

Governance Handbook



Contents

1.	Introduction	4
2.	Scope	4
3.	Purpose	4
4.	Scheme of Reservation and Delegation & Operational Scheme of Delegation (SoRD).....	5
5.	Functions and Decision map	5
6.	Standing Financial Instructions	5
7.	Committees of the Board	5
8.	Key policies	5
9.	Providers of Primary Medical Services	5
10.	ICB Code of Conduct and Behaviours.....	6
11.	Petitions	6
12.	Review	6
13.	Equality Impact Assessment.....	6

Policy Title: Governance Handbook
Policy Number: SWL-GOV002

	Name	Role and Organisation	Date
Author		Lead Corporate Governance Manager	17/01/2025
Reviewers		Director of Corporate Services	17/01/2025
Authoriser		Audit & Risk Committee	17/01/2025

Approved By	Audit & Risk Committee
Applies To	Southwest London Integrated Care Board (the ICB), Governing Body Members, Committee Members and all staff working for, or on behalf of the ICB.

Effective Date	17/01/2025
Review Date	17/01/2026

Controlled Document

The current version of this document is always available electronically via the intranet. All other electronic or paper versions of this document sourced from any network drive, email or other sources are uncontrolled and should be checked against the current SharePoint or intranet version prior to use.

Target Audience	South West London ICB (SWL ICB), Board Members, Committee Members and all staff working for, or on behalf of South West London ICB
Brief Description	The Governance Handbook brings together a range of statutory and corporate documents and information, reflecting SWL ICB's governance responsibilities, accountabilities and duties for everyone who works for or on behalf of the ICB, so it is easy for interested people to navigate.
Action Required	Ensure that the contents of this Policy are shared at all Team Meetings

1. Introduction

The Governance Handbook (the 'Handbook') has been produced in line with NHS England (NHSE) guidance and fulfils the requirements set out in NHS South West London ICB's (the 'ICB') Constitution and is published on the ICB's website.

The Handbook will be reviewed annually with oversight from the Audit and Risk Committee, and any changes to the content of the Handbook will be recommended for adoption by the ICB Board.

2. Scope

The Handbook is intended as a reference guide for members of the public and is applicable to all individuals working for, or on behalf of the ICB.

3. Purpose

- 3.1. The purpose of the Handbook is to bring together a range of statutory and corporate documents and information in a format that is easy for interested people to navigate. It includes:
 - 3.1.1. The **Scheme of Reservation and Delegation & Operational Scheme of 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;
 - 3.1.2. **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 NHSE);
 - 3.1.3. **Standing Financial Instructions** - which set out the arrangements for managing the ICB's financial affairs;
 - 3.1.4. **Terms of Reference** for all committees and sub-committees of the Board that exercise ICB functions;
 - 3.1.5. Where applicable, any delegation arrangements for all instances where ICB functions are delegated, in accordance with section 65Z5 of the 2006 Act, to another ICB, NHSE, 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;
 - 3.1.6. Where applicable, any Terms of Reference of any joint committee of the ICB and another ICB, NHSE, 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;
 - 3.1.7. The up-to-date list of eligible providers of Primary Medical Services - the list of practices that nominate the Partner Member for Primary Medical Services;

- 3.1.8. Links to key policy documents including Standards of Business Conduct, Conflicts of Interest and Public Involvement and Engagement.

4. Scheme of Reservation and Delegation & Operational Scheme of Delegation (SoRD)

- 4.1. Appendix One provides the ICB's Scheme of Reservation and Delegation & Operational Scheme of Delegation (SoRD) which 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. The SoRD identifies where, or to whom, functions and decisions have been delegated to.

5. Functions and Decision map

- 5.1. The Functions and Decisions map on the website provides 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 provides an overview of delegated decision-making responsibilities.

6. Standing Financial Instructions

- 6.1. Appendix Two provides the ICB's Standing Financial Instructions which set out the arrangements for managing the ICB's financial affairs.

7. Committees of the Board

- 7.1. The functions and decisions of the ICB are discussed and considered at statutory and non-statutory committees in line with the ICB's constitution. All committees have a responsibility to operate within their individual Terms of Reference which support effective decision making. Terms of Reference for committees and sub-committees of the Board that exercise ICB functions can be found in Appendix Three. These committees are:

- Audit and Risk Committee;
- Remuneration Committee;
- Finance and Planning Committee;
- Quality and Oversight Committee; and
- Place Committees

8. Key policies

- 8.1. Key policy documents including Standards of Business Conduct and Conflicts of Interest can be found in Appendix Five.

9. Providers of Primary Medical Services

- 9.1. Appendix Six provides an up-to-date list of eligible providers of Primary Medical Services. These are the list of eligible practices that nominate the Partner Member for Primary Medical Services of the Board.

10. ICB Code of Conduct and Behaviours

- 10.1. 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.
- 10.2. 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.
- 10.3. As a publicly funded organisation, we have a duty to set and maintain the highest standards of conduct and integrity. We expect the highest standards of corporate behaviour and responsibility from Board members and everyone who works for or on behalf of the ICB. The Standards of Business Conduct Policy, found in Appendix Two, sets out the principles, public service values and behaviours that will guide decision making in the ICB.

11. Petitions

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

12. Review

- 12.1. The Handbook will be reviewed annually, with oversight from the Audit and Risk Committee.

13. Equality Impact Assessment

- 13.1. An Equality Impact Assessment (EIA) must be carried out as part of the development of each Policy, Strategy, and Framework document. All public authorities have a legal responsibility to assess their activities, and to set out how they will monitor any possible negative impact upon equality in terms of the protected characteristics of age, disability, gender, gender identity, marriage or civil partnership, pregnancy and maternity or paternity, race, religion or belief, and sexual orientation. If a negative impact is identified, mitigating action will need to be taken to reduce that impact.
- 13.2. An EIA for this Handbook is included in Appendix Seven

Appendix One Scheme of Reservation and Delegation & Operational Scheme of Delegation

Document management

This Scheme of Reservation and Delegation has been created as a subset of the Standing Financial Instructions of NHS South West London ICB.

Sign-Offs

Version	Role	Position	Date
5.0	Endorsed by	SMT	8 June 2023
5.0	Recommended for approval by	Audit and Risk Committee	27 June 2023
5.0	Approval	ICB Board	19 July 2023
6.0	Endorsed by	SMT	6 June 2024
6.0	Recommended for approval by	Audit and Risk Committee	11 June 2024
6.0	Approval	ICB Board	17 July 2024

SECTION A – SCHEME OF RESERVATION & DELEGATION

1. Introduction

The arrangements made by NHS South West London Integrated Care Board (ICB) for the reservation and delegation of decisions are set out in this Scheme of Reservation and Delegation (SoRD). The ICB remains accountable for all its functions, including those that it has delegated.

This SoRD may be amended from time to time to reflect changes in legislation, ICB policy or operational requirements.

The ICB will coordinate regular reviews of financial, procurement and contracts signing financial delegations for positions and limits. A revised version is submitted to the Senior Management Team and Audit and Risk Committee for endorsement before submitting it to the ICB Board for approval.

2. Purpose

The purpose of this document is to consolidate the guiding principles, functions, level and restrictions or conditions of delegated authority for Committees (or other bodies), Executives and / or other staff within the ICB.

The types of financial delegation outlined in this document include:

- Expenditure approval delegations.
- Invoices and credit note requests.
- Business case approval delegations.
- Procurement delegations.
- Contracts signing delegations.
- Other non-financial delegations.

3. Decisions and functions reserved to the Board

- Consideration and approval of applications to NHS England (NHSE) on any matter concerning changes to the ICB's constitution or standing orders.
- Approval of the ICB's Scheme of Reservation and Delegation (SoRD)
- Approve detailed financial policies with detailed review by the Audit and Risk Committee.
- Set out who can execute a document by signature / use of the seal.
- Agree the vision, values, and overall strategic direction of the ICB.
- Approval of the ICB's operating structure.
- Approval of the ICB's system plan.
- Approval of the ICB's corporate budgets that meet the financial duties as set out in the main body of the constitution.
- Approval of the ICB's annual report and annual accounts.
- Approve the ICB's arrangements for business continuity and emergency planning.
- Approval of the arrangements for ensuring appropriate safekeeping and confidentiality of records, and for the storage, management and transfer of information and data.
- Approve decisions delegated to joint committees established under section 75 of the 2006 Act.
- Approval and review of significant investments.
- Approval of the arrangements for discharging the ICB's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.
- Approve the NHS Joint Forward Plan.

4. Decisions and functions delegated by the Board to ICB committees

4.1. Audit and Risk Committee

- Review the adequacy and effectiveness of the system of integrated governance, risk management and internal control across the whole of the ICB's activities that support the achievement of its objectives, and to highlight any areas of weakness to the Board.
- Ensure that financial systems and governance are established which facilitate compliance with DHSC's Group Accounting Manual.
- Review the adequacy and effectiveness of the assurance processes that indicate the degree of achievement of the ICB's objectives, the effectiveness of the management of principal risks.
- Oversight of system risks where they relate to the achievement of the ICB's objectives.
- Ensure that the ICB acts consistently with the principles and guidance established in HMT's Managing Public Money.
- Oversight of urgent decisions exercised by the Board.
- Ensure that there is an effective internal audit function that meets the Public Sector Internal Audit Standards and provides appropriate independent assurance to the Board.
- Review the work and findings of the external auditors and consider the implications and management's responses to their work.
- Review the findings of assurance functions in the ICB, and to consider the implications for the governance of the ICB.
- Review the assurance processes in place in relation to financial performance across the ICB including the completeness and accuracy of information provided.
- Review the findings of external bodies and consider the implications for governance of the ICB.
- Approve the ICB's counter fraud arrangements.
- Ensure adequate and secure Freedom to Speak Up arrangements.
- Review the annual Senior Information Risk Owner (SIRO) report, the submission for the Data Security & Protection Toolkit and relevant reports and action plans.
- Provide assurance to the Board that there is an effective framework in place for the management of risks associated with information governance.
- Monitor the integrity of the financial statements of the ICB and any formal announcements relating to its financial performance.
- Ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.
- Review the annual report and financial statements (including accounting policies) before submission to the Board.
- Ensure that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective.

4.2. Remuneration and Nominations Committee

- Ensuring the ICB follows national pay and terms and condition frameworks to set the pay policy for ICB employees.
- Setting remuneration, allowances and terms and conditions for the Chief Executive and Very Senior Managers (VSMs) in line with national guidance.
- Setting remuneration, allowances and terms and conditions for Integrated Care Board members.
- Agreeing any discretionary payments or terms and conditions for staff employed by the ICB.
- Approving any termination or redundancy payments.
- Approving TUPE or other staff transfers into or out of the ICB.
- Setting the ICB pay policy and standard terms and conditions of employment for all individuals appointed by the ICB as clinical leads, workers, office holders (this may include pensions, remuneration, fees, travelling or other allowances payable), and any pay awards for these individuals.

4.3. Finance and Planning Committee

- Provide assurance to the Board of performance against system control total by scrutiny of financial and planning strategy, strategic and operational financial and non-financial plans, and the current and forecast financial position of the overall ICS.
- As part of the ICB's performance management role, alongside the Quality and Oversight Committee operate an ICS Performance Framework that enables the Committee to proactively manage the financial, broader performance, and savings agenda across the system, and to assess the performance against the system control total.
- Oversight and approval of the process by which the ICS allocates the annual resource to stakeholders (partners), including both revenue and capital.
- Ensure oversight of financial and planning performance, focusing on oversight of the delivery of ICB-wide efficiency savings, performance and system control total.
- Oversee the arrangements in place for the allocation of resources and the scrutiny of all expenditure.
- Review ongoing Financial Reports (capital and revenue) and the Annual Statement to be presented to the Board.
- Review delivery of savings plans and initiatives through regular reports.
- Provide assurance to the Board and the Audit and Risk Committee of the completeness and accuracy of the financial information provided to the Board.
- Review, by exception, performance report summaries as required, and consider performance issues in so far as they impact on financial resource.
- Review, scrutinise, approve and / or recommend business cases for approval to the Board for both ICB investment and the wider system priorities.

- Review, and agree, procurement decisions as appropriate, in accordance with Standing Financial Instructions and make recommendation to the Board.
- Review tender waivers and tenders from firms not on approved lists and ensure these are reported to the Board and Audit and Risk Committee.
- Review the financial policies of the ICB and make appropriate recommendations to the Board.
- Review and monitor those risks on the ICB's BAF and Corporate Risk Register which relate to finance. Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner.
- Review and agree termination of leases in line with the Scheme of Delegation.

4.4. Quality and Performance Oversight Committee

- Ensure that there are robust processes in place for the effective management of Quality and Performance oversight across the system.
- Review governance that supports quality planning, performance oversight, control and improvement, to be assured that the organisation is operate effectively, and timely action is taken to address areas of concern
- Recommend the key quality and performance priorities that are included within the ICB strategy / annual plan, including priorities to address variation / inequalities in care.
- Oversee and monitor delivery of the ICB key statutory / mandatory requirements.
- Review and monitor those risks on the BAF and Corporate Risk Register which relate to quality and system performance, and high-risk operational risks which could impact on care.
- Oversee and scrutinise the ICB's response to all relevant (as applicable to Quality and Performance oversight) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the DHSC, NHSE/I and other regulatory bodies / external agencies (e.g. CQC, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained.
- Oversight of changes in the methodology employed by regulators and changes in legislation/regulation.
- Oversee and seek assurance on the effective and sustained delivery of the ICB Quality Improvement Programmes and broader improvement plans.
- Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place.
- Receive assurance that the ICB identifies lessons learned from all relevant sources.
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for safeguarding adults and children.
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for infection prevention and control.
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines

optimisation and safety with operational oversight by the Senior Management Team.

- Develop the ICB Performance Oversight Framework and review this framework annually to ensure that it meets the needs of our system to support delivery of our strategic objectives.
- Oversight of NHS System Oversight Framework reviewing mitigations and assessing risk where appropriate
- Oversee the development and implementation of the system of targeted intervention, ensuring that all issues are considered and review the level and depth of intervention required.
- Oversee the triangulation of performance oversight ensuring that the right balance is struck with workforce, quality, finance and system operational metrics and risks have been fully assessed.
- Ensure that there is accurate alignment of the BAF risks and the performance risks.
- Review the proposed contracting CQUINS on an annual basis and ensure these are aligned to drive forward system quality and transformation objectives.

5. Decisions and functions delegated by the board to groups, individual board members and employees

5.1. Senior Management Team

- Provide assurance to the Finance and Planning Committee of performance against system control total by scrutiny of financial and planning strategy, strategic and operational financial and non-financial plans, and the current and forecast financial position of the overall ICS.
- Oversee the process by which the ICS develops a plan to allocate the annual resource to stakeholders (partners), including both revenue and capital.
- Review ongoing Financial Reports (capital and revenue), including savings plans.
- Review, by exception, quality and performance report summaries as required, and consider mitigations for any issues identified
- Review, scrutinise approve and / or recommend business cases/procurement processes to the Finance and Planning Committee/ Board in line with the Scheme of Delegation. Ensuring expertise and guidance has been sought from the relevant groups recommending any investment/disinvestments, including but not limited to Capital investment group, Primary Care Executive Group, SWL Digital Delivery Board.
- Review the joint working model with NHSE for Specialised Services.
- Oversight and assurance on the productivity of all Delivery, Programme and Transformation Boards, including deployment of funding initiatives.
- Oversight of any statutory workforce responsibilities (e.g. Workforce Race Equality Standard and Workforce Disability Equality Standard).
- Oversight of the delivery of the Provider Collaboratives and Place Partnership Delivery Agreements

- Approve corporate (non-statutory) policies and procedures and recommend adoption to the respective Committee where appropriate.
- Oversees the design of staffing structures and determines the recruitment processes and governance.
- Recommend for approval any non-audit based professional services to be delivered by the ICB's external auditor.
- Review and approve the acquisition, disposal or change of the use of land / buildings and oversight of Tenancy Agreements across the ICB in line with the Scheme of Delegation.

5.2. Contracts & Procurement Group

- Oversight and management of the organisation's contract register.
- Oversight and management of the organisation's procurement register.
- Oversight of procurement governance for the ICB.
- Review and award contracts up to agreed delegated limit where funding is identified within budgets.
- Advise of commissioning and decommissioning decisions.

5.3. Chief Executive Officer

- Approval of the ICB's contracts for any commissioning support.
- Approval of the ICB's contracts for corporate support (for example finance provision).
- Approve arrangements for co-ordinating the commissioning of services with other ICBs and or with the local authority(ies), where appropriate.
- Ensuring that the allocated annual revenue and capital resource limits are not exceeded, jointly, with system partners.
- Approve proposals for actions on litigation and claims handling on behalf of the ICB.
- Approve and determine arrangements for handling FoI requests.
- Approve Publication Scheme.

5.4. Chief Financial Officer

- Ensure that the ICB is in a position to produce its required monthly reporting, annual report, and accounts, as part of the setup of the new organisation.
- Ensure that the ICB in each financial year, prepares a report on how it has discharged its functions in the previous financial year.
- Responsibilities in relation to the ICB preparation and audit of annual accounts.
- Responsibilities in relation to the ICB adherence to the directions from NHS England in relation to accounts preparation.
- Ensuring that the allocated annual revenue and capital resource limits are not exceeded, jointly, with system partners.

- Ensuring that there is an effective financial control framework in place to support accurate financial reporting, safeguard assets and minimise risk of financial loss.
- Ensuring the ICB meets statutory requirements relating to taxation.
- Ensuring that there are suitable financial systems in place.
- Responsibilities in relation to the ICB meeting the financial targets set for it by NHS England.
- Use of incidental powers such as management of ICB assets, entering commercial agreements.
- Ensuring the Governance Statement and Annual Accounts & Reports are signed.
- Ensuring planned budgets are approved by the relevant Board; developing the funding strategy for the ICB to support the Board in achieving ICB objectives, including consideration of place-based budgets.
- Making use of benchmarking to make sure that funds are deployed as effectively as possible.
- Executive Members (Partner Members and Non-Executive Members) and other Officers are notified of and understand their responsibilities within the SFIs.
- Financial leadership and financial performance of the ICB.
- Identification of key financial risks and issues relating to robust financial performance and leadership and working with relevant providers and partners to enable solutions.
- Support a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise.
- Prepare the ICB's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the ICS, not for inclusion in the ICB's constitution.
- Prepare detailed financial policies that underpin the ICB's prime financial policies.

5.5. Chief People Officer [CPO] (or equivalent people role in the ICB)

- Lead the development and delivery of the long-term people strategy of the ICB ensuring this reflects and integrates the strategies of all relevant partner organisations within the ICS.

5.6. Other statutory duties and roles delegated to individuals within the ICB include:

- Executive lead for children and young people;
- Executive lead for children and young people with Special Education Needs and Disabilities (SEND);
- Executive lead for safeguarding;
- Executive lead for learning disability and autism; and
- Executive lead for Down's syndrome.

- Conflicts of Interest Guardian.
- Non-Executive Member with responsibility for Freedom to Speak Up.
- Oversight and assurance to the Board on the Emergency Preparedness, Resilience and Response function.
- ICB Senior Information Responsible Officer - Executive Director of Transformation and People.
- ICB Caldicott Guardian - Chief Medical Officer.
- Nominated responsibility as the Freedom to Speak Up Guardian.

5.7. Decisions and functions delegated to the Board by other organisations

- Primary medical care commissioning.
- Pharmacy, Optometry and Dentistry.
- Specialised Commissioning on confirmation of delegation from NHSE.

SECTION B - OPERATIONAL SCHEME OF DELEGATION

1. Introduction & Purpose

- 1.1 This schedule of matters delegated to Committees, Groups and Officers (scheme of delegation) has been developed in conjunction with the organisation's Standing Financial Instructions and will provide guidance for the ICB.
- 1.2 The delegation shown below is the lowest level to which authority is delegated. Authority can be delegated upwards with no further action being required. However, delegation to lower levels is only permitted with written approval of the Chief Executive Officer. Decision making with a financial impact must be carried out in accordance with the ICB's Standing Orders, Prime Financial Policies and detailed financial procedures. All financial limits in this schedule of matters delegated to Officers are subject to sufficient budget being available.
- 1.3 The Standing Financial Instructions set out the financial responsibilities of the various Committees, Groups and individuals within the ICB.

2. Levels of Delegation

- 2.1 The Scheme of Delegation covers only matters delegated by NHSE/I to the ICB and those matters reserved for the ICB Board its committees, Executive Officers and/or Partners.
- 2.2 Further delegation may be approved:
 - a. by the ICB Board in approving specific management policies
 - b. by the ICB Chief Executive
 - c. as part of Financial Procedures approved by the Chief Finance Officer (CFO)
- 2.3 Each Executive Director will need to consider the arrangements for authorisation of expenditure against delegated budgets and further delegation of management/professional responsibilities.
- 2.4 In accordance with The Scheme of Delegation the ICB Board exercises financial supervision and control by:
 - a. Authorising the operational plan;
 - b. Requiring the submission and approval of budgets within approved allocations / overall income;
 - c. Defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and
 - d. Defining specific responsibilities placed on members of the ICB Board, its Committees, Partners and employees as indicated in the Scheme of Delegation.

- 2.5 Once the ICB Board, has reviewed and approved the Operating Plan and any supporting financial plan / budget, the Board, will delegate approval to the Chief Executive; the Chief Finance Officer and other Executive Directors and employees to commit these resources for the purpose set out in the plan subject to the financial thresholds set out in this document.

2.6 Levels of Sub-Delegation

The Delegation of financial limits are also linked to the position/role of the staff member and the Levels outlined in Schedule 1 will be those set on the financial system.

2.7 Types of Delegation Authority

The types of financial delegation outlined in this document include:

- a. Expenditure approval delegations
- b. Invoices and credit note requests
- c. Business case approval delegations
- d. Procurement delegations
- e. Contracts signing delegations
- f. Other non-financial delegations.

3. Principles

3.1 General Delegation Principles

3.2 Delegates Must:

- a. Act within your authority by ensuring you hold the relevant delegation
- b. Understand your authority by referring to relevant guidance, limitations and directions
- c. Act with the ICB's values in mind
- d. Avoid conflicts of interest
- e. Consider the ICB's business needs
- f. Seek expert advice when making a decision
- g. Make decisions objectively, reasonably and fairly.

3.3 Delegates Must Not:

- a. Exercise delegations in respect of someone outside of your immediate line of control
- b. Exercise powers in respect of a position higher than your own
- c. Exercise a delegation in respect of yourself (i.e. confer a personal benefit)
- d. Exercise a delegation on behalf of an absent employee unless it is within the scope of your delegated authority, or you are officially acting in the position.

3.4 Compliance

- a. All delegates are required to comply with manuals and directives issued by the ICB
- b. Delegated authority is subject to internal controls and to any overriding National laws

3.5 Responsibility

- a. Delegations are made to positions, not to persons, and are specific to the position's work unit and/or role. Ultimate responsibility for performance of the functions or exercise of the authority or power rests with the authority holder.
- b. Where an authority holder delegates an authority to an individual position, the person occupying that position becomes personally accountable for the delivery of that authority.
- c. The delegation to a position is unique and is not transferable by the delegate.
- d. Delegations extend to the Officer substantively appointed to that position and any person acting in that position for a specified period unless otherwise excluded in the terms of the temporary appointment. Delegations do not extend to volunteers.
- e. Where the Scheme of Delegation specifies a delegate, the position to which the delegate reports is also deemed to have the delegated authority except where otherwise determined by legislation, policy or a Chief Executive instruction.
- f. Where the permanent Officer takes leave, it is their responsibility to instruct the relieving Officer (and the finance department) of the level of delegation that is attached to the position and the responsibilities associated with the delegation for the agreed period. In case of the Chief Executive Officer their responsibility would be delegated to the Deputy Chief Executive Officer in the first instance for any leave.

3.6 Application

- a. Delegates are expected to exercise their powers, authorities, duties or functions delegated to them in a responsible, efficient, consistent and cost-effective manner.
- b. Discretion is to be utilised by the delegate in determining whether to exercise a delegation or refer the matter to a higher authority.
- c. When an Officer is exercising their financial delegation, they are required to clearly provide their name, position and date when signing.

3.7 Financial Delegation Principles

3.8 Delegates Must:

- a. Only approve expenditure in cost centres under the delegate's authority
- b. Only approve expenditure where there is sufficient budget to cover the cost
- c. Only approve expenditure on goods and services related to official work

and business use

- d. Only approve expenditure where all relevant ICB's procedures and policies have been followed
- e. Only approve expenditure to the financial limit of the delegation
- f. Only approve expenditure where evidence exists that goods have been received and/or services have been performed in accordance with and at the rate/s of an agreed contract or arrangement
- g. Employees are to note that an expenditure approval is to be given prior to any commitment being made, contract signed, or purchase order raised.

3.9 Delegates Must Not:

- a. approve a gift or settlement of any legal claim unless specifically delegated this authority
- b. transfer the financial delegation granted by the ICB Chief Executive to another employee
- c. break one purchase down into several smaller items to avoid breaching the financial limit of the delegation
- d. approve expenditure on capital works, contracts or special payments unless specifically delegated this authority
- e. exceed their delegation limits even if automated systems permit this to occur
- f. Approve any expenditure incurred by the delegate on travel, meals, conferences and other similar expenditure
- g. Assume the financial delegation of an absent delegate if you are not authorised to do so.

3.10 Suspension, Revocations and Reductions in Financial Delegations

- a. The terms of any financial delegation cannot be exceeded under any circumstances.
- b. Financial delegations cannot be sub-delegated once granted by the ICB Chief Executive.
- c. Improper performance of responsibilities may result in disciplinary action being taken against the employee concerned.
- d. The power to revoke, suspend or reduce financial delegations granted to positions within the ICB rests with the Chief Executive in respect of delegations made.
- e. If circumstances arise which warrant the suspension, revocation or reduction of a financial delegation, full details must be forwarded to the ICB's Chief Finance Officer. The ICB's Chief Finance Officer will submit an appropriate recommendation to the Chief Executive for consideration.
- f. If the recommendation is approved, the delegation will be amended to reflect that reduction, suspension or revocation.

3.11 Reviewing and Maintaining the Scheme of Delegations

- a. This Scheme of Delegation may be amended from time to time to reflect

changes in legislation, ICB policy or operational requirements.

- b. The ICB will coordinate regular reviews of financial, procurement and contracts signing financial delegations for positions and limits. A revised version is submitted to the Senior Management Team (SMT) and Audit and Risk Committee for endorsement before submitting it to the ICB Board for approval.

4. Summary of Expenditure Approval Financial Delegations

- 4.1 This section will summarise the delegated responsibilities and the associated delegated Officer, linked to the Standing Financial Instructions.
- 4.2 **Management of budgets and approval to spend revenue funds (non-pay)**
- 4.3 The ICB's annual Budget Plan is approved by the ICB Board at the commencement of the financial year following a review by the Finance & Planning Committee.
- 4.4 This delegation has application in respect of the management and approval to spend revenue funds for non-pay expenditure included within the annual approved ICB budget plan (for example, approval of purchase orders and sign-off of invoices).
- 4.5 ***It should be noted that any spend over £25,000 will need approval from NHSE as part of the 'triple lock' process.***
- 4.6 In addition, *the* ICB has a 'no PO, no pay' principle in place. Therefore all expenditure commitments should be through a Purchase Order (PO) except in a pre-agreed limited number of circumstances.
- 4.7 Delegations relating to the approval of a business case, procurement or the signing of a contract are outlined separately (*in Sections 5 and 6*).
- 4.8 The detailed instructions are outlined in ***SFI section 4 Management Accounting & Business Management***

#	Delegated Responsibilities	Delegated Officer or Group
4.9	Authority to approve non-pay expenditure within individual budgets if included <u>within</u> the ICB's annual Budget Plan excluding: - Situations where a business case is required (<i>refer paragraph 4.39</i>)	
4.9.1	Management of individual budgets if included within the ICB's annual Budget Plan	<i>Refer to Schedule 1</i>
4.9.2	Budget Virements	

#	Delegated Responsibilities	Delegated Officer or Group
	<p>Less than £100,000</p> <p>Above £100,000</p>	<p>Manager OR Service Lead (or delegations as agreed with the Chief Finance Officer) AND Chief Finance Officer</p> <p>Manager OR Service Lead (or delegations as agreed with the Chief Finance Officer) AND Chief Finance Officer OR Chief Executive</p> <p>The virement must be signed by both the budget holder <i>from</i> whom the budget is transferring and the budget holder <i>to</i> whom the budget is transferring</p>
4.10	<p>Authority to approve non-pay expenditure in excess of budget excluding:</p> <ul style="list-style-type: none"> Situations where a business case is required (refer to paragraph 4.34) <p>(note: this applies to business-as-usual overspends per Place/Service per month)</p>	
4.10.1	Less than £125,000	Responsible Executive Director
4.10.2	Over £125,000 up to £5,000,000	<p>Senior Management Team</p> <p><i>Approval noted by:</i> Finance and Planning Committee</p>
4.10.3	Over £5,000,000 up to £7,500,000	<p>Approval by Finance and Planning Committee</p> <p>Recommended by SMT</p>
4.10.4	Over £7,500,000	<p>Approval by ICB Board</p> <p>Recommended by Finance and Planning Committee</p>
4.11	<p>Authority to approve non-pay expenditure relating to non-audit based professional services to be provided by the ICB's external auditor</p>	
4.11.1	Approval of any proposed non-audit based professional services to be delivered by the ICB's external auditor	<p>Chief Finance Officer AND the Chair of the Audit and Risk Committee</p> <p><i>Prior endorsement required by:</i> Senior Management Team</p> <p>Approval noted by the Audit and Risk Committee</p>

- 4.12 **Management of budgets and approval to spend ICB Capital funds (non-pay)**
- 4.13 The ICB capital plan is developed by the Capital Investment Group, reviewed by Senior Management Team, the Finance and Planning Committee before being approved by the ICB Board prior to publication.
- 4.14 ICB capital includes:
- Primary care improvement grants
 - Primary care ICT grants
 - Buildings and equipment
 - Leases (under IFRS16) – including the authority to extend or exit tenancy agreements for ICB offices
- 4.15 It excludes tenancy agreements and void costs that should be managed in line with non-pay revenue investments/spends.
- 4.16 ICB capital projects are subject to the DHSC and Cabinet office rules for approval as in the Procurement Section.

4.17	Capital Schemes	
4.17.1	Delegated Limits for Capital Investment for buildings, PFI, IM&T and equipment investments, and leases included in the Plan	
4.17.2	Up to £5,000.000 for ICB projects	<i>SMT Approval</i> <i>Prior endorsement required by:</i> Capital Investment Group, Primary Care Executive and Place as appropriate.
4.17.3	From £5,000,000 to £7,500,000 for ICB projects	Finance & Planning Committee <i>Approval</i> <i>Prior endorsement required by:</i> SMT Capital Investment Group, Primary Care Executive and Place as appropriate.
4.17.4	From £7,500,000 up to £15,000,000 for ICB projects	<i>ICB Board Approval</i> <i>Prior endorsement required by:</i> SMT Finance and Planning Committee Capital Investment Group, Primary Care Executive and Place as appropriate.

4.17	Capital Schemes	
4.17.5	From £15,000,000 to £50,000,000 for ICB projects	NHSE&I then DHSC – subject to full business case approval and following approval by ICB Board
4.17.6	From £50,000,000 & above for ICB projects	DHSC and HM Treasury
4.17.7	Selection of architects, quantity surveyors, consultant engineer and other professional advisors within EU regulations	Chief Executive Officer or Chief Finance Officer
4.17.8	Financial monitoring and reporting on all capital scheme expenditure	Chief Finance Officer
4.17.9	Authority to approve capital expenditure <u>in excess</u> of the total capital budget	
4.17.9.1	Approval of any increase in the total capital budget above the value signed off by ICB Board would breach CDEL and is not permitted	

4.18 **Invoice requests** (to receive income)

4.19 This delegation has application in respect of the raising of an invoice requesting payment from an external organisation.

4.20 All invoices for NHS commissioning services must go via the SWL ICB Director of Finance.

#	Delegated Responsibilities	Delegated Officer or Group
4.21	Authority to approve the raising of an invoice request to an external organisation	
4.21.1	Less than £100,000	Budget holder AND Management Accountant OR Senior Management Accountant
4.21.2	Over £100,000 up to £500,000	Budget holder AND Finance Manager
4.21.3	Over £500,000 up to £1,000,000	Budget Holder AND Deputy Director of Finance
4.21.4	Over £1,000,000	Budget Holder AND Director of Finance (ICB)
NB For all invoice requests the budget holder remains the responsible person for confirming the validity of the charge to be raised to the external body.		

4.22 **Expense claims and Leave Requests**

4.23 This delegation has application in situations where an employee is claiming reimbursement for an expense they have incurred personally. The ICB's detailed policy covering expense claims is outlined in the NHS Terms and Conditions of Service Handbook.

#	Delegated Responsibilities	Delegated Officer or Group
4.24	Authority to approve expense claims and leave requests	

#	Delegated Responsibilities	Delegated Officer or Group
4.24.1	Approval of expense claim within assigned delegation limit (refer Schedule 1) and claim is allowable per the NHS Terms and Conditions of Service Handbook	Employee's line manager
4.24.2	Approval of expense claim above assigned delegation limit (refer Schedule 1) and claim is allowable per the NHS Terms and Conditions of Service Handbook in line with their delegated limit	Executive Director
4.24.3	Approval of leave including annual leave, sick leave, special leave and compassionate leave, study leave and statutory leave in line with policies	Employee's line manager
4.24.4	Approval of carry forward of up to 5 days annual leave	Employee's line manager
4.24.5	Approval of carry forward between 5-10 days annual leave	Executive Director
4.24.6	Approval of carry forward over 10 days annual leave	CEO

4.25 Management of budgets and approval to spend ICB revenue funds (pay)

4.26 This delegation has application in respect of the management and approval to spend revenue funds for pay expenditure included within the annual approved ICB budget plan – in other words, this delegation applies to recruitment to fully funded staff posts that are included within the existing HR establishment. Note, any proposed increases to the HR establishment or new posts will require a business case to be approved (*refer paragraph 4.32*).

4.27 The detailed process to be followed when seeking to appoint temporary or permanent staff is outlined in the ***Vacancy Approval Process***, including the role and membership of the Recruitment Sub Committee, and the requirement for the relevant Recruitment Form to be signed off and approved.

#	Delegated Responsibilities	Delegated Officer or Group
4.28	Authority to approve staff appointments if <u>within</u> budget	
4.28.1	Staff appointment (where the post is included within existing establishment)	Approval from SWL ICB Recruitment Sub Committee in line with the Vacancy Approval Process

#	Delegated Responsibilities	Delegated Officer or Group
		<p>Pre-approval by Service Lead/ Manager/Deputy Director and require authorisation from Executive Director at Place</p> <p><i>Prior endorsement required by: Finance and HR</i></p>
4.28.2	Staff appointment (where the post is not included within existing establishment)	<p>Approval from SWL ICB Recruitment Sub Committee in line with the Vacancy Approval Process.</p> <p>Pre-approval by Service Lead/ Manager/Deputy Director and require authorisation from Executive Director at Place</p> <p><i>Prior endorsement required by: Finance and HR</i></p>
4.28.3	Interim Staff appointment either included or outside of the establishment	<p>Approval from SWL ICB Recruitment Sub Committee in line with the Vacancy Approval Process</p> <p><i>Prior to submission to NHSE to approve as part of the 'triple lock'</i></p> <p>Pre-approval by Service Lead/ Manager/Deputy Director and require authorisation from Executive Director at Place</p> <p><i>Prior endorsement required by: Finance and HR</i></p>
4.28.4	Staff appointment – Executive Directors and other Directors referenced on the ICB Board	Chief Executive <u>AND</u> Chair
4.29	Authority to approve remuneration arrangements for staff	
4.29.1	Approval of remuneration arrangements (including additional allowances above basic salary) – all staff levels excluding Executive Directors and Directors referenced on the ICB Board.	Human Resources AND Finance Leads <u>AND</u> Relevant Executive Director prior to submission to Recruitment Sub-Committee for approval
4.29.2	Approval of remuneration arrangements for Executive Directors and other Directors referenced on the ICB Board.	Remuneration and Nominations Committee

#	Delegated Responsibilities	Delegated Officer or Group
4.30	Authority to approve pay expenditure relating to staff timesheets (including overtime)	
4.30.1	Approval of staff time sheets for both substantive and temporary staff	Line Manager
4.31	Authority to approve redundancy payments in line with NHSE guidance and policies	
4.31.1	Up to £10,000	CFO
4.31.2	Over £10,000	CEO with NHSE/treasury approval as appropriate

4.31 **Approval of business cases requesting funding for ICB programmes of work**

4.32 A business case (also known as an investment proposal) is a document that provides the rationale for why the ICB should agree to fund a particular project. This delegation has application when a business case requesting funding is required to be prepared and approved. Note, delegations relating to procurement, or the signing of a contract are outlined separately (*refer Sections 5 and 6*).

4.33 A business case is required in the following situations:

- When funding is requested in excess of allocated budget OR
- A change to the model of service delivery or model of care is proposed OR
- A change to the HR establishment is proposed OR
- An existing contracted service is required to be re-tendered.

This would include business cases for:

- Entering into a legally binding tenancy or licence agreement with one or more other parties under which each party assumes an obligation.
- There is a change to an existing tenancy or licence agreement held by the ICB or GP practice;
- The ICB, a Trust, GP practice or other organisation is entering into a new tenancy or licence agreement that is to be underwritten by the ICB with respect to the payment of void costs;
- There is a change to existing tenancy or licence arrangements underwritten by the ICB with respect to the payment of void costs.
- Dispersal of a GP patient list

4.34 All business cases requesting funding should be locally reviewed prior to the case going to the SMT and the SWL Capital Investment Group (where relevant) for endorsement, and then F&PC or ICB Board (dependent on the financial value) for final approval. ***Further to this any investment, over £25,000 would need to be approved by NHSE as part of the ‘triple lock’ process.***

4.35 **Determining the appropriate approval process**

- 4.36 The appropriate approval process for a business case is determined by the value of the business case. The following principles should be applied to calculate the value of the business case:
- For non-pay or capital expenditure business cases, the value of the business case should be calculated on the basis of the total cost over 5 years
 - For pay expenditure business cases, the value of the business case should be calculated based on the yearly cost, and
 - For business cases combining non-pay, capital and pay expenditure, the value of the business case should be calculated on the basis of the total cost over 5 years.
 - New revenue budgets can only be funded from reserves; additional capital budgets can only be funded from within the approved capital plan or from an increase in the system capital delegated expenditure limit (CDEL).
- 4.37 **Escalating the business case approval process**
- 4.38 There will be situations where a business case is relatively low value but of strategic importance to the ICB. Accordingly, any Executive Director has the right to override these delegations to escalate approval up the approval process. Example situations include:
- Politically or commercially sensitive, novel or contentious
 - Outsourcing of a service with implications on staffing
 - Deemed of strategic importance and intrinsically linked to the ICB's strategic direction and priorities, or
 - Where the Place is not meeting its budget control total.
- 4.39 An Executive Director cannot override these delegations to de-escalate approval down the approval process.

#	Delegated Responsibilities	Delegated Officer or Group
4.40	Authority to approve business cases (whole life value) requesting funding	
4.40.1	Up to £2,500,000 (if within delegated budget)	Contract and Procurement group
4.40.2	Up to £5,000,000 (new investment) Over £2,500,000 to £5,000,000 000 (if within delegated budget)	Senior Management Team <i>Prior endorsement required by:</i> SWL Capital Investment Group (where relevant) and Contract and Procurement group
4.40.3	Over £5,000,000 up to £7,500,000	Finance & Planning Committee <i>Prior endorsement required by:</i> SWL Capital Investment Group (where relevant) Senior Management Team Contract and Procurement group

#	Delegated Responsibilities	Delegated Officer or Group
4.40.4	Over £7,500,000 Outline Business Case	ICB Board <i>Prior endorsement required by:</i> SWL Capital Investment Group (where relevant) Contract and Procurement group Senior Management Team AND Finance & Planning Committee ICB Board
	Full Business Case	<i>Prior endorsement required by:</i> SWL Capital Investment Group (where relevant) Contract and Procurement group Senior Management Team AND Finance & Planning Committee

4.41 Review and support for ICS NHS partner business cases

- 4.42 The ICB is required to have oversight of significant investment (no matter whether they are revenue or capital or a combination) made by partners in the system to ensure they align with the ICS and ICP strategy and provide value for money. These business cases typically relate to additional funds made available by NHSE for specific projects and the strategic investments as part of the system-wide capital plan. On agreeing they align to the system priorities, are affordable and value for money the ICB will be expected to write a letter of support for the scheme.
- 4.43 Where the NHS makes allocations to individual organisations within the ICS/allocation values are updated in year e.g. pay awards. These would be excluded from requiring a business case
- 4.44 Prior to the ICB reviewing and agreeing its support to any cases it is expected these will have been through individual partner organisations governance (in line with their SFIs and Scheme of Delegation). ***Any investment, over £25,000 would need to be approved by NHSE as part of the ‘triple lock’ process and that for significant investment the Cabinet Office rules and DHSC approval thresholds are followed.***
- 4.45 The appropriate approval process for a business case is determined by the value of the business case. Business cases should follow national guidance in their construct:

#	Delegated Responsibilities	Delegated Officer or Group
4.46	Authority to approve/provide support for a partner business cases requesting funding	

#	Delegated Responsibilities	Delegated Officer or Group
4.46.1	Up to £2,500,000	Letter of support written by Chief Finance Officer on approval by Capital Investment Group/ Finance and Activity Committee (system CFOs) and any clinical or operational advice (where relevant)
4.46.2	From £2,500,000 to £10,000,000	Letter of support written by Chief Finance Officer on approval by Senior Management Team <i>Prior endorsement required by:</i> SWL Capital Investment Group (where relevant)
4.46.3	Over £10,000,000 up to £25,000,000	Letter of support written by Chief Finance Officer on approval by Finance & Planning Committee <i>Prior endorsement required by:</i> SWL Capital Investment Group (where relevant) Senior Management Team
4.46.4	Over £25,000,000 Outline Business Case or Full Business Case	Letter of support written by Chief Finance Officer on approval by ICB Board <i>Prior endorsement required by:</i> SWL Capital Investment Group (where relevant) Senior Management Team AND Finance & Planning Committee

4.47 Condemnations & Disposals

4.48 The detailed instructions are outlined in ***SFI10 Losses & Special Payments***.

#	Delegated Responsibilities	Delegated Officer or Group
4.49	Items obsolete, obsolescent, redundant, irreparable, or cannot be repaired cost effectively Note: these write-offs, once agreed, will impact on individual budgets – there is no central provision. A bad debt write-off for these purposes is the writing off of any income due to the ICB, whether or not invoiced – it does not include adjustments relating to invoices raised in error.	
4.49.1	With current / estimated purchase price <£500	Budget Manager

#	Delegated Responsibilities	Delegated Officer or Group
4.49.2	With current / estimated purchase price >£1,000	Chief Finance Officer
4.50	Authority to approve losses of equipment and property	
4.50.1	Less than £100,000	Chief Finance Officer
4.50.2	Over £100,000 up to £300,000	Chief Executive Officer <i>Approval noted by:</i> Audit and Risk Committee
4.50.3	Over £300,000	ICB Board

4.51 Losses, Write Offs & Compensation

#	Delegated Responsibilities	Delegated Officer or Group
4.51.1	Losses of Cash due to: <ol style="list-style-type: none"> 1. Theft 2. Overpayment of Salaries, wages, fess and allowances 3. Other Causes including un-vouched or incompletely vouched payments, overpayments other than those included under item 2: physical losses of cash and cash equivalents, e.g. stamps due to fire (other than arson), accident and similar causes 	
4.51.1	Up to £10,000	Chief Finance Officer
4.51.2	Up to £25,000	Chief Executive Officer
4.51.3	Between £25,000 to £300,000	Board
4.51.4	Over £300,000	Assurance Team, NHS England
4.53	Fruitless Payments (including abandoned capital schemes)	
4.53.1	Up to £10,000	Chief Finance Officer
4.53.2	Up to £25,000	Chief Executive Officer
4.53.3	Between £25,000 to £300,000	Board
4.53.5	Over £300,000	Assurance Team, NHS England
4.54	Bad Debts & Claims Abandoned	
4.54.1	Up to £10,000	Chief Finance Officer
4.54.2	Up to £25,000	Chief Executive Officer
4.54.3	Between £25,000 to £300,000	Board
4.54.4	Over £300,000	Assurance Team, NHS England
4.55	Other payments and claims including:	

#	Delegated Responsibilities	Delegated Officer or Group
	<ul style="list-style-type: none"> • Other negligence cases & personal injury claims, except cases of maladministration where there was no financial loss by claimant • For personal injury claims involving negligence where legal advice obtained, and relevant guidance has not been applied • For Personal injury claims involving negligence where the relevant guidance has been applied) including plaintiffs' costs) • For clinical negligence where the guidance relating to such payments has not been applied • For clinical negligence (negotiated settlements following legal advice) where the guidance relating to such payments has been applied (including plaintiffs' costs) • Ex gratia payments to patients & staff for loss or personal effects • Extra Contractual Payments to Contractors • Compensation Payments made under legal obligation • Damage to buildings, their fitting, furniture and equipment and loss of equipment and property in stores and in use due to <i>Culpable causes e.g. theft, fraud, arson or sabotage whether proved or suspected, neglect of duty or gross carelessness or other causes</i> 	
4.55.1	Up to £10,000	Chief Finance Officer
4.55.2	Up to £25,000	Chief Executive Officer
4.55.3	Between £25,000 to £95,000	Board
4.55.4	Over £95,000	Assurance Team, NHS England

5. Summary of Procurement Delegations

- 5.1. All UK Public Sector organisations are subject to either the *Public Procurement Regulations 2015* or the *Provider Iection Regime Regulations 2023* which stipulate how goods and services should be purchased fairly and transparently with evidence of good value for money.
- 5.2. The requirements for tendering and contracting by or on behalf of the ICB are outlined in ***SFI 7 Procurement & Purchasing***. The table below summarises the detail in line with the Procurement Policy ***and any investments above £25,000 would be subject to NHSE approval as part of the 'triple lock'.***

Procurement under the Public Procurement Regulations 2015

These rules apply to all non healthcare services and goods. The current Public procurement regulation limits are quoted below - these should be updated when the new limits are issued

Total Contract Value¹	Procedure
Less than £25,000	Obtain alternate process/quotes where practicable
£25,000 to £75,000	Seek a minimum of three (3) written quotes (see below for instances where three written quotes cannot be obtained)
Goods and Services between £75,000 and £213,477 Light Touch Regime services (see below) £50,000 to £663,540 Works Contracts £50,000 £5,336,937	Advertise through the ICB e-Tendering Portal AND Either undertake mini competition through an approved multi-supplier framework agreement where all approved suppliers capable of providing the relevant requirements must be invited to bid OR undertake a tender exercise where a minimum of five (5) should be invited to bid for the contract
Good, supplies and services above £ 213,477 Light Touch Regime services (see below) above £663,540 Works Contracts above £5,336,937	Advertise through the ICB e-Tendering Portal AND Either undertake mini competition through an approved multi-supplier framework agreement where all approved suppliers capable of providing the relevant requirements must be invited to bid and the value is within the framework limit OR conduct a full tender process compliant with the Public Contracts Regulations 2015 for which advice must be sought from the Procurement team
Any contract over £10,000,000	Cabinet Office approval (if appropriate) over and above the approvals detailed above
Notes: <ul style="list-style-type: none"> • Works are defined as ‘Activities constituting works’ as per Schedule 2 of the Public Sector Procurement Regulations 2015 and fall under Common Procurement Vocabulary code 450000. If not specified under this schedule the threshold for goods and services apply. • A single supplier (direct call off) from an approved multi-supplier framework is only permitted under the framework rules i.e. the supplier selected must be the top ranked as per the process set out in the framework who are capable of providing the relevant requirements • Mini competitions undertaken form multi-supplier frameworks MUST invite all suppliers under the relevant lot and only the suppliers listed on the framework • All suppliers invited to bid for ICB contracts must have been verified that they have the technical capability to supply the goods, services or works required. 	

¹ ‘Total Contract Value’ is inclusive of VAT and relates to the whole of life cost of the contract.

Total Contract Value ¹	Procedure
	<ul style="list-style-type: none"> On award of contract, the service specification should not be significantly different from that assessed as part of the tender process otherwise this will render the process invalid. Award of contracts should be based on the most economically advantageous offer. Where quality/price evaluation is planned, the criteria must be pre-determined and set out in the Request for Quotation or tender to ensure fair competition

5.3. Waiving of Formal Competitive Tendering relating to Public Procurement Regulations 2015

5.4. Formal competitive tendering can be waived only in limited circumstances, and these are outlined in SFI 7. In instances where formal competitive tendering is to be waived, an 'SFI Waiver Form' must be completed and approved by those with delegated authority. It is important to note that processes cannot be waived under the Provider Selection Regime Regulations 2023.

This delegation has application when:

- The total contract value is over £25,000 and up to £75,000, and a minimum of three (3) quotations have not been received, OR
- The total contract value is over £75,000 and up to the limit set out in the Public Contracts Regulations 2015 (PCR), and a minimum of three (3) formal competitive tenders have not been received, OR
- The total contract value is either over the limit set out in the Public Contracts Regulations 2015, a compliant tender process has not been conducted OR a minimum of three (3) formal competitive tenders have not been received.

#	Delegated Responsibilities	Delegated Officer or Group
5.5	Authority to approve waiving of formal competitive tendering	
5.5.1	Supply of goods, services and design contracts up to PCR limit including 'Light touch' limit	Chief Finance Officer <i>Approval noted by:</i> Audit and Risk Committee
5.5.2	Works contracts up to PCR limit	Chief Finance Officer AND Chief Executive Officer <i>Approval noted by:</i> Audit and Risk Committee
5.5.3	Contracts above the PCR limit (in the case of sole suppliers) up to £5,000,000	Finance and Planning Committee <i>Approval noted by:</i> Audit Committee
5.5.4	Contracts above the PCR limit (in the case of sole suppliers) above £5,000,000	ICB Board <i>Approval noted by:</i>

#	Delegated Responsibilities	Delegated Officer or Group
		Finance and Planning AND Audit and Risk Committee

5.6 Procurement under the Provider Selection Regime Regulations 2023 (PSR)

- 5.7 From 1 January 2024, healthcare services (defined via Common Procurement Vocabulary Codes, details of which can be found at [NHS England » The Provider Selection Regime: statutory guidance](#)) are subject to a new regime of regulations called the Health Care Services (Provider Selection Regime) Regulation 2023 (PSR).
- 5.8 Unlike Public Procurement Regulations, there is no minimum threshold for procurements subject to the PSR and the process cannot be waived. ***Where there is a non-compliant award this will need to be approved by Finance and Planning Committee.***
- 5.9 Under PSR, relevant healthcare services can be procured by following one of the five available routes:
- direct award process A - the existing provider is the only provider that can deliver the health care services
 - direct award process B - patients have a choice of providers and the number of providers is not restricted by the relevant authority
 - direct award process C - the existing provider is satisfying its existing contract, will likely satisfy the new contract to a sufficient standard, and the proposed contracting arrangements are not changing considerably
 - most suitable provider (MSP) process - This involves awarding a contract to providers without running a competitive process, because the relevant authority can identify the most suitable provider.
 - competitive process - This involves running a competitive process to award a contract.
- 5.10 PSR allows provision for urgent award or modification in exceptional circumstances where the ICB may need to act urgently and award or modify contracts to address immediate risks to patient or public safety. These circumstances include where:
- a new service needs to be arranged rapidly in an unforeseen emergency or local, regional or national crisis, e.g., to deal with a pandemic
 - urgent quality/safety concerns pose risks to patients or the public and necessitate rapid changes
 - an existing provider is suddenly unable to provide services under an existing contract (for example, a provider becomes insolvent or experiences a sudden lack of critical workforce) and a new provider needs to be found.
- 5.11 In line with the requirements of the PSR the ICB shall have a Provider Representation Panel ('Panel') to act in an advisory capacity to the Board of Members, its committees, sub-committees and those officers or employees making decisions pursuant to the NHS Provider Selection Regime ('PSR'). The purpose of the Panel is to consider representations by eligible providers against

procurement decisions made by the ICB under Direct Award Process C, the Most Suitable Provider Process and/or the Competitive Process of the PSR.

- 5.12 The Panel cannot override the Original Decision Maker but can identify where there are defects in the process or where decisions were not made on a rational basis and make recommendations to fix any errors. The Panel can remit a decision back to the Original Decision Maker and ask for the decision to be reconsidered with any defects remedied and Panel recommendations being taken into account.
- 5.11 All contract awards processes should follow the detailed guidance in the ICB Contracts and Procurement Policy

5.12 Selection of preferred tenderer(s)/compliant direct contract award under either the *Public Procurement Regulations 2015* or the *Provider Selection Regime Regulations 2023*

- 5.13 This delegation has application when a formal competitive tender process is conducted. At the conclusion of the tender evaluation stage, the evaluation team will make a decision on the award of contracts and will prepare a recommendation report that recommends the preferred tenderer(s). The report will detail the factors (including price, quality, and timing) that define the tender that provides the best overall value for money, and provide a comparison with the details of the nearest competing bids, where appropriate, with reasons for their rejection.
- 5.14 The Delegated Officers have authority to approve the recommendation report. Following approval award, post-tender negotiations can be initiated with the successful tenderer to improve the successful offer, where appropriate, and the formal contract should be prepared.
- 5.15 Where a purchase exceeds the limit set in the Public Contracts Regulations 2015, but only a single provider is identified having advertised our requirements, approval must be sought from the Chief Finance Officer together with one other executive prior to award of the contract.

#	Delegated Responsibilities	Delegated Officer or Group
5.16	Authority to approve selection of preferred tenderer(s) for contract award	
5.16.1	Capital	Chief Finance Officer
5.16.2	Revenue Up to £2,500,000 (if within delegated budget)	Contract and Procurement group <i>Prior endorsement required by Place, Primary Care Executive or Department as appropriate</i>

#	Delegated Responsibilities	Delegated Officer or Group
5.16.3	Over £2,500,000 to £5,000,000 000 (if within delegated budget)	Senior Management Team <i>Prior endorsement required by:</i> Contract and Procurement group Place, Primary Care Executive or Department as appropriate
5.16.4	Over £5,000,000 up to £7,500,000	Finance & Planning Committee <i>Prior endorsement required by:</i> Senior Management Team Contract and Procurement group Place, Primary Care Executive or Department as appropriate
5.16.5	Over £7,500,000	ICB Board <i>Prior endorsement required by:</i>) Contract and Procurement group Senior Management Team AND Finance & Planning Committee Place, Primary Care Executive or Department as appropriate

5.17 Acceptance of late tenders under either the *Public Procurement Regulations 2015* or the *Provider Ieccion Regime Regulations 2023*

5.18 This delegation has application when a formal competitive tender process is conducted. The Invitation to Tender documentation will specify the date and time by which tenderers must submit a tender response. Late tenders should not be accepted unless in exceptional and genuine circumstances – including, issues outside of the tenderer's control such as ICT difficulties uploading to the tendering portal, or where acceptance of the tender would ensure adequate competition.

#	Delegated Responsibilities	Delegated Officer or Group
5.19	Authority to approve acceptance of late tenders	
5.19.1	Tender received within two (2) hours after the specified tender closing time	Executive Director OR Manager
5.19.2	Tender received more than two (2) hours after the specified tender closing time	Chief Finance Officer

#	Delegated Responsibilities	Delegated Officer or Group

5.20 Continuing Healthcare and Mental health Placement/care package award process (including adults, children and special educational needs and disability placements)

5.21 All placements must be awarded under PSR processes based on national NHS eligibility criteria. However, value for money for the placements should be evidenced and reviewed on a regular basis (see ICB Contracts and Procurement policy).

5.22 The table below details the delegation limits for all placements. The value relates to the period of award up to the next review point. With the individual/group responsible for ensuring value for money of each award. This could be as an individual or as part of a wider review panel.

#	Delegated Responsibilities	Delegated Officer or Group
5.23	Authority to approve placement as value for money (for the period up to the review)	
5.23.1	Up to £1,500 per week or £75,000 per annum	Deputy Director of CHC
5.23.2	Up to £4,000 per week or £200,000 per annum	Operational Place Lead <i>On recommendation of the Deputy Director of CHC</i>
5.23.3	Up to £10,000 per week or £500,000 per annum	Chief Nurse <i>On recommendation of the Operational Place Lead</i>
5.23.4	Above £10,000 or over £500,000 per annum	Senior Management Team <i>On recommendation of the Chief Nurse</i>

6. Summary of Contracts Signing Delegations

A contract is an agreement between two or more parties under which each party assumes an obligation (for example, to provide a service) which they intend will be legally binding (that is, it can be enforced by a court). A contract can be reflected in a formal document or can be formed by an exchange of correspondence or even verbal communication.

SWL ICB is a body corporate established under the *Health Services Act 2006* according to the laws of England and Wales on 1 March 2012, and may sue and be sued in its corporate name. The legal entity by which SWL ICB contracts with external organisations

is the “NHS South West London Integrated Care Board,” with its principal place of business at 120 The Broadway, Wimbledon, SW19 1RH.

There are **no values or limits** assigned to the Contracts Signing Delegations.

6.1 Signing healthcare funding contracts and service agreements

This delegation has application when the ICB is entering into a legally binding contractual agreement with a third-party organisation for the provision of NHS healthcare services.

#	Delegated Responsibilities	Delegated Officer or Group
6.1.1	Authority to sign funding contracts and service agreements (including variations)	
6.1.2	All contractual agreement, MOUs and service agreements with a third-party organisation for the provision of NHS healthcare services	Chief Finance Officer OR Chief Executive OR Chief Operating Officer OR Deputy Chief Executive

#	Delegated Responsibilities	Delegated Officer or Group
6.1.3	Authority to approve discretionary grants to Local Authorities / Voluntary Bodies (including variations)	
6.1.4	All agreements to provide grants/MOUs to third parties including Local Authorities / Voluntary Bodies	Chief Finance Officer OR Chief Executive OR Chief Operating Officer OR Deputy Chief Executive

6.2 Signing commercial contracts

This delegation has application when the ICB is entering into a legally binding contractual agreement with one or more other parties under which each party assumes an obligation. A commercial contract could relate to one of the following:

- the supply of goods (including equipment, consumables and consignment stock), services, maintenance or design services
- provision of “works” (as defined in the *Public Contracts Regulations 2015*)²
- research
- commercial intellectual property.
- Better Care Fund

A commercial contract could take the form of a deed, contract, agreement, release, discharge, indemnity, guarantee, consent, instrument, and any other documents which binds the ICB legally to another party by imposing an obligation on each party. The process should be in line with **SFI 7 Procurement & Purchasing**.

² Activities constituting “works” are defined in Schedule 2 of the *Public Contracts Regulations 2015* to include: construction of new buildings and works, restoring and common repairs; site preparation; building of complete constructions or parts thereof; building installation; building completion; renting of construction or demolition equipment.

#	Delegated Responsibilities	Delegated Officer or Group
6.2.1	Authority to sign commercial contracts	
6.2.2	Less than £2,500,000	Chief Executive OR Chief Finance Officer OR Chief Operating Officer OR Deputy Chief Executive <i>Prior approval required by:</i> Contracting and Procurement Group
6.2.3	Over £2,500,000 up to £5,000,000	Chief Executive OR Chief Finance Officer or Chief Operating Officer OR Deputy Chief Executive <i>Prior approval required by:</i> Senior management Team
6.2.4	Over £5,000,000 up to £7,500,000 agreement	Chief Executive OR Chief Finance Officer OR Chief Operating Officer OR Deputy Chief Executive <i>Prior approval required by:</i> Finance & Planning Committee
6.2.5	Over £7,500,000 and Better Care Fund investment/Section 75 agreement	ICB Board Chair OR Chief Executive OR Chief Finance Officer OR Chief Operating Officer OR Deputy Chief Executive <i>Prior approval required by:</i> Finance & Planning Committee AND ICB Board

Before exercising this delegation, the Delegated Officer must ensure that the essential prerequisites have been completed – these include:

- **Manager/Director** has reviewed the contract specification to confirm it contains the correct scope, reflects any subsequent agreements or negotiations with the supplier, and that specific input has been obtained throughout the drafting process from relevant areas within the ICB (e.g. ICT, information governance and security, clinical service delivery, facilities, data protection including application of the Data Protection Act 2018/*UK General Data Protection Regulation*)
- **Senior Finance Manager OR Director of Finance (ICB)** has reviewed the commercial and pricing schedule to confirm the pricing and budgetary aspects are appropriate.
- Where the contract relates to specific goods and/or services obtained through a tender process conducted by the ICB or its external procurement partner (NEL ICB/SBS), have been reviewed to confirm all applicable procurement rules have been complied with and that the terms and conditions are appropriate.

- **Contract & Procurement Group** has reviewed the procurement governance to confirm it is appropriate and seek further input from specific areas in the ICB and / or legal review from external legal providers, where appropriate.

This contract review and approval process is outlined in the **Standard Operating Procedure form** which must be completed prior to contract signature and execution.

6.3 Custody of Seal

The common seal of the ICB shall be the responsibility of the Senior Governance Advisor and kept in a secure place.

6.3.1 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.

6.3.2 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).

6.4 Signing non-legally binding administrative arrangements

This delegation has application when the ICB is entering into non-legally binding administrative arrangement with one or more other parties. The non-legally binding administrative arrangements could relate to one of the following:

- Memoranda of Understanding (either intra-ICB, with other NHS organisations, or with a commercial third party)
- Service level agreements (intra/Inter ICB, other NHS Organisations)
- Operating level agreements (intra/Inter ICB, other NHS Organisations)

#	Delegated Responsibilities	Delegated Officer or Group
6.4.1	Authority to sign non-legally binding administrative arrangements	
6.4.2	All non-legally binding administrative arrangements	Chief Executive OR Chief Finance Officer OR Chief Operating Officer OR Deputy Chief Executive

7. Summary of Non-financial Delegations

7.1 Risk management and insurance

This delegation has application in respect of the management of risk across the ICB

#	Delegated Responsibilities	Delegated Officer or Group
7.1.1	Management of risk and insurance	

#	Delegated Responsibilities	Delegated Officer or Group
7.1.2	Ensuring the ICB has a risk management strategy in place and a programme of risk management.	Chief Executive AND Audit and Risk Committee
7.1.3	Ensuring the ICB has arrangements in place for the provision of adequate insurance cover for the ICB that are not indemnified through the NHS Resolution	Chief Executive AND Chief Finance Officer

8. Schedule 1 – Delegated Expenditure Approval and Invoice Request Limits

The following levels are created for the purposes of linking a position level to a level of authorisation in the electronic financial system for the ICB.

Where a significant contract is approved by the Board, the Chief Finance Officer will have the delegation to raise any purchase orders required related to the approved contract. Evidence of Board approval must be provided with the requisition.

Delegation Level	Position	NHS healthcare invoice Approval	Purchase Order and Invoice Approval (excluding Business Cases)	Credit Note Approval
Level 1	ICB Board	>£25,000,000	>£5,000,000	
Level 2	Chief Executive	£25,000,000	£5,000,000	
Level 4	Chief Finance Officer	£15,000,000	£2,500,000	No limit
Level 5	Other ICB Executives		£125,000	
Level 6	Operational Place Leads and Very Senior Managers		£100,000	
Level 7	Director of Finance		£100,000	£25,000
Level 8	Budget Holders		£25,000	
Level 9	Budget Administrators		£5,000	

Standing Financial Instructions



Standing Financial Instructions

	Name	Role and Organisation	Date
Author		ICB Secretary	17/07/2024
Reviewers		Audit & Risk Committee	17/07/2024
Authoriser	Helen Jameson	Chief Finance Officer	17/07/2024

Approved By	SWL ICB Board Reviewer/Committee: Audit and Risk Committee
Brief Description	SFIs define the purpose, responsibilities, legal framework, and operating environment of the ICB. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient, and economical services
Applies To	All individuals working for, or on behalf of SWL ICB

Effective Date	17/07/2024
Review Date	16/07/2025

Controlled Document

The current version of this document is available electronically on the intranet and/or website. All other electronic or paper versions of this document sourced from any network drive, email or other sources are uncontrolled and should be checked against the current intranet/website version prior to use

Contents

1.	Purpose and statutory framework.....	4
2.	Scope	4
3.	Roles and responsibilities	5
4.	Management accounting and business management	6
5.	Income, banking statement and debt recovery	7
6.	Financial systems and processes.....	7
7.	Procurement and purchasing.....	8
8.	Staff costs and staff related non-pay expenditure.....	9
9.	Annual reporting and Accounts.....	9
10.	Losses and Special Payments.....	10
11.	Fraud, bribery and corruption (Economic crime).....	11
12.	Capital Investments & security of assets and Grants.....	11
13.	Legal and insurance	12
14.	Review.....	13
15.	Appendix One – ICB Losses and Special Payment Guide	14

1. Purpose and statutory framework

- 1.1. These Standing Financial Instructions (SFIs) shall have effect as if incorporated into the Integrated Care Board's (ICB) constitution. In accordance with the National Health Service Act 2006, as amended by the Health and Care Act 2022, the ICB must publish its constitution.
- 1.2. In accordance with the Act, as amended, NHS England is mandated to publish guidance for ICBs, to which each ICB must have regard, in order to discharge their duties.
- 1.3. The purpose of this governance document is to ensure that the ICB fulfils its statutory duty to carry out its functions effectively, efficiently and economically. The SFIs are part of the ICB's control environment for managing the organisation's financial affairs as they are designed to ensure regularity and propriety of financial transactions.
- 1.4. SFIs define the purpose, responsibilities, legal framework and operating environment of the ICB. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services.
- 1.5. The ICB is established under Chapter A3 of Part 2 of the National Health Service Act 2006, as inserted by the Health and Care Act 2022 and has the general function of arranging for the provision of services for the purposes of the health services in England in accordance with the Act.
- 1.6. Each ICB is to be established by order made by NHS England for an area within England, the order establishing an ICB makes provision for the constitution of the ICB.
- 1.7. All members of the ICB (its board) and all other staff should be aware of the existence of these documents and be familiar with their detailed provisions. The ICB SFIs will be made available to all staff on the intranet and website for each statutory body.
- 1.8. Should any difficulties arise regarding the interpretation or application of any of these SFIs, the advice of the Chief Executive or the Chief Financial Officer must be sought before acting.
- 1.9. Failure to comply with the SFIs may result in disciplinary action in accordance with the ICBs applicable disciplinary policy and procedure in operation at that time. Where failure to comply constitutes a criminal offence this may lead to a criminal investigation and the consideration of criminal sanctions.

2. Scope

- 2.1. All members of staff and officers of the ICB, without exception, are within the scope of the SFIs without limitation. The term 'staff' includes, permanent and fixed term employees, secondees and contract workers. The term 'officer' includes any individual that is appointed to represent South West London ICB.
- 2.2. Within this document, words imparting any gender include any other gender. Words in the singular include the plural and words in the plural include the singular.
- 2.3. Any reference to an enactment is a reference to that enactment as amended.
- 2.4. Unless a contrary intention is evident, or the context requires otherwise, words or expressions contained in this document, will have the same meaning as set out in the applicable Act.

3. Roles and responsibilities

3.1. All ICB Office Holders

All ICB Officers are severally and collectively, responsible to their respective employer(s) for:

- abiding by all conditions of any delegated authority;
- the security of the statutory organisation's property and avoiding all forms of loss;
- ensuring integrity, accuracy, probity and value for money in the use of resources; and
- conforming to the requirements of these SFIs.

3.2. Accountable Officer

The ICB constitution provides for the appointment of the Chief Executive. The Chief Executive is the Accountable Officer for the ICB and is personally accountable to NHS England for the stewardship of ICB's allocated resources.

The Chief Financial Officer reports directly to the ICB Chief Executive and is professionally accountable to the NHS England regional Finance Director.

The Chief Executive will delegate to the Chief Financial Officer the following responsibilities in relation to the ICB:

- preparation and audit of annual accounts;
- adherence to the directions from NHS England in relation to accounts preparation;
- ensuring that the allocated annual revenue and capital resource limits are not exceeded, jointly, with system partners;
- ensuring that there is an effective financial control framework in place to support accurate financial reporting, safeguard assets and minimise risk of financial loss;
- meeting statutory requirements relating to taxation;
- ensuring that there are suitable financial systems in place (see Section 6)
- meets the financial targets set for it by NHS England;
- use of incidental powers such as management of ICB assets, entering commercial agreements;
- ensuring the Governance Statement and Annual Accounts & Reports are signed;
- ensuring planned budgets are approved by the relevant Board; developing the funding strategy for the ICB to support the Board in achieving ICB objectives, including consideration of place-based budgets;
- making use of benchmarking to make sure that funds are deployed as effectively as possible;
- Executive Members (Partner Members and Non-Executive Members) and other members of staff are notified of and understand their responsibilities within the SFIs;
- specific responsibilities and delegation of authority to specific job titles are confirmed;
- financial leadership and financial performance of the ICB;
- identification of key financial risks and issues relating to robust financial performance and leadership and working with relevant providers and partners to enable solutions; and
- the Chief Financial Officer will support a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise risk.

3.3. Audit and Risk Committee

- The Board and Accountable Officer should be supported by an Audit and Risk Committee, which should provide proactive support to the Board in advising on:
- the management of key risks;
- the strategic processes for risk;
- the operation of internal controls;
- control and governance and the governance statement;
- the accounting policies, the accounts, and the annual report of the ICB;
- the process for reviewing of the accounts, management's letter of representation to the external auditors; and the planned activity and results of both internal and external audit.
- Seeking assurance that the ICB has adequate arrangements in place for countering fraud and bribery, and compliance with NHSCFA requirements. This will include but is not limited to reports from the LCFS, the annual self-assessment submission to NHSCFA Counter Fraud Functional Standard Return, and from the NHSCFA inspection reports.

4. Management accounting and business management

- 4.1. The Chief Financial Officer is responsible for maintaining policies and processes relating to the control, management and use of resources across the ICB.
- 4.2. The Chief Financial Officer will delegate the budgetary control responsibilities to budget holders through a formal documented process.
- 4.3. The Chief Financial Officer will ensure:
 - the promotion of compliance to the SFIs through an assurance certification process;
 - the promotion of long-term financial health for the NHS system (including ICS);
 - budget holders are accountable for obtaining the necessary approvals and oversight of all expenditure incurred on the cost centres they are responsible for;
 - the improvement of financial literacy of budget holders with the appropriate level of expertise and systems training;
 - that the budget holders are supported in proportion to the operational risk; and
 - the implementation of financial and resources plans that support the NHS Long term plan objectives.
- 4.4. In addition, the Chief Financial Officer should have financial leadership responsibility for the following statutory duties:
 - the duty of the ICB to perform its functions as to ensure that its expenditure does not exceed the aggregate of its allotment from NHS England and its other income; and
 - the duty of the ICB, in conjunction with its partner trusts, to seek to achieve any joint financial objectives set by NHS England for the ICB and its partner trusts.

The Chief Financial Officer and any senior member of staff responsible for finance within the ICB should also promote a culture where budget holders and decision makers consult their finance business partners in key strategic decisions that carry a financial impact.

5. Income, banking statement and debt recovery

5.1. Income

An ICB has power to do anything specified in section 7(2) of the Health and Medicines Act 1988 for the purpose of making additional income available for improving the health service.

The Chief Financial Officer is responsible for:

- ensuring order to cash practices are designed and operated to support, efficient, accurate and timely invoicing and receipting of cash. The processes and procedures should be standardised and harmonised across the NHS System by working cooperatively with any Shared Services provider; and
- ensuring the debt management strategy reflects the debt management objectives of the ICB and the prevailing risks.

5.2. Banking

The Chief Financial Officer is responsible for ensuring the ICB complies with any directions issued by the Secretary of State with regards to the use of specified banking facilities for any specified purposes.

The Chief Financial Officer will ensure that:

- the ICB holds the minimum number of bank accounts required to run the organisation effectively. These should be raised through the government banking services contract; and;
- the ICB has effective cash management policies and procedures in place.

5.3. Debt Management

The Chief Financial Officer is responsible for the ICB debt management strategy.

This includes:

- a debt management strategy that covers end-to-end debt management from debt creation to collection or write-off in accordance with the losses and special payment procedures;
- ensuring the debt management strategy covers a minimum period of 3 years and must be reviewed and endorsed by the Audit and Risk Committee on behalf of the ICB Board every 12 months to ensure relevance and provide assurance;
- accountability to the ICB Board that debt is being managed effectively;
- accountabilities and responsibilities are defined with regards to debt management to budget holders; and
- responsibility to appoint a senior member of staff responsible for day-to-day management of debt.

6. Financial systems and processes

6.1. Provision of financial systems

The Chief Financial Officer is responsible for ensuring systems and processes are designed and maintained for the recording and verification of finance transactions such as payments and receivables for the ICB.

The systems and processes will ensure, inter alia, that payment for goods and services is made in accordance with the provisions of these SFIs, related procurement guidance and prompt payment practice.

As part of the contractual arrangements for ICBs, members of staff will be granted access where appropriate to the Integrated Single Financial Environment ("ISFE"). This is the required accounting system for use by ICBs. Access is based on single access log on to enable users to perform core accounting functions such as to transacting and coding of expenditure/income in fulfilment of their roles.

The Chief Financial Officer will, in relation to financial systems:

- promote awareness and understanding of financial systems, value for money and commercial issues;
- ensure that transacting is carried out efficiently in line with current best practice – e.g., e-invoicing;
- ensure that the ICB meets the required financial and governance reporting requirements as a statutory body by the effective use of finance systems;
- enable the prevention and the detection of inaccuracies and fraud, and the reconstitution of any lost records;
- ensure that the financial transactions of the authority are recorded as soon as, and as accurately as, reasonably practicable;
- ensure publication and implementation of all ICB business rules and ensure that the internal finance team is appropriately resourced to deliver all statutory functions of the ICB;
- ensure that risk is appropriately managed;
- ensure identification of the duties of staff dealing with financial transactions and division of responsibilities of those staff;
- ensure the ICB has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the ICB;
- ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes; and
- where another health organisation or any other agency provides a computer service for financial applications, the Chief Finance Officer shall periodically seek assurances that adequate controls are in operation.

7. Procurement and purchasing

7.1. Principles

The Chief Financial Officer will take a lead role on behalf of the ICB to ensure that there are appropriate and effective financial, contracting, monitoring and performance arrangements in place to ensure the delivery of effective health services.

The ICB must ensure that procurement activity is in accordance with the Public Contracts Regulations 2015 (PCR) and Healthcare Services Provider Selection Regime Regulations 2023 (PSR) as well as any other associated statutory requirements whilst securing value for money and sustainability.

The ICB must consider, as appropriate, any applicable NHS England guidance that does not

conflict with the above.

The ICB must have a Procurement Policy which sets out all of the legislative requirements.

All revenue and non-pay expenditure must be approved, in accordance with the Scheme of Reservation and Delegation, prior to an agreement being made with a third party that enters a commitment to future expenditure.

All members of staff must ensure that any conflicts of interest are identified, declared and appropriately mitigated or resolved in accordance with the ICB Standards of Business Conduct Policy.

Budget holders are accountable for obtaining the necessary approvals and oversight of all expenditure incurred on the cost centres they are responsible for. This includes obtaining the necessary internal and external approvals which vary based on the type of spend, prior to procuring the goods, services or works.

Undertake any contract variations or extensions in accordance with PCR 2015/ PSR 2023 and the ICB Procurement Policy.

Retrospective expenditure approval should not be permitted. Any such retrospective breaches require approval from any committee responsible for approvals before the liability is settled. Such breaches must be reported to the Audit and Risk Committee.

8. Staff costs and staff related non-pay expenditure

8.1. Chief People Officer

The Chief People Officer [CPO] (or equivalent people role in the ICB) will lead the development and delivery of the long-term people strategy of the ICB ensuring this reflects and integrates the strategies of all relevant partner organisations within the ICS.

Operationally the CPO will be responsible for:
defining and delivering the organisation's overall human resources strategy and objectives; and
overseeing delivery of human resource services to ICB employees.

The CPO will ensure that the payroll system has adequate internal controls and suitable arrangements for processing deductions and exceptional payments.

Where a third-party payroll provider is engaged, the CPO shall closely manage this supplier through effective contract management.

The CPO is responsible for management and governance frameworks that support the ICB employees' life cycle.

9. Annual reporting and Accounts

9.1. The Chief Financial Officer will ensure, on behalf of the Accountable Officer and ICB Board, that:

the ICB is in a position to produce its required monthly reporting, annual report, and accounts; and
the ICB, in each financial year, prepares a report on how it has discharged its functions in the previous financial year.

An annual report must, in particular, explain how the ICB has:

discharged its duties in relating to improving quality of services, reducing inequalities, the triple aim and public involvement;
review the extent to which the Board has exercised its functions in accordance with its published 5 year forward plan and capital resource use plan; and
review any steps that the Board has taken to implement any joint local health and wellbeing strategy.

NHS England may give directions to the ICB as to the form and content of an annual report.

The ICB must give a copy of its annual report to NHS England by the date specified by NHS England in a direction and publish the report.

9.2. Internal Audit

The Chief Executive, as the Accountable Officer, is responsible for ensuring there is appropriate internal audit provision in the ICB. For operational purposes, this responsibility is delegated to the Chief Financial Officer to ensure that:

- all internal audit services provided under arrangements proposed by the Chief Financial Officer are approved by the Audit and Risk Committee, on behalf of the ICB Board;
- the ICB must have an internal audit charter. The internal audit charter must be prepared in accordance with the Public Sector Internal Audit Standards (PSIAS);
- the ICB internal audit charter and annual audit plan, must be endorsed by the ICB Accountable Officer, Audit and Risk Committee on behalf of the Board;
- the Head of Internal Audit must provide an annual opinion on the overall adequacy and effectiveness of the ICB Board's framework of governance, risk management and internal control as they operated during the year, based on a systematic review and evaluation;
- the Head of Internal Audit should attend Audit and Risk Committee meetings and have a right of access to all Audit and Risk Committee members, the Chair and Chief Executive of the ICB.
- the appropriate and effective financial control arrangements are in place for the ICB and that accepted internal and external audit recommendations are actioned in a timely manner.
- should any suspicion of fraud, bribery or corruption be identified by Internal Audit, these must be referred to the LCFS immediately

9.3. External Audit

The Chief Financial Officer is responsible for:

- liaising with external audit colleagues to ensure timely delivery of financial statements for audit and publication in accordance with statutory, regulatory requirements;
- ensuring that the ICB appoints an auditor in accordance with the Local Audit and Accountability Act 2014; in particular, the ICB must appoint a local auditor to audit its accounts for a financial year not later than 31 December in the preceding financial year; the ICB must appoint a local auditor at least once every 5 years; and
- ensuring that the appropriate and effective financial control arrangements are in place for the ICB and that accepted external audit recommendations are actioned in a timely manner.
- should any suspicion of fraud, bribery or corruption be identified by External Audit, these must be referred to the LCFS immediately.

10. Losses and Special Payments

- 10.1. HM Treasury approval is required if a transaction exceeds the delegated authority, or if transactions will set a precedent, are novel, contentious or could cause repercussions elsewhere in the public sector.
- 10.2. The Chief Financial Officer will support a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise risks from losses and special payments.
- 10.3. NHS England has the statutory power to require an ICB to provide NHS England with information. The information, is not limited to losses and special payments, must be provided in such form, and at such time or within such period, as NHS England may require.
- 10.4. ICBs will work with NHS England teams to ensure there is assurance over all exit packages which may include special severance payments. ICBs have no delegated authority for special severance payments and will refer to the guidance on that to obtain the approval of such payments.
- 10.5. All losses and special payments (including special severance payments) must be reported to the ICB Audit and Risk Assurance Committee.
- 10.6. For detailed operational guidance on losses and special payments, please refer to the ICB losses and special payment guide which includes delegated limits at Appendix One.

11. Fraud, bribery and corruption (Economic crime)

- 11.1. The ICB is committed to identifying, investigating and preventing economic crime.
- 11.2. The ICB Chief Financial Officer is responsible for ensuring appropriate arrangements are in place to provide adequate counter fraud provision which should include reporting requirements to the Board and Audit and Risk Committee, and defined roles and accountabilities for those involved as part of the process of providing assurance to the Board.
- 11.3. These arrangements should comply with the NHS Requirements the Government Functional Standard 013 Counter Fraud; www.gov.uk/government/publications/government-functional-standard-govs-013-counter-fraud, as issued by NHS Counter Fraud Authority and any guidance issued by NHS England.
- 11.4. Further information on fraud, bribery and corruption can be found in the ICB's Anti-Fraud and Bribery Policy.

12. Capital Investments & security of assets and Grants

- 12.1. The Chief Financial Officer is responsible for:
 - ensuring that at the commencement of each financial year, the ICB and its partner NHS trusts, and NHS foundation trusts prepare a plan setting out their planned capital resource use;
 - ensuring that the ICB and its partner NHS trusts, and NHS foundation trusts exercise their functions with a view to ensuring that, in respect of each financial year local capital resource use does not exceed the limit specified in a direction by NHS England;
 - ensuring that there is an effective appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;
 - ensuring that there are processes in place for the management of all stages of capital

- schemes, that will ensure that schemes are delivered on time and to cost;
 - ensuring that capital investment is not authorised without evidence of availability of resources to finance all revenue consequences; and
 - for every capital expenditure proposal, the Chief Financial Officer is responsible for ensuring there are processes in place to ensure that a business case is produced.
- 12.2. Capital commitments typically cover land, buildings, equipment, capital grants to third parties and IT, including:
- authority to spend capital or make a capital grant;
 - authority to enter into leasing arrangements.
- 12.3. Advice should be sought from the Chief Financial Officer or nominated member of staff if there is any doubt as to whether any proposal is a capital commitment requiring formal approval.
- 12.4. For operational purposes, the ICB shall have nominated senior staff accountable for ICB property assets and for managing property.
- 12.5. ICBs shall have a defined and established property governance and management framework, which should:
- ensure the ICB asset portfolio supports its business objectives; and
 - comply with NHS England policies and directives and with this standard.
- 12.6. Disposals of surplus assets should be made in accordance with published guidance and should be supported by a business case which should contain an appraisal of the options and benefits of the disposal in the context of the wider public sector and to secure value for money.
- 12.7. Grants
- 12.8. The Chief Financial Officer is responsible for providing robust management, governance and assurance to the ICB with regards to the use of specific powers under which it can make capital or revenue grants available to:
- any of its partner NHS trusts or NHS foundation trusts; and
 - to a voluntary organisation, by way of a grant or loan.
- 12.9. All revenue grant applications should be regarded as competed as a default position unless there are justifiable reasons why the classification should be amended to non- competed.

13. Legal and insurance

- 13.1. This section applies to any legal cases threatened or instituted by or against the ICB. The ICB should have policies and procedures detailing:
- engagement of solicitors / legal advisors;
 - approval and signing of documents which will be necessary in legal proceedings; and
 - members of staff who can commit or spend ICB revenue resources in relation to settling legal matters.
- 13.2. ICBs are advised not to buy commercial insurance to protect against risk unless it is part of a risk management strategy that is approved by the Accountable Officer.

14. Review

- 14.1. To ensure that these SFIs remain up-to-date and relevant, the Chief Finance Officer will review them at least annually. Following consultation with the Chief Executive for the ICB and scrutiny by the ICB's Audit and Risk Committee, the Chief Finance Officer will recommend amendments, as fitting, to the ICB Board for approval.



ICB Losses and Special Payment Guidance



OFFICIAL

(This page has been left blank intentionally)

Document number:	Issue/approval date: 30/05/2022	Version number: 1.0
Status: approved	Next review date: 30/05/2024	Page 2

OFFICIAL

Losses and Special Payments Guidance

Version number: 1.0

First published: XX-XX-2021 Next review date: 30/05/2024 Prepared by Brian Siyolwe Document Owner;
David Procter

OFFICIAL

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled.

As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

Document number:	Issue/approval date: 30/05/2022	Version number: 1.0
Status: approved	Next review date: 30/05/2024	Page 3

Policy Title: Standing Financial Instructions
Policy Number: SWL-FIN003
Policy Owner: Chief Finance Officer
Date Approved: 17/07/2024
Date for Review: 16/07/2025
Version 3.0

1 Contents

1 Introduction and guidance statement..... 6

2 Scope 7

3 Definitions 7

4 Integrated care board reporting requirements..... 12

5 Roles and responsibilities 13

Document number:	Issue/approval date: 30/05/2022	Version number: 1.0
Status: approved	Next review date: 30/05/2024	Page 4

Introduction and guidance statement

- 1.1.1 The Losses and Special Payments guidance is prepared as procedural guidance for Integrated Care Boards (ICBs).
- 1.1.2 The purpose of this document is to establish best practice that can be incorporated into the ICBs Standing Financial Instructions.
- 1.1.3 It should be noted that the user of this procedural guidance should be compliant with the respective ICB SFIs. If there is a need to interpret or difficulty in application of this guidance, please send an email to the NHS England, head of assurance and counter fraud: england.assurance@nhs.net.
- 1.1.4 HM Treasury retains the authority to approve losses and special payments which are classified as being either:
- novel or contentious;
 - contains lesson that could be of interest to the wider community;
 - involves important questions of principle;
 - might create a precedent; and/or
 - highlights the ineffectiveness of the existing control systems.
- 1.1.5 Therefore, HMT Treasury approval is required if a transaction exceeds the delegated authority, or if transactions will set a precedent, are novel, contentious or could cause repercussions elsewhere in the public sector.
- 1.1.6 Losses and special payments are therefore subject to special control procedures compared to the generality of payments, and special notation in the accounts to bring them to the attention of parliament. The annual accounts reporting requirements are detailed herein.
- 1.1.7 For the avoidance of doubt, all cases relating to ICB losses and special payments must be submitted to NHS England for approval if the proposed transaction values exceed the delegated limits that are detailed below or satisfy the conditions in section 1.1.4:

Document number:	Issue/approval date: 30/05/2022	Version number: 1.0
Status: approved	Next review date: 30/05/2024	Page 5

Expenditure type	Delegated limit
All losses	up to £300k
Special Payments including Extra-Contractual/ Statutory/ regulatory/ compensation & Ex gratia	up to £95k
Special severance & Retention payments	£0
Consolatory payments	£500

1.1.8 Losses and/or special payments that indicate or give rise to suspicion of fraud or corruption, please follow the guidance as provided by your local counter fraud specialist.

1.1.9 In dealing with individual cases, ICBs must consider the soundness of their internal control systems, the efficiency with which they have been operated, and take any necessary steps to put failings right.

1.1.10 The outcome of the review of the case under consideration (1.1.9) must be clearly indicated when submitting cases to NHS England as part of the account's consolidation process at yearend or as part of the approval process.

Scope

2.1.1 This procedural document is applicable to the following NHS bodies;

Integrated Care Boards

Definitions

3.1.1 Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this document will have the same meaning as set out in HMT managing public money.

Document number:	Issue/approval date: 30/05/2022	Version number: 1.0
Status: approved	Next review date: 30/05/2024	Page 6

3.2 Losses

3.2.1 A loss refers to any case where full value has not been obtained for money spent or committed.

3.2.2 Examples of types of losses which cannot be treated as business as usual are cash losses, bookkeeping losses, fruitless payments and claims waived or abandoned.

3.3 Special Payment

3.3.1 Special Payments relate to the following;

- any compensation payments;
- extra-contractual or ex-gratia payments; and
- any payment made without specific identifiable legal power in accordance with the National Health Service Act 2006, as amended by the Health and Care Act 2022.

3.4 Special Severance and retention payments

3.4.1 ICBs have not been delegated a limit to approve the special severance or retention payments. For detailed guidance, please refer to the special severance payments document as published on the NHSEI SharePoint finance library.

3.4.2 For clarity, any non-contractual special severance payments that are being considered for approval must be submitted to NHS England [HR](#) regional advisory teams prior to settlement.

3.4.3 The table below lists all the various expenditure classifications for losses and special payments and the applicable approvals if the final settlement sum exceeds the ICB delegated limit:

Document number:	Issue/approval date: 30/05/2022	Version number: 1.0
Status: approved	Next review date: 30/05/2024	Page 7

Category	Classification	Approval required from	Further approvals	Description of category
Fruitless Payment	Loss	Payment Type	Classification	Value exceeds delegated limit
Bookkeeping Losses	Loss	Assurance team	NHSE/ DH SC/ HM T	Bookkeeping losses (un-vouched or incompletely vouched payments) including missing items or inexplicable or erroneous debit balances
Constructive loss	Loss	Assurance team	NHSE/ DH SC/ HM T	A constructive loss is a similar form of payment to stores losses and fruitless payments, but one where procurement action itself caused the loss. For example, stores or services might be correctly ordered, delivered or provided, then paid for as correct; but later, perhaps because of a change of policy, they might prove not to be needed or to be less useful than when the order was placed
Administrative costs	Loss	Assurance team	NHSE/ DH SC/ HM T	An expense incurred in controlling and directing an organisation,
Claims Waived or Abandoned	Loss	Assurance team	NHSE/ DH SC/ HM T	Losses may arise if claims are waived or abandoned because, though properly made, it is decided not to present or pursue them
Extra-contractual payments	Special Payment	Assurance team	NHSE/ DH SC/ HM T	Payments which, though not legally due under contract, appear to place an obligation on a public sector organisation which the courts might uphold. Typically, these arise from the organisation's action or inaction in relation to a contract. Payments may be extra-contractual even where there is some doubt about the organisation's liability to pay, e.g., where the contract provides for arbitration, but a settlement is reached without it. A payment made as a result of an arbitration award is contractual.
Extra-statutory	Special Payment	Assurance team	NHSE/ DH SC/ HM T	Payments which are within the broad intention of the statute or regulation but go beyond a strict interpretation of its terms.
Extra-regulatory payments	Special Payment	Assurance team	NHSE/DHS C/ HM T	Payments which are within the broad intention of the statute or regulation but go beyond a strict interpretation of its terms.
Compensation payments	Special Payment	Assurance team	NHSE/DHS C/ HM T	Payments made to provide redress for personal injuries, traffic accidents, and damage to property They include other payments to those in the public service outside statutory schemes or outside contracts

Policy Title: Standing Financial Instructions

Policy Number: SWL-FIN003

Policy Owner: Chief Finance Officer

Date Approved: 17/07/2024

Date for Review: 16/07/2025

Version 3.0

Special severance payments	Special Payment	NHSE Regional Director of Workforce and OD	EHRSG DH SC GA C HM T	Payments made to employees, contractors and others beyond above normal statutory or contractual requirements when leaving employment in public service whether they resign, are dismissed or reach an agreed termination of contract. Regional and further Approval is required regardless of the value of the non-contractual pay package
Ex gratia payments	Special Payment	Assurance team	NHSE/ DH SC/ HM T	Go beyond statutory cover, legal liability, or administrative rules, including payments; <ul style="list-style-type: none"> • made to meet hardship caused by official failure or delay; • out of court settlements to avoid legal action on grounds of official inadequacy; and, • payments to contractors outside a binding contract, e.g., on grounds of hardship
Retention payments	Special Payment	Regional Director of Workforce and OD		Payments, designed to encourage staff to delay their departures, particularly where transformations of ALBs are being negotiated, are also classified as novel and contentious. Such payments always require explicit Treasury approval, whether proposed in individual cases or in groups. Treasury approval must be obtained before any commitment, whether oral or in writing, is made.

Document number:	Issue/approval date: 30/05/2022	Version number: 1.0
Status: approved	Next review date: 30/05/2024	Page 10

3.5 Annual assurance statements

3.5.1 As part of the new compliance and control procedures over exit packages, ICBs must submit an annual assurance statement confirming the following:

- details of all¹ exit packages (including special severance payments) that have been agreed and/or made during the year;
- that NHS England and HMT ²approvals have been obtained (in relation to non-contractual pay elements or amounts that exceed the ICB delegated limits) before any offers, whether verbally or in writing, are made; and
- adherence to the special severance payments guidance as published by NHS England.

3.5.2 Further guidance will be provided to ICBs on this process.

3.6 Interpretation

3.6.1 Should any difficulties arise regarding the interpretation or application of any part of this losses and special payment guidance, the advice of the NHS England Head of assurance and counter fraud (england.assurance@nhs.net) must be sought before acting.

3.7 Delegation of Function, Duties and Powers

3.7.1 The ICB Constitution must have a governing body that makes provision for the appointment of the Audit and Risk Committee.

3.7.2 The ICB standing financial instructions should clearly indicate the role that the Audit and Risk committee has in reviewing and approving losses and special payments.

3.7.3 The ICB standing financial instructions should indicate the delegated limits that have been agreed by the governing body for operational purposes.

¹ The assurance statement must include all exit packages, thus, contractual and non-contractual.

² This is only applicable to elements of the exit packages that are classified as non-contractual |

Integrated Care Board reporting requirements

4.1 Capturing of losses and special payments

- 4.1.1 The ICB chief financial officer is responsible for ensuring that processes and procedures that facilitate the capturing and reporting of losses and special payments are in place and ensure that a losses and special payments register is maintained.
- 4.1.2 All losses and special payments for ICBs must be recorded in the register and reviewed as part of the internal controls process.

4.2 Parliamentary accountability and audit report

- 4.2.1 The ICB must maintain a losses and special payments register that provides the requested information to complete the NHS England group accounts.
- 4.2.2 It should be noted that ICBs do not have a mandatory requirement to produce a Parliamentary accountability and audit report as other entities that report directly to Parliament. However, it is a mandatory requirement that ICBs produce an audit certificate and report.

There will be a need to collect data for the NHS England consolidated account. NHS England will also use this information to complete the DHSC summarisation schedule for the DHSC consolidated account. Therefore, regardless of applicability of this report, all ICBs must ensure the summarisation schedule is completed.

- 4.2.3 If there are any individual cases or a group of losses or special payments that exceed or the aggregate value of £100,000, the related payment should be noted separately on the ICB yearend template completed for the NHS England group account.

Roles and responsibilities

4.3 Financial Control

4.3.1 Chief Financial Officer

4.3.2 It is noted and acknowledged that the roles and responsibilities for the chief financial officer vary in all the ICBs. The chief financial officer should implement a system of internal control that details the process for reporting losses, recording losses, monitoring and reporting the losses and special payments to the ICB's Audit and Risk committee based on existing reporting cycles.

4.3.3 The reporting cycle should also clarify the delegated sum that the chief financial officer can authorise as a loss or special payment. The delegated sum should be in line with the ICB escalation process for losses and special payments.

Document number:	Issue/approval date: 30/05/2022	Version number: 1.0
Status: approved	Next review date: 30/05/2024	Page 13

NHS South West London Integrated Care Board
Audit and Risk Committee
Terms of Reference

Document Management

Revision history

Version	Date	Summary of changes
1.0	07.06.22	ToR presented to GoG
1.1	04.04.23	Updated to reflect changes agreed at Audit and Risk Committee meeting in February, specifically reverting to four meetings per year. In addition, clarification around Chair arrangements, in the absence (due to a conflict or otherwise) of the substantive Chair, are included.
2.0	11.06.2024	Agreed no changes required

Reviewers

This document must be reviewed by the following:

Reviewer	Title / responsibility	Date	Version
Audit and Risk Committee	Oversee the development and implementation of the ToR.	04.04.2023	1.1
Audit and Risk Committee	Oversee the development of the ToR	11.06.2024	2.0

Approved by

This document must be approved by the following people:

Name	Title	Date	Version
ICB Board	ICB Board		
ICB Board	ICB Board	17.05.2023	2.0
ICB Board	ICB Board	01.07.2022	1.0
Sarah Blow	ICS CEO Designate	07.06.2022	1.0
Millie Banerjee	ICS Chair Designate	07.06.2022	1.0

Contents

1. Constitution	4
2. Authority	4
3. Purpose.....	4
4. Responsibilities of the Committee.....	5
5. Membership and attendance	8
6. Meeting Frequency, Quoracy and Decisions	10
7. Accountability and reporting.....	10
8. Conflicts of Interest	11
9. Behaviours and Conduct.....	11
10. Secretariat and Administration.....	11
11. Review	12

1. Constitution

- 1.1 The Audit and Risk Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution, Standing Financial Instructions (SFIs), Standing Orders and Scheme of Reservation and Delegation (SoRD).
- 1.2 These Terms of Reference (ToR) set out the membership, remit, responsibilities, and reporting arrangements of the Committee and may only be changed with the approval of the Board. They will be published as part of the Governance Handbook on the ICB's website.
- 1.3 The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

2. Authority

- 2.1 The Committee is authorised by the Board to:
 - Investigate any activity within its ToR;
 - Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these ToR;
 - Commission any reports it deems necessary to help fulfil its obligations;
 - Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so, the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice;
 - Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and ToR of any such task and finish sub-groups in accordance with the ICB's Constitution, Standing Orders and SoRD but may not delegate any decisions to such groups.
- 2.2 For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, SFIs and the SoRD,
- 2.3 The Committee has no executive powers, other than those delegated in the SoRD and specified in these ToR

3. Purpose

- 3.1 To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB.
- 3.2 The duties of the Committee will be driven by the organisation's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however this will be flexible to new and emerging priorities and risks.

4. Responsibilities of the Committee

- 4.1 The Committee's duties are as follows:

Integrated governance, risk management and internal control

- 4.2 To review the adequacy and effectiveness of the system of integrated governance, risk management and internal control across the whole of the ICB's activities that support the achievement of its objectives, and to highlight any areas of weakness to the Board.
- 4.3 To ensure that financial systems and governance are established which facilitate compliance with DHSC's Group Accounting Manual.
- 4.4 To review the adequacy and effectiveness of the assurance processes that indicate the degree of achievement of the ICB's objectives, the effectiveness of the management of principal risks.
- 4.5 To have oversight of system risks where they relate to the achievement of the ICB's objectives.
- 4.6 To ensure consistency that the ICB acts consistently with the principles and guidance established in HMT's Managing Public Money.
- 4.7 To seek reports and assurance from directors and managers as appropriate, concentrating on the systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.
- 4.8 To identify opportunities to improve governance, risk management and internal control processes across the ICB.
- 4.9 To have oversight of urgent decisions exercised by the Board.

Internal Audit

- 4.10 To ensure that there is an effective internal audit function that meets the Public Sector Internal Audit Standards and provides appropriate independent assurance to the Board. This will be achieved by:
- Considering the provision of the internal audit service and the costs involved;
 - Reviewing and approving the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework;
 - Considering the major findings of internal audit work, including the Head of Internal Audit Opinion, (and management's response), and ensure coordination between the internal and external auditors to optimise the use of audit resources;
 - Approve the appointment of the ICB's internal auditor service;
 - Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation; and
 - Monitoring the effectiveness of internal audit and carrying out an annual review.

External Audit

- 4.11 To review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:
- Considering the appointment and performance of the external auditors, as far as the rules governing the appointment permit;
 - Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan;
 - Discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee; and
 - Reviewing all external audit reports, including to those charged with governance (before its submission to the Board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

Other assurance functions

- 4.12 To review the findings of assurance functions in the ICB, and to consider the implications for the governance of the ICB.
- 4.13 To review the work of other committees in the ICB, whose work can provide relevant assurance to the Audit and Risk Committee's own areas of responsibility.
- 4.14 To review the assurance processes in place in relation to financial performance across the ICB including the completeness and accuracy of information provided.
- 4.15 To review the findings of external bodies and consider the implications for governance of the ICB. These will include, but will not be limited to:
- Reviews and reports issued by arm's length bodies or regulators and inspectors: e.g. National Audit Office, Select Committees, NHS Resolution, CQC; and
 - Reviews and reports issued by professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges and accreditation bodies).

Counter fraud

- 4.16 To assure itself that the ICB has adequate arrangements in place for counter fraud, bribery and corruption (including cyber security) that meet NHS Counter Fraud Authority's (NHSCFA) standards and shall review the outcomes of work in these areas.
- 4.17 To review, approve and monitor counter fraud work plans, receiving regular updates on counter fraud activity, monitor the implementation of action plans, provide direct access and liaison with those responsible for counter fraud, review annual reports on counter fraud, and discuss NHSCFA quality assessment reports.
- 4.18 To ensure that the counter fraud service provides appropriate progress reports and that these are scrutinised and challenged where appropriate.

- 4.19 To be responsible for ensuring that the counter fraud service submits an Annual Report and Self-Review Assessment, outlining key work undertaken during each financial year to meet the NHS Standards for Commissioners; Fraud, Bribery and Corruption.
- 4.20 To report concerns of suspected fraud, bribery and corruption to the NHSCFA.

Freedom to Speak Up

- 4.21 To review the adequacy and security of the ICB's arrangements for its employees, contractors and external parties to raise concerns, in confidence, in relation to financial, clinical management, or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.

Information Governance (IG)

- 4.22 To receive regular updates on IG compliance (including uptake & completion of data security training), data breaches and any related issues and risks.
- 4.23 To review the annual Senior Information Risk Owner (SIRO) report, the submission for the Data Security & Protection Toolkit and relevant reports and action plans.
- 4.24 To receive reports on audits to assess information and IT security arrangements, including the annual Data Security & Protection Toolkit audit.
- 4.25 To provide assurance to the Board that there is an effective framework in place for the management of risks associated with information governance.

Financial reporting

- 4.26 To monitor the integrity of the financial statements of the ICB and any formal announcements relating to its financial performance.
- 4.27 To ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.
- 4.28 To review the annual report and financial statements (including accounting policies) before submission to the Board focusing particularly on:
 - The wording in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee;
 - Changes in accounting policies, practices and estimation techniques;
 - Unadjusted mis-statements in the Financial Statements;
 - Significant judgements and estimates made in preparing of the Financial Statements;
 - Significant adjustments resulting from the audit;
 - Letter of representation; and
 - Qualitative aspects of financial reporting.

Conflicts of Interest

- 4.29 The Chair of the Committee will be the nominated Conflicts of Interest Guardian.

- 4.30 The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

Management

- 4.31 To request and review reports and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
- 4.32 The Committee may also request specific reports from individual functions within the ICB as they may be appropriate to the overall arrangements.
- 4.33 To receive reports of breaches of policy and normal procedure or proceedings, including such as suspensions of the ICB's standing orders, in order provide assurance in relation to the appropriateness of decisions and to derive future learning.

Communication

- 4.34 To co-ordinate and manage communications on governance, risk management and internal control with stakeholders internally and externally
- 4.35 To develop an approach with other committees, including the Integrated Care Partnership, to ensure the relationship between them is understood.

5. Membership and attendance

Membership

- 5.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 5.2 The Board will appoint no fewer than three members of the Committee comprising three Non-Executive Members of the Board. Other members of the Committee need not be members of the Board, but they may be.
- 5.3 Members are required to attend a minimum of 75% of meetings, other than absence due to sickness.
- 5.4 Members may nominate deputies to represent them in their absence and make decisions on their behalf, subject to the approval of the Chair.
- 5.5 Neither the Chair of the Board, nor employees of the ICB will be members of the Committee.
- 5.6 Members will possess between them knowledge, skills and experience in: accounting, risk management, internal, external audit; and technical or specialist issues pertinent to the ICB's business. When determining the membership of the Committee, active consideration will be made to diversity and equality.

Chair and vice chair

- 5.7 The Committee will be chaired by a Non-Executive Member of the Board appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

- 5.8 The Chair of the Committee shall be independent and therefore may not chair any other committees. In so far as it is possible, they will not be a member of any other committee.
- 5.9 If the Chair is absent or is disqualified from participating by a conflict of interest, a Chair shall be nominated by other members attending that meeting and any potential conflicts regarding independence by way of being a Chair of other Committees shall be noted.
- 5.10 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Attendees

- 5.11 The Committee shall have the following non-voting attendees (as and when required):
- Chief Finance Officer or their nominated deputy;
 - Senior Governance Advisor;
 - Representatives of both internal and external audit;
 - Individuals who lead on risk management and counter fraud matters;
 - Other directors and/or managers as appropriate.
- 5.12 Attendees may present at meetings and contribute to the relevant discussions but are not allowed to participate in any formal vote.
- 5.13 Attendees may nominate deputies to represent them in their absence, with agreement of the Chair.
- 5.14 Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives from the Health and Wellbeing Board(s), Secondary and Community Providers.
- 5.15 The Committee may invite or allow people to attend meetings as observers. Observers may not present at meetings, contribute to any discussion or participate in any formal vote.
- 5.16 The Chief Executive should be invited to attend the meeting at least annually.
- 5.17 The Chair of the ICB may also be invited to attend one meeting each year in order to gain an understanding of the Committee's operations.
- 5.18 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Access

- 5.19 Regardless of attendance, External Audit, Internal Audit, Local Counter Fraud and Security Management providers will have full and unrestricted rights of access to the Committee.

6. Meeting Frequency, Quoracy and Decisions

- 6.1 The Committee will meet a minimum four times a year and arrangements and notice for calling meetings are set out in the Standing Orders.. Additional meetings may take place as required.
- 6.2 The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.
- 6.3 The Committees may choose to meet physically, at its discretion. However, by default, the Committees will be held virtually. Meetings, unless previously agreed by the Chair, will be held virtually via MS Teams or suitable alternative platform.

Quorum

- 6.4 For a meeting to be quorate a minimum of two Non-Executive Members of the Board are required, including the Chair or Vice Chair of the Committee.
- 6.5 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
- 6.6 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Decision making and voting

- 6.7 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 6.8 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 6.9 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 6.10 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

7. Accountability and reporting

- 7.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.
- 7.2 The Committee shall make any such recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.
- 7.3 The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board (in the private session) in accordance with the Standing Orders.
- 7.4 The Chair will provide assurance reports to the Board at each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

7.5 The Committee will provide the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement. The report will summarise its conclusions from the work it has done during the year specifically commenting on:

- The fitness for purpose of the assurance framework;
- The completeness and ‘embeddedness’ of risk management in the organisation;
- The integration of governance arrangements;
- The appropriateness of the evidence that shows the organisation is fulfilling its regulatory requirements; and
- The robustness of the processes behind the quality accounts.

8. Conflicts of Interest

- 8.1 Conflicts of Interest shall be dealt with in accordance with the ICB Conflicts of Interest Policy.
- 8.2 The Committee will have a Register of Declared Interests that will be presented as a standing item on the agenda.
- 8.3 All members and attendees of the Committee must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. The Committee Chair will determine if there is a conflict of interest such that the member and/or attendee will be required not to participate in a discussion.

9. Behaviours and Conduct

ICB values

- 9.1 Members will be expected to conduct business in line with the ICB values and objectives.
- 9.2 Members of, and those attending, the Committee shall behave in accordance with the ICB’s Constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality and diversity

- 9.3 Members must demonstrably consider the equality and diversity implications of decisions they make.

10. Secretariat and Administration

- 10.1 The Committee shall be supported with a secretariat function which will include ensuring that:
- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
 - Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
 - Records of members’ appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;

- Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward between meetings, and progress against those actions is monitored;
- The Chair is supported to prepare and deliver reports to the Board; and
- The Committee is updated on pertinent issues / areas of interest / policy developments;

11. Review

- 11.1 The Committee will review its effectiveness at least annually and recommend any changes it considers necessary to the Board.
- 11.2 These ToR will be reviewed at least annually and more frequently if required. Any proposed amendments to the ToR will be submitted to the Board for approval.

Date of approval: 17 May 2023

Date of next review: 01 April 2024

NHS South West London Integrated Care Board Remuneration Committee Terms of Reference

Document Management

Revision history

Version	Date	Summary of changes
0.1	07.06.22	Draft ToR presented to GoG
1.0	01.07.22	ICB Board approval
1.1	27/03/24	Review of ToR
1.2	15/05/24	Incorporating comments from Chair, CEO and Deputy CEO

Reviewers

This document must be reviewed by the following:

Reviewer	Title / responsibility	Date	Version
RemCom	To review existing TOR and make recommendations for amendment to the Trust Board.	4 July 2024	Draft
ICB Board	To agree Terms of Reference.	17 July 2024	Final draft

Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
ICB Board		ICB Board	01.07.22	1.0
ICB Board		ICB Board	17.07.24	2.0

Contents

1. Constitution.....	4
2. Authority	4
3. Purpose	4
4. Responsibilities of the Committee	5
5. Membership and attendance	6
6. Meeting Frequency, Quoracy and Decisions.....	7
7. Accountability and reporting	8
8. Conflicts of Interest.....	9
9. Behaviours and Conduct	9
10. Secretariat and Administration	9
11. Review	10

1. Constitution

- 1.1 The Remuneration Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution, Standing Financial Instructions, Standing Orders and Scheme of Reservation and Delegation (SoRD).
- 1.2 These Terms of Reference (ToR) set out the membership, remit, responsibilities, and reporting arrangements of the Committee and may only be changed with the approval of the Board. They will be published as part of the Governance Handbook on the ICB's website.
- 1.3 The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

2. Authority

- 2.1 The Committee is authorised by the Board to:
 - Investigate any activity within its ToR;
 - Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the committee) within its remit as outlined in these terms of reference;
 - Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the committee must follow any procedures put in place by the ICB for obtaining legal or professional advice;
 - Create task and finish sub-groups, if required, in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and Terms of Reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and SoRD but may not delegate any decisions to such groups.
- 2.2 For the avoidance of doubt, in the event of any conflict, the ICB Standing Orders, Standing Financial Instructions and the SoRD will prevail over these ToR.
- 2.3 The Committee does not have authority to set the Chair remuneration or terms of appointment. These will be determined by NHS England.

3. Purpose

- 3.1 The Committee's main purpose is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary:
 - Confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including very senior managers/directors (including board members) and Non-Executive

Members¹ excluding the Chair.

The Board has also delegated the following functions to the Committee:

- Ensuring the ICB follows national pay and terms and condition frameworks to set the pay policy for ICB employees.
 - Setting remuneration, allowances, performance related pay incentives and terms and conditions for the Chief Executive and Very Senior Managers (VSMs) in line with national guidance.
 - Setting remuneration, allowances and terms and conditions for Integrated Care Board members, where required.
 - Agreeing any discretionary payments or terms and conditions for staff employed by the ICB.
 - Approving any termination or redundancy payments.
 - Approving TUPE or other staff transfers into or out of the ICB.
 - Setting the ICB pay policy and standard terms and conditions of employment for all individuals appointed by the ICB as clinical leads, workers, office holders (this may include pensions, remuneration, fees, travelling or other allowances payable), and any pay awards for these individuals.
- 3.2 As outlined in section 2, the Committee may choose to delegate some of these functions to Task and Finish or Working Groups.

4. Responsibilities of the Committee

Specific responsibilities of the Committee include:

For the Chief Executive, Directors and other Very Senior Managers:

- 4.1 Determine all aspects of remuneration including but not limited to salary, (including any performance-related elements) bonuses, and other additional benefits.
- 4.2 To consider and approve proposals to establish any new management posts at Very Senior Manager.
- 4.3 To oversee and advise the Board on arrangements for redundancy, termination payments, the use of Pay in Lieu of Notice proposals or any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate.

For ICB Board Members:

¹ When determining SWL non-executive Board member remuneration the ICB Chair, Chief Executive and either a NHSE or SWL System representative will meet. Non Executive Members will not be involved in discussion about their own pay.

- 4.4 Determine remuneration, allowances and terms and conditions for Integrated Care Board members.

For all staff:

- 4.5 Determine the ICB pay policy (including the adoption of pay frameworks such as Agenda for Change).
- 4.6 Determine the arrangements for redundancy, termination payments, the use of Pay in Lieu of Notice proposals or any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate.
- 4.7 Agree any discretionary payments or terms and conditions for staff employed by the ICB.

Additional functions included in the scope of the committee include:

- 4.8 Setting the ICB pay policy and standard terms and conditions of employment for all individuals appointed by the ICB as clinical leads, workers, office holders (this will include pensions, remuneration, fees, travelling or other allowances payable), and any pay awards for these individuals.
- 4.9 Assurance in relation to ICB statutory duties relating to people such as compliance with employment legislation including such as Fit and Proper Person Test (FPPT).
- 4.10 Approving TUPE or other staff transfers into or out of the ICB.

5. Membership and attendance

Membership

- 5.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 5.2 The Board will appoint no fewer than three members of the Committee including two independent Non-Executive Members of the Board. Other members of the Committee need not be members of the board, but they may be.
- 5.3 The Chair of the Audit and Risk Committee may not be a member of the Committee.
- 5.4 Members are required to attend a minimum of 75% of meetings, other than absence due to sickness.
- 5.5 Members will possess between them knowledge, skills and experience in the issues pertinent to the Committee's business. When determining the membership of the Committee, active consideration will be made to equality and diversity.

Chair and vice chair

- 5.6 The Committee will be chaired by an independent member of the Board which could either be the Chair or a Non-Executive Member, appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.
- 5.7 The Chair of the committee may appoint a Vice Chair from amongst the members either on a permanent or adhoc basis.
- 5.8 The Vice Chair can be nominated by the Chair of the Committee. If the Committee Chair is absent or is disqualified from participating by a conflict of interest, the Vice Chair, if present, shall preside. If the Chair or Vice Chair are absent from any meeting, a Chair shall be nominated by other members attending that meeting.
- 5.9 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Attendees

- 5.10 Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Committee.
- 5.11 Meetings of the Committee may also be attended by the following individuals who are not members of the Committee for all or part of a meeting as and when appropriate. Such attendees will not be eligible to vote:
- The ICB's most senior HR Advisor or their nominated deputy;
 - Chief Finance Officer or their nominated deputy;
 - Chief Executive or their nominated deputy;
 - Executive Director with responsibility for workforce.
- 5.12 The Board may appoint independent members or advisers to the Remuneration and Nominations Committee who are not members of the Board.
- 5.13 The Committee Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.
- 5.14 No individual should be present during any discussion relating to:
- a. Any aspect of their own pay;
 - b. Any aspect of the pay of others when it has an impact on them.

6. Meeting Frequency, Quoracy and Decisions

- 6.1 The Committee will meet in private.
- 6.2 The Committee will meet at least once each year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

- 6.3 The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.
- 6.4 The Committee may choose to meet physically, at its discretion. However, by default, the Committees will be held virtually. Meetings, unless previously agreed by the Chair, will be held virtually via MS Teams or suitable alternative platform.

Quorum

- 6.5 For a meeting to be quorate a minimum of two of the Non-Executive Members is required, including the Chair or Vice Chair (if relevant).
- 6.6 When considering Non-Executive Member remuneration, for a meeting to be quorate a minimum of the ICB Chair, Chief Executive and the ICB's most senior HR Advisor or their nominated deputy are required for the purpose of these discussions. Non-Executive Members will not be present for these discussions.
- 6.7 If any member of the Committee has been disqualified from participating on item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
- 6.8 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Decision making and voting

- 6.9 Decisions will be guided by national NHS policy and best practice to ensure that staff are fairly motivated and rewarded for their individual contribution to the organisation, whilst ensuring proper regard to wider influences such as national consistency.
- 6.10 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 6.11 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 6.12 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 6.13 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

7. Accountability and reporting

- 7.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

- 7.2 The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board (in the private session) in accordance with the Standing Orders.
- 7.3 The Committee will submit copies of its minutes and a report to the Board following each of its meetings. Where minutes and reports identify individuals, they will not be made public and will be presented at part B (in the private session) of the Board. Public reports will be made as appropriate to satisfy any requirements in relation to disclosure of public sector executive pay.

8. Conflicts of Interest

- 8.1 Conflicts of Interest shall be dealt with in accordance with the ICB Conflicts of Interest Policy.
- 8.2 The Committee will have a Conflicts of Interest Register that will be presented as a standing item on the agenda.
- 8.3 All members and attendees of the Committee must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. The Committee Chair will determine if there is a conflict of interest such that the member and/or attendee will be required not to participate in a discussion.

9. Behaviours and Conduct

Benchmarking and guidance

- 9.1 The Committee will take proper account of National Agreements and appropriate benchmarking, for example Agenda for Change and guidance issued by the Government, the Department of Health and Social Care, NHS England and the wider NHS in reaching their determinations.

ICB values

- 9.2 Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.
- 9.3 Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality and diversity

- 9.4 Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

10. Secretariat and Administration

- 10.1 The Committee shall be supported with a secretariat function which will include ensuring that:
- The agenda and papers are prepared and distributed in accordance with the

Standing Orders having been agreed by the Chair with the support of the relevant executive lead;

- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward between meetings, and progress against those actions is monitored;
- The Chair is supported to prepare and deliver reports to the Board; and
- The Committee is updated on pertinent issues / areas of interest / policy developments.

11. Review

11.1 The Committee will review its effectiveness at least annually and recommend any changes it considers necessary to the Board.

11.2 These ToR will be reviewed at least annually and more frequently if required. Any proposed amendments to the ToR will be submitted to the Board for approval.

Date of approval: tbc

Date of next review: March 2025



NHS South West London
Integrated Care Board

NHS South West London Integrated Care Board Finance and Planning Committee Terms of Reference

Document Management

Revision history

Version	Date	Summary of changes
1.0	07.06.22	ToR presented to GoG
1.1	Jul 2023	Reviewed to align to updated SoRD
1.2	Feb 2024	Annual review and update

Reviewers

This document must be reviewed by the following:

Reviewer	Title / responsibility	Date	Version
Governance Oversight Group	To oversee the development of the ICB constitutions	n/a	All versions
Sarah Blow	ICS CEO Designate	07.06.2022	1.0
Millie Banerjee	ICS Chair Designate	07.06.2022	1.0
Chief Finance Officer	Chief Finance Officer	May 2023	1.1
Dick Sorabji	Finance and Planning Committee Chair	June 2023	1.1
Chief Finance Officer	Chief Finance Officer	Feb 2024	1.2
Dick Sorabji	Finance and Planning Committee Chair	Feb 2024	1.2

Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
ICB Board		ICB Board	01.07.2022	1.0
ICB Board		ICB Board	19.07.2023	1.1
ICB Board		ICB Board	20.03.2024	1.2

Contents

1. Constitution.....	4
2. Authority	4
3. Purpose	4
4. Responsibilities of the Committee	5
5. Membership and attendance	7
6. Meeting Frequency, Quoracy and Decisions.....	8
7. Accountability and reporting	9
8. Conflicts of Interest.....	10
9. Behaviours and Conduct	10
10. Secretariat and Administration	10
11. Review	10

1. Constitution

- 1.1 The Finance and Planning Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution, Standing Financial Instructions, Standing Orders and Scheme of Reservation and Delegation (SoRD).
- 1.2 These Terms of Reference (ToR) set out the membership, remit, responsibilities, and reporting arrangements of the Committee and may only be changed with the approval of the Board. They will be published as part of the Governance Handbook on the ICB's website.

2. Authority

- 2.1 The Committee is authorised by the Board to:
 - Investigate any activity within its ToR;
 - Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these ToR;
 - Commission any reports it deems necessary to help fulfil its obligations;
 - Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so, the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice;
 - Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and ToR of any such task and finish sub-groups in accordance with the ICB's Constitution, Standing Orders and SoRD but may not delegate any decisions to such groups.
- 2.2 For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD, except as outlined in these ToR.
- 2.3 The Committee has no executive powers, other than those delegated in the SoRD and specified in these ToR.

3. Purpose

- 3.1 The Committee is established to ensure that there is both a robust financial strategy and planning framework in place and, to oversee that investments provide value for money and align to the systems strategy/objectives. To oversee system planning and broader financial management.
- 3.2 The duties of the Committee will be driven by the organisation's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however this will be flexible to new and emerging priorities and risks.

4. Responsibilities of the Committee

4.1 The Committee's duties can be categorised as follows:

NHS System responsibilities

- 4.2 Provide assurance to the Board of performance against system control total by scrutiny of financial and planning strategy, strategic and operational financial and non-financial plans, and the current and forecast financial position of the overall ICS.
- 4.3 As part of the ICB's performance management role, alongside the Quality and Oversight Committee, operate an ICS Performance Framework that enables the Committee to proactively manage the financial, broader performance, and savings agenda across the NHS system, and to assess the performance against the system control total, including:
- Receiving a report of the in-year financial position, performance and progress towards meeting targets within each organisation's/ collaborative's financial plans (both revenue and capital); and
 - Review the delivery of the system plans at least on a 6 monthly basis to ensure that plans are being achieved and, where not, review the proposed mitigations: review of plans would be more frequent where targets are not being met.
- 4.4 Oversight and approval of the process by which the ICB allocates the annual resource to stakeholders (partners), including both revenue and capital.
- 4.5 As part of the annual planning process alongside the Quality and Oversight Committee ensure oversight of financial and planning performance, focusing on oversight of the delivery of ICB-wide efficiency savings, performance and system control total, including:
- With the Quality and Oversight Committee ensure that workforce, finance, quality plans are sufficiently aligned and balanced to meet the needs of the system and system risks identified sufficiently early with the planning process;
 - Ensure that the system has a clear and robust approach to planning incorporating both Place and Providers/Collaboratives to jointly own and agree the system planning principles and associated planning cycle;
 - Review system delivery against the original plan, ensuring any outstanding items are reflected in the following years planning cycle as appropriate;
 - Ensure that the balance of system planning priorities are considered at a strategic level and where necessary consideration of the risks to the system are fully considered and reported to the Board and ICP; and
 - Ensure that the annual business planning process for the system is aligned to the annual planning process assessing Place and Collaborative plans and that these are sufficient to meet the overall agreed system strategic objectives.
- 4.6 Provide assurance system investments are value for money and aligned to the ICB Joint Forward Plan and system priorities.
- 4.7 Review collaboratives and partnership working to ensure value for money and aligned approaches to delivering the system strategy within the finances available

ICB responsibilities

- 4.8 Oversee the arrangements in place for the allocation of resources and the scrutiny of all expenditure. This will include actual and forecast expenditure and activity on commissioning contracts, ensuring budgets are set, in line with planning cycle and managed in an appropriate and timely manner. This will also include planning for the year ahead. Ensuring investments support the delivery of the Joint Forward Plan.
- 4.9 Consider and review ongoing Financial Reports and the Annual Statement to be presented to the Board, incorporating financial and planning performance against budget, targets, financial risk analysis, forecasts, and statements on the rigor of underlying assumptions, to ensure statutory financial duties are met.
- 4.10 Review delivery of savings plans and initiatives through regular reports. Understand the drivers behind any variances against the plans, and ensure any risks have been identified, and mitigating actions have been taken to address these.
- 4.11 With the Quality and Oversight Committee operate a Performance Framework that enables the Committee to proactively manage the financial, broader performance, and savings agenda, including:
- Receiving a report of the in-year financial position and progress towards meeting targets within each Place;
 - Overseeing savings schemes and updates on both the financial and activity performance of each scheme;
 - Overseeing implementation of investments/transformation schemes, receiving updates outlining financial activity and delivery against KPIs for each scheme;
 - Management of system risks to mitigate their impact; and
 - Providing assurance to the Board about delivery and sustained performance in these areas.
- 4.12 Proactively identify from reports where remedial action is required, and ensure appropriate action is taken.
- 4.13 Where plans are in place to improve performance or reduce financial risks, ensure that progress against plans is monitored, and where appropriate, challenged.
- 4.14 With the Quality and Oversight Committee identify the need for, and allocate resources where appropriate, to improve performance.
- 4.15 Provide assurance to the Board and the Audit and Risk Committee of the completeness and accuracy of the financial information provided to the Board.
- 4.16 Consider and review any external financial monitoring returns and commentary.
- 4.17 Review, by exception, performance report summaries as required, and consider performance issues in so far as they impact on financial resource.

- 4.18 Review, scrutinise and approve/recommend business cases (prepared for changes to services and/or expenditure including capital or revenue investments, procurement of services and pathway redesigns) for approval to the Board, where appropriate, in line with the Scheme of Delegation.
- 4.19 Review, and agree, procurement decisions as appropriate, in accordance with Standing Financial Instructions and the Scheme of Delegation and make recommendations to the Board.
- 4.20 Review tender waivers and tenders from firms not on approved lists and ensure these are recommended to the Board as appropriate and in line with the Scheme of Delegation. All waivers should then be reported to Audit and Risk Committee.
- 4.21 Work alongside the Audit and Risk Committee to ensure financial probity in the organisation, and that value for money is reviewed and maintained.
- 4.22 Where appropriate, provide recommendations and actions to the Board.
- 4.23 Where appropriate, refer issues to other Committees or Sub-Committees of the Board.
- 4.24 To annually, or periodically as required, review the financial policies of the ICB and make appropriate recommendations to the Board.
- 4.25 Review and monitor those risks on the ICB's BAF and Corporate Risk Register which relate to finance. Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner

5 Membership and attendance

Membership

- 5.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 5.2 The Committee membership is as follows:
 - Finance and Planning Committee Chair (Non-Executive Member)
 - SWL ICB Chief Finance Officer
 - SWL Chief Operating Officer
 - Chief Nursing Officer
 - Chief Medical Officer
 - Place representative.
- 5.3 The role of Committee Chair will be undertaken by a Non-Executive Member (who cannot be the Audit and Risk Committee Chair).
- 5.4 Members are required to attend a minimum of 75% of meetings, other than absence due to sickness.
- 5.5 Members may nominate deputies to represent them in their absence and make decisions on their behalf, subject to the approval of the Chair.
- 5.6 The Chair of the Board shall not be a member of the Committee.

- 5.7 Members will possess between them knowledge, skills and experience in the issues pertinent to the Committee's business. When determining the membership of the Committee, active consideration will be made to diversity and equality.

Chair and vice chair

- 5.8 The Committee will be chaired by a Non-Executive Member of the Board appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.
- 5.9 Committee members may appoint a Vice Chair who will be nominated by the Chair of the Committee. If the Committee Chair is absent or is disqualified from participating by a conflict of interest, the Vice Chair, if present, shall preside. If the Chair or Vice Chair are absent from any meeting, a Chair shall be nominated by other members attending that meeting.
- 5.10 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Attendees

- 5.11 The Committee shall have the following non-voting attendees (as and when required):
- Audit and Risk Committee Chair
 - Place based finance and planning representatives;
 - Collaborative finance and planning representatives;
 - Other Directors and/or Managers as appropriate;
 - Representatives from other organisations, as required.
- 5.12 Attendees may present at meetings and contribute to the relevant discussions but are not allowed to participate in any formal vote.
- 5.13 Attendees may nominate deputies to represent them in their absence, with agreement of the Chair.
- 5.14 The Committee may call additional experts to attend meetings on a case by case basis to inform discussion.
- 5.15 The Committee may invite or allow people to attend meetings as observers. Observers may not present at meetings, contribute to any discussion or participate in any formal vote.
- 5.16 The Chair of the ICB will be invited to attend one meeting each year in order to gain an understanding of the Committee's operations.
- 5.17 The Committee Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

6 Meeting Frequency, Quoracy and Decisions

- 6.1 The Committee will meet at least seven times a year. Arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

- 6.2 The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.
- 6.3 The Committees may choose to meet physically, at its discretion. However, by default, the Committees will be held virtually. Meetings, unless previously agreed by the Chair, will be held virtually via MS Teams or suitable alternative platform.

Quorum

- 6.4 For a meeting to be quorate a minimum of three members are required. This must include either the Committee Chair or the Chief Finance Officer. If the Committee Chair isn't present another Non Executive Member is required to attend.
- 6.5 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
- 6.6 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Decision making and voting

- 6.7 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 6.8 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 6.9 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 6.10 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

7 Accountability and reporting

- 7.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.
- 7.2 The Committee shall make any such recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.
- 7.3 The Chair will provide assurance reports to the Board at each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.
- 7.4 The Committee will report to the Board at least annually on its work in support of the Annual Statement. The Annual Statement should also describe how the Committee has fulfilled its ToR and give details of any significant issues that the Committee considered, and how they were addressed.

8 Conflicts of Interest

- 8.1 Conflicts of Interest shall be dealt with in accordance with the ICB Conflicts of Interest Policy.
- 8.2 The Committee will have a Conflicts of Interest Register that will be presented as a standing item on the agenda.
- 8.3 All members and attendees of the Committee must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. The Committee Chair will determine if there is a conflict of interest such that the member and/or attendee will be required not to participate in a discussion.

9 Behaviours and Conduct

ICB values

- 9.1 Members will be expected to conduct business in line with the ICB values and objectives.
- 9.2 Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality and diversity

- 9.3 Members must demonstrably consider the equality and diversity implications of decisions they make.

10 Secretariat and Administration

- 10.1 The Committee shall be supported with a secretariat function which will include ensuring that:
 - The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
 - Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
 - Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
 - Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward between meetings, and progress against those actions is monitored;
 - The Chair is supported to prepare and deliver reports to the Board; and
 - The Committee is updated on pertinent issues / areas of interest / policy developments.

11 Review

- 11.1 The Committee will review its effectiveness at least annually and recommend any changes it considers necessary to the Board.

11.2 These ToR will be reviewed at least annually and more frequently if required. Any proposed amendments to the ToR will be submitted to the Board for approval.

Date of approval: 20 March 2024

Date of next review: April 2025



NHS South West London
Integrated Care Board

NHS South West London Integrated Care Board Quality and Performance Oversight Committee Terms of Reference

Document Management

Revision history

Version	Date	Summary of changes
1.0	07.06.22	Draft ToR presented to GOG
2.0	08.02.23	QOC approved
2.1	14.02.24	Revised draft after 23/4 review to QoC
2.2	20.02.24	Final draft including comments from QoC for Board approval
2.3	09.04.25	No change

Reviewers

This document must be reviewed by the following:

Reviewer	Title / responsibility	Date	Version
Governance Oversight Group	To oversee the development of the ICB constitutions	n/a	All versions
QoC	Annual review of ToR	14.02.24	2.1 & 2.2
QPOC	Annual review of ToR	09.04.25	2.3

Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
ICB Board		ICB Board	28.05.25	2.3
ICB Board		ICB Board	20.03.24	2.2
Quality Oversight Committee		Quality Oversight Committee	14.02.24	2.2
Quality Oversight Committee		Quality Oversight Committee	08/02/23	2.0
ICB Board		ICB Board	01/07.22	1.0
Sarah Blow		ICS CEO Designate	07.06.22	1.0
Millie Banerjee		ICS Chair Designate	07.06.22	1.0

Contents

1. Constitution	4
2. Authority	4
3. Purpose	4
4. Responsibilities of the Committee	5
5. Membership and attendance	7
6. Meeting Frequency, Quoracy and Decisions	9
7. Accountability and reporting	10
8. Conflicts of Interest	10
9. Behaviours and Conduct	11
10. Secretariat and Administration	11
11. Review	11

1. Constitution

- 1.1 The Quality and Performance Oversight Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution, Standing Financial Instructions, Standing Orders and Scheme of Reservation and Delegation).
- 1.2 These Terms of Reference (ToR) set out the membership, remit, responsibilities, and reporting arrangements of the Committee and may only be changed with the approval of the Board. They will be published as part of the Governance Handbook on the ICB's website.

2. Authority

- 2.1 The Committee is authorised by the Board to:
 - Investigate any activity within its ToR;
 - Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these ToR;
 - Commission any reports it deems necessary to help fulfil its obligations;
 - Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so, the committee must follow any procedures put in place by the ICB for obtaining legal or professional advice;
 - Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and ToR of any such task and finish sub-groups in accordance with the ICB's Constitution, Standing Orders and SoRD but may not delegate any decisions to such groups.
- 2.2 For the avoidance of doubt, the Committee will comply with: the ICB Standing Orders; Standing Financial Instructions; and the SoRD, except as outlined in these ToR.
- 2.3 The Committee has no executive powers, other than those delegated in the SoRD and specified in these ToR.

3. Purpose

- 3.1 The committee will undertake assurance and oversight on behalf of the ICB for the identification, monitoring and escalation of quality, safeguarding and operational performance issues and concerns across the system alongside the identification and sharing of best practice and system learning, development and improvement. When necessary it will do this in collaboration with system partners.

- 3.2 For quality, the Committee is established to ensure that the ICB is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022. This includes reducing inequalities in the quality of care.
- 3.3 The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care.
- 3.4 For performance, the Committee will provide assurance to the ICB on operational performance as it relates to the Operational Performance Planning guidance for acute and non-acute metrics, both constitutional and non-constitutional standards as appropriate.
- 3.5 The scope of the committee's activities will be all services commissioned by the ICB on behalf of the resident population of South West London, within and outside of South West London. In addition, the committee will oversee the delivery of quality and performance standards on a Trust wide basis for the ICB's hosted acute, community and mental health providers.

4. Responsibilities of the Committee

- 4.1 The committee is responsible for ensuring the robustness of the systems in place across the ICB to secure effective quality and safeguarding governance and assurance; and for reviewing and monitoring system wide operational performance in accordance with national operational planning guidance and advice on risks and mitigations
- 4.2 The committee will ensure that these systems and processes allow the ICB to comply with all relevant legislation, to effectively deliver its strategic objectives and provide sustainable, high-quality care whilst also ensuring appropriate safeguards are in place to protect the most vulnerable.
- 4.3 The Committee will receive and review a risk report to agree the main risks (internal and external) related to quality and performance. Whilst responsibility for detailed review and remedial action on risks rests with the Executive Committee, the Committee is expected to maintain an awareness of quality and performance related risks and assure itself that the proposed actions are adequate.

Specific Responsibilities Performance

- 4.4 To review and monitor system wide operational performance in accordance with national operational planning guidance and advise on risks and mitigations.
- 4.5 The committee will pro-actively identify and obtain assurance that declining performance and quality indicators are being addressed, ensuring deterioration is managed rapidly.

- 4.6 Develop the ICB Performance Oversight Framework and review this framework annually to ensure that it meets the needs of our system to support delivery of our strategic objectives.
- 4.7 Oversee the triangulation of performance oversight, ensuring that the right balance is struck with workforce, quality, finance and system operational metrics and risks have been fully assessed this will include taking into account the Place Delivery Agreements (while noting that formal reporting of these agreements is via the ICB's Senior Management Team).
- 4.8 With the Finance and Planning Committee contribute to the performance oversight elements of the system annual report.

Quality

- 4.9 The Committee will receive reports from the System Quality Group (SQG) to review and identified themes and shared learning from Serious Case Reviews, Adult Learning Reviews and Domestic Homicide reviews drawing on intelligence and collaboration with place based Local Safeguarding Partnerships, Safeguarding Adult Boards and Safer Community Partnerships, working collaboratively with ICB partners to do so.
- 4.10 Oversee and scrutinise the ICB's response to all relevant Directives, Regulations, national standard, policies, reports, reviews inspections, and best practice as issued by the Department for Health and Social Services (DHSC), NHS England and other regulatory bodies / external agencies (e.g. the Care Quality Commission (CQC), National Institute for Health and Care Excellence (NICE)), including giving guidance to the system as required and gaining assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained.
- 4.11 Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the ICB that these are disseminated and implemented across all sites.
- 4.12 Receive assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and that it learns from deaths (including coronial inquests and Prevention of Future Death reports).

- 4.13 Provide the ICB with assurance that it is delivering its statutory duties for safeguarding adults, children, children looked after and Special Educational Needs and Disability as laid out in Section 11 - The Children Act, 2004, Working Together to Safeguard Children, 2018, The Care Act, 2014, Promoting the Health and Wellbeing of Looked After Children 2015, SEND code of practice 0-25yrs, 2015.
- 4.14 Comprehensively scrutinise the robustness of the arrangements for, and assure compliance with, the ICB's statutory responsibilities for:
- infection prevention and control
 - medicines optimisation and safety
 - equality and diversity where these relate to specific performance standards or matters of care quality.
- 4.15 To arrange a rolling programme of deep-dive reviews across both the committee and SQG sub-committee with the aim of understanding in detail key areas of ICB performance and quality and contributing through this process to improvement activities and the promotion of shared learning.
- 4.16 Ensure that the SQG maintains effective processes for system-wide learning from significant events including themes and trends from incidents and safeguarding reviews. This assurance will be provided via SQG reports and supplementary papers. The committee's role is to ensure that lessons learned are implemented and make a difference.

5. Membership and attendance

Membership

- 5.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 5.2 The Board will appoint no fewer than four members of the Committee including one Non-Executive Member of the Board and one Associate Non-Executive Member.
- 5.3 The Committee membership is as follows:
- Non-Executive Member (Chair)
 - Associate Non-Executive Member
 - SWL Chief Nursing Officer
 - ICB Chief Medical Director
 - ICB Chief Operating Officer
 - Patient Safety Partners
 - Other partners, as required for specific agenda items
- 5.4 The role of Committee Chair will be undertaken by a Non-Executive Member (who cannot be the Chair of the ICB or the Audit and Risk Committee Chair).

- 5.5 Members are required to attend a minimum of 75% of meetings, other than absence due to sickness.
- 5.6 Members will possess between them knowledge, skills and experience in the issues pertinent to the Committee's business. When determining the membership of the Committee, active consideration will be made to diversity and equality.

Chair and vice chair

- 5.7 The Committee will be chaired by a Non-Executive Member of the Board appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.
- 5.8 Committee members may appoint a Vice Chair who will be nominated by the Chair of the Committee. If the Committee Chair is absent or is disqualified from participating by a conflict of interest, the Vice Chair, if present, shall preside. If the Chair or Vice Chair are absent from any meeting, a Chair shall be nominated by other members attending that meeting.
- 5.9 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Attendees

- 5.10 The Committee shall have the following non-voting attendees (as and when required):
- Director of Performance Oversight
 - Director of Quality (SRO for Quality)
- 5.11 Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant ICB and partner systems staff to the meeting as necessary in accordance with the business of the Committee.
- 5.12 Attendees may present at meetings and contribute to the relevant discussions but are not allowed to participate in any formal vote.
- 5.13 The Committee may call additional experts to attend meetings on a case-by-case basis to inform discussion.
- 5.14 The Committee may invite or allow people to attend meetings as observers. Observers may not present at meetings, contribute to any discussion or participate in any formal vote.
- 5.15 The Chair of the ICB will be invited to attend one meeting each year in order to gain an understanding of the Committee's operations.
- 5.16 The Committee Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

6. Meeting Frequency, Quoracy and Decisions

- 6.1 The Committee will be held in two parts:
- Part one of the meeting will consider the committee's responsibilities for oversight of the assurance of the ICBs Performance framework;
 - Part two of the meeting will consider the Committee's responsibilities for oversight of the ICBs Quality framework.
- 6.2 Both parts of the meeting will be held sequentially, and members are expected to participate in both parts of the meeting. Those in attendance may vary.
- 6.3 The Committee shall meet on a bi-monthly basis (to be determined by the ICB). Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.
- 6.4 The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.
- 6.5 The Committee may choose to meet physically, or virtually, at its discretion.

Quorum

- 6.6 For a meeting to be quorate the following will be required:
- Non-Executive Member (Chair)
And two of the following:
 - Associate Non-Executive Member for Quality
 - SWL Chief Nursing Officer
 - Chief Medical Officer
 - Chief Operating Officer
- 6.7 If any member of the Committee has been disqualified from participating in an item on the agenda, because of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
- 6.8 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Decision making and voting

- 6.9 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 6.10 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 6.11 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

- 6.12 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

7. Accountability and reporting

- 7.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.
- 7.2 The Committee shall make any such recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.
- 7.3 The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board (in the private session) in accordance with the Standing Orders.
- 7.4 The Chair will provide assurance reports to the Board at each meeting and shall provide a report on assurances received, escalating any concerns where necessary that require disclosure to the Board or require action.
- 7.5 The Committee will report to the Board at least annually on its work in support of the Annual Statement. The Annual Statement should also describe how the Committee has fulfilled its ToR and give details of any significant issues that the Committee considered, and how they were addressed.
- 7.6 The Committee will receive scheduled assurance reports from its delegated groups (i.e. the System Quality Council and the Integrated Medicines Optimisation Committee (IMOC)).

8. Conflicts of Interest

- 8.1 Conflicts of Interest shall be dealt with in accordance with the ICB Conflicts of Interest Policy.
- 8.2 The Committee will have a Conflicts of Interest Register that will be presented as a standing item on the agenda.
- 8.3 All members and attendees of the Committee must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. The Committee Chair will determine if there is a conflict of interest such that the member and/or attendee will be required not to participate in a discussion.

9. Behaviours and Conduct

ICB values

- 9.1 Members will be expected to conduct business in line with the ICB values and objectives.
- 9.2 Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality and diversity

- 9.3 Members must demonstrably consider the equality and diversity implications of decisions they make.

10. Secretariat and Administration

- 10.1 The Committee shall be supported with a secretariat function which will include ensuring that:
- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
 - Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
 - Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
 - Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward between meetings, and progress against those actions is monitored;
 - The Chair is supported to prepare and deliver reports to the Board; and
 - The Committee is updated on pertinent issues / areas of interest / policy developments.

11. Review

- 11.1 The Committee will review its effectiveness at least annually and complete an annual report submitted to the Board.
- 11.2 These ToR will be reviewed at least annually and more frequently if required. Any proposed amendments to the ToR will be submitted to the Board for approval.
- 11.3 The Committee will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

Date of approval: 28 May 2025

Date of next review: February 2026



NHS South West London
Integrated Care Board

NHS South West London Integrated Care Board Place Committee - [insert Place Name] Terms of Reference

Contents

1. Constitution.....	3
2. Authority	3
3. Purpose	3
4. Responsibilities of the Committee	4
5. Membership and attendance	5
6. Meetings Frequency, Quoracy and Decisions	6
7. Accountability and reporting	7
8. Behaviours and Conduct	7
9. Secretariat and Administration	7
10. Review	8

1. Constitution

- 1.1 The Integrated Care Board (hereby known as the Board) has established six ICS Place Committees: Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth. These six Places are co-terminus with our six Local Authority boroughs.
- 1.2 The Place Committee – [insert Place name] (the Committee) is established by the Board as a Committee of the Board in accordance with its Constitution, Standing Financial Instructions, Standing Orders and Scheme of Reservation and Delegation.
- 1.3 These Terms of Reference (ToR) set out the membership, remit, responsibilities, and reporting arrangements of the Committee and may only be changed with the approval of the Board. They will be published as part of the Governance Handbook on the ICB's website.

2. Authority

- 2.1 The Committee will work under the direction of the Board's strategic direction whilst maintaining a local focus at Place level.
- 2.2 The Committee is authorised by the Board to:
 - Investigate any activity within its terms of reference;
 - Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these terms of reference;
 - Commission any reports it deems necessary to help fulfil its obligations;
 - Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation and Delegation (SoRD) but may delegate any decisions to such groups;
 - For the avoidance of doubt, the Committee will comply with, the ICB's Standing Orders, Standing Financial Instructions and the SoRD, except as outlined in these Terms of Reference;
 - With the prior agreement of the Board, create sub-committees to support the decision making at the most appropriate local level, and meet the objectives of Place, including the remit outlined in these ToR.

3. Purpose

- 3.1 The Committee will focus on improving the health and wellbeing outcomes for the local population, assist with the prevention of ill health and addressing health inequalities at Place level.
- 3.2 The purpose of the Committee is to:
 - Support and develop primary care networks (PCNs) which join up primary care and community services, including mental health across local neighbourhoods.
 - Create a forum for dialogue between strategic partners to agree priorities and delivery approach.

- Simplify, modernise, and join up health and care (including through technology and by joining up primary and secondary care where appropriate).
- Identify the contribution of the voluntary sector and how this is aligned to health and care to provide a co-ordinated approach across all settings to facilitate independent living and reduce dependency of individuals on statutory organisations.
- Understand and identify its local population and use population health management techniques and other intelligence, to ensure people and families are not at risk of being left behind and are proactively supported.
- Coordinate the local contribution to health, social care, and economic development to prevent future risks to ill health within different population groups.

3.3 An Annual Delivery Plan will be agreed before the start of the financial year; however, this will be flexible to new and emerging priorities and risks.

3.4 The Committee has no executive powers, other than those delegated in the SoRD and specified in these terms of reference.

4. Responsibilities of the Committee

The Committee has the following key responsibilities:

- 4.1 Lead, plan, coordinate and collaborate to ensure the effective delivery of Health and Care services at Place (Health and Care Plan);
- 4.2 Review and monitor the effectiveness of the management of services and provide assurance to the Board;
- 4.3 Improving the health and wellbeing of the population of [insert Place name], in particular tackling health inequalities and reshaping services to promote early intervention and prevention of illness;
- 4.4 Lead and be responsible for the effective delivery of the system strategic objectives at Place level;
- 4.5 Work collaboratively, promoting the participation of all key organisations and stakeholders in the development and delivery of local service transformation;
- 4.6 Provide oversight and scrutiny on the development of the medium and long term local service delivery management plans;
- 4.7 Oversee and monitor compliance with the Accountability Agreement;
- 4.8 Maintain oversight of the quality of service provision and any relevant action plans;
- 4.9 Work with Primary Care Networks and consider how transformation plans and/or newly commissioned services involving and/or impacting on primary care, including community services, will support improving population health, driving quality and safety, and tackling health inequalities; and
- 4.10 Report progress on delivery of the local Health and Care Plan and Better Care Fund priorities to the Health and Wellbeing Board.
- 4.11 The Committee is accountable for delivery against existing joint or aligned NHS budgets. Other areas of NHS financial and resource management have been explicitly delegated to the

Executive Place Lead. While these accountabilities cannot be delegated further the Executive Place Lead may want to discuss their delivery with the Committee.

5. Membership and attendance

Membership

- 5.1 The Committee members shall be appointed by the Board Chair in accordance with the ICB Constitution.
- 5.2 The Committee membership is as follows; [insert respective roles inclusive of representation below, subject to agreement at Place]
- primary care provider leadership, represented by PCN clinical directors or other relevant primary care leaders.
 - providers of acute, community and mental health services, including representatives of provider collaboratives where appropriate.
 - people who use care and support services and their representatives including Healthwatch.
 - local authorities, including Directors of Adult Social Services and Directors of Public Health and elected members.
 - social care providers.
 - the voluntary, community and social enterprise sector (VCSE).
 - the ICB.
- 5.3 Members are required to attend a minimum of 75% of meetings, other than absence due to sickness.
- 5.4 Members may nominate deputies to represent them in their absence and make decisions on their behalf.
- 5.5 Members will possess between them knowledge, skills and experience in the issues pertinent to the Committee's business. When determining the membership of the Committee, active consideration will be made to diversity and equality.

Convenor

- 5.6 The Committee will appoint a Convenor on account of their specific knowledge skills and experience making them suitable to convene the Committee.
- 5.7 In the absence of the nominated Convenor, the Executive Place Lead shall preside.
- 5.8 The Convenor will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Attendees

- 5.9 The Committee shall have the following attendees (as and when required):

5.10 [insert representative]

5.11 [insert representative]

5.12 [insert representative]

5.13 [insert representative]

- 5.14 Representatives from other organisations, as required.
- 5.15 Attendees may present at meetings and contribute to the relevant discussions.
- 5.16 Attendees may nominate deputies to represent them in their absence, with agreement of the Convenor. Deputies need to hold sufficient authority to support effective decision making of the committee.
- 5.17 The Committee may call additional experts to attend meetings on a case by case basis to inform discussion.
- 5.18 The Committee may invite or allow people to attend meetings as observers. Observers may not present at meetings or contribute to any discussion.
- 5.19 The Convenor may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

6. Meetings Frequency, Quoracy and Decisions

- 6.1 The Committee will normally meet [insert frequency based on local determination] and as required to fulfil its duties. Additional meetings may be scheduled at the discretion of the Convenor.
- 6.2 The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.
- 6.3 The Committee may choose to meet physically, at its discretion. However, by default the Committee will be held virtually. Meetings, unless previously agreed by the Convenor, will be held virtually via MS Teams or suitable alternative platform.

Quorum

- 6.4 For a meeting to be quorate a minimum of one representative from the following roles will be required.
- ICB Executive Place Lead or Convenor.
 - Senior (Director / Executive) Local Authority representative.
 - Primary Care representative.
 - Senior (Director / Executive) Provider representative.
 - Senior Voluntary, Community and Social Enterprise (VCSE) representative.
- 6.5 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
- 6.6 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Decision making

- 6.7 Decisions will be taken in according with the Standing Orders. The Committee will reach conclusions by consensus.

- 6.8 If a decision is needed which cannot wait for the next scheduled meeting, the Convenor may conduct business through the use of email and report the urgent decision to the next scheduled meeting of the Committee.

7. Accountability and reporting

- 7.1 The Committee is accountable to the Board for the overall delivery of agreed objectives and local outcomes. As set out in the Annual Delivery plan that forms part of the Accountability Agreement.
- 7.2 The Committee shall provide an assurance report to the Board after each meeting, on how it discharges its responsibilities, set out the matters discussed together with any recommendations to the Board, and provide assurance on the quality of services, performance and any contractual commitments as held by the Board or as otherwise delegated.
- 7.3 The Place Member of the Board will highlight to the Board any pertinent issues and/or those that require disclosure, escalation, action or approval
- 7.4 The Committee will work closely with local partners and key stakeholders to enable wide collaboration and engagement in the implementation and development of local services
- 7.5 The approved minutes will be submitted to the subsequent Board (private session) meeting.

8. Behaviours and Conduct

ICB values

- 8.1 Members will be expected to conduct business in line with the ICB values and objectives.
- 8.2 Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality and diversity

- 8.3 Members must demonstrably consider the equality and diversity implications of decisions they make.

9. Secretariat and Administration

- 9.1 The Committee shall be supported with a secretariat function which will include ensuring that:
- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Convenor with the support of the relevant executive lead.
 - Attendance of those invited to each meeting is monitored and highlighting to the Convenor those that do not meet the minimum requirements.
 - Good quality minutes are taken in accordance with the Standing Orders and agreed with the Convenor and that a record of matters arising, action points and issues to be carried forward are between meetings and progress against those actions is monitored.
 - The minutes of the Committee meetings will be formally recorded, and a draft copy circulated to Committee members together with the action log as soon after the meeting as possible.
 - The Place Member of the Board is supported to prepare and deliver reports to the Board.

10. Review

- 10.1 The Committee will undertake an annual review of its effectiveness and provide a report to the Board of its findings including highlighting areas for improvement.
- 10.2 These terms of reference will be reviewed at least annually and more frequently if required and will be submitted to the Board for ratification.

Date of approval: 1 July 2022

Date of next review: 1 April 2023

Standards of Business Conduct Policy



Policy Title: Standards of Business Conduct Policy

Policy Number: SWLGOV004

	Name	Role and Organisation	Date
Authors		Senior Governance Advisor	March 2024
Reviewers		Director of Corporate Affairs	October 2024
Authoriser		SWL ICB Senior Management Team	October 2024
Approved By	SWL ICB Senior Management Team		
Applies To	South West London ICB (SWL ICB), Governing Body Members, Committee Members and all staff working for, or on behalf of the ICB		
			Effective Date
			03/10/2024
			Review Date
			03/10/2026

Controlled Document

The current version of this document is always available electronically via SharePoint or the intranet. All other electronic or paper versions of this document sourced from any network drive, email or other sources are uncontrolled and should be checked against the current SharePoint or intranet version prior to use.

Target Audience	South West London ICB (SWL ICB), Board Members, Committee Members and all staff working for, or on behalf of South West London ICB
Brief Description	This policy describes the standards and public service values which underpin the work of the NHS and reflects current guidance and best practice which is applicable to everyone who works for or on behalf of ICB.
Action Required	Ensure that the contents of this Policy are shared at all Team Meetings

Change History

Version Number	Significant Changes
0.1	Draft ICB SoBC policy supersedes SWLCCG/G04. Updated to reflect naming conventions and strengthen context around person conduct responsibilities (sections 9-14) in line with NHSE/I SoBC Policy. Additionally, removal of previous content relating to Elected posts, and canvassing of votes from the Membership Body as part of Clinical Leadership roles.
1.1	Updated LCFS contact information
1.2	Updated policy names and references

Contents

1.	Introduction	5
2.	Scope	5
3.	Responsibilities	6
4.	The Guidance in Practice	8
4.1.	Overriding Principle	8
4.2.	Commercial sponsorship	8
4.3.	Procurement processes	8
4.4.	Private Transactions	9
4.5.	Employees' outside employment	9
4.6.	Donations in relation to the organisation	10
4.7.	Patents and Intellectual Property	10
4.8.	Candidates for appointment	10
4.9.	Canvassing for appointments	11
4.10.	Trade or discount cards	11
4.11.	Awards or prizes	11
5.	Recording of Gifts, Hospitality and Sponsorship	11
6.	Declaration of Interests	11
7.	Raising Concerns	12
8.	Confidentiality	12
9.	Personal Conduct	13
9.1.	Corporate Responsibility	13
9.2.	Use of Social Media	13
9.3.	Gambling	14
9.4.	Lending and Borrowing	14
9.5.	Trading on NHS premises	14
9.6.	Individual Voluntary Arrangements, County Court Judgment (CCJ), Bankruptcy / Insolvency	14
9.7.	Use of Resources	14
9.8.	Suspensions of Fraud/Theft	14
10.	Non-Compliance with Policy	15
10.1.	Failure to comply	15
10.2.	Failure to Disclose or Declare	15

10.3. Identifying and Reporting Breaches..... 15

10.4. Taking Action in Response to Breaches 16

10.5. Learning and Transparency Concerning Breaches..... 16

10.6. Criminal Implications..... 17

11. Monitoring and Review 17

12. Equality Impact Assessment..... 17

13. Related Documents 18

Appendix 1 - The Nolan Principles on Standards in Public Life..... 19

Appendix 2 – Equality Impact Assessment 20

1. Introduction

- 1.1. The Standards of Business Conduct policy describes the standards and public service values which underpin the work of the NHS and reflects current guidance and best practice which all NHS South West London Integrated Care Board (hereby known as the ICB) Board members, committee and sub-committee members, and everyone who works for or on behalf of the ICB must follow. Through this policy individuals will be aware of their own responsibilities as well as the ICB's responsibilities as a corporate body.
- 1.2. Importantly, the policy draws attention to the consequences of non-compliance with the requirements which may include disciplinary action and/or legal action.
- 1.3. As well as promoting the standards of business conduct expected of public bodies, this policy aims to protect the ICB and everyone who works for or on behalf of the ICB from any suggestion of corruption, partiality, or dishonesty by providing a clear framework through which the organisation can provide guidance and assurance that individuals conduct themselves with honesty, integrity, and probity.
- 1.4. As a publicly funded organisation, we have a duty to set and maintain the highest standards of conduct and integrity. We expect the highest standards of corporate behaviour and responsibility from Board members and everyone who works for or on behalf of the ICB.
- 1.5. The policy should be read in conjunction with all relevant organisational policies which are developed and agreed in line with the principles set out in this policy.
- 1.6. The [NHS Constitution](#) sets out some of the key responsibilities of NHS staff. The ICB endorses the three crucial public service values which must underpin the work of the health service:
 - **Accountability** - everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct;
 - **Probity** - there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, staff, and suppliers, and in the use of information acquired in the course of NHS duties and
 - **Openness** - there should be sufficient transparency about NHS activities to promote confidence between the NHS body and its staff, patients, and the public.
- 1.7. In addition to the public service values described above, all individuals within the scope of this policy are expected to act in accordance with the 'Seven Principles of Public Life' (Nolan Principles) which apply to all in the public service, and which are embodied within the ICB's Constitution. These are attached at Appendix 1.
- 1.8. Under the Prevention of Corruption Act (1916) any money, gift or consideration received by a public service employee from a person or organisation holding or seeking to obtain a contract will be deemed by the Courts to have been received corruptly, unless the employee can prove to the contrary

2. Scope

- 2.1. Everyone who works for or on behalf of the ICB is within the scope of the policy. This includes but is not limited to staff (interims, secondees, agency staff, contractors, sub-contractors, students, trainees, and apprentices) and employees of partner organisations who are members of the Board, sub-committees, or other decision-making groups.

- 2.2. It is recognised that some individuals are more likely than others to have a decision making influence on the use of taxpayers' money, because of the requirements of their role. For the purposes of this guidance these people are referred to as 'decision making staff.'
- 2.3. Decision making staff are:
- Executive and non-executive members (or equivalent roles) of SWL ICB;
 - Members of the Board, committees, sub-committees, and advisory groups which contribute to direct or delegated decision making;
 - Staff at Agenda for Change (AfC) band 8d and above;
 - Staff who have the power to enter into contracts on behalf of the organisation and / or are involved in decision making concerning the procurement of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions.

3. Responsibilities

- 3.1. The ICB is responsible for ensuring that the requirements of this policy and supporting documents are brought to the attention of all staff and that systems are put in place for ensuring that the guidelines are effectively implemented. These responsibilities are particularly important given the corporate responsibility set out in the Bribery Act (2010) for organisations to ensure that their anti-fraud and bribery procedures are robust. Such awareness will be promoted in:
- A clause statement written in Job Descriptions; and
 - Publication of this policy on the intranet for staff.
- 3.2. In line with the Managing Conflicts of Interest (including Gifts & Hospitality) Policy, the guiding principle is to ensure that decisions are made in the public interest by avoiding any undue influence.
- 3.3. A conflict of interest is defined as, 'A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.'
- 3.4. A conflict of interest may be:
- **Actual** - there is a material conflict between one or more interests;
 - **Potential** – there is the possibility of a material conflict between one or more interests in the future.
- 3.5. Interests fall into the following categories:
- **Financial interests** - Where an individual may get direct financial benefit from the consequences of a decision they are involved in making;
 - **Non-financial professional interests** - Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career;
 - **Non-financial personal interests** - Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career;
 - **Indirect interests** - Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal

interest and could stand to benefit from a decision they are involved in making;

- **Gifts and hospitality** - acceptance of hospitality from current or prospective business contacts, and acceptance of gifts.

3.6. **All staff** must apply the following principles in the conduct of their employment:

- They must not accept gifts, hospitality, or benefits of any kind from a third party which might be perceived as compromising their personal judgement or integrity;
- They must not make use of their official position to further their private interests or those of others;
- They must declare any private interests which are relevant and material relating to the position they hold in the NHS.

3.7. In addition, staff must:

- Base all purchasing decisions and negotiations of contracts solely on achieving best value for money for the taxpayer;
- Refer to their line manager when faced with a situation for which the guidance available requires further interpretation;

3.8. If in any doubt, they must seek advice from the ICB's Senior Governance Advisor.

3.9. It is the responsibility of all staff to raise any concerns regarding staff business conduct.

3.10. All staff should ensure that they are not placed in a position that risks, or appears to risk, conflict between their private interests and their NHS duties.

3.11. The **Local Counter Fraud Specialist** (LCFS) is responsible for taking forward all anti-fraud work locally in accordance with national NHS Counter Fraud Authority standards and reports directly to the Chief Finance Officer. Adherence to the NHS Counter Fraud Authority counter fraud standards is important in ensuring that the organisation has appropriate counter fraud, bribery, and corruption arrangements in place.

3.12. The LCFS works with key colleagues and stakeholders to promote anti-fraud work and effectively respond to system weaknesses and investigate allegations of fraud and corruption. This will include the undertaking of risk assessments to identify fraud, bribery, and corruption risks at the ICB.

3.13. Suspected fraud, bribery and corruption can be reported to:

- The LCFS: Ruth Goddard who can be contacted on 020 8461 8080 or ruth.goddard@rsmuk.com;
- Using the NHS Fraud and Corruption Reporting Line on Freephone 0800 028 40 60 or by filling in an online form at www.reportnhsfraud.nhs.uk, as an alternative to internal reporting procedures and if staff wish to remain anonymous.

3.14. Board, Committee/Sub-Committee Members, and individuals acting on behalf of the ICB, must act in accordance with this policy in circumstances whether they are either employed fully by the ICB, hold appointments with the ICB, are employed on a sessional basis or on an honorary contract, or provide services under a service level agreement with the ICB.

4. The Guidance in Practice

4.1. Overriding Principle

- 4.1.1. As a public body, the ICB has a duty to ensure fairness and honesty in its relationships with suppliers, contractors, service providers and service users or any other person or organisation with whom the ICB has or might have business connections.
- 4.1.2. All employees and others acting on behalf of the ICB must uphold the highest standards of business conduct within such relationships. This is important to ensure that no employee, especially those responsible for making decisions in relation to purchases and procurement, acts in any way that is inconsistent with the organisation's objectives or compromises the integrity of the business by accepting a gift in circumstances where it could influence, or be perceived to influence, that employee's business actions or decisions.
- 4.1.3. Everyone who works for or on behalf of the ICB, including its Board, Committee or sub-committee members must not accept any fee or reward for work done whilst on ICB matters other than that agreed under their terms and conditions of employment. As a general rule, employees should not accept gifts or hospitality arising from their employment or appointment with the ICB, except where these are of a token nature only, in which case employees should inform their manager. Further information is provided in the Managing Conflicts of Interest (including Gifts & Hospitality) Policy.

4.2. Commercial sponsorship

- 4.2.1. In recognition that NHS bodies work together, and in collaboration with other agencies, to improve health services for the populations they serve, the Department of Health published guidance 'Commercial Sponsorship: Ethical Standards for the NHS' (2000).
- 4.2.2. The guidance acknowledges that collaborative partnerships with industry can have a number of benefits. It advises that it is important to have a transparent approach about any proposed sponsorship which would benefit the ICB and for the ICB to consider fully the implications of a proposed sponsorship deal before entering into any arrangement. If any such partnership is to work, there must be trust and reasonable contact between the sponsoring company and the NHS.
- 4.2.3. For the purpose of this policy, commercial sponsorship is defined as:

'NHS funding from an external source, including of all, or part of, the costs of a member of staff, NHS research, staff training, pharmaceuticals, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel, and transport costs (including trips abroad), provision of free services (speakers), buildings or premises.'

4.3. Procurement processes

- 4.3.1. When testing the market for potential providers of services and when initiating a procurement process to invite expressions of interest, tenders, or applications to an Any Qualified Provider framework, the ICB will ensure compliant notices are published on Contracts Finder and where required by the Public Contract Regulations 2015 (as amended), and where applicable on the Find a Tender Service.
 - No private, public, or voluntary organisation or company which may bid for ICB business should be given any advantage over its competitors, such as advance notice of ICB

requirements. This applies to all potential contractors, whether or not there is a relationship between them and the ICB, such as a long-running series of previous contracts;

- Each new contract should be awarded solely on merit, taking into account the requirements of the ICB and the ability of the contractors to fulfil them; and
- No special favour is to be shown to current or former employees or their close relatives or associates in awarding contracts to private or other businesses run by them or employing them in any capacity. Contracts may be awarded to such businesses when they are won in fair competition against other tenders, but scrupulous care must be taken to ensure that the selection process is conducted impartially, and that staff who are known to have a relevant interest play no part in the selection.

4.3.2. Public procurement ethics must be observed to avoid accusations of impropriety, and it is, therefore, essential to maintain a complete audit trail.

4.3.3. Anyone participating in procurement processes will be required to make a declaration of interest, in line with contract and policy processes. Declarations should be made when the interest arises, annually and at the start of each tendering process. Where individuals do not have any declarations, a nil declaration must be made.

4.3.4. The ICB's Contract and Procurement Policy will ensure the ICB's compliance with relevant procurement legislation, regulation and guidance.

4.4. Private Transactions

4.4.1. Anyone working for or on behalf of the ICB, must not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the ICB. (This does not apply to concessionary agreements, negotiated with companies by NHS management, or by recognised staff interests, on behalf of all staff – for example, NHS staff benefits schemes).

4.5. Employees' outside employment

4.5.1. The standard contract used across the ICB sets out terms concerning outside employment: 'Staff employed by SWL ICB are not precluded by their Contracts of Employment from accepting other employment outside of their working hours. However, staff must seek prior approval from their manager before accepting such employment and ensure that the employment does not in any way hinder or conflict with the interest of their employment with the SWL ICB or in any way contravene the Working Time Regulations. New staff already working elsewhere must inform their immediate manager on commencement of employment with SWL ICB.'

4.5.2. Any employee who may be considering outside employment should discuss this in the first instance with their line manager or director before undertaking the employment.

4.5.3. If staff wish to take on additional paid work, such as panel membership, speaking at conferences, undertaking peer review, which is directly related to their role in the NHS, the following process will apply:

- All requests to participate in additional activities must be submitted in writing to their director;
- If agreed, the assumption will be made that in these cases staff will be released for additional activities during work time with any remuneration to be paid directly to the ICB;
- Any participation in additional activities must be explicitly agreed with the relevant director and recorded; and
- In all cases staff must declare any additional paid work as part of the Declaration of Interests

process.

- 4.5.4. Employees must not engage in outside employment during any periods of sickness absence from the ICB. To do so may lead to a referral being made to the Local Counter Fraud Specialist for investigation which may lead to criminal and/or disciplinary action in accordance with the ICB's policy in relation to Anti-Fraud.

4.6. Donations in relation to the organisation

- 4.6.1. Employees must check with their line manager or director before making any requests for donations (e.g. to Charitable Funds) to clarify appropriateness and/or financial or contractual consequences of acquisition. Requests for equipment or services should not be made without the express permission of a senior manager.
- 4.6.2. Further guidance regarding Charitable Funds and gifts and donations can be requested from the Chief Finance Officer.
- 4.6.3. Any gifts to the organisation should be managed in accordance with the Managing Conflicts of Interest (including Gifts & Hospitality) Policy.

4.7. Patents and Intellectual Property

- 4.7.1. Individuals should declare other intellectual property rights they hold (either individually or by virtue of their association with a commercial or other organisation) relating to goods and services which are, or might reasonably be expected to be, procured, or used by the ICB.
- 4.7.2. Any patents, designs, trademarks, or copyright resulting from the work (e.g. research) of an officer carried out as part of their employment shall be the Intellectual Property of the ICB.
- 4.7.3. Where the undertaking of external work, gaining patent or copyright or the involvement in innovative work, benefits or enhances our reputation or results in financial gain, consideration will be given to rewarding officers subject to any relevant guidance for the management of Intellectual Property in the NHS issued by the Department of Health and Social Care (DHSC).
- 4.7.4. Individuals must seek prior permission through their line manager before entering into any agreement with bodies regarding product development where this impacts on normal working time or uses our equipment and/or resources.
- 4.7.5. Where holding of patents and other intellectual property rights give rise to a conflict of interest, then this must be declared in accordance with the Managing Conflicts of Interest (including Gifts & Hospitality) Policy.

4.8. Candidates for appointment

- 4.8.1. Candidates for any appointment with the ICB must disclose in writing if they are related to, or in a significant relationship with (e.g. spouse or partner), any Board member or employee of the ICB. The application form requests this information and therefore must be disclosed before submission.
- 4.8.2. A member of an appointment panel which is to consider the employment of a person to whom he/she is related must declare the relationship before an interview is held.
- 4.8.3. Candidates for any appointment with the ICB shall, when applying, also disclose cases where

they or their close relatives or associates have a controlling and/or significant financial interest in a business (including a private company, public sector organisation, other NHS employer and/or voluntary organisation), or in any other activity or pursuit, which may compete for an NHS contract to supply either goods or services to the ICB.

4.9. Canvassing for appointments

- 4.9.1. It is acknowledged that informal discussions concerning an advertised post can be part of the recruitment process. However, canvassing or lobbying of ICB employees, Board members or any members of an appointments committee, either directly or indirectly, shall disqualify a candidate. This shall not preclude a member from giving a written reference or testimonial of a candidate's ability, experience, or character for submission to an appointments panel. Jobs will be awarded on the merit of the individual candidate.

4.10. Trade or discount cards

- 4.10.1. Trade or discount cards, by which personal benefit is obtained from the ICB's purchase of goods or services at a reduced price gives rise to the potential for real or perceived conflicts of interest. If offered or received, such cards are classified as gifts and should be politely declined and/or returned to the sender. The exceptions to this are benefits negotiated by the ICB on behalf of its staff.

4.11. Awards or prizes

- 4.11.1. Staff should consult their line manager or Chief Finance Officer if they are offered an award or prize in connection with their official duties. They will normally be allowed to receive it, provided:
- there is no risk of public criticism;
 - it is offered strictly in accordance with personal achievement;
 - it is not in the nature of a gift nor can be construed as a gift, inducement of payment for publication or invention to which other rules apply.

5. Recording of Gifts, Hospitality and Sponsorship

- 5.1. All offers of gifts and hospitality must be declared and recorded in accordance with the Managing Conflicts of Interest (including Gifts & Hospitality) Policy. Failure to comply with the policy may lead to disciplinary action.
- 5.2. No gifts from suppliers above a value of £6 can be accepted and nor can gifts with a value in excess of £50 per item, either individually or cumulatively (from the same or closely related source) in a 12-month period.
- 5.3. It is acknowledged that there may be circumstances where hospitality may be offered by an organisation, as an integral element of a strategic partnership relationship. Acceptance of such hospitality and associated funding agreement will be authorised by the ICB CEO and recorded in the Register of Gifts and Hospitality.

6. Declaration of Interests

- 6.1. All individuals must ensure that any declarations of interest are identified, declared and appropriately mitigated or resolved in accordance with the ICB's Managing Conflicts of Interest (including Gifts & Hospitality) Policy.

- 6.2. Where an individual becomes aware of an interest which could lead to a conflict of interest in the event of the ICB considering an action or decision in relation to that interest, that interest must be declared and managed in line with the ICBs policy.

7. Raising Concerns

- 7.1. The ICB's Freedom to Speak Up Policy is an appropriate route for staff to raise legitimate and genuine concerns about conflicts of interest, criminal activity, breach of a legal obligation (including negligence, breach of contract or breach of administrative law), miscarriage of justice, danger to health and safety or the environment, and other financial integrity and business conduct issues raised by this policy. The Freedom to Speak Up Policy gives full details of how such concerns should be raised and the legal protection afforded staff who raise concerns based on a genuine belief.

8. Confidentiality¹

- 8.1. Everyone who works for or on behalf of the ICB must, at all times, operate in accordance with the General Data Protection Regulation and Data Protection Act (2018) and maintain the confidentiality of information of any type, including but not restricted to patient information; personal information relating to officers; commercial information. This duty of confidence remains after staff (however employed) leave the ICB.
- 8.2. For the avoidance of doubt, this does not prevent the disclosure or information where there is a lawful basis for doing so (e.g. consent). Staff should refer to the suite of Information Governance and ICT policies for detailed information.
- 8.3. Disclosure of information which counts as "commercial in confidence" and which might prejudice the principle of a purchasing system based on fair competition may be subject to scrutiny and disciplinary or criminal action, or both.
- 8.4. This does not affect the ICB's grievance or complaints procedures in terms of freedom of expression and is not intended to restrict any of the freedoms protected under Article 10 of the Human Rights Act (1998). It is designed to complement professional and ethical rules, guidelines, and codes of conduct on an individual's freedom of expression.
- 8.5. An employee or individual who has exhausted all the locally established procedures, including reference to the Freedom to Speak Up Policy, and who has taken account of advice which may have been given, may wish to consult their MP or the Secretary of State for Health in confidence.
- 8.6. Section 43B (1) of the Public Interest Disclosure Act (1998) provides protection for disclosure of information where the worker making the disclosure has a reasonable belief that the disclosure is in the public interest, and tends to show that:
- a criminal offence has been committed, is being committed or is likely to committed;
 - a person has failed, is failing or is likely to fail to comply with any legal obligation to which he is subject;
 - an injustice has occurred, is occurring or is likely to occur;
 - the health or safety of any individual has been, is being or is likely to be endangered;
 - the environment has been, is being or is likely to be damaged; or
 - information tending to show any matter falling within points a) to e) has been, is being or is

¹ Refer to Freedom to Speak Up Policy

likely to be deliberately concealed.

- 8.7. Disclosure must be made to either the employer or to a prescribed third party, such as the Health & Safety Executive or HM Revenue & Customs. Wider disclosure, for instance to the media, is only protected if the worker believes the information is substantially true, is in the public interest, and not for their own personal gain.

9. Personal Conduct

9.1. Corporate Responsibility

- 9.1.1. As an organisation made up of partners, our ability to make collective decisions through our agreed governance processes is key to ensure consistency of approach. Therefore, we expect everyone who works for or on behalf of the ICB has a responsibility to respect and promote the corporate or collective decision of the ICB, even though this may conflict with their personal views. Directors and staff commenting as individuals should make it clear that they are expressing their personal view and not the view of the ICB.
- 9.1.2. **When speaking as a member of the ICB**, whether to the media, in a public forum or in a private or informal discussion, individuals should ensure that they reflect the current policies or view of the organisation.
- 9.1.3. For any public forum or media interview, opportunities should be discussed in advance:
- In the case of the Board, with the ICB CEO / Chair or their nominated deputy, and Communications Team;
 - In the case of all other individuals, with the Communications Team.
- 9.1.4. When this is not possible, they should report their action to the ICB CEO / Chair or their nominated deputy, as soon as possible.
- 9.1.5. All individuals must ensure their comments are informed and made in the public interest and that they aim to enhance and protect the reputation of the ICB. This does not affect whistleblowing rights.
- 9.1.6. Failure to follow the guidance for communication with the media may result in disciplinary action.

9.2. Use of Social Media

- 9.2.1. Everyone who works for or on behalf of the ICB is expected to comply with the ICB's Social Media Policy. They should be aware that social networking websites are public forums and should not assume that their entries will remain private. Individuals communicating via social media must comply with the relevant organisational social media and associated policies. All individuals must not:
- Make false, misleading, or defamatory statements, and must not promote hate or discrimination against any group or individual on the grounds of race, religious belief, gender, or sexuality;
 - Encourage or endorse behaviour that could be linked to safeguarding issues;
 - Post anything that is disparaging about a group or individual on social media;
 - Post anything that is factually inaccurate or defamatory, or incite people to act
 - Illegally or present negative behaviours;

- Air grievances or publish anything that risks bringing their organisation or any
- Partner organisations into disrepute;
- Include materials in their posts that are copyrighted;
- Post images containing patient information on personal social media accounts that could identify the patient or lead the patient to identify themselves.

9.3. Gambling

- 9.3.1. No individual is permitted to bet or gamble when on duty or on ICB premises, with the exception of small lottery syndicates or sweepstakes related to national events such as the World Cup or Grand National among immediate colleagues within the same offices where no profits are made or the lottery is wholly for purposes that are not for private or commercial gain (e.g. to raise funds to support a charity).

9.4. Lending and Borrowing

- 9.4.1. The lending or borrowing of money between individuals should be avoided, whether informally or as a business, particularly where the amounts are significant.
- 9.4.2. It is a particularly serious breach of discipline for any individual to use their position to place pressure on someone in a lower pay band, a business contact, or a member of the public to loan them money.

9.5. Trading on NHS premises

- 9.5.1. Trading on official premises is prohibited, whether for personal gain or on behalf of others. This includes, but is not limited to:
- Flyers advertising services/products in common areas; and
 - Catalogues in common areas.
- 9.5.2. Canvassing within the office by, or on behalf of, outside bodies or firms (including non-ICB interests of individuals or their relatives) is also prohibited. Trading does not include small tea or refreshment arrangements solely for individuals.

9.6. Individual Voluntary Arrangements, County Court Judgment (CCJ), Bankruptcy / Insolvency

- 9.6.1. Any individual who becomes bankrupt, insolvent, has active CCJ, or made individual voluntary arrangements with organisations must inform their line manager and the HR team as soon as possible. Officers who are bankrupt or insolvent cannot be employed, or otherwise engaged, in posts that involve duties which might permit the misappropriation of public funds or involve the approval of orders or handling of money.

9.7. Use of Resources

- 9.7.1. Under the Code of Conduct for NHS Managers, all managers are required to use the resources available to them in an effective, efficient, and timely manner having proper regard to the best interests of the public and patients.

9.8. Suspicions of Fraud/Theft

- 9.8.1. Staff should not be afraid of raising concerns and will not experience any blame or recrimination as a result of making any reasonably held suspicion known. Further information is available in

the Anti-Fraud and Bribery Policy and Fraud Response Plan.

- 9.8.2. Where a suspected breach also includes suspected commission of fraud or bribery, this should be reported to the ICB's Local Counter Fraud Specialist team or directly to the NHS Counter Fraud Authority.
- 9.8.3. The ICB is committed to fostering an environment that encourages individuals to raise concerns relating to malpractice within the ICB, and to investigate matters raised thoroughly, promptly, and confidentially.

10. Non-Compliance with Policy

10.1. Failure to comply

- 10.1.1. Failure by an employee to comply with the requirements set out in this policy may include disciplinary action and/or legal action where appropriate.

10.2. Failure to Disclose or Declare

- 10.2.1. There will be situations when interests, and offers of gifts, hospitality and sponsorship will not be identified, declared, or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or other organisations. For the purposes of the policy these situations are referred to as 'breaches.'
- 10.2.2. Failing to respond to a request for information in relation to the policy, including a request to submit a declaration, will also be considered a breach of the policy.
- 10.2.3. The ICB takes the failure to comply with this and other policies seriously. If an individual fails to declare an interest or the full details of an interest, and/or offers of gifts, hospitality and sponsorship, or otherwise breach the policy this may result in disciplinary action being undertaken. Please see the Disciplinary Policy for more information.
- 10.2.4. It is an offence under the Fraud Act (2006) for personnel to fail to disclose information to the ICB in order to make a gain for themselves or another, or to cause a loss or expose the organisation to a loss. Therefore, if an individual becomes aware of any financial or other irregularities or impropriety which involve evidence or suspicion of fraud, bribery or corruption they should contact the Local Counter Fraud Specialist in accordance with the Anti-Fraud and Bribery Policy with a view to an appropriate investigation being conducted and potential prosecution being sought.
- 10.2.5. Breaches of this policy addressed internally may result in a Board member being removed from office in line with the ICB's Constitution. A contractor may be prevented from obtaining further work with the ICB or an employee may face disciplinary action and dismissal. Breaches which amount to criminal offences may result in criminal prosecution and civil recovery action.

10.3. Identifying and Reporting Breaches

- 10.3.1. Staff who are aware of actual breaches of the policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the Senior Governance Advisor.
- 10.3.2. To ensure that interests are effectively managed, staff are encouraged to discuss actual or perceived breaches. Every individual has a responsibility to do this.

10.3.3. The ICB will investigate each reported breach according to its own specific facts and merits and give relevant parties the opportunity to explain and clarify any relevant circumstances. For further information about how concerns should be raised please see the Freedom to Speak Up Policy.

10.3.4. Following investigation, the ICB will:

- Decide if there has been or is potential for a breach and if so what the severity of the breach is;
- Assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum;
- Consider who else inside (and outside, e.g. the CQC, GMC, NMC, etc) the ICB should be made aware; and
- Take appropriate action.

10.4. Taking Action in Response to Breaches

10.4.1. Action taken in response to breaches of the policy will be in accordance with the disciplinary procedures of the ICB and could involve organisational leads for staff support (e.g. Human Resources), fraud (e.g. Local Counter Fraud Specialists), members of the management or executive teams and the ICB's auditors.

10.4.2. Breaches could require action in one or more of the following ways:

- Clarification or strengthening of existing policy, process and procedures;
- Consideration as to whether HR/employment law/contractual action should be taken against staff or others; and
- Consideration being given to escalation to external parties. This might include referral of matters to external auditors, the NHS Counter Fraud Authority, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies.

10.4.3. Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrongdoing or fault then the ICB can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:

- Informal action (such as reprimand or signposting to training and/or guidance);
- Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal);
- Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be;
- Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach and
- Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation.

10.5. Learning and Transparency Concerning Breaches.

10.5.1. Reports on any breaches, the impact of these, and action taken will be considered by the Audit and Risk Committee.

10.6. Criminal Implications

- 10.6.1. Failure to manage conflicts of interest could lead to criminal proceedings including for offences such as fraud, bribery and corruption. This could have implications for the ICB and any linked organisations, and the individuals who are engaged by them.
- 10.6.2. An essential ingredient of the offences defined within the Fraud Act (2006) is that the offender's conduct must be dishonest, and their intention must be to make a gain, or cause a loss (or the risk of a loss) to another. Fraud carries a maximum sentence of 10 years imprisonment and /or a fine if convicted in the Crown Court or 6 months imprisonment and/or a fine in the Magistrates' Court. The offences can be committed by a body corporate.
- 10.6.3. The Bribery Act (2010) makes it a criminal offence to give or offer a bribe, or to request, offer to receive or accept a bribe. The Act introduced a corporate offence which means that organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.
- 10.6.4. Anyone working for or on behalf of the ICB should be aware that in committing an act of bribery they may be subject to a penalty of up to ten years' imprisonment, a fine, or both.
- 10.6.5. They should also be aware that a breach of the Bribery Act (2010), or of this guidance, renders them liable to disciplinary action by the ICB whether or not the breach leads to prosecution. Where a material breach of this guidance is found to have occurred, the likely sanction will be dismissal.
- 10.6.6. In short, the offences cover the offering, promising or giving of a financial or other advantage and the requesting, agreeing to receive or accepting of a financial or other advantage where the overall intention of such an action is to bring about an improper performance or a relevant function or activity.
- 10.6.7. The ICB will have a defence to the corporate offence if it can show that, despite a particular case of bribery, it nevertheless had 'adequate procedures' in place to prevent persons associated with it from committing bribery offences in line with the Ministry of Justice guidance. The declaration of interest process is a key part of these adequate procedures.
- 10.6.8. Full compliance with the requirements of this policy is expected by everyone who works for or on behalf of the ICB in order to demonstrate the ICB's commitment to openness and transparency, in the spirit of the Act.

11. Monitoring and Review

- 11.1. The Audit and Risk Committee is responsible for reviewing this policy and ensuring its implementation. If you have any suggestions for the improvement of this policy, please contact the Governance Team.
- 11.2. This policy will be reviewed in in the first year following the establishment of the ICB and every 2 years thereafter, or earlier if there are significant changes to national guidance affecting Standards of Business Conduct across the organisation.

12. Equality Impact Assessment

- 12.1. An Equality Impact Assessment must be carried out as part of the development of each policy; this can be found in Appendix 2.

13. Related Documents

- ICB Constitution
- Managing Conflicts of Interest (including Gifts & Hospitality) Policy
- Prime Financial Policies, Scheme of Reservation and Delegation
- Anti-Fraud and Bribery Policy
- Freedom to Speak Up Policy
- Contract and Procurement Policy
- [Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England](#)
- [Code of Conduct for NHS Managers](#)
- Principles of Public Life drawn up by the Nolan Committee – Appendix 1
- Department of Health's guidance (2000) - Commercial Sponsorship – Ethical Standards for the NHS

Appendix 1 - The Nolan Principles on Standards in Public Life

The Nolan Committee was set up in 1994 to examine concerns about standards of conduct of all holders of public office, including arrangements relating to financial and commercial activities, and make recommendations as to any changes in arrangements which might be required to ensure the highest standards of propriety in public life. The committee published “Seven principles of Public Life,” which it believes should apply to all those operating in the public sector. These principles should be adopted by ICB staff and are as follows:

Selflessness

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

All staff will be expected to adopt these principles when conducting official business for and on behalf of the ICB so that appropriate ethical standards can be demonstrated at all times.

Appendix 2 – Equality Impact Assessment

Mandatory Questions	Yes/No/NA	Comments
1. Does the Policy affect any group less or favourably than another on the basis of:		
• Age?	No	
• Disability?	No	
• Gender?	No	
• Marriage or civil partnership?	No	
• Pregnancy/ Maternity or paternity?	No	
• Race?	No	
• Religion or Belief?	No	
• Sexual Orientation?	No	
2. Is there any evidence that any groups are affected differently by the Policy and if so, what is the evidence?	No	
3. Is any impact of the Policy likely to be negative	No	
4. If any impact of the Policy is likely to be negative, can the impact be avoided and if so, how?	N/A	
5. If a negative impact can't be avoided, what, if any, are the reasons the policy should	N/A	
6. Where relevant, does the Policy support the FREDA Principles: Fairness, Respect, Equality, Dignity and Autonomy?	Yes	

If you have identified a potential discriminatory impact of this Policy, please contact Senior Governance Advisor.

Managing Conflicts of Interest (including Gifts & Hospitality) Policy



Policy Title: Conflict of Interest Policy
Policy Number: SWLGOV005

	Name	Role and Organisation	Date
Authors		Deputy Director of Corporate Affairs	March 2025
Reviewers		Director of Corporate Affairs	March 2025
Authoriser		SWL ICB Senior Management Team	March 2025
Approved By	Audit & Risk Committee		
Applies To	South West London ICB (SWL ICB), Governing Body Members, Committee Members and all staff working for, or on behalf of the ICB		
			Effective Date 1/04/2025
			Review Date 31/3/2028

Controlled Document

The current version of this document is always available electronically via SharePoint or the intranet. All other electronic or paper versions of this document sourced from any network drive, email or other sources are uncontrolled and should be checked against the current SharePoint or intranet version prior to use.

Target Audience	South West London ICB (SWL ICB), Board Members, Committee Members and all staff working for, or on behalf of South West London ICB
Brief Description	This policy outlines how SWL Integrated Care Board (ICB), will fulfil its legal duties to safeguard children and young people within the organisation and across the health economy in South West London
Action Required	Ensure that the contents of this Policy are shared at all Team Meetings

Change History

Version Number	Significant Changes
1.4	Draft ICB Conflicts of Interest (including Gifts & Hospitality) policy supersedes respective individual legacy CCG policies Updated to reflect governance structure, establishment of online declaration system and ICB guidance
1.5	Revised to reference the updated Code of Practice for the Pharmaceutical Industry 2021
1.6	Revised to incorporate requirements of Provider Selection Regime and transparency
1.7	Revised to include update on policy scope and NHSE training module
1.8	Revised to include PSR definition of Conflicts of Interest
1.9	Revised to include provisions of S.14z30 Health and Care act 2022 with regards to publication of register of interests.

Contents

1.	Introduction	4
2.	Purpose and principles.....	4
3.	Scope	5
4.	Key terms	5
5.	Roles and Responsibilities	6
6.	Decision Making Staff.....	7
7.	Identification and declaration interests (including Gifts and Hospitality)	7
8.	Interests	9
9.	Completing a Declaration	10
10.	Registers of Interests.....	10
11.	Management of interests – general.....	11
12.	Management of interests – common situations.....	11
13.	Management of Interests – advice in specific contexts.....	16
14.	Dealing with breaches	20
15.	Review and monitoring compliance	21
16.	Records and Publication	22
17.	Wider transparency initiatives	22
18.	Associated Documentation	22
19.	Appendix 1 – Procurement Template	24
20.	Appendix 2 - Declaration of Conflicts of Interest for bidders / contractors / service providers template 25	
21.	Appendix 3- Equality Impact Assessment.....	27

1. Introduction

- 1.1. South West London ICB (SWL ICB) and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients. These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. But there is a risk that Conflicts of Interest may arise.
- 1.2. Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.
- 1.3. As set out in the ICB's Anti-Fraud and Bribery Policy, the ICB has a zero-tolerance attitude towards fraud and bribery. Circumstances around gifts, hospitality and interests could be considered a bribe and all members of staff should consider this in all actions involving gifts, hospitality or interests to protect themselves and the ICB from criminal prosecution.

2. Purpose and principles

- 2.1. SWL ICB has a statutory duty to manage Conflicts of Interest. In line with NHS England (NHSE) policy, including the [NHSE Standards of Business Conduct](#) and [Managing Conflicts of Interest in the NHS](#) guidance, arrangements have been established to seek declarations of interest and maintain a register of declared interests. To help individuals understand what they need to do and how the guidance applies to them NHSE have published some [Q&A guides](#).
- 2.2. This policy is in line with arrangements outlined within the SWL ICB constitution to support the integrity of decision-making processes and will help our staff manage Conflicts of Interest risks effectively. It:
 - Introduces consistent principles and rules;
 - Provides simple advice about what to do in common situations; and
 - Supports good judgement about how to approach and manage interests.
 - Facilitates proper scrutiny and accountability of decisions made about health care services
- 2.3. The purpose of the policy is to protect both SWL ICB and those working for and on behalf of the organisation, in particular those who have an ability to influence decision making processes, from possible accusations that they have acted less than properly, without sufficient probity. In some cases, failure to manage Conflicts of Interest could result in disciplinary action in accordance with the ICB's Disciplinary Policy or even a legal challenge or criminal action, including for offences such as fraud, bribery and corruption.
- 2.4. All individuals within the scope of this policy are expected to act in accordance with its spirit which also reflects the seven [Nolan principles of public life](#).
- 2.5. To support the management of Conflicts of Interest, in discharging our functions the ICB will abide by the following principles:
 - **Do business appropriately** - Conflicts of Interest become much easier to identify, avoid and/or manage when the processes for needs assessments, consultation mechanisms, commissioning

strategies and procurement procedures are right from the outset, because the rationale for all decision-making will be clear and transparent and should withstand scrutiny;

- **Be proactive, not reactive** - Seek to identify and minimise the risk of Conflicts of Interest at the earliest possible opportunity;
- **Be balanced, sensible and proportionate** - Rules should be clear and robust but not overly prescriptive or restrictive. They should ensure that decision-making is transparent and fair whilst not being overly constraining, complex or cumbersome.
- **Be transparent** - Document clearly the approach and decisions taken at every stage in the commissioning cycle so that a clear audit trail is evident; and
- Create an **environment and culture** where individuals feel supported and confident in declaring relevant information and raising any concerns.

- 2.6. This policy should be considered alongside the Standards of Business Conduct, Anti-Fraud and Bribery and Procurement policies.

3. Scope

- 3.1. This policy is applicable to all individuals working for or on behalf of SWL ICB. This includes but is not limited to staff (salaried employees including full time and part time staff and those on fixed term contracts, interims, secondees, agency staff, contractors, sub-contractors, students, trainees, apprentices and prospective employees) and employees of partner organisations who are members of the Board, committees, sub-committees, advisory groups, associated persons such as secondees and those with an honorary contract or other decision-making groups.
- 3.2. Given the duality of their roles in the ICB, in addition to abiding by this policy, members of the Board, committees or sub-committees from partner organisations will also need to abide by their own organisation's Conflicts of Interest policies.
- 3.2.1. Where an individual member of the ICB also holds a position in a Partner, Provider or Local Authority organisation, they will be expected to act clearly in service of the functions of the ICB.
- 3.2.2. Where there is a direct conflict between their roles and interests, i.e. a procurement exercise, they must recuse themselves from the decision-making process.
- 3.3. For all decisions, the ICB will need to carefully consider whether an individual's role in another organisation could result in actual or perceived Conflicts of Interest and whether or not that outweighs the value of the knowledge they bring to the process.

4. Key terms

- 4.1. NHSE define a Conflict of Interest as:
- ‘a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.’
- 4.2. The Provider Selection Regime (PSR) Regulations define conflicts of interest in terms of the procurement process as:

“any situation where an individual has, directly or indirectly, a financial, economic or other personal interest which might be perceived to compromise their impartiality and independence in the context of the procurement process”

4.3. A Conflict of Interest may be:

- **Actual** - there is a material conflict between one or more interests; or
- **Potential** – there is the possibility of a material conflict between one or more interests in the future.

4.4. Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived Conflicts of Interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct. If staff have any questions or concerns relating to Conflicts of Interest, they should contact the ICB Governance Lead who can provide guidance on what should be declared and how to manage potential or actual conflicts.

4.5. Under the Bribery Act (2010), it is a criminal offence for an employee to:

- offer, promise or give a bribe;
- request, agree to receive or accept a bribe; and
- bribe a foreign public official to obtain or retain business;

4.6. It is also a criminal offence for the ICB to fail to prevent bribery.

4.7. Bribery can be money, gifts, hospitality or anything else that may be of benefit to the person, which in turn creates a conflict between his/her own interests and the interests of those that he/she is expecting to be serving (e.g., the ICB and its patients).

4.8. Any inference that gift or hospitality provision was intended as a bribe would be strengthened if:

- There was any unjustifiable 'add-ons', for example to travel or accommodation; or
- The expenditure was related in time to some actual or anticipated business with the recipient, particularly where some form of competitive process is involved.

4.9. It is expressly prohibited for a member of staff to accept any gift or benefit from an organisation that is actively involved in a tender process with the ICB. This prohibition commences at the point that an invitation to tender is published and extends to period three months after a contract has been awarded.

4.10. The Bribery Act (2010) also covers individuals who have an association with an organisation - an 'associated person'. This term is not just limited to ICB staff or board members, but any person, company or legal entity the carries out a service under the Trust's name, represents the ICB in an official capacity, acts on behalf of the ICB or in the place of other ICB staff or representatives. The maximum penalty for bribery is 10 years imprisonment for individuals engaging in bribery and an unlimited fine for the ICB.

4.11.

5. Roles and Responsibilities

5.1. Audit and Risk Committee; The Committee will satisfy itself that the ICB's policy, systems and

processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to Conflicts of Interest.

- 5.2. ICB CEO; Is responsible for ensuring effective governance arrangements and controls are put in place to support delivery of the ICB's objectives and regulatory responsibilities. This is delegated to the Senior Governance Advisor. They also have responsibility for ensuring the ICB applies the principles of this policy and that there are suitable resources to support its implementation.
- 5.3. Conflicts of Interest Guardian; 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:
 - Act as a conduit for members of the public and members of the partnership who have any concerns with regards to Conflicts of Interest;
 - Be a safe point of contact for employees or workers to raise any concerns in relation to Conflicts of Interest; and
 - Support the rigorous application of Conflicts of Interest principles and policies.
- 5.4. All line managers; Ensuring that staff under their responsibility are aware and adhere to the policy. They are also responsible for considering and approving/ declining declarations for staff they manage and give consideration to any actions required to mitigate conflicts in the individual circumstances.

All staff; All individuals working for, or on behalf of SWL ICB, are responsible for complying with this policy. As a minimum all staff must provide an annual Conflicts of Interest declaration and undertake mandatory training for conflicts of interest as required by the ICB. Where circumstances change or new interests arise, staff must declare these interests at the earliest opportunity. All individuals must also treat with extreme caution any offers of gifts, favour, hospitality or token of goodwill made by suppliers, or potential suppliers of goods or services to the ICB;

6. Decision Making Staff

- 6.1. It is recognised that some individuals are more likely than others to have a decision-making influence on the use of taxpayers' money, because of the requirements of their role. For the purposes of this guidance these people are referred to as 'decision making staff.'
- 6.2. Decision making staff are:
- 6.3. Executive and non-executive directors (or equivalent roles) of SWL ICB;
- 6.4. Members of the Board, committees, sub-committees and advisory groups which contribute to direct or delegated decision making;
- 6.5.
 - Staff at AfC band 8d and above;
 - Staff who have the power to enter into contracts on behalf of the organisation and / or involved in decision making concerning the procurement of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions.

7. Identification and declaration interests (including Gifts and Hospitality)

- 7.1. All persons attending meetings of the ICB, including non-staff members, must declare any relevant

interests when requested by the Chair. A record of those interests will be kept on the registers of interests for those meetings.

- 7.2. All declarations are expected to be registered through the individuals' online declarations account. Paper versions of Conflicts of Interest or Gifts and Hospitality forms are not valid. The information from the online declaration will be entered onto the Register of Interests. The Register of Interests will be circulated to the Audit and Risk Committee at least once a year.
- 7.3. All staff should complete their Conflicts of Interest declaration upon appointment / as part of the local induction process. Declarations should be completed within 28 days from the point at which staff have access to the online declarations system or as soon as they become aware of it.
- 7.4. Failure to complete a declaration within the agreed time-frame will be escalated to the respective line manager and Executive Director. This could result in disciplinary action in accordance with the ICB's Disciplinary Policy.
- 7.5. It is the responsibility of staff to ensure that they do:
 - think carefully before accepting any gift or hospitality. Staff must refuse any gifts, favours or hospitality that might be interpreted as an attempt to gain preferential treatment.
 - consult their line manager, in the first instance, or the ICB Secretary if in any doubt as to the appropriate thing to do.
 - be aware of the arrangements and procedures for reporting gifts and hospitality.
 - report gifts and hospitality received (including any hospitality received in relation to course fees / accommodation / travel costs for conferences etc) using the appropriate online submission
 - inform the ICB Secretary if they suspect they have been offered a gift or hospitality with corrupt intent.
 - inform line managers or the ICB Secretary if they suspect a colleague may have accepted a gift or hospitality corruptly.
 - abide by any rules made by the ICB regarding the acceptance or long-term ownership of gifts.
 - Declare any conflicts of interests arising from their own activities or those of their relatives or other persons with whom they have a close personal relationship using the Register of staff interests form
- 7.6. It is also the responsibility of staff to ensure that they do not:
 - abuse their official position for personal gain or to benefit their family or friends; or
 - seek to advantage or further private business or other interests, in the course of their official duties.
- 7.7. Individuals are responsible for reviewing their declaration in accordance with the table below, ensuring that any changes to their interests are declared as soon as possible, or within one month of becoming aware of these.

Individual	Frequency (including nil returns)	Published
Decision Making Staff	On Appointment	Yes
All staff	Through an annual review When moving to a new role, or Responsibilities change significantly At the beginning of a new project/piece of work, for example procurement.	(On SWL ICB website)

As soon as circumstances change, and new interests arise

Informal meetings (made available on request)*

*This information may be subject to FOI requests. SWL ICB will decide whether or not it shares the register at the time of such requests.

- 7.8. 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.

8. Interests

- 8.1. Interests can generally be considered in the following categories:

- **Financial interests** - Where an individual may get direct financial benefit from the consequences of a decision they are involved in making;
- **Non-financial professional interests** - Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making;
- **Non-financial personal interests** - Where an individual may benefit personally in ways which are not linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career;
- **Indirect interests** - Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making¹;
- **Loyalty interests**² - Loyalty interests should be declared by staff involved in decision making where they;
 - Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role;
 - Sit on advisory groups or other paid or unpaid decision-making forums that can influence how an organisation spends taxpayers' money;
 - Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners;
 - Are aware that their organisation does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

- 8.2. Any individual involved in decisions relating to ICB functions must be acting clearly in the interests of the ICB and of the public, rather than furthering direct or indirect financial, personal, professional or organisational interests.

¹ A common-sense approach should be applied to the term 'close association'. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners.

² As part of their role, individuals may need to build strong relationships with colleagues across the NHS and in other sectors. These relationships can be hard to define as they may often fall into the category of indirect interests. They are unlikely to be directed by any formal process or managed via any contractual means, however these 'loyalty' interests can influence decision making.

- 8.3. Examples of potential and actual conflicts which should be regarded as relevant, and material include but are not limited to:
- Consultancies and/or direct employment;
 - Directorships, including non-executive directorships, held in private companies or PLCs (who do, will or could conduct their business in the field of Health and Social Care);
 - Fee Paid work, e.g., for work conducted outside employment or as part of private practice. (Permission to engage in outside employment/private practice must first be obtained from SWL ICB);
 - Shareholdings (more than 5%) of companies in the field of health and social care;
 - Any connection with an organisation (public, private or voluntary) contracting for NHS services;
 - A position of authority in an organisation (e.g., charity or voluntary organisation) in the field of health and social care;
 - Research funding / grants that may be received by the individual or any organisation they have an interest or role in;
 - Involved or could be involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners;
 - Patents and Intellectual property held either individually or by virtue of their association with a commercial or other organisation) relating to goods and services which are, or might reasonably be expected to be procured, or used by SWL ICB;
 - Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within SWL ICB;
 - Non-personal interests, e.g., fellowships held by close family member, or any payment, other support or sponsorship by industry which does not convey any pecuniary or material benefit to an individual personally, but which does benefit their position.

9. Completing a Declaration

- 9.1. Relevant and material interests as specified in Section 8 should be declared (including a nil return where no interests are applicable), whether such interests are those of the individual themselves, a family member, or close friend of the individual.
- 9.2. Individuals must provide sufficient detail of each interest so that a member of the public would be able to clearly understand the nature of the interest and the circumstances in which a Conflict of Interest with the business or running of SWL ICB might arise.
- 9.3. Having interests is not in itself negative, but not declaring and managing them is. If in doubt as to whether a Conflict of Interest could arise, a declaration of the interest should be made.

10. Registers of Interests

- 10.1. The ICB maintains Registers of Interests which include the individuals and groups referred to in section 3. The register of interests is publicly available on our [website](#).
- 10.2. In exceptional circumstances, if sharing certain information publicly could cause harm or is illegal, a person's name or other details can be removed from public records. If an individual believes that publishing their information could cause significant harm or distress to them or someone else, they can ask for their information not to be published. This request must be written and sent to the ICB Conflicts of Interest Guardian. The person will be informed about the result of their request within 10

working days.

- 10.3. If the decision is made not to publish the information, the ICB will keep a confidential version of the record that still includes the information. If the request to not publish the information is denied, the person can challenge this decision through the Grievance Policy. During this appeal process, a version of the information with certain details removed will be published.
- 10.4. All interests declared during Board meetings will be promptly transferred to the relevant registers (within 10 working days) by the Corporate Services Team. Where a declared interest has expired, this will remain on the public register for a minimum of 6 months although a private record of the historic interests will be retained by the ICB for a minimum of 6 years after the date on which it expired.
- 10.5. Partner Members of the ICB Board and Sub-Committees, and ICB working groups, will also need to abide by their own organisation's Conflict of Interest Policies.

11. Management of interests – general

- 11.1. If an interest is declared but there is no risk of a conflict arising, then no action is warranted. However, if a material interest is declared then the general management actions that could be applied include:
 - restricting staff involvement in associated discussions and excluding them from decision making;
 - removing staff from the whole decision-making process;
 - removing staff responsibility for an entire area of work;
 - removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant.
- 11.2. Each case will be different and context-specific, and SWL ICB will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.
- 11.3. All declarations must be reviewed by the respective line manager with consideration given to any actions required to mitigate the conflict in the individual circumstances.
- 11.4. Mitigating action put in place must be monitored by the line manager.

12. Management of interests – common situations

- 12.1. Gifts: Staff should not accept gifts that may affect, or be seen to affect, their professional judgement or the outcome of business transactions.
- 12.2. Gifts from suppliers or contractors:
 - Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value;
 - Low cost branded promotional aids such as pens or post it notes may, however, be accepted

where they are under the value of £6³ in total and need not be declared.

- 12.3. Gifts from other sources (e.g., patients, families, service users):
- Gifts of cash and vouchers to individuals must always be declined;
 - Staff should not ask for any gifts;
 - Gifts valued at over £50 should be treated with caution and only be accepted on behalf of SWL ICB and not in a personal capacity. These should be declared by staff;
 - Modest gifts accepted under a value of £50 do not need to be declared;
 - A common-sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value);
 - Multiple gifts from the same source over a 12-month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.
 - It is expressly prohibited for a member of staff to accept any gift or benefit from an organisation that is actively involved, or likely to be involved, in a tender process with the Trust.
- 12.4. The online declarations system will require staff to provide:
- A description of the nature and value of the gift, including its source;
 - Date of receipt;
 - Details of previous gifts offered by the source;
 - Whether the offer was accepted or not; and
 - Reasons for accepting or declining the offer. and
 - Any other relevant information (e.g., circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).
- 12.5. Hospitality:
- Hospitality can be considered the provision of refreshments, including food, to employees or third parties. This may include light refreshments such as ,coffee, biscuits, or a meal.
 - Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement or outcome of business transactions;
 - Hospitality must only be accepted when there is a legitimate business reason, and it is proportionate to the nature and purpose of the event;
 - Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained.
 - Hospitality, unless for approved meetings, events or conferences for non-ICB staff, should not be provided from SWL ICB funds.
- 12.6. Meals and refreshments:
- Under a value of £25 - may be accepted and need not be declared;
 - Of a value between £25 and £75⁴ - may be accepted and must be declared whether accepted or declined;
 - Over a value of £75 - should be refused unless (in exceptional circumstances) prior senior approval is given. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept. Even where declined, the offer must be declared.;
 - A common-sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

³ The £6 value has been selected with reference to existing industry guidance issued by the ABPI:

<https://www.pmcpa.org.uk/the-code/2021-interactive-abpi-code-of-practice/clause-10-eventsmeetings-and-hospitality/#4781>

⁴ The £75 value has been selected with reference to existing industry guidance issued by the ABPI

<https://www.pmcpa.org.uk/the-code/2021-interactive-abpi-code-of-practice/clause-10-eventsmeetings-and-hospitality/#4780>

- The ICB may provide hospitality for meetings, conferences and workshops with other organisations where there is a genuine business reason. This hospitality should be modest and appropriate to the occasion and subject to Chief Finance Officer approval.

12.7. Travel and accommodation:

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared;
- Offers which go beyond modest or are of a type that the organisation itself might not usually offer, need approval by senior staff, and should only be accepted in exceptional circumstances. All offers of this type must be declared and a clear reason for accepting or declining must be recorded on the ICB register of interests. A non-exhaustive list of examples includes;
 - offers of business class or first-class travel and accommodation (including domestic travel)
 - offers of foreign travel and accommodation.

12.8. The online declarations system will require staff to provide details of:

- The nature and value of the hospitality including the circumstances;
- Date of receipt;
- Details of previous hospitality offered by the source;
- Whether the offer was accepted or not;
- Reasons for accepting or declining the offer. and
- Any other relevant information (e.g., action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

12.9. all staff should be aware that gifts and hospitality can be used as a subterfuge for bribery and, if this is suspected, it should be reported immediately to the Local Counter Fraud Specialist.

12.10. Outside Employment:

- Staff should declare any existing outside employment on appointment and any new outside employment when it arises;
- Where a risk of Conflicts of Interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks;
- Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the organisation to engage in outside employment.
- any payment that is received for speaking at conferences etc. (sometimes referred to as an Honorarium) in Trust time should be paid to the ICB.

12.11. The organisation may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict.

12.12. Shareholdings and other ownership issues:

- Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the organisation;
- Where shareholdings or other ownership interests are declared and give rise to risk of Conflicts of Interest then the general management actions outlined in this policy should be considered and applied to mitigate risks;
- There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

12.13. Patents:

- Staff should declare patents and other intellectual property rights they hold (either individually, or

by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation;

- Staff should seek prior permission from the organisation before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property;
- Where holding of patents and other intellectual property rights give rise to a Conflict of Interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

12.14. Donations:

- Donations made by suppliers or bodies seeking to do business with the ICB should be treated with caution and not routinely accepted. In exceptional circumstances if an individual believes that it is appropriate or necessary to accept a donation of this type, advance approval must be sought from the director lead for their service, and a clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value. They may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value;
- Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the organisation or is being pursued on behalf of the organisation's own registered charity or other charitable body and is not for their own personal gain;
- Staff must obtain permission from the organisation if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the organisation's own;
- Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued;
Staff wishing to make a donation to a charitable fund in lieu of receiving a professional fee may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

12.15. The ICB will prohibit the offer or receipt of gifts, hospitality, payments or expenses whenever these could affect or be perceived to affect the outcome of business transactions and are not reasonable and bona fide expenditure.

12.16. Sponsored Events:

- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit the organisations and the NHS;⁵
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation;
- No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied;
- At the organisation's discretion, sponsors or their representatives may attend or take part in the event, but they should not have a dominant influence over the content or the main purpose of the event;
- The involvement of a sponsor in an event should always be clearly identified;
- Staff within the organisation involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event;

⁵ NHS Standards of Business Conduct Policy, July 2024 2. Department of Health – Best Practice Guidance on Joint Working between the NHS and the Pharmaceutical Industry, 2008 http://www.networks.nhs.uk/nhs-networks/joint-working-nhspharmaceutical/documents/dh_082569.pdf

- Staff arranging sponsored events must declare this to the organisation.
 - All sponsorship is to be approved by the respective Executive Director. The acceptance of commercial sponsorship should not in any way compromise any purchasing decisions or be dependent on the purchase or supply of goods or services. Clear key principles and criteria that are used when considering sponsorship proposals should be included within the policy, allowing for appropriate authorisation and monitoring.
- 12.17. The organisation will maintain records regarding sponsored events in line with the above principles and rules.
- 12.18. Sponsored research:
- Funding sources for research purposes must be transparent;
 - Any proposed research must go through the relevant health research authority or other approvals process;
 - There must be a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services;
 - The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service;
 - Staff should declare involvement with sponsored research to the organisation.
- 12.19. The organisation will retain written records of sponsorship of research, in line with the above principles and rules.
- 12.20. Sponsored posts:
- External sponsorship of a post requires prior approval from the organisation;
 - Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate;
 - Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if Conflicts of Interest which cannot be managed arise;
 - Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided;
 - Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.
- 12.21. The organisation will retain written records of sponsorship of posts, in line with the above principles and rules.
- 12.22. Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this policy.
- 12.23. Clinical private practice: Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises including:
- Where they practise (name of private facility);
 - What they practise (specialty, major procedures);
 - When they practise (identified sessions/time commitment).

- 12.24. Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):
- Seek prior approval of their organisation before taking up private practice;
 - Ensure that, where there would otherwise be a conflict or potential Conflicts of Interest, NHS commitments take precedence over private work;
 - Not accept direct or indirect financial incentives from private providers other than those allowed by [Competition and Markets Authority guidelines](#).
- 12.25. Hospital Consultants should not initiate discussions about providing their Private Professional Services for NHS patients, nor should they ask other staff to initiate such discussions on their behalf.

13. Management of Interests – advice in specific contexts

- 13.1. **Strategic decision-making groups:** In common with other NHS bodies, SWL ICB uses a variety of different groups to make key strategic decisions. The interests of those who are involved in these groups should be well known so that they can be managed effectively. These groups include the ICB Board, committees and sub-committees. For relevant persons, if they have already declared an interest on the Register of Interests, it is good practice to declare that interest again in any meetings where it is likely to be a factor. This reduces the risk of there being a perception that any potential conflict is being concealed.
- 13.2. These groups should adopt the following principles:
- Chairs should consider any known interests of members in advance and begin each meeting by asking for declaration of relevant material interests;
 - Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise;
 - Any new interests identified should be added to the organisation's register(s). All committee and board registers are maintained within the online tool, Civica Declare. Registers must be managed effectively in Civica Declare and kept up-to-date;
 - The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement. If the Vice Chair is also conflicted, then the remaining non-conflicted voting members of the meeting should agree how to manage the conflict(s).
 - Terms of reference for such groups should refer to the organisation's policy and procedures for managing conflicts of interest and should set out any specific requirements which apply to the group.
- 13.3. If a member has an actual or potential interest, the Chair should consider the following approaches and ensure that the reason for the chosen action is documented in the minutes:
- Including a conflicted person in the discussion but not in decision making;
 - Excluding a conflicted person from both the discussion and the decision making;
 - Including a conflicted person in the discussion and decision where there is a clear benefit to them being included in both – however, including the conflicted person in the actual decision should be done after careful consideration of the risk and with proper mitigation in place. The rationale for inclusion should also be properly documented and included in minutes;
 - Excluding the conflicted individual and securing technical or local expertise from an alternative,

unconflicted source;

- Excluding the member from all or part of the relevant discussion and decision;
- Removing the member from the group or process all together;
- Ensuring that the individual does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which give rise to the conflict.

13.4. Transparency in decision making is crucial in the management of Conflicts of Interest. For example, it could be appropriate for a conflicted person to be involved in discussions around a particular decision, but not be involved in actually taking the decision (i.e., not included where there could be a voting process related to that decision). In these circumstances, it is crucial that, the justification and rationale for including a conflicted person in discussions is clearly documented.

13.5. The default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made. Good judgement is required to ensure proportionate management of risk.

13.6. **Managing Procurement Exercises**

13.6.1 Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider. Procurement processes should be conducted in a manner that does not constitute anti-competitive behaviour - which is against the interest of patients and the public.

13.6.2 Those involved in procurement exercises for and on behalf of the organisation should keep records that show a clear audit trail of how Conflicts of Interest have been identified and managed as part of procurement processes. At every stage of procurement steps should be taken to identify and manage Conflicts of Interest to ensure and to protect the integrity of the process.

13.6.3 The Provider Selection Regime (PSR)⁶ came into force on 1 January 2024. The PSR is a set of rules for procuring health services which are designed to be a more flexible and proportionate decision-making process for selecting providers to deliver healthcare services.

The ICB has put in place appropriate measures to effectively prevent, identify and remedy conflicts of interest arising in the conduct of procurement processes under The Health Care Services (Provider Selection Regime) Regulations 2023 ('PSR Regulations').

In relation to the PSR, where decisions are being taken as part of a formal competitive procurement of services, any individual who is associated with an organisation that has a vested interest in the procurement should recuse themselves from the process.

13.6.4 The Governance team will work closely with the Procurement team to ensure that interests declared as part of a tender exercise are recorded on the ICB registers. Regular reconciliation exercises will also be undertaken between declarations made to the Procurement team and the Governance team

13.6.5 The ICB's procedure for managing conflicts of interest during procurements is set out in the ICB's Contract and Procurement Policy.

⁶ Further information about the PSR, including about the management of conflicts of interest, can be found within [the PSR statutory guidance](#).

13.7. **Contractors**

- 13.7.1 Anyone seeking information in relation to procurement, or participating in procurement, or otherwise engaging with SWL ICB in relation to the potential provision of services or facilities to SWL ICB, will be required to make a declaration of interest.
- 13.7.2 Anyone contracted to provide services or facilities directly to SWL ICB will be subject to the same provisions in relation to managing Conflicts of Interest. This requirement will be set out in the contract for their services.

13.8. **Transparency in procuring services**

- 13.8.1 SWL ICB recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. SWL ICB will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.
- 13.8.2 To ensure scrutiny and accountability in decision-making under the Provider Selection Regime (PSR), SWL ICB will publish Transparency notices in relation to procurement exercises, where required.
- 13.8.3 SWL ICB will publish a Procurement Strategy, which will ensure that:
- All relevant clinicians and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services; and
 - Service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.

13.9. **Procurement issues**

- 13.9.1 SWL ICB will need to be able to recognise and manage any conflicts or potential Conflicts of Interest that may arise in relation to procurement.
- 13.9.2 The Health and Care Act 2022 (the 2022 Act) and associated regulations set out the statutory rules required when procuring and contracting for the provision of clinical services. It sets an expectation that those involved in planning, purchasing and delivering health and care services will work together and makes it easier for them to do so.

The PSR was created under the Health and Care Act 2022, as part of wider measures to promote greater integration of health and care services arranged by the NHS e.g. Hospital, community, mental health and primary health care service and public health services arranged by local authorities, such as substance use, sexual and reproductive health and health visitors. Goods, social care services and non-health care services are out of scope of the PSR.

- 13.9.3 As an ICB, we must also comply with the rules on public procurement set out in the Public Contracts Regulations 2015 ('PCR') when arranging for the provision of goods and services that are not "relevant health care services", unless they form part of a "mixed procurement," which meets the test for the application of the PSR. The Procurement Act 2023 ('Procurement Act') is expected to come into force later in 2024, at which point it will replace the PCR.
- 13.9.4 The regulations set out that organisations must:
- Manage conflicts and potential Conflicts of Interest when awarding a contract by prohibiting the

award of a contract where the integrity of the award has been, or appears to have been, affected by a conflict;

- Keep appropriate records of how they have managed any conflicts in individual cases;

13.9.5 The PSR regulations require that when the confirmation of the decision to select a provider is published, details of any conflicts of interest and how they were managed must also be published.

13.9.6 Furthermore, the management of Conflicts of Interest is an important element of the ICB's procedures to prevent bribery, in accordance with the adequate procedures as defined by the Ministry of Justice.

13.10. **General considerations and use of the procurement template**

13.10.1 The ICB will address potential or actual conflicts in the procurement of healthcare services with the completion of the procurement template at Appendix 1 when considering plans to procure healthcare services from providers (including GP practices).

13.10.2 SWL ICB will evidence its deliberations on Conflicts of Interest. The template is one way of evidencing this and will support SWL ICB in fulfilling their duty in relation to public involvement. It will further provide appropriate assurance that SWL ICB is seeking and encouraging scrutiny of its decision-making process:

- To Health and Wellbeing Boards, local Healthwatch and to local communities that the proposed service meets local needs and priorities. It will enable them to raise questions if they have concerns about the approach being taken;
- To the Audit and Risk Committee and, where necessary, external auditors, that a robust procurement process has been followed; and
- To NHS England in their assurance role.

13.10.3 Procurement decisions relating to delegated commissioning will be made by an appropriate SWL ICB committee.

13.11. **Record keeping**

13.11.1 SWL ICB must ensure that it records procurement decisions made, and details of how any conflicts that arose in the context of the decision have been managed. These registers should be available for public inspection.

13.11.2 ICBs should ensure that details of all contracts, including the contract value, are published on their website as soon as contracts are agreed. Where ICBs decide to commission services through Any Qualified Provider (AQP), they should publish on their website the type of services they are commissioning and the agreed price for each service. Further, ICBs should ensure that such details are also set out in their annual report. Where services are commissioned through an AQP approach, they should ensure that there is information publicly available about those providers who qualify to provide the service.

13.12. **Templates / Forms**

13.12.1 For any procurement exercises for the commissioning of healthcare services involving providers (including GP practices), there is a standard proforma for completion included at Appendix 1. Appendix 2 provides a declaration proforma for bidders / potential contractors / service providers.

14. Dealing with breaches

- 14.1. There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or other organisations. For the purposes of this policy these situations are referred to as 'breaches'.
- 14.2. It is an offence under the Fraud Act 2006, for a member or employee to fail to disclose information to the Trust in order to make a gain for themselves or another. It is also an offence to cause a loss or expose the organisation to a loss. Therefore, where an employee has failed to disclose any relevant interests or who has otherwise breached the ICBs policies and procedures in relation to failing to disclose are subject to investigation.
- 14.3. If an individual becomes aware that someone has failed to disclose relevant and material information, they should raise the matter with the Director of Corporate Affairs in the first instance. The ICBs Anti-Fraud and Bribery Policy will be consulted, and an appropriate referral made to the Local Counter Fraud Specialist where applicable.
- 14.4. Reports on breaches, the impact of these, and action taken will be considered by the ICBs Audit and Risk Committee following conclusion of any investigation

14.5. Identifying and reporting breaches

- 14.5.1 Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the ICB's Senior Governance Advisor or Conflicts of Interest Guardian by emailing swl.corporateoffice@swlondon.nhs.uk
- 14.5.2 To ensure that interests are effectively managed staff are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this. For further information about how concerns should be raised refer to the Freedom to Speak-Up Policy.
- 14.5.3 Reports on any breaches, the impact of these, and action taken will be considered by the Audit and Risk Committee.
- 14.5.4 The organisation will investigate each reported breach according to its own specific facts and merits and give relevant parties the opportunity to explain and clarify any relevant circumstances.
- 14.5.5 Following investigation, the organisation will:
 - Decide if there has been or is potential for a breach and if so what the severity of the breach is;
 - Assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum;
 - Consider who else inside and outside the organisation should be made aware;
 - Take appropriate action as set out in the next section.

14.6. Taking action in response to breaches

- 14.6.1 Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the organisation and could involve organisational leads for staff support (e.g., Human Resources), fraud (e.g., Local Counter Fraud Specialists), members of the management or executive teams and organisational auditors.

14.6.2 Breaches could require action in one or more of the following ways:

- Clarification or strengthening of existing policy, process and procedures;
- Consideration as to whether HR / employment law / contractual action should be taken against staff or others;
- Consideration being given to escalation to external parties. This might include referral of matters to external auditors, the NHS Counter Fraud Authority, the Police, statutory health bodies (such as NHS England or the CQC), and/or health professional regulatory bodies.

14.6.3 Inappropriate or ineffective management of interests can have serious implications for the organisation and staff. There will be occasions where it is necessary to consider the imposition of sanctions for breaches.

14.6.4 Sanctions should not be considered until the circumstances surrounding breaches have been thoroughly investigated. However, if such investigations establish wrong-doing or fault then the organisation can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes employment law action against staff, which might include:

- Informal action (such as reprimand or signposting to training and/or guidance);
- Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal);
- Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be;
- Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach;
- Legal action, such as investigation and prosecution under fraud and bribery legislation.

15. Review and monitoring compliance

15.1. This policy will be reviewed every 2 years, or earlier if there are significant changes to national guidance affecting the management of Conflicts of Interest across the organisation.

15.2. The process for monitoring compliance with the effectiveness of this Policy is as follows:

Monitoring Methodology

Aspect being Monitored (What/How)	Reporting Frequency (How often)	Presented by (who)	Committee (where)
Review of Interests declared Report to include <ul style="list-style-type: none"> • Updates to Board of Directors Register of Interest • Updates to the Register of staff interests • Updates to the Register of Gifts and Hospitality • Known breaches, the impact of these, and action taken 	Six Monthly	ICB Secretary	Audit & Risk Committee

Policy compliance and effects of use of Policy <ul style="list-style-type: none"> Review of the Standards Business Conduct policy Sample testing of staff Compliance with the policy Any potential of fraud or bribery being committed against the ICB Any system weaknesses 	Annually/ as detailed LCFS WK Plan	Local Counter Fraud Specialist	Audit & Risk Committee
--	------------------------------------	--------------------------------	------------------------

16. Records and Publication

- 16.1. The organisation will maintain a combined register on Interests and Gifts and hospitality.
- 16.2. We will publish the interests declared by staff on the ICB website.
- 16.3. Publication of the register will be carried out in accordance with the table set out in section 7.
- 16.4. If staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Corporate Governance Team, the ICB's Senior Governance Advisor or the Conflicts of Interest Guardian (Audit Chair) to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference.

17. Wider transparency initiatives

- 17.1. SWL ICB fully supports wider transparency initiatives in healthcare, and we encourage staff to engage actively with these.
- 17.2. Relevant staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative. The granting of consent for disclosure does not negate the requirement to declare these payments to the ICB in accordance with this policy. These "transfers of value" include payments relating to:
 - Speaking at and chairing meetings;
 - Training services;
 - Advisory board meetings;
 - Fees and expenses paid to healthcare professionals;
 - Sponsorship of attendance at meetings, which includes registration fees and the costs of accommodation and travel, both inside and outside the UK;
 - Donations, grants and benefits in kind provided to healthcare organisations.

Further information about the scheme can be found on the [ABPI website](#).

18. Associated Documentation

- Freedom of Information Act (2000)

- ABPI: The Code of Practice for the Pharmaceutical Industry (2021)
- ABHI Code of Business Practice
- NHS Code of Conduct and Accountability (July 2004)
- Gifts and Hospitality Policy
- Anti-Fraud and Bribery Procedures
- Procurement Policies
- Freedom to Speak Up Policy
- Standards of Business Conduct Policy

19. Appendix 1 – Procurement Template

[To be used when procuring healthcare services from providers (including GP practices)]

Additional questions for proposed direct awards to providers

<u>Question</u>	<u>Comment/Evidence</u>
-----------------	-------------------------

What steps have been taken to demonstrate that there are no other providers that could deliver this service?

In what ways does the proposed service go above and beyond what the provider contract?

What assurances will there be that a provider is providing high-quality services under the provider contract before it has the opportunity to provide any new services?

20. Appendix 2 - Declaration of Conflicts of Interest for bidders / contractors / service providers template

Bidders / potential contractors / service providers declaration form: financial and other interests

This form is required to be completed in accordance with s140 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) and the NHS (Procurement, Patient Choice and Competition) (No2) Regulations 2013 and related guidance.

Notes:

- All potential bidders/contractors/service providers, including sub-contractors, members of a consortium, advisers or other associated parties (Relevant Organisation) are required to identify any potential Conflicts of Interest that could arise if the Relevant Organisation were to take part in any procurement process and/or provide services under, or otherwise enter into any contract with, SWL ICB, or with NHS England in circumstances where SWL ICB is jointly commissioning the service with, or acting under a delegation from, NHS England. If any assistance is required in order to complete this form, then the Relevant Organisation should contact [SWL ICB to specify].
- The completed form should be sent to [SWL ICB to specify].
- Any changes to interests declared either during the procurement process or during the term of any contract subsequently entered into by the Relevant Organisation and SWL ICB must be notified to SWL ICB by completing a new declaration form and submitting it to [SWL ICB to specify].
- Relevant Organisations completing this declaration form must provide sufficient detail of each interest so that the SWL ICB, NHS England and also a member of the public would be able to clearly understand the sort of financial or other interest the person concerned has and the circumstances in which a Conflict of Interest with the business or running of SWL ICB or NHS England (including the award of a contract) might arise.
- If in doubt as to whether a Conflict of Interest could arise, a declaration of the interest should be made.

Interests that must be declared (whether such interests are those of the Relevant Person themselves or of a family member, close friend or other acquaintance of the Relevant Person), include the following:

- The Relevant Organisation or any person employed or engaged by or otherwise connected with a Relevant Organisation (Relevant Person) has provided or is providing services or other work for SWL ICB or NHS England.
- A Relevant Organisation or Relevant Person is providing services or other work for any other potential bidder in respect of this project or procurement process;
- The Relevant Organisation or any Relevant Person has any other connection with SWL ICB or NHS England, whether personal or professional, which the public; or
- Could perceive, may impair or otherwise influence SWL ICB's or any of its members' or employees' judgements, decisions or actions.

Name of Organisation:

Details of interests held:

Type of Interest:

Details:

- Provision of services or other work for SWL ICB or NHS England
- Provision of services or work for any other potential bidder in respect of this project or procurement process
- Any other connection with SWL ICB or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence WWL ICB's or any of its members SWL ICB's or any of its member's or employees' judgements, decisions or actions

Name of Relevant Person

[complete for all Relevant Persons]

Details of interests held:

Details Personal interest or that of family member, close friend or other acquaintance?

- Provision of services or another work for SWL ICB or NHS England.
- Provision of services or other work for any other potential bidder in respect of this project or procurement process.
- Any other connection with SWL ICB or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the employees' judgements, decisions and actions.

By completing this form, I confirm that the information that had been written within this form is true and correct. I can confirm that I have complied with the ICB's conflicts of interest policy. I understand that is an offence to make false declarations of interest and I confirm by my signature that I have correctly declared any actual or potential interests.

I understand that if I have knowingly provided false information or made false statement, that I may be subject to disciplinary and /or criminal action

Signed:

On behalf of:

Date:

21. Appendix 3- Equality Impact Assessment

	Mandatory Questions	Yes/No/NA	Comments
1.	Does the Policy affect any group less or more favourably than another on the basis of:		
	Age?	YES	Child safeguarding is all about the paramountcy of children's needs in the system so this policy demonstrates how to put children first
	Disability?	No	
	Gender?	No	
	Gender identity?	No	
	Marriage or civil partnership?	No	
	Pregnancy and maternity or paternity?	No	
	Race?	No	
	Religion or belief?	No	
	Sexual orientation?	No	
2.	Is there any evidence that any groups are affected differently by the Policy and if so, what is the evidence?	No	
3.	Is any impact of the Policy likely to be negative?	No	
4.	If any impact of the Policy is likely to be negative, can the impact be avoided and if so, how?	NA	
5.	If a negative impact can't be avoided, what, if any, are the reasons the Policy should continue in its current form?	NA	
6.	Where relevant, does the Policy support the FREDA principles: Fairness, Respect, Equality, Dignity and Autonomy?	Yes	

SW London People and Communities Engagement Strategy

Contents

1. Introduction 3

1.1 Message from our Chair 4

1.2 Summary 5

1.3 The vision for what we want to achieve 6

1.4 Companion documents 7

1.5 Understanding South West London 8

1.6 Understanding our South West London ICS 9

2. Developing our people and communities’ engagement strategy..... 10

 □ How we developed this strategy 10

 □ How it has been built on what we have learned from engaging with our communities..... 10

2.1. How we developed this strategy 11

2.2. What we have learned about engagement 12

3. Ten principles for how we work with people and communities..... 13

3.1. Ten principles for how we work with people and communities 14

4. How we deliver and resource communications and engagement in our ICS 15

4.1. Delivery model – communications and engagement groups 16

4.2. Overview of how we will resource communications and engagement 17

4.3. Budget and engagement team structure 18

4.4. Engagement team structure 19

4.5. How we deliver comms & engagement work across south west London 20

4.6. How we deliver communications & engagement work across SWL – explained .. 21

5. People & communities in ICB governance & work-streams 22

5.1. System-wide approach for engagement in governance..... 23

5.2. How the ICB will assure itself that its legal duty to involve the public is being met
28

5.3. Summary of insight and feedback mechanisms across the system to inform priorities and improve services 30

6. Achieving health equity 34

6.3. Approach to narrowing health inequalities with engagement..... 35

6.4. Our commitment to tackling Health Inequalities..... 36

7. What we do to ensure the information we provide is accessible to all 37

7.1. Providing clear and accessible information..... 38

7.2. What we do to make sure our website is accessible..... 39

8. How we will work with Healthwatch and VCSE sector 40

How we work with Healthwatch and VCSE sector..... 41

9. Engaging on the priorities of the ICB..... 42

Engaging on the priorities of the ICB 43

10. Monitoring and evaluating the strategy..... 44

Monitoring and evaluating the strategy 45

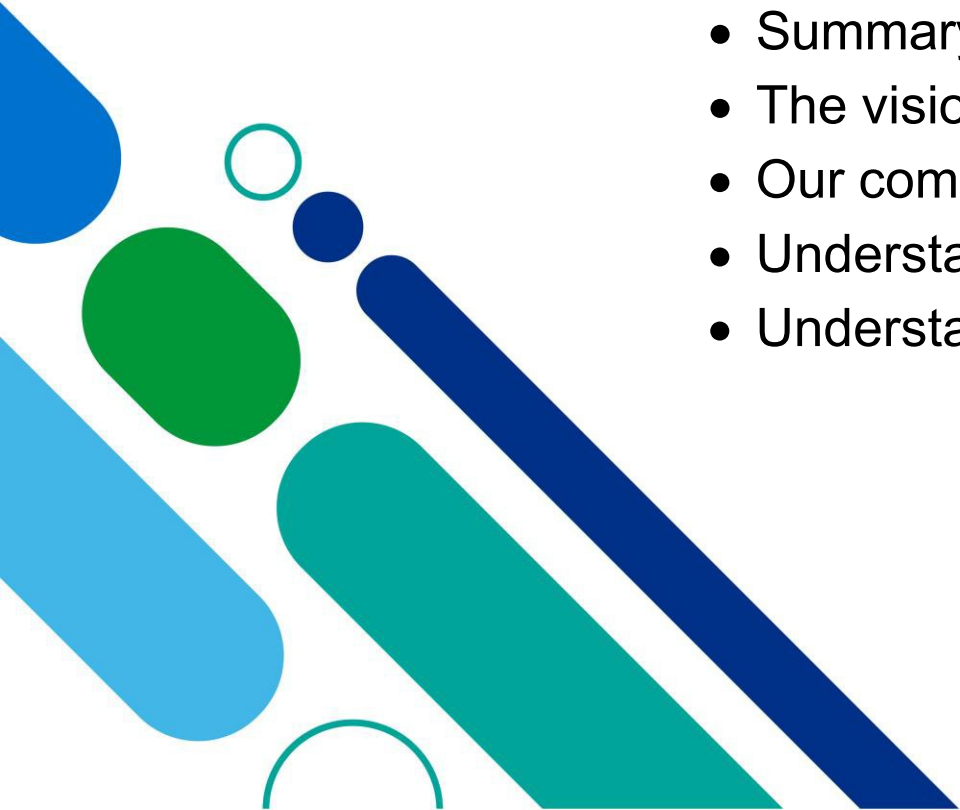
11. Appendices 46

Appendix 2 – what do we mean by ‘insight from local people and..... 50

Appendix 3 – how we engage with communities that experience health inequalities in each borough 51

1. Introduction

- Message from our Chair
- Summary
- The vision for what we want to achieve
- Our companion documents
- Understanding South West London
- Understanding our ICS



1.1 Message from our Chair



Millie Banerjee CBE
Chair Designate
South West London Integrated Care System

‘ We will only know if our services are meeting the real needs of our citizens and communities by speaking to the people who use them and their families . Most importantly, we need to work hard to hear from those with poor health, understanding the context of people’s lives, their social histories and how we can work with them to improve their health and wellbeing.

Becoming an ICS is an opportunity to do this better, by coming together across organisational boundaries to share our knowledge, data, insight and connections we can listen and learn how to do better together. The pandemic has clearly shown us the huge value that our voluntary and community sector partners can bring in supporting local people. Building trust with all our communities is essential in reducing health inequalities and our voluntary and community partners hold the key to supporting us to embrace more community-led approaches and to build trust through continuous conversations. I am committed to ensuring that their voice is significant in our work, so we become stronger strategic partners.

We have worked with partners to develop this strategy and set out the systems we have put in place to ensure that the voices of people and communities are at the heart of our SW London partnership working. This responsibility sits across all the organisations and teams in our system, and we are keen to build on the enthusiasm of our health and care staff to develop this culture of citizen engagement as an everyday way of working.’

1.2 Summary

This document explains our approach to making sure that the voice of people and communities is heard and influences how we plan and deliver health and care services in south west London. It shows: the principles that we can be held to; the ways we involve people; the processes in place to ensure that their views influence decision making and the systems in place to provide assurance that this happens.

By working more closely with each ICS partner, we can better understand people's needs and hopes, provide more responsive, safe and effective services and support local people to access the services they need, at the right time and in the right place.

We know this will take time to get right. However, we have strong relationships and practise to build on. Our approach will be strengthened by bringing together engagement and insight from across all partners, to help achieve equity and improve the quality of health and care services for local people.

1.3 The vision for what we want to achieve

We aim to:

- Ensure the **voice of people and communities is central** to all levels of our work – and that we 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 and communities, and responding to them in how we plan and deliver services
- **Develop a culture** where talking and engaging with local people and communities is embraced as part of **everyone's role**.
- **Plan** how we listen to local people and communities at the beginning of any project that might change how services are delivered to ensure it is **well resourced and appropriately delivered**
- **Invest in community led engagement** that will strengthen our understanding of our communities and their experiences
- **Build on the strong communications and engagement** delivered across our partnership over the last 4 years and review resource to support each element of the new system
- Continue to **review and adapt** our approach as our system matures and evolves. This strategy is just the start...

1.4 Companion documents

Our people and communities' engagement strategy sets out our high-level approach to ensuring that people and communities are at the heart of everything we do. It will be accompanied by the following companion documents to support delivery. These will be developed, with local people, from April 2022, and will include:

- An explanation of how local people can get involved – outlining the opportunities – ‘Guide to having your say in the SWL ICS: what matters most to you?’
- People and communities charter/pledge – what our engagement strategy means for local people
- Evaluation framework – a detailed approach to evaluating the impact of what we do
- Toolkit and resources to support staff to engage with local people and communities
- Valuing voices - remuneration policy
- Co-produced delivery plans for SWL, Place and Provider Collaboratives

Communications documents to support transparent working and wider stakeholder engagement:

- Social media policy
- Staff engagement plan + day 1 communications plan
- ICB and ICS brand and style guide
- Regular press release and stakeholder updates published on ICB and ICS websites

1.5 Understanding South West London

South West London

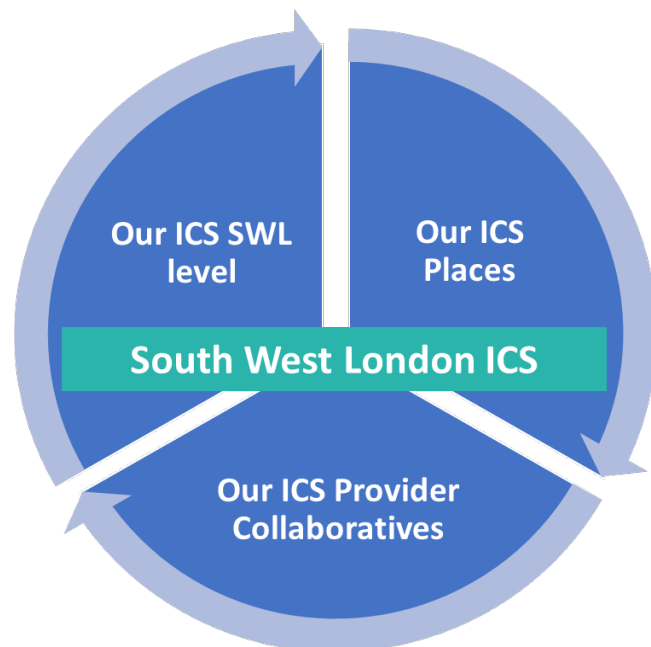
- South West London covers 296 square kilometres and six London boroughs; Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth.
- The resident population of South West London is 1,505,000 people – a population density of 5,050 people per square kilometre, although this ranges widely across the area from 3,430 people per km² in Richmond to 9,528 people per km² in Wandsworth. Although the resident population is under 1.5 million the NHS in South West London treats many more people than this.
- A fifth (21%) of the population were under the age of 16. Just over a tenth (13%) of the population were aged 65 or above. The population is projected to grow by 10% over the next ten years (by 2029) and a further 6% in the ten years after that resulting in a population of 1,774,270 in 2039.
- The younger population is increasing at the slowest rate, with the number of those aged under 16 estimated to grow by 3% and make up 18% of the total population in 2039.
- The older population is increasing at a faster rate, with the number of those aged 65 and above increasing 59% over the next twenty years and estimated to make up 17% of the population in 2039.
- In 2019, an estimated 35% of the population were from a Black, Asian or Minority Ethnic group (BAME). This community is also projected to increase considerably, increasing 29% over the next twenty years and estimated to make up 39% of the population in 2039.



1.6 Understanding our South West London ICS

South West London

Our SWL ICS is made up of 3 parts: SWL ICS Places; SWL ICS Provider Collaboratives; and ICS SWL Level



ICS South West London

The role of the ICS SWL London is to

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

South West London ICS Place

Within South West London ICS Places there are six Places: Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth. These six Places are co-terminus with our six Local Authority boroughs.

The purpose of our places is to:

- **support and develop primary care networks (PCNs)** which join up primary and community services across local neighbourhoods.
- **simplify, modernise and join up health and care** (including through technology and by joining up primary and secondary care where appropriate).
- **understand and identify** – using population health management techniques and other intelligence – **people and families at risk of being left behind** and to organise proactive support for them; and
- **coordinate the local contribution to health, social and economic development** to prevent future risks to ill-health within different population groups.

South West London ICS Provider Collaboratives

There are three Provider Collaboratives in South West London:

- **South London Mental Health Partnership** - comprising Oxleas NHS Foundation Trust, South London and Maudsley NHS Trust and South West London and St. George's NHS Trust.
- **The Acute Provider Collaborative** - comprising Croydon Health Services NHS Trust, Epsom and St. Helier University Hospitals NHS Trust, Kingston Hospital NHS Foundation Trust, St. George's University Hospitals NHS Foundation Trust.
- **Royal Marsden Partners** - all South West London and North West London Acute Trusts providing cancer services.

The purpose of provider collaboratives is to better enable their members to work together to continuously improve quality, efficiency and outcomes, including proactively addressing unwarranted variation and inequalities in access and experience across different providers. They are expected to enable trusts to collaboratively lead the transformation of services and the recovery from the pandemic, ensuring shared ownership of objectives and plans across all parties.

2. Developing our people and communities' engagement strategy

- 
- A decorative graphic in the bottom-left corner featuring several overlapping rounded shapes in blue, green, and teal, along with a dark blue diagonal bar and some thin circular outlines.
- How we developed this strategy
 - How it has been built on what we have learned from engaging with our communities

2.1. How we developed this strategy



South West London

To shape our approach to developing the people and communities' engagement strategy, we discussed it with 40 groups and over 500 people including:

- Community Engagement Steering Group (Healthwatch, VCSE and PPE leads from each borough)
- Communications and engagement colleagues – SWL NHS Providers and Local Authorities & Borough Communication & Engagement Groups
- Borough patient engagement groups in each borough
- Place Leaders Group
- Borough Transition Teams
- ICS Delivery Group
- Chief nurse meeting and trust patient experience leads and directors of quality
- NHS Provider Chief Execs and NHS Provider Chairs
- Collaborative Leadership Group

We developed the strategy over two phases.

During phase 1 we: tested our vision for what it should be; sought views on the companion documents and asked for feedback on key governance questions including assurance, resourcing and delivery. We also mapped how engagement works at place and within provider collaboratives.

During phase 2 we went back to review the themes that came out of phase 1, and which informed our aims, and discussed our recommendations about assurance, resourcing and delivery.

Lessons learned about engagement

There was positive support for ensuring that this strategy is informed by the lessons learned from engaging with local people over the last 18-24 months. We discussed these lessons during phase 1, adding and amending them so they reflect what we learned across the system. These can be seen in the next slide.

2.2. What we have learned about engagement



3. Ten principles for how we work with people and communities



3.1. Ten principles for how we work with people and communities



South West London

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.

4. How we deliver and resource communications and engagement in our ICS

- Delivery model – borough/Place communications and engagement groups
- Overview of how we will resource communications and engagement
- Budget and engagement team structure
- Diagram of how we will deliver communications and engagement work across SWL
- Above diagram explained

4.1.1

4.1. Delivery model – communications and engagement groups



South West London

Borough/Place communications and engagement groups

We have set up multi-stakeholder borough communications and engagement groups. These were established 4 years ago and are key to ensuring that good practice communications and engagement is delivered across our ICS.

Their role is to:

- Coordinate and manage the delivery of engagement and communications work supporting priorities and work plans at Place; provider collaboratives and SWL level
- Bring together insight from across partners and ensure it informs priorities and strategic decision making
- Agree resource to deliver work – and develop clear work plans to share the delivery

Membership

The detail of who sits on each group will be locally agreed. However, the minimum membership will include:

- NHS Providers – acute, mental health and community (communications and patient experience leads)
- SWL NHS communications and engagement
- Local authority (communications and engagement)
- VCSE sector (locally informed)
- Healthwatch

- 16 • Link to borough engagement assurance mechanism

4.2. Overview of how we will resource communications and engagement



South West London

Below sets out our initial approach to how communications and engagement will be resourced across our ICS. It is subject to review and refinement as our work and system develops.

Leadership

- i. The executive director for communications and engagement will be professionally accountable for communications and engagement activity across the SWL ICS – and responsible for leading the work
- ii. There is a communications and engagement lead for SWL, Place and each Provider Collaborative – who will attend the most senior decision-making meeting to advise on citizen engagement, legal duty to involve and communications issues throughout policy development and implementation. These C&E leads have dual reporting lines to Leader for Place/SWL/Provider Collab with support and professional accountability from ICS exec director of communications and engagement.

SW London

The SWL delivery team will continue to:

- iii. support the system and provide specialist advice, guidance, co-ordination and resource for – patient and public engagement, media and issues management, stakeholder and public affairs, campaigns & digital and staff engagement
- iv. deliver SWL C&E activity for programmes that spans all south west London boroughs e.g. vaccine, support to clinical networks, and SWL transformation programmes (workforce, digital, mental health)

Place

- v. **Each place will have a Comms & Eng leader who will:**
 - 1. manage local team/drives work plans, and aligns comms/eng work with partner organisations
 - 2. attend, supports and advises place committee
 - 3. chair and lead borough C&E group
 - 4. bring together engagement and comms specialists in one team – with engagement professional leadership and support from SWL

Provider collaboratives

- vi. **We are supporting provider collaboratives and considering future resourcing as they develop, in particular around engagement expertise for the acute**
17 provider collaboratives, around service change, and new models of care and pathway redesign. Engagement resource is currently in each place via south west London team.

4.3. Budget and engagement team structure



South West London

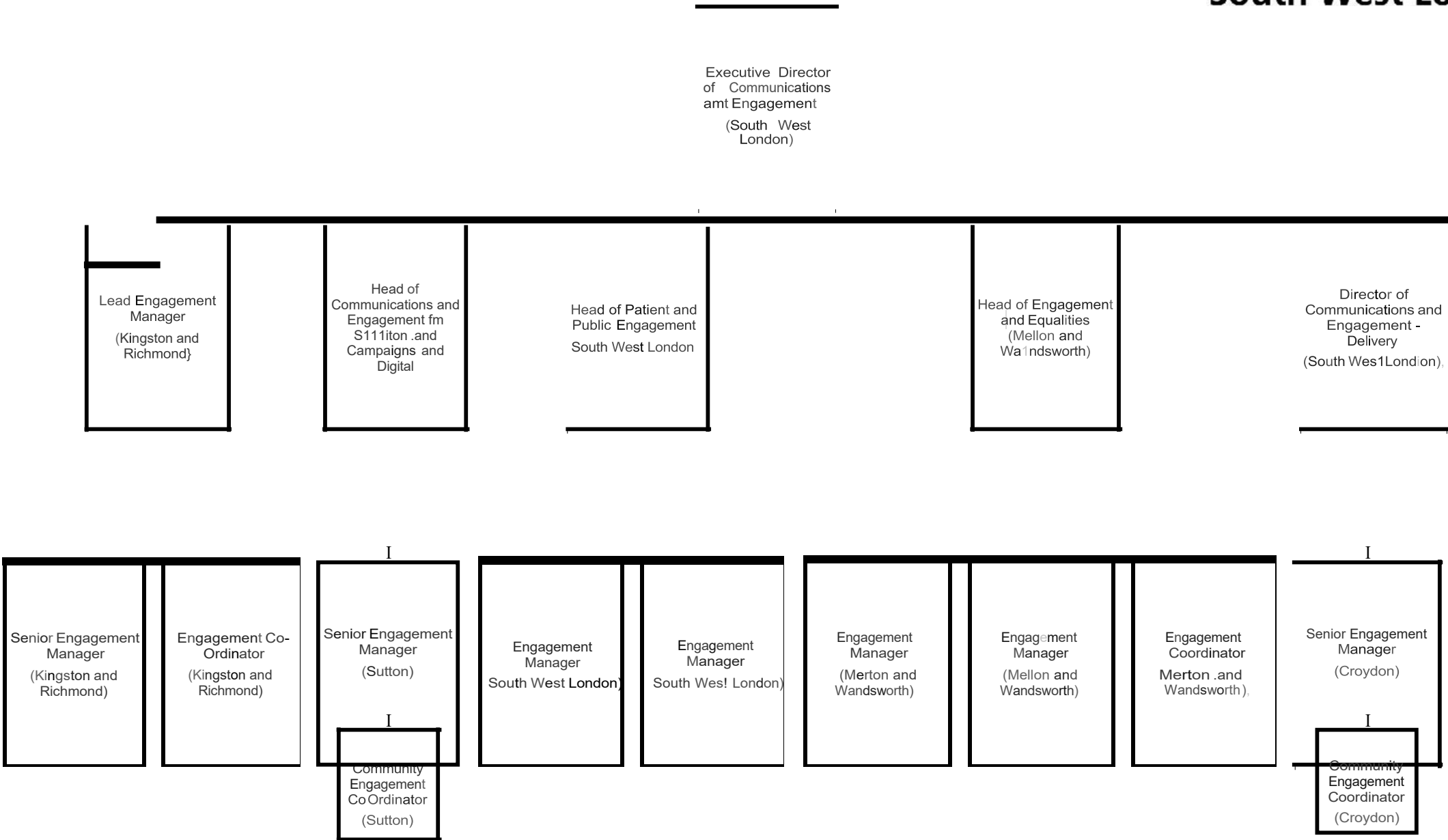
Budget – non-pay

- vii. We are currently working through next year's budget with the finance team and the balance between place and SW London funding. Our agreed approach is that engagement is part of all work programmes rather than an additional activity that is SWL funded.
- viii. Our clinical programmes and work streams have funded engagement to support their work. For example:
 - 1. Teledermatology clinical network funded an external organisation to conduct 2 focus groups and one to one interviews with the digitally excluded to inform the development of a new portal to support patients to understand skin conditions and take good quality photos.
 - 2. To support the development of Community Diagnostic Centres our acute provider collaborative funded an organisation who specialises in reaching - young people, minority ethnic groups, culturally diverse communities, people with protected characteristics and those who often go unheard – to further understand the experiences of people seeking health/diagnostic services, such as blood tests, urine tests, imaging, endoscopy and pathology.
- ix. Where possible we look to invest in our VCSE sector and Healthwatch to support engagement work – drawing on their specialist skills and reach into local communities. For example:
 - 1. To support our covid 19 insight work we developed a grassroots community grant scheme where local organisations could apply for funding (from a collective pot of £160k) to: help extend our reach into seldom heard communities; co-create appropriate and accessible materials for communities and enable culturally authentic conversations and two-way dialogue. This model enabled us to build trust with our local communities, strengthen our relationships with the VCSE sector and hear from people experiencing health inequalities to develop a vaccine service that better meets their needs.

4.4. Engagement team structure



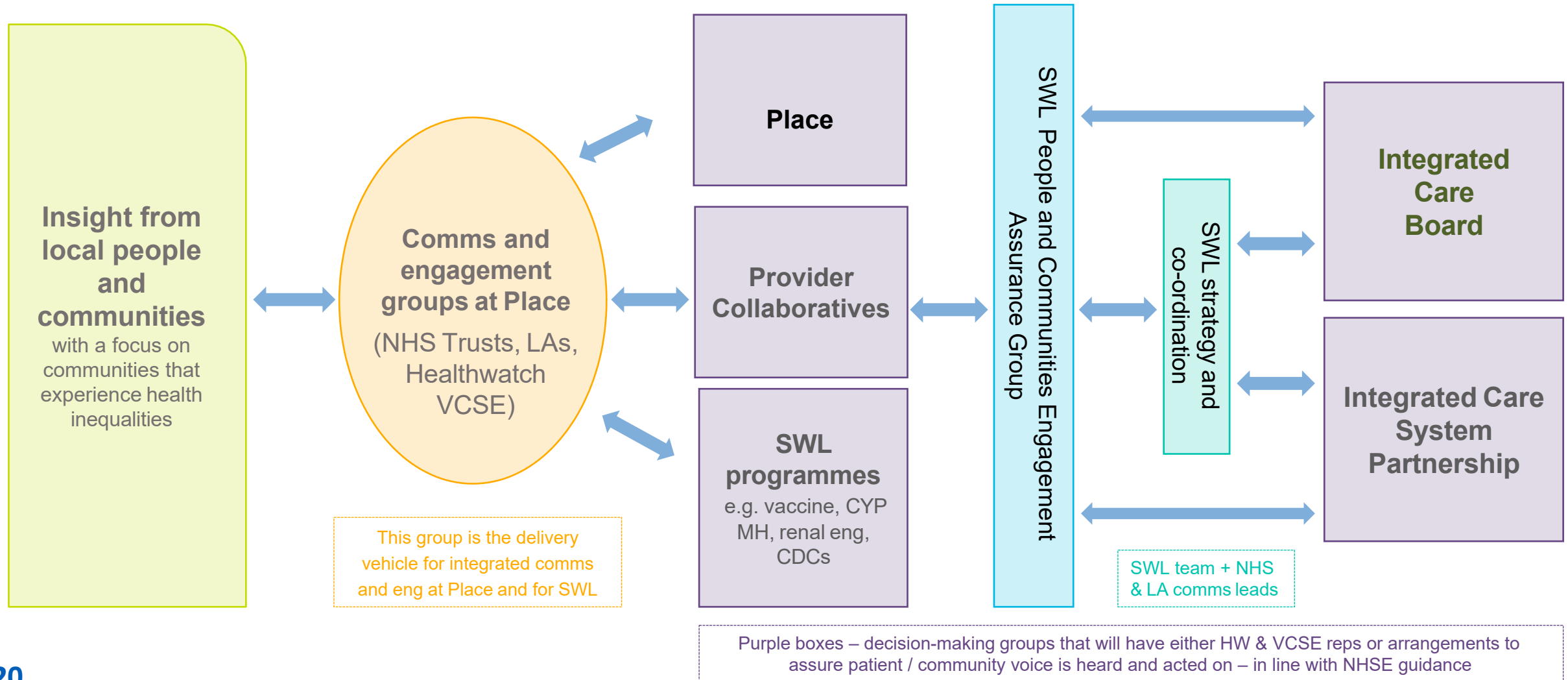
South West London



4.5. How we deliver comms & engagement work across south west London



South West London



4.6. How we deliver communications & engagement work across SWL – explained



South West London

The above diagram shows how we will make sure our **Integrated Care Board** and **Integrated Care Partnership** have the information they need from local people to inform decision making and feel assured that patient voice has been heard.

- **Insight from local people and communities** – the lime green box depicts the sources of all engagement activities/channels (Healthwatch reports, targeted engagement, trust feedback, patient experience data from NHS Trusts, surveys, Business Intelligence data etc). These insights will inform our communication and engagement groups to ensure that the voice of local people is heard. They will also be drawn upon when local and SWL priorities need the insight from local people and communities.
- **Borough/Place communication and engagement groups**– this orange egg is the delivery group which manages and coordinates work across system and comprises representatives from all partners. It ensures two-way dialogue with the three purple boxes – ensuring all are informed and part of process. They will be responsible for ensuring the key groups are aware of the local needs and aspirations emerging from the sources of insight.
- **SWL People and Communities Engagement Assurance Group** - provides assurance to the SWL ICB (and reports to ICP) that the legal duty to involve has been met. It will 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. It will review the engagement reports from Place, SWL and Provider Collaboratives before they are submitted to the ICB and ICP.
- **SWL strategy and co-ordination** – comprising communications and engagement colleagues from the NHS and Local Authority to ensure ICB and ICP priorities are fed to relevant groups for consideration and integrated into work plans.

5. People & communities in ICB governance & work-streams

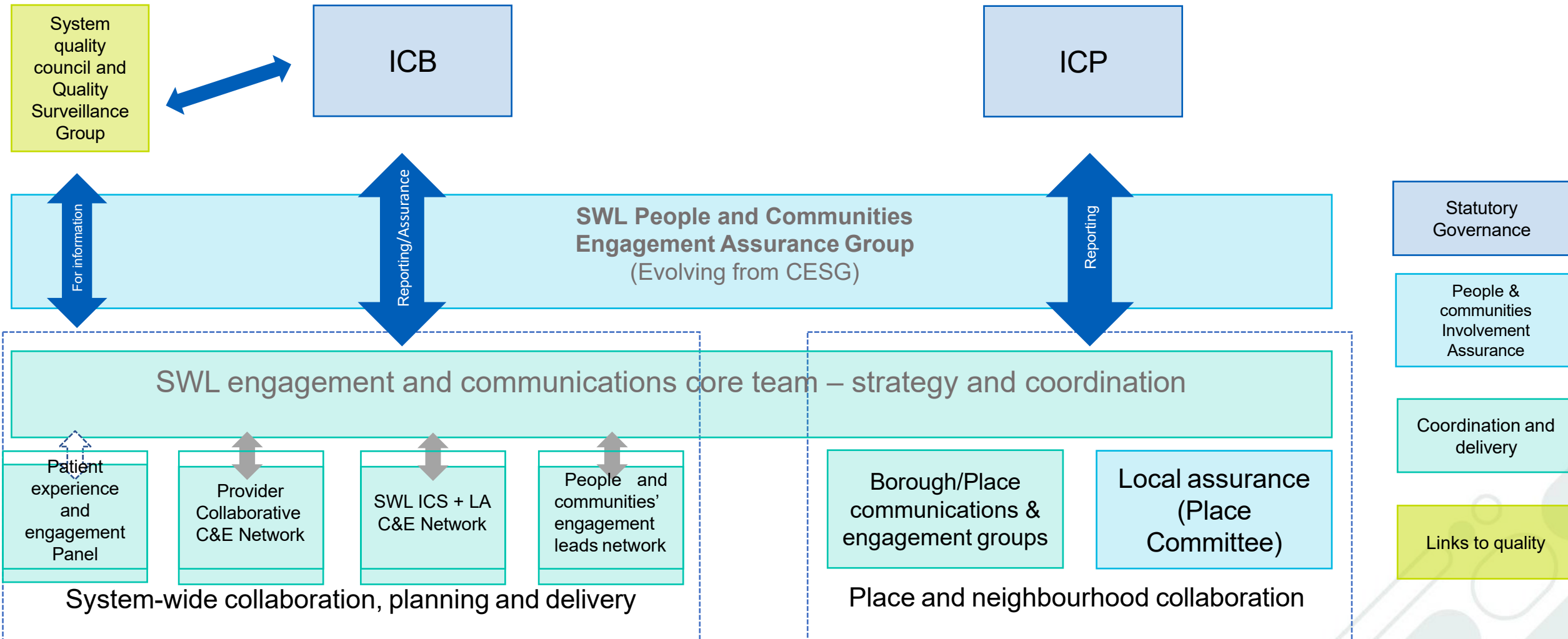
- System wide approach for engagement in governance
- How the ICB will assure itself that its legal duty to involve the public is being met
- Summary of insight and feedback infrastructure and approaches across the system

5.1. System-wide approach for engagement in governance

5.1.1. Summary of how the voice of people and communities will be a core part of our ICS governance.

- Our ICB, ICP and System Quality Group will receive regular engagement reports which will outline engagement activities and impact across SWL, Place and within Provider Collaboratives. We have recommended that board report cover sheets include a section on the involvement of people and communities to ensure it is considered within each programme of work.
- The engagement reports will be reviewed by our 'People and Communities Engagement Assurance Group' (PCEAG) before being submitted to both our ICB and ICP
- As the ICB holds formal responsibility for ensuring legal and mandatory guidance is adhered to, our intention is for the Chair of the People and Communities Engagement Assurance Group to be an ICB NEM, in addition to the meetings being attended by the executive director for communications and engagement and programme director for Quality.
- The diagram in the next slide (5.1.2) explains the assurance mechanisms at place and across SWL and how they link to the groups that support, coordinate and deliver the work.
- We have developed a model for engagement in our formal subcommittees which ensures each relevant sub-committee has a champion for the voice of local people and communities (5.1.5)
- We will support our SWL work streams to openly recruit people with lived experience, and have developed a programme of support and training to ensure individuals are able to meaningfully participate. Bespoke support will be given to individuals being asked to conduct specific pieces of work – such as linking in with other people with lived experience.

5.1.2. People and communities' engagement in governance



5.1.2. People and communities' engagement in Governance – explained



South West London

- The Integrated Care Board is responsible for ensuring that the public involvement duties have been met
- In order to ensure strong working relationships between engagement and quality, our aim is for the PCEAG and the Patient Engagement and Experience Leads Panel to be chaired by the same person. In addition, to ensure coordination between groups and work, our executive director for communications and engagement and our Director for Quality will be members of the: Patient Engagement and Experience Leads Panel; SWL People and Communities Engagement Assurance Group; System Quality Council and will attend the ICB and ICP board meetings
- **System wide work** will be guided by:
 - **SWL People and Communities Engagement Leads Network** – comprising place-based leads for engagement. This network shares best practice across boroughs, supports the local delivery of the engagement strategy and enables the sharing of insight and consistent approaches across the ICS
 - **SWL ICS and Local Authority communications and engagement network** – comprising colleagues from the SWL NHS and local authorities this network iterates our SWL C&E plans, supports the sharing of best practice, brings together insight and maximises reach deep into communities and with their staff
 - **SWL ICS and NHS provider communications and engagement network** – comprising colleagues from the NHS in the ICS and providers, as above, this network iterates our SWL C&E plans, supports the sharing of best practice, brings together insight and maximises reach deep into communities and with their staff
 - **SWL Patient Engagement and Experience Leads Panel** – is a new group that will comprise patient experience and engagement leads and quality leads for the NHS system – as well as patient safety partners. It aims to ensure that patients, residents and carers are actively involved in how we are shaping, developing and improving the quality of health services in SWL. It will focus on collaboration at scale to improve experiences of care that improve outcomes – by triangulating patient experience data and intelligence with wider feedback and insight.
- **System wide assurance** of our duty to involve
 - The **SWL People and Communities Engagement Assurance Group** provides assurance to the SWL ICB (reports to ICP and Quality Council) that the duty to involve has been met. It will 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
- **Place based work** will be guided by:
 - **Borough/place communications and engagement groups**. These will comprise colleagues from the NHS, LA, Providers, Healthwatch and VCSE sector. And will be the delivery vehicle for integrated communications and engagement at Place and for SWL
- **Place based assurance** of the duty to involve
 - **Assurance for Place based public involvement**, including work that is centrally coordinated and locally delivered, will be done by the place-based committee.

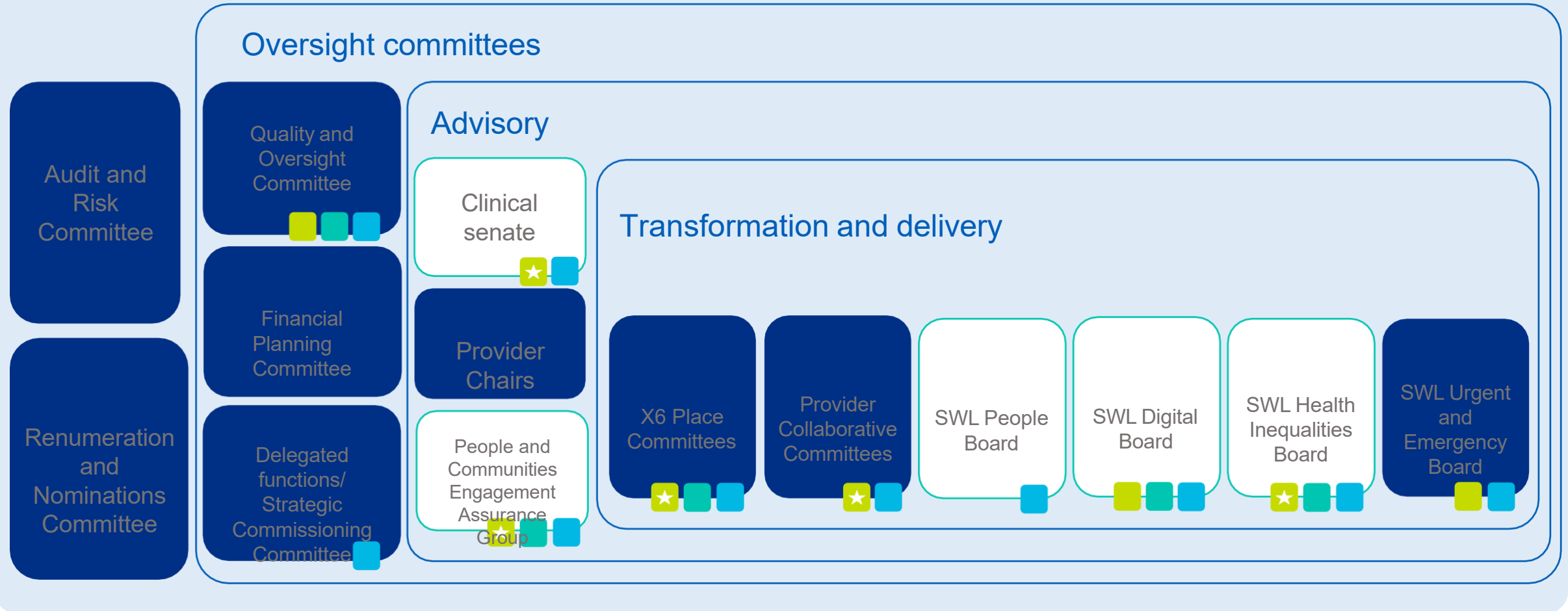
- Each relevant formal subcommittee will have a champion for the voice of people and communities.

Their role is to:

- flag opportunities for where further engagement could enhance the work
- escalate issues to C&E team if changes are more significant
- speak up for or represent patient/public views in relevant discussions
- Options (to be agreed by each sub-committee) -champions will come from one or more of the following:
 - **existing member of the committee to have a role in raising patient voice issues for consideration (minimum)**
 - **openly recruited member of the public with relevant experience/interest** (particularly relevant for service specific programmes & workstreams)
 - **VCSE alliance member and or Healthwatch organisation, with relevant experience/interest (capacity permitting)**
- Training or support provided for all options to support people to fulfil their role

5.1.4. Diagram of how the voice of people and communities will be embedded in each relevant formal sub-committee

Statutory committees



5.2. How the ICB will assure itself that its legal duty to involve the public is being met



South West London

5.2.2. Summary of ways the ICB will be assured that the duty to involve has been met:

- The People and Communities Engagement Assurance Group will have a key role in providing assurance to the ICB that the duty to involve has been met. More information about this group can be found in 5.2.2
- The ICB, ICP and Quality Council, will receive regular engagement reports which will outline engagement activities and impact across SWL, Place and within Provider Collaboratives. We recommend that board report cover sheets include a section on the involvement of people and communities to ensure it is considered within each programme of work.
- The SWL Oversight Framework will include an element regarding the voice of people and communities and the legal duty to involve
- Assurance for Place based public involvement, including work that is centrally coordinated and locally delivered, will be done by the place-based committee
- Each Trust has a dedicated Patient Experience Committee responsible for reviewing and gaining assurance of how patient experience data and insight is acted on through Trust improvement and transformation initiatives. Oversight is provided through Trust governance systems, including internal assurance, Non-Executive Director led committees and Board.
- Place leaders and the Provider Collaborative leaders will be represented on the ICB.

5.2.3. People and Communities Engagement Assurance Group



Proposed South West London

Purpose

- Assurance mechanism for SWL level engagement including provider collaboratives.
- Provide **assurance** to the SWL ICB (and report to ICP) that duty to involve has been met
- 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

1.2. Role/Focus/Work

- Review and advise on:
 - implementation of people and communities' engagement strategy;
 - engagement work plan based on key priorities for ICB;
- Review and advise on annual engagement submissions to NHS E/I
- Receive engagement reports, before submitted to ICB, to review and feel assured that best practice engagement has been undertaken. Make recommendations for further work where required.

Providing timely updates

- Two-way communication between the ICS, Healthwatch and the VCSE will now continue through dedicated meetings; the VCSE alliance and at borough communications and engagement group meetings

Chair

- Our intention is for an ICB NEM to chair the group

Group/organisation	Proposed 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

5.3. Summary of insight and feedback mechanisms across the system to inform priorities and improve services

Place	SWL	Acute Provider Collaborative	South London Partnership (Mental Health Collaborative)
<ul style="list-style-type: none"> Local priorities will be set by the place committee. The borough communications and engagement groups will coordinate and manage the delivery of local engagement activities. <p>Each borough uses a wide range of engagement mechanisms to reach their diverse communities. These include:</p> <ul style="list-style-type: none"> Broad community engagement - working with the voluntary and community sector to hold ‘community conversations’, to hear and respond to feedback, answer questions and gather insight. Community champions and influencers - Work with key local influencers (faith leaders, community champions, health care professionals, GPs and their practices) to lead and host conversations, building trust and confidence within our diverse communities Grassroots grants programme – centrally funded and locally delivered, each borough has been delivering a grants programme to improve our reach into health inclusion communities Targeted focus groups and one-to-one interviews - focus groups and one to one interviews (for those who are digitally excluded) to understand people’s experiences and improve the quality of services such as pathway redesign work 	<ul style="list-style-type: none"> System wide priorities are agreed by our ICB and ICP Our SWL communications and engagement team discuss how best to resource and deliver the activities, and this approach is taken to the People and Communities Engagement Assurance Group for review. Engagement will either be centrally coordinated and conducted at a borough level (using the methodologies outlined in the place column), or specialist organisations are commissioned to deliver on behalf of SWL. A key mechanism that is used to inform deeper dives into particular topics, is our people’s panel. Through this virtual group of 3,000 people, who broadly reflect the population of south west London, we run questionnaires and surveys. 	<ul style="list-style-type: none"> Transformation work and priorities are informed by insight gathered through national surveys. This is complemented by a range of other approaches for listening to patient voices – these include Patient Experience, Engagement and Involvement Groups, and patient staff improvement forums. These forums increase involvement and inform decision-making in-service changes or developments ‘People’s reader panels’ are used across the Trusts to support the co-production of patient facing information, policies and strategies and user testing of patient information Dedicated Patient Experience teams that support Trusts to gather data, gain insight and use this to improve services. These include operational delivery of the FFT system; Coordination of national surveys and Trust level responses to the findings of these; Involvement in Trust level strategy, policy and transformation to ensure patient voice insights are fully embedded in our approaches; Leading on work to involve Patient Partners in our governance and safety structures – through the national Patient Safety Partner programme; Patient feedback or complaints sent to the Complaints/Compliments service; 	<ul style="list-style-type: none"> The SLP has established process for having service users and carers in each programme partnership group The SLP works with each partner’s service users and reference group to understand and shape priorities Each of the partnership committees includes a real patient story which shapes the agenda and discussion and forms the basis of improvement actions Existing engagement groups across each Trust (e.g. Patient and Carers Forums) are maintained, and linked in with SLP structures Working groups are developed as required with membership drawn from relevant partners’ service user groups Programme dashboards such as Complex Care feature outcome measures that ensure the experience of people using the services are reported

5.3.2. Summary of how we reach people experiencing health inequalities

Place	SWL	Provider Collaboratives	South London Partnership (Mental Health Collaborative)
<ul style="list-style-type: none"> All boroughs have worked across the local partnerships to develop a shared understanding of communities experiencing health inequalities. Data from JSNA, Business Intelligence, Indices of Multiple Deprivation and ongoing engagement have informed the development of local maps which highlight those groups who live in areas of multiple deprivation and identify communities of focus who experience health inequalities. Health inequalities has also been prioritised within local health and care plans and other work programmes Engagement is done alongside teams and groups/individuals who have trusted relationships with communities and population groups; using diverse methodologies including – health and community champions, local influencers, partnership with VCSE. Where possible, Place will invest in community capacity to deliver 	<ul style="list-style-type: none"> Much engagement on SWL priorities is done through Place. Where work is commissioned at a SWL level we work with specialist organisations who have experience of reaching our target groups. To ensure we speak to people who reflect our diverse communities and experience health inequalities, we use incentives to encourage people to attend focus groups, promoting them through culturally appropriate channels and contacts, and via paid media. We conduct on street recruitment when holding large scale events, to ensure we speak to reflective samples of our local populations. 	<ul style="list-style-type: none"> Close work with borough communications and engagement to share insights, channels and plan activity at a place and provider level to reach and involve diverse communities (e.g. COVID vaccine) Linked with place engagement to build relationships and widen reach with community leaders / groups in local neighbourhoods and established outreach work (i.e. Council and CCG community networks) Systems for collecting patient experience insights are inclusive (offering access to people with a range of accessibility needs). Trusts' Patient Experience Teams offer a range of tools and approaches to support specialities and departments to hear their patients' voice (e.g. via local surveys, support for engagement events or focus 	<ul style="list-style-type: none"> Across south London, the SLP's mental health trusts have led South London Listens - a community engagement programme which has sought feedback from around 6000 members of the community. The community's 'asks' are shaping much of our work around health inequalities. Each partner has a number workstreams looking at health inequalities including Ethnicity and Mental Health Improvement Project (EMHIP) Well established links with community organisations, Healthwatch and VCO groups through regular engagement forums shape our work on this. The SLP Forensic Programme has appointed a specific Equalities Lead to support the development of new community-based services as an alternative to inpatient care. This model of improving health inequalities is being evaluated and is likely to be shared further.

5.3.3. Summary of how these mechanisms, for patient voice, connect into governance and decision making

Place	SWL	Provider Collaboratives	South London Partnership (Mental Health Collaborative)
<ul style="list-style-type: none"> Sources of local insight, from across all mechanisms, will feed into the borough communications and engagement groups The chair of the borough C&E group (place lead for communications and engagement) will sit on the place committee to ensure that the work of the group informs decision making. Questions about what engagement and quality/equality impact assessments have been undertaken and how they have informed decision making are included in all governance papers. Healthwatch and VCSE are represented on place committee/leaders' group and on Health and Wellbeing Boards – feeding into priority setting and decision making. Community voice and lived experience built into work programmes. 	<ul style="list-style-type: none"> Regular engagement reports detailing the engagement activities across the system, and their impact are reviewed by the People and Communities Engagement Assurance group before being submitted to the ICP and ICP. Each formal sub-committee has a champion for community engagement and whose role includes ensuring that the committee consider relevant insight work when taking decisions. 	<ul style="list-style-type: none"> Through service transformation groups, informing priorities, decisions and delivery Oversight through Trust governance systems, including internal assurance, Non-Executive Director led committees and Board Each Trust has a dedicated Patient Experience Committee dedicated to reviewing and gaining assurance of how patient experience data and insight is acted on through Trust improvement and transformation initiatives. Feedback from patient surveys, complaints and PALS are collated and analysed by the patient experience and quality teams, and reported to the Board. 	<ul style="list-style-type: none"> Under SLP the Head of Quality is responsible for all quality governance including patient experience. Each Programme (via PPG) receives quality reports and feedback from service users. Programme partnership groups are part of the formal SLP governance – to Portfolio Board and on to Partnership Committees. Programme Partnership Groups have representatives from SW and SE London CCGs The SLP Partnership Committee consists of non-executive and executive members with input from service user and carers groups The value of beginning SLP Partnership Committee with a patient story has enabled real experiences to be prioritised and led to 'you said we did' improvements

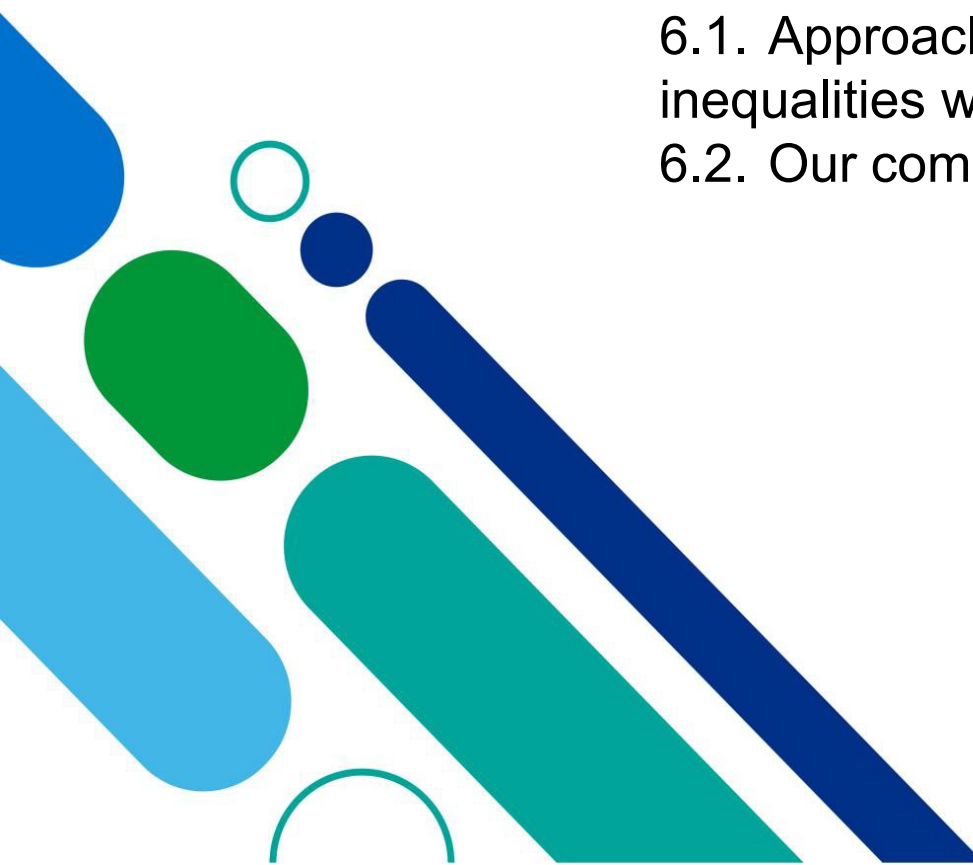
5.3.4. Summary of how we work at neighbourhood level

How Place connects with Primary Care Networks, PPGs and neighbourhood teams to work with people and communities to strengthen health prevention and treatment and to understand needs and design solutions	<p>Each place has developed strong connections to primary care networks and PPGs, strengthening local work around prevention and understanding of need by:</p> <ul style="list-style-type: none">• Developing strong community led engagement channels and activities by working in partnership with local councils and VCSE.• Linking in with PPGs and regularly attending PRG meetings• Working closely with social prescribers• Building on networks of community/health champions to reach more deeply into local communities
How Place creates the right conditions for volunteering and social action that support health and wellbeing	<ul style="list-style-type: none">• Local investment in VCSE – through community grants and other initiatives• Funding to local CVSs to enable them to release capacity to further work to establish the SWL VCSE alliance• Look to collaborate on funding/grants to community and voluntary sector across health and LA• Ensure partners support collaborative spaces for open dialogue, social investment, and action and build upon current programmes in progress

6. Achieving health equity

6.1. Approach to supporting narrowing health inequalities with engagement

6.2. Our commitment to tackling Health Inequalities



6.3. Approach to narrowing health inequalities with engagement

We know there are unjustifiable differences in outcomes for people who experience health inequalities. Our Core20plus5 South West London supported our understanding of people we need to reach in order to progress our work to achieving health equity. We will actively seek out affected communities and understand their current situation and past histories.

Slide 31 details how, as a system, we identify and engage with people who experience health inequalities. Further details about which communities are most affected in each borough, and how we reach them can be found in the appendices.

As set out in the ICS implementation guidance for working with people and communities, we will do the following to narrow the health inequalities across SWL.

- Prioritise building relationships with people who are excluded from services or for whom services are not meeting their care and support needs, and who have the poorest experience and outcomes. This will help counter the 'inverse care law' which highlights that disadvantaged populations need more healthcare than advantaged populations but tend to receive less.
- Take the opportunities presented by collaboration to mobilise the strengths and experience of all partners: build and strengthen relationships with people and communities who experience inequalities, and tackle agreed inequalities targets.
- Involve people in agreeing targets for reducing health inequalities, to help ensure that they are appropriate, and monitor and evaluate how we have achieved our intended purpose.
- Work with the VCSE sector as an essential partner in tackling inequalities.
- Build trust with local communities for local decision-making and local leadership through transparency supported by clear communications.
- Keep developing our skills, channels and capabilities for giving clear information and facts so our citizens can make informed decisions. Improving how we give particular communities bespoke information, and use different channels for different cohorts within communities.
- Build on the community mobilisation and reciprocity demonstrated during COVID-19 in supporting vulnerable community members and increasing vaccine take-up. Transfer the learning to other priority areas, e.g. tackling the backlog of care or accelerating cancer diagnosis.
- Use population health management approaches to better understand local population needs and demonstrate how these impact on future commissioning and service delivery
- 35 Audit, monitor, and – when necessary – seek the participation of equalities protected groups and groups and communities who experience inequalities, e.g. in events, surveys and formal governance roles.

6.4. Our commitment to tackling Health Inequalities

ICB System Board & Delivery Group

We have developed and created a space that allows leaders and organisations from across our system to come together to focus on inequity (*using the learning from COVID-19*) and fighting for fairer health and care for all

Place based work

We have invested in a number of programmes led by the Community and Voluntary Care Sector that target our most deprived communities through proactive support, advocacy, prevention and community connections



People and
Communities

Core20PLUS5 & its relationship with Population Health Management

We are working towards using data relating to health outcomes, plus local insight, to inform the allocation of resources to the areas of our population that have the greatest need. Starting with the CORE20PLUS5 programme

Asset Based Community Development

We use the ABCD methodology to educate and empower the most vulnerable people in our communities regarding their health. We co-produce and co-deliver culturally sensitive health checks and prevention programmes in local communities.

7. What we do to ensure the information we provide is accessible to all

- Providing clear and accessible information
- What we do to make sure our website is accessible



7.1. Providing clear and accessible information



South West London

We believe that providing accessible information will help to improve access to services, promote social inclusion and enable people to make more informed choices about their care. Providing accessible information is one of the ways that we reduce health inequalities

How we **communicate in a clear and accessible way**:

- Always use plain English
- Co-design culturally appropriate messages with local people and communities
- Use different ways to speak to people: in person; via social media; in newsletters; via direct email; through text messages
- Provide translations and alternative formats, including Easy Read, for specific audiences
- Always offer to provide information in alternative formats
- Offer and provide interpreters, language and BSL, for face to face or virtual engagement sessions

Plain English training and accessibility training are part of core modules provided to our communications and engagement team

How we keep local people, communities and stakeholders **regularly informed** about our work:

- SWL message from Millie and Sarah to SWL staff, partners and, stakeholders and PPE contacts
- Borough stakeholder updates from Place Based Leaders for Health to borough staff, partners, stakeholders and PPE contacts
- From 1 July 2022, meetings of the ICP and ICB will both be available to view on MS Teams, papers and meeting dates will be available in advance
- We issue regular media releases and work with local media that can be found on our NHS South West London website
- Local people can also follow our social media channels to be kept up to date with developments



7.2. What we do to make sure our website is accessible



South West London

- We are developing websites for the ICB and ICS, and accessibility is at the heart of the design. These will be launched on 1 July 2022.
- Current [accessibility regulations](#) say that public sector websites must meet at least level AA of the [Web Content Accessibility Guidelines \(WCAG 2.1\)](#) - and aim for AAA where possible
- All content must be accessible to everyone who needs it – if it isn't we may be breaking the [2010 Equality Act](#)
- Everything we publish must be in a format that the public, and in particular people with low health literacy, can access and understand easily. This means we:
 - Use plain English and do research to find out which words work best for our audience.
 - Aim for a reading age of 9 to 11 years old or, when it comes to medical information, 11 to 14 years old.
 - Avoid medical jargon and technical terms – or explain them in simple terms if we have to use them.
 - Use the same style for all our audiences, including specialist audiences like health professionals.
 - Organise content based around the information needs of the user, not the structure of our organisations.
 - Avoid using PDFs – which aren't accessible to everyone – and publish information in HTML webpages instead.
 - Manually check our content regularly using the most common accessibility checkers.
 - Make sure our content works on the most commonly used assistive technologies - including screen magnifiers.
 - Design our websites and content for mobile devices first – the most common device people use to access our content.
 - Use a high contrast colour palette in our design to make sure people can read what's on the screen.
 - Only use images where it helps someone to understand the information – not for decorative purposes - and always include 'alt tags' - a text description of the image - so that those using text readers are read the description of what a viewer sees
- We follow the principles and guidance published in the [NHS Digital Service Manual](#), published to ensure that all NHS organisations build consistent, usable services that put people first.
- We're using a design framework that has been developed to meet the latest accessibility guidance, and accessibility testing is embedded in the development cycle.

8. How we will work with Healthwatch and VCSE sector



How we work with Healthwatch and VCSE sector



South West London

Healthwatch and the VCSE sector are valued partners in our system. Below provides an overview of how we work together to make sure local people have access to the best health and care possible:

Governance and influence

- Healthwatch and the VCSE sector (including the SWL VCSE alliance) have a seat on key governance groups at Place and SWL levels – including the ICP. To further support this we are finalising what funding can be given to the VCSE sector and Healthwatch to enable working and collaborating together at SWL level as we are aware their focus is primarily, and rightly, at Place level.

Assurance and ‘critical friend’ challenge

- Healthwatch and the VCSE sector are key members of our assurance groups and mechanisms at SWL and Place levels— providing ‘critical friend’ challenge to our plans and activities

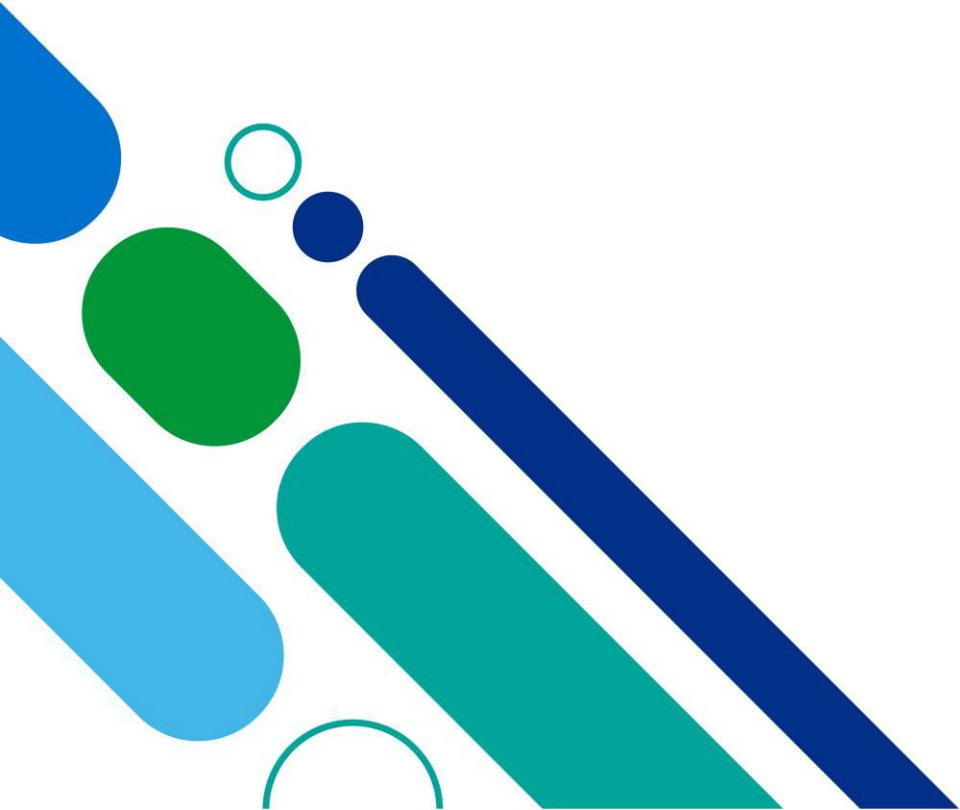
Two-way communication

- We will ensure that we have regular meetings with Healthwatch colleagues and the VCSE, in addition to meetings at Place, to provide two-way communication between the ICS and their work and to give early sight of key programmes of work and upcoming priorities – enabling due consideration and input.

Reach and insight

- Recognising their skills and significant reach into local communities, we will look for opportunities to commission local Healthwatch organisations to conduct specific pieces of engagement work to support our ICB and ICP priorities, subject to their priorities and capacity
- We will seek opportunities to invest in community led approaches to engagement that benefit from the evidenced and extensive reach that our VCSE has with local people and communities, including those who experience health inequalities.

9. Engaging on the priorities of the ICB



Engaging on the priorities of the ICB



South West London

ICS priorities are still in development, and we plan to prioritise our engagement efforts on supporting the delivery of the small number jointly agreed at system priorities to ensure these are informed and implemented with evidence of what matters most to local people particularly those that experience health inequalities. However, drawing on our local health and care plans, and from the 2022/23 planning guidance, we know that our engagement work will include focus on the following:

- **Achieving health equity.** Current initiatives include insight work to understand the challenges facing people who experience health inequalities to ensure that our interventions are targeting, and measuring, what is important to local people; supporting our core20 connectors work; and working with colleagues in maternity to coproduce interventions to deliver equitable services - improving the outcomes for our local people.
- Continuing to engage and build on the priorities within each of the **Place health and care plans**
- Supporting the **covid 19 vaccination programme and childhood immunisations programmes** through understanding the views of people living in low uptake areas and communities – especially those experiencing health inequalities and new cohorts of eligible people
- Using feedback and insight with local people to reduce the pressure on **urgent and emergency care services**, especially over winter and in summer months, by supporting insight-led behaviour change campaigns e.g. using pharmacies, mental health crisis and IAPT services, 111 etc
- Delivering more **elective care** – by gaining insight into people experiences of services and views of improved models of care such as Community Diagnostic Centres
- Improving access to **mental health services**. Current work includes understanding the experiences of people with Severe Mental Illness to gather views annual physical health checks – feeding into the SWL SMI improvement programme; seeking insight from local people and communities about prevention and early intervention to inform our SWL Mental Health strategy.
- Supporting our approach to **Population Health Management** programmes – ensuring that local insight is triangulated with data and analytics to inform service redesign work
- Improving access to **primary care** – by working closely with colleagues at a neighbourhood and PCN level, including PPGs, to understand the experiences of local people.

10. Monitoring and evaluating the strategy



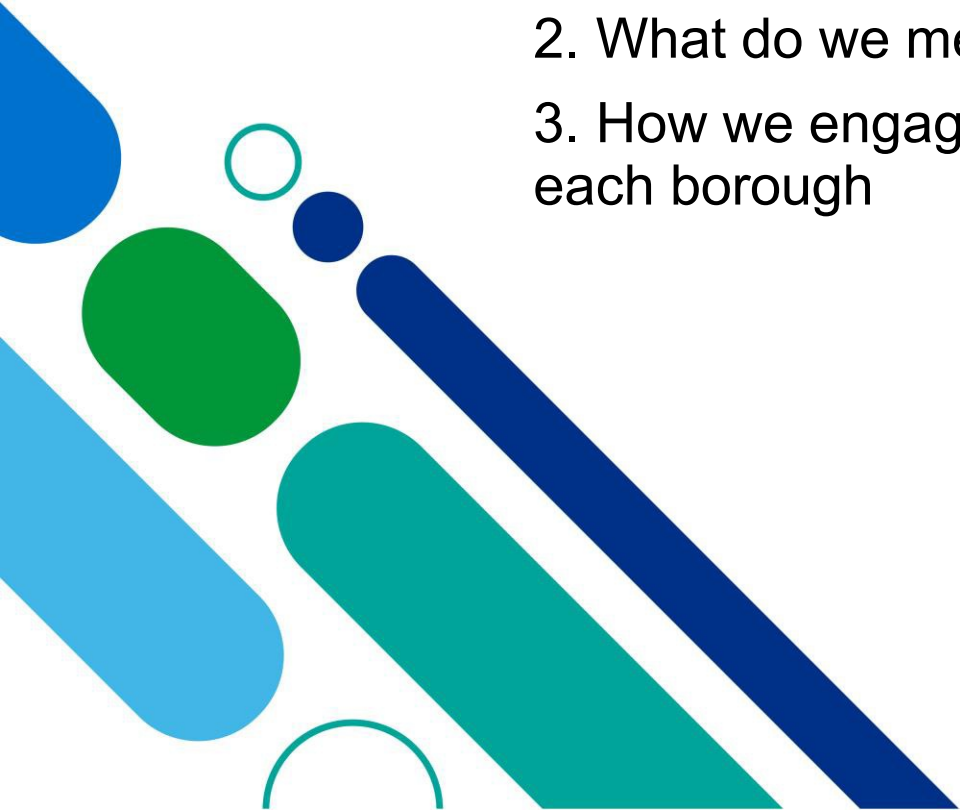
We will put in place the following measures to monitor and help evaluate whether we are delivering against what is set out in this strategy.

We will:

- Systematically produce engagement reports that detail engagement activities across the ICS. These will be reviewed by our People and Communities Engagement Assurance Group and submitted to our ICB and ICP on a regular basis
- Evaluate the success and impact of our engagement activities by using our evaluation framework (evolution of CCG framework)
- Seek feedback from people and communities about our engagement activities using different evaluation methodologies (e.g. real time polls, survey work)
- Produce regular You Said, We Did reports and ensure we feedback to the people who shared their views with us – these will be published on our website as well as directly communicated to those involved
- Include questions around engagement in our perception audits for stakeholders
- Be assessed by the ICB and NHS England in the annual compliance report

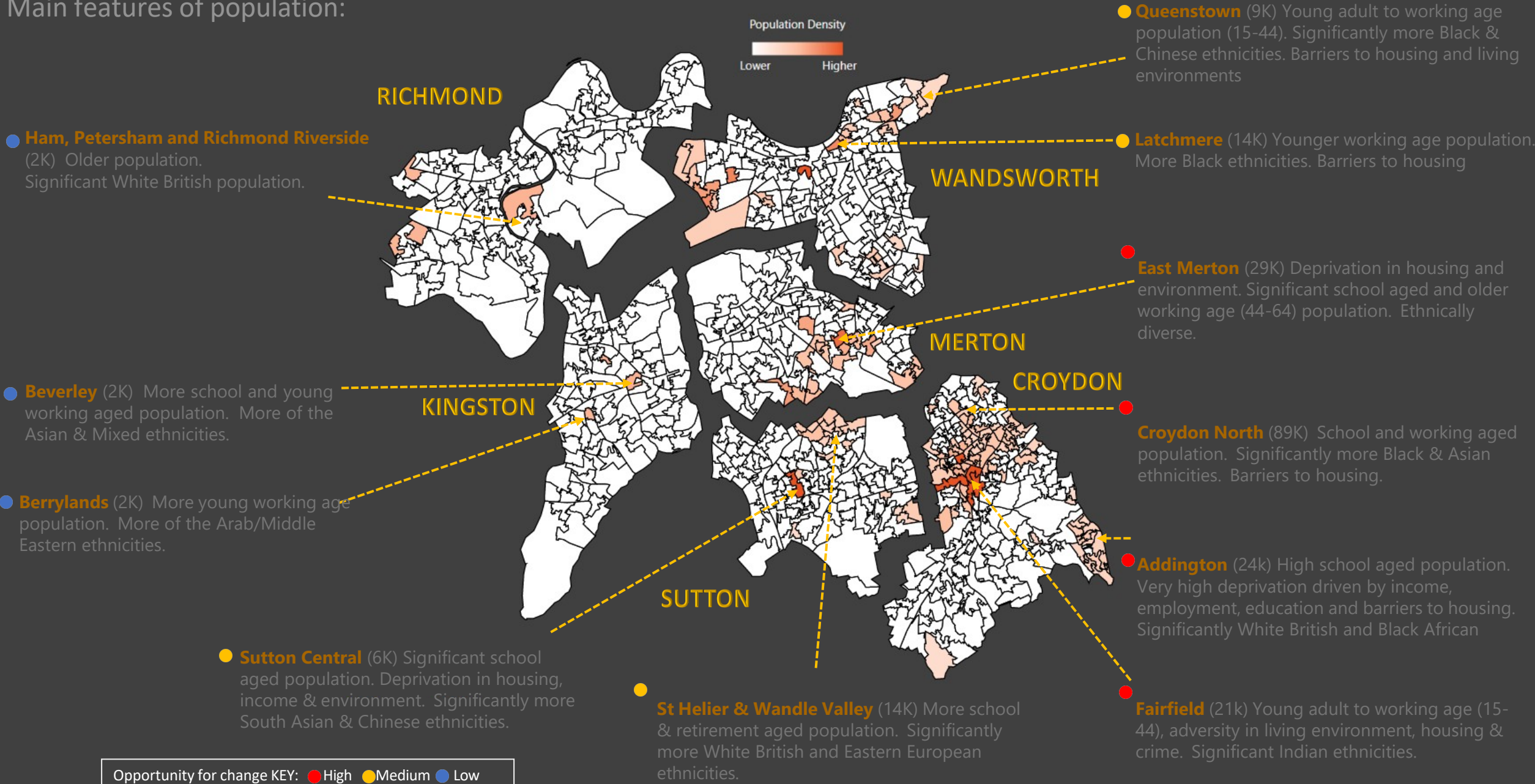
11. Appendices

1. Core20 populations for South West London
2. What do we mean by 'insight from local people and communities'
3. How we engage with communities that experience health inequalities in each borough



Where are our Core20 population of 340k located?

Main features of population:



Remaining80

(1.35m population)

Median

Healthy Life Expectancy

Life Expectancy

Asian

Black

Other

White

2 in 10 are in C20

4.5 in 10 are in C20

2 in 10 are in C20

1.5 in 10 are in C20

40% of **Croydon** residents are in C20

In contrast, only **4%** of residents in **Richmond** and **2%** in **Kingston** are in C20

Long-Term Conditions

29.5%

have a Long-term Condition



28.6%

have a Long-term Condition

Appendix 2 – what do we mean by ‘insight from local people and communities’

Borough patient engagement groups e.g. Thinking Partners, Community Involvement Group, Patient Engagement Group

Healthwatch Reports, Surveys, Feedback

Local authority Citizen forums and feedback

SWL Citizen's panel

Media and social media Twitter feeds, Facebook groups etc local and national coverage

Business intelligence data

Public representatives dialogue with councillors and MPs

Primary care -- Patient participation groups and patient reference groups, GP surveys

Staff feedback including provider, local authorities, primary care and trade unions →

NHS Providers Patient experience data, PALS, Friends and Family, complaints etc

Project specific engagement work e.g. CDH, Renal

Voluntary community social enterprise sector Insight and feedback

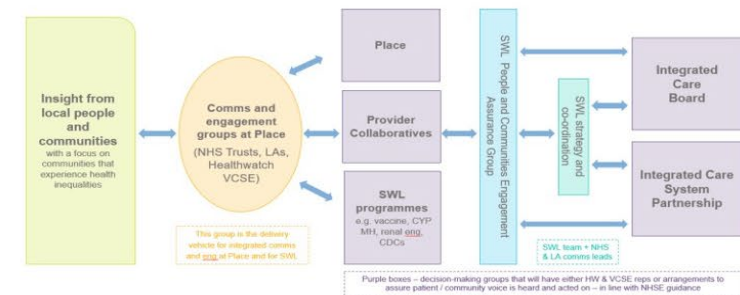
FT Governors, NEDs, Lay Members

Continuous outreach with local communities



Insight from local people and communities
with a focus on communities that experience health inequalities

4.4 How we deliver comms & engagement work across south west London



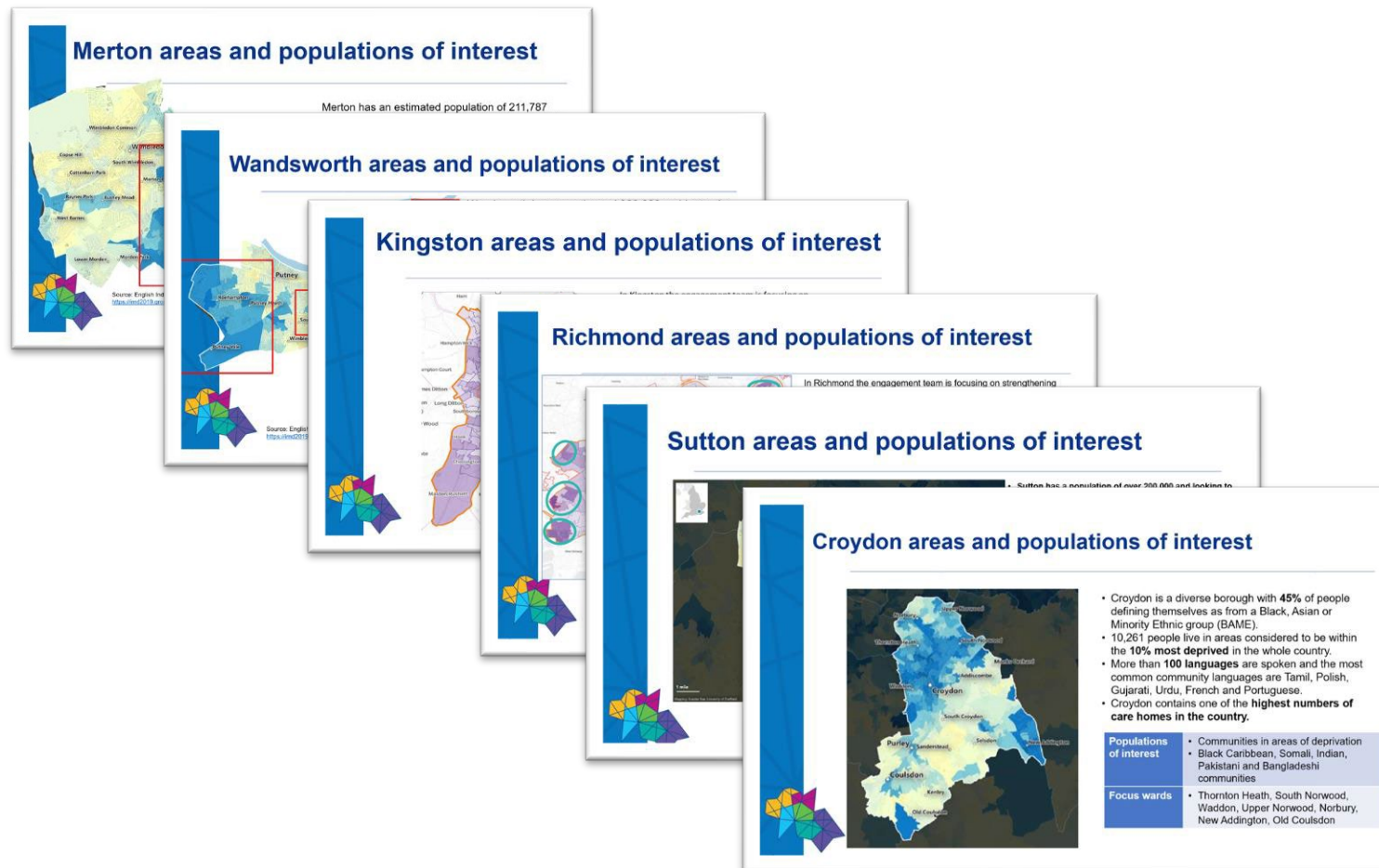
Appendix 3 – how we engage with communities that experience health inequalities in each borough

Successful engagement is dependent on understanding our diverse populations.

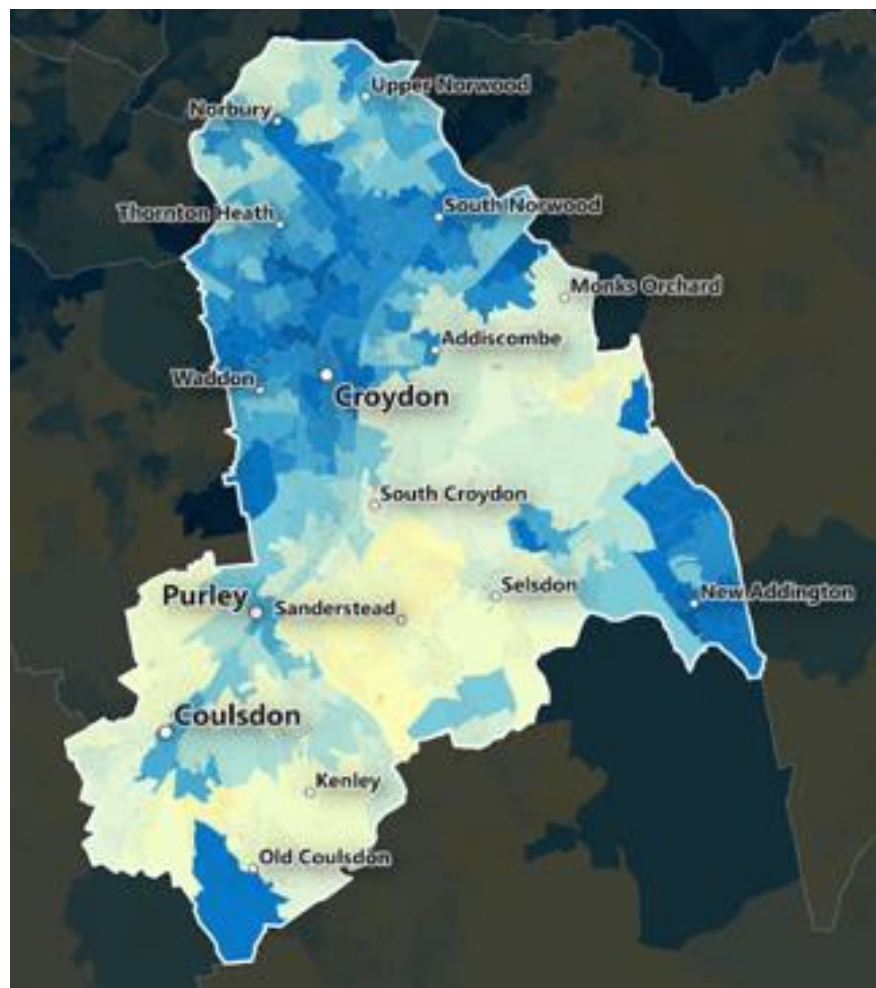
We prioritise holding conversations with communities who experience health inequalities and have worse health outcomes.

Informed by EHIA's, JSNAs and local insight, each borough has worked with local authority leads and VCSE partners to develop a map of key areas/communities to focus on.

IMD data was overlaid with information about health inequalities including identifying communities from Black, Asian and Minority Ethnic backgrounds.



Croydon areas and populations of interest



- Croydon is a diverse borough with **45%** of people defining themselves as from a Black, Asian or Minority Ethnic group (BAME).
- 10,261 people live in areas considered to be within the **10% most deprived** in the whole country.
- More than **100 languages** are spoken and the most common community languages are Tamil, Polish, Gujarati, Urdu, French and Portuguese.
- Croydon contains one of the **highest numbers of care homes in the country**.

Populations of interest

- Communities in areas of deprivation
- Black Caribbean, Somali, Indian, Pakistani and Bangladeshi communities

Focus wards

- Thornton Heath, South Norwood, Waddon, Upper Norwood, Norbury, New Addington, Old Coulsdon

Channels to reach borough populations of interest in Croydon

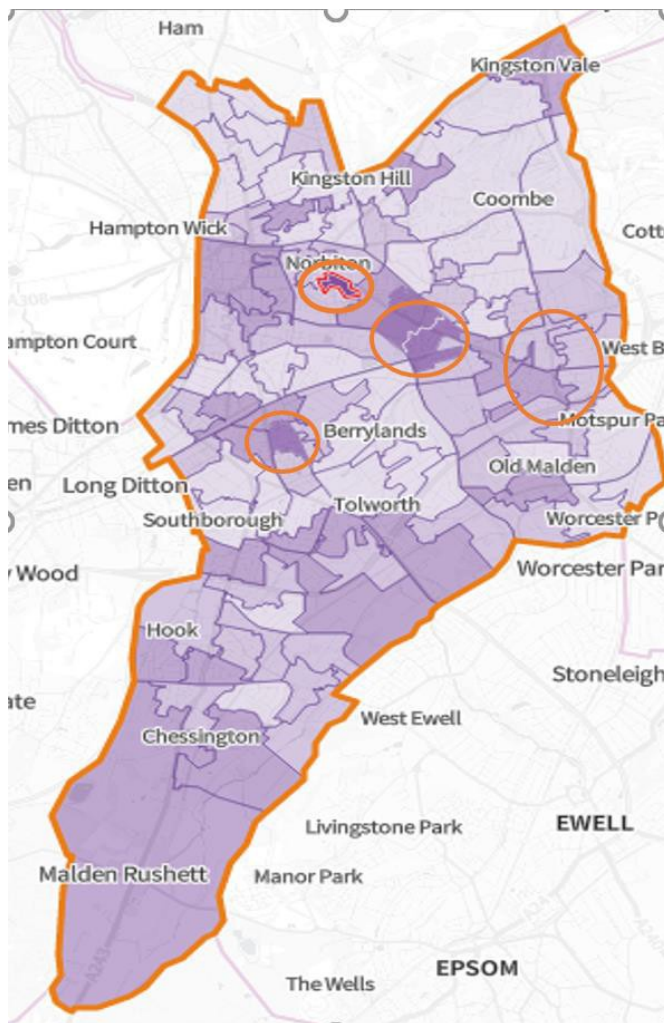
Borough	Highlighted Populations of interest	Key organisations/Influencers	Channels we use to communicate and engage e.g. Facebook	Reach
Croydon	Communities in areas of deprivation (Thornton Heath, South Norwood, Waddon, Upper Norwood, Norbury, New Addington, Old Coulsdon)	<ul style="list-style-type: none"> • Croydon Participation Network • Residents Association • Just be • Link workers • Food banks / soup kitchens / nightstop • Neighbourhood Watch • Personal Independence Coordinators • Covid Information Officers • CVA 'ask me' team • One Croydon Service users and carers group • Palace for Life • Covid Champions • Faith's Together • Croydon EMHIP • Thornton Heath Community Action Trust 	<ul style="list-style-type: none"> • Email • Covid WhatsApp group • Facebook groups • Twitter • TikTok • Instagram • Next Door • Face to Face – attending events in the area, information stalls at bump spots etc. • Leaflets • Council newsletters • Letters / emails through local schools 	20,000 95 + shares Varies Varies Varies Varies 4,000 Varies Varies 80,000 Varies
	Black Caribbean communities	<ul style="list-style-type: none"> • Ministry of Empowerment • Croydon Welderlies • Croydon BME Forum • Local businesses e.g. barbers • Link workers • Personal Independence Coordinators • Covid Information Officers • CVA 'ask me team • Palace for Life • CHS / council BAME Staff network • Covid Champions • New Life Croydon • Masked Men • The Amen Project • Faith's Together • Croydon EMHIP 	<ul style="list-style-type: none"> • Email • Covid WhatsApp group • Facebook • TikTok • Instagram • Next Door • Face to Face – attending community events, information stalls at bump spots etc. • Leaflets • Council newsletters • Letters / emails through local schools 	20,000 95 + shares Varies Varies Varies Varies 4,000 Varies Varies 80,000 Varies

Borough	Highlighted Populations of interest	Key organisations/Influencers	Channels we use to communicate and engage e.g. Facebook	Reach
Croydon	Black African communities	<ul style="list-style-type: none"> • His Grace Evangelical Church • Trinity Oasis Baptist Church • Palace for Life • CHS / council BAME Staff network • Covid Champions • The Amen Project • Masked Men • Young at Heart Group • Croydon Wellderlies • Health Champions • Faith's Together • Croydon EMHIP • Croydon Tabernacle Church 	<ul style="list-style-type: none"> • Email • Covid WhatsApp group • Facebook groups • Twitter • TikTok • Instagram • Next Door • Face to Face – attending events in the area, information stalls at bump spots etc. • Leaflets • Council newsletters • Letters / emails through local schools 	20,000 95 + shares Varies Varies Varies Varies 4,000 Varies Varies 80,000 Varies
	Indian communities	<ul style="list-style-type: none"> • Asian Resource Centre of Croydon • Purley Mosque • Croydon Mosque • Palace for Life • CHS / council BAME Staff network (over 70% local residents) • Covid Champions • Masked Men • Health Champions • Faith's Together • Croydon EMHIP • Tamil Help Line • Dialogue Society • Sakthy Ghanapathy Temple 	<ul style="list-style-type: none"> • Email • Covid WhatsApp group • Facebook groups • Twitter • TikTok • Instagram • Next Door • Face to Face – attending events in the area, information stalls at bump spots etc. • Leaflets • Council newsletters • Letters / emails through local schools 	20,000 95 + shares Varies Varies Varies Varies 4,000 Varies Varies 80,000 Varies

Borough	Highlighted Populations of interest	Key organisations/Influencers	Channels we use to communicate and engage e.g. Facebook	Reach
Croydon	Bangladeshi community	<ul style="list-style-type: none"> • Asian Resource Centre of Croydon • Purley Mosque • Croydon Mosque • Palace for Life • CHS / council BAME Staff network • Cllr Kabir's network • Masked Men • Covid Champions • Health Champions • Faith's Together • Croydon EMHIP • Dialogue Society 	<ul style="list-style-type: none"> • Email • Covid WhatsApp group • Facebook groups • Twitter • TikTok • Instagram • Next Door • Face to Face – attending events in the area, information stalls at bump spots etc. • Leaflets • Council newsletters • Letters / emails through local schools 	20,000 95 + shares Varies Varies Varies Varies 4,000 Varies Varies 80,000 Varies
	Pakistani communities	<ul style="list-style-type: none"> • Asian Resource Centre of Croydon • Purley Mosque • Croydon Mosque • Palace for Life • CHS / council BAME Staff network (over 70% local residents) • Masked Men • Covid Champions • Health Champions • Faith's Together • Croydon EMHIP • Dialogue Society 	<ul style="list-style-type: none"> • Email • Covid WhatsApp group • Facebook groups • Twitter • TikTok • Instagram • Next Door • Face to Face – attending events in the area, information stalls at bump spots etc. • Leaflets • Council newsletters • Letters / emails through local schools 	20,000 95 + shares Varies Varies Varies Varies 4,000 Varies Varies 80,000 Varies

Kingston areas and populations of interest

South West London



There are approximately 176,000 people living in Kingston – a relatively small population compared to other London boroughs. 69% of residents are white, 20% from an Asian background, 5% from a mixed ethnic background, 3.1% from a black background.

Kingston has a relatively young population with a median age of 36.2 – however there are a considerable number of residents living into their 90s.

There are pockets of significant deprivation, as well as very affluent areas.

Highlighted populations of interest

- Those with the worst health outcomes/life expectancy e.g. learning disability and mental health
- Communities in areas of deprivation
- Korean community – New Malden
- Travellers

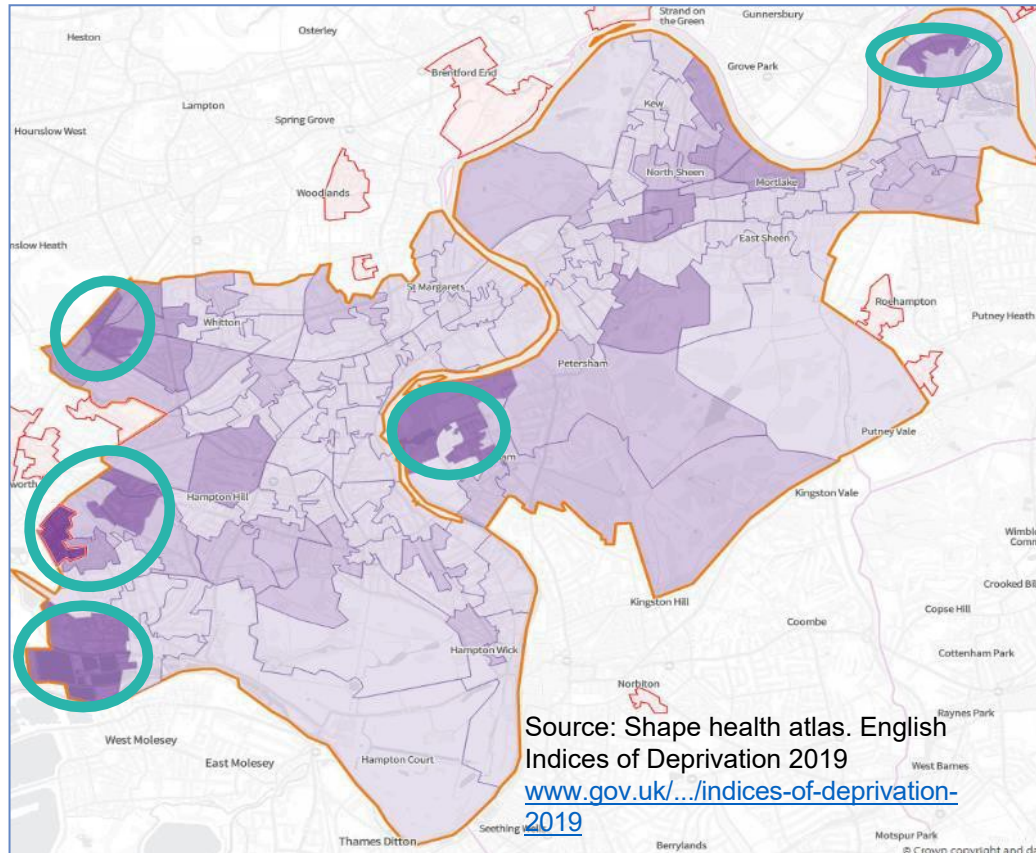
Focus wards

Norbiton – Cambridge Road estate
Beverley – Potters Grove/California Rd area
Berrylands – Alpha Road estate

Channels to reach borough populations of interest in Kingston

Borough	Highlighted Populations of interest	Key organisations/Influencers	Channels we use to communicate and engage e.g. Facebook	Reach
Kingston	Communities in areas of deprivation (Norbiton – Cambridge Road Estate, Beverley – Potters Grove/California Road, Berrylands – Alpha Road Estate)	<ul style="list-style-type: none"> Kingston Voluntary Action Council's community engagement team RBK housing officers, neighbourhood communities teams RBK community champions Children's centres and Kingston Welcare Residents Associations Local community associations and centres PCN social prescribing link workers Food banks 	Work with and alongside organisations/groups listed. Where appropriate join their forums/activities and use their communication channels, e.g. regular email outs; newsletters. Leaflets and attendance at food banks. Community champions WhatsApp groups	TBC
	Black & minority ethnic communities Korean Community	<ul style="list-style-type: none"> RBK PH community engagement team (focus on health inequalities) RBK community champions Kingston Inter-faith forum Kingston Mosque Kingston BME forum Kingston Migrant Advocacy Service Refugee Action Kingston LEAH Milaap Centre Korean community – Naoon, Korean Residents Society, Connect North Korea Kingston Muslim Women's Association & Islamic resource centre 	<ul style="list-style-type: none"> Korean community – via community influencers, schools, Korean businesses & shops in New Malden Work with and alongside organisations/groups listed. Where appropriate join their forums/activities and use their communication channels, e.g. regular email outs; newsletters. Social media (twitter, Facebook) Community champions WhatsApp groups 	TBC
	Travellers	<ul style="list-style-type: none"> RBK PH community engagement team Surrey Community Action (work with Swallow Park travellers site in Kingston) 	Work with and alongside organisations/groups listed. Where appropriate join their forums/activities and use their communication channels, e.g. regular email outs; newsletters	TBC
	Those with worst health outcomes/life expectancy e.g. Mental Health, Learning disabilities	<ul style="list-style-type: none"> RBK PH community engagement team (focus on health inequalities) Homeless – Kingston Churches Action Against Homelessness, SPEAR Kingston Mencap TAG Youth Club ADHD Kingston & Richmond Your Healthcare Kingston MIND 	Work with and alongside organisations/groups listed. Where appropriate join their forums/activities and use their communication channels, e.g. regular email outs; newsletters.	TBC

Richmond areas and populations of interest



In Richmond the engagement team is focusing on strengthening connections with formal and informal leaders in our populations of interest.

Recently this outreach has included organising winter conversations in partnership with local clinicians, and community groups to talk to residents about what matters to them

Winter conversations are also providing support to NHS is Still Here for You, Flu, and Think 111 First campaigns and is gathering valuable insight to inform the COVID-19 vaccination campaign.

Highlighted populations of interest

- Those with the worst health outcomes/life expectancy e.g. learning disability, mental health (and unpaid carers)
- Communities in areas of relative deprivation
- Polish, Punjabi and Farsi speaking communities and Gypsy, Roma & Traveller community

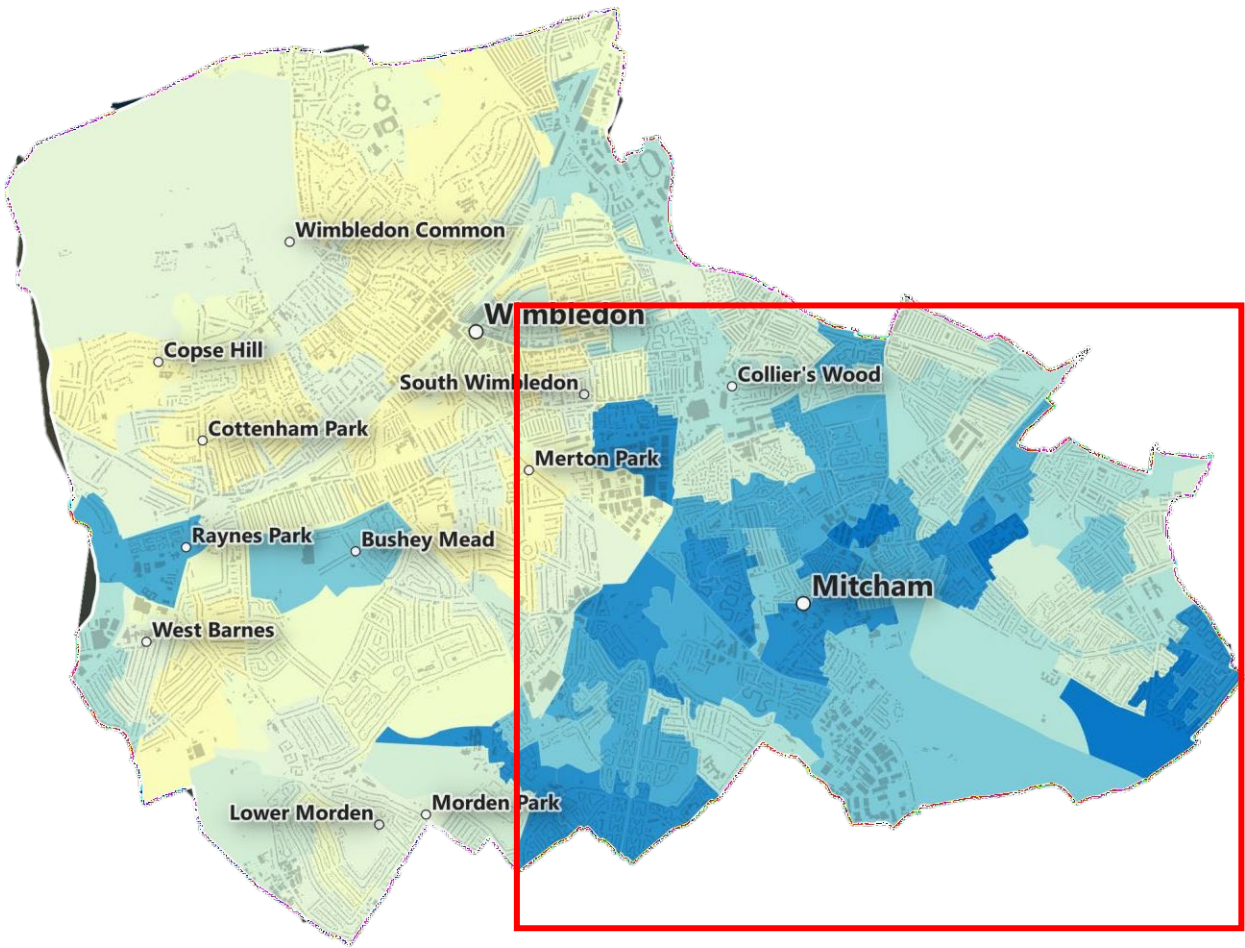
Areas of interest

Areas in Hampton North, Ham, Heathfield, Mortlake and Barnes Common, and Whitton

Channels to reach borough populations of interest in **Richmond**

Borough	Highlighted Populations of interest	Key organisations/Influencers	Channels we use to communicate and engage e.g. Facebook	Reach
Richmond	Communities in areas of relative deprivation in Hampton North, Ham, Heathfield, Mortlake and Barnes Common, and Whitton	<ul style="list-style-type: none"> • LBRuT's community engagement team and neighbourhood forums • Children's centres and Homestart • PCN social prescribing team • Neighbourhood Care Groups e.g. Ham & Petersham SOS • Local community groups and centres e.g. Castlenau Community Centre, Whitton Community Association • Food banks • Housing associations, tenant champions and residents' associations 	Work with and alongside organisations/groups listed. Where appropriate join their forums/activities and use their communication channels, e.g. regular email outs; newsletters.	
	Those with the worst health outcomes/life expectancy e.g. learning disability, mental health (and unpaid carers)	<ul style="list-style-type: none"> • Richmond Mencap & The Working Together Group • True Access and TAG Youth Club • ADHD Kingston & Richmond • Your Healthcare • Learning Disability partnership board • Spear and The Vineyard • Richmond Carers Centre & Carers Hub • Crossroads Care & The Carers Café • Richmond parent carer forum • Mind 	Work with and alongside organisations/groups listed. Where appropriate join their forums/activities and use their communication channels, e.g. regular email outs; newsletters.	
	Black and ethnic minority communities: Polish Communities Punjabi speaking communities Farsi speaking communities	<ul style="list-style-type: none"> • Multicultural Richmond • LEAH (Learn English at Home) • Richmond EAL • Richmond Inter-faith forum • Kingston Mosque (exploring similar in Hounslow) • Richmond Council's community engagement team (local businesses and groups) • Black and ethnic community groups and networks in Kingston (exploring similar in Hounslow) • Explore contacts with Catholic churches and across boroughs for Polish speaking community. • Healthwatch Richmond 	Work with and alongside organisations/groups listed. Where appropriate join their forums/activities and use their communication channels, e.g. regular email outs; newsletters.	
	Gypsy, Roma & Traveller communities	Richmond Housing Partnership	Face to face working with RHP support worker	

Merton areas and populations of interest



Merton has an estimated population of 211,787 residents. Significant social inequalities exist within Merton. The eastern half has a younger, poorer and more ethnically mixed population, with more areas of high deprivation. The western half is whiter, older, and richer.

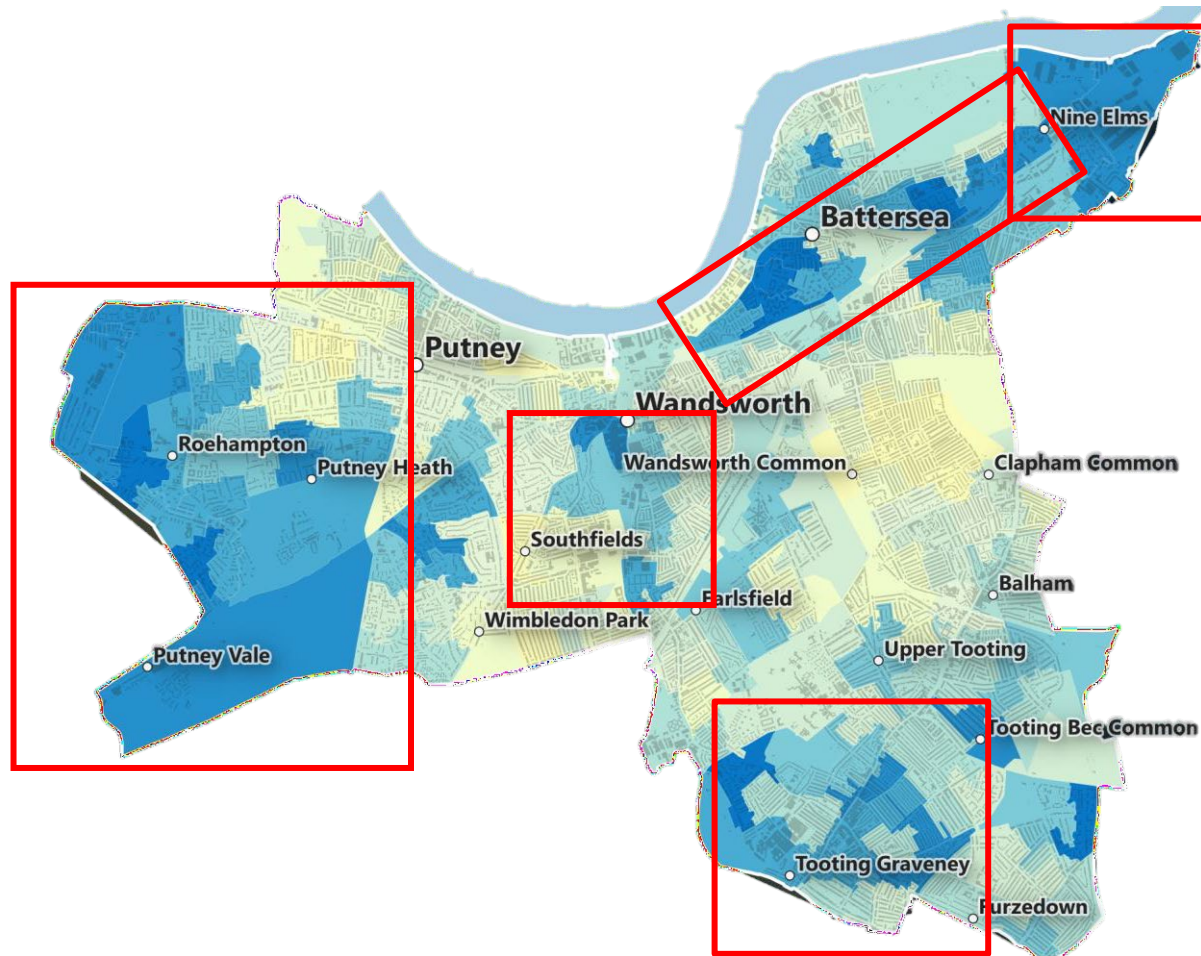
Populations of interest	<ul style="list-style-type: none">Communities in areas of deprivationCommunities with Ghanaian, Polish, Somali, Tamil, Gypsy, Roma and Traveller backgrounds
Focus wards	<ul style="list-style-type: none">East Merton; esp. Figges Marsh, Pollards Hill, Lavender Fields, St Helier.Gypsy, Roma and Traveller population in Wimbledon Park.

Source: English Indices of Deprivation
<https://imd2019.group.shef.ac.uk/> last accessed 10/09/2020

Channels to reach borough populations of interest in **Merton**

Borough	Highlighted Populations of interest	Key organisations/Influencers	How we communicate e.g. channels	Reach
Merton	Communities in areas of deprivation (East Merton – Figges Marsh, Pollards Hill, Lavender Fields, St Helier)	<ul style="list-style-type: none"> • Merton Connected • Polish Family Association • BAME Voice • Ethnic Minority Centre • Merton COVID-19 Champions • Focus 4 One • Merton Carers • Power Centre Food Bank 	Email, community connectors, information sessions, newsletters Champions – face-to-face conversations, social media	~ 8,000
	Gypsy, Roma and Traveller Population	<ul style="list-style-type: none"> • Merton Local Authority • Friends & Families of Travellers 	Community connectors/meetings	TBC
	Ghanaian Communities	<ul style="list-style-type: none"> - Faith and Belief Forum - Sedina Agama 	Community connectors	TBC
	Polish Communities	<ul style="list-style-type: none"> • Polish Family Association 	Email, Facebook	
	Somali Communities	<ul style="list-style-type: none"> • Joint Consultative Committee: Ethnic Minorities • Faith and Belief Forum • Good Goal Relief • Somali CIC 	Leaflets, social media community connectors	~3000
	Tamil Communities	<ul style="list-style-type: none"> • Shree Ganapathy Temple • Tamil Welfare Association • Joint Consultative Committee: Ethnic Minorities 	Leaflets, newsletters social media	~ 500

Wandsworth areas and populations of interest



Wandsworth has an estimated 328,828 residents, the second highest in inner London, and a growing population. Nearly half of all people living in Wandsworth are aged between 25 and 44 years old.

There are significant social inequalities affecting young people and the elderly. 36% of children are living in poverty when housing costs are accounted for.

2016 research highlighted that a quarter of people over 60 were experiencing income deprivation.

Populations of interest

- Communities in areas of deprivation
- Communities with Caribbean, Indian, Pakistani, and Somali backgrounds

Focus wards

Roehampton and Putney Heath, Southfields, Graveney, Latchmere, Queenstown

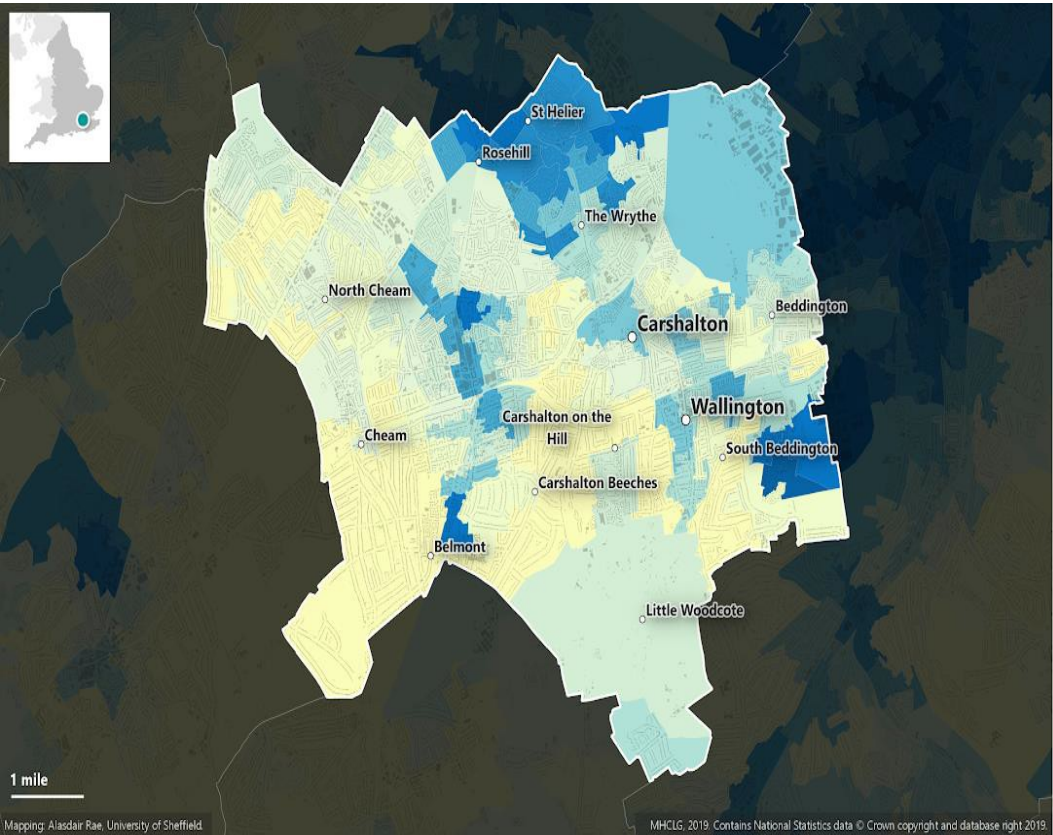
Channels to reach borough populations of interest in **Wandsworth**

Borough	Highlighted Populations of interest	Key organisations/Influencers	How we communicate e.g. channels	Reach
Wandsworth	Communities in areas of deprivation: Roehampton and Putney Heath, Southfields, Graveney, Latchmere, Queenstown	Roehampton response Network Wandsworth Community Empowerment Network (WCEN), Wandsworth Care Alliance, MACWO, Battersea Zoomers	Councillors, local activists – face-to-face meetings and email. Council newsletters, social media, community newsletters	~10,000
	Caribbean communities	NTA Church, WCEN, A2ndVoice	Community meetings, email	~ 1000
	Indian communities	WCEN, Wandsworth Asian Carers, Khalsa Centre - Tooting	Community meetings, email, newsletters	~ 800
	Pakistani communities	WCEN, Tooting Islamic Centre, Balham Masjid, Mushkil Asaan	Community meetings, email, newsletters, social media	~ 1000
	Somali communities	Love2Learn, Elays Network, MACWO	Email, social media, community meetings	100

Sutton areas and populations of interest



South West London



- **Sutton has a population of over 200,000 and looking to increase to around 233,300 by 2024.** Growth is expected in all age bracket especially working age population of 20 – 64. Greatest change is expected in age band (75-84) followed by people aged 85 and over.
- **In Sutton, 2% of population accounts for people aged 85 and over** and working population 20–64 is projected to increase by 2024. Older people live in the more deprived
- **Sutton has become more ethnically diverse over the last decade**, with White 79%, 12% of people for Asian or Asian British ethnic groups and 9% Black or Black British from other ethnic group
- **Around 18,298 carers who live in Sutton** can be found in the most deprived wards—**St Helier, Wandle Valley and Wallington South**. Around 3,550 of carers can be classed as older carers with health conditions than majority of London Boroughs. **Sutton has the 26th highest out of 32 London Councils.**

Populations of interest	<ul style="list-style-type: none">• Communities in areas of deprivation• Communities with Black British African, Indian, Polish & Bulgarian, Somali, Tamil, Gypsy, Roma and Traveller backgrounds
Focus wards	<ul style="list-style-type: none">• Beddington South (inc. Roundshaw), St Helier, The Wrythe, Wandle Valley, Sutton Central, Wallington South

Channels to reach borough populations of interest in **Sutton**

Borough	Highlighted Populations of interest	Key organisations/Influencers	How we communicate e.g. channels	Reach
Sutton	Communities in areas of deprivation (Beddington South (inc. Roundshaw), St Helier, The Wrythe, Wandle Valley, Sutton Central, Wallington South)	Neighbourhood Co-ordinators	Email, Newsletter and Door to door leaflets Sutton Health Champions – via social media and WhatsApp	5402
	Communities in areas of deprivation (Beddington South (inc. Roundshaw), St Helier, The Wrythe, Wandle Valley, Sutton Central, Wallington South)	Neighbourhood Watch Co-ordinators	No emails, face to face and leaflet drops	1633
	Black British, Black African Communities	Sutton Community Champions SACCO	Community Connectors – WhatsApp	440 500
	Indian Communities	Asian Sports & Cultural Club	Facebook	150
	Polish & Bulgarian Communities	People Arise Now	Email and meetings	100+
	Somali Communities	Sutton Tamil School & Elders	Email distribution	200

Appendix Six - Providers of Primary Medical Services

Providers of Primary Medical Services in South West London

Below is a list of GP Practices that provide primary care services to local people across South West London. This is also the list of eligible practices that nominate the Partner Member for Primary Medical Services of the Board.

NB: The list is in alphabetical order and divided by borough (Place).

Place	Provider
Croydon	Addington Medical Practice
Croydon	Ashburton Park Medical Centre
Croydon	Auckland Surgery
Croydon	Birdhurst Medical Practice
Croydon	Bramley Avenue Surgery
Croydon	Brigstock & South Norwood Partnership
Croydon	Broom Road Medical Practice
Croydon	Country Park Practice
Croydon	Denmark Road Surgery
Croydon	East Croydon Medical Centre
Croydon	Eversley Medical Practice
Croydon	Fairview Medical Centre
Croydon	Family Practice Group
Croydon	Farley Road Medical Practice
Croydon	Friends Road Medical Practice
Croydon	Greenside Group Practice
Croydon	Haling Park Medical Practice
Croydon	Hartland Way Surgery
Croydon	Headley Drive Surgery
Croydon	Keston Medical Practice
Croydon	Leander Family Practice
Croydon	London Road Medical Practice
Croydon	Mersham Medical Centre
Croydon	Morland Road Surgery
Croydon	New Addington Group Practice
Croydon	Norbury Medical Practice
Croydon	North Croydon Medical Centre
Croydon	Northway Road Surgery
Croydon	Old Coulsdon Medical Practice
Croydon	Parchmore Medical Centre
Croydon	Parkside Group Practice
Croydon	Portland Medical Centre
Croydon	Queenhill Medical Practice
Croydon	Selhurst Medical Centre

Place	Provider
Croydon	Selsdon Park Medical Practice
Croydon	Shirley Medical Centre
Croydon	South Norwood Hill Medical Centre
Croydon	St James Medical Centre
Croydon	Stovell House Surgery
Croydon	Thornton Heath Medical Centre
Croydon	Thornton Road & Valley Park Surgery
Croydon	Upper Norwood Group Practice
Croydon	Violet Lane Medical Practice
Croydon	Whitehorse Practice
Croydon	Woodcote Medical
Kingston	Berrylands Surgery
Kingston	Brunswick Surgery
Kingston	Canbury Medical Centre
Kingston	Central Surgery
Kingston	Chessington Park Surgery
Kingston	Churchill Medical Centre
Kingston	Claremont Medical Centre
Kingston	Fairhill Medical Practice
Kingston	Groves Medical Centre
Kingston	Holmwood Corner Surgery
Kingston	Hook Surgery
Kingston	Kingston Health Centre
Kingston	Langley Medical Practice
Kingston	Manor Drive Medical Centre
Kingston	Orchard Practice
Kingston	Red Lion Road Surgery
Kingston	Roselawn Surgery
Kingston	St Albans Medical Centre
Kingston	Sunray Surgery
Kingston	West Barnes Surgery
Merton	Alexandra Road Surgery
Merton	Central Medical Centre
Merton	Colliers Wood Surgery
Merton	Cricket Green Medical Practice
Merton	Figges Marsh Surgery
Merton	Francis Grove Surgery
Merton	Grand Drive Surgery
Merton	Lambton Road Medical Practice
Merton	Merton Medical Practice
Merton	Mitcham Family Practice
Merton	Mitcham Medical Centre

Place	Provider
Merton	Morden Hall Medical Centre
Merton	Nelson Medical Practice
Merton	Ravensbury Park Medical Centre
Merton	Riverhouse Medical Practice
Merton	Stonecot Surgery
Merton	Tamworth House Medical Centre
Merton	Vineyard Hill Road Surgery
Merton	Wide Way Medical Centre
Merton	Wimbledon Medical Practice
Merton	Wimbledon Village Surgery
Richmond	Acorn Group Practice
Richmond	Broad Lane Surgery
Richmond	Crane Park Surgery
Richmond	Cross Deep Surgery
Richmond	Essex House Surgery
Richmond	Glebe Road Surgery
Richmond	Hampton Hill Medical Centre
Richmond	Hampton Medical Centre
Richmond	Hampton Wick Surgery
Richmond	Jubilee Surgery
Richmond	Kew Medical Practice
Richmond	Paradise Road Surgery
Richmond	Park Road Surgery
Richmond	Parkshot Medical Practice
Richmond	Richmond Lock Surgery
Richmond	Richmond Medical Group
Richmond	Seymour House Surgery
Richmond	Sheen Lane Surgery
Richmond	Staines Road Medical Centre
Richmond	Thameside Medical Practice
Richmond	The Green & Fir Road
Richmond	Twickenham Park Surgery
Richmond	Vineyard Surgery
Richmond	Woodlawn Medical Centre
Richmond	York Medical Practice
Sutton	Beeches Surgery
Sutton	Benhill and Belmont GP Centre
Sutton	Bishopsford Road Medical Centre
Sutton	Cheam Family Practice
Sutton	Cheam GP Centre
Sutton	Chesser Practice
Sutton	Circle GP Surgery

Place	Provider
Sutton	Faccini House Surgery
Sutton	Grove Road Practice
Sutton	Hackbridge Medical Centre
Sutton	James O'Riordan Medical Centre
Sutton	Maldon Road Surgery
Sutton	Manor Practice
Sutton	Mulgrave Road Surgery
Sutton	Old Court House Surgery
Sutton	Park Road Medical Centre
Sutton	Robin Hood Lane Health Centre
Sutton	Shotfield Medical Practice
Sutton	Sutton Medical Centre
Sutton	Wallington Family Practice
Sutton	Wrythe Green Surgery
Wandsworth	Alton Practice
Wandsworth	Balham Health Centre
Wandsworth	Balham Park Surgery
Wandsworth	Battersea Fields Practice
Wandsworth	Battersea Rise Group Practice
Wandsworth	Bedford Hill Family Practice
Wandsworth	Bolingbroke Medical Centre
Wandsworth	Bridge Lane Group Practice
Wandsworth	Brocklebank Group Practice
Wandsworth	Chartfield Surgery
Wandsworth	Chatfield Health Care
Wandsworth	Clapham Junction Medical Practice
Wandsworth	Danebury Avenue Surgery
Wandsworth	Earlsfield Surgery
Wandsworth	Elborough Street Surgery
Wandsworth	Falcon Road Medical Centre
Wandsworth	Grafton Medical Partners
Wandsworth	Greyswood Practice
Wandsworth	Haider Practice
Wandsworth	Heathbridge Practice
Wandsworth	Junction Health Centre
Wandsworth	Lavender Hill Group Practice
Wandsworth	Mayfield Surgery
Wandsworth	Nightingale Practice
Wandsworth	Open Door Surgery
Wandsworth	Putneymead Group Medical Practice
Wandsworth	Queenstown Road Medical Practice
Wandsworth	Roehampton Lane Surgery
Wandsworth	Southfields Group Practice

Place	Provider
Wandsworth	St Johns Hill Surgery
Wandsworth	St Pauls Cottage Surgery
Wandsworth	Streatham Park Surgery
Wandsworth	Thurleigh Road Practice
Wandsworth	Tooting Bec Surgery
Wandsworth	Tooting South Medical Centre
Wandsworth	Triangle Surgery
Wandsworth	Tudor Lodge Health Centre
Wandsworth	Wandsworth Medical Centre

Appendix Seven - Equality Impact Assessment

Comments

1. Does the Policy affect any group less or more favourably than another on the basis of:
 - Age? No
 - Disability? No
 - Gender? No
 - Gender identity? No
 - Marriage or civil partnership? No
 - Pregnancy and maternity or paternity? No
 - Race? No
 - Religion or belief? No
 - Sexual orientation? No
2. Is there any evidence that any groups are affected differently by the Policy and if so, what is the evidence? No
3. Is any impact of the Policy likely to be negative? No
4. If any impact of the Policy is likely to be negative, can the impact be avoided and if so, how? Not applicable
5. If a negative impact can't be avoided, what, if any, are the reasons the Policy should continue in its current form? Not applicable
6. Where relevant, does the Policy support the FREDA principles: Fairness, Respect, Equality, Dignity and Autonomy? Yes

If you have identified a potential discriminatory impact of this Handbook, please contact the Senior Governance Advisor.

