



NHS South West London
Integrated Care Board

Meeting Pack

South West London Integrated Care Board

19 July 2023
10:00 – 12:30

Clarendon Hall, York House, Richmond
Road, Twickenham, TW1 3AA

Board Meeting

Wednesday 19 July 2023

10.00 – 12.30

Clarendon Hall, York House, Richmond Road, Twickenham, TW1 3AA

The ICB has four core purposes. These are to:

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

	Time	Agenda Item	Sponsor	Enc
01	10.00	Welcome, Introductions and Apologies	Chair	
02		Declarations of Interest <i>All members and attendees may have interests relating to their roles. These interests should be declared in the register of interests. While these general interests do not need to be individually declared at meetings, interests over and above these where they are relevant to the topic under discussion should be declared.</i>	All	01
03	10.05	Minutes, Action Log and Matters arising Minutes and actions arising from the SWL ICB Part 1 meeting held on the 28 June 2023	Chair	02
04	10.10	Decisions Made in Other Meetings	CEO	03
05	10.15	Chair's Report	Chair	04
IN FOCUS				
06	10.25	Update on ICS Digital	John Byrne/ Martin Ellis	05

	Time	Agenda Item	Sponsor	Enc
FOR DECISION				
07	10.45	Scheme of Reservation and Delegation <ul style="list-style-type: none"> • Scheme of Reservation and Delegation and Detailed Scheme of Delegation • Review of Standing Orders and Standing Financial Instructions 	Helen Jameson	06 07
08	11.00	Updated Finance and Planning Committee Terms of Reference (ToR)	Dick Sorabji	08
	11.05	COMFORT BREAK		
ITEMS FOR INFORMATION				
09	11.15	NHSE Feedback on Operational Plan	Jonathan Bates	09
10	11.25	South West London Integrated Care Partnership Update	Cllr Ruth Dombey	10
11	11.35	Board Committee Updates and Reports <ul style="list-style-type: none"> • Finance & Planning Committee Update: <ul style="list-style-type: none"> • Month 2 Finance Report • Quality & Oversight Committee Update: <ul style="list-style-type: none"> ○ Quality Report ○ Performance Report • Audit & Risk Committee Update • Remuneration & Nominations Committee 	Dick Sorabji Helen Jameson Mercy Jeyasingham John Byrne Jonathan Bates Martin Spencer Ruth Bailey	11 12 13 14 15
12	12.05	Chief Executive Officer's Report	CEO	16
13	12.15	Any Other Business	All	
14	12.20	Meeting close	Chair	
15	12.21	Public Questions - by email Members of the public are invited to ask questions relating to the business being	Chair	

	Time	Agenda Item	Sponsor	Enc
		conducted today. Priority will be given to those received in writing in advance of the meeting.		

Date of next meeting: Wednesday 20 September, 10.00-13.00 Guildhall, Kingston

**NHS South West London Integrated Care Board
Register of Declared Interests
July 2023**

Name	Current position (s) held in the ICB .	Do you have any interests to declare? (Y or N)	Declared Interest (Name of the organisation and nature of business)	Financial Interest	Non-Financial professional interest	Non-Financial Personal Interest	Indirect Interest	Nature of Interest	From	To	Action taken to mitigate risk
Elaine Clancy	Chief Nursing Officer ICB Board Member ICP Board Member Quality & Oversight Committee Member People Board Member	Y	1. Langley Park Girls School 2. 1930 Fund for District Nurses			1 2		1 School Governor Langley Park Girls School 2 Trustee 1930 Fund for District Nurses	1 September 2017 2 December 2022	ongoing	Declared and discussed where relevant with conflicts of Interest Guardian
Mercy Jeyasingham	Non Executive Member ICB Board Member Chair of the Quality Oversight Committee Member of the Remuneration and Nominations Committee Chair of the People and Communities Engagement Assurance Committee	Y	1 Medicines and Healthcare products Regulatory Agency (MHRA).	1				1 Non Executive Director Medicines and Healthcare products Regulatory Agency (MHRA)	May-20	ongoing	Recuse from all discussion
Dick Sorabji	Non Executive Member ICB Board Member Chair of the Finance & Planning Committee Member of the Audit and Risk Committee	N	Nil Return								
Ruth Bailey	Non Executive Member ICB Board Member Chair of the Remuneration & Nominations Committee Member of the Audit and Risk Committee Chair of the People Board	Y	1 Executive Director (Job Share) of People and Organisational Effectiveness for Nursing and Midwifery Council 2 Husband is Director in UK Health Protection Agency. 3 Non-Executive Member on Hertfordshire and West Essex ICB 4 Non-Executive Member on Hertfordshire and West Essex ICB		1 3		2	1 Executive Director (Job Share) of People and Organisational Effectiveness for Nursing and Midwifery Council 2 Husband is Director in UK Health Protection Agency. 3 Non-Executive Member on Hertfordshire & West Essex ICB	1 November 2022 2 October 2016 3 July 2022	1-3 Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Martin Spencer	Non Executive Member ICB Board Member Chair of the Audit & Risk Committee	Y	1. NHS Counter Fraud Authority 2. Ofsted 3. Achieving for Children 4. Civil Service Commissioner 5. Education Skills and Funding Agency	1 2 3 4 5				1 Non Executive Director and Chair of the Remuneration Committee 2 Non Executive Director and Chair of the Audit Committee 3. Non Executive Director and Chair of the Audit and Risk Committee 4. Civil Service Commissioner 5. Chair	1. 09/18 2. 07/19 3. 11/20 4. 10/21 5. 10/18	1. 09/24 2. 07/23 3. 11/23 4. 10/26 5. 10/24	Recuse from all discussions
Sarah Blow	ICB Chief Executive ICB Board Member ICP Board Member Attendee of the Remuneration and Nominations Committee Member of Recovery & Sustainability Board	Y	1. LAS				1	1. My son is a band 3 call handler for LAS outside of SW London	Jan-22	Present	Individually determined
Karen Broughton	Deputy Chief Executive / Director of People & Transformation ICB Board Member ICP Board Member Attendee of the Remuneration and Nominations Committee People Board Member Member of Recovery & Sustainability Board	N	Nil Return								
Dr John Byrne	Executive Medical Officer ICB Board Member ICP Board Member Member of the Quality Oversight Committee Member of the Finance and Planning Committee Member of Recovery & Sustainability Board Member of the People and Communities Engagement Assurance Group (PCEAG)	N	Nil Return								
Helen Jameson	Chief Finance Officer ICB Board Member ICP Board Member Attendee of the Finance and Planning Committee Attendee of the Audit and Risk Committee	N	Nil Return								
Dame Cally Palmer	Partner Member Specialised Services Member of the ICB Board Member of Recovery & Sustainability Board	Y	1. Chief Executive The Royal Marsden NHS Foundation Trust 2. NHS England/Improvement (national)	1 2				1. CEO of a Provider Trust in SWL 2. National Cancer Director	1. 2. April 2015	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Vanessa Ford	Partner Member Mental Health Services Chief Executive SWL & St. Georges Mental Health NHS Trust Member of the ICB Board	Y	1. Chief Executive SWL & St Georges Mental Health NHS Trust and a CEO member of the south London Mental Health and Community Partnership (SLP) 2 Merton Place Convenor and. SRO for Regional NHS 111 programme for Mental Health 3. Mental health representative on the ICB	1	2. 3;			1. CEO of Provider Trust in SWL and a CEO member of the south London Mental Health and Community Partnership (SLP) 2. Merton Place Convenor and SRO for Regional NHS 111 3. Mental Health Representative on the ICB	1 August 2019 2. August 2021 3. August 2021	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Jo Farrar	Partner Member Community Services Member of the ICB Board Member of ICP Board Richmond Place Member People Board Member	Y	1. Chief Executive Kingston Hospital NHS Foundation Trust 2. Hounslow and Richmond Community Healthcare NHS Trust	1 2				1. CEO of Provider Trust in SWL 2. CEO of Provider Trust in SWL	1 2019 2 2021	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Jacqueline Totterdell	Partner Member Acute Services Member of the ICB Board Member of Recovery & Sustainability Board	Y	1 Group Chief Executive Officer St George's, Epsom and St Helier University Hospitals and Health Group 2. Aspergillosis Trust	1	2			1. Group Chief Executive Officer of Provider Trust in SWL 2. Trustee of this Charity	01/08/2021 01/04/2023	Present	1. Declared and discussed where relevant with Conflicts of Interest Guardian 2.Remove from any discussion about this Charity

**NHS South West London Integrated Care Board
Register of Declared Interests
July 2023**

Name	Current position (s) held in the ICB .	Do you have any interests to declare? (Y or N)	Declared Interest (Name of the organisation and nature of business)	Financial Interest	Non-Financial professional interest	Non-Financial Personal Interest	Indirect Interest	Nature of Interest	From	To	Action taken to mitigate risk
Dr Nicola Jones	Partner Member Primary Medical Services ICB Board Member ICP Board Member Member of the People and Communities Engagement Assurance Group (PCEAG)	Y	1. Managing Partner Brocklebank Practice, St Paul's Cottage Surgery (both PMS) and The Haider Practice (GMS) 2. Joint Clinical Director, Brocklebank PCN 3. Brocklebank PCN is part of Battersea Healthcare (BHCIC) 4. Convener, Wandsworth Borough Committee 5. Primary Care Representative, Wandsworth 6. Co-Chair Cardiology Network, SWL ICS 7. Clinical Director Primary Care, SWL ICS	1 3 4 5	2 6			1. Practices hold PMS/GMS contracts. Dr Nicola Jones holds no director post and has no specific responsibilities within BHCIC other than those of other member GPs.	1. 1996 2. 2020 3. 2018 4. 2022 5. 2022 6. 2022 7. 2022	1-7 Present	Adherence to COI policy
Ruth Dombey	Partner Member Local Authorities ICB Board Member Joint Chair of the ICP	N	Nil return								
Matthew Kershaw	Place Member Croydon Member of the ICB Board	Y	1. Chief Executive of Croydon Healthcare Services NHS Trust	1				Chief Executive of a provider Trust in SWL	1. 19/10/2019	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Dr Annette Pautz	Place Member Kingston Member of the ICB Board	Y	1 Holmwood Corner Surgery 2 Kingston General Practice Chambers Ltd. 3 NMWP PCN	1 2 3				1 Partner at Holmwood Corner Surgery 2 Member of Kingston General Practice Chambers Ltd. 3 Board Member NMWP PCN	1 01.04.21 2 01.04.21 3 01.04.21	1-3 Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Ian Dodds	Place Member Richmond ICB Board Member ICP Board Member	N	Nil Return								
James Blythe	Place Member Sutton ICB Board Member	Y	1. Managing Director , Epsom and St Helier University Hospitals Trust 2. Spouse is a consultant doctor at Surrey & Sussex Healthcare NHS Trust		1		2		1.02/22 2. 01/22	Present	Recuse from discussions relating to relevant speciality and provider
Mark Creelman	Place Member Wandsworth ICB Board Member Member of Recovery & Sustainability Board	N	Nil return								
Jonathan Bates	Chief Operating Officer Participant of the of the ICB Board Member of the of the Quality Oversight Committee Member of the of the Finance and Planning Committee Member of Recovery & Sustainability Board	Y	1. Spouse provides primary care consultancy and interim support to a range of organisations.				1	Spouse provides primary care consultancy and interim support to a range of organisations.	Autumn 2020	Present	Highlighted potential conflict to the Accountable Officer
Charlotte Gawne	Executive Director for Communications, Engagement and strategic stakeholder relations Participant of the of the ICB Board Member of the People and Communities Engagement Assurance Group (PCEAG)	N	Nil Return								
Ben Luscombe	Chief of Staff Participant of the of the ICB Board Attendee of the of the Audit and Risk Committee Attendee of the Remuneration and Nominations Committee Attendee of the Quality Oversight Committee Attendee of the Recovery & Sustainability Board	N	Nil Return								
Mike Bell	ICB Board Chair ICP Board Co-Chair	Y	1. Lewisham and Greenwich NHS Trust 2. Director at MBARC Ltd (Research and consultancy company which works with central and local government and the NHS). Current clients are: •Welsh Government - Financial Inclusion and Social Justice services - since 2013 - ongoing •NEL ICS - Executive Coaching - since 2020 - ongoing •NCL ICS - Primary Care development - May 2022 - 2023 •Visiba Health Care - Chair UK advisory Board Jan 2022 ongoing •Surrey Physion - Strategic Adviser Feb 2023 ongoing •WA Communications - Strategic Adviser Mar 2023 ongoing •DAC Beachcroft - Strategic Adviser April 2020 ongoing •ZPB - Strategic Adviser 2019 ongoing •Rinova - Strategic Adviser 2022 ongoing	1. 2.				1. Chair of Lewisham and Greenwich NHS Trust 2. Director of MBARC Ltd	1. Jul 2022 2. 2013	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Mike Jackson	Participant Member Local Authorities CEO of Richmond & Wandsworth LA ICB Participant ICP Member	N	Nil return								

MINUTES
SWL ICB Board Meeting
Wednesday 28 June 2023
09.50 – 10.30
Microsoft Teams

Chair: Mike Bell

Members:	Designation & Organisation
Non-Executive Members	
Ruth Bailey (RB)	Non-Executive Member, SWL ICB
Dick Sorabji (DS)	Non-Executive Member, SWL ICB
Mercy Jeyasingham (MJ)	Non-Executive Member, SWL ICB
Martin Spencer (MS)	Non-Executive Member, SWL ICB
Executive Members	
Sarah Blow (SB)	Chief Executive Officer, SWL ICB
Karen Broughton (KB)	Deputy CEO/Director of People & Transformation, SWL ICB
Helen Jameson (HJ)	Chief Finance Officer, SWL ICB
Partner Members	
Vanessa Ford (VF) left the meeting early	Partner Member, Mental Health Services (Chief Executive Officer, South West London & St. Georges Mental Health Trust)
Jo Farrar (JF)	Partner Member, Community Services (Chief Executive Kingston Hospital NHS Foundation Trust & Hounslow and Richmond Community Healthcare NHS Trust; Executive NHS Lead for Kingston and Richmond)
Ruth Dombey (RD)	Partner Member, Local Authorities (London Borough of Sutton).
Dr Nicola Jones (NJ)	Partner Member, Primary Medical Services (Wandsworth GP)
Jacqueline Totterdell (JT)	Partner Member, Acute Services (Group Chief Executive Officer St George's, Epsom and St Helier University Hospitals and Health Group)
Place Members	
James Blythe (JBI)	Place Member, Sutton (Managing Director Epsom & St Helier NHS Trust)
Matthew Kershaw (MK) – left the meeting early	Place Member, Croydon (Chief Executive Officer and Place Based Leader for Health Croydon Healthcare Services NHS Trust)
Dr Annette Pautz (AP)	Place Member, Kingston (Kingston GP)
Mark Creelman (MC)	Place Member, Wandsworth (Executive Locality Lead, Merton, and Wandsworth)
Attendees	
Charlotte Gawne (CG)	Executive Director of Stakeholder & Partnership Engagement and Communications, SWL ICB
Mike Jackson (MJ)	Participant, Local Authorities (Joint Chief Executive Richmond upon Thames & Wandsworth Council)
Observers	
Alyssa Chase-Vilchez (ACV)	SWL HealthWatch Representative
Sara Milocco (SM)	SWL Voluntary Sector Representative
In attendance	
Ben Luscombe (BL)	Chief of Staff, SWL ICB
Maureen Glover (MG)	Corporate Services Manager (ICS)

Apologies	
Dame Cally Palmer (CP)	Partner Member, Specialised Services (Chief Executive Officer, The Royal Marsden NHS Foundation Trust)
Jonathan Bates (JBa)	Chief Operating Officer, SWL ICB
Ian Dodds (ID)	Place Member, Richmond (Director of Children Services Royal Borough of Kingston upon Thames & London Borough of Richmond upon Thames)
John Byrne (JBy)	Executive Medical Director, SWL ICB.

No.	AGENDA ITEM	Action by
1	Welcome and Apologies	
	<p>Mike Bell (MB) welcomed everyone to the meeting and apologies were noted.</p> <p>It was noted the meeting was not quorate because the new Chief Nursing Officer would not be in post until 3 July and the Executive Medical Director was on Annual Leave. Attention was drawn to Section 5 of the Constitution which provided for this circumstance and allowed the ICB to suspend the relevant standing order, if 50% of the Board agreed.</p> <p>The Board agreed the proposal made by the Chair to suspend section 4.7.1 of the Standing Orders to amend quoracy and proceed with the meeting.</p>	
2	Declarations of Interest	
	A register of declared interests was included in the meeting pack. There were no further declarations relating to items on the agenda and the Board noted the register as a full and accurate record of all declared interests.	
3	Minutes, Action Log and Matters arising	
	<p>Minutes The Board approved the minutes of the meeting held on 17 May 2023.</p> <p>Action Log The action log was reviewed and it was noted that three actions remained open which were not due for completion until later in the year.</p> <p>Matters Arising MB noted that Board members had considered two substantive items, in a Part 2 meeting of the Board:</p> <ul style="list-style-type: none"> • The final Annual Report and Accounts for NHS South West London Clinical Commissioning Group (CCG) from 1 April to 30 June 2022; • The final draft Annual Report and Accounts for the nine months of the ICB from 1 July 2022 to 31 March 2023. <p>It was noted that the Board had approved these documents, and Letters of Representation for the CCG and ICB, subject to any final amendments, which would be approved by the Audit Chair, unless they were of a material nature.</p> <p>The Annual Report and Accounts would be published on the IBC website, in line with NHSE guidance, later in the year.</p>	
4	Joint Forward Plan	

	<p>Karen Broughton (KB) presented the report.</p> <p>MB noted the challenging and complex process involved in the development of the Joint Forward Plan and the scale of ambition to improve health and care and ensure NHS resources were spent wisely across SWL. MB noted the ICB was required to ensure good account was taken of the work of the Integrated Care Partnership (ICP) and this was reflected in the ICB's priorities.</p> <p>Ruth Dombey (RD), Co-Chair of the ICP, congratulated KB and her team for this very important piece of work and said she liked the way the comments received from residents had been integrated into the document, which made it more meaningful. RD noted the huge amount of work to be done and suggested that an extra piece of work would be required to ensure there was clarity about the priorities and how they would be achieved.</p> <p>Sara Milocco (SM) noted that the Joint Forward Plan was a very good and detailed report with input from the voluntary sector as well as residents. SM suggested there was a need to consider what channels of communication could be used to reach the voluntary sector to keep them informed and engaged. In addition, as work progressed, it would be important to demonstrate the progress that was being made.</p> <p>Alyssa Chase-Vilchez (ACV) suggested it would be helpful to have a summary version of the plan for members of the public, which would link their priorities directly to the 2-year delivery items. This would help people feel their voice really counted and that their participation in the development of this plan was worthwhile. ACV noted the action to ensure digital exclusion was reduced by 2028 and asked whether a more ambitious timeline could be set for working towards a more digitally inclusive NHS.</p> <p>MB thanked everyone for their comments which would be taken on board by the Executive Team and it was noted that, in addition to this document, the Board would be receiving a series of strategy papers relating to specific items. MB noted the four statutory duties of the ICB against which the ICB had set itself some ambitious and stretching targets.</p> <p>Sarah Blow (SB) added her thanks to everyone involved, particularly KB and Charlotte Gawne (CG) and their teams, for the work that had been put into developing this plan. It was recognised that this was the starting point of a 5-year plan which would be refreshed on an annual basis.</p> <p>The Board approved the South West London Joint Forward Plan 2023-28.</p>	
5	Any Other Business	
	There was no other business and the meeting was closed.	
6	Public Questions	
	No written questions had been received from members of the public.	

Next meeting in public: Wednesday 19 July: Clarendon Hall, York House, Richmond Road, Twickenham, TW1 3AA.

ICB Board Part 1 - Action Log

Date: 10 July 2023

Date	Minute Ref	Action	Responsible Officer	Target Completion Date	Update	Status	Committee	Type
13.10.22	1	Long Term Strategy for Urgent and Emergency Care to be reported to a future meeting of the ICB.	Jonathan Bates Matthew Kershaw	sep-23	JB to discuss with the ICB CEO Update 23.3.23: Significant work will take place to develop the strategy during spring 2023 when current operational pressures are expected to have mitigated to some degree, allowing time for focused work across the urgent and emergency care pathway and to facilitate alignment with the publication of the national Urgent & Emergency Care Strategy.	open	ICB Pt1	Action
18.1.23	6	BCF: Report to a future Board meeting assessing the impact on services of the Better Care Fund investments.	Karen Broughton Tonia Michaelides	nov-23		Open	ICB Pt1	Action
18.1.23.	7	CNO to bring a report with a clear set of proposals to address the issues identified in the Kirkup review to a future Board meeting.	Elaine Clancy	sep-23		Open	ICB Pt1	Action

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 19 July 2023		
Title	Decisions made in other meetings		
Lead Director Lead (Name and Role)	Sarah Blow, Chief Executive Officer, SWL ICB		
Author(s) (Name and Role)	Jitendra Patel, ICB / ICP Secretary		
Agenda Item No.	04	Attachment No.	03
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

To ensure that all Board members are aware of decisions that have been made, by the Board, in other meetings.

Executive Summary

Part 2 meetings are used to allow the Board to meet in private to discuss items that may be business or commercially sensitive and matters that are confidential in nature.

A Part 2 meeting was arranged in order for the Board to consider and approve the draft Annual Report and Accounts for NHS South West London Integrated Care Board (from 1 July 2022 to 31 March 2023) and NHS South West London Clinical Commissioning Group (from 1 April 2022 to 30 June 2022) prior to submission for approval to NHS England (NHSE).

In line with guidance, following NHSE's review and approval, the Annual Report and Accounts will be published on the ICB's website by 8 September 2023.

At its Part 2 meeting on 28 June 2023:

Following a recommendation by the Audit and Risk Committee, the Board approved:

- The final draft NHS South West London Integrated Care Board Annual Report and Accounts for the nine months from 1 July 2022 to 31 March 2023 for submission to NHSE, subject to any significant issues that may arise from the completion of the audit work;
- The draft People and Communities Annual Report which will be used as part of NHSE's assessment of local engagement work;
- The process to adopt any further amendments to the ICB report and accounts, upon completion of the audit work;
- The draft NHS South West London Clinical Commissioning Group (CCG) Annual Report and Accounts for the three months from 1 April 2022 to 30 June 2022 for submission to NHSE; and
- That the Chair and Chief Executive Officer sign the letters of representation for the ICB and CCG, on behalf of the Board, in connection with the audit of the financial statements.

<p>Recommendation</p> <p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the decisions made at the 28 June 2023 Part 2 meeting of the Board.
<p>Conflicts of Interest</p> <p>N/A</p>

<p>Corporate Objectives This document will impact on the following Board Objectives</p>	Overall delivery of the ICB's objectives.
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<p>Risks This document links to the following Board risks:</p>	N/A
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<p>Mitigations Actions taken to reduce any risks identified:</p>	N/A
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<p>Financial/Resource Implications</p>	N/A
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<p>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</p>	N/A
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<p>What are the implications of the EIA and what, if any are the mitigations</p>	N/A
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<p>Patient and Public Engagement and Communication</p>	N/A
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Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
	Audit and Risk Committee	27/06/2023	Agreed a recommendation to the Board to approve the draft Annual Report and Accounts for the ICB and CCG.

<p>Supporting Documents</p>	N/A
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NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 19 July 2023		
Title	Chair's Report		
Lead Director Lead (Name and Role)	Mike Bell, Chair, SWL ICB		
Author(s) (Name and Role)	Jitendra Patel, ICB / ICP Secretary		
Agenda Item No.	05	Attachment No.	04
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>
<p>Purpose</p> <p>The report is provided for information to keep the Board updated on key issues not covered in other substantive agenda items.</p> <p>Executive Summary</p> <p>At each Board meeting in public the Chair provides a brief verbal and / or written update regarding matters of interest to members of the Board and members of the Public.</p> <p>Key Issues for the Board to be aware of:</p> <p>Pride 2023</p> <p>In South West London, we are committed to creating a more equal, diverse and inclusive organisation where everyone feels that they belong. During June, a number of initiatives took place to support Pride which celebrates LGBTQ+ people in all their diversity, raises awareness, and combats prejudice with education.</p> <p>The NHS People Plan recognises the urgency of NHS leaders acting and creating an organisational culture where everyone feels that they belong – in particular, improving the experience of staff from diverse and minority backgrounds.</p> <p>We continue to strive to create a culture and environment that allows LGBTQ+ staff to be themselves at work and to contribute fully to the wider organisation.</p> <p>Eid al-Adha Mubarak</p> <p>In South West London, we mark significant awareness days as an opportunity to celebrate our diverse workforce and to learn about our cultures and traditions that are important to us.</p>			

Muslims around the world celebrated the festival of Eid al-Adha in June, and I would like to wish all who celebrated an Eid Mubarak. The period reminds us of the importance of family, friends and community. I, and the Board, recognise and appreciate the enormous contribution the Muslim community makes to the health and care sector.

NHS75

On 5 July 2023, NHS South West London joined in with nationwide celebrations for the 75th anniversary of the founding of the National Health Service.

Since 1948, the NHS has always innovated and adapted to meet the needs of each generation. The founding principles remain as relevant, and valued, today as they were 75 years ago.

Treating 1.3 million people a day the NHS has been a constant presence throughout all our lives, and we can all play a role in supporting the NHS on this special birthday year.

As we mark 75 years of the NHS on 5 July 2023, we're looking back on the history and achievements of our organisation, the recent innovations and technology that has changed how we provide care, the dedication of the hundreds of thousands of our staff and volunteers, and the opportunities that lie ahead to shape the next 75 years of the health service.

NHS Windrush 75

Less than two weeks before the birth of the NHS, the HMT Empire Windrush brought one of the first large groups of post war immigrants to the United Kingdom. The Windrush generation and their descendants have made immeasurable contributions to British society –including to the NHS.

On 22 June 2023, we also celebrated the 75th anniversary of Windrush, as an opportunity to celebrate the work of our Black and other minority ethnic colleagues and their significant contributions to the NHS.

The journey of the early Black and minority ethnic colleagues in the NHS, and in British society, was not an easy one. Faced with overt racism, discrimination and public outcry, they were not always welcome. The same experiences were faced by those who followed over the next few decades.

The NHS has always welcomed talent from around the world. Today, minority ethnic colleagues make up almost a quarter of the NHS workforce and 42% of medical staff, and today's workforce currently represents over 200 nationalities.

The diversity of workforce helped to create the NHS and I am honoured to work alongside generations of colleagues that have followed.

Annual General Meeting

We will be holding an Annual General Meeting (AGM) this September, when we will formally present our annual report and accounts. Members of the public will be welcome to attend to hear about the progress and key achievements of the ICB during our first year, along with some of our future plans.

Whilst details on the date and venue are being finalised, further information will be provided on our website www.southwestlondon.icb.nhs.uk/events/

Anyone who is interested in attending the AGM, should email swl.corporateoffice@swlondon.nhs.uk.

ICP Strategy

As Co-Chair of the South West London Integrated Care Partnership (SWL ICP), along with Councillor Ruth Dombey, I would like to thank all colleagues from across the system, for their contribution in creating and shaping our Integrated Care Strategy.

The SWL ICP Strategy Conference in May was a huge success which helped to bring together a broad range of people and ideas and has contributed to a fantastic collaborative approach in order to tackle our priority areas.

Further information will be covered during the ICP update item, and I look forward to working with colleagues including partner organisations in the NHS, Local Authorities, VCSE partners and Healthwatch to realise the ambition of the strategy going forward.

Fast-Track Cities initiative

I am proud to be the London ICB lead for the Fast-Track Cities initiative, which is a partnership of organisations, including the Mayor of London, NHS England, Public Health England and London Councils, as part of a worldwide drive towards ending HIV.

London is already leading the way in diagnosis and treatment, but now we want to be the first city in the world to end new cases of HIV. We want to get to zero new HIV infections, zero preventable deaths and zero stigma by 2030, making sure everyone with HIV is living well.

I will provide a further update at the November meeting of the Board, as part of the lead up to World Aids Day, on 1 December, when people around the world unite to show support for people living with HIV.

London Anchor Initiative - Springfield development

As part of the London Anchor initiative, I was pleased to contribute to the discussion around the economic benefits of the newly developed Springfield Hospital in Wandsworth, part of South West London and St George's Mental Health NHS Trust.

The wider transformation of the Springfield Village will benefit the local community and the wider economic benefits, including the creation of more than 800 new homes, a new public square, shops and a 32-acre public park will impact on the wider determinants of health for the locality.

Healthcare People Management Association (HPMA) Talent Acquisition Strategy of the year award

I am pleased to report that SWL ICB have been shortlisted for the HPMA Excellence in People Awards 2023 and are finalists in the Talent Acquisition Strategy of the year category. This is in recognition for, supporting the South West London community into good jobs and opportunities, and relates to our Mayor's Skills Academy work.

The winners of the awards will be announced in September, but congratulations to the team in being shortlisted.

Recommendation:

The Board is asked to:

- Note the contents of the report.

Conflicts of Interest
N/A

Corporate Objectives This document will impact on the following Board Objectives	Overall delivery of the ICB's objectives.
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Risks This document links to the following Board risks:	N/A
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Mitigations Actions taken to reduce any risks identified:	N/A
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Financial/Resource Implications	N/A
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Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A
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What are the implications of the EIA and what, if any are the mitigations	N/A
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Patient and Public Engagement and Communication	N/A
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Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
		Click or tap to enter a date.	
		Click or tap to enter a date.	
		Click or tap to enter a date.	

Supporting Documents	N/A
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NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 19 July 2023		
Title	Update on ICS Digital		
Lead Director (Name and Role)	John Byrne, Chief Medical Officer		
Author(s) (Name and Role)	Martin Ellis, Chief Digital Information Officer		
Agenda Item No.	06	Attachment No.	05
Purpose	Approve <input type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

Provide the ICB Board with an update on the SWL ICS Digital activities, covering work that has been undertaken in developing the ICS-wide Digital structure and the progress on Digital activities since the formation of the ICS.

Executive Summary

To respond to the requirements for ICS-wide consideration of Digital, a structure has been implemented which focuses on driving Digital transformation, collaboration and coordination across the ICS, but also delivers the previous Digital support services. This includes:

- Appointment of an ICB Digital Information Officer (CDIO) to lead the ICB Digital Teams and to drive Digital transformation, collaboration and coordination ICS-wide
- Set up of an ICB Digital Board, with representatives from across the ICS partners, to set the direction for ICS Digital, oversee benefit returns, oversee Digital risk management and oversee Digital collaboration
- Regular engagement with senior Digital leads across the ICS and other stakeholders
- Linkage to the ICB and provider governance structures
- Creation and upkeep of a Digital Transformation Investment Plan which is used to manage the ICS-level Digital activity

Digital is primarily driven by the needs of health and care and there are several drivers:

- Aims of the ICS
- ICS Digital Strategy
- NHS England (NHSE) What Good Looks Like framework
- NHSE Six Strand Secondary Care Digitisation Priorities
- NHSE Frontline Digitisation programme
- NHSE Patient Engagement Portals programme

All Digital work to support these at an ICS-level will be planned and managed through the Digital Transformation Investment Plan (DTIP) and Digital governance structures.

Key Issues for the Board to be aware of:

- Digital Infrastructure: Completion of a number of assessments to understand the current ICS infrastructure landscape to inform forward planning; a cyber security assessment to inform development of an ICS-wide Cyber Security Strategy and forward plans
- Shared Care Record: Completion of work to connect SWL providers into the London Care Record, allowing wider sharing of patient data for direct care; completion of the systems upgrade to create the new Universal Care Plan
- Personal Health Record: Delivery of electronic patient portals linked to Kingston, St. George's, Croydon, and Epsom & St. Helier hospitals to provide patients with more of their health and care information and management of their hospital appointments through the NHS App; securing funding for further functionality
- Population Health Platform: Development of a shared vision for how we use our rich data to improve health and care in the short and medium terms, and to improve population health in the longer term, to be developed into the SWL ICS Data Strategy. This will inform the requirements from population health management systems.
- Innovation: SWL ICS, SEL ICS and the NHS Health Innovation Network are planning to run a Digital Innovation Conference later in the year to raise awareness of technology opportunities in healthcare and identify opportunity for delivering innovative change.

The work will continue, defined in the Digital Transformation Investment Plan by the needs of health and care, and managed through the new structure. The ICB Digital Team will also be working to support the SWL ICS Financial Recovery process, planning to reduce the costs of Digital service provision and looking for Digital opportunities to improve operating efficiency.

Recommendation

The Board is asked to:

- Note the progress of the Digital agenda and discuss upcoming opportunities with a view towards informing the future direction of digital to support the ambitions of the ICS.

Conflicts of Interest

None

Corporate Objectives

This document will impact on the following Board Objectives

The work of Digital across the ICS is in line with, and supportive of, the corporate objectives

Risks

This document links to the following Board risks:

There are no specific, high-level, risks linked to this paper

Mitigations Actions taken to reduce any risks identified:	N/A
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Financial/Resource Implications	N/A
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Is an Equality Impact Assessment (EIA) necessary and has it been completed?	Any EIA assessments required will be undertaken as part of specific activities or projects
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What are the implications of the EIA and what, if any are the mitigations	N/A
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Patient and Public Engagement and Communication	Engagement with patients and stakeholders will be undertaken where appropriate in the governance of ICS Digital and in specific delivery projects.
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Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
	None	Click or tap to enter a date.	
		Click or tap to enter a date.	
		Click or tap to enter a date.	

Supporting Documents	ICB Board Paper - Update on ICS Digital Activities v1.00.docx
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South West London Integrated Care Board

Meeting Paper – 19 July 2023

Update on ICS Digital

Introduction

This paper provides an update on the South West London (SWL) Integrated Care System (ICS) Digital activities.

Information Technology (including computers, networks, communications, data storage and security) is critical for providing the underlying technical infrastructure for systems such as electronic patient records. 'Digital' is about how we make use of this Information Technology to add value to the ICS through supporting delivery of the aims of the ICS, making it easier for our population to engage with our health and care providers, providing better information at the point of care to help professionals provide the best care, enabling innovation as new technologies emerge, enabling better forward planning using the rich data held within the NHS and Social Care, and increasing efficiency.

This paper describes the work that has been undertaken in developing the ICS-wide Digital structure to fully deliver the broader Digital purpose, and the progress on Digital activities since the formation of the ICS.

SWL ICS Digital Structure

Following a detailed review of the requirements for an ICB Digital Team, a lean structure has been implemented which focuses on driving digital transformation, collaboration and coordination across the ICS, but also delivers the previous Digital support services.

Consideration of Digital at an ICS-level will include all SWL health and care providers, including NHS trusts, Local Authorities, GP Practices, third sector enterprises and contracted commercial organisations. Local Authority representatives are now included in Digital management and programme groups.

An ICB Chief Digital Information Officer (CDIO) was appointed on 1 July 2022 to lead the team.

A new ICS-level Digital governance structure has been established consisting of:

- An ICB Digital Board. This board has broad representation from health and care partners across the ICS and includes local authorities, charities and the voluntary sector. The ICB Digital Board has a focused set of responsibilities:
 - Set direction for Digital across the ICS

- Oversee delivery and return of benefits from Digital
- Oversee management of Digital risks
- Oversee collaborative working on Digital activities
- A weekly Chief Information Officer (CIO) meeting. The meeting includes CIOs and other stakeholders from SWL health and care providers, the NHS London regional Digital team and NHS England. The meeting has a more detailed focus than the Digital Board and is a discussion forum for change and potential innovations.
- Linkage to the ICB governance structures. The CDIO sits on the ICB Senior Management Team.
- Linkage to provider governance structures. This is particularly important where change requires investment at a local level.
- Delivery Oversight groups. Two Steering Groups are currently being established to provide oversight of delivery of projects and scrutiny of changes to existing systems. One group will be focused on infrastructure and the other on health and care system changes.
- A Digital Transformation Investment Plan which records all ICS-level programmes and projects that have a Digital component or dependency. This provides an overview of Digital activity across the ICS to enable oversight, planning, collaboration and coordination. The DTIP is change-controlled and overseen by the ICB Digital Board.
- New processes for supporting ICS Digital delivery.

The SWL ICB Digital Team is committed to working with all partners to improve the health and wellbeing of the local population. The ICB Digital Team is engaging with frontline clinicians, non-clinical staff, local authorities, voluntary community sector organisations and Healthwatch groups across South West London's Integrated Care System. Engagement with our local stakeholders means that local peoples' needs are always at the heart of everything we do.

Drivers for Digital

Digital is driven by the needs of health and care, although technology innovation will stimulate new ideas for improvement. There are a number of drivers which define these for the ICB Digital Team:

- Aims of the ICS. The ICS has four key aims:
 - 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

- SWL ICS Digital Strategy (2021- 2025). The strategy was agreed by the SWL Clinical Commissioning Group Board in September 2021 and sets out five priority areas for Digital:
 - Digital infrastructure
 - Shared care record
 - Population health platform
 - Personal health and care record
 - Innovation



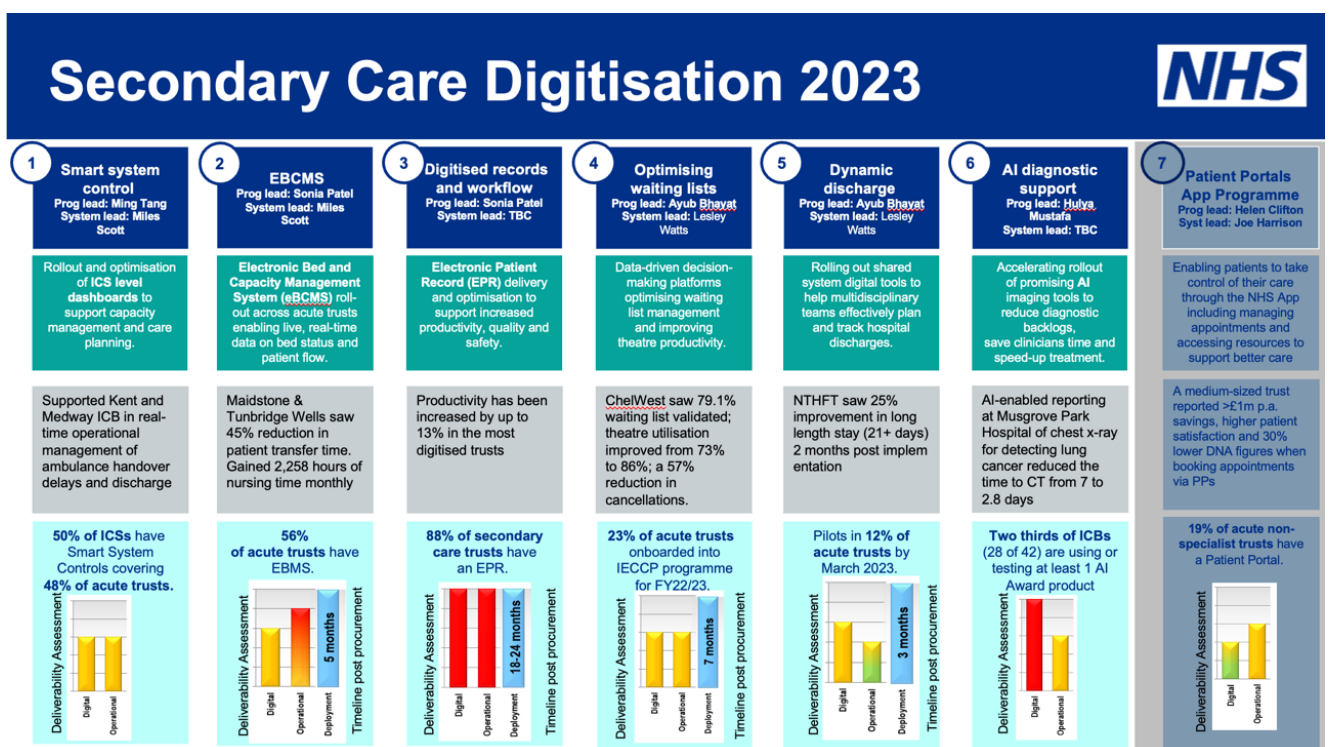
Although the Digital Strategy was developed before the ICS came into being, it was written to support the ICS. The priorities remain valid and are being pursued. The Digital Strategy will be regularly refreshed to support changes to the environment.

- NHS England (NHSE) What Good Looks Like framework, which builds on established good practice and local learning to provide clear guidance for health and care leaders to digitise, connect and transform services safely and securely. This is to improve the outcomes, experience and safety of our people. The seven success measures for Digital are:



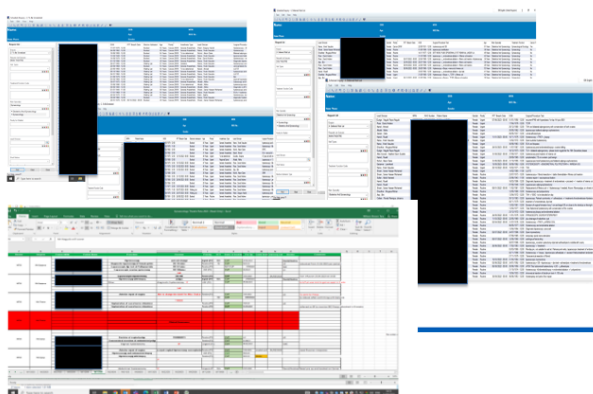
- NHSE Six Strand Secondary Care Digitisation Priorities. These are:

- Rollout and optimisation of ICS-level dashboards to support capacity management and care planning
- Electronic Bed and Capacity Management System (eBCMS) roll-out across acute trusts enabling live, real-time data on bed status and patient flow
- Electronic Patient Record (EPR) delivery and optimisation to support increased productivity, quality and safety
- Data-driven decision-making platforms optimising waiting list management and improving theatre productivity
- Rolling out shared system digital tools to help multidisciplinary teams effectively plan and track hospital discharges
- Accelerating rollout of promising AI imaging tools to reduce diagnostic backlogs, save clinicians time and speed-up treatment

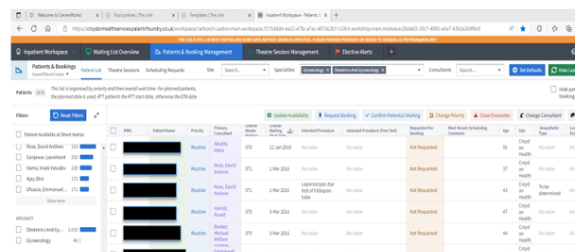


SWL ICS already meets a few of these priorities and we are developing plans for addressing others. An example is in Priority 4 - Optimising Waiting Lists. Croydon Health Services NHS Trust (CHS) has delivered the first stage of a national programme for Improving Elective Care Coordination for Patients (IECCP). The programme is designed to bring together information from multiple IT systems and provide a single tool for managing waiting lists, scheduling theatre sessions and unifying outpatient communication.

FROM Multiple Systems and Folders



TO One System:



The benefits to-date include:

- For patients and booking management: Managers and clinicians are now able to look at the waiting list in its entirety, in one place. A consolidated view of patient pathway and encounter information is available in an easy-to-navigate user interface. The booking process is now more efficient and patients are booked in order of priority and chronological order.
- For Theatre Session Management: The theatre session planning teams can now see information from clinical specialty spreadsheets and theatre booking spreadsheets in one place. The planning team can also see if a patient list has been signed off by a clinician to proceed and whether there are theatre utilisation issues. Consultants and anaesthetists can see ‘golden patients’ – pre-selected first patients on the following day trauma list who are medically fit with a clear surgical plan. The theatre booking process is now quicker and more efficient, is uniform across the Trust and has improved theatre utilisation. The planned utilisation for upcoming weeks and actual can now be compared to help improve theatre performance.
- For elective alerts: The Trust can now better identify and flag any potential data quality issues or operational alerts with the Elective Admitted List, leading to further investigation and patients being removed from the waitlist that no longer need to be there.

The success of the programme means that plans are now being developed to roll out IECCP within the rest of the surgical specialties and endoscopy. CHS is also working with the system supplier on developing a Referral To Treatment module, and working with Chelsea & Westminster Hospital on developing a Cancer Module.

- NHSE Frontline Digitisation programme. This provides funding for levelling-up Electronic Patient Records (EPR) systems across England. SWL ICS has mature EPR systems but has secured funding for 2023-24 and 2024-25 to move the legacy EPR system at Epsom & St. Helier onto the same system used by Kingston and St. George's hospitals. We have also secured funding to provide additional functionality for St. George's Mental Health Trust and for community provision by CHS and Hounslow and Richmond Community Health Trust.
- NHSE Patient Engagement Portals programme – enabling patients to take control of their care through the NHS App including managing appointments and accessing resources to support better care.

NHS Digital has been going through its own transformation and it is likely that additional direction for Digital will emerge in the future.

All Digital work to support these at an ICS-level will be planned and managed through the Digital Transformation Investment Plan (DTIP) and Digital governance structures

Progress Against the Digital Strategy

The progress since the formation of the ICS is described in the following sections.

Digital Infrastructure

All health and care providers have their own teams to develop and manage their infrastructure and the ICB Digital Team is not seeking to change those arrangements. The organisations also have their own accountabilities for conforming to regulations and standards such as the NHS Data Security and Protection Toolkit (which requires annual submissions to show an organisation's measurement of their performance against the National Data Guardian's ten data security standards).

However, the ICS Digital Team is taking an ICS-level view to ensure the infrastructure across the whole of the ICS is fit-for-purpose and can support change and improvement. The starting point has been to understand the landscape across a number of areas:

- Work has been undertaken to identify the maturity of infrastructure in our hospitals using the Healthcare Information and Management Systems Society (HIMSS) Infrastructure Adoption Model (INFRAM). This is an international standard.
- A broader Digital Maturity Assessment has been completed through an NHSE initiative with McKinsey & Company which covers areas not included within INFRAM.
- Work is in progress to evaluate the opportunities and benefits from moving systems to a cloud-based approach, meaning that some systems and data would reside in a third-party environment. Many of our systems already use this approach so this is looking at the remaining systems.

The findings from this detailed work will be used to ensure we address infrastructure as an ICS resource and avoid any gaps that restrict ICS-wide improvement. The funding for infrastructure is held at an organisation level.

Cyber security is a focus area for the ICB Digital Team. Providers have their own cyber teams, protection systems and testing but the ICB Digital Team is undertaking a Cyber Security Assessment at an ICS level to develop an ICS Cyber Security Strategy and ensure ICS-wide risks are being identified and mitigated. The assessment is being referenced to the NHSE Cyber Strategy as well as other guidance such as the WGLL framework and market best practice. The output will inform future approaches and investment decisions.

Shared Care Record

All ICSs in the London region have agreed a programme to create a shared care record that enables health and care professionals to have more information available at the point of care. SWL ICS has completed the work required to enable this for our partners; all of the large providers are now connected to and are using the system. As this is a London-wide programme, it also means that a patient in one ICS area who is receiving care in another will have their information available to the provider organisation. Work is now in progress to extend the number of health and care providers that can securely and appropriately access the system. More information and a video explaining the system can be found here: <https://www.onelondon.online/london-care-record/>

A separate project has also been completed to upgrade the system that provides shared care planning across London. The new system is called the Universal Care Plan and it allows wishes of patients to be recorded and then made available to those involved in the patient's care. A brief video to introduce the system can be found here: https://www.youtube.com/watch?v=wwty97j3_wU

Personal Health and Care Record

The ICB Digital Team has been working closely with Kingston, St. George's, Croydon, and Epsom & St. Helier hospitals, and with NHSE, to lead on implementing electronic patient portals. Patients now have online access to more of their health and care information and can manage their hospital appointments with this available through the NHS App. SWL ICS has been successful in receiving additional funding from NHSE to expand the functionality. NHSE is developing the NHS App to be the front-door for patients to gain access to trusted health and care information and for two-way engagement between the patient and their health and care team.

Population Health Platform

We have been working closely with stakeholders from all areas within the ICS to develop a shared vision for how we use our rich data to improve health and care in the short and medium terms, and to improve population health in the longer term. This vision will be further developed into the SWL ICS Data Strategy and supported by a prioritised delivery plan to turn the vision into reality.



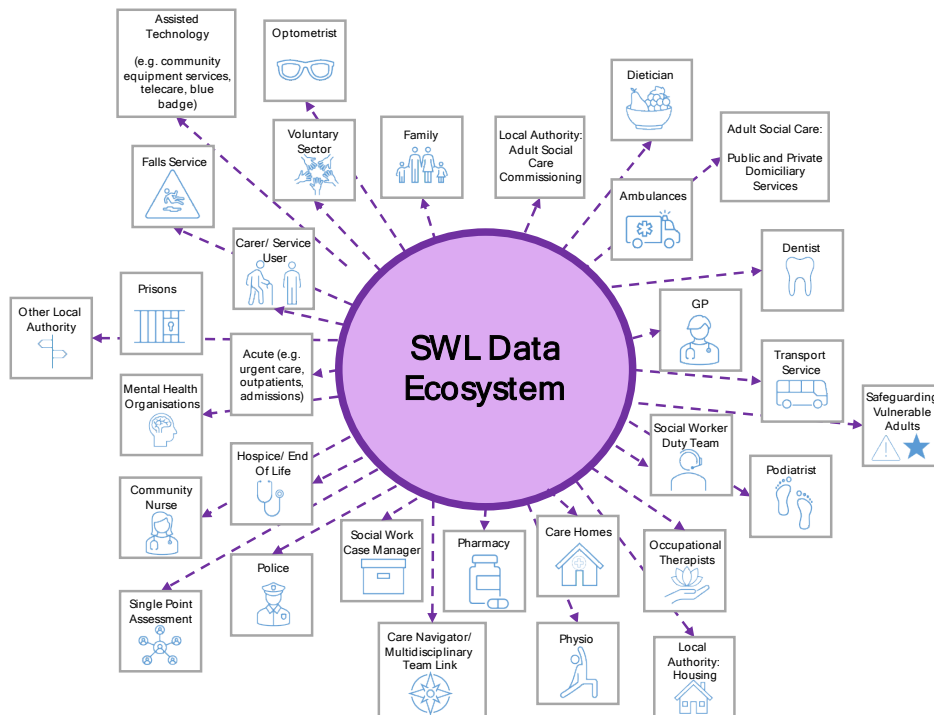
DATA STRATEGY VISION

Our overall vision in South-West London is to leverage data to improve insights that will enable our teams to better fulfil their roles and to improve health and care outcomes for all our residents.

VISION STATEMENTS

1	2	3	4	5	6	7
IMPROVE CARE	CULTIVATE FOUNDATIONS THAT ENABLE CHANGE	IMPROVE EFFICIENCY AND EFFECTIVENESS	DRIVE TRANSFORMATION VIA BIG DATA	INCREASE VISIBILITY OF PERFORMANCE	IMPROVE OVERALL HEALTH AND WELLBEING	ENHANCE RESEARCH AND INNOVATION
<p>Direct care</p> <ul style="list-style-type: none"> Single integrated 360 'live' view of the resident – 'about me' The right data at the fingertips of clinicians/professionals New data 'synapses' that connect all steps in the patient journey together including outcomes (giving ability to see <i>cause and effect</i>) Improved patient and staff experience 	<ul style="list-style-type: none"> High quality, consistent data providing 'one version of the truth' Robust, streamlined and visible data architecture, governance and IG that facilitates users Easy triangulation of different datasets that unlock intelligence and insight Timely access to data via self-serve or combined with advanced analytical support Culture, skills and new ways of working to deliver ICS goals using data 	<p>Demand and capacity management:</p> <ul style="list-style-type: none"> Dynamic patient journey tracker providing real (or near real time) visibility of flow Ability to forecast and manage demand, reduce bottlenecks and waits and divert resources to where they're needed Understanding productivity and 'what good looks like' 	<p>System-level strategic management and planning:</p> <ul style="list-style-type: none"> Identifying the 'big' questions Informing routes to achievement of ICS priorities and goals Sharing and using data to lead and manage the system towards success with wider partners 	<p>Performance oversight and quality management:</p> <ul style="list-style-type: none"> Automated, uniform and streamlined reporting structure Balanced performance view across all settings Easy access to data for performance and quality teams including self-serve Effective process for translating insight into action 	<p>Population health management (PHM):</p> <ul style="list-style-type: none"> Live PHM tool to: <ul style="list-style-type: none"> Identify and target at risk and disadvantaged groups Predict population need, act on wider determinants and reduce inequalities Deploy AI to manage patient contact, encourage self-help or flag issues 	<p>The use of knowledge base to:</p> <ul style="list-style-type: none"> Create a collaborative and sharing space Develop integrated 'linked' datasets in a trusted research environment Expand access to data for research beyond traditional clinical pathways Create a culture and platform that enable research to influence front line care

The goal will be to establish an ecosystem to facilitate the delivery of the vision and to rapidly meet future needs as they emerge.



Innovation

SWL is working with South East London ICS and the NHS Health Innovation Network to run a Digital Innovation Conference in the autumn to raise awareness of technology opportunities in healthcare. The conference will bring together healthcare professionals, technology experts, industry leaders, and innovators to foster collaboration, knowledge sharing, and the development of innovative solutions that enhance patient care and streamline healthcare processes. The conference aims to bridge the gap between health and social care and technology, empowering our ICS staff to harness the full potential of digital innovation in delivering high-quality care. The conference will be used to help define and prioritise innovations that will provide demonstrable return in terms of improved healthcare and efficiency.

The ICS is also launching its first Digital Pioneer Fellowship programme which aims to support innovative individuals from across the ICS who are delivering a Digital transformation project and adopt a Digital innovation as part of their role. The programme is aimed at NHS and Social Care professionals currently employed at any level by an NHS or Social Care organisation in SWL, from across a range of disciplines. The programme plans to enrol 40 candidates to participate in this 12-month programme. The benefits of the programme will be to develop innovation delivery skills, contribute to the growing ecosystem of digital innovators within the ICS and accelerate the adoption and spread of digital innovation.

Next Steps

Digital is seen as key to facilitating improvements in delivery of care, efficiency and meeting the dual challenges of increasing demand and skills shortages. The early stage of the ICS Digital structure has been about establishing the ways of working, planning for the next stages but still completing delivery of key initiatives. The work will continue, defined in the Digital Transformation Investment Plan and driven by the needs of health and care, and managed through the new structure.

The ICB Digital Team is also working to support the SWL ICS Financial Recovery process, planning to reduce the costs of Digital service provision and looking for Digital opportunities to improve operating efficiency. PA Consulting has been assisting with this work and we will be pursuing several immediate opportunities, including:

- Rationalisation of software licences
- Rationalisation of end user devices such as laptops and desktop computers
- Review of support contracts coming up for renewal
- Process automation such as automating staff onboarding

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 19 July 2023		
Title	Scheme of Reservation and Delegation and Detailed Scheme of Delegation		
Lead Director (Name and Role)	Helen Jameson, Chief Finance Officer		
Author(s) (Name and Role)	Neil McDowell, Director of Finance		
Agenda Item No.	07	Attachment No.	06
Purpose	Approve <input checked="" type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input type="checkbox"/>

Purpose

This paper outlines the proposed changes made to the ICB's Scheme of Reservation and Delegation (SoRD), and Detailed Scheme of Delegation (SoD), which have been reviewed by the June Audit and Risk Committee and are recommended to the ICB Board for approval.

The updated, consolidated, ICB Scheme of Reservation and Delegation, brings together the operational scheme of delegation which outlines the matters delegated to Committees, Groups and individuals within the ICB into one document.

Executive Summary

As part of the process other organisation's Schemes of Delegation were reviewed to identify best practice.

The proposed updates (as detailed below) have been reviewed by the Senior Management Team, Audit & Risk Committee and compared to the current governance documents to ensure nothing has been missed in the updates. Further to this, additional meetings have been held with key stakeholders including governance leads, procurement lead, Chief Operating Officer (COO), Chief Executive Officer (CEO) and lead for primary care to review the detailed proposal.

The Standing Orders, Standing Financial Instructions (SFIs) and SoRD/SoD should all be reviewed on an annual basis, or when key updates are made to governance processes or changes to the law etc. It is expected that the Public Contract Regulation Limits will be updated in January 2024 and propose that the governance documents should be reviewed at this time in line with the update.

Key changes proposed to the Scheme of Reservation and Delegation (SoRD) and detailed Scheme of Delegation (SoD):

SoRD

The SoRD provides a high-level overview of the committees, groups and individuals with delegated authorities. This forms the front of the document and key changes from the current SoRD document have been highlighted. These are few in number, which mainly relate to updating the document to our current ways of working, with any changes highlighted:

- GREEN – for new updates and additions included/change of turn of phrase
- RED – for removal where the content is no longer relevant.

The key changes to note are the inclusion of the Senior Management Team and the Contract Procurement Group, as groups with formally delegated authority in the SoD, to support escalation of decision making throughout the organisation. This is in line with how other organisations work in the NHS.

Detailed Scheme of Delegation

This part of the document has undergone a more fundamental re-write and therefore it is not possible to track changes in the document as the format is so different. The aim of this was to:

- Make the document more user friendly.
- Align current delegated limits as this was very complicated previously – for example business case sign off limits did not necessarily align to contracting limits and waivers for a higher value could be signed off at a lower level than contracts that had been through a procurement process.
- To include Senior Management Team and the newly formed Contract Procurement Group, which adds additional formal governance and aims to reduce the burden on the Finance and Planning Committee.
- To include the ICB role in system business cases and planning.
- To change from reviewing annual contract values to reviewing investments from a lifetime cost perspective.
- To include the NHSE ‘triple lock’ process.
- Update for current NHSE and government national approval processes.

Whereas previously the document was one large table with little narrative to explain the approval limits, it is now proposed to have a more detailed word document that aims to provide more context and detail for the user. The sections of the table have been mapped to the new document sections, which are as follows:

- **Intro/principles** – this is a new overview section.
- **Expenditure approvals** – for revenue and capital. The key update is moving from annual limits to contract life limits. These have been set at £2.5m for Senior Management Team, £5m for Finance and Planning and above £5m for the Board. This would reduce the number of contracts for review at Finance and Planning but maintains the current upper level of approval based on a 5-year contract.
- **Invoice requests (to receive income)** – more detail included than in current document.
- **Expense claims** – written in line with current practice.

- **Management of Pay** – this is written in more detail and reflects current vacancy approval process utilised by the organisation and aligns to additional controls requested by NHSE.
- **Approval of business cases** - has been updated to include Contract and Procurement Group and Senior Management Team in the process as well as changing limits to reflect life of the contract. These limits have been aligned to expenditure approval, contract award limits (as detailed above) and waiver limits - all of which previously differed.
- **System Business cases** – this is a new section to reflect the ICB role in providing support to system business cases and bids e.g. Targeted Investment Fund, GPIT, Tolworth build. It is proposed these limits are higher than internal business cases as they will be significant size schemes and approval limits have been aligned to NHSE, Cabinet Office and Treasury required approval limits.
- **Condemnations, disposals, losses, write offs and compensation** – these are the same limits as the current document.
- **Procurement limits** - these are the same limits as the current document.
- **Waivers** – these limits have been uplifted so Chief Finance officer (CFO) approval is in line with the Public Contract Regulations limit (c£230k including VAT) and for spend above this level the waiver limits align with the new contracting limits, whereas previously they were lower.
- **Contract awards limits** – these have been aligned to the business case limits (as detailed above).
- **Acceptance of late tender submissions** – this has been added as a new section.
- **Contract signing limits** – this is now more detailed with the CFO and COO being added as previously it was just the CEO who could sign, providing more resilience to the process. The section is also more explicit about different types of contracts and that this includes all Memorandums of Understanding (MOUs) and grants.
- **Authority to sign commercial contracts** – this has been made more explicit that the approval is aligned to business case limits.
- **Custody of seal** – no changes.
- **Authority to sign non-binding administrative agreements** – new section for MOUs/partnership agreements/collaboration agreements that focus on ways of working.
- **Non-financial delegations** – new section to include risk management and insurance.
- **Delegated limits** - these relate to the limits used in the Finance System and a new section created to make it clearer for the reader of the document. These are to be enacted in line with the prior approvals for business cases, procurement and contract awards. Executive and budget sign-off limits have been maintained at their current levels.

Key Issues for the Board to be aware of:

- These documents have been updated to improve governance processes with the ICB, whilst simplifying the guidance for the user.

Recommendation

The Board is asked to:

- Accept the recommendation by the Audit and Risk Committee to approve the updated SoRD/SoD.
- Agree to review the documents, in line with the update to the Public Contract Regulation Limits, in January 2024.

<p>Conflicts of Interest</p> <p>None.</p>
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<p>Corporate Objectives This document will impact on the following Board Objectives</p>	Achieving best use of resources.
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<p>Risks This document links to the following Board risks:</p>	The updated documents will strengthen the governance processes within the organisation and as a consequence reduce risk
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<p>Mitigations Actions taken to reduce any risks identified:</p>	N/A
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<p>Financial/Resource Implications</p>	These documents support value for money decisions and good use of resources
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<p>Is an Equality Impact Assessment (EIA) necessary and has it been completed?</p>	N/A
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<p>What are the implications of the EIA and what, if any are the mitigations</p>	N/A
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<p>Patient and Public Engagement and Communication</p>	N/A
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Previous Committees/Groups	Committee/Group Name	Date Discussed	Outcome
Enter any Committees/Groups at which this document has been previously considered	Senior Management Team	08/06/2023	Recommend to the Audit and Risk Committee for review.
	Audit and Risk Committee	27/06/2023	Recommend to the Board for approval.
		Click or tap to enter a date.	

<p>Supporting Documents</p>	<ul style="list-style-type: none"> Scheme of Reservation and Delegation Detailed Scheme of Delegation
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NHS South West London
Integrated Care Board

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
	Recommended for approval by	Audit and Risk Committee	27 June 2023
	Approval	ICB Board	19 July 2023

SECTION A – SCHEME OF RESERVATION & DELEGATION

1.1 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.

1.2 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.

1.3 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.

1.4 Decisions and functions delegated by the Board to ICB committees

1.4.1 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.

1.4.2 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.
- Oversight of the nominations and appointments to ICB Board member roles.

1.4.3 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 Scheme of Delegation**
- **Recommend to the Board the thresholds above which quotations or formal tenders should be obtained – as this is within the scheme of delegation reviewed and recommended by the Audit and Risk Committee.**

1.4.4 Quality and 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 equality and diversity as it applies to people drawing on services – remove as this is a board led/ whole organisation requirement.
- 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.

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

1.5.1 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
- 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.

- Approve corporate (non-statutory) policies and procedures and recommend adoption to the respective Committee where appropriate.
- 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.

1.5.2 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

1.5.3 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.

1.5.4 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.

1.5.5 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.

1.5.6 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 Nursing Officer.
- Nominated responsibility as the Freedom to Speak Up Guardian.

1.5.7 Decisions and functions delegated to the Board by other organisations

- Primary medical care commissioning
- Pharmacy, Optometry and Dentistry
- Pathfinder for Specialised Commissioning

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 of the level of delegation that is attached to the position and the responsibilities associated with the delegation.

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
- 3.12 This Scheme of Delegation may be amended from time to time to reflect changes in legislation, ICB policy or operational requirements.
- 3.13 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: <ul style="list-style-type: none"> 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>
4.9.1	Budget Virements Less than £100,000 Above £100,000	<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	Authority to approve non-pay expenditure in excess of budget excluding: <ul style="list-style-type: none"> Situations where a business case is required (<i>refer to paragraph 4.34</i>) (note: this applies to business-as-usual overspends per Place/Service per month)	
4.10.1	Less than £100,000	Responsible Executive Director

#	Delegated Responsibilities	Delegated Officer or Group
4.10.2	Over £100,000 up to £2.500,000	Senior Management Team <i>Approval noted by:</i> Finance and Planning Committee
4.10.3	Over £2,500,000 up to £5,000,000	Approval by Finance and Planning Committee Recommended by SMT
4.11.3	Over £5,000,000	Approval by ICB Board Recommended by Finance and Planning Committee
4.11	Authority to approve non-pay expenditure relating to non-audit based professional services to be provided by the ICB's external auditor	
4.11.1	Approval of any proposed non-audit based professional services to be delivered by the ICB's external auditor	Chief Finance Officer AND the Chair of the Audit and Risk Committee <i>Prior endorsement required by:</i> Senior Management Team Approval noted by the Audit and Risk Committee

4.12 Management of budgets and approval to spend 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:

- a. Primary care improvement grants
- b. Primary care ICT grants
- c. Buildings and equipment
- d. Leases – 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	Capital Schemes	
4.17.2	Up to £2,500,000 for ICB projects	<i>SMT Approval</i> <i>Prior endorsement required by:</i> Capital Investment Group
4.17.3	From £2,500,000 to £5,000,000 for ICB projects	Finance & Planning Committee <i>Approval</i> <i>Prior endorsement required by:</i> Capital Investment Group SMT
4.17.4	From £5,000,000 up to £15,000,000 for ICB projects	<i>ICB Board Approval</i> <i>Prior endorsement required by:</i> Capital Investment Group SMT Finance and Planning Committee
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	
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 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 Vacancy Review Panel, 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	

#	Delegated Responsibilities	Delegated Officer or Group
4.28.1	Staff appointment (where the post is 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:</i> Finance and HR</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:</i> Finance and HR</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:</i> Finance and HR</p>
4.28.4	Staff appointment – Executive Directors and other Directors referenced on the ICB Board	<p>Chief Executive <u>AND</u> Relevant Executive Director <u>AND</u> CPO – or equivalent people role for the ICB (for the purpose of confirming appropriate level of appointment)</p>
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	<p>Human Resources <u>AND</u> Finance Leads <u>AND</u> Relevant Executive Director prior to submission to Recruitment Sub-Committee for approval</p>
4.29.2	Approval of remuneration arrangements for Executive Directors	<p>Remuneration and Nominations Committee</p>

#	Delegated Responsibilities	Delegated Officer or Group
	and other Directors referenced on the ICB Board.	
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

4.32 Approval of business cases requesting funding for ICB programmes of work

4.33 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*).

4.34 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

4.35 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.**

4.36 **Determining the appropriate approval process**

- 4.37 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).

4.38 Escalating the business case approval process

- 4.39 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.
- 4.40 An Executive Director cannot override these delegations to de-escalate approval down the approval process.

#	Delegated Responsibilities	Delegated Officer or Group
4.41	Authority to approve business cases (whole life value) requesting funding	
4.41.1	Up to £1,000,000 (if within delegated budget)	Contract and Procurement group
4.41.2	Up to £2,500,000 (new investment) Over £1,000,000 to £2,500,000 000 (if within delegated budget)	Senior Management Team <i>Prior endorsement required by:</i> SWL Capital Investment Group (where relevant) and Contract and Procurement group
4.41.3	Over £2,500,000 up to £5,000,000	Finance & Planning Committee <i>Prior endorsement required by:</i> SWL Capital Investment Group (where relevant) Senior Management Team Contract and Procurement group
4.41.4	Over £5,000,000 Outline Business Case	ICB Board <i>Prior endorsement required by:</i>

#	Delegated Responsibilities	Delegated Officer or Group
	Full Business Case	SWL Capital Investment Group (where relevant) Contract and Procurement group Senior Management Team AND Finance & Planning Committee 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

4.42 Review and support for ICS partner business cases

- 4.43 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.
- 4.44 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
- 4.45 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.**
- 4.46 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
4.47	Authority to approve/provide support for a partner business cases requesting funding	
4.47.1	Up 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)
4.47.2	Over £10,000,000 up to £25,000,000	Letter of support written by Chief Finance Officer on approval by Finance & Planning Committee

#	Delegated Responsibilities	Delegated Officer or Group
		<i>Prior endorsement required by:</i> SWL Capital Investment Group (where relevant) Senior Management Team
4.47.3	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

4.48 Condemnations & Disposals

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

#	Delegated Responsibilities	Delegated Officer or Group
4.50	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.	
4.50.1	With current / estimated purchase price <£500	Budget Manager
4.50.2	With current / estimated purchase price >£1,000	Chief Finance Officer
4.51	Authority to approve losses of equipment and property	
4.51.1	Less than £100,000	Chief Finance Officer
4.51.2	Over £100,000 up to £300,000	Chief Executive Officer <i>Approval noted by:</i> Audit and Risk Committee
4.51.3	Over £300,000	ICB Board

4.52 Losses, Write Offs & Compensation

#	Delegated Responsibilities	Delegated Officer or Group
4.53	Losses of Cash due to: 1. Theft 2. Overpayment of Salaries, wages, fess and allowances	

#	Delegated Responsibilities	Delegated Officer or Group
	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	
4.53.1	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
4.53.4	Over £300,000	Assurance Team, NHS England
4.54	Fruitless Payments (including abandoned capital schemes)	
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
4.54.5	Over £300,000	Assurance Team, NHS England
4.55	Bad Debts & Claims Abandoned	
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 £300,000	Board
4.55.4	Over £300,000	Assurance Team, NHS England
4.56	Other payments and claims including: <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> 	
4.56.1	Up to £10,000	Chief Finance Officer

#	Delegated Responsibilities	Delegated Officer or Group
4.56.2	Up to £25,000	Chief Executive Officer
4.56.3	Between £25,000 to £95,000	Board
4.56.4	Over £95,000	Assurance Team, NHS England

5. Summary of Procurement Delegations

- 5.1 All UK Public Sector organisations are subject to *Public Procurement Regulations 2015* 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’.***

Current Public procurement limits are quoted below - these should be updated in January 2024 when the new limits are issued

Total Contract Value ¹	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:

- Works are defined as ‘Activities constituting works’ as per Schedule 2 of the Public Sector Procurement Regulations 2015 and fall under Common Procurement

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

Total Contract Value ¹	Procedure
	<p>Vocabulary code 450000. If not specified under this schedule the threshold for goods and services apply.</p> <ul style="list-style-type: none"> • 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. • 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

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.

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

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

5.6 Selection of preferred tenderer(s) for contract award

5.7 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.

5.8 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.

5.9 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
5.10	Authority to approve selection of preferred tenderer(s) for contract award	
5.10.1	Capital	Chief Finance Officer
5.10.2	Revenue Up to £1,000,000 (if within delegated budget)	Contract and Procurement group
5.10.3	Over £1,000,000 to £2,500,000 000 (if within delegated budget)	Senior Management Team <i>Prior endorsement required by:</i> Contract and Procurement group
5.10.4	Over £2,500,000 up to £5,000,000	Finance & Planning Committee <i>Prior endorsement required by:</i> Senior Management Team Contract and Procurement group
5.10.5	Over £5,000,000	ICB Board

#	Delegated Responsibilities	Delegated Officer or Group
		<i>Prior endorsement required by:</i>) Contract and Procurement group Senior Management Team AND Finance & Planning Committee

5.11 Acceptance of late tenders

5.12 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
5.13	Authority to approve acceptance of late tenders	
5.13.1	Tender received within two (2) hours after the specified tender closing time	Executive Director OR Manager
5.13.2	Tender received more than two (2) hours after the specified tender closing time	Chief Finance Officer

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

#	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

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.

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

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.

to another party by imposing an obligation on each party. The process should be in line with **SFI 7 Procurement & Purchasing**.

#	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 <i>Prior approval required by:</i> Senior Management Team
6.2.3	Over £2,500,000 up to £5,000,000	Chief Executive OR Chief Finance Officer or Chief Operating Officer <i>Prior approval required by:</i> Finance & Planning Committee
6.2.4	Over £5,000,000	ICB Board Chair OR Chief Executive OR Chief Finance Officer OR Chief Operating Officer <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

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	
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

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 Senior Management Team members		£100,000	
Level 6	Director of Finance		£100,000	£25,000
Level 7	Budget Holders		£25,000	
Level 8	Budget Administrators		£5,000	

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 19 July 2023		
Title	Review of Standing Orders and Standing Financial Instructions		
Lead Director (Name and Role)	Helen Jameson, Chief Finance Officer Neil McDowell, Director of Finance		
Author(s) (Name and Role)	Jitendra Patel, ICB Secretary Funke Ojutalayo, Head of Assurance		
Agenda Item No.	07	Attachment No.	07
Purpose	Approve <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input type="checkbox"/>

Purpose

On recommendation of the Audit and Risk Committee the Board is asked to review and approve the changes to the Standing Orders (SOs) and Standing Financial Instructions (SFIs) which are aligned to the updated Scheme of Reservation and Delegation (SoRD).

The SOs set out the rules of procedure which govern the ICB Board. The 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.

Executive Summary

No material changes have been suggested to the SOs or the SFIs.

However, minor changes to the SFIs (shown as tracked changes) have been suggested. These mainly relate to clarifying the understanding of responsibilities applicable to individuals working for the ICB, by distinguishing between Officer and Staff. The term 'staff' includes, permanent employees, secondees and contract workers. The term 'officer' includes any individual that is appointed to represent South West London ICB.

The June Audit and Risk Committee reviewed the updates and agreed to recommend the changes to the ICB Board.

Key Issues for the Board to be aware of

The SOs form a part of the Constitution, and any changes would require subsequent authorisation by the Board and approval from NHS England.

The SFIs form part of the organisation's prime financial policies and align to the Scheme of Reservation and Delegation.

Recommendation

The Board is asked to:

- Approve the Standing Orders and Standing Financial Instructions as part of the annual review process.

Conflicts of Interest

N/A

Corporate Objectives

This document will impact on the following Board Objectives

Supports all corporate objectives, particularly relating to ensuring a robust financial system and internal control framework.

Risks

This document links to the following Board risks:

N/A

Mitigations

Actions taken to reduce any risks identified:

N/A

Financial/Resource Implications

Failure to comply with the regulatory requirements of the Standing Orders and Standing Financial Instructions carry the potential for compliance, governance, financial and reputational risk.

Is an Equality Impact Assessment (EIA) necessary and has it been completed?

N/A

What are the implications of the EIA and what, if any are the mitigations

N/A

Patient and Public Engagement and Communication

N/A

Previous Committees/Groups

Enter any Committees/Groups at which this document has been previously considered

Committee/Group Name

Audit and Risk Committee

Date Discussed

27/06/2023

Outcome

Agreed to recommend approval of the changes to the ICB Board

Click or tap to enter a date.

Supporting Documents

- Standing Orders
- Standing Financial Instructions

Standing Financial Instructions

Standing Financial Instructions

Document Control

Status: Final
Version: 1.1
Author: ICB Secretary
Owner: Chief Finance Officer
Effective From: 01/07/2022
Next Review Date: 30/06/2023

Approved by: SWL ICB Board

Reviewer/Committee: Audit and Risk Committee

Applies To: All individuals working for, or on behalf of SWL ICB.

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

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Controlled Document

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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 [Officers-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 [Officers-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.

2. Scope

- 2.1. All [officers-members of staff and officers](#) of the ICB, without exception, are within the scope of the SFIs without limitation. The term [officer-staff](#) includes, permanent & [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. Staff/All ICB Office Holders

- All staff/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 ~~by the ICB Chair~~. 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 ~~prior to submission for audit~~, management's letter of representation to the external auditors; and the planned activity and results of both internal and external audit.

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.
- 4.5. The Chief Financial Officer and any senior ~~officer-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 the existing 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 [officer-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, [officers-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 [officers-staff](#) dealing with financial transactions and division of responsibilities of those [officersstaff](#);
 - 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 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](#)~~the ICB business case policy~~, prior to an agreement being made with a third party that enters a commitment to future expenditure.
- All [officers](#)~~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 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, ~~as part of the setup of the new organisation~~; 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 and 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.

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.

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](#) as issued by NHS Counter Fraud Authority and any guidance issued by NHS England.

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 the ICB has a documented property transfer scheme for the transfer of property, rights or liabilities from ICB's predecessor clinical commissioning group(s);~~
- 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 [officer 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
- Officers-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 standing financial instructionsSFIs 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 RiskFinance and Planning CommitteeRisk Committee, the Chief Finance Officer will recommend amendments, as fitting, to the ICB Board for approval.

15. Appendix One – ICB Losses and Special Payment Guide

Policy Title: Standing Financial Instructions
Policy Number: SWL-FIN003
Policy Owner: Chief Finance Officer
Date Approved: 01/07/2022
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ICB Losses and Special Payment Guidance



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Losses and Special Payments Guidance

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Prepared by Brian Siyolwe

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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:

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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.

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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:

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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/ DHSC/ HMT	Bookkeeping losses (un-vouched or incompletely vouched payments) including missing items or inexplicable or erroneous debit balances
Constructive loss	Loss	Assurance team	NHSE/ DHSC/ HMT	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/ DHSC/HMT	An expense incurred in controlling and directing an organisation,
Claims Waived or Abandoned	Loss	Assurance team	NHSE/ DHSC/ HMT	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/ DHSC/ HMT	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/ DHSC/ HMT	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/DHSC/ HMT	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/DHSC/ HMT	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
Special severance payments	Special Payment	NHSE Regional Director of Workforce and OD	EHRSG DHSC GAC HMT	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/ DHSC/ HMT	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.

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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

Standing Orders

1. Introduction

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

2. Amendment and review

- 2.1. The Standing Orders are effective from 1 July 2022.
- 2.2. Standing Orders will be reviewed on an annual basis or sooner if required.
- 2.3. Amendments to these Standing Orders will be made as per paragraph 1.6.2 of the SWL ICB Constitution.
- 2.4. All changes to these Standing Orders will require an application to NHS England for variation to the ICB Constitution and will not be implemented until the Constitution has been approved.

3. Interpretation, application and compliance

- 3.1. Except as otherwise provided, words and expressions used in these Standing Orders shall have the same meaning as those in the main body of the ICB Constitution and as per the definitions in Appendix 1.
- 3.2. These Standing Orders apply to all meetings of the Board, including its committees and sub-committees unless otherwise stated. All references to Board are inclusive of committees and sub-committees unless otherwise stated.
- 3.3. All members of the Board, members of committees and sub-committees and all employees, should be aware of the Standing Orders and comply with them. Failure to comply may be regarded as a disciplinary matter.
- 3.4. In the case of conflicting interpretation of the Standing Orders, the Chair, supported with advice from the ICB's senior governance advisor, will provide a settled view which shall be final.
- 3.5. All members of the Board, its committees and sub-committees and all employees have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.
- 3.6. If, for any reason, these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the

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

4. Meetings of the Integrated Care Board

4.1. Calling Board Meetings

- 4.1.1. Meetings of the Board of the ICB shall be held at regular intervals at such times and places as the ICB may determine.
- 4.1.2. In normal circumstances, each member of the Board will be given not less than one month's notice in writing of any meeting to be held. However:
 - a) The Chair may call a meeting at any time by giving not less than 14 calendar days' notice in writing;
 - b) One third of the members of the Board may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting. If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the Board members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all members of the Board specifying the matters to be considered at the meeting;
 - c) In emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.
- 4.1.3. A public notice of the time and place of meetings to be held in public and how to access the meeting shall be given by posting it at the offices of the ICB body and electronically at least three clear days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.
- 4.1.4. The agenda and papers for meetings to be held in public will be published electronically in advance of the meeting excluding, if thought fit, any item likely to be addressed in part of a meeting is not likely to be open to the public.

4.2. Chair of a meeting

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

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

4.3. Agenda, supporting papers and business to be transacted

- 4.3.1. The agenda for each meeting will be drawn up and agreed by the Chair of the meeting.
- 4.3.2. Except where the emergency provisions apply, supporting papers for all items must be submitted at least seven calendar days before the meeting takes place. The agenda and supporting papers will be circulated to all members of the Board at least five calendar days before the meeting.
- 4.3.3. Agendas and papers for meetings open to the public, including details about meeting dates, times and venues, will be published on the ICB's website (www.southwestlondon.nhs.uk).

4.4. Petitions

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

4.5. Nominated Deputies

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

4.6. Virtual attendance at meetings

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

4.7. Quorum

- 4.7.1. The quorum for meetings of the Board will be 50% members, including:
 - a) The Chair;
 - b) Either the Chief Executive or the Chief Finance Officer;

- c) Either the Executive Medical Director or the Chief Nursing Officer;
- d) At least one other Non-Executive Member;
- e) At least two Partner Members;
- f) At least two Place Members.

4.7.2. For the sake of clarity:

- a) No person can act in more than one capacity when determining the quorum;
- b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

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

4.8. Vacancies and defects in appointments

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

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

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

4.9. Decision making

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

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

- a) All members of the Board who are present at the meeting will be eligible to cast one vote each;
- b) In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from participating in the meeting,

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

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

Disputes

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

Urgent decisions

- 4.9.4. In the case urgent decisions and extraordinary circumstances, every attempt will be made for the Board to meet virtually. Where this is not possible the following will apply.
- 4.9.5. The powers which are reserved or delegated to the Board may, for an urgent decision, be exercised by the Chair and Chief Executive (or relevant lead director in the case of committees) subject to every effort having been made to consult with as many members as possible in the given circumstances.
- 4.9.6. The exercise of such powers shall be reported to the next formal meeting of the Board for formal ratification and the Audit and Risk Committee for oversight.

4.10. Minutes

- 4.10.1. The names and roles of all members present shall be recorded in the minutes of the meetings.
- 4.10.2. The minutes of a meeting shall be drawn up and submitted for agreement at the next meeting where they shall be signed by the person presiding at it.
- 4.10.3. No discussion shall take place upon the minutes except upon their accuracy or where the person presiding over the meeting considers discussion appropriate.
- 4.10.4. Where providing a record of a meeting held in public, the minutes shall be made available to the public.

4.11. Admission of public and the press

- 4.11.1. In accordance with Public Bodies (Admission to Meetings) Act 1960, all meetings of the Board and all meetings of committees which are comprised of entirely Board members or all Board members, at which public functions are exercised will be open to the public.
- 4.11.2. The Board may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
- 4.11.3. The person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Board's business shall be conducted without interruption and disruption.
- 4.11.4. As permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) the public may be excluded from a meeting to suppress or prevent disorderly conduct or behaviour.
- 4.11.5. Matters to be dealt with by a meeting following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the Board.

5. Suspension of Standing Orders

- 5.1. In exceptional circumstances, except where it would contravene any statutory provision or any direction made by the Secretary of State for Health and Social Care or NHS England, any part of these Standing Orders may be suspended by the Chair in discussion with at least 50% of those members present.
- 5.2. A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.
- 5.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Audit and Risk Committee for review of the reasonableness of the decision to suspend Standing Orders.

6. Use of seal and authorisation of documents.

- 6.1. The ICB shall have a Seal. All deeds executed by the ICB shall, unless otherwise so determined, be signed by two duly authorised members of the ICB. The Chief Executive Officer shall keep a register in which s/he, or another manager of the ICB authorised by him/her, shall enter a record of the sealing of every document.
- 6.2. In land transactions, the signing of certain supporting documents will be delegated to managers and set out clearly in the Scheme of Reservation and Delegation but will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed).

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 19 July 2023		
Title	Updated Finance and Planning Committee Terms of Reference (ToR)		
Non Executive Member Chair	Dick Sorabji		
Lead Director Lead (Name and Role)	Helen Jameson, Chief Finance Officer		
Author(s) (Name and Role)	Jitendra Patel, ICB / ICP Secretary		
Agenda Item No.	08	Attachment No.	08
Purpose	Approve <input checked="" type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input type="checkbox"/>

Purpose

Following review at the Finance and Planning Committee, with additional scrutiny post Committee by the Chief Finance Officer (CFO) and Committee Chair, to ensure the ways of working for the Committee align to the proposed Scheme of Reservation and Delegation (SoRD) limits. The ToR has been updated and are presented for approval.

Executive Summary

The ToR has been reviewed and updated following feedback from members and attendees of the Committee.

These have been updated to reflect the proposed SoRD, and instead of detailing limits, the ToR reflects alignment to the SoRD limits.

The frequency of meetings has been adjusted so they co-ordinate with the Audit and Risk Committee and optimise the annual business cycle of the Committee. It is proposed the Finance and Planning Committee meets at least seven times a year going forward.

The requirement to submit meeting minutes to the private part of the Board has been removed as this is not a requirement within the Constitution and we currently report to the Public Board meeting.

Suggested amends are highlighted in the attached ToR.

Key Issues for the Board to be aware of:

The updates to the Committee's ToR align to the proposed changes to the SoRD.

The Committee has agreed that future agendas will include system strategic items, and that the membership be kept under review to ensure it is fit for purpose. It should be noted that, as required, the ToR does accommodate representatives from other organisations as attendees.

The Committee's Forward Plan will also be kept under review to ensure an effective timeline for the preparation for strategic papers.

Recommendation

The Board is asked to:

- Approve the updated ToR with the suggested amendments.

Conflicts of Interest

N/A

Corporate Objectives

This document will impact on the following Board Objectives

Overall delivery of the ICB's corporate objectives.

Risks

This document links to the following Board risks:

N/A

Mitigations

Actions taken to reduce any risks identified:

N/A

Financial/Resource Implications

N/A

Is an Equality Impact Assessment (EIA) necessary and has it been completed?

N/A

What are the implications of the EIA and what, if any are the mitigations

N/A

Patient and Public Engagement and Communication

N/A

Previous Committees/Groups

Committee/Group Name

Date Discussed

Outcome

Enter any Committees/Groups at which this document has been previously considered	Finance and Planning Committee	28/02/2023	Agree to further review in line with proposed SoRD
	Post Audit & Risk Committee review of the SoRD, a further review of the ToR by Committee Chair/CFO	June 2023	Recommend approval to the Board

Supporting Documents	Finance and Planning Committee ToR v1.1
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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
<u>1.1</u>	<u>Jul 2023</u>	<u>Reviewed to align to updated SoRD</u>

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
<u>Sarah Blow</u>	<u>ICS CEO Designate</u>	<u>07.06.2022</u>	<u>1.0</u>
<u>Millie Banerjee</u>	<u>ICS Chair Designate</u>	<u>07.06.2022</u>	<u>1.0</u>
<u>Chief Finance Officer</u>	<u>Chief Finance Officer</u>	<u>May 2023</u>	<u>1.1</u>
<u>Dick Sorabji</u>	<u>Finance and Planning Committee Chair</u>	<u>June 2023</u>	

Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
ICB Board		ICB Board	01.07. <u>2022</u>	1.0
<u>ICB Board</u>		<u>ICB Board</u>		<u>1.1</u>

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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 the 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:

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 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 ICS 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 the system annual report to ensure that this accurately reflects planning delivery, any outstanding items are reflected in the following years planning cycle and where necessary reviewed;
- 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.

ICB responsibilities

- 4.6 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.
- 4.7 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.
- 4.8 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.
- 4.9 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.
- 4.10 Proactively identify from reports where remedial action is required, and ensure appropriate action is taken.
- 4.11 Where plans are in place to improve performance or reduce financial risks, ensure that progress against plans is monitored, and where appropriate, challenged.
- 4.12 With the Quality and Oversight Committee identify the need for, and allocate resources where appropriate, to improve performance.

- 4.13 Provide assurance to the Board and the Audit and Risk Committee of the completeness and accuracy of the financial information provided to the Board.
- 4.14 Consider and review any external financial monitoring returns and commentary.
- 4.15 Review, by exception, performance report summaries as required, and consider performance issues in so far as they impact on financial resource.
- 4.16 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, with an estimated annual cost of £1m and above in line with the Scheme of Delegation](#).
- ~~4.17 Review and approve business cases with an estimated annual cost from £500,001 to £999,999.~~
- ~~4.184.17~~ Review, and agree, procurement decisions as appropriate, in accordance with Standing Financial Instructions and the Scheme of Delegation and make recommendation to the Board.
- ~~4.194.18~~ [Review and r](#)Recommend to the Board the thresholds above which quotations or formal tenders should be obtained.
- ~~4.204.19~~ Review tender waivers and tenders from firms not on approved lists and ensure these are reported to the Board and Audit and Risk Committee. ~~Waiver's valued at more than £100,000 must be approved by the Financial and Performance Committee and reported to Audit and Risk Committee, waiver's valued at less than £100,000 must be approved by the Chief Finance Officer and in line with the Scheme of Delegation. All waivers should then be~~ reported to Audit and Risk Committee.
- ~~4.214.20~~ Work alongside the Audit and Risk Committee to ensure financial probity in the organisation, and that value for money is reviewed and maintained.
- ~~4.224.21~~ Where appropriate, provide recommendations and actions to the Board.
- ~~4.234.22~~ Where appropriate, refer issues to other Committees or Sub-Committees of the Board.
- ~~4.244.23~~ To annually, or periodically as required, review the financial policies of the ICB and make appropriate recommendations to the Board.
- ~~4.254.24~~ 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
- ~~4.264.25~~ Review and agree the termination of leases (under Seal) [in line with the Scheme of Delegation with an annual rent of more than £100,000](#).

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* (*required for planning and relevant items only)
 - Chief Nursing Officer* (*required for planning and relevant clinical-related items only)
 - Executive Medical Director* (*required for planning and relevant clinical-related items only)
- 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 usually meet monthly and, at least a minimum of eight times in its first year and at least ten times a year thereafter~~. 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, provided this includes three out of the following:

- Finance and Planning Committee Chair
- the Chief Finance Officer, and
- Chief Operating Officer* (*required for planning and relevant items only).

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.~~

7.47.3 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.

7.57.4 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.
- ~~11.3 In the first year the committee will review the ToR after 6 months to ensure they are fit for purpose.~~

Date of approval: July 2023

Date of next review: [April 2024](#)

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 19 July 2023		
Title	NHSE feedback on Operational Plan		
Lead Director (Name and Role)	Jonathan Bates, Chief Operating Officer SWL ICB Helen Jameson, Chief Finance Officer SWL ICB		
Author(s) (Name and Role)	Kath Cawley, Director of Planning		
Agenda Item No.	09	Attachment No.	09
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

Following submission of our final Operational Plans for 2023/24 we have now received feedback from NHSE on our plans. This paper summarises the feedback and next steps as set out by NHSE.

Executive Summary

Between November 2022 and May 2023, South West London (SWL) ICB worked with provider Trusts across the ICS to develop the system's Operating Plan for 2023/24 and the final version of this plan was shared with NHSE in early May. NHSE has now provided feedback to all ICSs to: (i) acknowledge receipt of the plans, (ii) comment where plans do not meet national expectations and (iii) highlight any additional actions that ICSs are required to take as a result of their Operational Plans for 2023/24.

NHSE has confirmed that the plan is in line with national requirements, in particular:

- Recovery of UEC performance
- Reducing 65 week waits
- Meeting the backlog ambition for cancer services, and
- Continued improvements against the 6 week wait target for diagnostic services

The feedback also noted the following exceptions:

- Achieving the elective recovery target; we confirm that each of our providers remains committed to delivering their Elective Recovery target in full
- Planning to achieve 3 of the 6 Mental Health targets (dementia diagnosis rate, IAPT access, community mental health access) whilst delivering improvements against the remaining 3 (reduction in inappropriate out of area placements, perinatal access and children and young people's mental health access)
- Delivery of a planned financial deficit in line with expectations as agreed with NHSE

Key Issues for the Board to be aware of

NHSE has also set out specific actions that are required of SWL ICS in response to our submitted plan. In particular, where ICSs have submitted a deficit plan for 2023/24, NHSE has mandated that enhanced financial controls are in place. All NHS organisations in SWL ICS are subject to the additional controls including the ICB. The paper sets out more details on these actions.

Recommendation

The Board is asked to:

- Note NHSE feedback on the Operational Plan

Conflicts of Interest

None.

Corporate Objectives

This document will impact on the following Board Objectives

Delivery of operational plan for 2023/24

Delivery of financial targets

Risks

This document links to the following Board risks:

Risks to delivery are inherent in the plan and will require transformation to achieve forecast trajectories in 2023/24. Key risks include:

- Risks to delivery of financial position, including delivery of the savings programme
- Risks to achievement of activity and performance targets

Mitigations

Actions taken to reduce any risks identified:

Delivery plans are continuing to be developed and implemented

Delivery will be overseen at individual provider level and at a system level through the Finance and Planning Committee.

Financial controls continued to be reviewed and strengthened

Financial/Resource Implications

Financial controls are required to be implemented as a result of SWL's deficit plan.

Is an Equality Impact Assessment (EIA) necessary and has it been completed?

EIAs are completed at a provider level for specific transformation (including cost reduction programmes) – further work may be required when individual impacts are identified to each plan

What are the implications of the EIA and what, if any are the mitigations	Will need to be reviewed on an ongoing basis
--	--

Patient and Public Engagement and Communication	Healthwatch May be required for individual delivery plans
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Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
		Click or tap to enter a date.	
		Click or tap to enter a date.	
		Click or tap to enter a date.	

Supporting Documents	NHSE planning feedback SWL ICB
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SWL Integrated Care Board

19 July 2023

NHSE feedback on operational plan – 2023/24

1. Executive summary

Between November 2022 and May 2023, South West London (SWL) ICB worked with provider trusts across the ICS to develop the system's operating plan for 2023/24 and the final version of this plan was shared with NHSE in early May. NHSE has now provided feedback to all ICSs to: (i) acknowledge receipt of the plans, (ii) to comment where plans do not meet national expectations and (iii) to highlight any additional actions that ICSs are required to take as a result of their operational plans for 2023/24.

This paper summarises the key points in the feedback; both in terms of comments on our operational plan and next steps. The ICB is asked to note this paper.

2. Background

In South West London we worked as a system to take a common approach for our plans for 2023/24. These sought to reflect the objectives for the NHS for 2023/24 that were set out in the NHSE publication, "*2023/24 priorities and operational planning guidance*". NHSE's objectives were framed around 'three key tasks':

- i. to recover our core services, specifically to:
 - improve ambulance response and A&E waiting times
 - reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
 - make it easier for people to access primary care services, particularly general practice.
- ii. to make progress in delivering the key ambitions in the Long-Term Plan (LTP),
- iii. to continue transforming the NHS for the future

Alongside this, systems were required to:

- recover productivity and deliver a balanced financial position
- continue to narrow health inequalities in access, outcomes and experience
- maintain quality and safety in our services, particularly in maternity services

In line with national timescales, we submitted draft plans to NHSE at the end of February and at the end of March 2023 prior to final submission on 4 May 2023. The financial position submitted on 4 May shows a system deficit of £81.6m; this had been agreed at our meeting with NHSE in April 2023. Consolidated system plans were shared with relevant governance groups to ensure their support and the full plan was signed off by the SWL ICB prior to submission of the final plans.

NHSE has written to SWL ICB on 26 June 2023 to acknowledge receipt of SWL ICB's final system operating plan for 2023/24 and to set out next steps.

3. Feedback on the SWL plan

The feedback sets out that NHSE has reviewed the SWL plan and notes the context of continued pressure on services, industrial action and uncertainties on pay and inflation.

It states that the **SWL plan is in line with national and London requirements** in all areas, in particular in reference to recovering core services:

- Recovery of UEC performance, in particular delivery of the 4-hour access target in A&E,
- Reducing 65 week waits for elective care close to zero, in line with the national target,
- Meeting the backlog ambition for cancer services. Also meeting the Faster Diagnosis Standard across the system (noting that individual trusts may drop below the target in individual months),
- Continued improvement against the 6 week wait target for diagnostics services

The feedback noted the following exceptions:

- The system elective activity plan does not meet the required 109% elective recovery target that has been set for our system. We confirm that our providers remain committed to delivering their Elective Recovery target in full and that the apparent shortfall in the plan is because of changes at a specialty level that have not been taken into account in NHSE's comment.
- The system plans to achieve 3 of the 6 Mental Health targets (dementia diagnosis rate, IAPT access, community mental health access) whilst delivering improvements against the remaining 3 (reduction in inappropriate out of area placements, perinatal access and children and young people's mental health access).
- The system has submitted a planned financial deficit; the feedback notes that our planned deficit is in line with expectations as agreed in our meeting with NHSE in April 2023.

4. Actions set out in the NHSE feedback

The NHSE feedback also sets out specific actions that are required of SWL ICS in response to our submitted plan. These primarily result from our financial deficit plan and relate to enhanced financial controls that we are required to implement as well as the requirement to deliver a medium-term financial strategy. The full list of actions are summarised in appendix one.

Enhanced financial controls

Where ICSs have submitted a deficit plan for 2023/24, NHSE has mandated that enhanced financial controls are in place. This builds on the controls that were implemented for all systems during 2022/23 (such as the sign off by NHSE of consultancy spend over £50k and monitoring of agency usage).

In advance of this feedback we have already been working across SWL to develop an approach for enhanced controls that ensures continued delivery of high-quality healthcare for our population. Our approach has been agreed with the SWL Financial Recovery Board and is being implemented. **All NHS organisations in SLW ICS are subject to the additional controls including the ICB.**

Examples of these actions include:

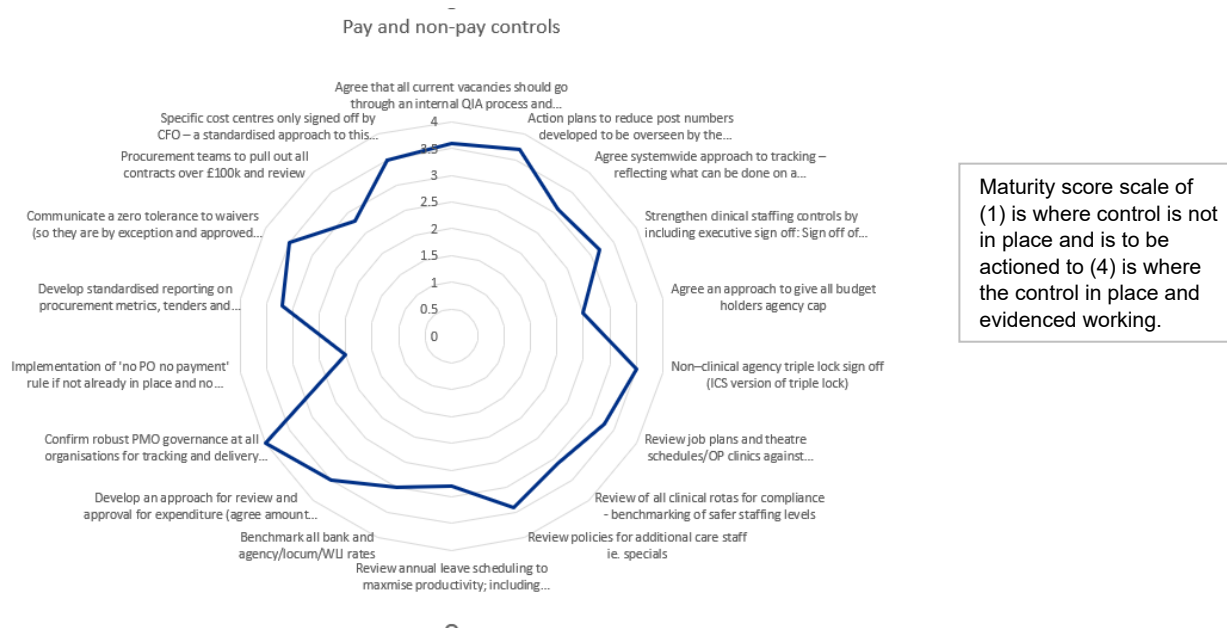
- Non-pay expenditure control process: All non-pay spend (with exceptions for drugs, in house delivery of clinical goods and services, depreciation and clinical negligence) must be approved by SWL ICS CFO and then NHSE finance.
- Agency non-patient facing control process: for all non-patient facing agency will need to be approved by executive locally before being approved by SWL ICS CFO and then NHSE finance.
- Vacancy Control Process: All current vacancies to go through an internal QIA process and remove from the establishment where there has previously been growth and it is safe to do so.
- Workforce Cost Planning Reduction: All organisations have set out their WTE reduction plans for 2023/24 and presented to the Financial Recovery Board in May.

Wider controls, such as weekly monitoring of agency usage and detailed 3-month cash reporting with a 12-month rolling forecast, are being implemented. In addition, we are reviewing the full list provided by NHSE to ensure that these map to our agreed controls.

We have also undertaken an independent review of our financial control progress to: assess our maturity in relation to these controls, identify areas of best practice to be able to share across SWL and identify controls can be further strengthened to support SWL in its financial recovery. This review rated the system on each areas to generate a maturity score.

The diagram below shows the system view of the average maturity scores to provide a view at system level on the strength of the grip and control model mechanisms in place across the system.

Diagram 1: System maturity scores on pay and non-pay controls



Maturity score scale of (1) is where control is not in place and is to be actioned to (4) is where the control in place and evidenced working.

Delivery of Medium-Term Financial Plan

Our ICS is required to deliver a medium-term financial plan that will demonstrate how recurrent financial sustainability will be delivered. We continue to work with NHSE London to understand the requirements for this submission.

5. Next steps

We continue to monitor delivery of plan through the SWL Finance and Planning Committee. Next steps and actions will be taken forward by SROs with progress reported through the relevant governance group.

Appendix one: summary of actions from NHSE planning feedback

Programme	SRO(s)	Required action
Urgent and emergency care	COO, SWL ICB, CEO CHS	<ul style="list-style-type: none"> - Detailed plans to deliver the UEC Recovery - Participation in universal offer of support from NHSE - Confirmation of additional in-year funding for urgent and emergency care capacity. SWL ICB continues to work with NHSE and provider trusts (ESTH and CHS) to confirm the value and any criteria for accessing this funding.
Community	Director of Health and Care in the Community, SWL ICB	<ul style="list-style-type: none"> - Ensure consistent hours for Urgent Community Response and updated Directory of Services - Improvement of community services data set - Ensure system oversight of community waiting lists
Discharge	Director of Health and Care in the Community, SWL ICB	<ul style="list-style-type: none"> - Improve quality of discharge-related data sets - Ongoing development and monitoring of Transfer of Care hubs
Elective recovery	CEO GESH	<ul style="list-style-type: none"> - Deliver changes to pathways to support a reduction in follow up activity
Cancer	COO, SWL ICB	<ul style="list-style-type: none"> - Monitoring of Croydon for performance against Faster Diagnosis standard
Urgent care capacity funding	COO, SWL ICB CFO, SWL ICB	<ul style="list-style-type: none"> - Regular meetings with NHSE to discuss progress against delivery of the additional capacity schemes.
Diagnostics	CEO CHS	<ul style="list-style-type: none"> - Develop our expansion plans for GP Direct Access - Develop approach to developing physiological sciences networks and audiology improvement plans - Continued focus on improving capacity in pathology and histopathology - Develop diagnostics workforce strategy - Deliver digital roadmap for pathology and imaging services
Mental health	CEO SWLSTG and Director of Health and Care in the Community, SWL ICB	<ul style="list-style-type: none"> - Ongoing engagement with NHSE to discuss progress on recruitment and retention challenges
LD & Autism	Director of Health and Care in the Community, SWL ICB	<ul style="list-style-type: none"> - Continued focus on CYP in inpatient care and admissions of Autistic people without a learning disability - Lead way to ensure that all people with a Learning Disability receive an Annual Health Check
Workforce	Director of People and Transformation, SWL ICB	<ul style="list-style-type: none"> - ICBs to monitor delivery of workforce plans - consider whether actions to improve substantive recruitment, retention and staff health and wellbeing are sufficient to meet workforce demand
Finance	CFO, SWL ICB	<ul style="list-style-type: none"> - Continue to apply the following controls <ul style="list-style-type: none"> o All systems to be able to describe how they will ensure recurrent savings will be delivered to compensate for any non-recurrent measures required to achieve 23/24 plans – this is required by the end of Q1. o Fully engage in national pay and non-pay savings initiatives, in particular around national agreements for medicines and other non-pay purchasing. o Monitoring of agency usage by providers, and compliance with usage and rate limits. o Revenue consultancy spend above £50,000 and non-clinical agency usage continue to require prior approval from the NHS England regional team. - Prepare a medium term financial plan by the end of Q2 demonstrating how recurrent financial sustainability will be delivered - Implement further controls as a result of our deficit plan: <ul style="list-style-type: none"> o Review processes and arrangements around pay controls. o Ensure that you have a vacancy control panel in place for all recruitment (clinical and non clinical). o Implement a freeze on non-clinical posts, and removal of temporary resources in this category. o Review medical and nursing workforce arrangements, including weekly workforce returns on bank and agency o Apply the agency staffing and additional payment controls, including ICB and NHSE regional approval of off framework engagements o Put an investment oversight panel in place to oversee all non-pay expenditure with approval at ICS level prior to review and agreement by NHSE regional office. o Where revenue or capital cash support is required, additional conditions will apply. o Monitor activity on a weekly basis to understand the impact on income o Demonstrate additional controls are in place and functioning at and organisational and system level o Detailed staffing and payment controls

NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 19 July 2023		
Title	South West London Integrated Care Partnership Update		
Lead Director Lead (Name and Role)	Cllr Ruth Dombey, Chair, Integrated Care Partnership Board		
Author(s) (Name and Role)	Rachel Flagg, Director, Integrated Care Partnership Development		
Agenda Item No.	10	Attachment No.	10
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

The purpose of the report is to update the Board on the activities of the ICP.

Executive Summary

The South West London Integrated Care Partnership (SWL ICP) was established in July 2022. The ICP is a broad alliance of organisations and representatives concerned with improving the care, health, and wellbeing of the population, jointly convened by Local Authorities and the NHS.

The following report describes the system-wide conference that took place at Wimbledon Stadium on Wednesday 24 May and the next steps.

Key Issues for the Board to be aware of

The SWL ICP developed a set of priorities for our partnership to work on together to improve the health and care for our population. These draft priorities were described in a discussion document published in January 2023 and partners and stakeholders were invited to review and comment. Partner organisations and local groups discussed the document and a wide range of feedback was received from across the system.

In April 2023 the ICP Board considered the feedback and agreed amendments to the priorities, based on what they had heard. The ICP Board agreed that the next step would be for the final strategy and action plan to be co-produced by system partners with a system-wide conference in May to accelerate the process.

On Wednesday 24 May around 300 representatives from the local NHS, Local Authorities, voluntary and community organisations, Healthwatch as well as people from across our communities, came together to help shape and agree the practical actions to drive genuine change in our priority areas. These are:

- Tackling our system-wide **workforce challenges**

- Reducing **Health Inequalities**
- **Preventing ill-health**, promoting self-care and supporting people to manage long term conditions
- Supporting the health and care needs of **children and young people**
- Positive focus on **mental well-being**
- Community-based support for **older and frail people**

A wide range of organisations and roles were represented across the six places, including:

- System leaders from across Local Authorities, the NHS and the voluntary sector
- Subject matter experts for each of the six strategic priorities
- Representatives and leaders from our local communities and voluntary sector
- Staff representatives

The event was introduced by Cllr Ruth Dombey and Mike Bell as the Co-chairs of the ICP and we then showed a short video featuring residents, community leaders and staff to ensure that the day was grounded in the experiences and needs of people in South West London. The key themes that came through in the video included cost of living, the importance of community and connection and joining up services and communication.

The majority of the day was spent in workshops to plan the actions. All participants were allocated to one of the six strategic priorities. To lead the workshops, each workstream had two co-chairs (one Local Authority chair and one NHS chair) supported by a facilitator to work through the action planning process.

In the afternoon plenary, Chief Executive of the ICB, Sarah Blow and Chief Executive of Richmond and Wandsworth Councils, Mike Jackson were joined on stage by the ICB Chief Medical Officer (CMO), John Byrne and Dr Imran Choudhury, Director of Public Health at Sutton Council. The panel responded to a number of reflections, comments and questions from participants, before Cllr Ruth Dombey and Mike Bell closed the event with their own reflections and thanks to the participants.

While there are areas for improvement for the next time we run a session like this, feedback from the event has been broadly positive. Many people commented on the value of bringing together such a broad range of partners and community representatives and being able to make connections across the system, as well as working together in an action-focused way.

Finalising the ICP Strategy

In the weeks following the event, the workstream co-leads have been working together to refine and distil the outputs from the event and to triangulate those with existing partnership work programmes, into a set of collective priorities and collective actions.

The strategy will be relatively short, in keeping with the steer of the ICP Board that we should focus on a small number of high-impact collective actions where we can deliver at scale or where the work at place can be spread or accelerated. There is a focus on the enablers for partnership action and a strong message about the importance of community empowerment and the role of the voluntary and community sector.

The ICP Board will receive the draft strategy when it meets on 20 July 2023. The ICP Board will also receive reports at this meeting on:

- ICP governance, including the sub-groups that will oversee implementation of the ICP Strategy
- SWL Innovation Fund
- The role of the Voluntary and Community Sector

Recommendation

The Board is asked to:

- Note the contents of this report.

Conflicts of Interest

There are no identified conflicts of interest

Corporate Objectives

This document will impact on the following Board Objectives

The update report identified the activities of the SWL ICP in line with the core objectives of the Board

Risks

This document links to the following Board risks:

None identified

Mitigations

Actions taken to reduce any risks identified:

None identified

Financial/Resource Implications

None identified at this stage

Is an Equality Impact Assessment (EIA) necessary and has it been completed?

An EIA will be developed for each priority as we develop the delivery plans.

What are the implications of the EIA and what, if any are the mitigations

n/a

Patient and Public Engagement and Communication

No specific implications are identified

Previous Committees/Groups	Committee/Group Name	Date Discussed	Outcome
Enter any Committees/Groups at which this document has been previously considered	ICB	18/01/2023	ICP update noted
	ICP	19/04/2023	Revised priorities following engagement approved
	ICB	17/05/2023	Agreed ICP priorities noted

Supporting Documents	Video of the ICP event on 24 May 2023 to be shown
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NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 19 July 2023		
Title	Finance & Planning Committee Update		
Non-Executive Member Chair	Dick Sorabji		
Lead Director Lead (Name and Role)	Helen Jameson, Chief Finance Officer		
Author(s) (Name and Role)	Jitendra Patel – ICB/ICP Secretary		
Agenda Item No.	11	Attachment No.	11
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

To provide the Board with an overview from the Non-Executive Member Chair of the Committee regarding the key issues discussed at the Finance and Planning Committee.

Finance and Planning Committee Chair's Report

1. Since the last update to the Board, the Committee met on 23 May 2023. The meeting was quorate and following consideration and discussion of key items at the meetings, the updates below are highlighted.

Primary Care Prescribing

- Noted the position on SWL ICB's primary care prescribing costs including the related challenges, opportunities, risks and mitigations.
- Received assurance around the processes in place to control expenditure.
- Supported the key messages and ways of working collaboratively across whole system.

Wandsworth Place Update

- Overview provided on the work, ambition and priorities for the Wandsworth Place partnership.
- Assurance provided on the development of partnership working at Place, with a focus on the specific locality within Wandsworth and the related projects established, in particular to address health inequalities and the respective challenges.

Finance and Planning updates

- Noted the 2022/23 finance and Performance Report against the operating plan, reporting on the period from January to March 2023 (Q4), including the progress against plan at Q4 and any particular areas of adverse performance.

- Noted the impact of Industrial Action on operational pressures, which impacted on the delivery of some of our activity and performance targets.
- Noted the financial position in line with recent forecast, including delivery of efficiencies.
- Noted that the agency spend is significantly over the agency cap and plan, and that 2023/24 plans have been set with challenging agency thresholds, with associated risks highlighted.
- Received assurance that the system will continue to identify savings schemes throughout the year.
- Noted the system approach to deliver the 2023/24 plan and breakeven in the following financial year, using the 3-pillar approach of: Grip and Control, Efficiency and Productivity and Transformation.
- The enhanced control processes which are established across the system were noted.
- Received assurance on the work and progress from the Recovery and Sustainability Board.

Targeted Lung Health Checks

- Noted the new approach to screening for lung cancer aimed at achieving earlier diagnosis.
- Received assurance that the procurement process was robust and conducted in accordance with appropriate governance processes.

Distribution of Winter Monies and Adult Social Care

- Noted the approach and principles that have been used for the allocation funds.
- Approved the process to allocate the funding for both winter and adult social care discharge funding.

Croydon Integrated Urgent Care Service (Croydon Urgent Care Alliance-CUCA)

- Discussed the contractual arrangements, and pending further information on costs and clinical models, supported the approach for formal approval by the Board.

Contract Awards

- Reviewed contract awards in line with the ICB governance arrangements and responsibilities of the committee.

Recommendation

The Board is asked to:

- Note the Committee report

Conflicts of Interest
N/A

Corporate Objectives This document will impact on the following Board Objectives	Achieving Financial Balance
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Risks This document links to the following Board risks:	N/a
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Mitigations Actions taken to reduce any risks identified:	N/A
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Financial/Resource Implications	N/A
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Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A
--	-----

What are the implications of the EIA and what, if any are the mitigations	N/A
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Patient and Public Engagement and Communication	N/A
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Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
		Click or tap to enter a date.	

Supporting Documents	N/A
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NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 19 July 2023		
Title	South West London ICB Finance Report month 2		
Lead Director Lead (Name and Role)	Helen Jameson, Chief Finance Officer		
Author(s) (Name and Role)	Neil McDowell/Joanna Watson – Deputy Chief Finance Officer		
Agenda Item No.	11	Attachment No.	12
Purpose	Approve <input type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

This report is brought to the Board to:

1. Provide an update as at month 2 on the ICB financial position against its internal budget.
2. Provide an update as at month 2 on the SWL system financial position.

Executive Summary

The report includes an update on the ICB position against the internal budget. The ICB internal budget forms part of the overall South West London (SWL) NHS system plan; alongside the other SWL NHS organisations. The ICB position is £1.15m favourable year to date and on plan to deliver the £2.5m surplus forecast outturn.

The month 2 SWL system position is £1.8m adverse to plan year to date and on plan to deliver the forecast outturn. The year-to-date adverse variance is driven by the direct costs of industrial action in the first two months of the year. Estimates will need further refinement, particularly once the impact of the June and July strikes are known.

The month 2 capital expenditure position is £10.3m behind plan year to date and underspent by £9.5m in the forecast outturn, largely due to a targeted SWL Capital Departmental Expenditure Limited (CDEL) underspend of £5.7m (the 5% overcommitment against the system envelope included in the plan as permitted in guidance) and a £4.2m adjustment to the IFRS16 technical impact at M2. The forecast includes an overspend of £55.9m against plan in SWLStG relating to the Tolworth redevelopment programme, which is expected to be offset by equivalent asset sale credits of £55.9m.

A number of risks are identified within the report:

- Achievement of the efficiency plan
- Costs and impact of industrial action

- Securing ERF funding which is increasing challenging due to industrial action
- Reduction in workforce costs in line with the agency cap and workforce plan
- Increased continuing healthcare costs
- Completion of SWLStG asset sales in line with plan and FBC approval of Tolworth capital programme by NHSE/DHSC
- IFRS16 funding from NHSE is under review and may not be in line with forecast

Key Issues for the Board to be aware of:

- The ICS position is adverse to plan year to date due to the impact of industrial action in the first two months of the year.
- The ICS is spending more than planned on agency costs year to date and will breach the nationally set agency costs cap for the year if spending at this rate continues.
- Efficiency delivery is £0.3m favourable to plan year to date YTD (equates to 8% of the annual plan) and forecast to deliver £212.3m for the year.
- To note, £11m (5%) of the £212m efficiency plan remains unidentified with £50m (24%) at the opportunity stage. Therefore fully developed plans and plans in progress account for 71% of the efficiency plan at month 2. It should also be noted that there is a significant increase in efficiency delivery planned for month 4, which will mean delivery of the financial plan could become more difficult without embedded efficiency plans.

Recommendation:

The Board is asked to:

- Note the month 2 position for:
 1. The internal ICB
 2. ICS revenue
 3. ICS Capital

Conflicts of Interest

N/A

Corporate Objectives

This document will impact on the following Board Objectives

Achieving Financial Sustainability

Risks

This document links to the following Board risks:

Achieving financial Plan for 2023/24

Mitigations

Actions taken to reduce any risks identified:

- Enhanced grip and control actions have been implemented across SWL NHS organisations

	<ul style="list-style-type: none"> • Recovery and Sustainability Board management and oversight of financial position • Financial Recovery Plan developed • Finance and Planning Committee will scrutinise the ICB's financial performance. • Each SWL NHSE organisation financial governance processes. • NHS Trust and ICB Chief Executive scrutiny and leadership is focused on financial delivery. • Measures taken by individual organisations and collectively to identify additional efficiency programmes.
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Financial/Resource Implications	Within the report.
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Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A
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What are the implications of the EIA and what, if any are the mitigations	N/A
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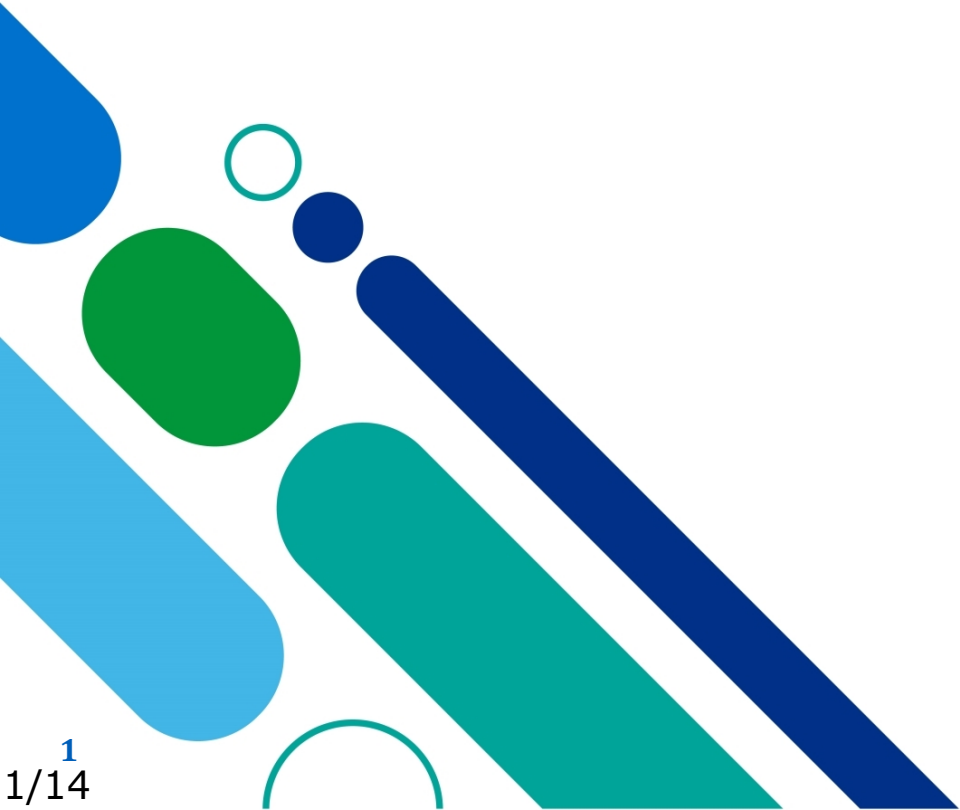
Patient and Public Engagement and Communication	N/A
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Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
	SWL Senior Management Team (SMT)	22/06/2023	Noted
		Click or tap to enter a date.	
		Click or tap to enter a date.	

Supporting Documents	SWL Finance Report Month 2 2023/24
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SWL NHS Finance Report month 2

July 2023



Contents

- ICB internal position at month 2
- SWL NHS system revenue position at month 2
- SWL NHS system capital position at month 2
- Summary

The ICB internal position at month 2

Key Messages:

1. As at month 2 we are reporting a £1.15m underspend which is £2.4m better than the year to date plan due to the level of clawback for elective recovery fund (ERF). We are forecasting to deliver the planned £2.5m surplus at year end.
2. We have no unidentified efficiencies in the plan but circa 20% of schemes are either plans being progressed or still at opportunity stage.
3. Prescribing costs are reported on plan (this includes 2% inflation over an above the 2022/23 month 8 forecast position) as confirmation of actual spend is always 2 months in arrears so no data has been received.
4. Although we are overspent in Continuing Care year to date it is still expected that the savings plans will be delivered in this area by the end of the year.
5. Delegated primary care has recurrent pressures which are being managed with non recurrent mitigations
6. This is the first month of reporting for the delegated dental, ophthalmic and pharmacists (DOPs) which transferred to the ICB on 1 April 2023. No pressures are anticipated and a deeper dive is planned in month 3.

Targets

- Year to date actual is ahead of plan but on plan at year end.
- Mental health investment Standard has been agreed and on plan.
- Running costs are within target.
- Better payments practice code of paying 95% of invoices within 30 days is being achieved
- At the end of the month cash in the bank was within the 1.25% draw down limit

ICB high level budget reporting month 2

IFR	Sum of Budget £000s	Sum of Actual £000s	Sum of Variance £000s	Sum of Annual Budget £000s	Sum of Forecast Outturn £000s	Sum of Forecast Variance £000s
ACUTE	£278,212	£275,779	£2,433	£1,635,253	£1,635,253	£0
PRIMARY CARE	£109,196	£108,857	£339	£652,596	£652,596	£0
CORPORATE	£4,922	£4,922	-£0	£29,531	£29,531	£0
MENTAL HEALTH	£57,734	£57,806	-£72	£347,626	£347,724	-£98
COMMUNITY HEALTH SERVICES	£30,948	£31,032	-£84	£186,855	£186,855	£0
CONTINUING CARE	£29,292	£29,808	-£515	£175,753	£176,056	-£302
OTHER PROGRAMME SERVICES	£6,257	£7,203	-£946	£137,250	£134,350	£2,900
Grand Total	£516,561	£515,406	£1,155	£3,164,864	£3,162,364	£2,500

SWL Overview: (favourable/-adverse variance)

- Overall SWL ICB position is on plan to deliver projected surplus of £2.5m by year end.
- The ICB position year to date was to be £1.3m adverse to plan
- However Acute YTD favourable variance of £2.4m is reflecting Trust clawbacks for Elective recovery (ERF) delivery so is showing an overall £1.15m favourable position year to date.
- Continuing healthcare adverse variance year to date is mainly due to run rate and staffing pressures which will be mitigated by year end.
- Other programme services are behind plan year to date but are expected to catch up by year end. This is the line that contains the £2.5m surplus and hence showing a year end variance.

The SWL NHS system revenue position at month 2

SWL NHS System Revenue Position

2023/24 Month 2



South West London

- The year to date adverse variance is driven by the direct costs of industrial action in the first two months of the year.
 - These costs are net of any savings from reduced salary payments and estimates may need further refinement, particularly once the impact of the June and July strikes are known.
- The year to date trust position also reflects an estimate of ERF income under achievement due to industrial action (£2.4m). The balance is held as a favourable variance in the ICB position, so net neutral at a system level. The ERF under achievement is an estimate which will need updating once finalised activity data is available.

Month 2 - YTD	Surplus / (deficit)		
£m	YTD Plan	YTD Actual	YTD Variance
CHS	-6.1	-6.9	-0.8
ESHT	-10.7	-11.4	-0.8
KHT	-6.5	-7.1	-0.6
SGH	-10.4	-12.2	-1.8
HRCH	0.0	0.1	0.1
SWL StG	-0.3	-0.3	0.0
RMH	-1.6	-1.9	-0.2
Trusts Total	-35.6	-39.8	-4.2
SWL ICB	-1.3	1.2	2.4
SWL System	-36.8	-38.6	-1.8

Month 2 - FOT	Surplus / (deficit)		
£m	Plan	FOT Actual	FOT Variance
CHS	-16.4	-16.4	0.0
ESHT	-37.9	-37.9	0.0
KHT	-16.8	-16.8	0.0
SGH	-15.7	-15.7	-0.0
HRCH	0.5	0.5	0.0
SWL StG	0.3	0.3	0.0
RMH	2.0	2.0	0.0
Trusts Total	-84.1	-84.1	0.0
SWL ICB	2.5	2.5	0.0
SWL System	-81.6	-81.6	0.0

SWL NHS System Efficiency

2023/24 Month 2



South West London

- The planned total system efficiency for the year is £210m.
- Forecast outturn delivery at month 2 is at the following planning gateways:
 - £11.1m (5%) efficiency is unidentified.
 - £50.5m (24%) is at the opportunity stage.
 - £87.2m (41%) have plan is progress.
 - £63.4m (30%) is fully developed.
- There is a risk to achieving the efficiency plan if schemes do not progress to the delivery stage.
- The efficiency plan is phased to be at full delivery from M4, which will require a significant step change from the current rate of delivery.

SWL efficiency development (£m)



SWL ICS recurrent & non-recurrent efficiencies (£k)

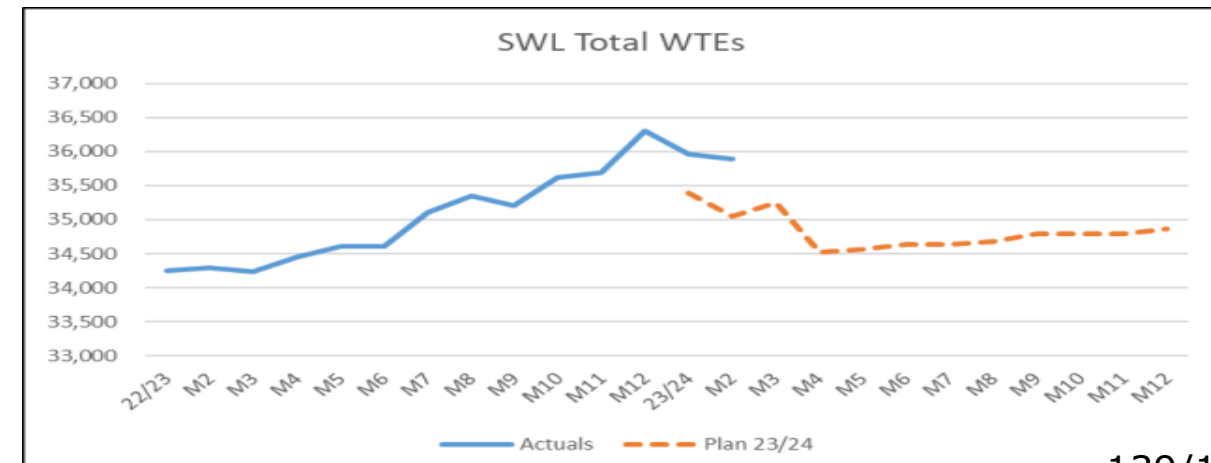
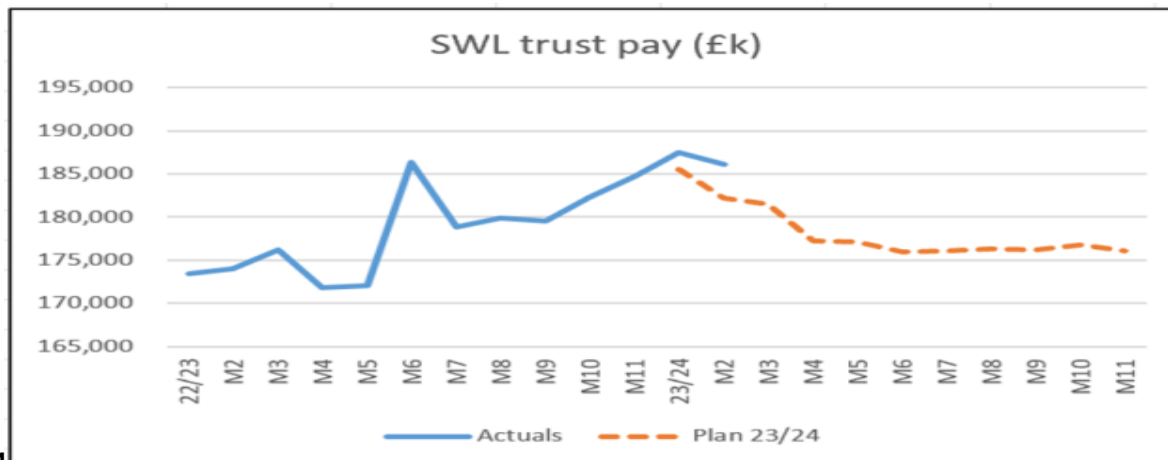


SWL NHS System Workforce



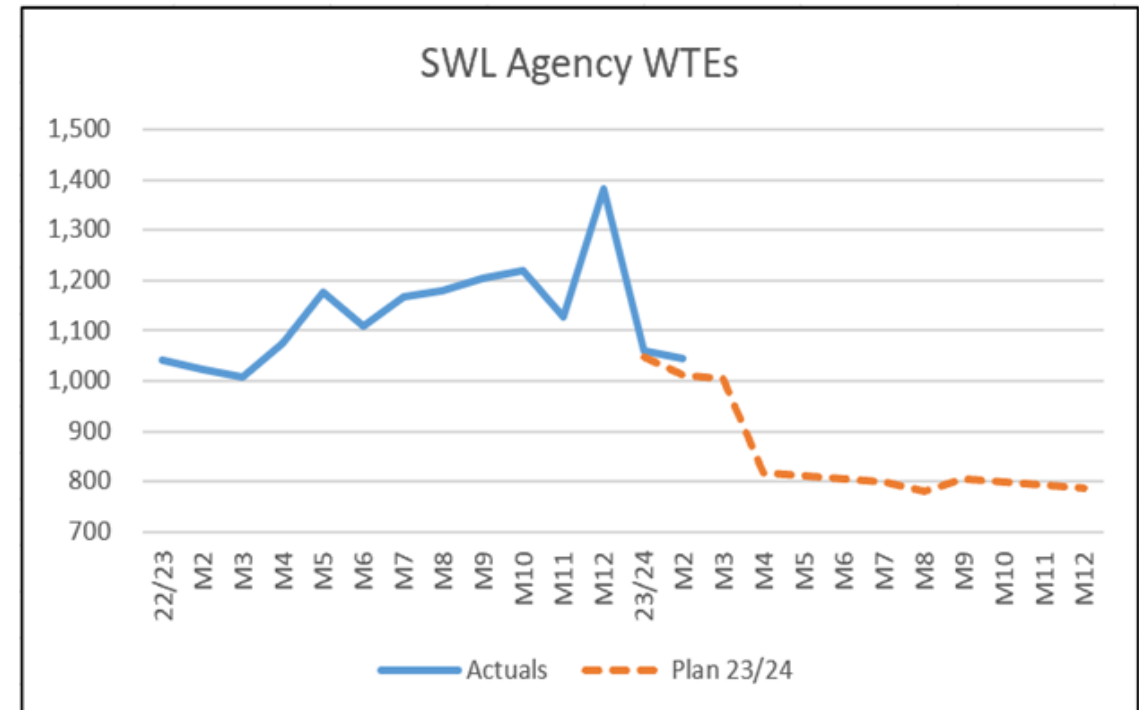
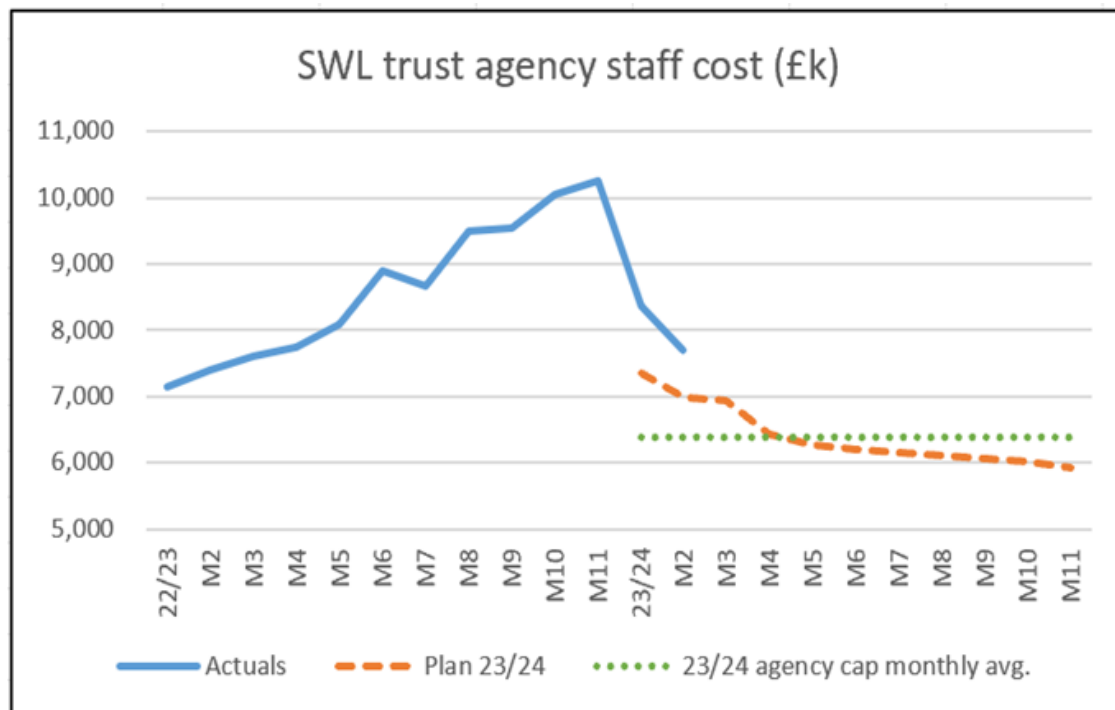
South West London

- The charts shows cost and whole time equivalents (WTEs) actual trajectories against plan for total trust staff (substantive, bank and agency).
- Overall system pay costs are £3.7m adverse to plan for the year to date (YTD), driven by;
 - Bank £3.4m adverse;
 - Agency £1.7m adverseOffset by smaller favourable variances in substantive and other categories.
- Total WTEs are currently 2% (838 WTEs) above plan. Clinical Support is the largest variance by staffing group, particularly in St George's, SWL St George's and Royal Marsden hospitals. Average cost per WTE in month is in line with plan at £5.2k, although higher for temporary staffing (YTD plan £5.9k vs actual £6.5k).
- The temporary staffing adverse variance at month 2 is under review and is expected to be driven largely by industrial action.
- There is also a risk that the pay award allocation isn't sufficient to cover the actual cost and this is currently being reviewed.



Workforce run rate - agency

- The charts shows cost and WTE actual trajectories against plan for trust agency staff.
- Agency costs are higher than plan year to date by £1.7m and forecast to be £0.2m adverse for the year.
- The plan has been set to achieve the system agency cap. Although costs are currently above the required run rate, they have fallen from the final quarter of 2022/23.
- Agency WTEs have decreased month on month, but are still higher than plan (by 35 WTEs as at month 2).



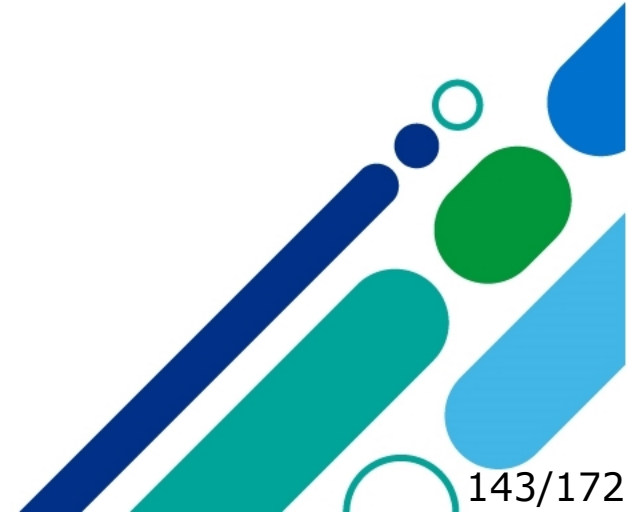
The SWL system capital position at month 2

SWL NHS System Capital Position – M2 2023/24

- Year to date spend is £10.3m behind plan, largely relating to the SWL CDEL Trust position (underspent by £6.3m against plan)
- The net capital expenditure forecast is £9.5m underspent due to a targeted SWL CDEL underspend of £5.7m (the 5% overcommitment against the system envelope included in plan as permitted in guidance) and a £4.2m adjustment to the IFRS16 technical impact at M2.
- The forecast shows an overspend of £55.9m in SWLStG against plan relating to the Tolworth redevelopment programme (subject to NHSE/DHSC approval). This is expected to be offset by equivalent asset sale credits of £55.9m. Sales are expected to be transacted mid-year at which point the credits will be recognised in the SWLStG reported position. Should asset sales not occur as planned, the spend profile of the Tolworth scheme will be reviewed accordingly.
- Forecast outturn includes £69.7m relating to IFRS16 technical adjustments. Funding is currently under review by NHSE based on M2 forecast outturn data. There is a risk that the forecast is not fully funded by NHSE and that local SWL CDEL plans may need to be revisited to subsidise the funding gap as necessary.
- Other national programmes are currently forecast as on track.

Month 2 Provider capital	YEAR-TO-DATE (YTD)				FORECAST OUTTURN (FOT)			
	YTD plan	YTD spend	YTD Variance	YTD Variance	Full year plan	FOT	Over/ (under) spend vs. plan	FOT Variance
	£'m	£'m	£'m	%	£'m	£'m	£'m	%
Croydon Hospital	1.6	0.3	(1.4)	(84%)	14.1	14.1	-	-
Epsom and St.Helier Hospital	4.4	1.2	(3.2)	(74%)	27.4	27.4	-	-
Kingston Hospital	1.3	1.0	(0.3)	(24%)	16.8	16.8	-	-
St. Georges Hospital	1.7	1.7	-	-	32.7	32.7	-	-
Hounslow & Richmond Community Healthcare	0.3	0.1	(0.1)	(49%)	2.0	2.0	-	-
South West London & St. Georges Mental Health	2.0	2.3	0.3	14%	(16.9)	38.9	55.9	(330%)
The Royal Marsden Hospital	3.0	1.5	(1.6)	(52%)	15.7	15.7	-	-
Disposals credits from anticipated asset sales			-	-		(55.9)	(55.9)	-
Overcommitment in SWL CDEL plan			-	-		(5.7)	(5.7)	-
SWL CDEL - Trusts	14.3	7.9	(6.3)	(44%)	91.8	86.1	(5.7)	(6%)
IFRS16 technical adjustment	16.8	16.8	-	-	73.9	69.7	(4.2)	(6%)
National schemes - trusts	4.7	3.0	(1.7)	(36%)	63.6	63.5	(0.1)	(0%)
Primary care capital	-	-	-	-	4.5	4.5	-	-
National CDEL	21.5	19.8	(1.7)	(0.1)	142.0	137.7	(4.3)	(0.0)
Total CDEL	35.8	27.7	(8.0)	(22%)	233.8	223.8	(10.0)	(4%)
Grants, donations and peppercorn leases	5.5	3.3	(2.2)	(41%)	21.0	21.4	0.5	2%
Net system capital expenditure	41.3	31.0	(10.3)	(25%)	254.7	245.2	(9.5)	(4%)

Summary



- The Board is asked to:
 - Note the ICB internal month 2 position.
 - Note the ICS revenue month 2 position, in particular the impact of industrial action on the YTD position.
 - Note the ICS capital month 2 position.
 - Note the overarching risks to delivery including:
 - efficiency achievement
 - costs and impact of industrial action
 - securing ERF funding
 - reduction in workforce costs in line with the agency cap and workforce plan
 - increased continuing healthcare costs.

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

NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 19 July 2023		
Title	Quality and Oversight Committee Update and Quality and Performance Reports		
Non-Executive Member Chair	Mercy Jeyasingham		
Lead Director Lead (Name and Role)	Dr John Byrne, Chief Medical Officer Jonathan Bates, Chief Operating Officer		
Author(s) (Name and Role)	June Okochi, Deputy Programme Director for Quality Improvement Suzanne Bates, Director of Performance Oversight		
Agenda Item No.	11	Attachment No.	13
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>
<p>Purpose</p> <p>The purpose of this report is to provide the Board with an overview from the Non-Executive Member Chair of the Committee regarding the key issues discussed in the Quality and Oversight Committee since the last Board meeting.</p> <p>The paper also provides the Board with oversight and assurance from the relevant Executive Directors regarding the overall performance and quality of services and health care provided to the population of South West London. The report highlights the current operational and strategic areas for consideration. The report also includes a summary of key points around quality and performance that were discussed at the SWL ICS Quality and Oversight Committee on 13 June 2023.</p> <p>Quality and Oversight Committee Chair's Report</p> <p>The Committee met on 13 June 2023. Following consideration and discussion of key items at the meetings, the updates below are highlighted:</p> <p>Never Events (NEs) – There has been an increase in reported NEs over the past four months between Feb and May 2023. Ongoing work across the system focusing on learning and use of the barrier strengths tool.</p> <p>Paediatric Audiology Service at Croydon Health Services - An external harm review has been completed into safety and quality of the service; The Trust continues to work towards implementation of the action plan.</p> <p>Infection and Prevention Control (IPC) - There has been a rise in infections across SWL on e-coli and Klebsiella spp. The ICB and Trusts are working collaboratively with the London</p>			

Group and NHS England to look at trends and risks over the past three years to establish a quality improvement framework. Trusts continue to implement their IPC action plans.

Executive Director Summary

Key areas where SWL has seen improvements in quality:

- Improvement in closing a backlog of outstanding Serious Incidents; Epsom and St Helier Trust is working jointly with SWL ICB in implementation of PSIRF and have agreed closure of cluster of SIs related to Falls, pressure ulcers and nosocomial infections where evidence of an overarching recovery plan is provided.
- System safety - PSIRF implementation on track. Training widely rolled out with positive feedback.
- Virtual wards safety and quality guidelines developed for system.
- SLAM – The Trust has worked at Place level to mobilise a plan to support discharge from MH wards for adults through the provision of 16 step down housing placements
- Croydon Health Services: Trust wide vacancy rates are at 11% which is below the trust threshold of 14%

Key areas where SWL has seen improvements in performance:

- SWL A&E performance improved to 75.6% in April, just shy of the 76% ambition for year end 2023/24. There was a 9% decrease in A&E attendances in month and a 10% decrease in 111 calls. However, timely access for mental health patients is a significant issue currently and there is extensive dialogue at CEO level on Effective mitigations.
- SWL exceeded the national 28-day Faster Diagnosis Standard (which informs patients whether they had cancer or not) for the second consecutive month with a performance of 78.4%.
- Overall diagnostic access has improved to the best position seen in 22/23 financial year at 90%.
- SWL have exceeded the 75% target with a year-end achievement of 78.5% for Learning Disability Health Checks.

Key issues for the Board to be aware of:

- Increase in the number of Never Events across SWL.
- Recent rise in infections across SWL on e-coli and Klebsiella spp.
- In April, SWL was the worst performing ICB in London and fifth worst performing nationally for patients waiting 12 hours from decision to admit to admission in A&E. The UEC Board is working to ensure learning from investments made last winter is shared across the system to optimise continuous flow and share good practice from elsewhere across London.
- Albeit from a comparatively strong position, since 1st January this year, 52 week waiters have grown by nearly half in SWL; 94% of that increase was at Epsom and St Helier, and the remaining 6% at Croydon. Action plans have been developed for key specialities such as community paediatrics and gynaecology in dialogue with Trusts and the Acute Provider Collaborative.

- IAPT access levels continued to be below plan in March. Focus is also on the patients who need second treatment, which has reduced numbers of first seen. However, the ICS continues to meet national thresholds for waiting times for first treatment within 6 weeks (75% standard) and 18 weeks (95% standard). Work to recruit clinical staff with the requisite skills across mental health services is ongoing.
- The impact of Industrial Action is still being felt on overall elective performance, and there is clear delivery risk regarding upcoming action in July and potentially beyond. System leaders are working to mitigate these risks wherever possible.

Recommendation

The Board is asked to:

- Consider this report and to be assured that work is ongoing in many areas to alleviate the issues that have been raised
- Provide feedback and/or recommendations as appropriate.

Conflicts of Interest

None known

Corporate Objectives

This document will impact on the following Board Objectives

Quality and Performance is underpinned across South West London's corporate objectives.

Risks

This document links to the following Board risks:

Quality risks are included in the SWL ICB Corporate risk register and escalated to the Board Assurance Framework where appropriate.
Poor performance against constitutional standards is a risk to the delivery of timely patient care, especially in the current climate of recovery following the COVID pandemic.

Mitigations

Actions taken to reduce any risks identified:

As detailed in the quality risk register. Action plans are in place within each recovery workstream to mitigate poor performance and enable a return to compliance with the constitutional standards, which will support overall patient care improvement.

Financial/Resource Implications

Compliance with constitutional standards, particularly following the pandemic will have financial and resource implications

Is an Equality Impact Assessment (EIA) necessary and has it been completed?

Yes, where there is a relevance to this report.

What are the implications of the EIA and what, if any are the mitigations	Ongoing implementation of identified impact within patient safety and quality work programmes and as part of CORE20PLUS5.
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Patient and Public Engagement and Communication	We are working with Safety and Quality Patient Partners, patients and public including specific impacted communities linking with our Voluntary Care Sector organisations to ensure we are listening to the voices of our population and using this insight to improve quality
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Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
	SWL ICB Senior Management team	22/06/2023	Document reviewed and recommended for approval
	QOC	13/06/2023	Presented and noted
Supporting Documents	System Quality Report ICB Performance Report		

**South West London Integrated Care Board
ICB Board Meeting
19 July 2023**

Integrated Care System Quality Report

1. Introduction

This report provides exceptions on quality issues across South West London (SWL) Integrated Care System's (ICS) healthcare providers. The focus of the report is about current issues and areas of improvement, and to provide the Board with assurance.

The Board is asked to be assured that work continues across the system on all the subjects and issues raised in this report to ensure quality challenges are mitigated through the providers' and system's risk and governance processes.

2. Patient Safety

2.1 Never Events

SWL has reported a significant increase in Never Events over the past four months between February and May (Total of 11 reported). The never events were relating to wrong site surgery (7 reported) and retained foreign object (4 reported).

Out of the 11 reported, 4 were reported by Epsom and St Helier NHS Trust, 3 were reported by Kingston Hospital NHS Foundation Trust and 4 were reported by St Georges University Hospital NHS Foundations Trust (SGH). Currently there are no obvious common themes identified and the incidents occurred in a wide range of clinical areas. Investigations into all the cases are in progress and SWL will undertake further review relaunching the barrier strengths work which was undertaken earlier this year.

2.2 Prevention of Future Deaths (PFD)

Coroner issued a Prevention of Future Deaths (PFD) on 26th April 2023 requiring response from SGH, the ICB and one of our General Practices. The PFD was in relation to care provided to a patient whilst on an inpatient ward, how GP information was accessed and communicated, and how mental health services were commissioned to support care in acute settings. The ICB is working collaboratively on a response to the coroner and putting improvement plans in place from the learning identified.

2.3 Paediatric Audiology Service NHS Croydon Health Service (CHS) – An external harm review was commissioned by the trust into the safety and quality of paediatric audiology services waiting list. The Trust has developed an improvement plan to implement the recommendations of the report. The ICB is working collaboratively with the Trust and NHS England region to ensure quality oversight.

2.4 Infection and Prevention Control: There has been a rise in infections across SWL on e-coli and Klebsiella spp. The ICB and Trusts are working collaboratively with the London Group and NHS England to look at trends and risks over the past three years to establish a quality improvement framework, which will involve pharmacists, microbiologists and other partners to promote sharing best practices.

Trusts are focused on identifying risk factors when reporting HCAs such as previous antibiotics usage, invasive devices, and likely cause of infections to focus and drive quality improvement. Collection of this data is variable across London and there is a need to understand challenges in collecting and documenting these risk factors.

The ICB is working collaboratively with Trusts to develop improvement plans. This will be discussed through the ICB Governance processes.

3. Safeguarding

The following policies were approved at the SWL ICS Quality & Oversight Committee meeting on Tuesday 13 June 2023:

Safeguarding Children Policy
Domestic Abuse & Sexual Violence Policy

The Committee reviewed NHS England's Safeguarding 'Offer' Letter which covers a range of safeguarding areas below discussing how the ICB can work in partnership to deliver:

- Child protection information sharing system (CPIS)
- 0-19 Public Health Services
- Prevent
- Female genital mutilation (FGM) – maternity
- Modern slavery
- Serious violence duty
- Domestic abuse and domestic homicides
- Child sexual exploitation (CSE)
- Care leavers
- Local maternity and neonatal system (LMNS) safeguarding
- Level 4 training.

4. System Update - PSIRF (Patient Safety Incident Response Framework)

4.1. Large NHS Providers: a system stakeholder event took place on 18 April 2023 for feedback on the provider's draft learning response plans (PSIRPs). Since then, providers have been revising their learning response plans (PSIRPs) and policy following feedback from this event and taking through Trust Boards for sign off. As of mid-June, almost all providers have taken their learning response plans to their Boards. A second stakeholder event is planned for 7 July 2023, following which Trusts can set a transition date to working under PSIRF.

4.2. Independent/Non-NHS providers (non-CHC (Continuing Healthcare))

Work continues engaging providers on PSIRF. A support pack has been created with tailored guidance. The ICB quality team is working jointly with the ICB contract team offering 1:1 support to providers to support their PSIRF transition preparation.

4.3. Independent/Non-NHS providers (CHC)

We have approximately 453 providers as per latest contracts register. Engagement has been initiated. A support pack has been created with tailored guidance. London AQP (any qualified provider) contract team have agreed to support engagement at PAN London Level.

5. Recommendations

The Board is asked to note:

1. Increase in never events across the system - system learning framework to be re-launched.
2. Quality challenges with community paediatric capacity and an update on the harm review of paediatric audiology services at Croydon.
3. Increase in healthcare associated infections with improvement measures in place
4. All quality issues and risks continue to be closely monitored and reported to the Quality and Oversight Committee

South West London Integrated Board Report

May 2023 (Month 01 Data)

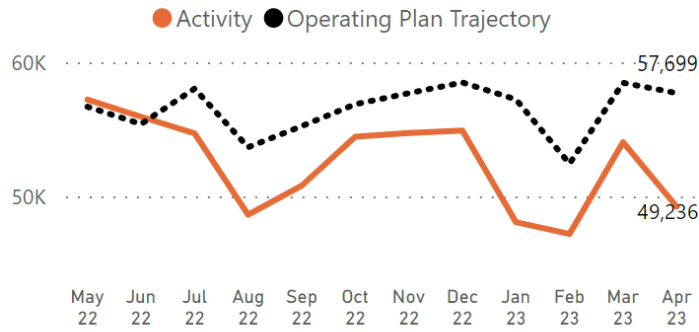
SRO: Jonathan Bates



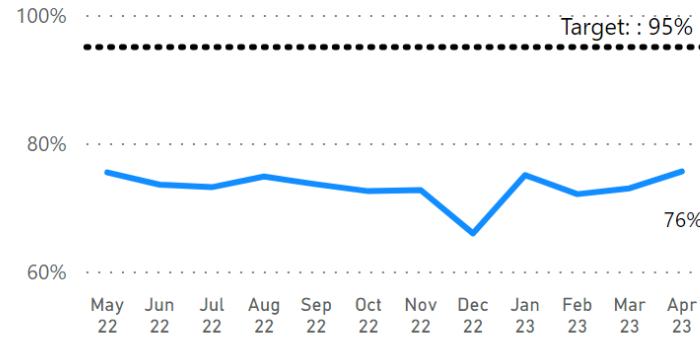
- The South West London (SWL) Integrated Board report presents the latest published and unpublished data assessing delivery against the NHS Constitutional standards and locally agreed on metrics. These metrics relate to acute, mental health, community and primary care services and other significant borough/Place level indicators.
- Data is sourced through official national publications via NHS England, NHS Digital and local providers. Some data is validated data published one month or more in arrears. However, much of the data is unvalidated (and more timely) but may be incomplete or subject to change post-validation. Therefore, the data presented in this report may differ from data in other reports for the same indicator (dependent on when the data was collected).
- The report contains current operating plan trajectories.
- This is the current iteration of the Integrated Care Board Performance Report and the number of indicators will continue to be reviewed and refined as work progresses to develop reporting within the Integrated Care Board (ICB).

- **Physical care 12 Hour A&E Breaches:** 1,359 patients waited over 12 hours from decision to admit to admission in April, down from 1,526 in March. SWL had the highest number of 12-hour breaches in London this month and was the fifth highest nationally. There were 137 x 60-minute London Ambulance Service handover breaches, a decrease on recent months but still a challenged position. Intensive action to manage the position takes place on a regular basis, often hourly. Regional escalation calls occur across London plus discussions via the Urgent and Emergency Care Delivery Board.
- **Mental Health 12 Hour A&E Breaches:** Unvalidated figures show that in April there were 104 x 12 breaches, down from 116 in March for Mental Health patients, mainly waiting for a bed. This is still higher than recent months and reflects the scale of challenge for mental health patients presenting in crisis at this time. This position is being reflected across London. Given this trend of increasing pressure, CEOs are working together across the system to see what further improvements can be made to deliver better care for this important and often vulnerable cohort of patients.
- **A&E 4 Hour Waits:** Accident & Emergency attendances at local providers decreased in April and SWL performance increased to 75.6% against the 4-hour standard of 95%, above the London position of 74.1%. Kingston Hospital Foundation Trust achieved 53.1% and Croydon Healthcare NHS Trust achieved 67.0% while the other Trusts were above 70%. The volume of 111 calls also decreased by 10% in April, and the percentage of abandoned 111 calls decreased to 16.5%, though still above planned levels.
- **Cancer:** Performance against the two-week wait standard (target 93%) was 87.7% in March. Against the 62-day standard of 85%, SWL was the highest performing sector in London, with 71.9% in March. On the 28-Day faster diagnostic standard (75% target), performance was 78.4%, the second consecutive month that SWL reported a compliant position and a significant step forward in sharing timely outcomes with patients.
- **Planned Care:** There has been shift from inpatient to day-case throughout the year. Day Case activity was 1% over plan for 2022/23 and elective ordinary spells were 25% below plan, impacted by the combined effect of winter pressures and Industrial Action in the latter part of the year. The combined year end position for all elective activity was 3% below plan against our local target of 103% of 2019/20 levels.
- **52 Week Waits:** There were 1,239 patients waiting over 52 weeks for treatment at SWL providers against a trajectory of 964 for March, an increase of 153 on February. SWL continue to have the fewest patients waiting over 52 weeks in London; 7 patients were waiting over 78 weeks against a trajectory of 0, 4 of which waiting were at St George's University Hospitals and 3 at The Royal Marsden. However, since 1st January this year, SWL ICS's 52ww have grown by nearly half; 94% of that increase was at Epsom and St Helier, and the remaining 6% at Croydon Healthcare NHS Trust. 52ww have decreased at the other SWL Trusts over the same period.
- **Severe Mental Illness Health checks:** Q4 data 2022/23 shows that SWL have achieved a performance of 57.7%, a significant improvement compared to 45.7% reported in Q3, with 9,095 SMI patients having received all six annual health checks.
- **Learning Disability Health Checks:** SWL have exceeded the 75% target with a year end achievement of 78.5%. Sutton Health Facilitation project has recently received national NHSE recognition for their Learning Disability exemplar pilot.
- **Childhood Immunisations:** SWL was back above the London average in Quarter 3 2022/23. Uptake for pre-school boosters in SWL is performing marginally better than the London average by 1%. Local immunisation plans are being discussed with Place Partnership Boards/Immunisation Committees to support the development of a new Immunisations Strategy.

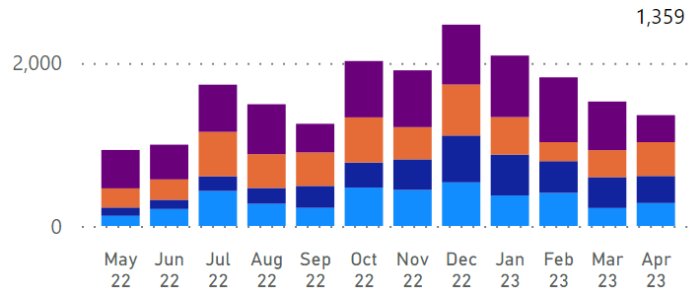
A&E Attendances (All Types)



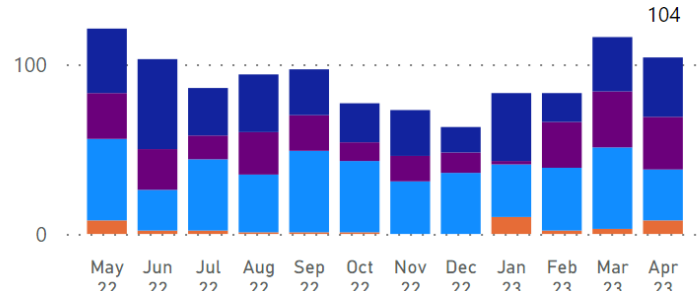
A&E (All Types) 4 Hour Standard



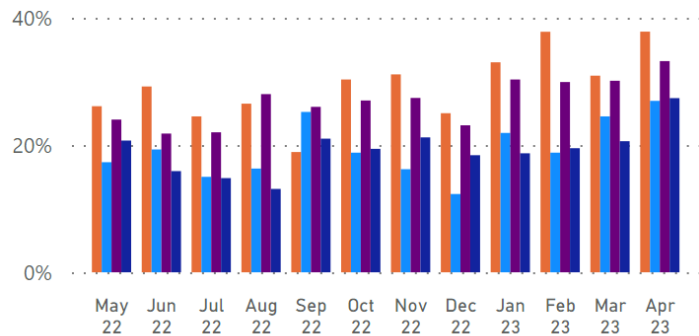
12 Hour A&E Breaches



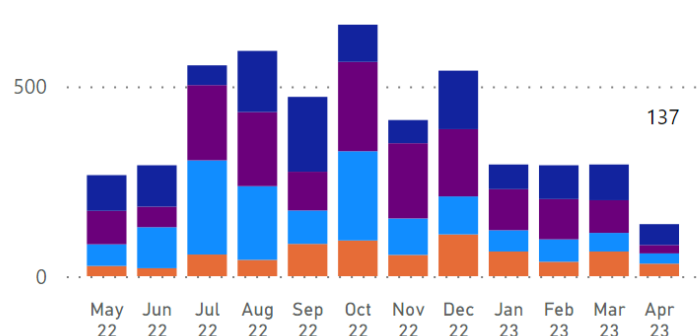
12 Hour Mental Health A&E Breaches (Unvalidated)



% Ambulance Handover within 15 minute



60 minute Ambulance Breaches



● CHS ● ESTH ● KHFT ● RMH ● SGH

Summary

Performance against the 4 hour target increased in April to 75.6%, just shy of the current 76% ambition for the end of the year (2023-24). Calls to 111 saw a slight decrease, and the numbers of calls abandoned by patients also saw a slight decrease. Industrial action caused additional stress on the system and the workforce, such as increased ambulance diversions due to services challenged by lower numbers of staff. Ongoing discharge delays continue to impact the non-elective admitted pathway. The SWL UEC Board continues to monitor local models of the Continuous Flow pilot. Winter schemes funded through the Adult Social Care Fund and through UEC, align to the ICB's winter demand and capacity plans, are in place with close monitoring. The SWL Same Day Emergency Care (SDEC) group has re-started to renew system-wide focus on opportunities to manage more patients through this pathway.

A&E Attendances

There was a significant decrease in A&E attendances, well below the planned trajectory which was in part due to the industrial action.

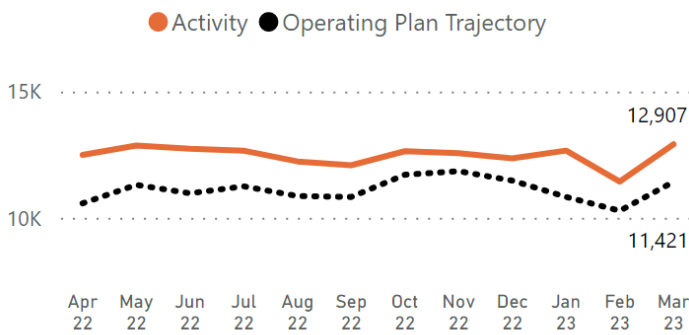
12 Hour breaches

The numbers of physical 12-hour breaches and Mental Health 12 hour breaches decreased in April. Demand for beds continued to be extremely high, resulting in many patients waiting for more than 12 hours in Emergency Departments. A number of mitigations are in place including daily escalation of all breaches, patient clinical risks rated using the bed prioritisation scoring and additional private sector beds. For Mental Health a multi-agency discharge event was held to expedite discharges and monthly senior meetings are also in place to address recurrent issues.

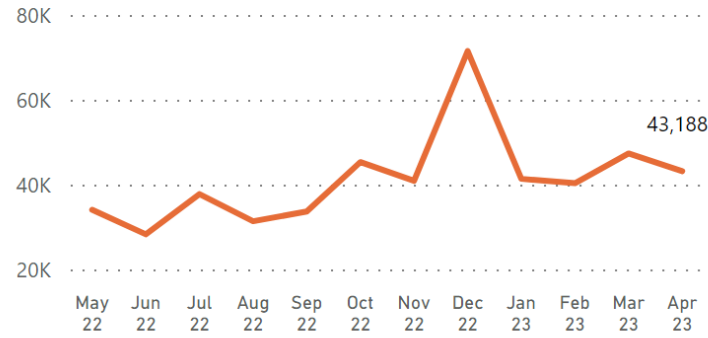
Ambulance handovers

Long ambulance waits (60+ minutes) showed a marked decrease in April despite a continuing increase in conveyance numbers. Measures continue to be taken to improve the position such as cohorting, boarding and immediate handover for waits over 45 minutes is in place, where needed. Some of these measures have become routine practice to mitigate ongoing pressures. Further mitigations are under review and the continuation of HALOs (Hospital Ambulance Liaison Officer) at SWL sites has been a priority.

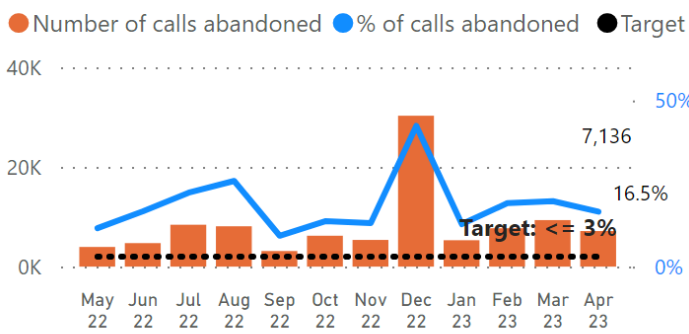
Total Non-elective Spells



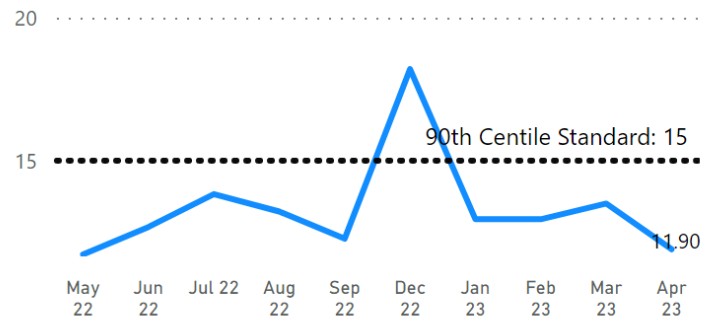
111 Call Volumes



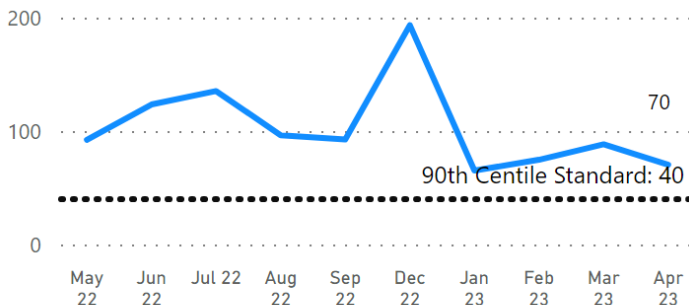
111 Calls Abandoned



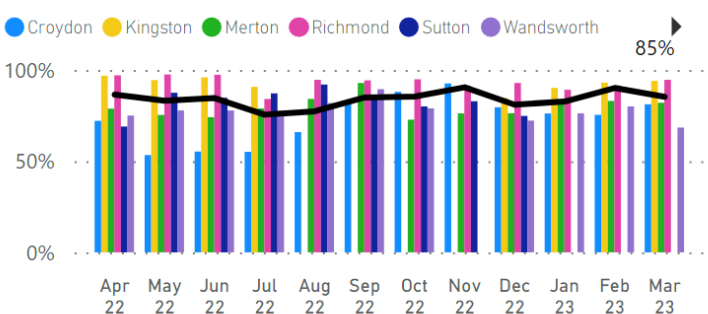
Ambulance Category 1 Emergency Response Times (minutes)



Ambulance Category 2 Emergency Response Times (minutes)



Community 2 Hour Urgent Response Performance - Provider



Non-elective spells

The number of none-elective spells saw the expected uptick in March and continues to be above plan reflecting the acuity of patients accessing urgent care services.

111 Calls

SWL received 43,188 calls in April, a decrease from March. 111 call response times improved slightly in April, and the number of abandoned calls decreased due to improved staffing at weekends. There was less sickness amongst staff in April and fewer new starters, which has helped improve the performance, but this is still well below target. Both the 111 service provider and LAS had rota fill issues and the 111 service provider have been adjusting their rota patterns and incentive schemes to improve this whilst LAS is also looking to recruit more staff.

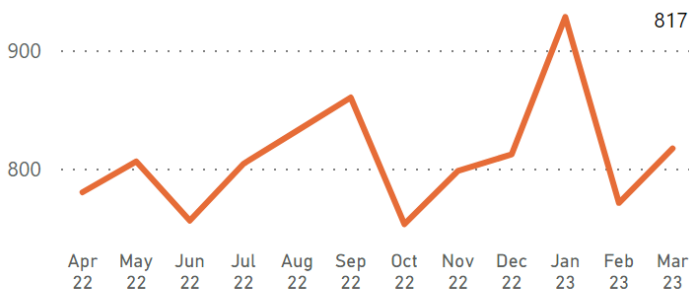
Ambulance Response Times

Both Category 1 and 2 conveyances improved slightly from March. Category 1 response times met the standard, whilst Category 2 response times were mostly longer than the national ambition of 40 minutes. This is in the context of increasing conveyances and a decline in the number of "see and treat" patients, which is being raised with LAS colleagues.

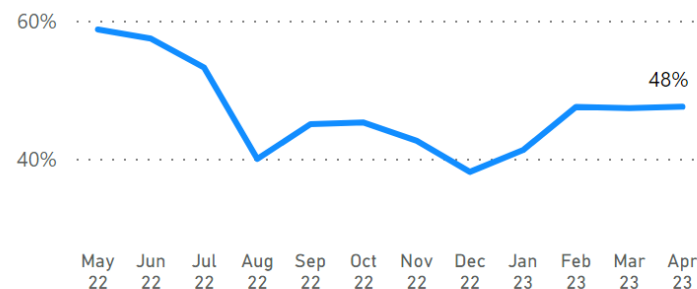
2-Hour Urgent Community Response

The current performance is 85% against a national target of 75%. However, data is unavailable from Sutton for the period of January to March 2023, which suggests local performance could be even higher. The 2-hour Urgent Community Response services are fully functional in all 6 SWL boroughs, running 8am to 8pm, 7 days a week (one borough is 24hr). These services can accept the nationally set 9 clinical conditions and all have falls pick-up services, including equipment to lift patients from the floor. Engagement work continues with Technology Enabled Care providers, Care Homes, LAS and 111 to increase the volume of referrals to Urgent Community Response and to meet the requirements of the winter resilience plan.

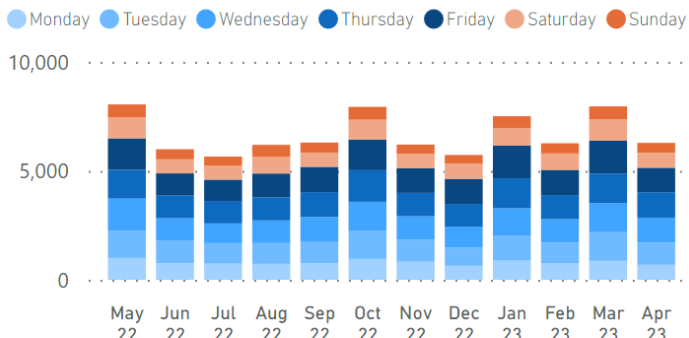
Number of Patients staying 21+ Days (Super Stranded)



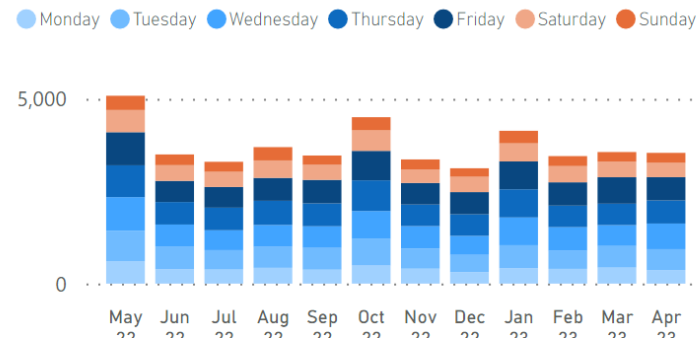
Daily discharges as % of patients who no longer meet the criteria to reside in hospital



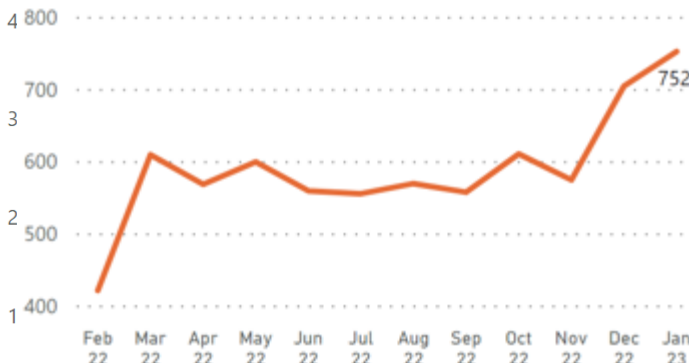
Total Discharges by Weekday



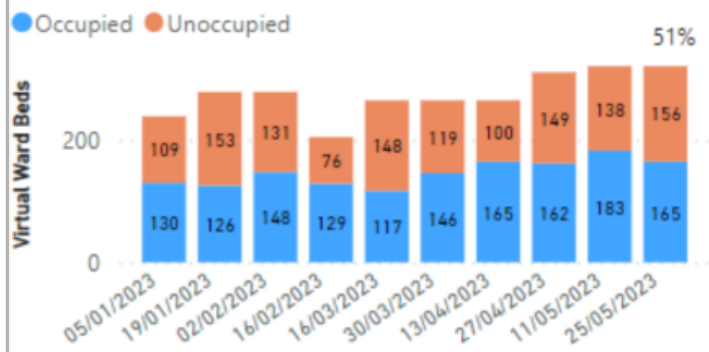
Total Discharges before 5pm by Weekday



Emergency Admissions from a Care Home



SWL Virtual Ward Capacity and Occupancy



Patients with a length of stay over 21 days

The number of stranded patients increased in March. The winter funding bed bureau scheme coming to an end in April may have had an adverse impact as well as higher activity levels.

% patients not meeting the criteria to reside

There is little change to this figure compared to last month, Pathway 3 placement challenges and in-hospital delays continue to be the main drivers, particularly the placement of complex patients. The findings from the finalised SWL discharge review, will support the improvement of the discharge processes.

Total discharges by weekday and before 5.00pm

Weekend discharges remain low in April, although discharges before 5pm remain consistent to previous months. Trusts are continuing to use the additional adult social care fund, increased hours of operation and functionality of their discharge lounges and transfer of care hubs to maintain flow.

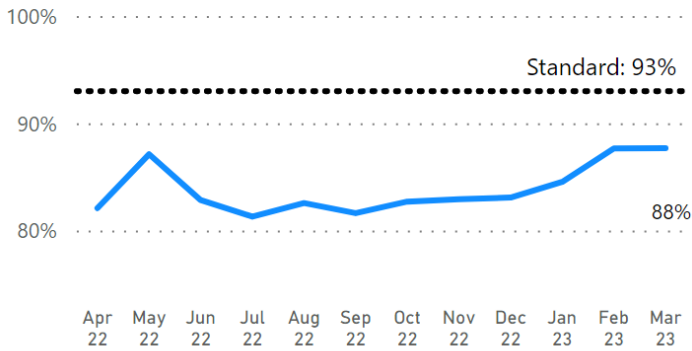
Emergency admissions from a care home

February-March data is currently not available and will be updated in next month's report. The increased admissions in January were due to greater prevalence of respiratory illness and Covid in Care Homes.

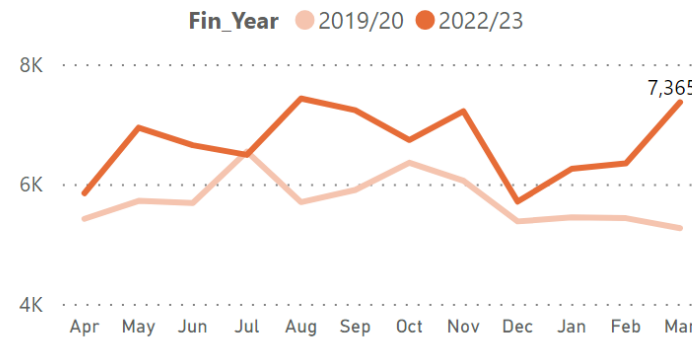
Virtual Ward

The Central Remote Monitoring hub went live 24/7 on 17 April 2023, with the SWL system able to provide 24/7 continuous and intermittent monitoring to patients on respiratory and frailty pathways to support early discharge and admission avoidance. The current capacity of the virtual ward is 321, with an occupancy of 165 (51%). The aim is to increase occupancy over the coming months to reach 80%, by September. To support this, clinical pathways in development include heart failure and Outpatient Parenteral Antimicrobial Therapy (OPAT). A social care bridging service is in place in each Local Virtual Ward and clinical leads have been identified to support hospital flow and pathway development. A survey asking the wider system for input of future clinical pathways will be circulated. A Virtual Ward Summit was held on 28 June.

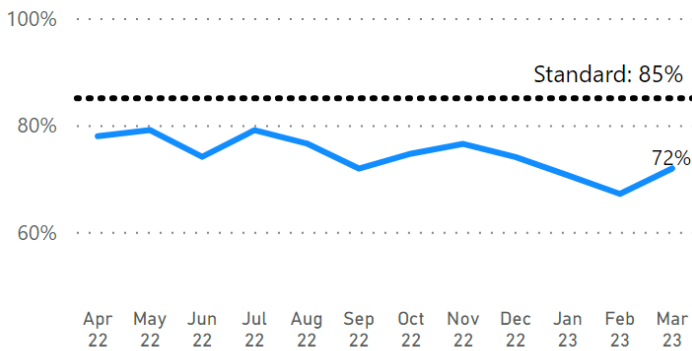
2 Week Waits: Performance against Standard



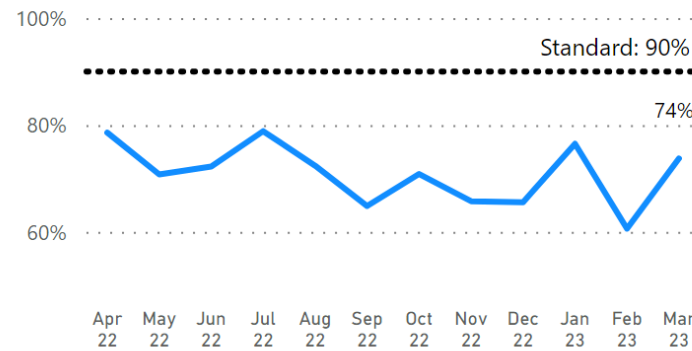
2 Week Waits: Activity



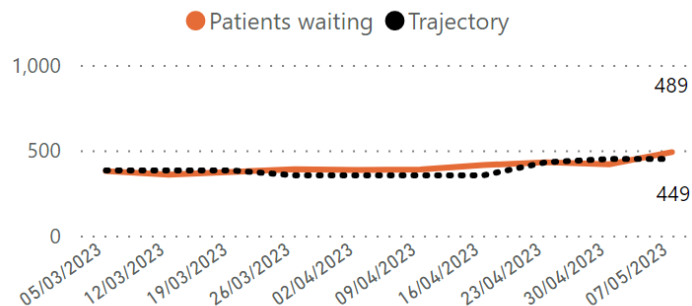
62 Day GP Referrals: Performance against Standard



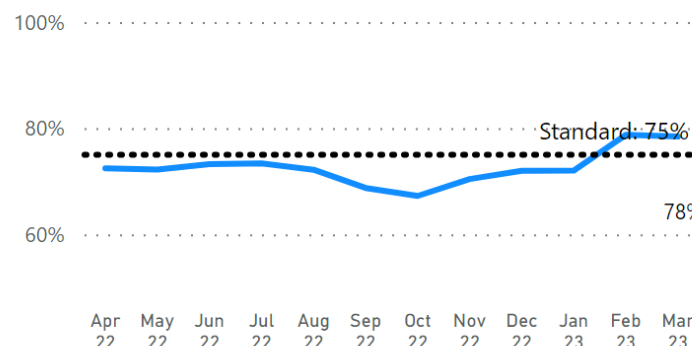
62 Day Screening: Performance against Standard



Total patients waiting over 62 days to begin cancer treatment



Faster Diagnosis Standard: Performance against Standard



2 week wait performance and Activity

Improvement in performance was sustained in March at 87.7% but is still below the constitutional standard of 93%. Performance remains challenged due to a 20% increase in referrals, since March 2019, the highest in London. Epsom & St Helier (95.9%) continues to report a compliant position and Kingston Hospital (94.0%) have also reported a compliant position. Breast, Skin and Gynaecology pathways were the most challenged and account for more than 50% of 2WW breaches across SWL.

62-day GP Referral

SWL providers continued to be the highest performing in London reporting 71.9% in March, which was below the Constitutional Standard of 85% but an improved performance from the 67.1% reported in February. This reflects a pattern of significant challenge that has been reported nationally due to seasonal pressures, further compounded by Industrial Action.

62-day Screening

SWL Providers performance in March was 73.7%, a significant improvement on February, however, below the 90% standard. Performance continues to be driven by Breast Screening; in December, the SWL Breast Screening Service began a phased programme of reinstating timed appointments to increase uptake. Ongoing work continues to ensure there is adequate treatment capacity.

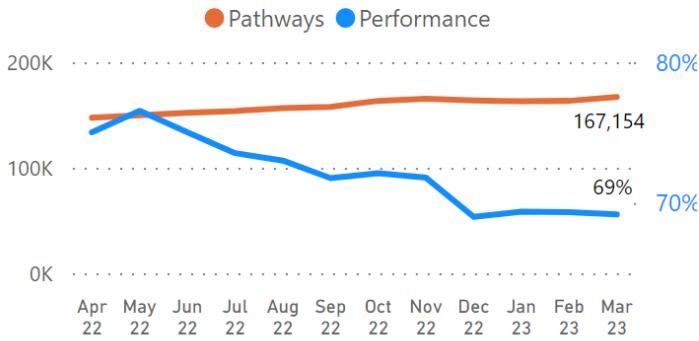
Total patients waiting over 62 days for treatment

Progress with the recovery trajectory in reducing the number of patients waiting over 62 days for treatment was challenged at the beginning of May due to the impact of Industrial Action and Easter annual leave period, with 489 people waiting against a trajectory of 449.

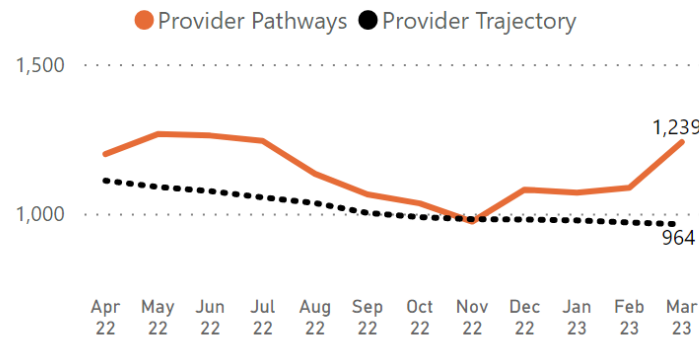
Faster Diagnosis Standard

SWL reported a compliant position of 78.4% against the Faster Diagnosis Standard for the second month in a row. All SWL providers except Croydon reported a compliant position. Performance at Croydon continues to improve achieving 61.1%, the highest since April 2022. The ICS will continue to work with Royal Marsden Partners to support performance improvement.

Incomplete RTT Pathways (ICS)



Incomplete RTT Pathways >=52 Weeks



Incomplete waiting list pathways

At SWL level there were 167,154 patients on an incomplete pathway in March, up from 163,439 in February. 69.2% of patients were waiting under 18 weeks. The number of patients waiting in SWL has increased by 17% in the last year, higher than the London increase of 12%. However, SWL ICS has the lowest waiting list in London per population and the fewest patients waiting over 52 weeks.

Long waiters – patients waiting over 52 weeks for treatment

There were 1,239 patients waiting over 52 weeks for treatment at SWL providers in March. The main driver of the increase in numbers of patients waiting over 52 weeks was Epsom & St. Helier Hospitals with an increase of 132 patients. The specialities with the highest increases include Paediatrics, Cardiology and Gynaecology. Mutual aid is being sought for Gynaecology and the Trust has a plan to expand clinical capacity for Paediatrics. Since January this year, 52-week waiters have grown by nearly half.

Long waiters – patients waiting over 78 and 104 weeks for treatment

7 patients were waiting over 78 weeks for treatment at the end of March, against a trajectory of 0. Four of the waiters were at St George's NHS Trust. One patient waited over 104 weeks for treatment at RMH at the end of March; this is a highly complex patient whose pathway is being progressed between GSTT and RMH.

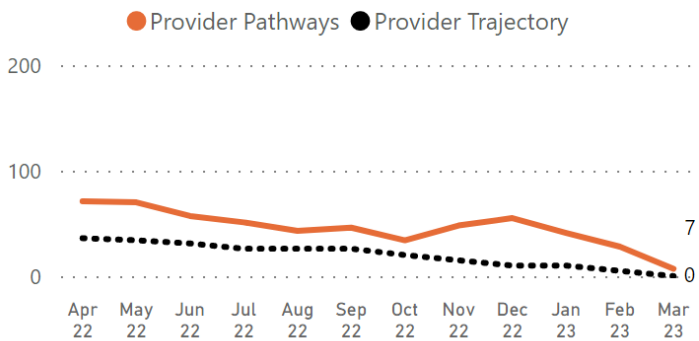
Elective day case spells

All elective activity in-month was below plan with a 94% achievement against a 103% target driven in part by Industrial Action. However, there has been a shift from inpatient to day-case throughout the year. Day case activity was 1% over plan for 22/23.

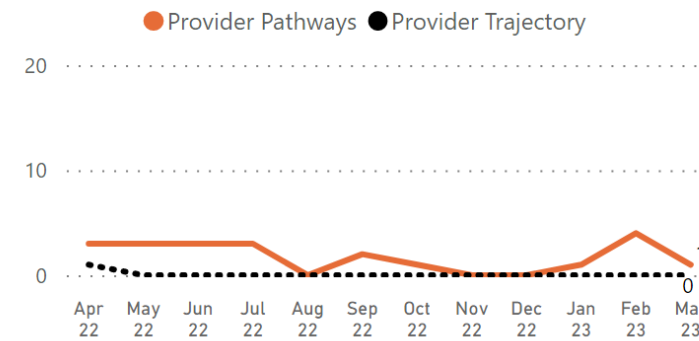
Elective ordinary spells

For 22-23 achievement was 25% below plan. This was due to the combined impact of winter pressures, Industrial Action and a shift to day case. The combined year end position for all elective activity (day case and inpatient) was 100%, below our plan of 103% of 2019/20 levels.

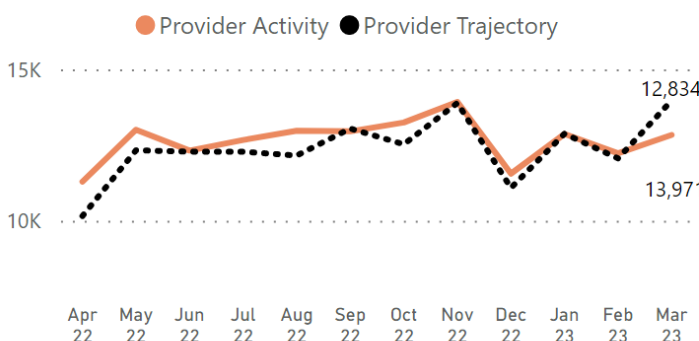
Incomplete RTT Pathways >=78 Weeks



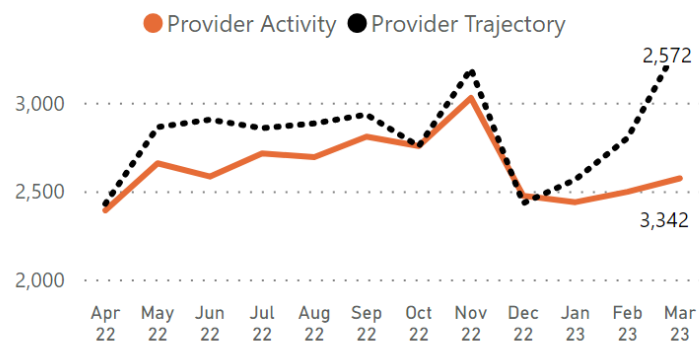
Incomplete RTT Pathways >=104 Weeks



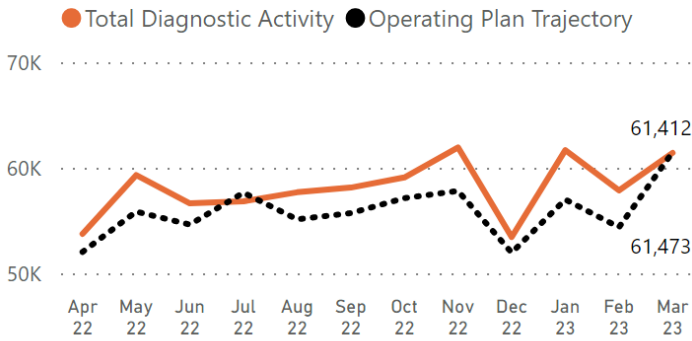
Elective day case spells



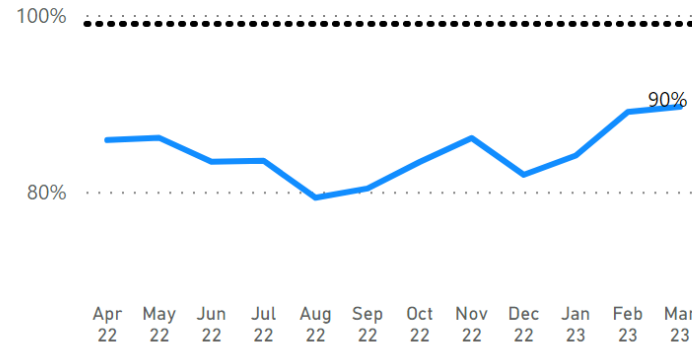
Elective ordinary spells



Diagnostic Tests (Activity)



Diagnostics: % waiting less than 6 Weeks



Diagnostic Activity (7 tests)

Performance increased on the previous month to close to trajectory. The position is likely impacted by ongoing workforce challenges due to a cumulation of strike action and annual leave commitments in the last quarter of the year.

% waiting less than 6 weeks (All tests)

Performance against the constitutional waiting time standard continues the upward performance into March. Improvements can be seen for all diagnostic modalities, with a declining proportion of over 13-week waiters. The ICS continues to work towards the national ambition to clear 13-week waiters by the end of May and reduce the number of 6-week waiters.

Consultant led first outpatient attendances (Specific Acute)

The number of patients seen continued to improve, despite Industrial Action, although it is slightly below trajectory.

Consultant led follow up outpatient attendances (Specific Acute)

The number of follow-up attendances declined in March to below trajectory, atypical of previous months and most likely as a result of reduced workforce capacity to deliver. It is not expected this will be a continued trend into 2023/24.

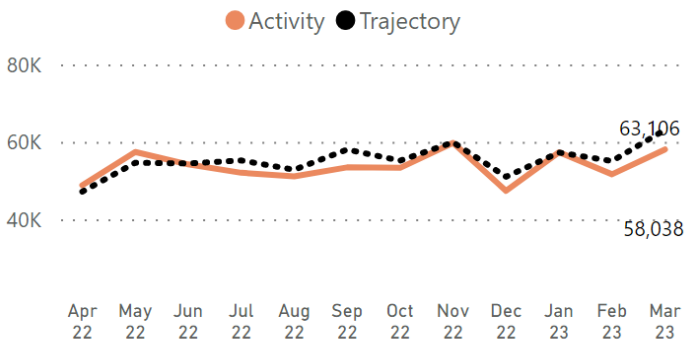
GP Specific referrals for first consultant led outpatient appointment

There has been a steep increase in the number of referrals in line with expected trend, although still maintaining just below trajectory

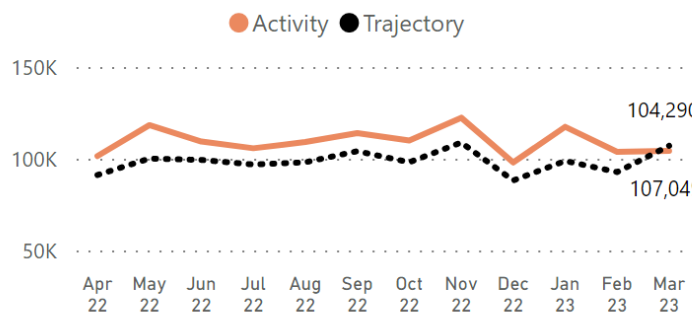
Other Specific referrals for first consultant led outpatient appointment

The overall number of referrals increased in line with the expected trend but tracking above plan. Consultant to consultant referrals remain proportionally higher than all other specific referrals.

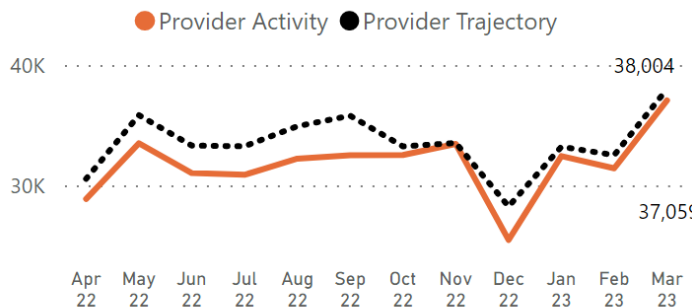
Consultant-led first outpatient attendances (Specific acute)



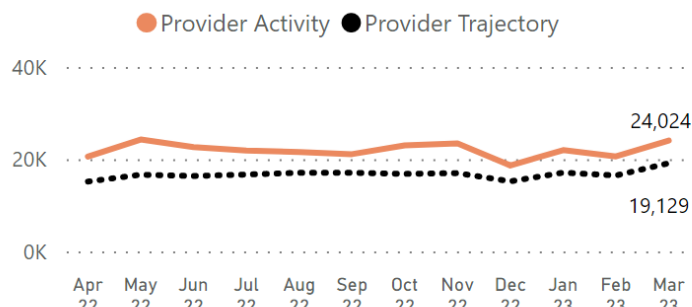
Consultant-led follow-up outpatient attendances (Specific acute)



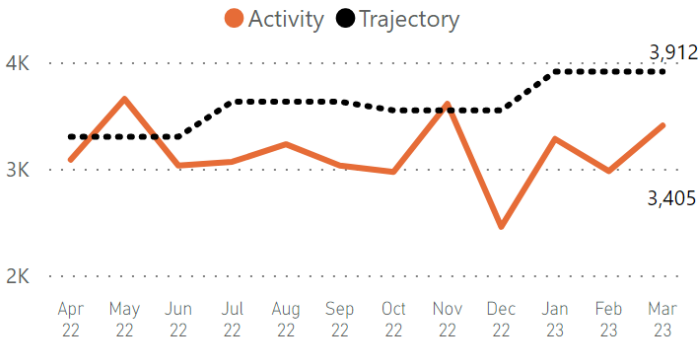
GP Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)



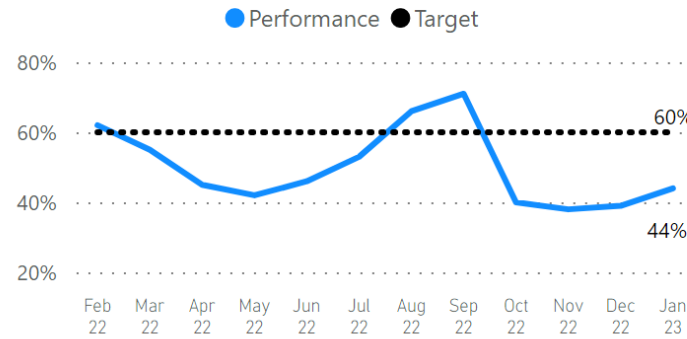
Other Specific Acute Referrals made for a First Consultant-Led Outpatient Appointment (Provider)



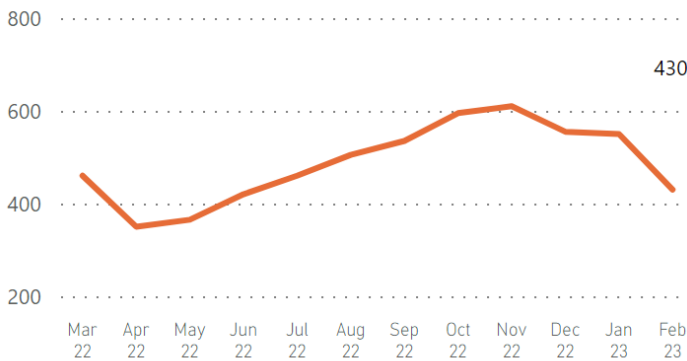
IAPT Access



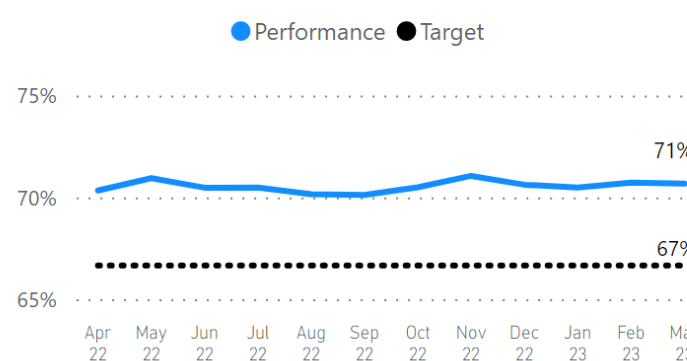
Early Intervention Psychosis (EIP)



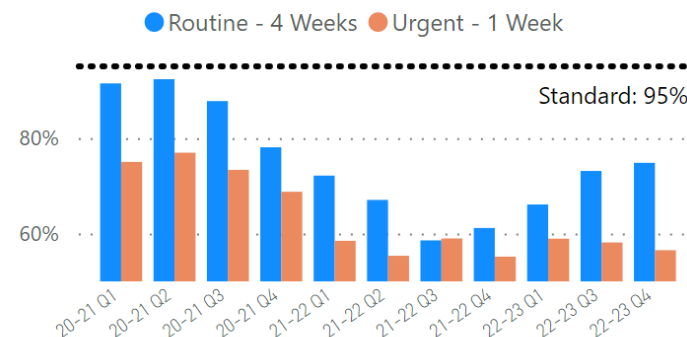
Number of Out of Area Placements



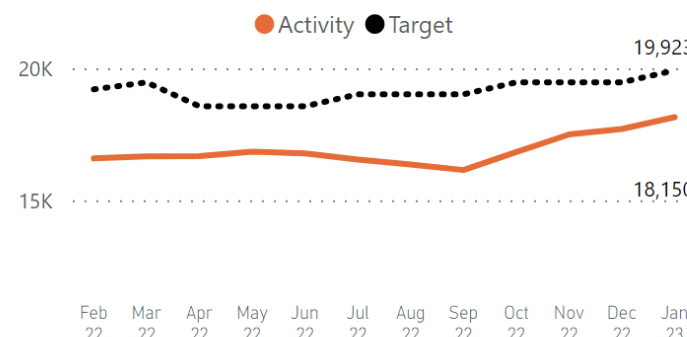
Dementia Diagnosis Rate



CYP Eating Disorders Seen within Target Time



CYP Access Rate - Rolling 12 Months



Improving Access to Psychological Therapies Access

Access levels were below plan in March, although there is a trend of improvement since December.

Early Intervention in Psychosis

Performance has improved slightly since the decline in October. Vacancies continue to impact on delivery, along with the speed of referral into the Early Intervention in Psychosis service. South West London & St George's (SWLSTG) are reviewing their referral process, to ensure patients are seen within the two-week period.

Out of Area Placements

There were 430 out of area placements reported in February 2023 for SWL. This represents an improvement on the January position. Demand and mental health provider bed availability impacts performance. SWLSTG and Local Authorities continue to work on improvement projects focused on length of stay, DTOCs, (Delay Transfers Of Care) plus the ten key interventions set out in the Mental Health 'Discharge Challenge' guidance. A MADE event was held in early April to further expedite discharges and monthly multiagency meetings are in place.

Dementia Diagnosis rate

SWL continues to maintain good performance levels (71%) which exceed the national threshold of ensuring that over 66.7% of people with suspected dementia are diagnosed. The ICS also met the London milestone ambition (70%).

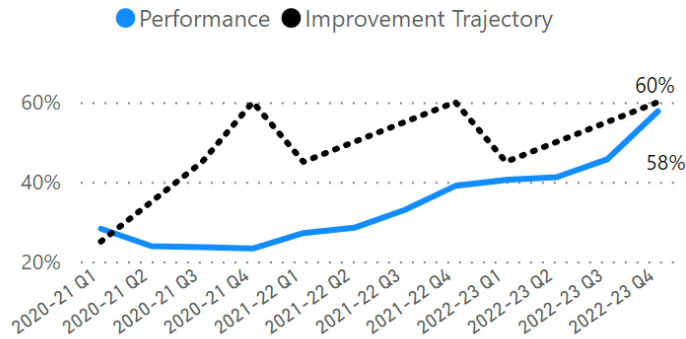
CYP Eating disorders

Performance for routine appointments continues to improve but remains below target. Demand and capacity issues within the service have led to long waits. There is an action plan to increase capacity and pilot integrated outreach teams however this is underpinned by recruitment which is challenging.

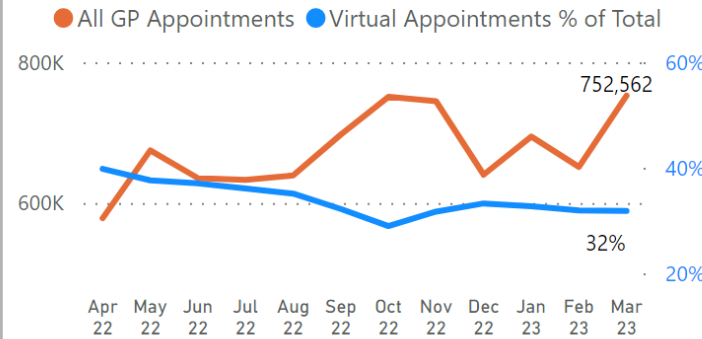
CYP Access rate

Latest data available shows some improvement in activity but performance is still below target trajectory.

SMI Physical Health Checks



Virtual Appointments in General Practice and % of Total



Severe Mental Illness Physical Health Checks

SWL achieved an outcome of 57.7%, where 9,095 SMI patients received all six annual health checks. London was the best performing region nationally in Q4 2022/23.

GP Appointments

Over 750,000 appointments were delivered in SWL in March 2023, 100,000 more appointments when compared to February. 66% of appointments were face-to-face consultations in March.

SWL COVID Vaccinations

The Spring Programme began on 3rd April for residents in older adults care homes and by mid May, 3,000 residents (67.7%) were vaccinated with 80% of our homes visited. The wider programme began on 17th April, with invitations first going to the 75+ year olds and immunosuppressed cohorts; by mid May uptake was 42.5% for 75+ and 16.6% for immunosuppressed. SW London have the highest uptake in London across all cohorts. COVID vaccination of infants (aged 6 months to 4 years) will begin mid June.

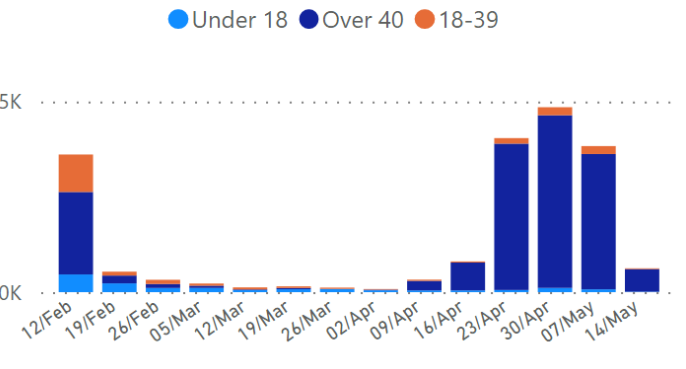
Learning Disability Health Checks (LD)

SWL have exceeded the 75% target with a year end achievement of 78.5%. Sutton Health Facilitation project has recently received national NHSE recognition for their exemplar pilot which was funded to increase uptake of LD annual health checks. The lead has been invited to present nationally.

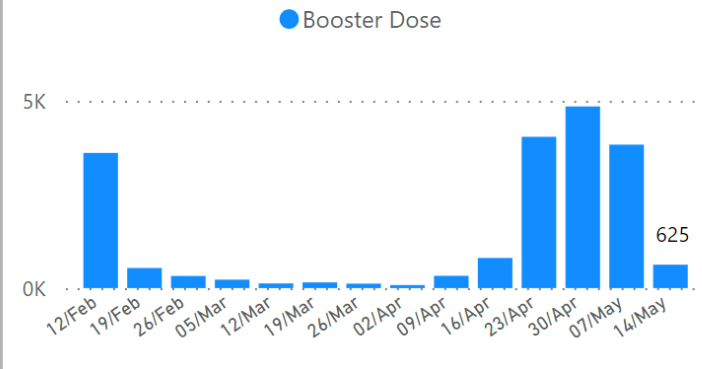
Childhood Immunisations

Work continues across all boroughs supporting practices to improve childhood immunisation uptake. Leads have attended Place Partnership Boards and Immunisation delivery groups to gather input into the development of a South West London immunisation strategy. During World Immunisation Week, webinars and focus groups were delivered with attendance from over 40 colleagues from across the system. The Immunisation Coordinators continue their practice visits to understand barriers to uptake and perform data quality checks.

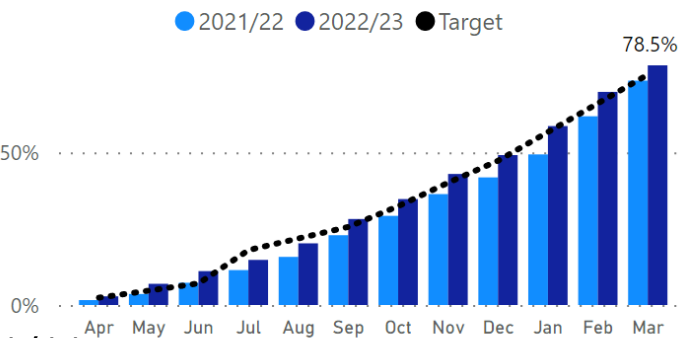
SWL Covid Vaccinations by age group



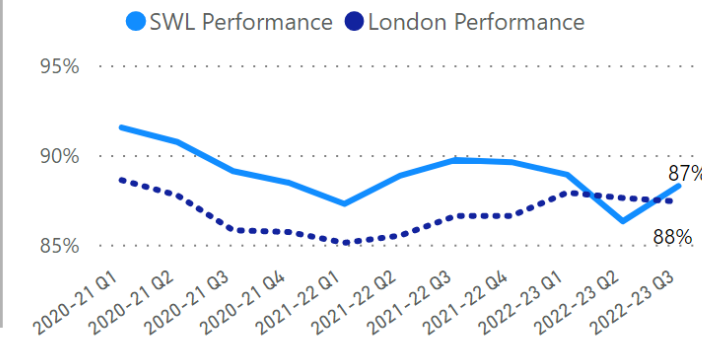
SWL Covid Vaccinations by Dose



Learning Disability Annual Health Checks Cumulative



Childhood Immunisations



NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 19 July 2023		
Title	Audit and Risk Committee Update		
Non-Executive Member Chair	Martin Spencer		
Lead Director Lead (Name and Role)	Helen Jameson, Chief Finance Officer, SWL ICB.		
Author(s) (Name and Role)	Jitendra Patel, ICB / ICP Secretary		
Agenda Item No.	11	Attachment No.	14
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

To provide the Board with updates from the Audit and Risk Committee.

Executive Summary

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

Key Issues for the Board to be aware of:

Audit and Risk Committee

The Committee met on 27 June 2023 and the meeting was quorate. Following consideration and discussion of key items at the meeting, the updates below are highlighted.

1. SWL ICB Annual Report & Accounts 1 July 2022 to 31 March 2023

- Agreed to recommend approval by the Board of:
 - The draft NHS South West London Integrated Care Board Annual Report and Accounts for the nine months from 1 July 2022 to 31 March 2023 for submission to NHS England.
 - The draft Working with People and Communities Annual Report which will be used as part of NHS England's assessment of local engagement work.
 - The letter of representation for the ICB provided in connection with the audit of the financial statements.

- Noted the Internal Audit Annual Report including Head of Internal Audit Opinion, which is included as part of the Annual Report submission.
- Noted the External Audit Findings Report.

2. SWL CCG Annual Report and Accounts 1 April to 30 June 2022

- Agreed to recommend approval by the Board of:
 - The draft NHS South West London Clinical Commissioning Group (CCG) Annual Report and Accounts for the three months from 1 April 2022 to 30 June 2022 for submission to NHS England.
 - The letter of representation for the CCG provided in connection with the audit of the financial statements.
- Noted the Internal Audit Annual Report including Head of Internal Audit Opinion, which is included as part of the Annual Report submission.
- Noted the External Audit Findings Report.

3. 2021/22 Mental Health Investment Standard (MHIS) Auditor Report and Opinion

- Approved the 2021/22 MHIS Audit conclusions stated within the Auditor Report to the ICB Board and the MHIS Audit Opinion.
- Agreed to publish the report on the ICB website alongside the MHIS Compliance Statement.

4. Standing Financial Instructions / Standing Orders / Scheme of Reservation and Delegation

- Agreed to recommend approval by the Board of the Standing Orders and Standing Financial Instructions as part of the annual review process.
- Noted the work undertaken and review to update and simplify the Scheme of Reservation and Delegation.
- Agreed to recommend approval by the Board of the consolidated Scheme of Reservation and Delegation, with a proposed review date, in line with the update to the Public Contract Regulation Limits in January 2024.

5. Board Assurance Framework and Corporate Risk Register

- Noted the current risks and considered whether any further mitigations could be taken to lessen those risks already on the risk register.
- Discussed and received assurance on the review and escalation process of risks as part of the risk management framework.

6. Local Counter Fraud Specialist (LCFS) Annual Report 2022/23

- Noted the contents of the LCFS Annual Report including the assessment rating which demonstrated the ICB as fully compliant with the counter fraud requirements.

7. Single Tender Wavers (STWs)

- Noted the list of STWs approved since the last Committee meeting along with the summary of volumes and reasons for the issuing of waivers.
- Supported the drive towards reducing future waivers, which will be supported by the revised SoRD, pending approval by the Board.

8. South West London ICB Information Governance Annual Report

- Noted the Annual Report, including the progress made throughout the year, and assurance provided through the Information Governance structures and framework.

9. Committee workplan

- Noted the updated Committee work plan, scheduled to be in line with the Terms of Reference, approved by the Board in May.

Recommendation

The Board is asked to:

- Note the key points discussed and decisions made at the Committee meeting.

Conflicts of Interest

N/A

Corporate Objectives

This document will impact on the following Board Objectives

Overall delivery of the ICB's objectives

Risks

This document links to the following Board risks:

N/A

Mitigations

Actions taken to reduce any risks identified:

N/A

Financial/Resource Implications

Noted within the committee updates and approvals in line with the ICB governance framework where appropriate.

Is an Equality Impact Assessment (EIA) necessary and has it been completed?

N/A

What are the implications of the EIA and what, if any are the mitigations

N/A

Patient and Public Engagement and Communication

N/A

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

Supporting Documents	n/a
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NHS South West London Integrated Care Board

Name of Meeting	ICB Board		
Date	Wednesday, 19 July 2023		
Title	Remuneration and Nominations Committee update		
Non-Executive Member Chair	Ruth Bailey		
Lead Director Lead (Name and Role)	Karen Broughton, Deputy Chief Executive Officer / Director of Transformation and People, SWL ICB.		
Author(s) (Name and Role)	Jitendra Patel, ICB / ICP Secretary		
Agenda Item No.	11	Attachment No.	15
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

To provide the Board with updates from the Remuneration and Nominations Committee, as a Committee of the Board.

Key Issues for the Board to be aware of:

The Committee met on 19 June 2023, and the meeting was quorate.

The Board is asked to note the assurance on decisions taken at the Committee meeting. Decisions taken at the meeting impact on individual staff members and are confidential in nature, the detail is therefore not presented to the Board in public.

Recommendation

The Board is asked to:

- Note the update from the Committee.

Conflicts of Interest

N/A

Corporate Objectives

This document will impact on the following Board Objectives

Overall delivery of the ICB's objectives

Risks

This document links to the following Board risks:

N/A

Mitigations Actions taken to reduce any risks identified:	N/A
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Financial/Resource Implications	N/A
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Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A
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What are the implications of the EIA and what, if any are the mitigations	N/A
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Patient and Public Engagement and Communication	N/A
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Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered	Committee/Group Name	Date Discussed	Outcome
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		Click or tap to enter a date.	
		Click or tap to enter a date.	

Supporting Documents	n/a
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NHS South West London Integrated Care Board			
Name of Meeting	ICB Board		
Date	Wednesday, 19 July 2023		
Title	Chief Executive Officer's Report		
Lead Director Lead (Name and Role)	Sarah Blow, Chief Executive Officer, SWL ICB		
Author(s) (Name and Role)	Jitendra Patel, ICB / ICP Secretary		
Agenda Item No.	12	Attachment No.	16
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>
<p>Purpose</p> <p>The report is provided for information to keep the Board updated on key issues not covered in other substantive agenda items.</p> <p>Executive Summary</p> <p>At each Board meeting in public the Chief Executive Officer provides a brief verbal and written update regarding matters of interest to members of the Board and members of the Public.</p> <p>Key Issues for the Board to be aware of:</p> <p>Industrial Action</p> <p>The prolonged period of Industrial Action within public services continues to impact Health and Care services across South West London. I am grateful for the continued support of staff across the system in mitigating the challenges faced.</p> <p>As previously updated, a number of Trade Unions voted to reject the Government's pay offer in May. A recent ballot for further strike action by the Royal College of Nursing did not meet the required threshold for further industrial action. The Royal College of Radiographers have voted to strike in a number of London Trusts, and Unite has a mandate for further local strike action.</p> <p>Strike action is planned to take place on 20 and 21 July affecting Consultants in England, and from 13 to 18 July, affecting Junior Doctors.</p> <p>We will continue to work with partner organisations to minimise the disruption to services.</p> <p>Physical Health Checks for people with Severe Mental Illness 2022/23</p> <p>During 2022-23, we have seen a significant performance increase in the delivery of physical health checks for people with Severe Mental Illness (SMI). The number of completed health checks carried out rose from 6,295 (2021-22) to 9,095 (2022-23), an increase of 44%.</p>			

This is a huge achievement and will go towards addressing health inequalities faced by people with SMI in South West London.

Inequalities have increased in recent years, partly due to the disproportionate impact of Covid-19 on people with SMI, and we know there is further work to do, but I would like to take this opportunity to thank colleagues for their hard work and contribution to this performance in serving our patients, who are some of the most vulnerable members of society.

Introduction of Right Care, Right Person model

The Metropolitan Police Service sent a letter to health and social care partners across London on 24 May 2023 regarding introduction of the Right Care, Right Person (RCRP) operational model.

RCRP was originally developed by Humberside Police and changes the way the emergency services respond to calls involving concerns about mental health. RCRP aims to ensure that the right agency deals with health-related calls to ensure people are appropriately supported by health or other professionals. South West London ICS are fully engaged in the significant partnership work already underway to help achieve this, including rolling out improved mental health crisis pathways.

South West London will participate in further partnership work with the Metropolitan Police Service on the implementation of RCRP in conjunction with NHS England (London). This work will need to be appropriately planned and phased to ensure it is successful and safe for patients and the public. While the implementation is underway, we will continue to work together with the Metropolitan Police Service and acute trusts to support patients in mental health crisis under existing policies and protocols.

NHS Long Term Workforce Plan

NHS England (NHSE) have recently published the NHS Long Term Workforce Plan, developed by the NHS, in collaboration with staff groups, wider experts and with the support of government. This is the first time the NHS has produced a comprehensive long term workforce plan, putting staffing on a sustainable footing for the future and improving patient care. The plan sets out how the NHS will address existing vacancies and meet the challenges of a growing and aging population by recruiting and retaining more staff over the next 15 years and reforming the way we work. The plan focuses on three priority areas: To train (Growing the workforce); To retain (Embedding the right culture and improving retention); and to reform (Working and training differently).

In the coming weeks and months, we will work with NHSE to co-design the delivery of system-level NHS Long Term Workforce Plan actions, which will support workforce planning in South West London. You can read more on the Workforce Plan at www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.1.pdf.

Management Cost Reductions

As I am sure you will be aware, the NHS is under increasing financial pressure. NHS England confirmed earlier this year that the running cost allocation for all NHS Integrated Care Boards will be subject to a 30% real terms reduction by 2025/26, with at least 20% to be delivered by 2024/25. NHS England has asked all ICBs in the country to make these savings.

As part of this work we are currently reviewing our overall structure to ensure it is as effective and efficient as possible to support our priorities and ambitions. A programme of engagement with staff will commence over the Summer, followed by plans for a staff consultation in Autumn 2023. A small

group comprising the Chair and Non-Executive Members will be established to ensure the process is fair and robust.

I understand this can be unsettling news for colleagues, and we will aim to manage any changes as smoothly and efficiently as possible. We have strengthened our health and wellbeing support and will continue to engage with colleagues throughout the process.

Weather and Health Preparedness

Whilst we have experienced warmer weather recently, we are aware that periods of hot weather can be linked to increased health risks, as well as increased pressure on our health and social care systems.

Last year we saw the highest temperatures on record in England, and we also saw the highest number of heat-related deaths ever recorded. The UK Health Security Agency (UKHSA) has published further guidance material, particularly related to keeping safe during periods of severe and extreme heat.

During the current and future summers, we will work as a system to plan and prepare for such events to keep staff, patients and the public safe during periods of extreme heat, in particular to help protect at-risk and vulnerable people.

NHS England Mandate 2023

The Government published its annual mandate to NHS England in June. The mandate lists three priorities for the health service: cut NHS waiting lists and recover performance, support the workforce through training, retention and modernising the way staff work, and deliver recovery through the use of data and technology.

You can read further information on the mandate at:
www.gov.uk/government/publications/nhs-mandate-2023

Recommendation:

The Board is asked to:

- Note the contents of the report.

Conflicts of Interest

N/A

Corporate Objectives

This document will impact on the following Board Objectives

Overall delivery of the ICB's objectives.

Risks

This document links to the following Board risks:

N/A

Mitigations Actions taken to reduce any risks identified:	N/A
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Financial/Resource Implications	N/A
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Is an Equality Impact Assessment (EIA) necessary and has it been completed?	N/A
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What are the implications of the EIA and what, if any are the mitigations	N/A
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Patient and Public Engagement and Communication	N/A
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		Click or tap to enter a date.	

Supporting Documents	N/A
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