has now reverted to a full suite of core standards, with the addition of new standards associated with ICBs being Category 1 responders.

Conflicts of Interest: None identified

Mitigations for Conflicts of Interest:

N/A

Corporate Objectives This document will impact on the following Board Objectives:	Evidences the readiness of the ICB to operate resiliently and comprehensively as a Category 1 EPRR responder and associated compliance with the NHSE Cor Standards.

Risks This document links to the following Board risks:	We have identified two risks, directly relating to the operation of the SWL Operations Room and our EPRR functions: - Ensuring the room is appropriately staffed (this includes ensuring the room is resilient and appropriately skilled); - We may need additional funding to support future changes to the SWL Operations Room to meet NHS England guidance.
Mitigations Actions taken to reduce any risks identified:	We are currently reviewing the strucutre of the room and will make proposals to the ICB Senior Management Team in due course.

Financial/Resource Implications	The SWL Operations Room provides a joint function covering our Emergency Planning Resilience and Response, Business Continuity and Surge functions. We have recently been asked by NHS England to expand this remit to include full 08:00-20:00 cover, 7 days a week, 365 days a year. NHS England have also asked us to consider the provision of on-call loggist support, to be used in the case of a major incident. We are currently considering the staffing model that would be needed to deliver both these requirements, along with any financial implications. We will be updating the ICB Senior Management Team in due course.

Is an Equality Impact Assessment (EIA) necessary and has it been completed?	Not required
What are the implications of the EIA and what, if any are the mitigations	N/A

Patient and Public Engagement and Communication	Not required at this point.

Previous Committees/	Committee/Group Name:	Date Discussed:	Outcome:

Groups Enter any Committees/ Groups at which this document has been previously considered:	Senior Management Team	10 November 2022	
		Click here to enter a date.	

Supporting Documents	For reference: • SWL Core Standards EPRR Self-Assessment

South West London Integrated Care Board

16 November 2022

**SWL ICB Emergency Preparedness Resilience and Response (EPRR)
Self-Assessment 2022 – Core Standards**

Introduction

1. In England, all organisations within the National Health Service (NHS) have a responsibility to ensure they are adequately prepared to respond to a range of incidents that would potentially affect patient care, from planning for potential pandemics to making provision to respond to major incidents and smaller local incidents.

2. In July 2022 the Integrated Care Board (ICB) became a category 1 responder. Organisations with Category 1 responsibilities are those at the core of an emergency response and are subject to the full set of civil protection duties contained in the Civil Contingencies Act (2004), including:

   - Risk assessment
   - Co-operation
   - Business Continuity Management
   - Emergency Planning
   - Warning and informing
   - Sharing information

3. The NHS England Emergency Preparedness Resilience and Response (EPRR) Framework (2022) underpins the importance of 'planning and preparation' for NHS organisations, stating that EPRR is crucial within healthcare organisations as it enables "the NHS in England to ensure effective arrangements are in place to deliver appropriate care to patients affected during an emergency or incident" (NHS England, 2022).

4. There is a range of guidance that is considered the 'core' suite of documentation to guide NHS organisations in their approach to EPRR. This is listed at the end of the document.

5. An EPRR Core Standards Assessment is undertaken on an annual basis, every Autumn, by all NHS provider organisations and ICBs. The process is split into two parts, with the organisation initially undertaking a self-assessment against the suite of standards where evidence is collated to allow for a gap analysis – this is the point we are at with the 2022 process for SWL ICB, with the draft self-assessment attached. The second stage is a formal meeting and review with the NHSE London EPRR team, which is scheduled for the ICB in early December.

6. This briefing paper provides an update and assurance to the Board that SWL ICB is substantially compliant with the standards for a category 1 responder and able to respond to an EPRR event in SWL.

Responsibilities and requirements

7. The Civil Contingencies Act (CCA) (2004) provides a joint framework for all organisations to follow when planning for, and responding to an incident, and highlights the need for a cohesive multi-agency approach. It is split into two sections: the first relates to the role of the Category 1 and 2 responders, and the second relates to the emergency powers that can be utilised by the government in the event of an incident. Organisations with Category 1 responsibilities are those at the core of an emergency response and as outlined above are subject to the full set of civil protection duties, including:

- **Risk assessment** – SWL ICB has a risk assessment process in place with an identified risk lead and a link into the SWL ICB Emergency Preparedness Resilience and Response (EPRR) function. In addition, there is a London Risk Register (Pandemic Flu, terrorism etc.).
- **Co-operation** – This relates to how the ICB works co-operatively with partner agencies both across SWL, and the London Region. The ICB is represented in the six Borough Resilience Forums across SWL, where the various agencies (Category 1 & Category 2 responders, for example, Emergency Services, Local Authority and representatives of the third sector) meet. The ICBs Accountable Emergency Officer also attends the London Local Health Resilience Partnership which includes all heath partners.
- **Business Continuity Management** (BCM) – SWL ICB have a complete set of plans and a designated Business Continuity officer. SWL is also represented at the London Business Continuity forum.
- **Emergency Planning** – The Incident Response Plan for the ICB reflects the plans for the ICB as a category 1 remit. SWL have a dedicated Emergency Planning Liaison Officer (EPLO) with experience at provider and regional level who leads the annual EPRR cycle.
- **Warning and informing** – This element is undertaken by the ICB's Operations Room team, largely via the surge function, communicating a rising-tide and low-level incidents internally and across the health & care system.
- **Sharing information** – This relates to ensuring that the system is kept informed and being a central conduit for the flow of information into and out of the SWL system. The ICB's Operations Room fulfils this responsibility and has been doing so throughout the COVID pandemic and through transition back to business as usual.

8. **Category 1 responders** - are currently made up of 4 main groups of organisations:

Emergency Services:	• Police • Fire and Rescue • Transport Police • Ambulance services • Coastguard agencies
Local Authority	• Local Authorities • Port Authorities
Health Bodies	• UK Health & Security Agency (previously Public Health England) • NHS England • Acute Providers • Integrated Care Boards (from July 2022)
Government Agencies	• Environment agency • Natural Resources Wales • UK Health & Security Agency (previously Public Health England)

9. Organisations designated as category 2 responders have a duty to share information and are defined in the CCA (2004) as co-operating bodies, not expected to be at the heart of an emergency response. Primary care, including out of hours providers, community providers, mental health service providers, specialist providers, NHS Property Services, NHS Blood &Transplant, NHS Supply Chain and NHS 111 are not listed in the CCA (2004). Despite this, the Department of Health and Social Care and NHS England guidance sets an expectation that they will plan for, and respond to, emergencies and incidents proportionately and as part of the wider local Health Economy.

10. The following, mainly comprised of transport and utility organisations, are organisations that hold Category 2 responsibilities:

   • Network Rail
   • Telecommunication providers
   • Water and energy suppliers
   • Transport for London
   • Airport and harbour authorities
   • Health and Safety Executive

11. Emergency planning, and the resultant Incident Response Plans (IRPs) are developed with the intention of giving structure to an organisations' response to incidents and to align their approach with the Cabinet Offices' statement that an IRP is to *"serve organisations engaged in response and recovery, within the locality at the time of an emergency" (Cabinet Office, 2011*). A range of policies and processes are required to support the IRP and give detail to specific subjects, such as shelter & evacuation and severe weather arrangements.

12. As set out above, every year NHS organisations must undertake a two-stage process to assess their preparedness against the core set of standards.

13. In 2021 SWL CCG was assessed against a reduced set of standards due to the COVID-19 Pandemic which was classified as an on-going incident. At this point, CCGs had category 2 responder standards. SWL CCG achieved a high standard of compliance being rated substantially compliant, achieving 26 out of 29 standards. However, three areas were identified as requiring attention. These have been addressed and SWL ICB are now confirmed as fully compliant by NHS England, The areas requiring attention were:

- CS11 – Critical Incident – decision tree showing how to declare a critical incident was added to the Business Continuity plan.
- CS13 – Heatwave – New Adverse Weather plan for the ICB covering both hot and cold weather.
- CS18 – Mass Casualty - Surge – Detail was required on how the ICB would support the wider system in the event of a mass-casualty situation, this has now been incorporated into the IRP.

14. The 2022 EPRR assurance process measures compliance against the full suite of standards for category 1 responders, and these are related to:

- Governance
- Risk
- Emergency plans
- Training and exercising
- Response
- Warning and informing
- Cooperation
- Business Continuity
- Equality, Diversity & Inclusion
- The deep-dive this year relates to Evacuation & Shelter arrangements for the ICB.

15. Under the self-assessment criteria, we have assessed the current position for the ICB against the 2022 core standards as substantially compliant – there is one standard that we have rated ourselves as AMBER, and that relates to the provision of loggist support 24/7:

- CS29 – Decision Logging – 24-hour access to a trained loggist(s) to ensure support to the decision maker

16. This AMBER rating is because an initial group of loggists have been trained, including the Operations Room staff (the team responsible or planning and running our Surge

and EPRR functions), to ensure there is in-hours provision of loggist support to the Incident commander and director on-call in the event of an incident. At present there is currently no provision of 'on-call' loggists overnight and at weekends. We do not feel, at the moment that this support is needed, as we are not a frontline NHS provider who would be directly involved in the response to any incident. We will continue to review this position and update the ICB should this need to change.

17. The next step in the assurance process for SWL ICB is a formal meeting with Regional NHS England EPRR leads who will review the self-assessment and the supporting documents. This meeting is scheduled for the 6 December 2022.

18. The SWL Acute, Community and Mental Health providers are also in the process of going through their formal meeting stage, and the SWL ICB EPRR representatives will be in attendance to support their system partners and gain a valuable insight into the wider preparedness across the ICS.

Recommendation

19. The Board are asked to note the continued work the ICB is undertaking to deliver its category 1 responder responsibilities and to note our self-assessment. A further update will be provided to the board once we have had our final assessment meeting with NHS England.

Appendix A – Core EPRR guidance

1.	**NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework (2022)** This document provides a framework for EPRR directed at NHS organisations in England. It details the core requirements to allow organisations to understand their responsibilities under the suite of EPRR guidance.
2.	**The Civil Contingencies Act (CCA) 2004** The CCA defines the roles and responsibilities of Category 1 and Category 2 responders and collaborate planning.
3.	**NHS England Core Standards for Emergency Preparedness, Resilience and Response (2015)** This document sets out the core standards that NHS organisations are required to meet to fulfil their EPRR obligations, that includes a self-assessment tool.
4.	**NHS England Business Continuity Management Framework (2013)** This framework gives NHS organisations in England a framework with which to plan their Business Continuity (BC) arrangements against. The framework covers both the service continuity and patient welfare and safety elements in the event of a BC incident.
5.	**The Health and Social Care Act 2012** A short summary of the EPRR roles and responsibilities of health and adult social care organisations across England.
6.	**The Counterterrorism and Security Act (2015)** This Act focuses on the powers held by the UK government and security agencies that allow them to monitor, prevent and respond to acts of Terrorism.

Ref	Domain	Standard name	Standard Detail	Integrated Care Board	Supporting Information - including examples of evidence
Domain 1 - Governance					
1	Governance	Senior Leadership	The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director within their individual organisation, and have the appropriate authority, resources and budget to direct the EPRR portfolio.	Y	Evidence • Name and role of appointed individual • AEO responsibilities included in role/job description
2	Governance	EPRR Policy Statement	The organisation has an overarching EPRR policy or statement of intent. This should take into account the organisation's: • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) • Functions and / or organisation, structural and staff changes.	Y	The policy should: • Have a review schedule and version control • Use unambiguous terminology • Identify those responsible for ensuring policies and arrangements are updated, distributed and regularly tested and exercised • Include references to other sources of information and supporting documentation. Evidence Up to date EPRR policy or statement of intent that includes: • Resourcing commitment • Access to funds • Commitment to Emergency Planning, Business Continuity, Training, Exercising etc.
3	Governance	EPRR board reports	The Chief Executive Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board, no less than annually. The organisation publicly states its readiness and preparedness activities in annual reports within the organisation's own regulatory reporting requirements	Y	These reports should be taken to a public board, and as a minimum, include an overview on: • training and exercises undertaken by the organisation • summary of any business continuity, critical incidents and major incidents experienced by the organisation • lessons identified and learning undertaken from incidents and exercises • the organisation's compliance position in relation to the latest NHS England EPRR assurance process. Evidence • Public Board meeting minutes • Evidence of presenting the results of the annual EPRR assurance process to the Public Board • For those organisations that do not have a public board, a public statement of readiness and preparedness activitites.
4	Governance	EPRR work programme	The organisation has an annual EPRR work programme, informed by: • current guidance and good practice • lessons identified from incidents and exercises • identified risks • outcomes of any assurance and audit processes The work programme should be regularly reported upon and shared with partners where appropriate.	Y	Evidence • Reporting process explicitly described within the EPRR policy statement • Annual work plan
5	Governance	EPRR Resource	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource to ensure it can fully discharge its EPRR duties.	Y	Evidence • EPRR Policy identifies resources required to fulfil EPRR function; policy has been signed off by the organisation's Board • Assessment of role / resources • Role description of EPRR Staff/ staff who undertake the EPRR responsibilities • Organisation structure chart • Internal Governance process chart including EPRR group
6	Governance	Continuous improvement	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the review and embed into EPRR arrangements.	Y	Evidence • Process explicitly described within the EPRR policy statement • Reporting those lessons to the Board/ governing body and where the improvements to plans were made • participation within a regional process for sharing lessons with partner organisations
Domain 2 - Duty to risk assess					
7	Duty to risk assess	Risk assessment	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider all relevant risk registers including community and national risk registers.	Y	• Evidence that EPRR risks are regularly considered and recorded • Evidence that EPRR risks are represented and recorded on the organisations corporate risk register • Risk assessments to consider community risk registers and as a core component, include reasonable worst-case scenarios and extreme events for adverse weather
8	Duty to risk assess	Risk Management	The organisation has a robust method of reporting, recording, monitoring, communicating, and escalating EPRR risks internally and externally	Y	Evidence • EPRR risks are considered in the organisation's risk management policy • Reference to EPRR risk management in the organisation's EPRR policy document
Domain 3 - Duty to maintain Plans					
9	Duty to maintain plans	Collaborative planning	Plans and arrangements have been developed in collaboration with relevant stakeholders to ensure the whole patient pathway is considered.	Y	Partner organisations collaborated with as part of the planning process are in planning arrangements Evidence • Consultation process in place for plans and arrangements • Changes to arrangements as a result of consultation are recorded
10	Duty to maintain plans	Incident Response	In line with current guidance and legislation, the organisation has effective arrangements in place to define and respond to Critical and Major incidents as defined within the EPRR Framework.	Y	Arrangements should be: • current (reviewed in the last 12 months) • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
11	Duty to maintain plans	Adverse Weather	In line with current guidance and legislation, the organisation has effective arrangements in place for adverse weather events.	Y	Arrangements should be: • current • in line with current national UK Health Security Agency (UKHSA) & NHS guidance and Met Office or Environment Agency alerts • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required • reflective of climate change risk assessments • cognisant of extreme events e.g. drought, storms (including dust storms), wildfire.

Ref	Domain	Standard name	Standard Detail	Integrated Care Board	Supporting Information - including examples of evidence
12	Duty to maintain plans	Infectious disease	In line with current guidance and legislation, the organisation has arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases.	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required Acute providers should ensure their arrangements reflect the guidance issued by DHSC in relation to FFP3 Resilience in Acute setting incorporating the FFP3 resilience principles.
13	Duty to maintain plans	New and emerging pandemics	In line with current guidance and legislation and reflecting recent lessons identified, the organisation has arrangements in place to respond to a new and emerging pandemic	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
14	Duty to maintain plans	Countermeasures	In line with current guidance and legislation, the organisation has arrangements in place to support an incident requiring countermeasures or a mass countermeasure deployment	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required Mass Countermeasure arrangements should include arrangements for administration, reception and distribution of mass prophylaxis and mass vaccination. There may be a requirement for Specialist providers, Community Service Providers, Mental Health and Primary Care services to develop or support Mass Countermeasure distribution arrangements. Organisations should have plans to support patients in their care during activation of mass countermeasure arrangements. Commissioners may be required to commission new services to support mass countermeasure distribution locally, this will be dependant on the incident.
15	Duty to maintain plans	Mass Casualty	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to incidents with mass casualties.	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required Receiving organisations should also include a safe identification system for unidentified patients in an emergency/mass casualty incident where necessary.
16	Duty to maintain plans	Evacuation and shelter	In line with current guidance and legislation, the organisation has arrangements in place to evacuate and shelter patients, staff and visitors.	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
Domain 4 - Command and control					
20	Command and control	On-call mechanism	The organisation has resilient and dedicated mechanisms and structures to enable 24/7 receipt and action of incident notifications, internal or external. This should provide the facility to respond to or escalate notifications to an executive level.	Y	• Process explicitly described within the EPRR policy statement • On call Standards and expectations are set out • Add on call processes/handbook available to staff on call • Include 24 hour arrangements for alerting managers and other key staff. • CSUs where they are delivering OOHs business critical services for providers and commissioners
21	Command and control	Trained on-call staff	Trained and up to date staff are available 24/7 to manage escalations, make decisions and identify key actions	Y	• Process explicitly described within the EPRR policy or statement of intent The identified individual: • Should be trained according to the NHS England EPRR competencies (National Minimum Occupational Standards) • Has a specific process to adopt during the decision making • Is aware who should be consulted and informed during decision making • Should ensure appropriate records are maintained throughout. • Trained in accordance with the TNA identified frequency.
Domain 5 - Training and exercising					
22	Training and exercising	EPRR Training	The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.	Y	Evidence • Process explicitly described within the EPRR policy or statement of intent • Evidence of a training needs analysis • Training records for all staff on call and those performing a role within the ICC • Training materials • Evidence of personal training and exercising portfolios for key staff

Ref	Domain	Standard name	Standard Detail	Integrated Care Board	Supporting Information - including examples of evidence
23	Training and exercising	EPRR exercising and testing programme	In accordance with the minimum requirements, in line with current guidance, the organisation has an exercising and testing programme to safely* test incident response arrangements, (*no undue risk to exercise players or participants, or those patients in your care)	Y	Organisations should meet the following exercising and testing requirements: • a six-monthly communications test • annual table top exercise • live exercise at least once every three years • command post exercise every three years. The exercising programme must: • identify exercises relevant to local risks • meet the needs of the organisation type and stakeholders • ensure warning and informing arrangements are effective. Lessons identified must be captured, recorded and acted upon as part of continuous improvement. Evidence • Exercising Schedule which includes as a minimum one Business Continuity exercise • Post exercise reports and embedding learning
24	Training and exercising	Responder training	The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in accordance with the Minimum Occupational Standards. Individual responders and key decision makers should be supported to maintain a continuous personal development portfolio including involvement in exercising and incident response as well as any training undertaken to fulfil their role	Y	Evidence • Training records • Evidence of personal training and exercising portfolios for key staff
25	Training and exercising	Staff Awareness & Training	There are mechanisms in place to ensure staff are aware of their role in an incident and where to find plans relevant to their area of work or department.	Y	As part of mandatory training Exercise and Training attendance records reported to Board
Domain 6 - Response					
26	Response	Incident Co-ordination Centre (ICC)	The organisation has in place suitable and sufficient arrangements to effectively coordinate the response to an incident in line with national guidance. ICC arrangements need to be flexible and scalable to cope with a range of incidents and hours of operation required. An ICC must have dedicated business continuity arrangements in place and must be resilient to loss of utilities, including telecommunications, and to external hazards. ICC equipment should be tested in line with national guidance or after a major infrastructure change to ensure functionality and in a state of organisational readiness. Arrangements should be supported with access to documentation for its activation and operation.	Y	• Documented processes for identifying the location and establishing an ICC • Maps and diagrams • A testing schedule • A training schedule • Pre identified roles and responsibilities, with action cards • Demonstration ICC location is resilient to loss of utilities, including telecommunications, and external hazards • Arrangements might include virtual arrangements in addition to physical facilities but must be resilient with alternative contingency solutions.
27	Response	Access to planning arrangements	Version controlled current response documents are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible.	Y	Planning arrangements are easily accessible - both electronically and local copies
28	Response	Management of business continuity incidents	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).	Y	• Business Continuity Response plans • Arrangements in place that mitigate escalation to business continuity incident • Escalation processes
29	Response	Decision Logging	To ensure decisions are recorded during business continuity, critical and major incidents, the organisation must ensure: 1. Key response staff are aware of the need for creating their own personal records and decision logs to the required standards and storing them in accordance with the organisations' records management policy. 2. has 24 hour access to a trained loggist(s) to ensure support to the decision maker	Y	• Documented processes for accessing and utilising loggists • Training records
30	Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to incidents including bespoke or incident dependent formats.	Y	• Documented processes for completing, quality assuring, signing off and submitting SitReps • Evidence of testing and exercising • The organisation has access to the standard SitRep Template
Domain 7 - Warning and informing					
33	Warning and informing	Warning and informing	The organisation aligns communications planning and activity with the organisation's EPRR planning and activity.	Y	• Awareness within communications team of the organisation's EPRR plan, and how to report potential incidents. • Measures are in place to ensure incidents are appropriately described and declared in line with the NHS EPRR Framework. • Out of hours communication system (24/7, year-round) is in place to allow access to trained comms support for senior leaders during an incident. This should include on call arrangements. • Having a process for being able to log incoming requests, track responses to these requests and to ensure that information related to incidents is stored effectively. This will allow organisations to provide evidence should it be required for an inquiry.

Ref	Domain	Standard name	Standard Detail	Integrated Care Board	Supporting Information - including examples of evidence
34	Warning and informing	Incident Communication Plan	The organisation has a plan in place for communicating during an incident which can be enacted.	Y	• An incident communications plan has been developed and is available to on call communications staff • The incident communications plan has been tested both in and out of hours • Action cards have been developed for communications roles • A requirement for briefing NHS England regional communications team has been established • The plan has been tested, both in and out of hours as part of an exercise. • Clarity on sign off for communications is included in the plan, noting the need to ensure communications are signed off by incident leads, as well as NHSE (if appropriate).
35	Warning and informing	Communication with partners and stakeholders	The organisation has arrangements in place to communicate with patients, staff, partner organisations, stakeholders, and the public before, during and after a major incident, critical incident or business continuity incident.	Y	• Established means of communicating with staff, at both short notice and for the duration of the incident, including out of hours communications • A developed list of contacts in partner organisations who are key to service delivery (local Council, LRF partners, neighbouring NHS organisations etc) and a means of warning and informing these organisations about an incident as well as sharing communications information with partner organisations to create consistent messages at a local, regional and national level. • A developed list of key local stakeholders (such as local elected officials, unions etc) and an established a process by which to brief local stakeholders during an incident • Appropriate channels for communicating with members of the public that can be used 24/7 if required • Identified sites within the organisation for displaying of important public information (such as main points of access) • Have in place a means of communicating with patients who have appointments booked or are receiving treatment. • Have in place a plan to communicate with inpatients and their families or care givers. • The organisation publicly states its readiness and preparedness activities in annual reports within the organisations own regulatory reporting requirements
36	Warning and informing	Media strategy	The organisation has arrangements in place to enable rapid and structured communication via the media and social media	Y	• Having an agreed media strategy and a plan for how this will be enacted during an incident. This will allow for timely distribution of information to warn and inform the media • Develop a pool of media spokespeople able to represent the organisation to the media at all times. • Social Media policy and monitoring in place to identify and track information on social media relating to incidents. • Setting up protocols for using social media to warn and inform • Specifying advice to senior staff to effectively use social media accounts whilst the organisation is in incident response
Domain 8 - Cooperation					
37	Cooperation	LHRP Engagement	The Accountable Emergency Officer, or a director level representative with delegated authority (to authorise plans and commit resources on behalf of their organisation) attends Local Health Resilience Partnership (LHRP) meetings.	Y	• Minutes of meetings • Individual members of the LHRP must be authorised by their employing organisation to act in accordance with their organisational governance arrangements and their statutory status and responsibilities.
38	Cooperation	LRF / BRF Engagement	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.	Y	• Minutes of meetings • A governance agreement is in place if the organisation is represented and feeds back across the system
39	Cooperation	Mutual aid arrangements	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies. In line with current NHS guidance, these arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.	Y	• Detailed documentation on the process for requesting, receiving and managing mutual aid requests • Templates and other required documentation is available in ICC or as appendices to IRP • Signed mutual aid agreements where appropriate
40	Cooperation	Arrangements for multi area response	The organisation has arrangements in place to prepare for and respond to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas.	Y	• Detailed documentation on the process for coordinating the response to incidents affecting two or more LHRPs • Where an organisation sits across boundaries the reporting route should be clearly identified and known to all
42	Cooperation	LHRP Secretariat	The organisation has arrangements in place to ensure that the Local Health Resilience Partnership (LHRP) meets at least once every 6 months.	Y	• LHRP terms of reference • Meeting minutes • Meeting agendas
43	Cooperation	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information pertinent to the response with stakeholders and partners, during incidents.	Y	• Documented and signed information sharing protocol • Evidence relevant guidance has been considered, e.g. Freedom of Information Act 2000, General Data Protection Regulation 2016, Caldicott Principles, Safeguarding requirements and the Civil Contingencies Act 2004
Domain 9 - Business Continuity					
44	Business Continuity	BC policy statement	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) that aligns to the ISO standard 22301.	Y	The organisation has in place a policy which includes intentions and direction as formally expressed by its top management. The BC Policy should: • Provide the strategic direction from which the business continuity programme is delivered. • Define the way in which the organisation will approach business continuity. • Show evidence of being supported, approved and owned by top management. • Be reflective of the organisation in terms of size, complexity and type of organisation. • Document any standards or guidelines that are used as a benchmark for the BC programme. • Consider short term and long term impacts on the organisation including climate change adaption planning
45	Business Continuity	Business Continuity Management Systems (BCMS) scope and objectives	The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented. A definition of the scope of the programme ensures a clear understanding of which areas of the organisation are in and out of scope of the BC programme.	Y	BCMS should detail: • Scope e.g. key products and services within the scope and exclusions from the scope • Objectives of the system • The requirement to undertake BC e.g. Statutory, Regulatory and contractual duties • Specific roles within the BCMS including responsibilities, competencies and authorities. • The risk management processes for the organisation i.e. how risk will be assessed and documented (e.g. Risk Register), the acceptable level of risk and risk review and monitoring process • Resource requirements • Communications strategy with all staff to ensure they are aware of their roles • alignment to the organisations strategy, objectives, operating environment and approach to risk. • the outsourced activities and suppliers of products and suppliers. • how the understanding of BC will be increased in the organisation

Ref	Domain	Standard name	Standard Detail	Integrated Care Board	Supporting Information - including examples of evidence
46	Business Continuity	Business Impact Analysis/Assessment (BIA)	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(es).	Y	The organisation has identified prioritised activities by undertaking a strategic Business Impact Analysis/Assessments. Business Impact Analysis/Assessment is the key first stage in the development of a BCMS and is therefore critical to a business continuity programme. Documented process on how BIA will be conducted, including: • the method to be used • the frequency of review • how the information will be used to inform planning • how RA is used to support. The organisation should undertake a review of its critical function using a Business Impact Analysis/assessment. Without a Business Impact Analysis organisations are not able to assess/assure compliance without it. The following points should be considered when undertaking a BIA: • Determining impacts over time should demonstrate to top management how quickly the organisation needs to respond to a disruption. • A consistent approach to performing the BIA should be used throughout the organisation. • BIA method used should be robust enough to ensure the information is collected consistently and impartially.
47	Business Continuity	Business Continuity Plans (BCP)	The organisation has business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: • people • information and data • premises • suppliers and contractors • IT and infrastructure	Y	Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation. Ensure BCPS are Developed using the ISO 22301 and the NHS Toolkit. BC Planning is undertaken by an adequately trained person and contain the following: • Purpose and Scope • Objectives and assumptions • Escalation & Response Structure which is specific to your organisation. • Plan activation criteria, procedures and authorisation. • Response teams roles and responsibilities. • Individual responsibilities and authorities of team members. • Prompts for immediate action and any specific decisions the team may need to make. • Communication requirements and procedures with relevant interested parties. • Internal and external interdependencies. • Summary Information of the organisations prioritised activities. • Decision support checklists • Details of meeting locations • Appendix/Appendices
48	Business Continuity	Testing and Exercising	The organisation has in place a procedure whereby testing and exercising of Business Continuity plans is undertaken on a yearly basis as a minimum, following organisational change or as a result of learning from other business continuity incidents.	Y	Confirm the type of exercise the organisation has undertaken to meet this sub standard: • Discussion based exercise • Scenario Exercises • Simulation Exercises • Live exercise • Test • Undertake a debrief Evidence Post exercise/ testing reports and action plans
49	Business Continuity	Data Protection and Security Toolkit	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Y	Evidence • Statement of compliance • Action plan to obtain compliance if not achieved
50	Business Continuity	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	Y	• Business continuity policy • BCMS • performance reporting • Board papers
51	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board. The organisation has conducted audits at planned intervals to confirm they are conforming with its own business continuity programme.	Y	• process documented in EPRR policy/Business continuity policy or BCMS aligned to the audit programme for the organisation • Board papers • Audit reports • Remedial action plan that is agreed by top management. • An independent business continuity management audit report. • Internal audits should be undertaken as agreed by the organisation's audit planning schedule on a rolling cycle. • External audits should be undertaken in alignment with the organisations audit programme
52	Business Continuity	BCMS continuous improvement process	There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	Y	• process documented in the EPRR policy/Business continuity policy or BCMS • Board papers showing evidence of improvement • Action plans following exercising, training and incidents • Improvement plans following internal or external auditing •Changes to suppliers or contracts following assessment of suitability Continuous Improvement can be identified via the following routes: • Lessons learned through exercising. • Changes to the organisations structure, products and services, infrastructure, processes or activities. • Changes to the environment in which the organisation operates. • A review or audit. • Changes or updates to the business continuity management lifecycle, such as the BIA or continuity solutions. • Self assessment • Quality assurance • Performance appraisal • Supplier performance • Management review • Debriefs • After action reviews • Lessons learned through exercising or live incidents

Ref	Domain	Standard name	Standard Detail	Integrated Care Board	Supporting Information - including examples of evidence
53	Business Continuity	Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements align and are interoperable with their own.	Y	• EPRR policy/Business continuity policy or BCMS outlines the process to be used and how suppliers will be identified for assurance • Provider/supplier assurance framework • Provider/supplier business continuity arrangements This may be supported by the organisations procurement or commercial teams (where trained in BC) at tender phase and at set intervals for critical and/or high value suppliers

![NHS South West London Integrated Care Board]

NHS South West London Integrated Care Board	
Date	Wednesday, 16 November 2022

Document Title	Update on the South West London People and Communities Engagement Assurance Group
Lead Director (Name and Role)	Charlotte Gawne Executive Director of Communications and Engagement
Author(s) (Name and Role)	Kate Wignall Head of Patient and Public Engagement
Agenda Item No. 09	**Attachment No.** 07

Purpose (Tick as Required)	Approve		Discuss		Note	✓

Executive Summary

The People and Communities Engagement Assurance Group (PCEAG) was established to provide assurance to the ICB (and reports to ICP) that the legal duty to involve the public in decision making has been met.

The inaugural PCEAG was held on 19 October 2022 and discussed these legal duties around service change in the NHS, the implementation of the SWL People and Communities Engagement Strategy and our local ambition to embed a culture where engagement is everyone's responsibility.

The PCEAG agreed to meet quarterly, with the next meeting likely to be arranged for February 2023. Subsequent updates will be provided to the ICB.

Purpose:

This report provides:
- an update from the PCEAG
- an overview on how the PCEAG intends to work collaboratively with system partners to provide assurance to the ICB on the legal duty to involve the public.

Recommendation:

The ICB is asked to note the report and the discussions at the meeting.

Key Issues for the Board to be aware of:
N/A

Conflicts of Interest:
N/A

Mitigations for Conflicts of Interest:
N/A

Corporate Objectives This document will impact on the following Board Objectives:	Our approach aligns to the ICS/ICB objectives and aims to support meeting these objectives: • Improve outcomes in population health and healthcare. • Tackle inequalities in outcomes, experience and access • Enhance productivity and value for money; and • Help the NHS support broader social and economic development. It is important that the ICB works to the ten principles for working with people and communities in their engagement activities – as set out by NHS England (NHSE) and included in the SWL People and Communities Engagement Strategy. The NHSE will use these principles in its assurance process of our engagement approach and activities and thus will drive the delivery of our local strategy and the remit of the PCEAG.

Risks This document links to the following Board risks:	Broader risks associated with engagement are around our services not being responsive to our local population's needs and aspirations, and the legal duty to involve is not met. In addition, lack of inclusive engagement with diverse populations means the ICB corporate objectives, notably to improve population health and reduce health inequalities will be much harder to meet. The key risk discussed at the meeting will be around the resource available and willingness of teams to support investment in community led engagement and to deliver engagement with people and communities at a programme level.
Mitigations Actions taken to reduce any risks identified:	1. The PCEAG will work collaboratively with partners to set up processes to not only embed engagement as everyone's responsibility, but to also review engagement reports from Place, SWL and Provider Collaboratives before they are submitted to the ICB and ICP. 2. The PCEAG and delivery of the SWL People and Communities Engagement Strategy sets out the approaches which aim to reach diverse populations. The development of subsequent toolkits will further support this ambition. We will also be reviewing the implementation of the strategy within 12 months. 3. Work with teams to ensure engagement is adequately delivered and funded.

Financial/Resource Implications	N/A

Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A
What are the implications of the EIA and what, if any are the mitigations	N/A

| Patient and Public Engagement and Communication | Patient and public engagement is central to the purpose of establishing the PCEAG and aims to provide assurance to the ICB that the legal duty to involve the public in decision making has been met – either by consulting people or providing people with information or in other ways.

Patient and public representatives are PCEAG members and the new Exec Director roles for the VCSE and Healthwatch will also be future members when in post. The governance section of the People and Communities Strategy shows how Place, Provider Collaboratives and SWL programmes all link to grass roots community engagement mechanisms. |
|---|---|

Previous Committees/ Groups Enter any Committees/ Groups at which this document has been previously considered:	Committee/Group Name:	Date Discussed:	Outcome:
	N/A	Click here to enter a date.	
		Click here to enter a date.	
		Click here to enter a date.	

Supporting Documents	

South West London Integrated Care Board
Meeting Paper
16 November 2022

Update on the South West London People and Communities Engagement Assurance Group

Introduction

This report provides an overview of the inaugural South West London (SWL) People and Communities Engagement Assurance Group (PCEAG), chaired by ICB Non Executive Member Mercy Jeyasingham, and was held on 19 October 2022. It includes:

- an update of items and discussion from the PCEAG meeting
- an overview on how the PCEAG intends to work collaboratively with system partners to provide assurance to the ICB on the legal duty to involve the public.

Background

The People and Communities Engagement Assurance Group (PCEAG) was established to provide assurance to the ICB (and reports to ICP) that the legal duty to involve the public in decision making has been met – either by consulting people or providing people with information or in other ways. At the first meeting the terms of reference were agreed, but it was also discussed that these may evolve as the system matures. The current terms of reference outline that the PCEAG would work collaboratively with partners and support its purpose to:

- review engagement plans and activities to ensure they meet best practice: being transparent about what is open to influence; clearly demonstrating the impact of the work; and inclusive of a diverse range of people and communities including those from protected characteristic groups and key health inclusion groups.

- ensure Place, South West London (SWL) and provider collaboratives adhere to the ten principles for working with people and communities in their engagement activities – as set out by NHS England (NHSE) and included in the SWL People and Communities Engagement Strategy. It is important to note that NHSE will use these principles in its assurance process of our engagement approach and activities. The principles are:

    1. Put the **voices** of people and communities at the **centre of decision-making** and governance, at every level of the ICS.
    2. **Start engagement early** when developing plans **and feed back** to people and communities how their engagement has influenced activities and decisions.
    3. **Understand your communities:** their relevant social histories, their experiences and their aspirations for health and care. Engage to find out if change is having the desired effect.

4. Build relationships with excluded groups, especially those **affected by inequalities**.
5. Work with **Healthwatch and the voluntary**, community and social enterprise (VCSE) sector as key partners.
6. Provide **clear and accessible public information** about vision, plans and progress, to build understanding and trust.
7. Use community development approaches that **empower people and communities**, making connections to social action (bottom up) – what local people determine are community priorities.
8. Use **co-production, insight** and engagement to achieve **accountable health and care services.** By working jointly with people – accountable to local people.
9. Co-produce and redesign services and **tackle system priorities** in partnership with people and communities (top down).
10. Learn from what works and **build on the assets of all ICS partners** – networks, relationships, activity in local places.

The PCEAG has responsibility to review the engagement reports from Place, SWL and Provider Collaboratives and making recommendations where further work may be required, or best practice shared. The PCEAG will also review and advise on the implementation of the SWL People and Communities Engagement Strategy, engagement workplans based on key priorities for ICB and on annual engagement submissions to NHSE.

Membership

Group/organisation	Representative
VCSE sector	1 – Member of SWL VCSE alliance
Healthwatch	1 – SWL Healthwatch role
Health inequalities	1 – TBC Chair of health inequalities group
ICS Communications and Engagement Team	2 – SWL Executive director and Head of Engagement for SWL
Quality	1 – Member of system quality group
Clinical	1 – Exec medical director or nominee
Acute Provider Collaborative	2 – APC programme director AND NED or service user/lived experience
Mental Health Collaborative	2 Collaborative director AND NED or service user/lived experience
Primary Care	2 – Primary Care rep AND service user/lived experience
Cancer collaborative	2 – Collab director AND NED or service user/lived experience
Local Authority	1 – nominated rep TBC
Total number of members	**16**

Summary of items and discussion

The PCEAG discussed three key items.

Service change in the NHS
NHSE, ICBs and trusts all have legal duties to make arrangements to involve the public in their decision-making about NHS services (as set out in the National Health Services Act 2006, amended by the Health and Care Act 2022). In addition, the Equality Act 2010 requires the nine protected characteristics to be taken into account when involving or engaging with the public. There is no legal definition of service change but it broadly encompasses any change to the provision of NHS services which involves a shift in the way front line health services are delivered. The PCEAG has responsibility to assure the ICB that these legal duties are met.

SWL People and Communities Engagement Strategy
The SWL People and Communities Engagement Strategy was developed with 40 groups and over 500 people from across the system. This strategy sets out the high-level approach to ensure that people and communities are at the heart of everything we do, are central to the way we plan and deliver health and care services in South West London. It outlines the principles that we can be held to; the ways we involve people; the processes in place to ensure views influence decision making and that there is the system in place to provide assurance it happens. The vision for this work aims to have inclusive ways of reaching and listening to our diverse populations, reduce health inequalities by better understanding the needs and aspirations of our local people, develop a culture where engaging with local people and communities is embraced as part of everyone's role and invest in community led engagement. This strategy is an evolving document will be continually reviewed and adaptations will be made to our approach as our system matures. A number of supporting companion documents and toolkits are under development to support the aims of the strategy. The PCEAG was supportive of the strategy and will review its implementation though its responsibilities.

Embedding a culture of engagement
The overarching ambition is to embed a culture where engagement is everyone's responsibility. This should not be underestimated and will be an ongoing piece of work that the PCEAG will support. The SWL engagement team have developed a programme on how this might be developed in two key phases. Phase one is an orientation pack to be discussed with leadership and transformation groups at both SWL and Place and phase two is the sharing of good practice, showcasing effective engagement and the provision of resources and a toolkit to support others to take ownership of this ambition.

An example to demonstrate good practice coproduction was shared at PCEAG. The SWL engagement team worked on Mind the Gap with Merton Mencap and explored the barriers faced for people with a learning disability and/or autistic people when using technology to connect, see promoting digital confidence film here. We bid for this fund from NHSE in 2021/22 and the learning and toolkit produced were shared with a wide range of partners across the health and care system in SWL.

Link with Quality Assurance, Patient Experience Panel, and SWL Health Inequalities Committee

There is strength in bringing together community engagement and all of the elements of the Quality and Health Inequalities agenda. The benefits of system working and the new governance structure created to support both the ICB and ICS have given us opportunities to strengthen these links. Mercy Jeyasingham, Non-Executive Member, is the Chair of both the Quality Oversight Committee and the PCEAG. In addition, we have cross representation on committees by the executive directors for both quality, health inequalities, engagement, as well as other key members of both teams. The links between community engagement and patient experience are also key to strengthening our response as a system to feedback from local people.

Going Forward

Effective and inclusive engagement with our diverse people and communities ensures that our services are responsive to our local population's needs and aspirations. The PCEAG will work collaboratively with system partners to support and set up processes to embed the culture of engagement, advocating that engagement is everyone's responsibility, whilst providing assurance by reviewing engagement reports from Place, SWL and Provider Collaboratives before any submission to to the ICB and ICP, if appropriate.

Next steps

The PCEAG agreed to meet quarterly, with the next meeting likely to be arranged for February 2023. Subsequent updates will be provided to the ICB.

NHS South West London Integrated Care Board

Date	Wednesday, 16 November 2022

Document Title	South West London ICB Quality Report
Lead Director (Name and Role)	Dr Gloria Rowland, Chief Nursing and AHP Officer & Executive Director for Patient Outcomes
Author(s) (Name and Role)	Chris Benson, Head of Quality, SWL ICB June Okochi, Deputy Director of Quality Improvement, SWL ICB
Agenda Item No. 10	**Attachment No.** 08

Purpose (Tick as Required)	Approve		Discuss	✔	Note	✔

Executive Summary

The quality report provides key quality metrics highlighting safety, experience and well-led outcomes for South West London providers in the period of August and September 2022. The second part of the quality report outlines progress made on quality improvement plans at system level including a summary of exceptions and highlights mitigations in place to address them.

Purpose

To provide:
- A summary of quality delivery and oversight within South West London
- Assurance to the ICB that the right steps have been taken to develop a robust quality framework for oversight and delivery.
- Assurance that quality risks and challenges are being managed adequately by the ICS quality team.

Recommendation

The Board is asked to:

- Be assured that quality oversight and governance is effective and escalation processes are clear for partners to raise concerns where appropriate.
- Be assured that the development of quality functions and delivery within the ICB and wider ICS is being implemented at pace.
- Be assured that the system is working collaboratively to address quality challenges that could impact patient safety.

Key Issues for the Board to be aware of:

- Workforce continues to pose a challenge for services across SWL with vacancies impacting delivery specifically for specialist nursing and allied health professional services. Chief Nurses in SWL are working towards system plans that will address these challenges in the long term.

- Providers are reporting increased demand in ED services and in Child and Adolescent Mental Health Services (CAMHS). The System Quality Council has a focused agenda to ensure quality and patient safety is not compromised, as a result of the service pressures. Providers and system partners have a clear quality escalation framework within their organisations and to the ICB.

- There are currently gaps in the process of automating and standardising quality metrics from providers. Our aim is to standardise the data reporting and collection approach for Trusts for quality metrics to support better trend analysis. This is long term plan, and the quality dashboard will be an enabler to achieving this.

- The Never Event Deep dive has been completed, with the findings contained within this report. As part of our plan to support the UEC pathway, deep dives have also commenced in the areas below:
  - UEC harm review and outcomes
  - Health inequalities in patient safety

- All quality risks are detailed in the risk register and managed by the Quality directorate and mitigations are developed and shared with system partners.

Conflicts of Interest:
N/A

Mitigations for Conflicts of Interest:
N/A

Corporate Objectives This document will impact on the following Board Objectives:	Our system quality approach aligns to the ICS/ICB objectives and will meet these objectives: - Improve outcomes in population health and healthcare. - Tackle inequalities in outcomes, experience and access - Enhance productivity and value for money; and - Help the NHS support broader social and economic development.

| Risks
This document links to the following Board risks: | • Quality risks are included in the SWL ICB Corporate risk register and escalated to the Board Assurance Framework where appropriate
• Key areas impacting quality metrics for the Board to note include: (1) Emergency Department pressures and ambulance handover delays, (2) quality risks on Continuing Health Services at Merton and Wandsworth, (3) General workforce challenges specifically in urgent and emergency care and specialist services (4) delayed assessments of SWL's Children Looked After, linking with Special Education Needs and Disabilities (SEND). |
|---|---|
| Mitigations
Actions taken to reduce any risks identified: | As detailed in the quality risk register |

| Financial/Resource Implications | To deliver quality requirements for the ICS, there will be financial and resource implications for the following areas:

• New regulatory requirements from the CQC to inspect ICSs, Places and Local authorities from April 2023 will require additional resource given this will be a new requirement to resource system readiness.
• Continuing Healthcare is a statutory function which is over-spending due to backlog of assessments. A key mitigation is to bring in additional resource to support SWL working with Local Authorities to clear backlogs.
• The ambition for SWL to become a Quality Improvement system, in order to drive safer care requires resourcing. As part of the ICB resources review we will consider quality requirements alongside all other priorities to ensure that resources set are adequate to cover specific and overall ICB requirements. |
|---|---|

Is an Equality Impact Assessment (EIA) necessary and has it been completed?	Yes
What are the implications of the EIA and what, if any are the mitigations	The impact assessment on quality includes any equality impact on:
• Patient safety
• Patient experience

	• Workforce
	We have assessed the impact on patient safety as set out in the requirements of the revised NHS Patient Safety Strategy 2019 (updated 2021). This is currently a workstream sitting within the ICS health inequalities programme of work and has been presented to the health inequalities delivery group. We have reviewed 2228 serious incidents over five years recorded by SWL providers for the period of 1st April 2017 – 31st March 2022 and findings show:
	• Male patients had the highest numbers of reported serious incidents.
	• Croydon borough had the highest number of residents/patients who experienced a serious incident.
	• Black patients and mixed ethnicity patients are disproportionally impacted by harm compared to Asian and White patients.
	• There is a significant challenge with the quality of data. The data shows poor recording of demographics of the nine protected characteristics. Further analysis is being carried out to review if there are inequalities relating to patient groups suffering harm.

Patient and Public Engagement and Communication	We are working with Safety and Quality Patient Partners, patients and public including specific impacted communities linking with our Voluntary Care Sector organisations to ensure we are listening to the voices of our population and using this insight to improve quality.

Previous Committees/ Groups Enter any Committees/ Groups at which this document has been previously considered:	Committee/Group Name:	Date Discussed:	Outcome:
	System Quality Council	Friday, 21 October 2022	Escalations reported
	Senior Management Team	Thursday, 27 October 2022	Noting and approval
Supporting Documents			

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NHS South West London
Integrated Care Board

South West London Integrated Care Board
16th November 2022
South West London System Quality Report

Introduction

The report provides key quality metrics highlighting safety, experience, and well-led outcomes for South West London providers for the period of September 2022. The second part of the report outlines progress made on quality improvement plans at system level. The final part provides a summary of exceptions and associated mitigations.

Section1: **Key system quality metrics (Safe, Well led, Experience)**
Section 2: **Development of system quality oversight**

Section 1: SWL Integrated Care System (ICS) Key System Quality Indicators/Metrics

The indicators listed below are included in this report. These are some of the quality metrics required for ICSs to monitor to ensure effective quality oversight:

Safe	Experience	Well led	Effective
▪ Serious Incidents & Never Events ▪ Quality alerts ▪ Mortality (SHMI/HMSR & Medical Examiner) ▪ Infection Prevention & Control (IPC) ▪ Harm Free Care: Falls & Pressure Ulcers (PU)	▪ Provider Complaints ▪ ICB Complaints ▪ Friends and Family Test (FFT)-ED ▪ FFT-Inpatients	▪ Staffing: Vacancy & Turnover ▪ SEND revisits ▪ CQC updates	▪ Continuing Health Care (CHC)

Safety: *For people who use our services*
Avoid harm to people from care that is intended to help them

Safety Events- Never Events (NE)

- Four Never Events have been declared in Q2 (July- Sept 2022).
  - Two wrong site surgery cases (reported by Epsom and St Helier University Hospital and Kingston Hospital NHS Foundation Trust)
  - Two reported at the Royal Marsden (one case of a retained foreign object and one case of administration of medication via a wrong route
- SWL continues to be in the top two best performing ICS in London in terms of the number of never events.
- 'Retained foreign object' and 'wrong site surgery' are consistent themes.
- A deep dive into never events across SWL going back 5 years (April 2017- March 2022) was carried out in September 2022 to establish:
  - Common issues/themes based on root causes
  - Strength of barriers from each never event investigation report (assessed against the national barrier strengths tool)
  - Case for a system wide Quality Improvement approach
  - Strength of barriers from each never event investigation report (assessed against the national barrier strengths tool)

A barrier strength analysis is a tool used to analyse the strength of implementation of safety action plans to delivery to prevent recurrence.

Findings from the deep dive show that common issues from the root cause were because of 'staff who did not follow trust policy /procedure /guidelines' for a variety of reasons.

Following an assessment of the barrier strength analysis, approximately 97% of the actions were found to be moderate to weak strength. We are working with organisations to strengthen their action plans.

Safety Events – Serious Incidents (SI's)

- 87 serious incidents have been declared in Q2 (July – Sept), slightly lower than previous quarter.
- Serious incident number trends fluctuate, ranging from 25-45 month on month (this is for serious incidents that SWL leads and for some Providers it is for SWL borough patients only).
- The top three types of incidents reported for Q2 (July- Sept) are: self-harm, falls and diagnostic delays.
- Over the last 12 months (Aug 2021- Sept 2022) the top 5 themes for SWL include self-harm; infection control incidents; diagnostic delay, treatment delay and falls. Three out of the top five themes are consistent with London so this is not a unique position for Southwest London.

Actions to improve:

- We are currently undertaking themed deep dive across the system focusing on 'diagnosis and treatment delays' to guide the system in putting targeted plans in place to address the root causes.

- Explore further system level suicide prevention schemes working in collaboration with SWL's mental health alliance.
- We are sharing learning through our ongoing Quality Council meetings.
- The Patient Safety Incident Response Framework (PSIRF) was published 16th August and formally launched on 5th Sept 2022 by the national team. We have formulated ICS implementation plan and we are on track with going live date of 1st June 2023.

Infection and Prevention Control Hospital Acquired Infections (HCAIs)

Kingston Hospital Foundation Trust has seen in increase in the number of Covid outbreaks on wards leading to a decision to reintroduce Covid screening for all emergency admissions from the Emergency Department to support safe and effective bed management and flow.

St Georges Hospital have reported there were 7 C. difficile infections during September 2022:

- 5 were classified as Hospital Onset Healthcare Associated (HOHA), where the specimen was taken beyond admission day plus one day;
- 2 were classified as Community Onset Healthcare Associated (COHA), where the specimen was taken within admission day plus one day (and where the patient had also been an inpatient in the previous 4 weeks).

There has been a total of 39 cases between April and September 2022. There is a NHSE trajectory of no more than 43 cases for 2022-23. This equates to no more than 3.5 cases per month or no more than 21 cases at end of September 2022. This means the Trust remains significantly above trajectory. A focus on antimicrobial stewardship and cleanliness of medical devices continues.

Safety and quality alerts – Make A Difference (MkAD)

Make a Difference Alerts (MKAD) are quality concerns that are raised directly to the Integrated Care System by a healthcare professional (primary, secondary care or local authority) in relation to service or care delivery of quality issues.

- A total of 382 Make a Difference safety alerts have been raised across SWL in Q2 (July – Sept) 2022. This is a slight increase compared to Q1, increasing across all borough areas except for Croydon and Merton.
- The top three themes in Q2 (July – Aug) 2022 were referral process, discharge concerns and communication. These have been consistent themes throughout the reporting period.

Actions to improve:

- SWL continue to utilise the intelligence from alerts to improve patient experience, safety and inform wider learning and improvement across the system.
- Promoting Make a Difference across Social Care Partners, by working with the Enhanced Healthcare in Care Homes (EHCH) initiative to increase awareness and uptake of Make a Difference across Care Homes.
- Strategic use of Make a Difference alerts to identify and address quality issues/concerns across the Integrated Care System through quality initiatives to facilitate change and improve across the system.

Summary Hospital Level Mortality and Hospital Standardised Mortality Ratio (SHMI/HMSR)

Summary Hospital Level Mortality and Hospital Standardised Mortality Ratio figures are all within the average range in the reporting months for all Trusts except Epsom and St Helier Hospital NHS Trust (ESH). A letter has been sent to ESH from the ICB and an Executive level meeting is being arranged to discuss support to improve.

Actions to improve:

- There is no existing SWL platform that collates the SWL picture for mortality in a comprehensive way. The plan is to develop a platform that will triangulate mortality reporting sources which will include (local trusts mortality monitoring, external mortality alerts, medical examiner, coroner alerts, child deaths panels and providers learning from death reports (learning from deaths (LfD) report). The aims are to monitor mortality themes, learning and identifying safety improvement areas.

Harm Free Care - Pressure Ulcers (PU)

St Georges Hospital Trust saw the largest reduction in numbers of category 3 and 4 pressure ulcers, with a 47% reduction from a total of 17 in August 2022 to 9 in September 2022. Other Providers, including Croydon Health Services and Epsom and St Helier, have remained stable in their figures compared to last month. Initiatives to address PUs include audits, back to the floor disseminated protected repositioning times, senior nurse pressure ulcer prevention workshops, and regular deep dives into high-risk areas.

Harm Free Care – Falls

Falls have been reducing in frequency for Epsom and St Helier in September 2022, down by 7.7% (7 falls), and Croydon Health Services has reduced by 16.7% (11 falls). Croydon Health Services has seen a sustained reduction in unwitnessed falls, with 'mobilising without assistance' as the primary category for fallers. When factoring in rates against 1000 bed days, St Georges Hospital Trust has a ratio of 4.65, which is below the mean for performance special cause variation and has been so for the last 6 months. Whilst Initiatives to improve include incident deep dives, falls prevention study days, falls awareness week, and engagement with falls champions.

Positive Experience: *For people who use our service*
Responsive and person-centred. Services respond to people's needs and choices and enable them to be equal partners in their own care

Friends and Family Test (FFT)

Recommendation results have remained stable across SWL for September 2022, with no significant fluctuations to results compared to previous months data.

FFTs performance continues to be a challenge in Emergency Departments (ED) due to the national, regional, and local ED pressures and long waits including ambulance handover delays for most acute services. This has been the case for a few months mainly due to waiting times due to operational pressures. Several Trusts are implementing new FFT systems to improve response rates and engagement, whilst others are outsourcing the FFT function to external providers.

System wide actions:

- The establishment of the SWL Patient Experience and Engagement Network Panel. The panel will bring all Patient Experience and Engagement leads across all our providers together to discuss and review all open complaints, FFT analysis, PALS, compliments, and track system wide issues that could be emerging from our patients' concerns.
- Implement Patient Safety Partner role as well as ensure we have patient voice on our system quality groups such as Quality Council, Children and Young People (CYP) boards and other relevant committees.

SWL Provider Complaints

Epsom and St Helier have seen a 27% reduction in complaints in September 2022 compared to August 2022. Epsom and St Helier Hospital Trust have also seen improvement in their response rate targets, with full recovery of position due by end of Q3 this year. Croydon Health Services has experienced a 23% increase in complaints and is experiencing an issue with a volume of open breached complaints; work is ongoing to clear these and the process is being reviewed with the intention of creating a system that can triangulate feedback and learning across the Trust. Other provider figures remain stable comparatively. Top complaint categories across SWL include clinical treatment, care and communication.

Integrated Care Board (ICB) Complaints

In 2022/23 to date, the ICB has received 256 complaints (including through MPs) and 414 Patient Advice and Liaison Service (PALS) enquiries.

Current Themes

The highest volume of complaints relates to primary care and general health. The only exception is Richmond and Kingston, where the COVID and vaccination category has received the greatest number of complaints.

Data on emerging themes from PALS and Complaints is in its early stages, whilst the current methods record the category and the geographic area, the subcategory details of what the case is about are contained within the text of the case, not counted in metrics. This will be resolved with the implementation of Radar Healthcare software. Currently there is a manual process to outline consistent themes.

Actions to improve:

- Our Quality Complaints Review Panel has been established with the first meeting in April 2022. The plan is to launch this formally with system partners on 1st November 2022 as part of the Patient Experience and Engagement Panel.
- Implementation of a new data recording system for complaints, to support intelligent reporting.

- Roll out of revised complaints framework on how we learn and improve performance of closed complaints from within timescales from 67% to 80%.

Well- Led: *For those providing services*
*B*e open and collaborate internally and externally and are committed to learning and improvement

Staff Vacancy and Turnover

Vacancy and turnover rates continue to be a challenged picture across all our services and providers mostly because of the COVID pandemic and increased demand on services across the system. This has been an escalation point for quality and safety for the last four months across quality meetings and committees. The situation is not unique to SWL, impacting services regionally and nationally. Providers are targeting vacancy hot spots and hard to recruit posts, focusing on end-to-end recruitment and working to improve appraisal uptake. Vacancy rates are trending downwards overall, with an increase in turnover rates across SWL.

Epsom and St Helier have experienced a 0.5% reduction in vacancy rate, with an increase in turnover of +0.4%. St Georges University Hospital is still meeting vacancy rate targets (9.4%) but remains challenged on turnover at 16.4%, with figures remaining stable compared to last month. Croydon Health Services has seen a reduction in vacancy rate (-1.2%) and an increase in turnover rate (+1.44%).

'Relocation' and 'work life balance' continue to be the top two most common themes for staff leaving Providers.

Actions to improve at system level:

- All SWL Trusts have recruitment and retention programmes in place to ensure sufficient workforce capacity is in place.
- Over the coming months, work will commence with Acute Provider Collaborative and Health Education England (HEE) colleagues on two emerging system workforce priorities to identify more creative supply routes and reviewing workforce design in Emergency Departments and Diagnostics to determine and plan the future workforce requirement for these essential services.
- SWL Chief Nurses are collaborating to review and act on nursing staffing challenges, including standardisation of bank and agency rates.

Special Education Needs and Disabilities (SEND) Revisits

The London Boroughs of Kingston and Merton each had Written Statements of Action, following Local Area Special Education Needs and Disabilities (SEND) Inspections. Both boroughs were revisited in a joint inspection by Ofsted and Care Quality Commission (CQC) to measure progress against their actions. The outcome of the revisits will be share in the coming weeks.

Work is continuing with Community Paediatrics across SWL to address the challenges of service delivery and identify opportunities of joint working to ensure children and families receive a timely service.

Provider Care Quality Commission (CQC) updates

Kingston Hospital Foundation Trust

Planned CQC visit undertaken at Kingston Hospital on Tuesday 11th October as part of the National Maternity Units Review. The Trust is awaiting feedback on outcome of inspection.

South-West London & St Georges Mental Health NHS Trust

Care Quality Commission (CQC) - The Trust has received and responded to the final CQC inspection report held in March 2022 for their specialist eating disorder services, The Trust reported to the System Quality Council that the Board is extremely pleased and proud that the recent inspection was able to demonstrate significant improvements from previous inspections (2019 and 2020), resulting in a re-rating of safe, effective, responsive, and well-led domains from requires improvement to now good, as well as the overall rating re-rated to good.

Effectiveness: *For people who use our services*
Providing services based on evidence that produce a clear benefit

Continuing Health Care (CHC)

The Integrated Care System has made a significant progress in clearing our CHC backlogs. In May 2022, the number of outstanding reviews across SWL was 303. The team have now completed 248 of those reviews, leaving 55 outstanding as of October 2022. 51 triggered the need for a full Decision Support Tool (DST), 37 of which have now been scheduled a date for a joint DST with a Local Authority social worker.

We have recruited a Director of CHC Transformation to lead on the transformation program. We have also launched a system wide review into developing the future model for CHC in SWL.

Ongoing actions to address the backlog issues have been:
- Senior Responsible Officer for CHC has commissioned external support to review overall delivery model for service and to provide recommendations regarding implementation and resourcing.
- Review will also include 'deep dive' into quality-of-service provision.
- A dedicated CHC escalation team are in post and are working through the backlog.
- CHC direct have also been commissioned to support with carrying out reviews on backlog cases.

Section 2: Development of system quality

System Quality Delivery

Areas of quality delivery progressing within the Integrated Care System include:

Item	Update
System development	Kingston Hospital and Hounslow and Richmond Community Healthcare (HRCH) continue to develop a single executive team across both organisations and are working to integrate their quality reporting framework. CQC have commended development of St Georges and Epsom and St Helier's (GESH's) integration especially at executive level. Policies and procedures are being planned to be integrated across both Trusts. NHS England and Improvement (NHSE/I) have commended the relationship between our specialised service provider Royal Hospital for Neuro-Disability (RNH) and SWL ICS. NHSE/I are satisfied with RNH's quality and safety-monitoring role and reported that they fulfil links with the SWL System Quality Council and vice versa, through the sharing of reporting between the two organisations at the System Quality Council and the Trust' Clinical Quality Review Group.
Place Quality / Quality Governance	Place quality framework has been developed and agreed with Place and quality executives. ICS Chief Nursing Officer (CNO) meeting with all Place and Quality executives to agree resourcing and staffing arrangements for delivery. Change management action plan has been developed with readiness to operate from January 2023.
ICB Quality and Performance audit	An internal audit of the Integrated Care Board's (ICB's) quality and performance reporting has commenced. The objective of the audit is to ensure the organisation has an effective system in place to ensure quality and performance reporting is appropriate for decision making.

Nursing/AHP Workforce	SWL Chief Nurses are collaborating to review and act on nursing staffing challenges, including standardisation of bank and agency rates. There is a SW London wide development of seven new Infection Prevention and Control (IPC) Champions across all providers, the first four trainee Nursing Associates have started training at university and one provider was unsuccessful with their recruitment, so the Integrated Care System (ICS) will be re interviewing later this year. One of our Trusts are progressing with their international accreditation through the programme "A Pathway to Excellence" over the next year. This recognition supports shared governance for nurses at every level of the organisation in shared decision making, measures transparency of data and establishes performance benchmarks, whilst promoting autonomy for nursing.
Urgent and Emergency Care (UEC)	A system review of harm and outcomes relating to Urgent and Emergency Care (UEC) and ambulance handover delays is being undertaken.
Maternity	Trusts are delivering on the recommendations from the Ockenden Review, with assurance being provided against progress. Care Quality Commission (CQC) national inspections have commenced for all maternity Trusts. Kingston have recently had an inspection.
Quality Dashboard	An early version of the dashboard has gone live this month and is currently under review.
Quality Strategy	System quality strategy successfully developed and designed and undergoing final consultation with system partners. Publication and approval likely to be in December 2022.

Key Achievements

Kingston Hospital NHS Foundation Trust

Ockenden feedback visit on 28th June at Kingston Hospital was positive and feedback include:

   A. Clear focus on the continual improvement of the quality of the care, with an enquiring and curious approach, which has contributed to the strongest Care Quality Commission (CQC) maternity survey results in the region and higher than average outcomes.
   B. The Trust Board are invested and interested in its maternity services and see it as one of the trust's priorities and offer continual proactive support to the maternity leadership team.
   C. Staff clearly enjoy working in the unit and are proud of their work, with many staying for a considerable length of time.

St Georges University Hospital Foundation Trust

The Quality Recovery Plan is in the process of being implemented across the Trust. The plan includes a pause and reflect module and the information gained during this period will then inform a service level action plan and a Quality Improvement journey for each area of care across Trust.

Croydon Health Services NHS Trust

   ▪ There was a significant reduction in falls with harm per 1000 bed-days and this has remained below the mean for 18 consecutive months.
   ▪ Falls assessment within 24 hours of admission remained above the 90% target (at 96.2% in July).
   ▪ Completion of nutrition assessments remained above the 90% target (at 91.75%). However, the ambition is to get it to 95% and the teams are working towards that ambition.

St. Georges Mental Health Trust

   ▪ Recruitment drive continues for CAMHS Eating Disorder community teams and a process has been developed in partnership with St George's to improve the clinical pathway for young people to coordinate and make best use of resources across the acute, eating disorders, crisis and Tier 3 teams.
   ▪ Human Resources / Workforce Turnaround Plan near to achievement, with a number of key roles now filled, including a new executive director of people

South London and Maudsley NHS Foundation Trust

   ▪ The Trust's Quality Improvement work regarding reducing restrictive practices has been short-listed for the HSJ Patient Safety Awards: Quality Improvement Initiative of the Year. Results are due on 24th October 2022.
   ▪ National Autism Unit new build approved by Trust Board – due to start October 22nd and finish November 23rd 2022.

Central London Community Healthcare NHS Trust

- CLCH hosted its first Community Skills Event for Allied Health Professionals in October with more than 250 attendees.
- CLCH continues to surpass Quality Targets in line with the Quality Strategy
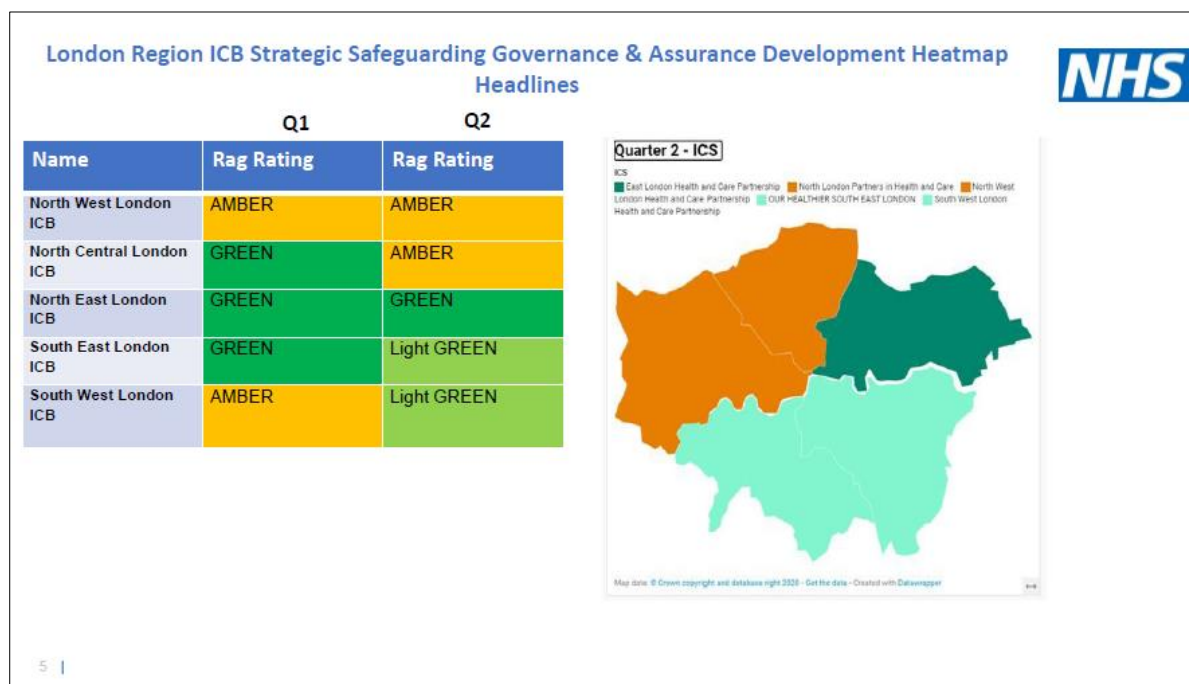
The Royal Hospital for Neuro-Disability

The new Patient and Resident Experience and Engagement Strategy has been updated following consultation with our patients, residents and family members. The strategy is in the process of being finalised as part of the RHN's new 5-year strategy, 2022 to 2027.

The Trust has increased its overseas Nurse Recruitment Programme and recently visited the Philippines and offered posts to 56 Registered Nurses to join our workforce. The first cohort will arrive in November 2022. They have significantly widened the scope of placements for student nurses. offering student placements to six universities.

RNH just entered into a contract with Talent Without Boundaries and we will be employing skilled nurses who are refugees into our workforce though a partnership with this charitable organisation.

Safeguarding Development

There has been an assessment of ICS's safeguarding arrangements as part of the London Region ICB Strategic Safeguarding Governance & Assurance Development Heatmap. SWL Integrated Care System has been rated from amber to green, showing progress in the last quarter.

London Region ICB Strategic Safeguarding Governance & Assurance Development Heatmap Headlines

Name	Q1 Rag Rating	Q2 Rag Rating
North West London ICB	AMBER	AMBER
North Central London ICB	GREEN	AMBER
North East London ICB	GREEN	GREEN
South East London ICB	GREEN	Light GREEN
South West London ICB	AMBER	Light GREEN

London Region ICB Strategic Safeguarding Assurance & Governance Development Heatmap Headlines NHS

Total number of ICB within the Region: 5

A full assessment undertaken by the Executive Nurses leading safeguarding for the ICBs

Name	Rag Rating	**Mitigation** plans, update, next steps, work shops, partnership structures etc
North West London ICB	Amber	Remains Amber, but progress towards achieving Green rating. Substantive CN has been appointed and is now in post. Structures in place. Awaiting formulation of Strategic ICB/ICS Safeguarding Group. Key priorities agreed, development of work plan in progress. Robust arrangements, DON attends Executive Partnership meetings.
North Central London ICB	Amber	Change from Green to Amber in Q2 reflects changes to senior ICB oversight & fresh lens on assurance/governance arrangements. B9 Director of Safeguarding post created and to be recruited to. ICB to sign off system safeguarding assurance framework. The elements of the SAAF are reflected in the ICB current assurance framework . Work in progress to strengthen ICB SG accountability. Safeguarding Strategy and Workplan in place.
North East London ICB	Green	Remains Green. ICB priorities set and working groups in place with agreed action plans. Overarching safeguarding workstreams in place for NEL with agreed designated leads and action plans. Placed based work plans have been developed and submitted for sign-off to inform overarching ICB workplan.
South East London ICB	Light Green	Change from Green to light Green in Q2 reflects changes to senior ICB oversight & fresh lens by new substantive CN on safeguarding assurance/governance arrangements. The safeguarding governance framework has been agreed by the ICB exec. Organisational development days are ongoing to develop matrix working across the quality and nursing directorate. Place based arrangements are in place to support the partnerships and boards.
South West London ICB	Light Green	Change from Amber to light Green in Q2 reflects development of safeguarding assurance/governance arrangements. Governance structure for safeguarding established and embedded in ICS structure (flow from operational group to System Quality Group). Quality Strategy substantially developed and in final phases of engagement – identification of ICB safeguarding key priorities but not concluded and published at this stage. Regular meetings with SAB/SCP chairs and CNO

ICB Development Status		
Green **(Established) 3** **Region to add ICBs that have rated themselves as 'green' and return to NHS National Team**	**Amber** **(In progress) 2** **Region to add ICBs that have rated themselves as 'amber' and return to NHS National Team**	**Red** **(Support required) 0** **Region to add ICBs that have rated themselves as 'red' and return to NHS National Team**
ICB NHS governance agreed and signed off	ICB NHS governance agreed but not signed off	No ICB NHS governance

The change from amber to light green in Q2 reflects development of safeguarding assurance and governance arrangements. The governance structure for safeguarding has been established and embedded in ICS structure. The Quality Strategy has been substantially developed and is in the final stages of engagement, the ICB safeguarding key priorities have been identified but not concluded and published at this stage.

Key Quality Challenges

- Child and Adolescent Mental Health Services (CAMHS) and Emergency Department (ED) demands continue to be a system issue and reported by NHS England and Improvement as a national picture.

- Adult Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) services face significant demand and capacity pressures, and the impact is seen across a number of metrics including annual risk assessments and waits to commence treatment. A range of mitigations have been established around waiting lists and funding negotiations with the Integrated Care Board commissioning team.

- Crisis presentations and patient acuity is high in many of our adult acute services, leading to delays for patients in accessing the right care, impacting on the wider system – a crisis pathway review recently completed and positive feedback for proposed model from internal stakeholders and acute trust Chief Operating Officers. In addition, system working to identify priority for inpatient beds has been effective in reducing waits in ED.

- Podiatry: Ongoing challenges due to capacity in the Merton podiatry service leading to longer than expected waiting times.

- Speech and Language Therapy: Wandsworth Maximising Independence service is experiencing longer than expected waits due to vacancies.

Recommendations

The Board is asked to:

- Note the full report and the quality issues and challenges identified across the system
- Be assured that quality oversight and governance is effective and escalation processes are clear for partners to raise concerns where appropriate.
- Be assured that the development of quality functions and delivery within the Integrated Care Board and wider Integrated Care System is being implemented at pace.

NHS South West London Integrated Care Board	
Date	Wednesday, 16 November 2022

Document Title	South West London ICB Performance Report (October 2022)
Lead Director (Name and Role)	Jonathan Bates, Chief Operating Officer
Author(s) (Name and Role)	Suzanne Bates, Director of Performance Oversight Leo Whittaker, Deputy Director of Performance Oversight
Agenda Item No. 10	**Attachment No.** 09

Purpose (Tick as Required)	Approve		Discuss	✔	Note	✔

Background:

The South West London (SWL) ICB performance report presents published and unpublished data assessing delivery against the NHS Constitutional standards and locally agreed on metrics.

These metrics relate to acute, mental health, community and primary care services as well as other significant borough/Place level indicators.

Purpose:

The SWL performance report provides Board Members with a high-level update on performance against NHS Constitutional Standards and locally agreed metrics. It aims to identify issues that may require additional focus and providing high level commentary on actions undertaken to improve both quality and performance outcomes.

Recommendation:

The Board is asked to note the contents of this report.

Key Issues for the Board to be aware of:

Update on performance:

- **Planned Care activity:** SWL continues to deliver a relatively strong performance on elective recovery, though there are substantial ongoing challenges including a growing overall waiting list which has increased by 19% over the last 12 months, slightly lower than the 20% increase at London level.
- **Long waiting patients:** 1,133 patients were waiting over 52 weeks for treatment in August, against a plan of 1,035. This is the strongest position in the capital. In the longer waiting cohorts, 41 patients were waiting over 78 weeks in mid-October.
- **Cancer:** 2-week wait performance was below the national standard of 93% (82.0% in August 2022). On the 62-day standard (85%), SWL was the highest performing sector in London, with 76.6% in August.

- **A&E 4 Hour Waits:** Within SWL Providers, 73.6% of patients were seen within 4 hours in September, compared to the London average of 72.0%. The percentage of 111 calls abandoned improved in September to 9.3%.
- **Physical care 12 Hour A&E Breaches:** 1,253 patients waited over 12 hours from decision to admit to admission in September. SWL had the third highest number of 12-hour breaches in London this month and the ninth highest nationally. A patient safety review is being undertaken across the ICS led by chief nurses and medical directors.
- **Mental Health 12 Hour A&E Breaches:** Unvalidated figures show that in August 2022, 97 12-hour breaches were reported for Mental Health patients, mainly waiting on a bed.
- **Mental health Improving Access to Psychological Therapies:** Provisional data for August 2022 shows 3,201 clients entered treatment, representing an increase of 161 clients in comparison with the previous month, but remaining below the target trajectory of 3,630 clients per month.
- **Severe Mental Illness Health checks**: Latest data available Quarter 2 (2022/23) reported a performance position of 41.2% for SWL ICS, with 6,904 SMI patients having received all six annual health check elements. SWL ICS has established a new dedicated SMI health checks programme for 2022/23 to supported continued improvement towards the 60% national standard.

Conflicts of Interest:
No specific conflicts of interest are raised in respect of this paper.

Mitigations for Conflicts of Interest:
N/A

Corporate Objectives This document will impact on the following Board Objectives:	Meeting performance and recovery objectives across the SWL ICS.

Risks This document links to the following Board risks:	Poor performance against constitutional standards is a risk to the delivery of timely patient care, especially in the current climate of recovery following the COVID pandemic.	
Mitigations Actions taken to reduce any risks identified:	Action plans are in place within each recovery workstream to mitigate poor performance and enable a return to compliance with the constitutional standards, which will support overall patient care improvement.	

Financial/Resource Implications	Compliance with constitutional standards, particularly following the pandemic will have financial and resource implications

Is an Equality Impact Assessment (EIA)	N/A	

necessary and has it been completed?	
What are the implications of the EIA and what, if any are the mitigations	Work has begun to identify the inequality issues associated with elective waiting lists

Patient and Public Engagement and Communication	N/A

Previous Committees/ Groups Enter any Committees/ Groups at which this document has been previously considered:	Committee/Group Name:	Date Discussed:	Outcome:
	Senior Management Team	27/10/2022	Noted
		Click here to enter a date.	
Supporting Documents			

South West London ICB Performance Report
October 2022 (Month 6 data)

Commentary on Data

- The South West London (SWL) Integrated Board report presents the latest published and unpublished data assessing delivery against the NHS Constitutional standards and locally agreed on metrics. These metrics relate to acute, mental health, community and primary care services, and other significant borough/Place level indicators.

- Data is sourced through official national publications via NHSEI, NHS Digital, and local providers. Some data is validated data published one month or more in arrears. However, much of the data is unvalidated (and more timely) but may be incomplete or subject to change post-validation. Therefore, the data presented in this report may differ from data in other reports for the same indicator (dependent on when the data was collected).

- The report contains current operating plan trajectories.

- This is the first iteration of the Integrated Care Board Performance Report and the number of indicators will continue to be reviewed and refined as work progresses to develop reporting within the ICB.

NHS South West London
Integrated Care Board

- **Planned Care:** Elective ordinary spells continues to be below plan, with Neurosurgery (SGH), Gynaecology, Maxillofacial surgery and ENT driving the position. There continues to be positive movements between Elective ordinary (inpatient) to Day Case, the latter being above plan. Diagnostic activity (as measured by 7 key tests) in August 2022 was 4% above trajectory. However, ultrasound has the highest volume of 6+ week waiters (15% breaching 6 weeks) and Echocardiography has the 2nd highest volume with 41% breaching 6 weeks.

- **52 Week Waits:** There were 1,133 patients waiting over 52 weeks for treatment at SWL providers against a trajectory of 1,035 for August. 43 patients were waiting over 78 weeks against a trajectory of 26. SWL have consistently had the lowest number of patients waiting over 78 weeks in London. No patients were waiting over 104 weeks at the end of August.

- **Cancer:** Performance against the 2-week wait (2WW) standard (93%) was 82.0% in August 2022. Against the 62 Day standard of 85%, SWL was the highest performing sector in London, with an outcome of 76.6% in August. On the 28 Day faster diagnostic standard (FDS, 75%), SWL ICS was the second highest performing in London with a performance outcome of 72.2%. Reduced capacity due to planned annual leave and patient availability over the summer months has impacted performance.

- **A&E 4 Hour Waits**: A&E attendances increased by 2,167 attendances in September, in line with seasonal trends. Performance was 73.6% in month, with all sites except KHFT, achieving above 70% against the 4-hour target (above the London position of 72.1%). The number of abandoned 111 calls decreased during September; the abandonment rate improved significantly to 9.3%, but was still above the standard of ≤ 3%. There are however still some days with high abandonment rates such as Mondays. Recruitment difficulties continue, with a plan to achieve full headcount by January.

- **Physical care 12 Hour A&E Breaches**: 1,253 patients waited over 12 hours from decision to admit to admission in September. SWL had the third highest number of 12-hour breaches in London this month and the ninth highest nationally. In September, there were 472 X 60 minute London Ambulance Service (LAS) handover breaches a decrease on the number in the previous two months. Regional escalation calls occur across London plus discussions via the A&E Delivery Board (AEDB)..

- **Mental Health 12 Hour A&E Breaches:** Unvalidated figures show that in August 2022, 97 x 12-hour breaches were reported for Mental Health (MH) patients, mainly waiting for a bed. Further actions will occur via the Urgent and Emergency Care (UEC) Board.

- **Learning Disability (LD) Health checks:** SWL ICS is currently on track to deliver against national Annual Health Check (AHC) target. Clinical leads in our boroughs continue to work with individual practices to maximise the number of people with an LD who have their AHC.

- **Mental health Improving Access to Psychological Therapies programme (IAPT):** Provisional data for August 2022 shows 3,201 clients entered treatment, an increase since the previous month, but remaining below the target trajectory of 3,630 clients per month. The ICS continues to meet national thresholds for waiting times for first treatment within 6 weeks (75% standard) and 18 weeks (95% standard) of referral, with performance at 95.2% and 99.9% respectively. The ICS continues to work with providers to understand issues, including workforce/staffing levels, which remain the primary issue affecting access. Action plans are in place across all providers.

- **Severe Mental Illness (SMI) Health checks:** Latest data available Quarter 2 (2022/23) reported a performance of 41.2% for SWL ICS, with 6,904 SMI patients having received all six annual health check elements. SWL ICS has established a new dedicated SMI health checks programme for 2022/23 to build on the work in 2021/22, continuing improvement towards the 60% national standard.

UEC and Integrated Care

- **The challenges on the Urgent and Emergency Care pathway** are likely to remain very intense through the winter period. Additional capacity in the care home setting has been secured as well as additional capacity in virtual wards and in neuro-rehabilitation services. Making the most of these initiatives and managing the clinical risk of patients in the community, in ambulances, in Emergency Departments and on hospital wards will remain a top priority for at least the next six months.

- In the first week of October, SWL became the first ICS in London to pilot the LAS UCR pilot car, which is intended to reduce the number of frail, older patients (often the most vulnerable cohort attending ED) where possible. Early feedback on the pilot is positive. **There is a well-established discharge programme in place and the wider SWL system is currently undertaking a review to consider what more could be done at scale.** As well as building on existing work, we are looking at how to optimise existing capacity, such as the Virtual Wards and UCR to reduce admission as well as accelerate discharge. The ICS quality team have scoped a patient harm review focusing on long waits in ED and ambulances handover. A SWL UEC Clinical Forum has been set up, whose remit will include reviewing particular SIs where there are opportunities for ICS-wide learning.

Planned and cancer care

- The London region has the largest PTL nationally and the fewest long waiters, **with SWL ICS a positive outlier for both measures**. However, SWL has seen a **relatively higher PTL growth in recent months** – this is driven not only by referral and activity volumes, but the composition of the referrals. NHSE acknowledged in their letter dated 25th July that although GP referrals have not significantly increased, around 1 in 4 GP referrals nationally are 2ww/urgent. The impact can be seen not only on cancer performance, but on the PTL profile; as 2ww, urgent and long waiter patients take priority, routine patients are moving down the PTL. The Acute Provider Collaborative (APC) is driving four elective recovery workstreams to align priorities across the system; waiting list data quality, outpatient transformation, productivity (including theatre utilisation and mutual aid) and the NHS Elect recovery strategy.

- At ICS level, 2 Week Wait **breast symptomatic pathway** access remains a significant challenge, with performance on the breast pathway being 54.2% in August (131 breaches out of 286 pathways). All providers with exception of ESTH are facing challenges in 2WW pathway, FDS and **62-day GP referral pathway**. SWL have developed a system-wide recovery plan and revised trajectory with RMP, with specific focus on reducing 62-day backlog and with the aim to get back to baseline by the end of March 2023. Initial progress in the last month has been encouraging but there is a significant distance to travel.
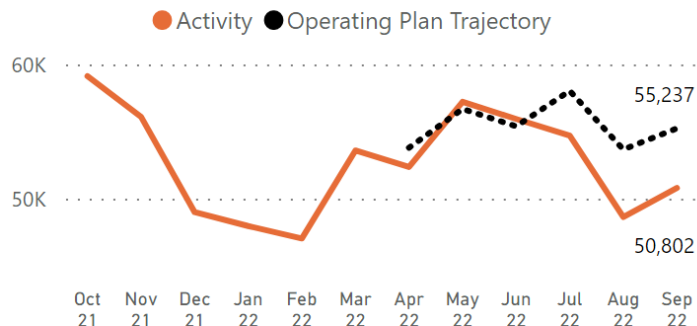
Mental Health

- **IAPT performance remains challenged** despite the actions being taken. The ICS is actively working to improve the position, and provisional data for August shows a continued increase in the number of patients accessing psychological therapies. **There are significant growing pressures on Mental Health services** more generally as referral and activity levels increase and these can be seen in performance against a range of metrics in services for both adults and children.
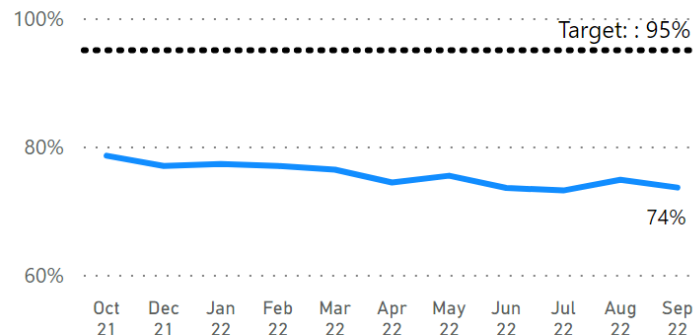
Vaccinations

- Uptake of booster doses for COVID this autumn have been at the lower end of expectations for the wider population and the specific area of current focus **is health and social care staff** where autumn vaccination rates for **both COVID and flu are relatively low**.
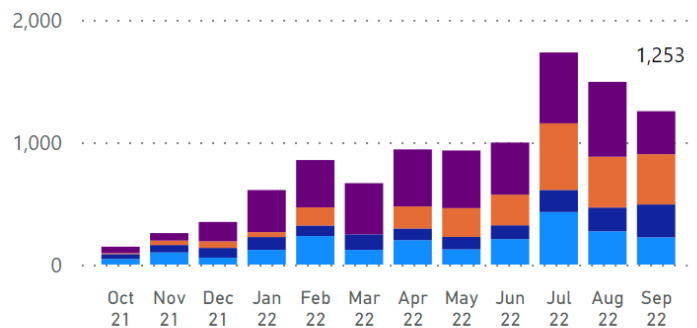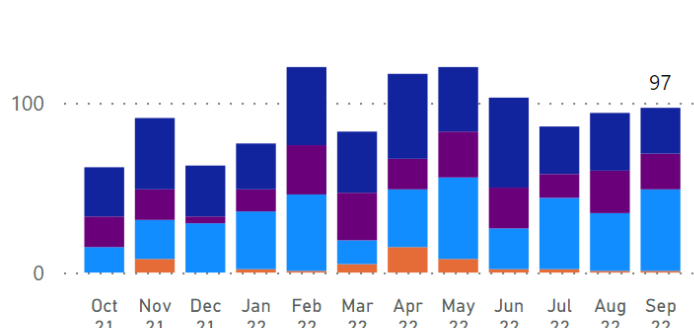
Domain: Urgent and Emergency Care

NHS South West London
Integrated Care Board

A&E Attendances (All Types)

Legend: ● Activity ● Operating Plan Trajectory

55,237
50,802

(Oct 21 – Sep 22)

A&E (All Types) 4 Hour Standard

Target: 95%
74%

(Oct 21 – Sep 22)

12 Hour A&E Breaches

1,253

(Oct 21 – Sep 22)

12 Hour Mental Health A&E Breaches (Unvalidated)

97

(Oct 21 – Sep 22)

% Ambulance Handover within 15 minute

(Oct 21 – Sep 22)
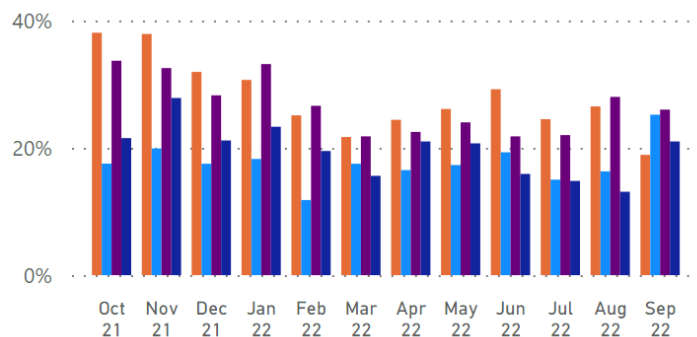
60 minute Ambulance Breaches

472

(Oct 21 – Sep 22)
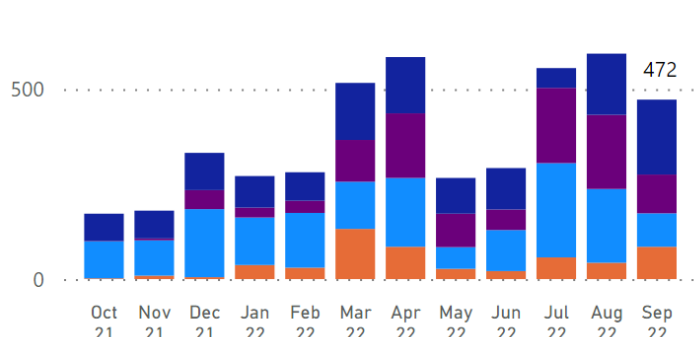
Legend: ● CHS ● ESTH ● KHFT ● RMH ● SGH

Overview
In line with seasonality, attendances decreased in August, then increased in September, but still at lower than expected levels. Despite this, pressure on EDs and across the whole pathway remained severe due to high bed occupancy mostly caused by discharge delays on the non-elective pathway. Ambulance handover continues to be high on the agenda; despite modest improvements to 60 minute breaches, there are still incidents of patients waiting for extended periods. The ICS quality team have scoped a patient harm review focusing on long waits in ED and ambulances handover.

A&E Attendances and performance
There was a slight decrease in performance against the 4-hour target at 74%, in line with the increased numbers of attendances. This is a similar picture to the rest of London. However, this is higher than the national average of 71%, reflecting that pressures are not specific to SWL.
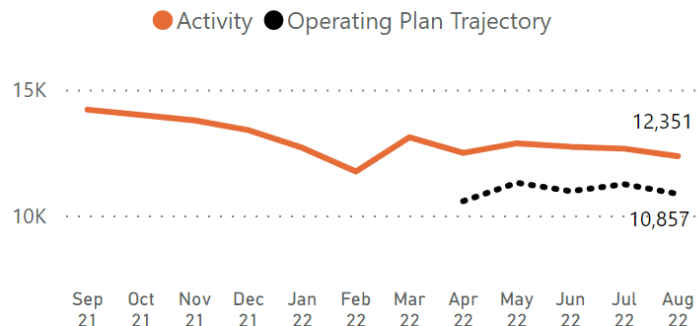
12 Hour breaches
The number of "physical" health breaches improved significantly in September from August whilst the number of Mental Health breaches remained fairly static. MH breaches are mostly due to bed delays. A new SWL MH Discharge Forum has been established to start meeting from 1 November to provide an ICS focus on reducing delays and improving flow. Existing work on the 100 day challenge has been extended to reduce delays in the acute hospitals and the SWL Discharge Group is now meeting weekly to oversee this work.
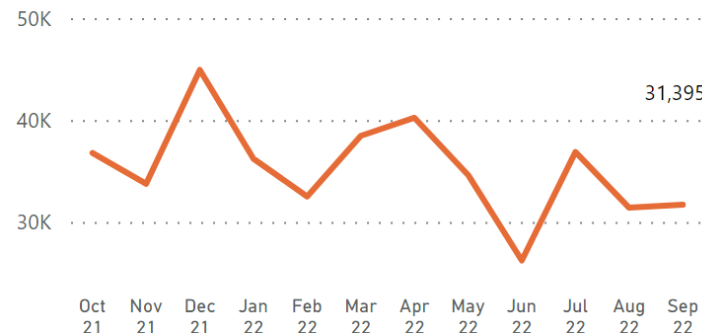
Ambulance handovers and breaches
Ambulance handover delays continue to be a priority for the whole system and there have been some improvements, particularly on the 60 minute breaches. In recent weeks the Rapid Release Protocol has been enacted in SWL freeing up ambulance crews, the impact is being reviewed.
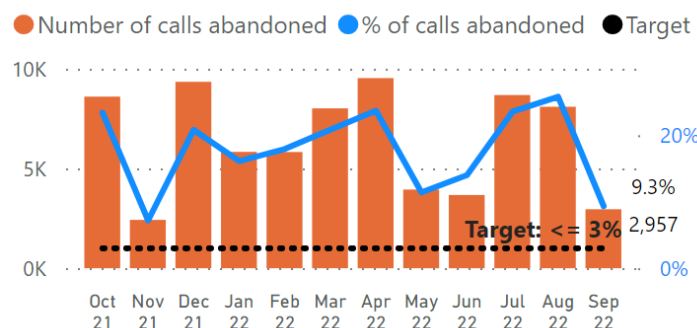
Domain: Urgent and Emergency Care
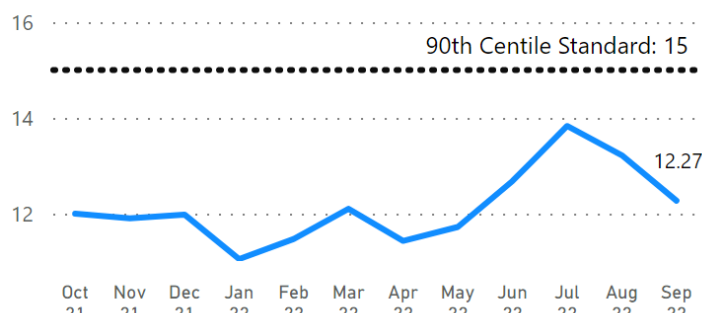
Total Non-elective Spells

● Activity ● Operating Plan Trajectory

15K
12,351
10K
10,857

Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22

111 Call Volumes

50K
40K
30K
31,395

Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22, Sep 22

111 Calls Abandoned

● Number of calls abandoned ● % of calls abandoned ● Target

10K
5K
0K
20%
9.3%
Target: <= 3%   2,957
0%

Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22, Sep 22

Ambulance Category 1 Emergency Response Times (minutes)

16
90th Centile Standard: 15
14
12
12.27

Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22, Sep 22

Ambulance Category 2 Emergency Response Times (minutes)

100
93
90th Centile Standard: 40
0

Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22, Sep 22
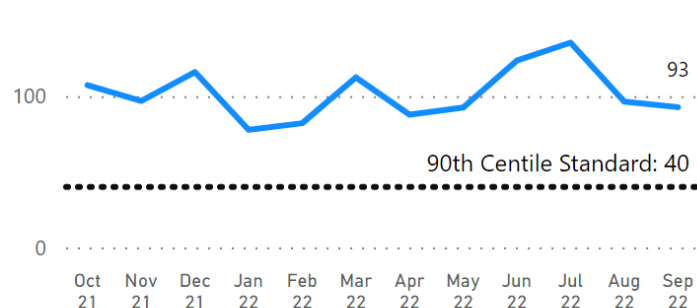
Community 2 Hour Urgent Response Performance – Provider

100%
76%
50%
0%

Apr 22, May 22, Jun 22, Jul 22, Aug 22

■ Croydon ■ Sutton ■ Merton ■ Richmond ■ Kingston ■ Wandsworth ■ SWL ICB
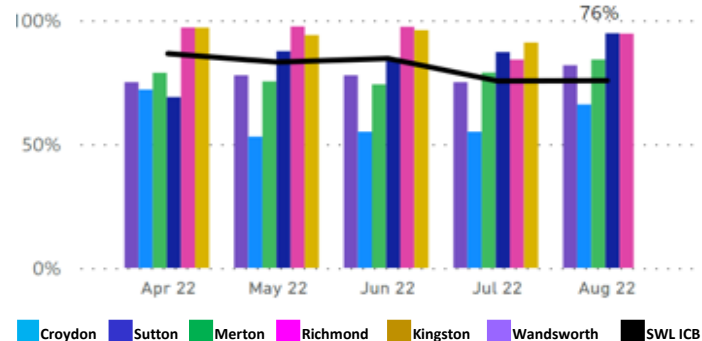
Non elective spells
Non-elective admissions continue to be at levels below plan, despite high bed occupancy levels and pressures across hospitals, this reflects the flow challenges being seen in SWL and the wider health and social care system.

111 calls
Call abandonment rate improved in September (9.3%, down from 24% in August). However, there are still some days with high abandonment rates, such as Mondays, which see higher call volumes. The improvement has been due to an increased Health Advisor workforce and introducing a number of Service Advisors. Recruitment has improved to a degree but overall challenges continue; the 111 provider (PPG) has a trajectory for moving to full headcount by January.

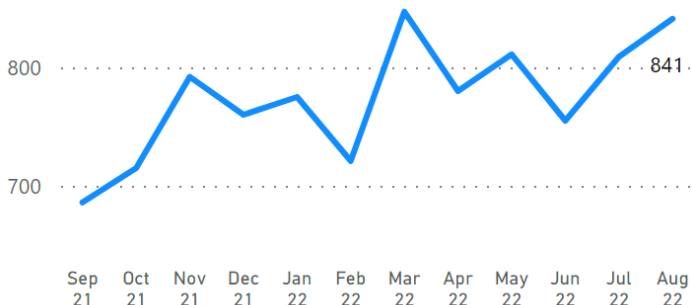**Ambulance Category 1 and 2 response times**
In line with the rest of London, Category 1 response times are below the standard. Although there was significant improvement through the summer, challenges remain. This poor performance is largely attributed to hospital handover where delays are impacting on the availability of ambulances and crews to respond to calls in the community.

A new Urgent Community Car (UCR) pilot has started in SWL to quickly respond to calls from frail, elderly patients and reduce conveyances/pressure on LAS crews. There are 3 cars working across the patch, each with a community clinician and a LAS paramedic. Early feedback on the pilot is positive, subject to a thorough evaluation of effectiveness.
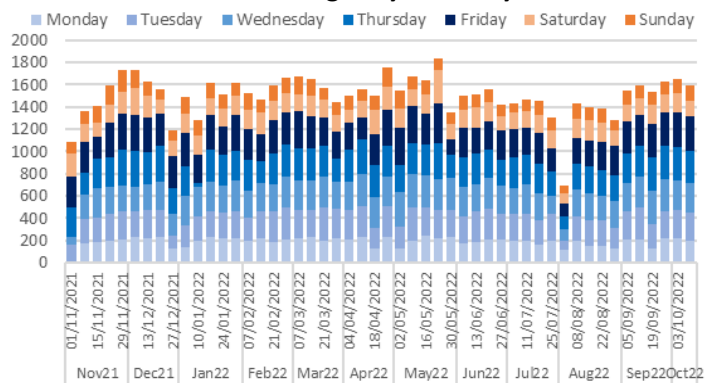
Community 2 hour response
All providers across SWL have 2-hour Urgent Community Response (UCR) services in place running 8am-8pm 7 days a week, with 2-hour UCR data being submitted onto CSDS (Community Services Data Set NHSE submission portal). Overall performance is 76% in SWL, which is ahead of the plan to achieve 70% by the end of Q3.
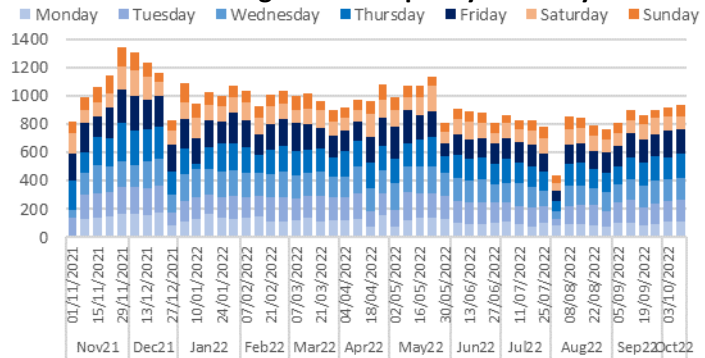
Domain: Integrated Care

Powered by: Health Insights

Number of Patients staying 21+ Days (Super Stranded)

841

Discharges as % of patients who no longer meet the criteria to reside in hospital

— % Patients Not meeting CTR discharged

45.0%

Total discharges by weekday

Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ■ Sunday
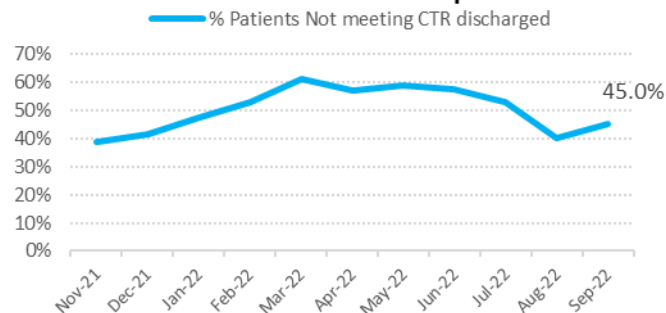
Emergency Admissions from a Care Home

297

Total discharges before 5pm by weekday

Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ■ Sunday
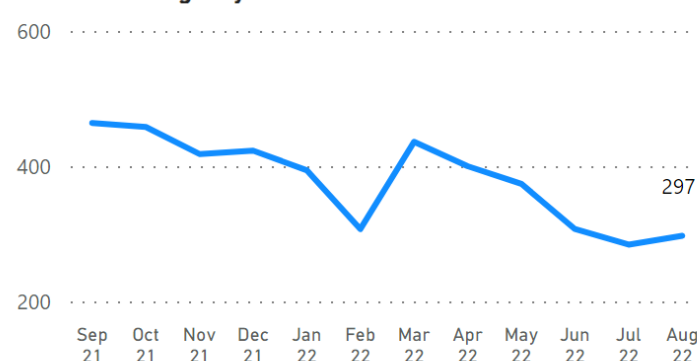
No of patients staying 21days +
Discharge performance remains challenging, particularly discharges on weekends, people occupying beds who no longer meet the criteria to reside (CTR) and the number of people discharged before 5pm.

Patients not meeting the criteria to reside (CTR)
On the 9th October, 401 SWL patients did not meet the criteria to reside of whom 271 were not discharged. To ensure the reduction of patients not meeting the CTR, additional capacity has been commissioned, comprised of 32 care home beds, 11 temporary alternative discharge destination beds (TADD) and 4 neuro rehab beds.
Pathway 3 (care and nursing homes) challenges remain the single largest reason for delays across SWL, notably for complex patients. This is a national issue. Local authorities and health colleagues are reviewing patient discharge flows to care and nursing homes, ensuring every 'home first' option has been explored. System-wide conversations have taken place with discharge leads and the Association of Directors of Adult Social Services (ADASS) to understand the scale of the challenge and agree actions.
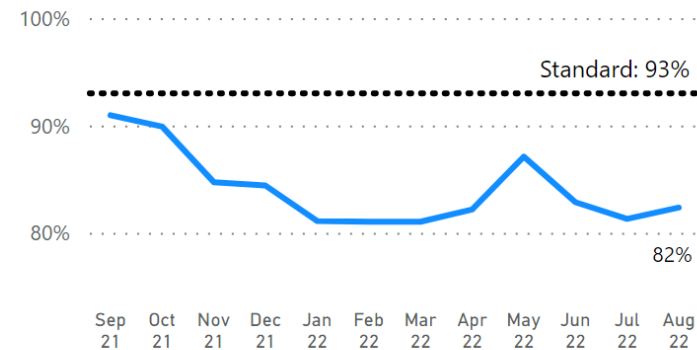
Discharges
Although total discharges have remained fairly consistent, discharges before 5pm have declined over the past 12 months, particularly on Mondays, Thursdays and weekends.
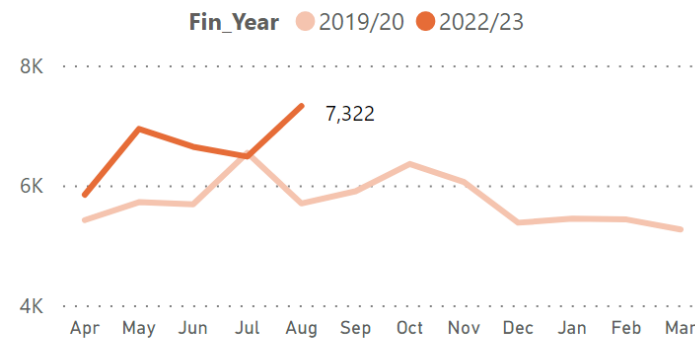
Virtual wards
Clinical pathways and standard operating procedures are almost finalised, as are arrangements for out of hours clinical cover. There is ongoing work to define how device management will take place and how social care will interface with virtual wards. The launch date of 28th November is on track. The first phase of digital integration is due to be completed on the 15th November. SWL currently has 95 beds available against a target of 228 by the end of the financial year. The data is submitted fortnightly and the data for 21/10/2022 is the most accurate as it has submissions from 4 of the 5 providers. CLCH will start submitting data in November.
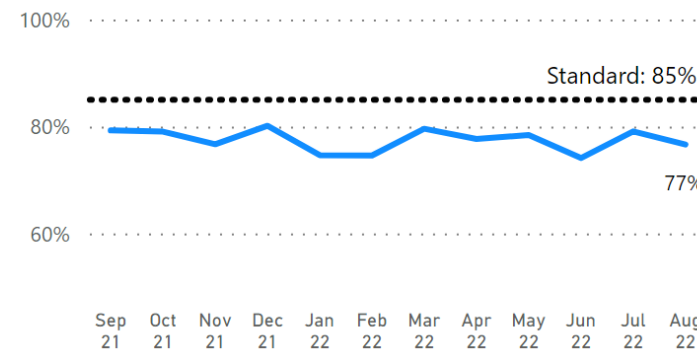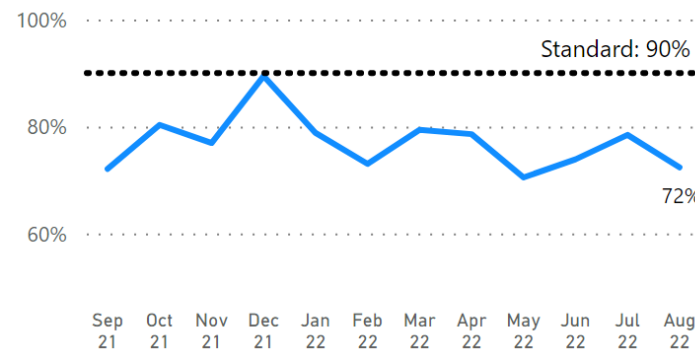
Domain: Cancer

NHS South West London — Integrated Care Board

2 Week Waits: Performance against Standard

Standard: 93%

82%

Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22

2 Week Waits: Activity

Fin_Year ● 2019/20 ● 2022/23

7,322

Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar

62 Day GP Referrals: Performance against Standard

Standard: 85%

77%

Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22

62 Day Screening: Performance against Standard

Standard: 90%

72%

Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22

Total patients waiting over 62 days to begin cancer treatment

● Patients waiting ● Trajectory

618

612

03/10/2021, 28/11/2021, 02/01/2022, 27/02/2022, 03/04/2022, 01/05/2022, 29/05/2022, 03/07/2022, 31/07/2022, 28/08/2022, 02/10/2022
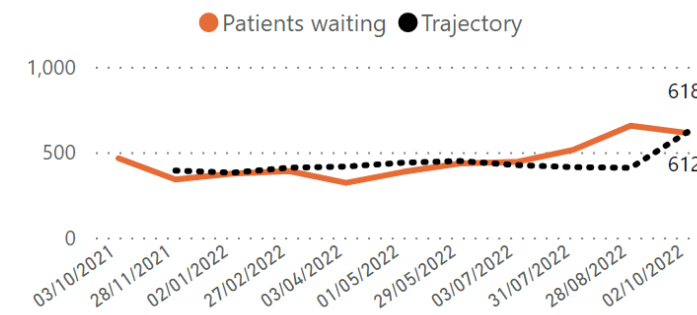
Faster Diagnosis Standard: Performance against Standard

Standard: 75%

73%

Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22

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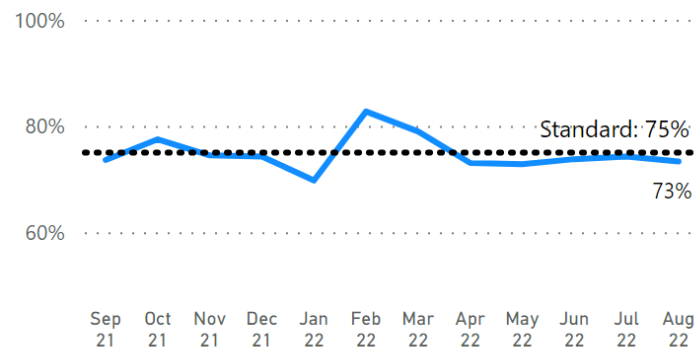
2 week waits
2WW performance outcome was 82% in August 2022 and remains challenged due to a 23% referral increase (the highest in London) compared to BAU (August 2021). Providers reported a reduction in capacity due to the summer period and increases in patient choice delays. Epsom & St Helier Hospital (ESTH) was the only Trust within SWL to report a compliant position of 96.6%, whereas CHS reported 2WW performance in August at 70.0%, with challenges in Skin & Lower GI. Royal Marsden Hospital (RMH) reported 2WW performance at 81.2% and the Trust continue to see month on month improvement within the Breast pathway.

62-day GP referrals
SWL Providers were the highest performing in London, with a performance outcome of 76.6% in August 2022. However, this was below the Constitutional Standard of 85%.

62-day screening
Cancer Screening Services have largely recovered. However, there remains ongoing work in breast and cervical screening to support recovery and uptake. SWLBSS continues to focus on recovery, which is currently projected for Q3. SWL ICS will be working collaboratively with Royal Marsden Partners (RMP) and the London Regional Screening Team to support SWL Provider Colposcopy backlog reduction and service sustainability.
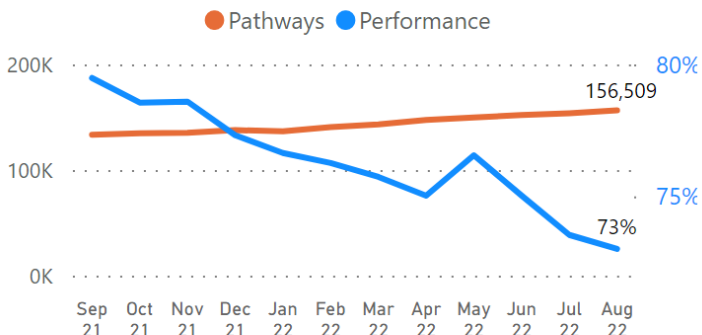
Total patients waiting over 62 days for treatment
The number of patients waiting over 62 days at the end of September 2022 (week ending 25/09/22) was 612, against the newly revised trajectory of 618, this has been mainly driven by non-compliance at CHS and RMH in September. A recovery plan to support 62- day backlog reduction, with new governance to support oversight, is in place. RMP will continue to support providers to deliver the key actions and mitigations to meet the revised trajectory.
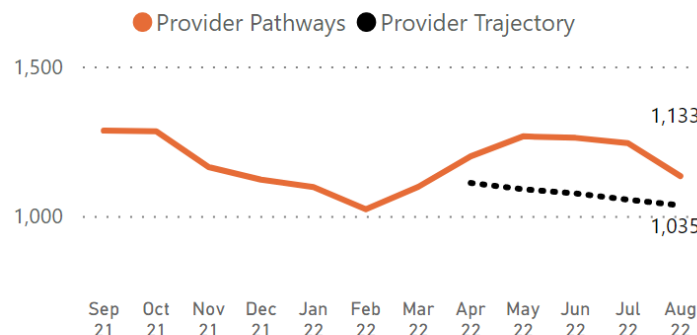
Faster diagnosis standard
SWL ICS was the second highest performing in London, although non- compliant, with a performance outcome of 72.2% against the Faster Diagnosis Standard (FDS). All Trusts with the exception of CHS (51.1%) and St Georges Hospital (69.1%) reported a compliant FDS position above the 75% threshold.

Domain: Planned Care

Incomplete RTT Pathways (ICS)

Legend: Pathways, Performance

- 200K, 100K, 0K
- 80%, 75%
- 156,509
- 73%

Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22

Incomplete RTT Pathways >=52 Weeks

Legend: Provider Pathways, Provider Trajectory

- 1,500, 1,000
- 1,133
- 1,035

Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22

Incomplete RTT Pathways >=78 Weeks

Legend: Provider Pathways, Provider Trajectory

- 400, 200, 0
- 43
- 26

Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22

Incomplete RTT Pathways >=104 Weeks

Legend: Provider Pathways, Provider Trajectory

- 40, 20, 0
- 0
- 0

Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22

Elective day case spells

Legend: Provider Activity, Provider Trajectory

- 15K, 10K
- 12,673
- 12,153

Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22

Elective ordinary spells

Legend: Provider Activity, Provider Trajectory

- 3,000, 2,500, 2,000
- 2,883
- 2,665

Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22

Incomplete RTT Pathways
At SWL ICB level there were 156,509 patients on the incomplete pathway at the end of August across all providers. 73% of patients were waiting under 18 weeks. The number of patients waiting in SWL has increased by 19% over the past 12 months, slightly lower than the London average of 20%.

Patients waiting over 52 weeks for treatment
There were 1,133 patients waiting over 52 weeks for treatment at SWL providers against a trajectory of 1,035 for August. The most challenges specialties are Cardiology, ENT, General Surgery, Neurosurgery and Plastic Surgery. The weekly Elective Recovery Group oversees improvement actions across a number of workstreams supporting the reduction of long waiters, such as Mutual Aid, PTL assurance and aligning access policies.
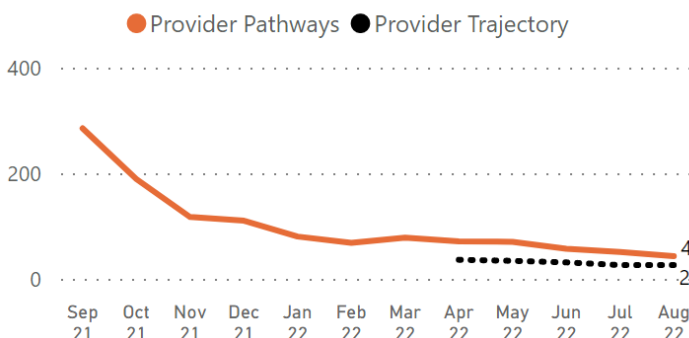
Patients waiting over 78 weeks and 104 weeks for treatment
At SWL providers, 43 patients were waiting over 78 weeks against a trajectory of 26. The majority of long waiters are at SGH. SWL have consistently had the lowest number of patients waiting over 78 weeks in London. The target of no patients waiting over 104 weeks for treatment was met in August.
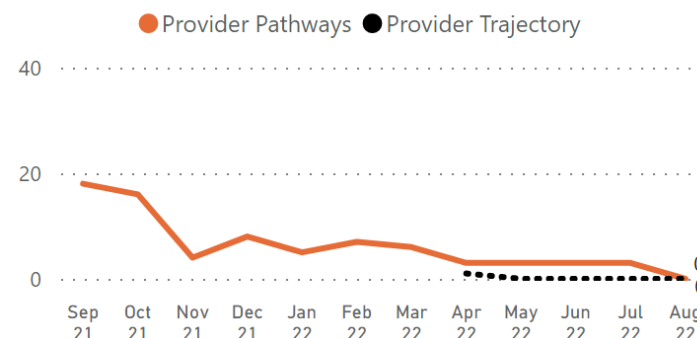
Elective day cases spells - activity has slightly increased in August and is above plan for Day Cases.

Elective ordinary spells continues to be below plan, with Neurosurgery (SGH), Gynae, MaxFacs, and ENT driving the position. Croydon is the most challenged in Gynae and ENT (both at 56%) of the SWL providers. Croydon has highlighted staffing issues. SWL is above plan in Urology (115%) across all providers. The elective recovery programme continues to work on opportunities around Mutual Aid, productivity (i.e. theatre utilisation), referral management service and a single ICS PTL for ENT.
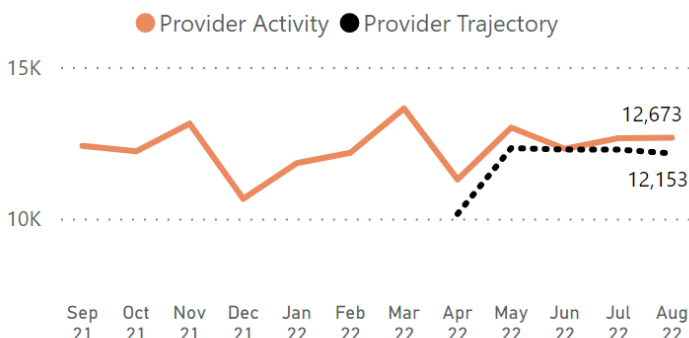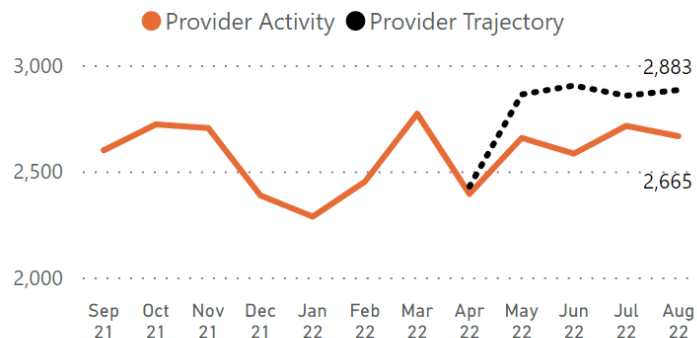
Domain: Outpatients & Diagnostics

NHS South West London
Integrated Care Board

Diagnostic Tests (Activity)

● Activity ● Operating Plan Trajectory

57,678
55,115

Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22
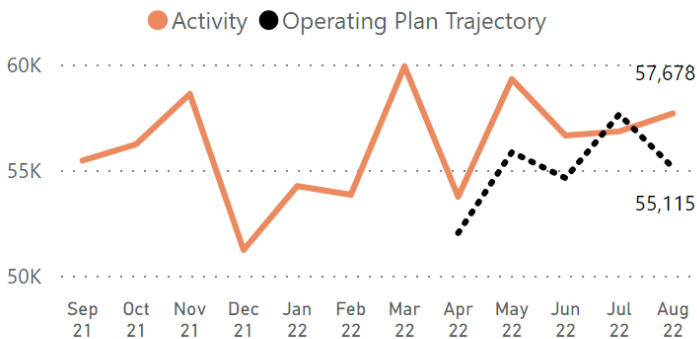
Diagnostics: % waiting less than 6 Weeks

79%

Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22

Consultant-led first outpatient attendances (Specific acute)

● Activity ● Trajectory

52,799
51,647

Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22

Consultant-led follow-up outpatient attendances (Specific acute)

● Activity ● Trajectory

109,349
98,058

Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22

GP Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)

● Provider Activity ● Provider Trajectory

34,911
32,219

Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22

Other Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)

● Provider Activity ● Provider Trajectory

21,555
17,045

Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22

Diagnostic Activity (7 Tests)
Overall SWL is now performing at 4.5% above plan. CHS reported less activity in August, whilst still meeting plan. KHFT activity increased, but continues to fall short of their planned target. All providers are exceeding activity levels when compared to the same period last year. Most significant improvement is for CT at CHS and RMH.

Diagnostic performance (All tests)
Numbers waiting increased by 1% in August, with a rise in the number of 6 week breaches. Ultrasound have the highest volume of 6+ week waiters (15% breaching 6 weeks). Echocardiography has the 2nd highest volume with 41% breaching 6 weeks, most significantly at CHS and KHFT; the position is also deteriorating at other providers. ISP, mutual aid and referral management options continue to be explored.

Consultant led first outpatient attendances (Specific Acute)
There was a slight increase on the previous month, with some positive movement in the cancer pathway specialties, where recovery initiatives are beginning to impact. Actual monthly performance remains below planned trajectory, driven by workforce challenges over the summer.
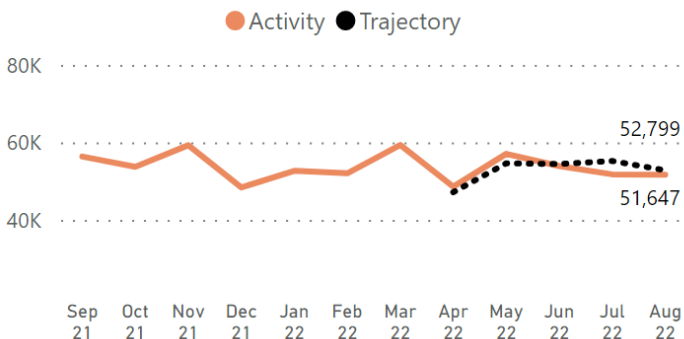
Consultant led follow-up outpatient attendances (Specific Acute)
There was an increase of 3% in month, maintaining an above planned trajectory at SWL. All Providers with the exception of SGH are meeting their individual plans. Urology and Cardiology have seen the largest system variances
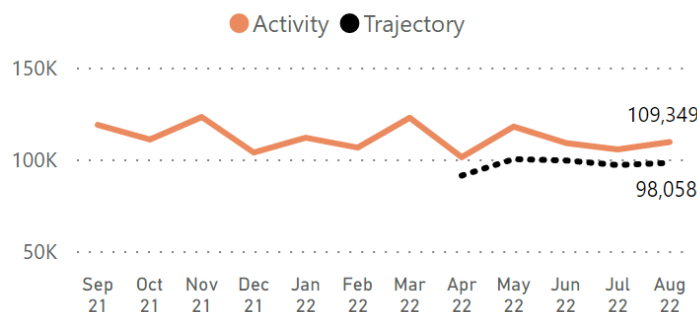
.
GP Specific Acute referrals for a first consultant led outpatient appointment
There was an increase of 4% in August driven predominantly by 2 week wait referrals in Gynae and Dermatology. CHS saw the largest number of referrals (5%), with General surgery also a significant driver.
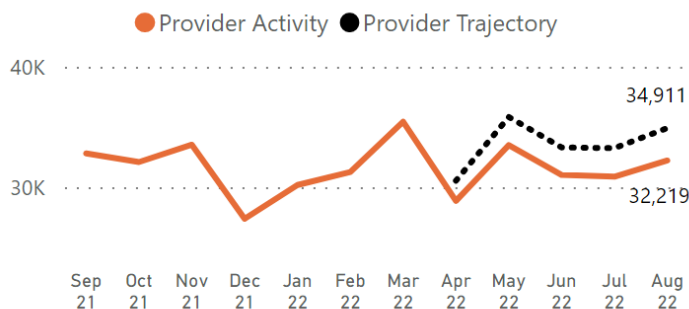
Domain: Mental Health Services

IAPT Access

Activity — Trajectory

Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22, Sep 22, Oct 22

3,630
3,201
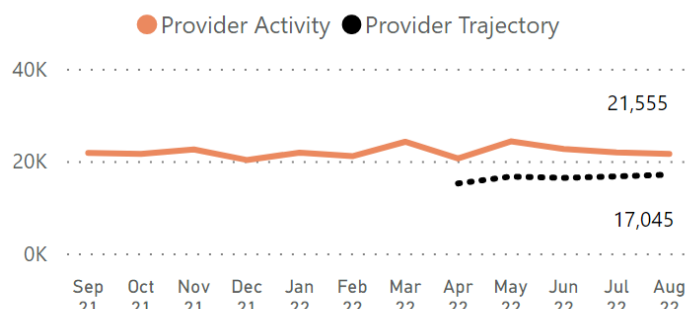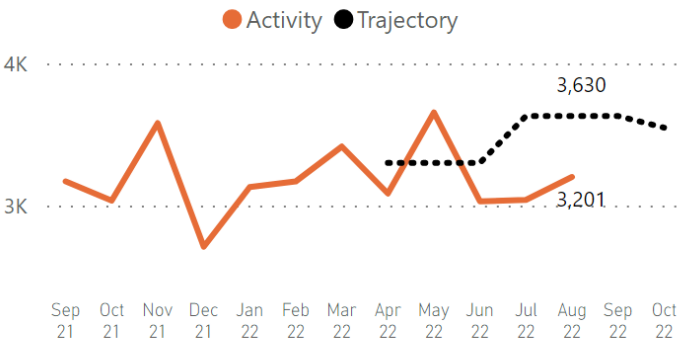
Early Intervention Psychosis (EIP)

Performance — Target

Aug 21, Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22

60%
59%

Out of Area Placements

Aug 21, Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22

460

Dementia Diagnosis Rate

Performance — Target

Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22, Jul 22, Aug 22

70%
67%
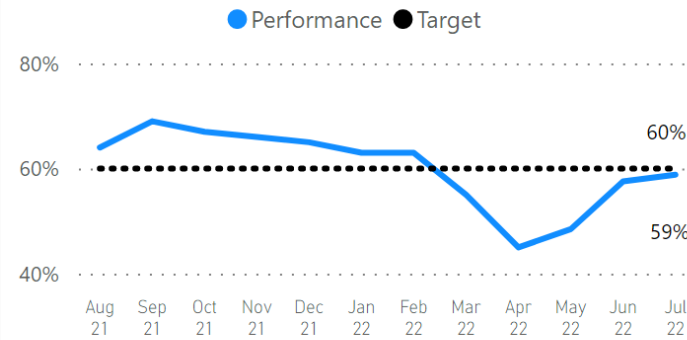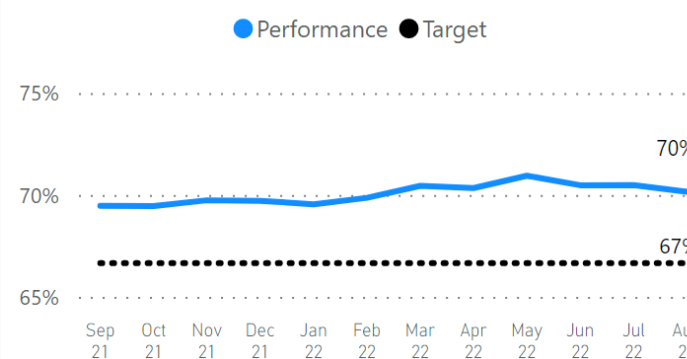
CYP Eating Disorders Seen within Target Time

Routine - 4 Weeks Urgent - 1 Week

Standard: 95%

20-21 Q1, 20-21 Q2, 20-21 Q3, 20-21 Q4, 21-22 Q1, 21-22 Q2, 21-22 Q3, 21-22 Q4, 22-23 Q1
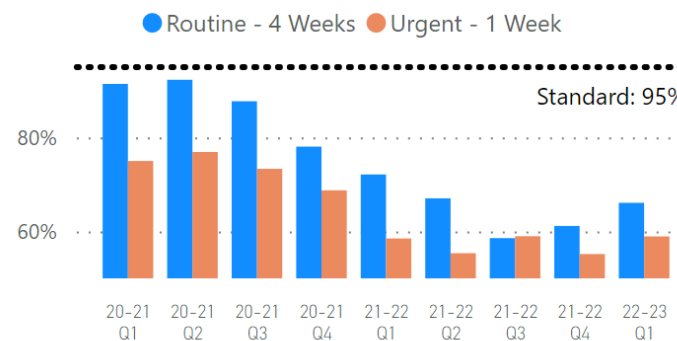
CYP Access Rate - Rolling 12 Months

Activity — Target

Jul 21, Aug 21, Sep 21, Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22, May 22, Jun 22

19,582
16,775
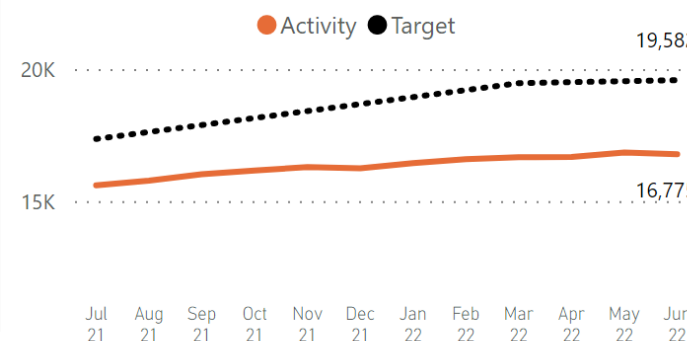
IAPT Access
Provisional data for August 2022 shows 3,201 clients entered treatment, an increase since the previous month, but remaining below the target trajectory of 3,630 clients per month. The ICS continues to meet national thresholds for waiting times for first treatment within 6 weeks (75% standard) and 18 weeks (95% standard) of referral, with performance at 95.2% and 99.9% respectively.

Early Intervention in Psychosis
The ICS continues to track breaches and review options to better track referrals into EIP to ensure they are seen within the two week period. SWLSTG are exploring a digital solution to initiate a prompt in Rio (electronic patient record) upon entering a diagnosis of psychosis.

Out of Area Placements
There were 460 out of area placements reported in July 2022 for SWL. Demand and mental health provider bed availability impacts performance. Work continues to reduce 'out of area placements' to planned trajectories.

Dementia Diagnosis rate
SWL continues to maintain good performance levels which exceed the national threshold of ensuring that over 66.7% of people with suspected dementia are diagnosed. Current performance for August shows the ICS also met the 70% milestone ambition with performance at 70.2%.
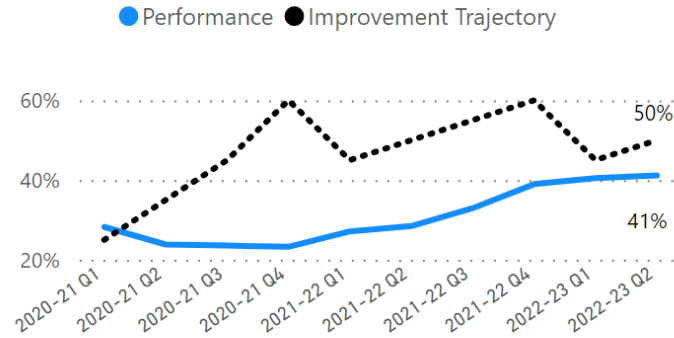
CYP Eating disorders
Demand capacity issues within the service have led to long waits. There is ongoing recruitment with all vacant posts either out for advert or about to be advertised.
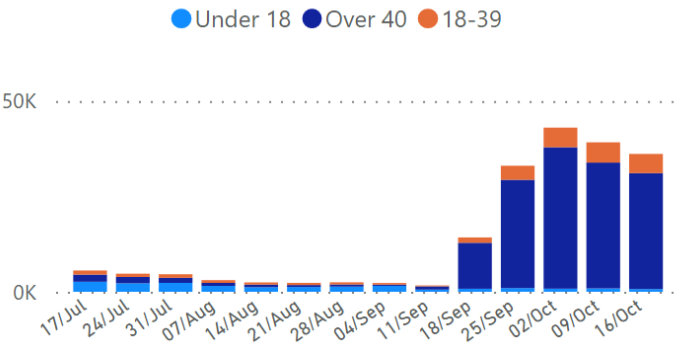
CYP Access rate
Latest data available (June) reports 16,775 children and young people having received at least one contact (rolling 12 month), against a target trajectory for Quarter 1 of 19,582 client contacts.
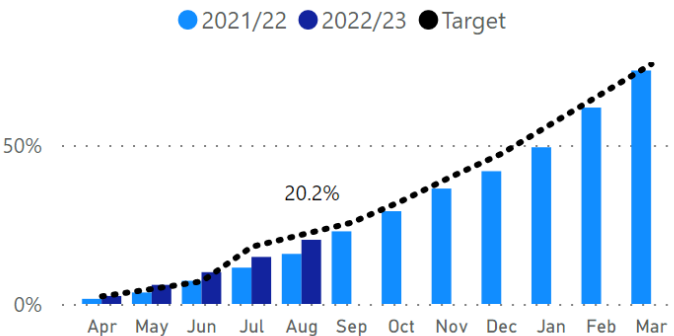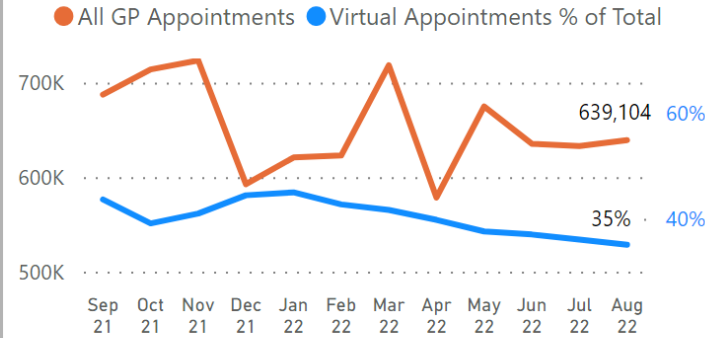
Domain: Primary Care

SMI Physical Health Checks

Legend: ● Performance ● Improvement Trajectory

Virtual Appointments in General Practice and % of Total

Legend: ● All GP Appointments ● Virtual Appointments % of Total

639,104 60%
35% 40%

SWL Covid Vaccinations by age group

Legend: ● Under 18 ● Over 40 ● 18-39

SWL Covid Vaccinations by Dose

Legend: ● Booster Dose

36,125

Learning Disability Annual Health Checks Cumulative

Legend: ● 2021/22 ● 2022/23 ● Target

20.2%

Childhood Immunisations

Legend: ● SWL Performance ● London Performance

89%
88%
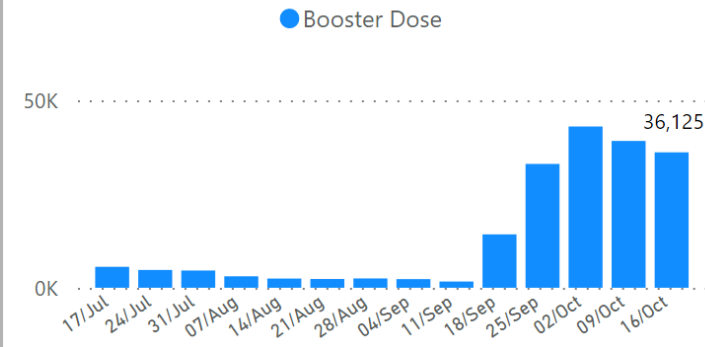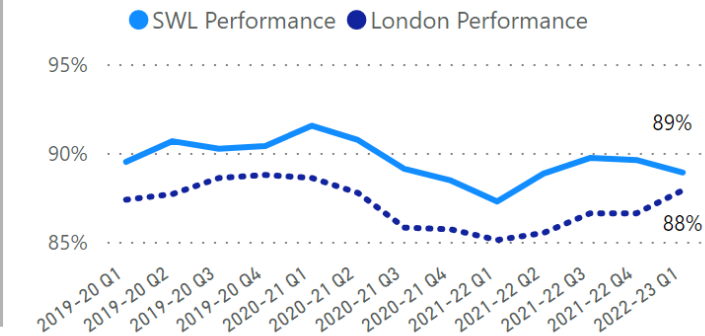
SMI Physical Healthchecks
Latest data available Quarter 2 (2022/23) reported a performance position of 41.2% for SWL ICS, with 6,904 SMI patients having received all six annual health check elements. SWL has established a new SMI health checks programme to build on previous work towards the 60% national standard.

GP appointments and % virtual
The new PCN Enhanced Access (EA) Service went live on 1st October. Appointments are provided by the full MDT Team (mainly GP with some nursing appointments) and are available from 6.30pm-8pm Monday-Friday and 9am-5pm Saturday. The PCNs offer at least 50% of EA appointments as face-to-face. We have also received additional funding to provide an extended access wrap-around service to support NHS 111 and the wider system during winter.

Covid Vaccinations
The Autumn Booster programme has administered over 177,000 vaccinations to date. Vaccination is now available to all 50+ year olds and those at risk. Uptake is over 30% of all eligible cohorts and 57% for 65+ year olds. A six week borough-focussed roving programme is in development to reach out to the health inclusion groups with both COVID and Flu vaccinations

LD Annual Health checks
Progress against plan is currently on track to deliver against national AHC target, building on the end of March position of 77% against a target of 75%. The ICS continues with a strong focus and alignment with primary care, supported by GP Clinical Leads in each borough working with individual practices to maximise rates.

Childhood Immunisations
Support for the uptake of childhood immunisations continues and SWL uptake rates compare favourably with the rest of London, although lower than the national rate. The Polio campaign is underway in local GP practices, mass vaccination sites and pharmacies. Nearly 33k children have received their booster.

NHS South West London Integrated Care Board

Date	Wednesday, 16 November 2022

Document Title	South West London ICB Finance Report month 6
Lead Director (Name and Role)	Helen Jameson CFO
Author(s) (Name and Role)	Neil McDowell/Joanna Watson – Deputy CFO
Agenda Item No.	10	**Attachment No.**	10

Purpose (Tick as Required)	Approve		Discuss		Note	X

Executive Summary

The report includes update on the ICB position against the internal budget. The ICB internal budget forms part of the overall South West London (SWL) NHS system plan; alongside the other SWL NHS organisations.

The attached report also shows the SWL NHS system position at month 6.
The overall SWL NHS system position is forecast to be breakeven by the end of the year. The year to date plan at M6 is profiled to be £59.0m deficit, with actuals of £60.6m deficit, therefore, giving a £1.6m adverse variance.

The report identifies that there are significant risks attached to the delivery of the financial plan across SWL, due largely to the scale of the savings target and inflationary pressures.

Purpose:

This report is brought to The Board to:
1. Updater the ICB on the position against the ICB internal budget,
2. update the ICB on the SWL system financial position and
3. highlight the risks to achieving the plan.

Recommendation:

The Board is asked to:
- Note the ICB internal month 6 position in particular risks relating to prescribing and CHC.
- Note the ICS revenue month 6 position, in particular risks relating to the increase in efficiencies required in the latter half of the year and trajectory of spend on staffing
- Note the ICS capital month 6 position.

Key Issues for the Board to be aware of:

- All organisations are planning breakeven, apart from The Royal Marsden (£3.0m surplus) and South West London ICB (£3.0m deficit).

- A large increase in efficiency delivery is required in the second half of the year and this remains a significant risk to achieving the SWL system plan.
- General price inflation is currently running at c.10%, significantly higher than the national assumption used in planning for non-pay cost inflation at 5%. This alongside pay inflation poses a risk to the deliverability of the SWL system plan.
- There is uncertainty over the National elective recovery fund and whether a clawback of income will be enforced in this financial year where activity is below planned levels.

Conflicts of Interest:

N/A

Mitigations for Conflicts of Interest:

Corporate Objectives This document will impact on the following Board Objectives:	Achieving Financial Balance

Risks This document links to the following Board risks:	There are significant risks to delivering a breakeven financial plan; scale of savings target, elective recovery funding and inflation being the most significant. See page 13 of the report.
Mitigations Actions taken to reduce any risks identified:	• Strengthening oversight by increasing efficiency reporting. • The finance efficiency working group meets weekly and has been set up to focus on the efficiency challenge. • All organisations completing and implementing, where appropriate, Monitor Grip and Control tool and HFMA self-assessment. • Further system wide schemes are being explored • Finance and Planning Committee will scrutinise the ICB's financial performance. • NHS Trust and ICB Chief Executive scrutiny and leadership is focussed on financial delivery.

Financial/Resource Implications	Within the report

Is an Equality Impact Assessment (EIA)	N/A

necessary and has it been completed?	
What are the implications of the EIA and what if any are the mitigations	N/A

Patient and Public Engagement and Communication	N/A

Previous Committees/ Groups Enter any Committees/ Groups at which this document has been previously considered:	Committee/Group Name:	Date Discussed:	Outcome:
	Finance and Planning Committee - Month 6 position	Friday, 21 October 2022	The Committee considered the month 6 position and the risks to the forecast outturn
	Senior Management Team – Month 6 position	Thursday, 27 October 2022	Senior management team noted the month 6 position and the risks to the forecast outturn
		Click here to enter a date.	

Supporting Documents	SWL ICB Finance Report Month 6

SWL NHS System Finance Report

November 2022

Contents

- Introduction

- ICB internal position at month 6

- SWL NHS system revenue position at month 6

- SWL NHS system capital position at month 6

- Summary

Introduction

NHS
South West London

When describing the financial narrative we can define the ICB budget in 2 ways; ICB internal budget and SW London (SWL) NHS system budget

- The ICB internal budget covers the costs of running the organisation as well as the NHS services commissioned for the local population. The majority of these NHS services are delivered in the 6 place's but some services will be commissioned from NHS organisations outside the SWL patch. These NHS services include hospital services, community services, continuing healthcare, local primary care services and prescribing.
- The SWL NHS System budget comprises of the SWL Providers (6 in total) budgets for treating patients from SWL and beyond, as well as the internal ICB budget. ICB's commission services from these providers based on a fixed fee (block) contract. With some expensive highly specialised services funded based on actual activity. Planned hospital care is able to earn additional income for activity levels above those funded in the fixed fee. This additional income is called the elective recovery fund (ERF)
- The total SWL NHS system budget is c£4.7bn which is broadly split £3.3bn for SWL NHS Providers, £0.6bn for out of SWL NHS Providers, £0.6bn with the SWL Places and £0.2bn with delegated primary care.
- The SWL delegated NHS capital budget can only be utilised by NHS organisation (£128m). There is a further £2.6m available from the NHS England for GP IT and primary care improvement grants in 2022/23. These budgets could be further supplemented in-year by additional funds secured through national NHS capital bidding processes.

The finance paper presented is a high level view covering:
1. The ICB internal position at month 6.
2. The SWL NHS system revenue position at month 6.
3. The SWL NHS system capital position at month 6.

When reading the report the Board is asked to be mindful of any further information it may require or any changes in the way the information is presented.

The ICB internal position at month 6

ICB internal financial overview
2022/23 Month 6

NHS
South West London

Key Messages:
1. The overall ICB plan position year to date is £5m surplus against a plan of £9m deficit so a £14m difference. This is predominantly driven by the underspend against elective recovery fund (ERF £12.2m) and further reporting ahead of plan for savings. However ERF it is expected to be spent by year end plus the efficiencies will move back to the plan for H2 so this will move the ICB position to a £3m deficit as per the control total.
2. Continuing healthcare remains a risk despite managing to live within the plan year to date. We are forecasting that we will remain within the target.
3. Prescribing is now starting to emerge as a significant risk and work is being undertaken to understand the drivers. We are aware that nationally cheaper drugs are in short supply so more expensive medicine is having to be used which is causing a pressure. We have also been notified that some drug prices will increase from month 7, which we have build into our risks but not into the position this month. These 2 risks are price driven but we are working with the Chief Pharmacists to look at any volume related issues and agree actions accordingly.
4. Mental health placements are still causing issues with some mitigation being discussed with South London Partnership who manage the placements on our behalf.
5. Delegated primary care still remains within the plan albeit with a non recurrent benefit of £1.6m. We continue to work on reducing the recurrent costs but this budget remains a risk for 23/24 if we are unable to free up some headroom.
6. Savings are ahead of plan year to date because we have achieved the savings sooner although we wont exceed the plan by year end.
7. Unidentified efficiencies are around £2.5m. We have covered for this from non recurrent means although we continue to look at new schemes or stretching existing ones.

Targets
1. Mental Health Investment Standard is forecast to be on plan although there are significant variances by individual service lines.
2. Running costs are within the target set (£30m full year, £22.5m M4 to M12).
3. Cash balance at month end is within the permitted 1.25% of the cash drawn at the beginning of the month
4. The Better Payments Practice Code (BPPC) states that 95% of invoices should be paid within 30 days which we are achieving for both NHS and non NHS Organisations.

ICB Internal financial overview

2022/23 Month 6

IFR	Sum of YTD Budget £000s	Sum of YTD Actual £000s	Sum of YTD Variance £000s	Sum of Annual Budget £000s	Sum of Forecast Outturn £000s	Sum of Forecast Variance £000s
ACUTE	£411,143	£400,742	£10,401	£1,219,092	£1,220,349	-£1,258
COMMUNITY HEALTH SERVICES	£65,605	£65,786	-£181	£196,184	£196,690	-£506
CONTINUING CARE	£37,033	£41,585	-£4,552	£122,800	£123,615	-£815
CORPORATE	£7,071	£7,293	-£222	£22,044	£21,757	£287
MENTAL HEALTH	£80,797	£81,186	-£389	£240,530	£243,116	-£2,587
OTHER PROGRAMME SERVICES	£20,831	£20,239	£591	£69,828	£62,305	£7,523
PRIMARY CARE	£124,085	£124,662	-£577	£373,838	£379,483	-£5,645
Grand Total	£746,564	£741,495	£5,070	£2,244,315	£2,247,315	-£3,000

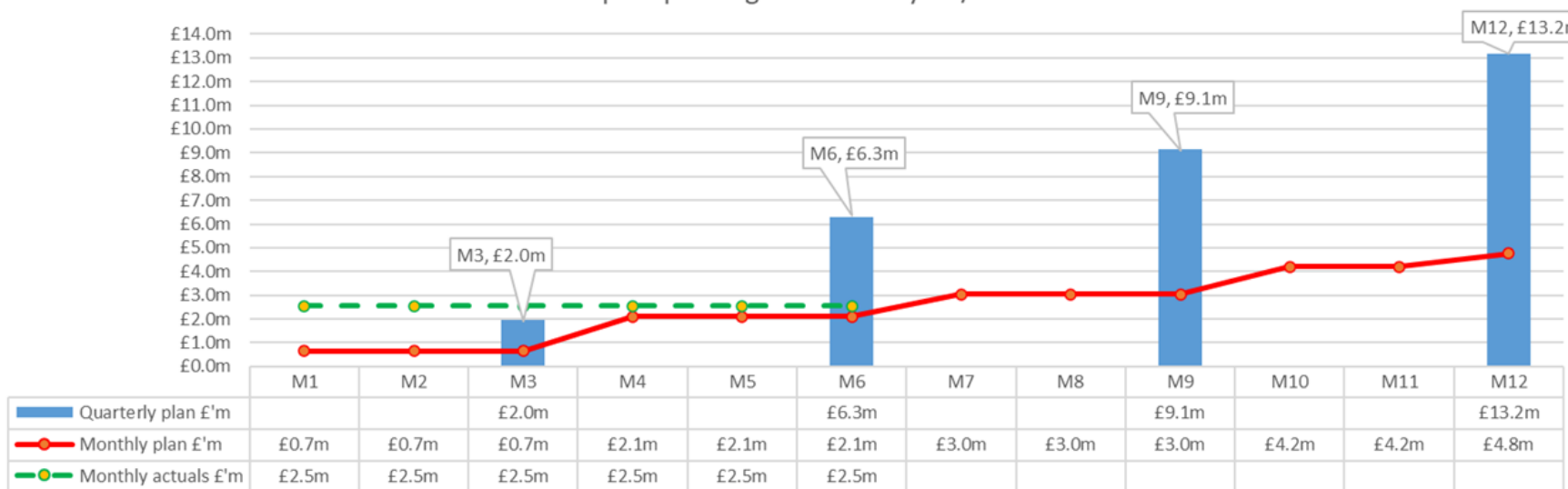**SWL Overview: (favourable/-adverse variance)**
- We have reported a £5m YTD surplus against the year to date target of £9m adverse so a £14m favourable variance.
- When we set the profiled plan in the June submission we were expecting the position to recover in the second half of the year but we are seeing a much smoother/flatter profile than the plan.
- Key drivers for this are:
  - £12.2m underspent against ERF
  - £1.8m surplus against the profiled plan due to efficiencies running ahead of the plan
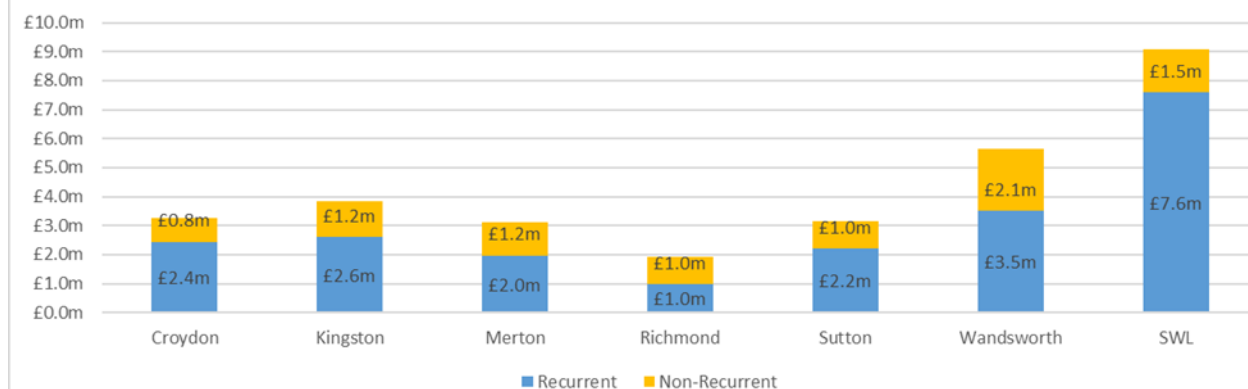
ICB efficiency 2022/23

Narrative:
- Currently we are reporting that we have achieved £15m of savings to month 6.
- The original phasing plan was probably too pessimistic and we are seeing a flatter profile than expected.
- This is why we are showing we are ahead of plan at month 6 although we don't expect to exceed the level of savings we planned for.
- To note that non recurrent savings is forecast to be £8.7m which will add to the gap for 23/24.
- We still have around £2.5m of unidentified savings left to find although to note this is being reported in the plan.

ICB plan phasing and delivery 22/23

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Quarterly plan £'m			£2.0m			£6.3m			£9.1m			£13.2m
Monthly plan £'m	£0.7m	£0.7m	£0.7m	£2.1m	£2.1m	£2.1m	£3.0m	£3.0m	£3.0m	£4.2m	£4.2m	£4.8m
Monthly actuals £'m	£2.5m	£2.5m	£2.5m	£2.5m	£2.5m	£2.5m						

Recurrent/Non-Recurrent plan

	Recurrent	Non-Recurrent
Croydon	£2.4m	£0.8m
Kingston	£2.6m	£1.2m
Merton	£2.0m	£1.2m
Richmond	£1.0m	£1.0m
Sutton	£2.2m	£1.0m
Wandsworth	£3.5m	£2.1m
SWL	£7.6m	£1.5m

Identified/Unidentified actuals

	Identified	Unidentified
Croydon	£3.3m	£0.0m
Kingston	£3.7m	£0.1m
Merton	£2.5m	£0.7m
Richmond	£1.9m	£0.1m
Sutton	£3.2m	£0.0m
Wandsworth	£4.7m	£1.6m
SWL	£9.1m	£0.0m

The SWL NHS system revenue position at month 6

SWL NHS System Revenue Position

2022/23 Month 6

- The overall SWL ICS system position is forecast to breakeven by the end of the year; the year to date plan at M6 is profiled to be £59.0m deficit, with actuals showing a £1.6m adverse variance.
- The Trust position is showing an adverse variance £15.6m mainly driven by ERF clawback assumption (£12.2m). Other variances relate to favourable performance at RMH (£2.9m) and adverse positions to plan at ESH (£5.4m) and CHS (£0.9m)
- The plan deficit position M1-6 is due to the profile of savings which ramp up in the second half of the year.
- The ICB position is £14.1m favourable to plan year to date, due to holding the ERF clawback income to offset this at a system level (£12.2m) and efficiency delivery ahead of plan (£1.9m).

MONTH 6	YEAR-TO-DATE			FORCAST OUTTURN			
	Surplus/(deficit) for the purposes of system achievement			Surplus/(deficit) for the purposes of system achievement			
£m	YTD Plan	YTD Actual	YTD Variance	Plan	FOT Actual	FOT Variance	Total Annual Income/ Allocation
Croydon Hospital	-3.3	-5.4	-2.2	-0.0	-0.0	-0.0	407
Epsom and St.Helier Hospital	-11.7	-21.4	-9.7	0.0	0.0	0.0	583
Kingston Hospital	-10.7	-10.9	-0.2	0.0	0.0	0.0	359
St. Georges Hospital	-22.9	-29.6	-6.8	0.0	-0.0	-0.0	1,029
Hounslow & Richmond Community Healthcare	0.1	0.2	0.1	0.0	0.0	0.0	119
South West London & St. Georges Mental Heal	-1.4	-1.3	0.0	-0.0	-0.0	-0.0	252
The Royal Marsden Hospital	-0.2	2.9	3.1	3.0	3.0	0.0	576
Trusts Total	-50.0	-65.7	-15.6	3.0	3.0	-0.0	
South West London Integrated Care Board (ICB	-9.0	5.1	14.1	-3.0	-3.0	0.0	2,916
South West London System	-59.0	-60.6	-1.6	-0.0	-0.0	-0.0	

SWL NHS System Efficiency

2022/23 Month 6

- The total system planned efficiency for the year is £280.6m and delivery remains the systems key risk.
- Year to date delivery @M6 is as follows:
  - £85.5m efficiency has been delivered in total against a plan of £78.7m (£6.7m / 8.5% favourable). Favourable performance at the ICB and RMH partly offset by adverse performance at ESH and SWLSG.
  - £41.8m has been delivered recurrently against a plan of £43.6m (£1.8m / 4.1% adverse)
  - £43.7m has been delivered NR against a plan of £35.1m (£8.5m / 24.2% favourable)
- FOT efficiency is showing to plan, however, this will require a significant increase in delivery over the second half of the year.

Efficiency delivery year to date is on plan, however, £195m will need to be delivered in the second half of the year of which £83m is currently unidentified.


SWL recurrent & non-recurrent efficiencies (£k)
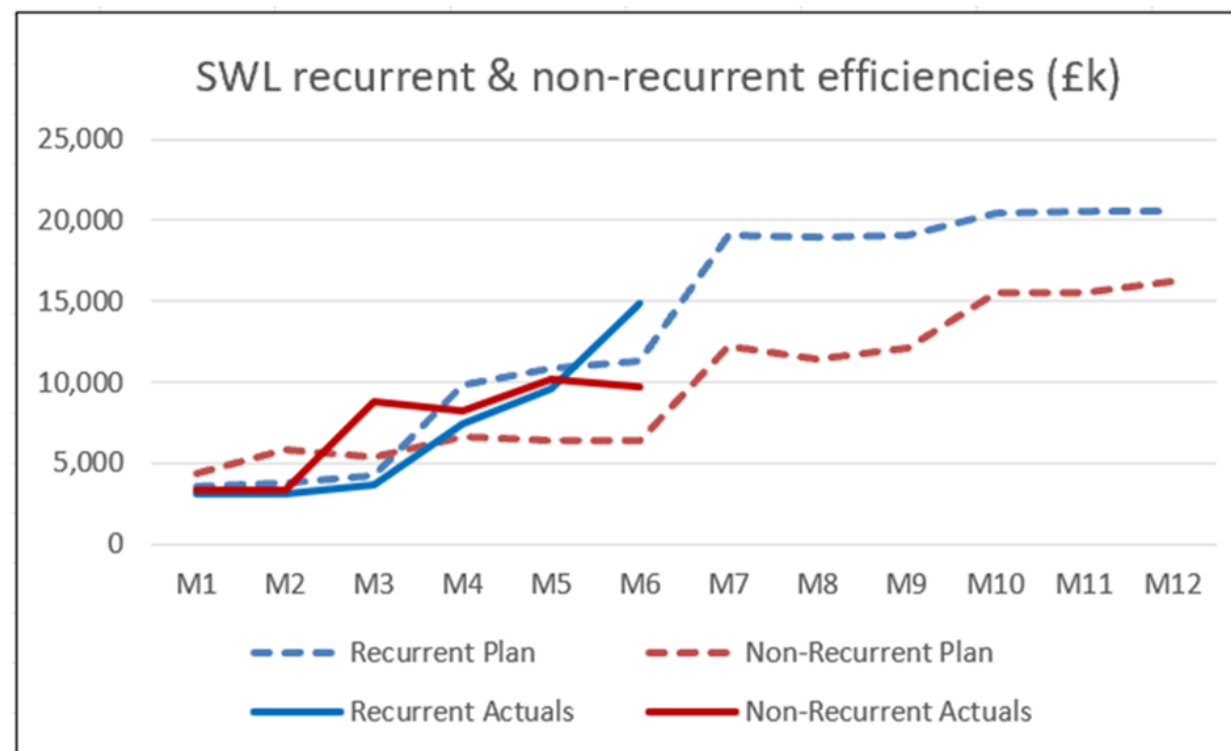
SWL NHS System Workforce

- Workforce is the key area of spend for the system, and a focus of the system saving programme.
- The charts shows cost and WTE actual trajectories against plan for total trust staff (substantive, bank and agency).
- Overall, costs and WTEs are higher than plan at M6, although WTEs are down on M5.
- The uplifted NHS pay award was transacted in M6 for the first half of the year. The impact of the up lifted pay award recognised for M1-6 in M6 is £13.8m. Excluding this, the increase in total staff costs from M5 is £0.5m.
- Agency costs to M6 are running adverse to plan by £11.6m and are forecast to breach the SWL system cap for the year set by NHSE.

11
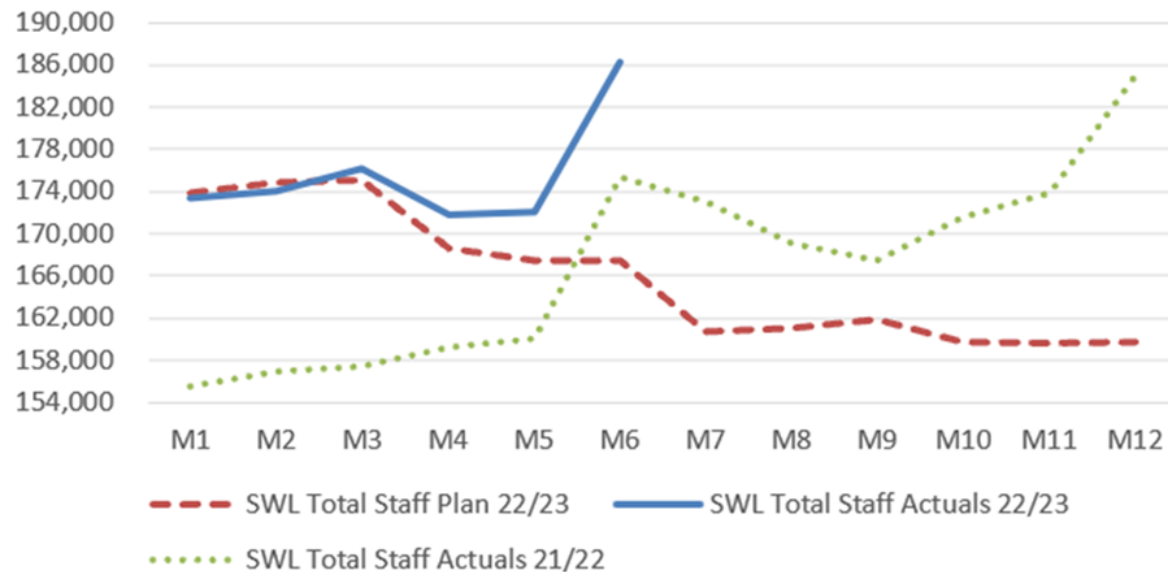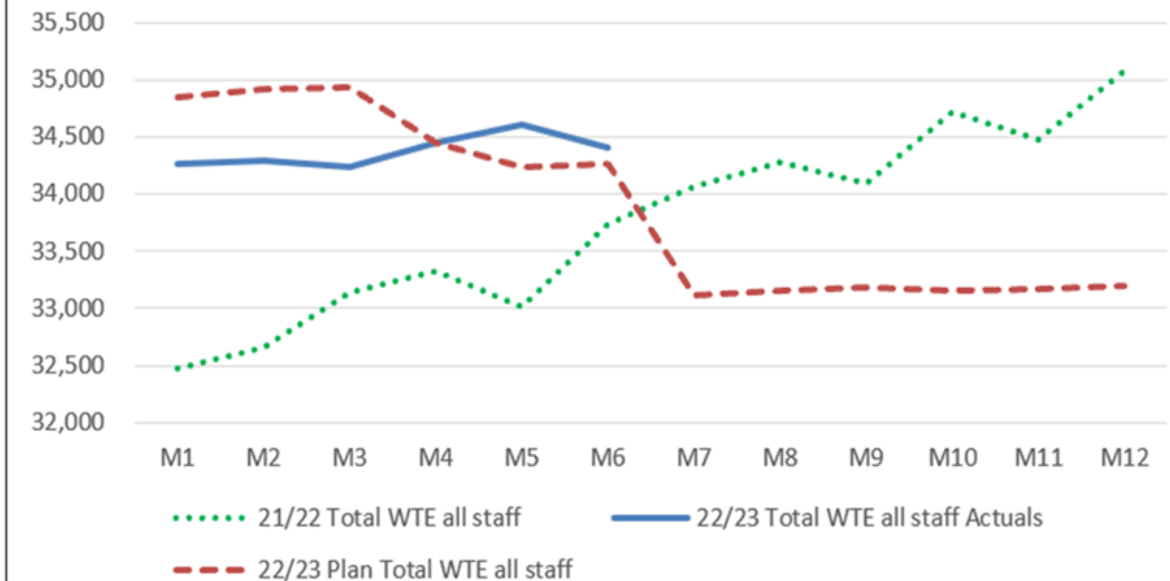
Workforce run rate - agency
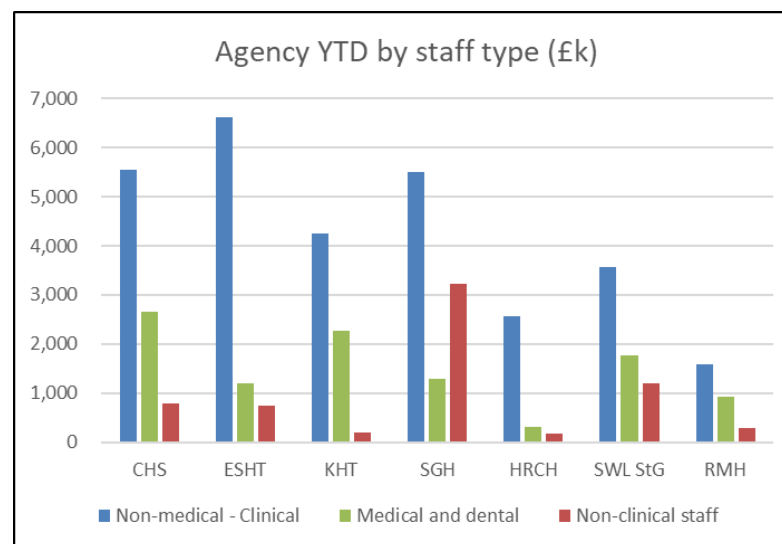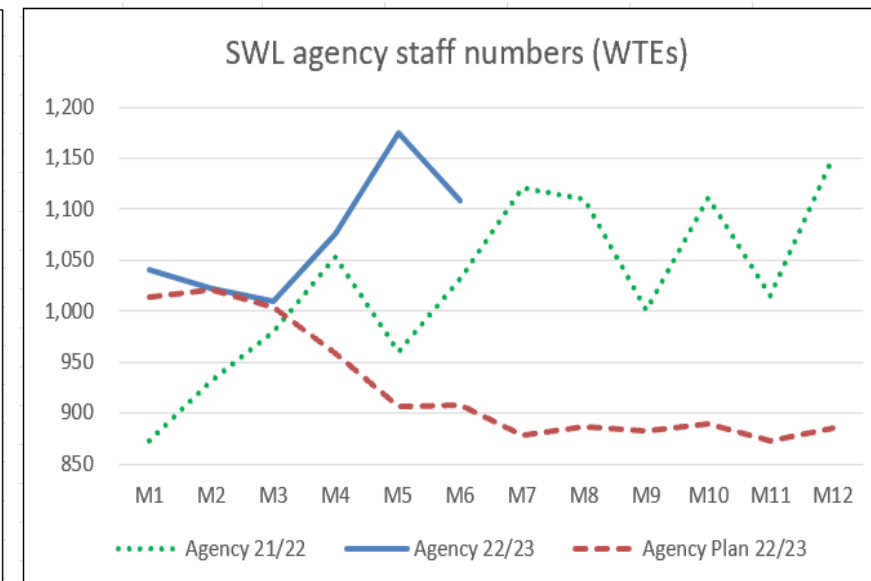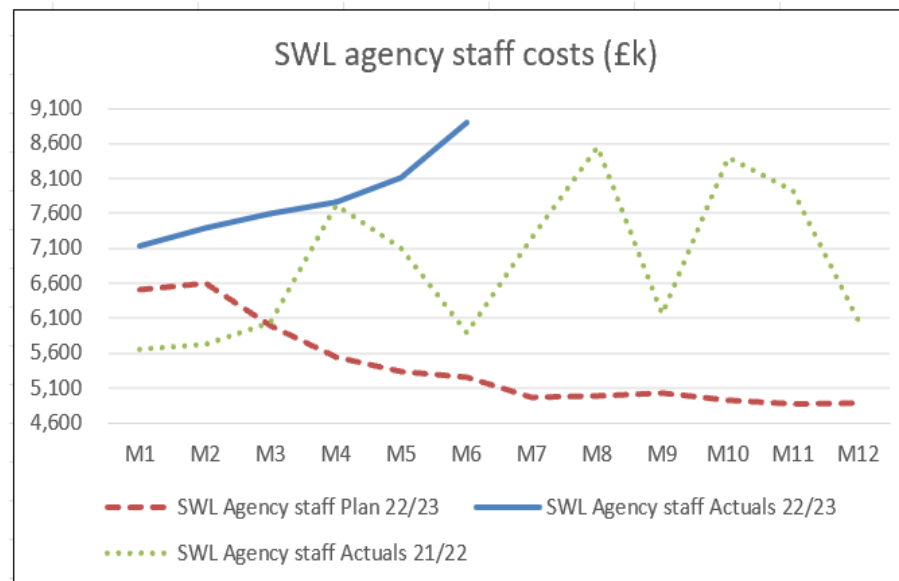
- The charts shows cost and WTE actual trajectories against plan for trust agency staff.
- Overall, costs and WTEs are higher than plan at M6.
- Average cost per agency WTE in month actual (£8.02k) is higher than plan (£5.79k).
- The system agency cap has been set at the plan spend levels. Year to date spend is £11.6m adverse to plan and forecast to be £16.6m adverse by year end. Pay controls are being enhanced to bring costs down, including increasing the scope of vacancy panel reviews.
- Agency WTEs have reduced month on month, but remain significantly above plan and prior year numbers.

Agency spend by staff type taken from NHSE M6 returns.

SWL NHS System Revenue Risks

Risk	Description	Mitigation

Financial sustainability - due to non delivery of efficiencies and workforce controls	• A significant increase in efficiency delivery is required in the second half of the year to achieve the plan.
	• At present, 30% of the system efficiency plan is RAG rate 'red' and a further 15% is rated 'amber'.
	• If workforce controls (e.g. agency price controls) are not effective, unplanned costs will be incurred and add further risk to the efficiency programme.
		• A series of system actions have been agreed, including:
		  ➢ Rapidly progress efficiency identification, including reduction of Covid costs and enhancing grip & control actions;
		  ➢ Develop and prioritise a list of new initiatives;
		  ➢ Improve consistency of system level reporting.

Impact of Covid and increased acuity of patients on productivity – leading to increased costs and reduced activity / Elective Recovery Fund (ERF) income	• Planned system activity delivery is below the planned levels, which may result in clawback of ERF income currently estimated at £10.0m. • There is uncertainty over the National ERF regime and whether clawback will be enforced for Q1 and Q2 as the operating environment is different to that expected during planning e.g. In line with national guidance the plan does not assume any Covid case number surges, if these occur it is likely that unplanned costs will arise.	• Continue to maximise delivery of in scope elective activity. • Work with NHSE to understand the evolving ERF framework. • Implementation of revised Covid IPC standards. • Workforce planning to manage higher absences.
Inflation and winter pressures	• General price inflation is currently running at c.10%, significantly higher than the national assumption used in planning for non-pay cost inflation at 5%. • The costs of additional winter capacity may exceed the plan	• Continue to manage costs through supplier contract renewals / negotiations as they arise. • System winter resilience planning has begun and will continue over autumn.

The SWL system capital position at month 6

NHS South West London

- The system is permitted to spend up to a certain limit against the DHSC's Capital Departmental Expenditure Limit (CDEL). SWL's ICS delegated provider CDEL limit is £128m in the current year and £113m in 2023/24 and 2024/25. The system can spend on further capital investment via additional CDEL allocations from national programmes in-year and through charitable donations and capital grants which don't impact the DHSC budget.
- The SWL CDEL plan for our trusts was developed and agreed under the established SWL capital prioritisation framework with providers via the Capital Prioritisation Group. CDEL is allocated to providers during the planning process, but is closely monitored for redistribution as needed throughout the year.

- The total system CDEL FOT position is on plan. £1.8m risk recognised in FOT is expected to be offset by asset sale credit by year end.
- Year to date CDEL underspend of £13.5m at M6, largely at CHS, ESTH, SGH, SWLSTG and RMH.
- Deep dive capital reviews with trusts have taken place and there is risk that there is headroom in the position due to slippage and the system is able to access nationally-funded elements of schemes, which is under consideration. The Capital Prioritisation Group will consider and recommend any redistribution of CDEL to the November ICB Planning & Finance Committee.

Month 6	YEAR-TO-DATE (YTD)				FORECAST OUTTURN (FOT)			
Provider capital	YTD plan £'m	YTD spend £'m	YTD Variance £'m	YTD Variance %	Full year plan £'m	FOT £'m	Over/ (under) spend vs. plan £'m	FOT Variance %
Croydon Hospital	11.8	9.7	(2.1)	(18%)	32.1	32.1	-	-
Epsom and St.Helier Hospital	14.5	12.8	(1.8)	(12%)	46.7	46.7	-	-
Kingston Hospital	4.0	4.0	(0.0)	(1%)	35.2	35.2	-	-
St. Georges Hospital	22.3	20.4	(1.9)	(9%)	45.3	45.3	-	-
Hounslow & Richmond Community Healthcare	0.9	0.6	(0.3)	(31%)	2.0	2.0	-	-
South West London & St. Georges Mental Health	12.3	10.0	(2.3)	(19%)	24.0	24.0	-	-
The Royal Marsden Hospital	12.0	6.9	(5.1)	(43%)	24.1	24.1	-	-
Trusts Net CDEL (SWL & National)	77.9	64.3	(13.5)	(17%)	209.5	209.5	-	-
IFRS16 technical adjustment	20.6	18.8	(1.8)	(9%)	34.7	35.3	0.5	2%
Trusts CDEL after national technical adjustment	98.4	83.1	(15.3)	(16%)	244.2	244.7	0.5	0%
Grants, donations and peppercorn leases	23.7	21.7	(1.9)	(8%)	44.3	40.6	(3.7)	(8%)
Trusts Net capital expenditure	122.1	104.9	(17.3)	(14%)	288.5	285.4	(3.1)	-

Net CDEL Breakdown:

	YTD plan	YTD spend	YTD Variance	YTD Variance	Full year plan	FOT	Over/(under) spend	FOT Variance
SWL CDEL	60.3	49.8	(10.6)	-18%	144.7	146.5	1.8	1%
Disposals (SWL CDEL impact)	0.0	0.0	0.0	0%	0.0	(1.8)	(1.8)	0%
National CDEL	17.5	14.6	(2.9)	-17%	64.8	64.8	0.0	0%
Trusts Net CDEL	77.9	64.3	(13.5)	-17%	209.5	209.5	(0.0)	0%

Primary care capital allocation of £2.5m for GP IT and improvement grants excluded above – London region is managing and reporting these funds

Summary

Summary

- The Board is asked to:
  - Note the ICB internal month 6 position in particular risks relating to prescribing and CHC.
  - Note the ICS revenue month 6 position, in particular risks relating to the increase in efficiencies required in the latter half of the year and trajectory of spend on staffing
  - Note the ICS capital month 6 position.

  The Board is also asked to consider if any additional information should be presented in future finance reports.

NHS South West London Integrated Care Board	
Date	Wednesday, 16 November 2022

Document Title	Board Committee updates	
Lead Director (Name and Role)	Mercy Jeyasingham; Dick Sorabji; Ruth Bailey	
Author(s) (Name and Role)	Jitendra Patel, ICB/ICP Secretary	
Agenda Item No.	11	**Attachment No.** 11

Purpose (Tick as Required)	Approve	Discuss	Note ✔

Executive Summary

The report provides a summary of the activity and items that have been discussed within the committees that report directly to the ICB Board, since its last meeting.

The updates reflect the discussion, agreement and actions at respective Committee meetings and are brought to the Board to provide an update on the progress and work of the committees.

Recommendation:

That the Board note the key points discussed and decision making at respective Committee meetings.

Key Issues for the Board to be aware of:

As noted within the Committee update reports.

Conflicts of Interest:	
None	
Mitigations for Conflicts of Interest:	
N/A	

Corporate Objectives This document will impact on the following Board Objectives:	Overall delivery of the ICB's objectives

Risks This document links to the following Board risks:	N/A
Mitigations	N/A

Actions taken to reduce any risks identified:	

Financial/Resource Implications	N/A

Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A
What are the implications of the EIA and what, if any are the mitigations	N/A

Patient and Public Engagement and Communication	N/A

Previous Committees/ Groups Enter any Committees/ Groups at which this document has been previously considered:	Committee/Group Name:	Date Discussed:	Outcome:
		Click here to enter a date.	
		Click here to enter a date.	

Supporting Documents	**a.** Board Committee Updates

Quality and Oversight Committee update

The Committee met on 10 August 2022. Following consideration and discussion of key items at the meetings, the updates below are highlighted.

Performance update

- Noted the Month 3 Performance Report, including the pressures and mitigations on a variety of metrics including waiting lists and planned care, and noting that the 111 provider is increasing staffing levels to improve performance and, in addition, London Ambulance Service as a resilience partner are taking 25% of calls.
- A SWL Urgent and Emergency Care (UEC) event aimed at identifying further opportunities across the system to improve patient flows through the A&E department was noted.
- Assurance was noted on the actions across system to reduce waiting times during September and October to identify further opportunities to increase activity ahead of the winter period.
- The complexities with waiting times within respective providers were discussed, particularly within pressurised specialities.
- Noted that each provider has their own plan to address health inequalities and it was agreed that as part of the Provider Collaborative assurance reporting to the committee, the effectiveness and progress of the plans are reported back to the committee.
- Noted the published National Oversight Framework Metrics for 2022/23 which ICBs will be required to deliver against.

Quality update

- Noted the significant increase in Continuing Healthcare assessments and the further work taking place to reduce variation across the system.
- To support the UEC pathway, it was noted that deep dives have commenced in: never events data; UEC harm review and outcomes; and health inequalities in patient safety.
- Noted the review of quality data will take place at the Quality Council and any quality issues which cannot be resolved will be escalated to the committee.
- Workforce pressures continues to be a challenge across the system, potentially impacting patient experience but this is managed through the quality governance framework.
- Noted the gaps, at the time of reporting, in the process of automating and standardising quality metrics from providers. The aim is to standardise the data reporting and collection approach for Trusts for to support better trend analysis and comparison, with the development of a quality dashboard a key enabler to achieving the plan.

Risk Register

- Noted the Quality and Performance Risk Register.
- Assured that developed mitigations are shared with system partners.

Forward plan

- Considered a forward plan of topics for deep dives and standard items and agreed that the deep dive topics will be programmed to support priorities throughout 2022/23.

Finance and Planning Committee update

The Committee met on 27 September 2022. Following consideration and discussion of key items at the meetings, the updates below are highlighted.

Digital

- Discussed the development of the Digital Investment Plan and the set-up of the digital function across the ICS, including the associated financial risks to the three-year plan given the lack of clarity on future funding.
- Noted that the digital strategy will align with the ICS and Primary Care strategy.
- Noted that the plan does not include digital activity that is entirely local to a Trust or to GP IT.

Productivity

- Noted the discussions at ICS level, and how the ICB and provider teams are resetting energies on productivity to support improvement which will likely be impacted in future years rather than during 2022/23..
- Significant efforts are likely to be needed across the system to refocus the mindset of staff on productivity to pre-Covid activity levels, at a time when staff are tired and going into winter.
- Data from productivity analysis will be used to identify opportunities, supporting better value for the resources allocated, and to embed productivity tracking.
- Discussions have taken place with Chief Finance Officers and the Acute Provider Collaborative, in taking steps towards reporting whilst considering process variation between providers and across different specialities.

Finance and planning updates

- Noted that with the formation of ICBs in July, SWL ICB took on responsibility for the SWL system breakeven control total.
- Noted the role of the ICB in actively supporting Trusts in SWL to deliver their efficiency plans. The system approach allows best practice to be shared, agree system-wide controls, and check and challenge plans to support Trusts.
- Noted the Month 5 system finance position and report, including the risks to meeting the planned breakeven position for the year.
- Noted the Month 5 ICB finance position and forecast for 2022/23, including the context of its development and risks.
- Approved proposals for the system planning approach for 2023/24.
- Whilst accepting that NHSE planning guidance is awaited, it is expected that the plans for 2023/24 will be complex given ongoing national ambitions with respect to elective activity, workforce shortages and cost pressures. It was noted that the planning approach enables the system to mitigate risks and

support a proactive approach in aligning plans and priorities with system strategic intentions.

System risk management

- Noted the changes to the NHS Financial Framework impacting on the financial risk in SWL, with a focus on system financial balance.
- It was noted that all SWL organisations have included a risk to financial sustainability in their Board Assurance Framework, and actions taken to manage and mitigate the financial risk across SWL were noted.

Contract Awards

- Reviewed contract awards in line with the ICB governance arrangements and responsibilities of the committee.
- Discussed ways in which to make the process of awarding contracts more efficient in line with the Scheme of Delegation.

Remuneration and Nominations Committee update

The Committee met on 19 October 2022, following discussion and consideration of key issues the updates below are highlighted.

2022/23 Annual pay increase recommendation for very senior managers (VSMs)

- In order to manage conflicts of interest, no Executive Directors were present for the discussion and will not receive any associated papers. In addition, the ICB CEO was not present when their salary was discussed.
- The Committee noted the guidance on the annual pay increase for Very Senior Managers (VSM) from NHS England and approved the recommendation of the 3% pay uplift for ICB Directors on applicable VSM contracts which will be backdated to 1 April 2022, or from their start date if later.

Other VSM appointments

- The Committee noted the appointments to three SWL ICB VSM roles discussed at the previous meeting as below:
  - Director of Specialised Services reporting to the Chief Operating Officer;
  - Director of Health and Care in the Community reporting to the Deputy CEO and
  - Place Executive Lead for Merton and Wandsworth reporting to the ICS CEO.