



NHS South West London
Integrated Care Board

Meeting Pack

South West London Integrated Care Board

15 May 2024 - 14:00 – 16:00

120 The Broadway, Wimbledon, SW19 1RH

SWL Integrated Care Board Meeting

15 May 2024 - Agenda

Time: 14.00 – 16.00

Venue: 120 The Broadway, Wimbledon, SW19

Date of next meeting: Wednesday 17 July 2024

Date Published: 8 May 2024

The ICB has four core purposes:

- 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.

Introduction

14.00: Item 1: Welcome - verbal update

Chair

- Apologies for absence
- Declarations of Interest
- To approve minutes of the Board Meeting held on 20 March 2024
- Action Log

Standing Items

14.05: Item 2: Decisions Made in Other Meetings

Sarah Blow

In Focus

14.15: Item 3: SWL ICB Maternity Deep Dive Activities

Elaine Clancy

Items for Information

- 14.45: Item 4: Annual Freedom to Speak Up Guardian Report

 Ben Luscombe
- 14.55: Item 5: SWL Integrated Care Partnership Update

 Cllr Ruth Dombey
- 15.00: Item 6: Board Committee Updates and Reports

 Item 6a: Finance and Planning Committee Update – Dick Sorabji
 Item 6b: Month 12 Finance Report – Helen Jameson
 Item 6c: Quality & Performance Oversight Committee Update – Mercy
 Jeyasingham
 Item 6d: Quality Report – Elaine Clancy
 Item 6e: Performance Report – Jonathan Bates
 Item 6f: Audit & Risk Committee Update – Martin Spencer
 Item 6g: Remuneration & Nominations Committee Update – Ruth Bailey
- 15.20: Item 7: Chief Executive Officer’s Report

 Sarah Blow
- 15.30: Item 8: Any Other Business

 All
- 15.35: Item 9: Meeting Close

 Chair
- 15.36: Item 10: Public Questions by Email

 Chair
- Members of the public are invited to ask questions relating to the business being conducted today. Priority will be given to those received in writing in advance of the meeting.

Employee	Role	Interest Type	Interest Category	Interest Description (Abbreviated)	Provider	Date Arose	Date Ended	Date Updated
Alyssa Chase-Vilchez	SWL Healthwatch ICS Executive Officer	Nil Declaration				29/06/2023		
Annette Pautz	Deputy Borough Chair & Chair of Membership	Declarations of Interest – Other	Financial	Partner at Holmwood Corner Surgery, New Malden	Holmwood Corner Surgery	01/04/2021		16/01/2024
Annette Pautz	Deputy Borough Chair & Chair of Membership	Declarations of Interest – Other	Financial	Member of Kingston General Practice Chambers Ltd	Kingston General Practice Chambers Ltd	01/04/2021		16/01/2024
Annette Pautz	Deputy Borough Chair & Chair of Membership	Declarations of Interest – Other	Financial	Board Member of NMWP PCN	NMWP PCN	01/04/2021		16/01/2024
Annette Pautz	Deputy Borough Chair & Chair of Membership	No Change to existing declarations				25/07/2022		
Cally Palmer	CEO, The Royal Marsden NHS Foundation Trust	Declarations of Interest – Other	Financial	Chief Executive The Royal Marsden NHS Foundation Trust	The Royal Marsden NHS Foundation Trust	03/04/2023		23/04/2024
Cally Palmer	CEO, The Royal Marsden NHS Foundation Trust	Declarations of Interest – Other	Financial	National Cancer Director since April 2015.	NHS England/Improvement (national)	03/04/2023		23/04/2024
Cally Palmer	CEO, The Royal Marsden NHS Foundation Trust	No Change to existing declarations				30/06/2023		
Charlotte Gawne	SWLSMT006 Executive Dir of Communications & Engagement SWL	Nil Declaration				01/11/2021		
Charlotte Gawne	Exe Dir of Comms E&S Stakeholder Relationships (Designate)	Nil Declaration				30/05/2022		
Charlotte Gawne	Exe Dir of Comms E&S Stakeholder Relationships	Nil Declaration				05/09/2023		
Charlotte Gawne	SWLEMT04 Exe Dir of Stakeholder Partnership Engagemt&Comms	Nil Declaration				01/04/2024		
Dick Sorabji	Non-Executive Member	Nil Declaration				01/07/2022		
Dick Sorabji	Non-Executive Member	Nil Declaration				06/09/2023		
Elaine Clancy	SWLEMT05 Chief Nursing Officer	Declarations of Interest – Other	Non-Financial Personal	School Governor- Langley Park School for Girls	Langley Park School for Girls	01/04/2023		16/04/2024
Elaine Clancy	SWLEMT05 Chief Nursing Officer	Declarations of Interest – Other	Non-Financial Personal	Trustee for the 1930 Fund for District Nurses	1930 Fund for District Nurses	01/04/2023		16/04/2024
Elaine Clancy	SWLEMT05 Chief Nursing Officer	Declarations of Interest – Other	Indirect	Son is an employee of Croydon Health services	Croydon Health Services	01/07/2023		16/04/2024
Helen Jameson	Chief Finance Officer	Nil Declaration				18/07/2022		
Helen Jameson	SWLSMT003 Chief Financial Officer SWL	Nil Declaration				03/04/2023		
Jacqueline Totterdell	CEO, St George's University Hospitals NHS FT and Epsom and St Helier University Hospital NHS Trust	Declarations of Interest – Other	Financial	Group Chief Executive Officer of Provider Trust in SWL since August 2021.	St George's, Epsom and St Helier University Hospitals and Health Group	03/04/2023		16/04/2024
Jacqueline Totterdell	CEO, St George's University Hospitals NHS FT and Epsom and St Helier University Hospital NHS Trust	Declarations of Interest – Other	Non-Financial Professional	Trustee of this Charity	Aspergillosis Trust	01/04/2023		16/04/2024
James Blythe	SWLSMT008 Executive Locality Director Merton & Wandsworth	Declarations of Interest – Other	Indirect	Wife is an employee of St George's University Hospitals NHS Foundation Trust	SWL CCG	01/04/2021		
Jeremy de Souza				Declaration to follow				
Jo Farrar	Chief Executive of Kingston Hospital and Hounslow and Richmond Community Healthcare NHS Trust, Kingston and Richmond Place Executive Lead	Declarations of Interest – Other	Financial	CEO of Provider Trust since September 2019	Kingston Hospital NHS Foundation Trust	03/04/2023		01/05/2024
Jo Farrar	Chief Executive of Kingston Hospital and Hounslow and Richmond Community Healthcare NHS Trust, Kingston and Richmond Place Executive Lead	Declarations of Interest – Other	Financial	CEO of Provider Trust since December 2021	Hounslow and Richmond Community Healthcare NHS Trust	03/04/2023		01/05/2024
Jo Farrar	Chief Executive of Kingston Hospital and Hounslow and Richmond Community Healthcare NHS Trust, Kingston and Richmond Place Executive Lead	Declarations of Interest – Other	Non-Financial Personal	Partner is the Practice Manager (from 11/9/2023)	Churchill Medical Centre GP Practice	05/09/2023		01/05/2024
John Byrne	Executive Medical Director	Nil Declaration				01/07/2022		
John Byrne	SWLSMT012 Executive Medical Director	Nil Declaration				29/08/2023		
John Byrne	SWLSMT012 Executive Medical Director	Nil Declaration				22/09/2023		
Jonathan Bates	SWLEMT07 Chief Operations Officer	Declarations of Interest – Other	Non-Financial Personal	Spouse provides primary care consultancy and interim support to a range of organisations.	Primary care consultancy	01/10/2020		02/10/2023
Jonathan Bates	SWLEMT07 Chief Operations Officer	Declarations of Interest – Other	Indirect	Ongoing - spouse provides primary care consultancy and interim support to a range of organisations.	Spouse	01/04/2021		02/10/2023

Jonathan Bates	SWLSMT005 Chief Operating Officer (Designate)	No Change to existing declarations				31/05/2022		
Karen Broughton	SWLSMT007 Exe Dir of Strat and Transf'n/Dep SRO SWL HCP SWL	Nil Declaration				01/04/2021		
Karen Broughton	Dep Chief Exe Officer/Dir of People & Transfo'n (Designate)	Nil Declaration				01/04/2022		
Karen Broughton	Dep Chief Exe Officer/Dir of People & Transfo'n	Nil Declaration				06/09/2023		
Karen Broughton	SWLEMT02 Deputy CEO/Exe Director of Transformation & People	Nil Declaration				16/04/2024		
Mark Creelman	Place Executive Merton and Wandsworth	Declarations of Interest – Other	Financial	Substantive NHS role is MD of NEL CSU who provide services to both CCG and GP and other provider organisations in SWL	See description	01/01/2017	26/11/2021	
Mark Creelman	Place Executive Merton and Wandsworth	Declarations of Interest – Other	Financial	Substantive NHS role is MD of NEL CSU who provide services to both CCG and GP and other provider organisations in SWL	NEL CSU	26/11/2021		
Mark Creelman	Place Executive Merton and Wandsworth	No Change to existing declarations				09/08/2022		
Martin Spencer	Non-Executive Member	Declarations of Interest – Other	Financial	Non Executive Director and Chair of the Remuneration Committee at the NHS Counter Fraud Authority	NHS Counter Fraud Authority	22/08/2022		26/12/2023
Martin Spencer	Non-Executive Member	Declarations of Interest – Other	Financial	Non-Exec Director and Chair of Audit and Risk Committee for Ofsted	Ofsted	22/08/2022		26/12/2023
Martin Spencer	Non-Executive Member	Declarations of Interest – Other	Financial	Non-Exec Director and Chair of Audit and Risk Committee for Achieving for Children	Achieving for Children	22/08/2022		26/12/2023
Martin Spencer	Non-Executive Member	Declarations of Interest – Other	Financial	Civil Service Commissioner	Civil Service Commission	22/08/2022		26/12/2023
Martin Spencer	Non-Executive Member	Declarations of Interest – Other	Financial	Chair of Education Skills and Funding Agency	Education Skills and Funding Agency	22/08/2022		26/12/2023
Matthew Kershaw	CE and Place Based Leader for Health	Declarations of Interest – Other	Financial	Chief Executive - Position of Authority in an organisation in the field of health and social care	Croydon Health Services NHS Trust	01/10/2019		17/04/2024
Matthew Kershaw	CE and Place Based Leader for Health	Declarations of Interest – Other	Non-Financial Professional	Recently made a Visting Senior Fellow at the Fund, having previously worked full time in the Policy team - Position of Authority in an organisation in the field of health and social care	The Kings Fund	01/10/2019		17/04/2024
Matthew Kershaw	CE and Place Based Leader for Health	Declarations of Interest – Other	Non-Financial Professional	I am Chief Executive of a provider Trust in South West London and thereby am involved in delivering care that is discussed and planned and ultimately commissioned by SWL CCG.	Chief Executive of NHS provider organisation - Croydon Health Services	01/04/2021		17/04/2024
Matthew Kershaw	CE and Place Based Leader for Health	No Change to existing declarations				10/06/2022		
Matthew Kershaw	CE and Place Based Leader for Health	Declarations of Interest – Other	Financial	Chief Executive of a provider Trust in SWL since October 2019.	Croydon Healthcare Services NHS Trust	03/04/2023		17/04/2024
Mercy Jeyasingham	Non-Executive Member	Declarations of Interest – Other	Financial	Non-Executive Director at Medicines & Healthcare Products Regulatory Agency	Medicines & Healthcare Products Regulatory Agency	03/10/2022		02/10/2023
Michael Bell	Independent Non Executive Chair	Declarations of Interest – Other	Financial	Chair of Lewisham and Greenwich NHS Trust since July 2022.	Lewisham and Greenwich NHS Trust	03/05/2023		
Michael Bell	Independent Non Executive Chair	Declarations of Interest – Other	Financial	Director at MBARC Ltd (Research and consultancy company which works with central and local government and the NHS). Current clients are: <ul style="list-style-type: none"> • 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 2018 ongoing • Rinnova - Strategic Adviser 2022 ongoing 	MBARC Ltd	03/05/2023		

Mike Jackson	Chief Executive, London Borough of Richmond and London Borough of Wandsworth	Declarations of Interest – Other	Financial	CEO of Richmonad & Wandsworth LA	Richmonad & Wandsworth LA	03/04/2023		18/04/2024
Mike Jackson	Chief Executive, London Borough of Richmond and London Borough of Wandsworth	Nil Declaration				30/06/2023		
Nicola Jones	Primary Care Provider Lead	Declarations of Interest – Other	Non-Financial Professional	Joint Clinical Director, Brocklebank Primary Care Network	Brocklebank Primary Care Network	17/12/2021		01/05/2024
Nicola Jones	Primary Care Provider Lead	Declarations of Interest – Other	Financial	My practices are part of Battersea Healthcare (BHCIC)	Battersea Healthcare	17/12/2021		01/05/2024
Nicola Jones	Primary Care Provider Lead	Declarations of Interest – Other	Financial	Managing Partner - The Haider Practice (GMS)	The Haider Practice	17/12/2021		01/05/2024
Nicola Jones	Clinical Programme Lead - CVD	Declarations of Interest – Other	Financial	Managing Partner Brocklebank Practice and St Paul's Cottage Surgery (both PMS).	Brocklebank Practice and St Paul's Cottage Surgery	17/12/2021	07/12/2022	
Nicola Jones	Primary Care Provider Lead	Declarations of Interest – Other	Financial	Convenor, Wandsworth Borough Committee	SWL ICS	01/06/2022		01/05/2024
Nicola Jones	Primary Care Provider Lead	Declarations of Interest – Other	Financial	Clinical Director Primary Care, SWL ICS	SWL ICS	01/06/2022		01/05/2024
Nicola Jones	Primary Care Provider Lead	Declarations of Interest – Other	Financial	Partner Brocklebank Practice and St Paul's Cottage Surgery (both PMS).	Brocklebank Practice and St Paul's Cottage Surgery	07/12/2022		01/05/2024
Ruth Bailey	Non-Executive Member	Declarations of Interest – Other	Financial	Expert advisor to Boston Consulting Group in the Middle East on a public sector project that is not healthcare related.	Boston Consulting Group	01/07/2022	19/10/2022	
Ruth Bailey	Non-Executive Member	Declarations of Interest – Other	Indirect	Husband is Director in UK Health Protection Agency	UK Health Protection Agency	01/07/2022		02/10/2023
Ruth Bailey	Non-Executive Member	Declarations of Interest – Other	Financial	Non-Executive Member on Hertfordshire & West Essex ICB	NHS Hertfordshire & West Essex ICB	01/07/2022		02/10/2023
Ruth Bailey	Non-Executive Member	Declarations of Interest – Other	Financial	Executive Director (Job Share) of People and Organisational Effectiveness for Nursing and Midwifery Council	Nursing and Midwifery Council	19/10/2022		02/10/2023
Ruth Dombey	Leader of Sutton Council Leader of Sutton Council	Nil Declaration				03/04/2023		
Ruth Dombey	Leader of Sutton Council Leader of Sutton Council	Nil Declaration				01/07/2023		
Ruth Dombey	Leader of Sutton Council Leader of Sutton Council	Nil Declaration				16/04/2024		
Sara Milocco	South West London Voluntary Community and Social Enterprise Alliance Director	Nil Declaration				29/06/2023		
Sarah Blow	SWLSMT001 SWL Accountable Officer SWL	Nil Declaration				02/11/2021		
Sarah Blow	SWLEMT01 Chief Executive Officer	Declarations of Interest – Other	Non-Financial Personal	My son is a call handler for LAS outside of SWLondon	LAS	01/04/2021		16/04/2024
Sarah Blow	SWL ICB Chief Executive Officer (Designate)	No Change to existing declarations				07/06/2022		
Shannon Katiyo	Director of Public Health, Richmond and Wandsworth Councils (Wandsworth Place ICP Representative)	Nil Declaration				21/11/2023		
Shannon Katiyo	Director of Public Health, Richmond and Wandsworth Councils (Wandsworth Place ICP Representative)	Nil Declaration				19/04/2024		
Vanessa Ford	Chief Executive, SWL and St George's Mental Health NHS Trust	Declarations of Interest – Other	Financial	Chief Executive SWL & St Georges Mental Health NHS Trust and a CEO member of the South London Mental Health and Community Partnership (SLP) since August 2019.	SWL & St Georges Mental Health NHS Trust	03/04/2023		26/04/2024
Vanessa Ford	Chief Executive, SWL and St George's Mental Health NHS Trust	Declarations of Interest – Other	Non-Financial Professional	Merton Place Convenor and. SRO for Regional NHS 111 programme for Mental Health	Merton Place	03/04/2023		26/04/2024
Vanessa Ford	Chief Executive, SWL and St George's Mental Health NHS Trust	Declarations of Interest – Other	Non-Financial Professional	Mental Health Representative on the ICB	SWL ICB	03/04/2023		26/04/2024

Minutes – NHS SWL Integrated Care Board

Minutes of a meeting of the NHS SWL Integrated Care Board held in public on Wednesday 20 March at 10 a.m. at AFC Wimbledon, Cherry Red Records Stadium, Plough Lane, London SW17 0NR

Members

Mike Bell, Chair

Non-Executive Members

Ruth Bailey, Non Executive Member, SWL ICB
Mercy Jeyasingham, Non Executive Member, SWL ICB
Martin Spencer, Non Executive Member, SWL ICB
Dick Sorabji, Non Executive Member, SWL ICB

Executive Members

Sarah Blow, Chief Executive Officer, SWL ICB
Karen Broughton, Deputy CEO/Director of People & Transformation, SWL ICB
John Byrne, Executive Medical Director, SWL ICB
Elaine Clancy, Chief Nursing Officer
Helen Jameson, Chief Finance Officer, SWL ICB

Partner Members

Dame Cally Palmer, Partner Member, Specialised Services
Dr Nicola Jones, Partner Member, Primary Medical Services
Vanessa Ford, Partner Member, Mental Health Services
Jacqueline Totterdell, Partner Member, Acute Services

Place Members

Dr Annette Pautz, Place Member, Kingston
James Blythe, Place Member, Sutton
Matthew Kershaw, Place Member, Croydon
Ian Dodds, Place Member, Richmond

Attendees

Jonathan Bates, Chief Operating Officer, SWL ICB

Participant

Mike Jackson, Participant, Local Authorities

Observers

Alyssa Chase-Vilchez, SWL HealthWatch Representative
Sara Milocco, SWL Voluntary Sector Representative

In attendance

Ben Luscombe, Director of Corporate Affairs
Maureen Glover, Corporate Services Manager (ICS)
Usman Khan (item 7), Consultant in Public Health, Richmond and Wandsworth
Jenni Doman (item 7), Deputy Group Chief Officer Estates and Facilities GESH
Martin Ellis (item 6), Chief Digital Information Officer

Apologies

Jo Farrar, Partner Member, Community Services
Cllr Ruth Dombey, Partner Member, Local Authorities
Mark Creelman, Place Member, Wandsworth
Charlotte Gawne, Executive Director of Stakeholder & Partnership Engagement

1 Welcome and Apologies

- 1.1 Mike Bell (MB) welcomed everyone to the meeting and apologies were noted. With no further apologies the meeting was quorate.
- 1.2 MB announced that Shannon Katiyo had been appointed to the Board as Place member for Wandsworth and would be attending the next meeting in public on 15 May. Mark Creelman, previously Place member for Wandsworth, had moved into the role of Place member for Merton, the position previously held by Dagmar Zeuner.

2 Declaration of Interests

- 2.1 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

3.1 Minutes

The Board **approved** the minutes of the meeting held on 17 January 2024.

3.2 Action Log

The action log was reviewed and it was noted that one action was closed. The other action remained open and it was noted that an “in focus” item on Children and Young People’s Services would be brought to the Board in September and there would also be discussions at the ICB Board Seminar in April.

3.3 Matters Arising

Sarah Blow (SB) provided an update on a discussion at the last meeting regarding cost pressures facing both Local Authorities (LAs) and the NHS, when the suggestion had been made to undertake a joint piece of work to understand these more fully. It was noted that the scope for the joint work had been agreed with LAs and a realistic timeline was in the process of being implemented.

In response to MB, Sarah Blow (SB) noted that the NHS in SWL would be adhering to the pre-election guidance from NHSE in advance of the London Mayoral and London Assembly Elections on 2 May 2024.

4 Decisions Made in Other Meetings

- 4.1 SB presented the report.
- 4.2 The Board **noted** the decisions made in the SWL ICB Part 2 meeting on 17 January 2024.

5 Chair's Report

- 5.1 MB presented the report and highlighted a visit to Holmwood Corner Surgery noting the way new technology was being utilised to provide a modern, responsive service, with great care and same day service.
- 5.2 MB noted the comments on the news from Mr Hester who owns TPP Software, a health tech company that operates within the NHS. On Monday NHSE's Chief Executive summed up the reaction of everybody but for the record MB said SWL finds the comments racist, sexist, violent and wholly unacceptable and it is important that we remember in SWL and across London that we have committed the NHS and partners to an anti-racist strategy and we will be continuing to work towards that with all of our energy.

The Board **noted** the report.

6 Data Strategic Plan

- 6.1 John Byrne (JBy) introduced the report, supported by Martin Ellis (ME), Chief Digital Information Officer.
- 6.2 The Board had an in-depth discussion and ME and his team were thanked for producing such an accessible document, in plain English, with a clear plan about how the strategy would be delivered. A number of areas were noted during the discussion, including: how to demonstrate the impact of the strategy and protection of privacy; the need to address inequalities; ensure data quality and consistency; and what could be done to ensure productivity and improve patient care and accessibility.
- 6.3 MB and ME drew the Board's attention to a digital summit, being held between SWL ICB and SEL ICB to discuss innovation and best practice across both systems.
- 6.4 The Board noted that there could be an opportunity to use the data we hold more effectively within the Board papers it received. BL was asked to consider how to implement this.

The Board:

- **Ratified** the SWL ICB Data Strategic Plan 2023-2028.
- **Endorsed** the ambition for data in SWL over the next 5 years.
- **Endorsed** the plan outlined to realise this ambition, with a commitment from system partners to participate in its delivery.

7 South West London NHS Green Plan: Delivery Update

- 7.1 Helen Jameson (HJ) introduced the report. Dr Usman Khan (UK), Consultant in Public Health gave a presentation on Air Quality and Health; Behavioural Insights and Staff training and Jenni Doman (JD) talked about St George's, Epsom and St Helier (GESH) Travel and Transport ambitions.

- 7.2 Board members discussed the report and a number of points were noted including: how the voluntary sector environmental groups could engage with the strategy at a local level with different Trusts; how policies in the NHS could be influenced to ensure they looked at the sustainability element and carbon reduction agenda; a workstream would be looking at metrics to be able to quantify the impact of the work that had been done; and putting mechanisms in place to build on staff initiatives.

The Board **noted** and **discussed** the progress made to date and the step change in activities in the past year to support the SWL NHS Green Plan 2023-25, the Joint Forward Plan and the ICP strategy.

8 Publication of 2024/25 Capital Plan

- 8.1 HJ presented the report.
- 8.2 It was noted that the Spending Review was likely to be announced in October which would set public expenditure for next three years.
- 8.3 In the following discussion, the Board noted how effective and collaborative use of the Primary Care estate could help alleviate pressure on A&Es. The discussion also noted the need to use all of our space effectively and repurpose this where necessary. For example, the Children's unit at the Royal Marsden which would be affected by the decision to move specialist Children's cancer services to Guy's and St Thomas Hospital.
- 8.5 MJa and HJ agreed to discuss LA representation at the Capital Investment Group, outside of the meeting.

The Board:

- **Approved** the 2024/25 10 year rolling plan, recognising that it will be kept under close review in-year and updated on a rolling basis as part of the annual capital planning process.
- **Approved** the draft publication setting out the annual NHS capital plan for 2024/25 (the first year of the 10-year plan) and its publication on the ICB website by 31 March 2024.
- **Delegated** finalisation of the 2024/25 document to the Chief Finance Officer.

9 Joint Forward Plan

- 9.1 Karen Broughton (KB) presented the report.
- 9.2 It was noted that the Board would be holding a Seminar on Women's Health and that this area should be referenced in the Joint Forward Plan.

The Board **approved** the refresh of the South West London Joint Forward Plan 2024 – 2029.

10 Terms of Reference

Finance & Planning Committee

- 10.1 Dick Sorabji (DS) presented the Terms of Reference (ToR) for the Finance & Planning Committee and noted an area for consideration might be to find a constructive way of having more partners involved in the Committee.
- 10.2 Ben Luscombe (BL) noted that the Board was required to review the Terms of Reference and Committee effectiveness on an annual basis. To this end all Committee members had received a questionnaire about the committees effectiveness and the feedback received was reflected in the ToRs.

The Board **approved** the recommended revisions to the Finance and Planning Committee ToR.

Quality & Performance Oversight Committee

- 10.3 Mercy Jeyasingham (MJ) presented the ToR for the Quality and Performance Oversight Committee (previously Quality & Oversight Committee). It was noted that the changes made were being implemented to make the Committee more effective and efficient and to have clarity of its purpose.
- 10.4 BL noted that a review of Quality & Performance Committee ToRs from other ICBs across the country, as well as a review of the original model ToRs, had been undertaken to make sure the ICB was capturing best practice. It was noted that the ToRs for the Audit and Risk Committee and Remuneration & Nominations Committee would be brought to the May Board.

The Board **approved** the revised ToR for the Quality and Performance Oversight Committee.

11 Board Assurance Framework

- 11.1 Ben Luscombe (BL) presented the report.
- 11.2 In response to a comment that the urgent and emergency care risk was quite broad, JBa noted that the risk had been aggregated for the Board, setting out the mitigations and actions across the breadth of the pathway. JBa provided assurance that there was more detail underneath the aggregated level, for example concerning about individual elements of the pathway. Views from Board members on how the risks were presented would be welcome.
- 11.3 It was recognised that there was a need to be realistic about what the ICB could expect to deliver over the next few years. MB noted this was an important issue and suggested that it should be discussed at the Chief Executives Group.
- 11.4 MB also proposed that, the broader issue of how risks that did not meet the target score were escalated, should be considered by the Executive Group.
- 11.5 BL noted that, the Audit & Risk Committee regularly undertook deep dives into the BAF risks. The team was also undertaking a comparison of ICB BAFs across London and this piece of work would be presented back to the Audit & Risk Committee and the Senior Management Team (SMT).

The Board **noted** the Board Assurance Framework.

12 South West London Integrated Care Partnership Update

- 12.1 Mike Bell (MB) presented the report on behalf of Cllr Ruth Dombey (RD) who had sent her apologies to the meeting.
- 12.2 An update was provided on the SWL Integrated Care Partnership Investment Fund, which has two strands Health Inequalities and ICP Strategic Priorities. It was noted that the funding was flowing through to organisations and the ICP looked forward to seeing successful implementation of programmes over the next 18 months.
- 12.3 It was recognised that one of the challenges facing the voluntary sector was partnership building within what was seen as a tight time frame and the suggestion was made to move to a 3-to-5-year period for programmes in the future to provide more system stability.

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

13 Board Committee Updates and Reports

Finance & Planning Committee Update

13.1 DS presented the report which gave an overview of the key issues discussed at the Finance and Planning Committee meeting on 27 February 2024.

Month 10 Finance Report

13.2 HJ presented the report and advised that the financial position had been updated since the time of writing the report to reflect the costs associated with the industrial action during December to February and it was noted that an additional industrial action fund had been made available to offset the impact of this. HJ also noted that the allocation had been updated, in line with NHSE policy, to distribute funding across the NHS to put it into balance and the ICB had received permission from NHSE to distribute the inflation funding. At this point in time the ICB was in line to deliver its financial plan.

13.3 It was noted that the planning process started in January and final guidance was awaited. The final submission was due at the beginning of May and discussions would be held with the Board in April when further guidance had been received.

Quality & Oversight Committee Update

13.4 Mercy Jeyasingham (MJ) presented the report and gave an overview of the key issues discussed at the Quality & Oversight Committee on 14 February 2024.

Quality Report

13.5 Elaine Clancy (EC) presented the report and highlighted: challenges with Urgent and Emergency Care pathways; workforce challenges across the system with increased demand in access to children and young people services; long waits for children's mental health services; and maternal deaths.

Performance Report

13.6 Jonathan Bates (JBa) presented the report and highlighted: the improved position in the Virtual Ward utilisation; progress the Integrated Urgent Care (111) provider for SWL, PPG, is making against key metrics; SWL continued to have the highest percentage of Urgent Community Responses referrals from care homes in London as well as the highest 2-hour response performance in London; the impact the industrial action was having on some elective waiting lists; and that the A&E 4-target and the number of people waiting to be admitted remained a challenge.

Audit & Risk Committee Update

13.7 Martin Spencer (MS) presented the report and gave an overview of the key issues discussed at the Audit & Risk Committee on 23 January 2024.

The Board **noted** the Committee updates and reports.

14 Chief Executive Officer's Report

14.1 SB presented the report and drew attention to the appendix which provided more information on the Primary Care Access Recovery Plan.

14.2 SB also provided a verbal update in relation to the specialist cancer treatment service for children in SWL and the South East of England and the decision taken by NHSE to move this service to the Evalina Children's Hospital in London. It was noted that it

would take a number of years before this move would take place and the ICB's focus would be to ensure that children continued to receive high quality treatment.

- 14.3 Dame Cally Palmer (CP) noted that it would be important to ensure that NHSE set a realistic time frame for the transition and considered the date of October 2026 was not deliverable. In response to CP, SB noted that the ICB would provide its full support to ensuring a sustainable service in the interim period, a safe transfer and realistic timetable.

The Board **noted** the report.

15. Any Other Business

- 15.1 There was no other business.

16 Public Questions

- 16.1 No written questions had been received from members of the public.
- 16.2 Wendy Mickelwright (WM) referred to a statement made at the last meeting asking for an end to the use of coercive practices in mental health settings. WM had spoken at a local Health & Wellbeing Board and it was noted that she would like to have a meeting with NICE to ensure coercive practices were more in line with what people wanted. MB said the ICB would help WM to access NICE and Vanessa Ford (VF) said she would catch up with WM and let her know how she could engage with that at an ICB level.

Next meeting in public: Wednesday 15 May: Chaucer Centre, Canterbury Road, Morden, SM4 6PX

Date of Meeting	Reference	Agenda Item	Action	Responsible Officer	Target Completion Date	Update	Status
19.7.23	ICB-06	South West London Integrated Care Partnership Update	EC to provide an "in focus" item on Children and Young People's Services at a future Board	Elaine Clancy	01/05/2024	Women and Children & Young People was on the agenda for the ICB Board Seminar in April	Closed

Decisions made in other meetings

Agenda item: 2

Report by: Sarah Blow, Chief Executive Officer, SWL ICB

Paper type: Information

Date of meeting: Wednesday, 15 May 2024

Date Published: 8 May 2024

Content

- **Purpose**
- **Executive Summary**
- **Key Issues for Board to be aware of**
- **Recommendation**
- **Governance and Supporting Documentation**

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.

At its Part 2 meeting on 20 March 2024 the following item was brought to the Board:

- Approval of extensions to SWL Community service contracts

The Board discussed and approved the above item.

Recommendation

The Board is asked to:

- Note the decision made at the Part 2 meeting of the Board on 20 March 2024.

Governance and Supporting Documentation

Conflicts of interest

N/A.

Corporate objectives

This document will impact on the following Board objectives:

- Overall delivery of the ICB's objectives.

Risks

N/A.

Mitigations

N/A

Financial/resource implications

N/A

Green/Sustainability Implications

N/A

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

N/A

Patient and public engagement and communication

N/A

Previous committees/groups

N/A

Committee name	Date	Outcome

Final date for approval

N/A

Supporting documents

N/A

Lead director

Sarah Blow, Chief Executive Officer

Author

Maureen Glover, Corporate Services Manager (ICS)

SWL ICB Maternity Deep Dive Activities

Agenda item: 3

Report by: Elaine Clancy

Paper type: Focus/information.

Date of meeting: Wednesday, 15 May 2024

Date Published: 8 May 2024

Content

- **Purpose**
- **Executive Summary**
- **Key Issues for Board to be aware of**
- **Recommendation**
- **Governance and Supporting Documentation**

Purpose

The UK remains one of the safest countries in the world to have a baby. Yet, sadly, during the last 10 years, there have been various independent inquiries into suboptimal care and failures in care at specific NHS maternity units across England. This included an investigation in 2015 into the provision of maternity care at the University Hospitals of Morecambe Bay NHS Foundation Trust between 2004 and 2013. An investigation also took place in 2020 into the quality of maternity services at the Shrewsbury and Telford Hospital NHS Trust between 2000 and 2019. The most recent independent report to be published followed an investigation into maternity services within East Kent Hospitals University NHS Foundation Trust between 2009 and 2020. Findings have rightfully brought maternity services under scrutiny, leading to recommendations for improvement across the wider NHS.

Following several national reports, NHS England published a single three-year delivery plan on 30 March 2023 for maternity and neonatal services, the plan outlines important recommendations to improve the safety and quality of maternity services, providing a clear sense of priorities over a three-year period [Three Year Delivery Plan for Maternity and Neonatal Services](#).

Executive summary

Over the last year, Local Maternity Neonatal Services (LMNS) within the integrated Care Services (ICB) have become responsible for gaining comprehensive assurance that its

local maternity services are providing safe, quality care. Local Maternity Systems were set up in 2017 in response to a national maternity review in 2016, known as, [Better Births](#). The review set out a vision for maternity services to become safer and more personalised. Their main function was to redress imbalance in maternity care outcomes and patient experience. LMNS Boards were established to oversee the development and implementation of a local improvement plan and to act as a forum through which all local maternity leads can come together, along with patient representatives and other key stakeholders, to share knowledge, learning and best practice, as well as developing collaborative relationships.

In July 2022, NHS South West London Integrated Care Board was established, replacing the 6 Clinical Commissioning Groups in South West London. At the end of 2022, South West London's Local Maternity System changed its name to, a Local Maternity and Neonatal System (LMNS), in recognition to maternity and neonatal ambitions being inextricably linked. At this moment in time, the 'N' (neonatal) in South West London LMNS is around improving integrated maternity and neonatal care pathways and better collaborative working with the London Neonatal Operational Delivery Network. Delivery of the neonatal transformation programme for London sits with the Neonatal Operational Delivery Network.

Key Issues for the Board to be aware of:

Acknowledging the presentation and the actions to support the delivery of the Three-Year Delivery Plan.

This will be based on the following:

- Listening to women and families with compassion which promotes safer care.
- Supporting the workforce to develop their skills and capacity to provide high quality care.
- Developing and sustaining a culture of safety to benefit everyone.
- Meeting and improving standards and structures that underpin our national ambitions.

Recommendation

The Board is asked to:

- Note the content of the maternity deep dive review and the associated actions for SWL LMNS and the ICS.
- Support the implementation of the three year delivery plan.

Governance and Supporting Documentation

Conflicts of interest

N/A

Corporate objectives

N/A

Risk

- Workforce challenges – retention and long-term sick leave
- Estate- Some maternity buildings require renovation.

Mitigations

- Trusts have local recruitment and retention drives; some trusts having employed Recruitment and Retention Midwives to support this work.
- Regular meetings with Directors of Midwifery (DoMs) and Heads of Maternity (HoMs) to ensure oversight of key risks and issues re: staffing and the quality of service delivery.

Financial/resource implications

N/A

Green/Sustainability Implications

N/A

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

The SWL Local Maternity and Neonatal System has developed a needs impact assessment that has informed the maternity equality and equity plan. The recommendations from the Three-Year Plan are aligned to the maternity equity and equality plan and evidence of the action plans has been used to support evidence for the ICB on its Equality Delivery System (EDS) 2022. More work is underway focusing on the action plan.

Patient and public engagement and communication.

SWL ICB Maternity Core Connectors aim to engage members of the community to gain feedback on maternity service user experience and working in collaboration with various stakeholders to identify key areas of improvement, with the intent to address health inequalities, particularly along the Core20PLUS5 population.

Regular community engagement work aimed to reach into all communities to ensure that the voices of Black, Asian, and Minority Ethnic individuals are heard to inform maternity service development and improvement.

Sharing feedback information and views of service users with key stakeholders across the system, including the local Maternity and Neonatal Voices Partnerships to influence service developments. Supporting the local Maternity Voices Partnership's in their efforts on reach out to seldom heard groups.

Previous committees/groups

Committee name	Date	Outcome
ICB Women's Health, Maternity and Early Years Seminar.	17/04/2024	Noted

Final date for approval

N/A

Supporting documents

Attached presentation

Authors

Maureen Fitzgerald-Hopkins Deputy Director of Quality, SWL ICB
Margaret Nakigudde, Maternity Transformation Manager

Maternity Deep Dive

Integrated Care Board

15 May 2024

Three year delivery plan for maternity and neonatal services



March 2023

Theme 1: Listening to and working with women and families with compassion

1.1 Listening and responding to all women and families is an essential part of safe and high-quality care. It improves the safety and experience of those using maternity and neonatal services and helps address health inequalities. [Better Births](#) identified that "women wanted to be listened to about what they want for themselves and their baby, and to be taken seriously when they raise concerns". The [Cockenden report](#) into maternity services at Shrewsbury and Telford described how families who raised concerns "were brushed aside, ignored and not listened to". This section sets out actions for personalised care, improving equity, and working with service users.

1.2 Key commitments for women and families include:

Empowering staff to ensure that all women are offered personalised care and support plans as part of their care.

Ensuring pregnant women and new mothers have access to pelvic health services in every area of England by 2024 to identify, prevent, and treat common pelvic floor problems.

Rolling out perinatal mental health services to improve the availability of this specialist care.

Investing to ensure the availability of bereavement services 7 days a week by the end of 2023/24 for women and families who sadly experience loss.

Funding to increase and better align neonatal cot capacity throughout 2023/24 and 2024/25.

Implementing local plans to reduce inequalities in experience and outcomes for women and babies, including neonatal and maternal mortality.

Ensuring local maternity and neonatal voice partnerships (MNVPs) have the infrastructure they need to be successful and put service user voices at the heart of service improvement. This includes funding MNVP workplans and providing appropriate training, and administrative and IT support.

Objective 11: Data to inform learning

4.9 The Kirkup report highlighted the need for accurate, up to date data to highlight safety issues promptly. Such data enables providers to learn and act. Work is underway to review what data is needed for monitoring, and in the meantime, the NHS should continue to use the data it already collects.

4.10 Our ambition is:

- Standardised data is collected in a consistent way, primarily through the Maternity Services Data Set. Additional data collections are minimised, to focus on gathering the right data to drive insights, understanding and assurances.
- Monitoring trends at both national and local level is enabled by analysing data from different sources alongside themes from [MBRRACE-UK](#), and the [national clinical audits patient outcome programme reports](#).
- The [national maternity dashboard](#) provides demographic data, clinical quality improvement metrics and national maternity indicators enabling trusts and LMNSs to benchmark their services and inform continuing quality improvement work.

How we will make this happen

4.11 It is the responsibility of trusts to:

- Review available data to draw out themes and trends and identify and promptly address areas of concern including consideration of the impact of inequalities.
- Ensure high-quality submissions to the maternity services data set and report information on incidents to NHS Resolution, the Healthcare Safety Investigation Branch and national perinatal epidemiology unit.

4.12 It is the responsibility of ICBs to:

- Use data to compare their outcomes to similar systems and understand any variation and where improvements need to be made.

4.13 NHS England will:

- At a regional level, understand any variation in outcomes and support local providers to address identified issues.
- Convene a taskforce to progress the recommendation from the Kirkup report for an early warning system to detect safety issues within maternity and neonatal services, reporting by autumn 2023.

34 | Three Year Delivery Plan for Maternity and Neonatal Services



8 | Three Year Delivery Plan for Maternity and Neonatal Services

Case Study: Seeking Sanctuary Clinic - to enhance the maternity care of anyone seeking sanctuary

The Seeking Sanctuary Clinic, hosted in Berkshire West, is a specialist maternity clinic developed in 2021 from co-production between Royal Berkshire NHS Foundation Trust maternity team, and Berkshire West public health team, to enhance the maternity care of anyone seeking sanctuary such as refugees, asylum seekers, those fleeing conflict, undocumented migrants and people who have been trafficked.

This is a 'one stop shop' style clinic held in a children's centre, delivered in two-hour sessions held every two months, aimed specifically for these families, in addition to their usual antenatal and postnatal care. The barriers to access and inequalities that these families may be experiencing are removed where possible. For example, women are able to bring their partners and children with them, there are interpreters booked for every language in attendance, refreshments are provided and transport is available to support people to get to the clinic.

There are many health care professionals and voluntary organisations that come together at the clinic including midwifery and obstetrics. There is also accessible antenatal education with New Directions, sexual health, health visiting, a tuberculosis service, health in pregnancy advisors, Compass Recovery College (mental health and wellbeing support), Reading Refugee Support and Reading Voluntary Action.

The clinic is ever evolving, and additional professionals and organisations are invited to sessions to meet the bespoke needs of the group. Local charity The Cowshed donated to the clinic enabling each family that attends to be provided a ready-made birth bag to assist them on their journey.

The local Maternity Voices Partnership also attends to offer feedback sessions for these groups. While the project is in an initial evaluation phase, feedback so far has been very positive from service users, with more than fifty families supported so far, predominantly from Afghanistan, Syria, and Ukraine.

[B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/publications/b1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf)

Three Year delivery themes



1

Listening to and working with women and families with compassion

- Care that is personalised
- Improve equity for mothers and babies
- Working with service users to improve care

2

Growing, retaining and supporting our workforce

- Growing our workforce at all levels
- Valuing and retaining our workforce
- Investing in and accrediting skills

3

Developing a culture of safety, learning and support

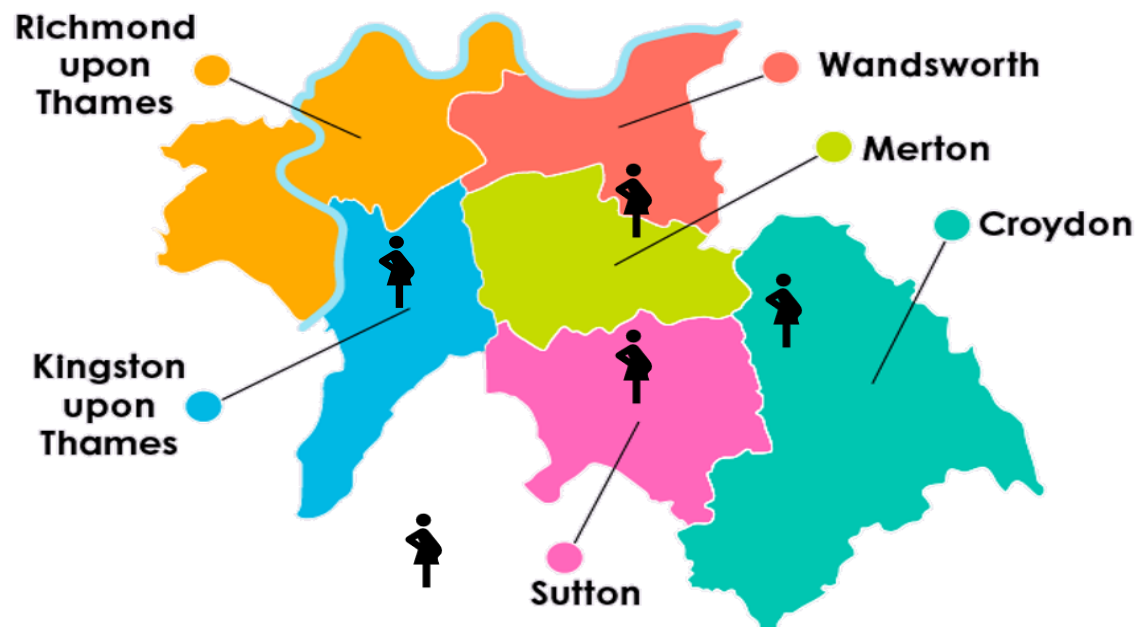
- Developing a positive safety culture
- Learning and improving
- Support and oversight

4

Standards and structures that underpin safer, more personalised, and more equitable care.

- Standards to ensure best practice
- Data to inform learning
- Digital

Giving birth in South West London



There are four maternity services in South West London:

- Croydon Maternity Service, Croydon Health Services NHS Trust.
- Epsom and St Helier Maternity Service, Epsom and St Helier University Hospitals NHS Trust.
- Kingston Maternity Service, Kingston Hospital NHS Foundation Trust.
- St George's Maternity Service, St George's University Hospitals NHS Foundation Trust.

All four services provide a home birth service, an alongside midwifery unit (birthing centre), and a unit led by doctors (obstetric unit).



Over **17 thousand** babies each year are delivered in South West London

There are **four maternity units in South West London:** Croydon Health Services NHS Trust, Epsom & St Helier University Hospitals NHS Trust, Kingston Hospital NHS Foundation Trust, and St George's University Hospitals NHS Foundation Trust



Maternity services at Croydon hospital have recently been given an improved rating of "Good" for safety following an inspection by the Care Quality Commission (CQC)



As many as **20%** of women giving birth in South West London will experience mental health issues during their perinatal period (this is the period during pregnancy and up to a year after birth)



31-40 Years
Women giving birth more likely to be **aged 31-40** compared to other areas



Overall, in 2021/22 **maternity bookings were lower** than previous years



Births were **7%** lower in 2021/22 than in 2019/20



People in Croydon borough have the **worst health outcomes in their deprived areas** including higher smoking rates and higher low term birth weight babies



From 2015-19 the general fertility rate was **61.8 live births per 1,000 women**

Maternity voices: Each of the hospital's maternity units have an active maternity voices partnership group (MVPs) to ensure that women's and families' voices are heard, and their requirements and suggestions acted upon. The MVPs are also involved in the design and improvement of new and existing maternity services

Partnership working: Our local maternity and neonatal system, (LMNS), is a partnership of maternity and neonatal units who bring midwives, obstetricians, service users, neonatal staff, managers, commissioners, public health, educators, perinatal mental health providers and GPs together. The aim of the LMNS is to achieve improved personalised safer care, improve continuity of care, and provide accessible information to help women and their families make choices about their individual care



Challenges affecting the delivery of our maternity and neonatal care include shortages of staff, inequality of care, and access to shared patient data (electronic and paper copies)

There are **pockets of deprivation across South West London** with higher stillbirth rates in ethnic minority groups, particularly in Croydon. Women from African, Caribbean, and South Asian backgrounds experience a higher proportion of stillbirths compared to white British women



More women who are **35 years or older** are having their first baby and sometimes there is an increased risk of older women having a more complex birth, including: pregnancy-induced hypertension (high blood pressure), gestational diabetes, pre-term (early) labour and poor neonatal outcomes



The number of obese women giving birth in South West London is increasing – associated risks for these women and babies include increased risk of severe bleeding and the likelihood of births resulting in a caesarean section

Maternal health profile

Office for Health Improvement and Disparities

The Office for Health Improvement and Disparities (QHID) is part of the Department of Health and Social Care. OHID works across the Department of Health and Social Care, the rest of government, the healthcare system, local government and industry to be creative about shifting focus towards preventing ill health, in the places and communities where there are the most significant disparities.

OHID produces data for the Public Health Outcomes Framework. The Framework examines indicators to better understand trends in public health. There are several maternity indicators included in the framework.

	% of deliveries to women from ethnic minority groups 2021/22			Low birth weight of term babies			Smoking status at time of delivery 2022/23			Infant mortality rate – per 1000 births 2020-2022			Baby's first feed breastmilk 2021/22		
	Local value	London	England	Local value	London	England	Local Value	London	England	Local value	London	England	Local value	London	England
Croydon	47.7%	45.6%	22.9%	3.1%	3.3%	2.8%	5.1%	4.6%	8.8%	3.1	3.6	4.0	84.8%	87.7%	71.7%
Kingston Upon Thames	25.3%			2.1%			5.2%			3.2			83.3%		
Merton	36.3%			3.1%			5.2%			3.5			89.5%		
Richmond Upon Thames	22.1%			2.3%			5.2%			2.3			93.5%		
Sutton	32.5%			2.6%			5.2%			3.7			81.9%		
Wandsworth	33.3%			2.8%			5.2%			1.9			94.2%		

Quality and safety of maternity services in South West London: high level overview

Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. CQC make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage services to improve. The CQC monitors, inspects and regulates services and publish reports on their findings.

CQC rates services on a four-point scale



	ESTH	St George's	Croydon	Kingston
Overall	2024	2023	2023	2022
Safe	2024	2023	2023	2022
Effective	2019	2016	2015	2016
Caring	2019	2016	2015	2016
Responsive	2019	2016	2015	2016
Well led	2024	2023	2023	2022

CQC reports in South West London: Main findings:

St George's

The CQC recognised that women and people using the service said most staff were friendly and explained their care to them, and that there was a culture for improvement within the team.

However, the CQC raised concerns about insufficient staffing levels, governance and leadership processes, and mandatory training falling below the Trust's target.

Epsom and St Helier

The CQC recognised that staff worked well together for the benefit of women and birthing people and the service managed safety incidents well and learned lessons from them.

However, the CQC raised concerns on levels of compliance on staff training, insufficient staffing levels and an ageing estate, which is no longer fit for purpose.

Care Quality Commission Maternity Survey

2023 results

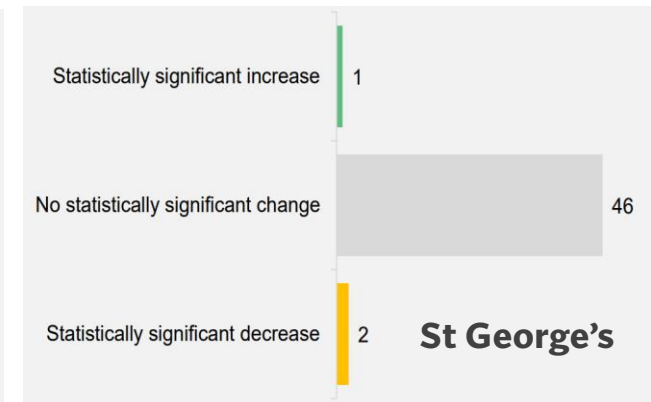
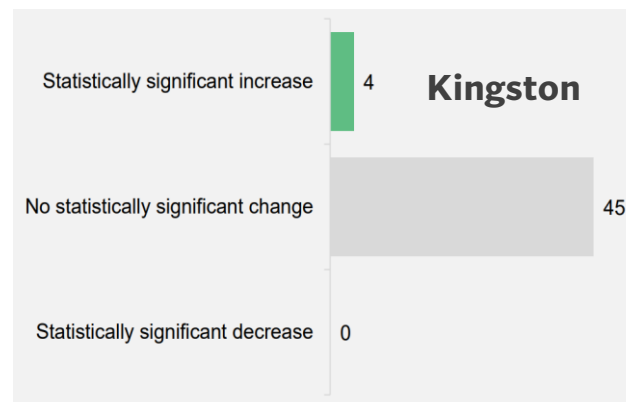
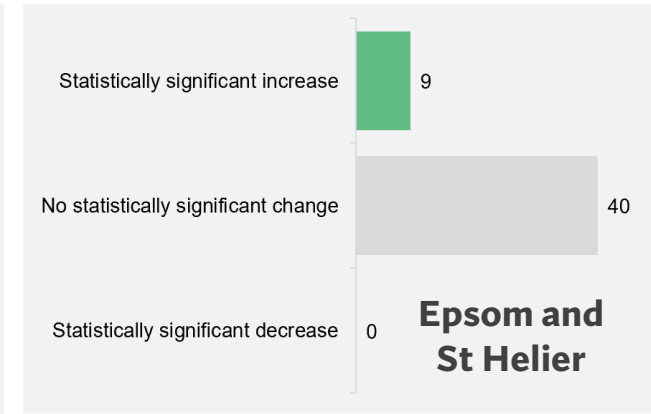
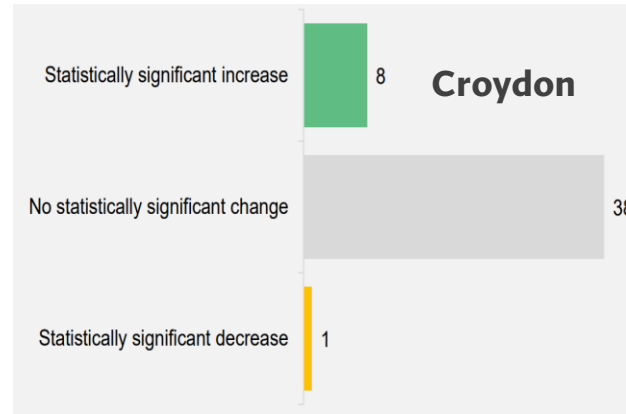
The Care Quality Commission (CQC) has carried out an annual survey since 2007 as part of the NHS patient survey programme. Women and other birthing people who gave birth between 1 and 28 February 2023 (and January if a trust did not have a minimum of 300 eligible births in February) were invited to take part in the survey.

The survey asks service users about their experiences of care at three different stages of their maternity journey, during: antenatal care, labour and birth, and postnatal care. In South West London, responses were received from 792 women and people who had recently given birth. This was a response rate of 44%.

Each trust is categorised into one of five bands that relates to the analytical method used to band results: 'much worse than expected', 'worse than expected', 'about the same', 'better than expected' or 'much better than expected'. There were no trusts categorised as 'much better than expected'. Eight trusts were categorised as 'better than expected', with Epsom and St Helier one of these eight trusts. There was no other trust on London in this category.

Comparison with results from 2022

The number of questions in the 2023 survey which showed a statistically significant increase, decrease, or no change in scores compared to 2022 survey results.



Quality and safety of maternity services in South West London – high level overview

NHS Resolution

NHS Resolution is an arm’s-length body of the Department of Health and Social Care. The organisation provides expertise to the NHS on resolving concerns and disputes fairly, sharing learning for improvement and preserving resources for patient care.

Clinical Negligence Scheme for Trusts (CNST) – run by NHS Resolution

CNST handles all clinical negligence claims against member NHS bodies where the incident in question took place on or after 1 April 1995 (or when the body joined the scheme, if that is later). Although membership of the scheme is voluntary, all NHS Trusts (including Foundation Trusts) in England currently belong to the scheme.

Maternity Incentive Scheme

The MIS supports the delivery of safer maternity care through an incentive element to trust contributions to the CNST. MIS, rewards trusts that meet 10 safety actions designed to improve the delivery of best practice in maternity and neonatal services.

South West London maternity services: All safety actions met.

Maternity Incentive Scheme (CNST)					
	Year 1	Year 2	Year 3	Year 4	Year 5
Croydon	9/10			9/10	
EPSH				6/10	
Kingston					
STG				5/10	

Saving Babies’ Lives Care Bundle version 3

As part of the Three -Year Delivery Plan for Maternity and Neonatal Services, all NHS maternity providers are responsible for implementing Saving Babies Lives Care Bundle version 3 (SBLCBv3) and fully implemented by March 2024. SWL maternity trusts are on track and the care bundle covers safety action 6 of the Maternity Incentive Scheme.

Overview:

- As part of the [Three Year Delivery Plan for Maternity and Neonatal Services](#), all NHS maternity providers are responsible for fully implementing Saving Babies Lives Care Bundle version 3 (SBLCBv3) and up running by March 2024.
- Quarterly review meetings with LMNS leads are now required.
- In April 2024, a third review of evidence took place.
- National compliance is set at 50% for each element and an overall score of 70% was required by March 2024.
- The care bundle covers safety action 6 of NHS Resolution Maternity Incentive Scheme CNST
- The orange cells in the table indicate partially implemented.
- The green cells indicate fully implemented.

Summary findings:

- All trusts have worked exceptionally hard and have passed the required 70% mark for SBL and therefore have passed safety action 6 of CNST.
- Trusts are working on the action plans to work on areas not yet fully implemented.

Next steps:

- Quarterly review meetings set up.
- 3rd review meetings held and on track.
- Working through the action plan for next Quarter review planned in July.

	% of interventions fully implemented			
	Croydon	ESTH	Kingston	St Georges
Element 1: reducing smoking in pregnancy	60%	100%	50%	70%
Element 2: fetal growth	85%	90%	90%	65%
Element 3: raising awareness of reduced fetal movement	100%	100%	100%	100%
Element 4: effective fetal monitoring	60%	100%	100%	80%
Element 5: reducing preterm birth	96%	89%	96%	85%
Element 6: management of pre-existing diabetes	83%	100%	100%	100%
All elements	84%	93%	89%	79%
CNST Safety Action 6	CNST met	CNST met	CNST met	CNST met

Progress against national safety ambitions

National progress

The national maternity safety ambition set out to halve the rates of stillbirth, neonatal deaths, maternal deaths and serious brain injuries from a 2010 baseline by 2025, with a 20% reduction by 2020; and to reduce the pre-term birth rate to 6% by 2025.

Reductions in both the stillbirth and neonatal mortality rates surpassed the ambition for 2020, falling by 25% and 36% respectively. There have been two recent updates on the ambition measures that indicate that:

- The stillbirth rate fell to 3.9 per 1000 births in 2022, 22.6% lower than in 2010. This follows a rise in the stillbirth rate from 3.8 to 4.1 per 1000 births from 2020 to 2021 (ONS).
- There was a statistically non-significant rise in the UK maternal death rate between 2018-20 and 2019-21, from 10.90 to 11.56 per 100,000 maternities. COVID was the leading cause of death in 2019-21. Excluding COVID deaths the rate has fallen 6.3% since 2009-11 from 10.63 to 9.97 per 100,000 maternities (MBRRACE-UK).

The latest updates to the other national ambition measures indicate that in England:

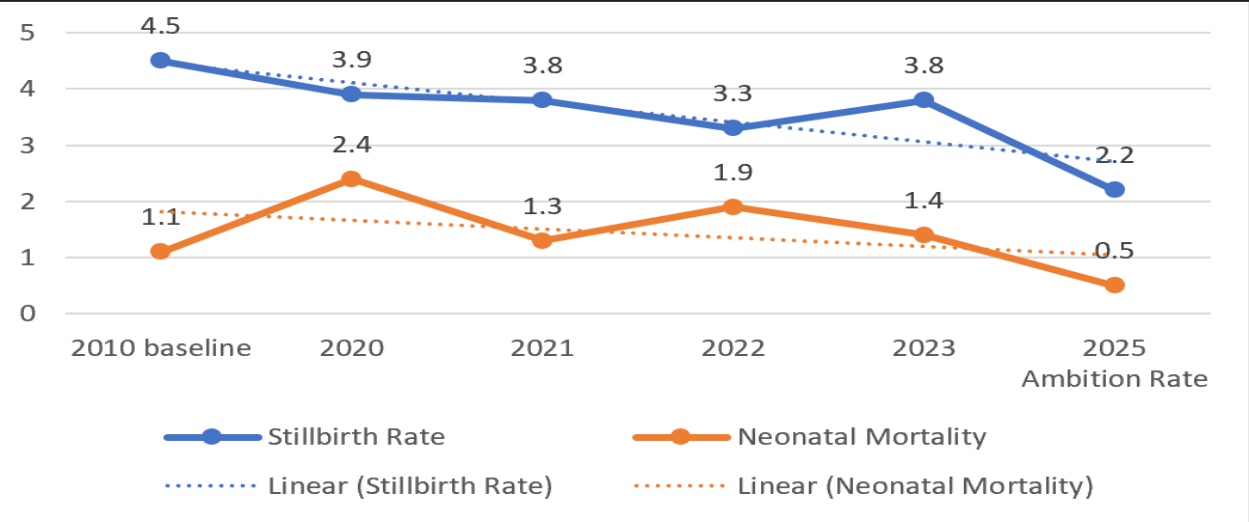
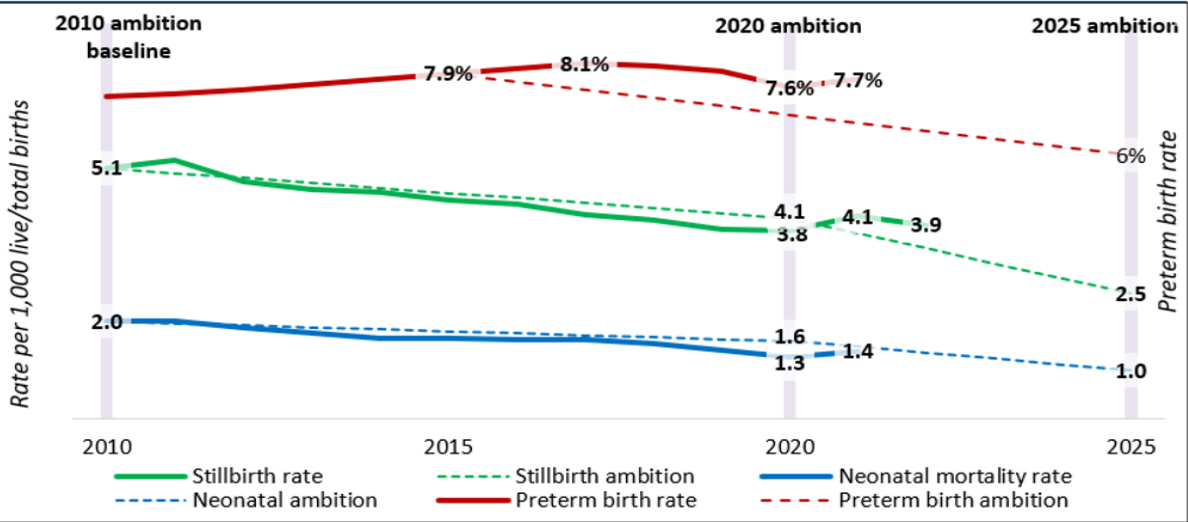
- Neonatal mortality rate rose from 1.3 to 1.4 per 1000 live births between 2020 and 2021 and is 30.4% lower than in 2010 (ONS);

In South-West London:

- The stillbirth rate fell to 3.3 per 1000 births in 2022, 47% lower than 2010 with an increase to 3.8 in 2023.
- The neonatal mortality rate rose to 2.4 per 1000 births in 2020 a 32% increase from 2010, the rate has since fallen to 1.4 per 1000 births in 2023 but is still 8% higher than the 2010 baseline rate. The SWL LMNS ambition target is to reach 0.5 by 2025. This picture is likely due to more pre-term babies being classified as live births, particularly those born before 24 weeks completed gestation. There has been discussions nationally on this.

National Stillbirth Rate: Following an increase from 3.8 to 4.1 per 1000 births between 2020 and 2021, the rate is ▼ to 3.9 per 1000 births in 2022, ▼ 22.6% compared to the 2010 baseline of 5.1 per 1000 births. National **Neonatal mortality** and **preterm** measures for 2022 will be published in early 2024.

Stillbirth Rate: In SWL there was a decrease from 3.9 to 3.8 per 1000 births between 2020 and 2023 ▼ 10% compared to 2020. The Neonatal mortality rate saw an ▼ of 46% in 2023 compared to 2020.



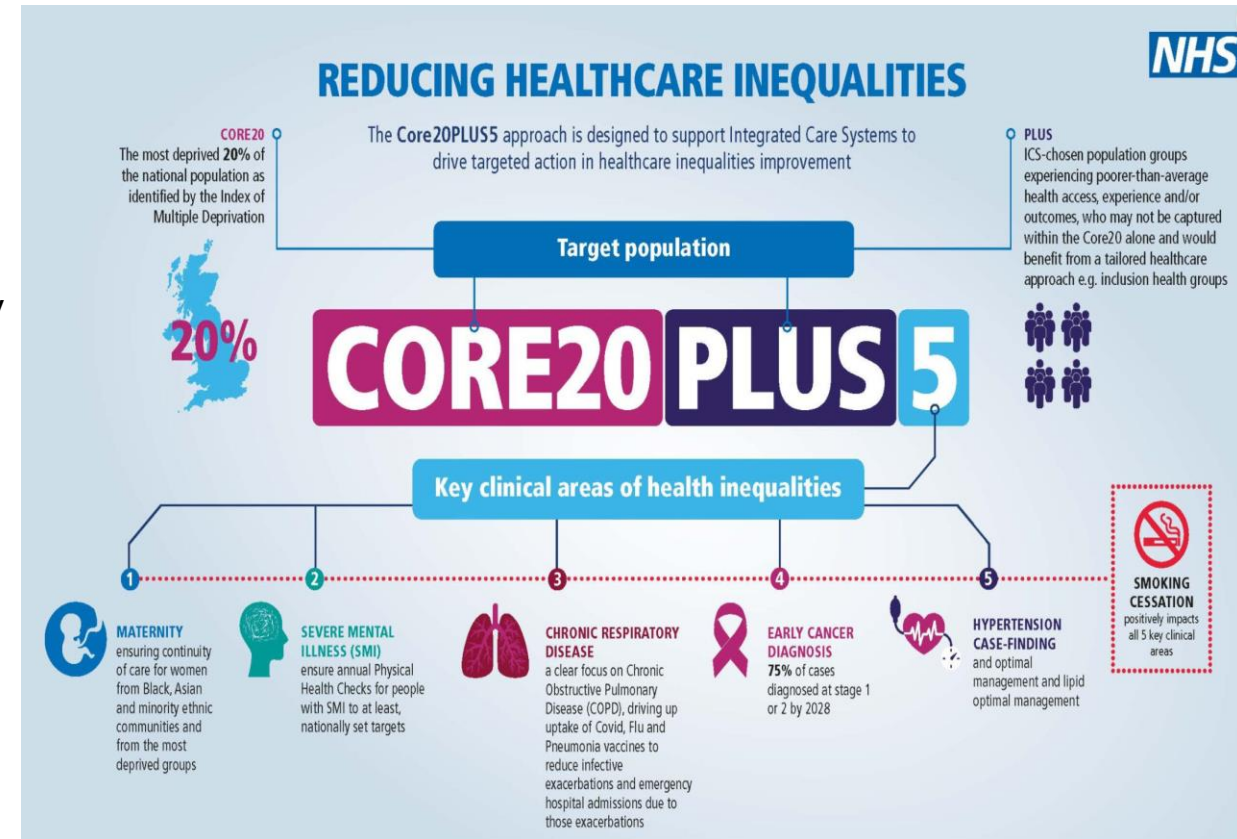
Stillbirths

South West London stillbirth rate in 2023 was 3.8 per 1000 births. This is below the 2022 average rate for England of 4.0 per 1000 births (ONS Statistics).

Neonatal Mortality

Maternity Core Connector Aims and objectives

- The Maternity Core Connectors aim to engage members of the community to gain feedback on maternity service user experience and working in collaboration with various stakeholders to identify key areas of improvement, with the intent to address health inequalities along the Core20PLUS5 population.
- Regular community engagement work aimed to reach into communities to ensure that the voices of Black, Asian and Minority Ethnic individuals are heard to inform maternity service development and improvement.
- Sharing feedback information and views of service users with key stakeholders across the system, including the local Maternity and Neonatal Voices Partnerships to influence service developments.
- Supporting the local Maternity Voices Partnership's in their efforts on reach out to seldom heard groups.
- Improving maternity staff engagement with local communities.
- Raising the profile and improving collaborative working and co-production with service users in South West London.



Key milestones for South West London Integrated Care Board this financial year.



- Continue developing and sustaining a culture of safety, learning and support.
- Commission and implement perinatal pelvic health services by the end 2024, in line with the national service specification, to identify, prevent, and treat common pelvic floor problems in pregnant women and new mothers.
- Oversee and be assured of trusts' declarations to NHS Resolution for the maternity incentive scheme.
- Working with the stakeholders to support the implementation on the new MNVP guidance.



Annual Freedom to Speak Up Guardian report to the ICB Board

Agenda item: 4

Report by: Ben Luscombe (SWL ICB Freedom to Speak up Guardian)

Paper type: Information

Date of meeting: Wednesday, 15 May 2024

Date Published: 8 May 2024

Content

- **Purpose**
- **Executive Summary**
- **Key Issues for Board to be aware of**
- **Recommendation**
- **Governance and Supporting Documentation**

Purpose

This paper sets out and updates the Board on the work the ICB has done with regard to Freedom to Speak Up (FTSU) over the past year. It also sets out for the Board the number of concerns raised and the general themes.

Executive summary

All NHS organisations, including providers of primary and secondary NHS healthcare in England are required to have a Freedom to Speak up Guardian in place and to adopt NHS England's national Speaking Up Policy.

In line with both the national policy and best practice, the ICBs FTSU Guardian will update the Board annually on the work undertaken within the ICB. This paper provides an overview of the background to Speaking Up. It then goes on to outline the specific arrangements we have put in place for the ICB and gives an overview of the numbers and themes of concerns that have been formally raised this year.

Key Issues for the Board to be aware of

The Board are asked to note the arrangements the ICB have put in place over the past year; the number and themes of Speaking Up concerns that have been raised in 23/4; and the work we will be taking forward over the coming year.

Recommendation

The Board is asked to:

- Note the paper

Governance and Supporting Documentation

Conflicts of interest

There are no identified Conflicts of Interest for this paper.

Corporate objectives

Ensuring that the organisation has an open and safe culture that allows people to speak up is essential to enabling us to deliver our corporate objectives. This document will impact on the following Board objectives:

Risks

None

Mitigations

N/A

Financial/resource implications

N/A

Green/Sustainability Implications

N/A

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

An EIA was carried out on the revised Speaking Up policy and no disproportionate impacts were identified.

Patient and public engagement and communication

N/A

Previous committees/groups

Similar reports have been provided to the ICB's Senior Management Team and the Audit and Risk Committee.

Committee name	Date	Outcome
Audit and Risk Committee	23/01/2024	Noted the report
SMT	Monthly	Noting new concerns and themes and policy work

Final date for approval

N/A

Supporting documents

None

Lead director

Ben Luscombe



NHS South West London
Integrated Care Board

Author

Ben Luscombe

South West London Integrated Care Board's Annual Freedom to Speak Up Report

Introduction

1. All NHS organisations, including providers of primary and secondary NHS healthcare in England are required to have a Freedom to Speak Up (FTSU) Guardian in place and to adopt to NHS England's national Speaking Up Policy.
2. The national policy outlines that, at least once a year, the FTSU Guardian for the organisation should update the Board on the work carried out over the year and provide the numbers and broad themes from concerns raised with them.
3. As this is the first report the Board has received on this matter, the following paper sets out the background to FTSU; provides an overview of the concerns received; and updates on the work carried out throughout the year.

Background

4. The National Guardian's Office and the role of the Freedom to Speak Up Guardian were created in response to recommendations made in Sir Robert Francis QC's report "The Freedom to Speak Up" (2015). These recommendations were made as Sir Robert found that NHS culture did not always encourage or support workers to speak up, and that patients and workers suffered as a result. In many cases staff felt unable to speak up or were not listened to when they did.
5. The review set out recommendations to ensure that NHS staff in England felt safe to raise concerns, felt confident that they would be listened to and that concerns would be acted upon.
6. In June 2022, NHS England published a revised, national, FTSU policy, that all NHS organisations, as noted above, were required to adopt by the end of 2023. The National Guardian's Office has also published a core set of training for all NHS staff to undertake to raise awareness of Speaking Up (see paragraphs 12-14).
7. In August 2023, following the trial and conviction of Lucy Letby, NHS England also wrote to all ICBs and NHS Trusts asking for them to assure themselves they had in place a core number of elements with regard to FTSU within their organisations (see paragraph 15)

Overview of the concerns received in 2023/4

8. During the last year the FTSU Guardian has had seven formal concerns raised to him. These have come from a variety of teams and locations from across the organisation. Obviously, with relatively low numbers, it is difficult to draw any particular trends from these and it is also important to ensure we do not provide any information that could identify the individuals themselves. However, the broad

themes raised from these concerns have included victimisation, bullying and harassment, equality of opportunity and fairness of decision making.

9. All of these concerns have been responded to and there are currently no live concerns.

Overview of work and progress in 2023/4

10. Over the past year the ICB has strengthened its FTSU arrangements. We have adopted the national Speaking Up policy and published it on our intranet, we are also in the process of finalising the roll-out the national Speaking Up training across the organisation.

11. The following roles have been appointed to support the FTSU process, and the FTSU Guardian meets regularly with both the Executive and Non-Executive leads to update them on live cases and progress on embedding a Speaking up Culture within the organisation:

- Freedom to Speak Up Guardian: Ben Luscombe
- Executive Lead: Karen Broughton
- Independent Non-Executive Member: Ruth Bailey

12. In addition to the above, the FTSU Guardian updates the ICB's Senior Management Team on a monthly basis and updates the Audit Committee regularly, with regard to the number of concerns that have been raised and the broad themes that have been identified.

13. In order to share best practice and learning and ensure that the organisation is following the latest policy and guidance from the National Guardian's Office and NHS England, the ICB's FTSU Guardian, along with others from across South West London and across London, is part of a number of peer support and learning networks.

Training for all staff

14. The Freedom to Speak Up in Healthcare in England programme has been developed for everyone who works in healthcare. It is designed to help staff understand the role they play in speaking up and the support that is available.

15. The training is divided into three parts and is cumulative (i.e. senior leaders must complete all of the modules):

- Speak Up: Core training for all staff
- Listen Up: Training for line and middle managers
- Follow Up: Training for senior leaders, Executive and Non-Executive Members of the Board

16. The Training is included as part of our Mandatory and Statutory Training requirements and is available to all staff through our workforce system. The 'Speak Up' module should be mandatory for all staff, whilst 'Listen Up' and 'Follow Up', should be completed by line managers and Executives/ Non-Executives respectively (this last module is to be rolled out shortly).

NHS England Assurance Requirements

17. On 18 August 2023, the NHS England Executive Team wrote to all Integrated Care Boards and NHS Trusts regarding the outcome of the Lucy Letby trial and reiterated the need for good governance along with assurance of proper implementation and oversight and specifically ensuring the following aspect were in place for Speaking Up, our progress in each area is also outlined below:

- All staff have easy access to information on how to Speak Up:
 - We have promoted FTSU regularly in our organisational daily communications and monthly Team Talk (an Executive led monthly briefing to all of their teams). We also have a section of the intranet for FTSU and the ICB FTSU Guardian has attended directorate meetings.
- Relevant departments, such as Human Resources, and Freedom to Speak Up Guardian are aware of the national Speaking Up Support Scheme and actively refer individuals to it:
 - Our FTSU Guardian is aware of the scheme and has been part of the a presentation from NHS England on it. We also have information about it on our intranet.
- Mechanisms are put in place to support those members of staff where there may be specific barriers to speaking up.

These include cultural barriers, those in lower paid roles who may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or process supporting speaking up:

- This is an area that we will continue to progress. Our FTSU Guardian has talked about this in team meetings and is also discussing with our EDI lead.
- Methods for communicating with staff to build healthy and supportive cultures where everyone feels safe to speak up should also be put in place:
 - As noted above, we have raised through team talk, daily communications and team meetings. The FTSU Guardian will also be going to other offices more regularly and meeting the staff networks and TUS.
- Boards should seek assurance that staff can speak up with confidence and that whistleblowers are treated well:

- Our Annual Report to the Board has detailed the measures we have taken over the last year to strengthen our FTSU arrangements and we will continue to do this over the coming year.

Next Steps

18. The ICB's FTSU Guardian will continue work to raise the visibility of Speaking Up within the organisation and help to foster an open and inclusive culture. He will also continue to visit each of our offices and to attend team meetings as requested.
19. **Self-Assessment of Freedom to Speak Up Arrangements:** NHS England have provided Guidance and a 'Reflection and Planning' tool to assist in the assessment process. Completion of the tool will help demonstrate the progress that we have made in developing and improving our FTSU arrangements.
20. It is recommended that the process should be completed at least every 2 years and we are in the process of completing our refresh of this document.
21. We are in the process of designing a questionnaire for all staff to help us better understand the barriers that exist within the organisation to Speaking Up. We will use the responses to this survey to help determine further work for us to take forward over the coming year to build a culture in which all staff feel it is safe to raise concerns and Speak Up.

Recommendation

22. The Board are asked to note the report.

SWL Integrated Care Partnership Update

Agenda item: 5

Report by: Cllr Ruth Dombey

Paper type: Information

Date of meeting: Wednesday, 15 May 2024

Date Published: 8 May 2024

Content

- **Purpose**
- **Executive Summary**
- **Key Issues for Board to be aware of**
- **Recommendation**
- **Governance and Supporting Documentation**

Purpose

The purpose of the report is to update the Board on the activities of the South West London Integrated Care Partnership.

Executive summary

The South West London Integrated Care Partnership (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 South West London Integrated Care Partnership Strategy for 2023-2028 was publicly launched in October 2023. The strategy outlines our priorities for change and the collective actions we will take to improve health and wellbeing for the people of South West London across our agreed strategic priorities of:

- 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
- Tackling our system-wide workforce challenges

The ICP Board last met formally on 24 January 2024 and this Board received an update at its March meeting.

Key Issues for the Board to be aware of

The ICP held a Board seminar on 24 April 2024, covering the following:

- The new Joint Local Health and Wellbeing Strategies for Richmond Upon Thames and Wandsworth were presented by the Director of Public Health for those boroughs.
- The Board had an in-focus discussion on children with complex needs, led by the Director of Children's Services in Sutton.
- An overview of the South West London NHS infrastructure strategy was given by the ICB's Chief Finance Officer. An example of how estates developments can benefit the wider community was provided by South West London St George's Mental Health Trust, with a particular focus on the Springfield Development. Working together on best use of health and care estate is a topic the ICP Board intends to return to at a future meeting, with a more borough-based focus.

As partners are aware, I am stepping down as co-chair of South West London Integrated Care Partnership. I would like to thank colleagues across the partnership for all they have done to progress our work together and to wish you well as you continue to work together to improve the health and wellbeing of our residents. A process is underway to agree a new co-chair for the ICP Board and a representative of the South West London Council Leaders for the ICB.

The ICP Investment Fund

The South West London ICP Investment Fund was established to support delivery of the South West London ICP Strategy. The funding which was agreed by the ICB during the SWL ICB financial planning process is comprised of two strands: Integrated Care Partnership Strategic Priorities and Health Inequalities. Following a bidding process, successful applicants were informed in December 2023 and the successful schemes are now mobilising.

Recommendation

The Board is asked to:

- Note the contents of this report.

Governance and Supporting Documentation

Conflicts of interest

None identified.

Corporate objectives

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

Risks

None identified.

Mitigations

None identified.

Financial/resource implications

None identified.

Green/Sustainability Implications

None identified.

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

None identified.

Patient and public engagement and communication

None identified.

Previous committees/groups

Committee name	Date	Outcome

Final date for approval

NA

Supporting documents

N/A

Lead director

Cllr Ruth Dombey

Authors

Rachel Flagg, Director of Integrated Care Partnership Development
Lewis Irani, Strategy and Transformation Manager

Finance and Planning Committee update

Agenda item: 6a

Report by: Dick Sorabji, Non-Executive Member

Paper type: Information

Date of meeting: 15 May 2024

Date Published: 8 May 2024

Content

- **Purpose**
- **Executive Summary**
- **Key Issues for Board to be aware of**
- **Recommendation**
- **Governance and Supporting Documentation**

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.

Executive summary

Finance and Planning Committee Chair's Report

The Finance and Planning Committee has met once since the last update to the ICB Board, on 23 April 2024. The meeting was quorate and discussed the following key items:

ICS business

Operating plan update

- The Committee received an update on SWL's operating plans for 2024/25.
- The Committee discussed the drivers of the financial pressures and the financial recovery programme achievements.
- The Committee noted the report.

System finance update (M12)

The Committee received an update on SWL's year end position for 2023/24. With the unaudited position being a £5.8m surplus against the final plan agreed with NHSE that included non-recurrent support for the fixed element of services.

System activity update (M11)

- The Committee received a report on the update against delivery of the operating plan for M11 2023/24.
- The report set out that overall delivery is broadly in line with our H2 submission, in particular the achievement of the A&E 4 hour target in March 2023 and the growth in elective activity despite the impact of industrial action.
- The Committee noted the report

ICB business

ICB finance update (M12)

- The Committee noted the ICB finance report for month 12.
- The ICB has reported an unaudited financial position of a £2.5m surplus in line with its plan. the mental health investment target and the running cost targets were met.

2024/25 ICB budget

- The Committee received the 2024/25 interim plan which delivers a surplus of £3m for the ICB.
- The paper noted that contracts have been uplifted in line with national planning, 2024/25 management cost reductions are reflected, and a 6% efficiency target applied.
- The Committee supported the recommendation to the ICB board.

Financial Sustainability Board Assurance Framework Risk

- The Committee received an overview of the drivers of the current risk score, the responsibilities of each part of the system in managing this risk and the mitigations in place.
- The Committee discussed the risk score and noted that the risk remains under continuous review and will be updated for the next Audit and Risk Committee.

Business cases and contract awards

- Reviewed business cases and contract awards in line with the ICB governance arrangements and responsibilities of the Committee.

Other business

- The Committee noted the workplan for the Finance and Planning Committee for 2024/25.

Recommendation

The Board is asked to:

- Note the Committee report

Governance and Supporting Documentation

Conflicts of interest

N/A

Corporate objectives

- Delivering the financial plan
- Delivering the ICS operational plan

Risks

None as a result of this paper

Mitigations

None as a result of this paper

Financial/resource implications

None as a result of this paper

Green/Sustainability Implications

None as a result of this paper

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

Not as result of this paper

Patient and public engagement and communication

N/A

Previous committees/groups

Committee name	Date	Outcome
Finance and Planning Committee	23 April 2024	

Final date for approval

N/A

Supporting documents

None

Lead director

Helen Jameson, Chief Finance Officer, SWL ICB

Author

Kath Cawley, Director of Planning, SWL

SWL NHS Finance Report M12

Agenda item: 6b

Report by: Helen Jameson, Chief Finance Officer

Paper type: information

Date of meeting: Wednesday, 15 May 2024

Date Published: 8 May 2024

Content

- **Purpose**
- **Executive Summary**
- **Key Issues for Board to be aware of**
- **Recommendation**
- **Governance and Supporting Documentation**

Purpose

This report is brought to the Board to:

1. Provide an update on the unaudited financial position for the ICB.
2. Provide an update on the unaudited financial position of the wider South West London (SWL) system.

Executive summary

The ICB unaudited end of year position is a surplus of £2.5m. The efficiency programme has delivered the planned £33.8m savings although some of it is non-recurrent and will require further work next year.

- Financial position for 2023/24 is a £5.8m surplus against final agreed plan (including £81.6m fixed cost support. This is subject to audit. Although the system efficiency target was broadly met in total, delivery has relied on £95m of non-recurrent schemes. This puts additional pressure on the 2024/25 position.
- The unaudited year end SWL Capital Departmental Expenditure Limit (CDEL) position at M12 is £43m underspent. £31.9m of this is purposefully underspent against plan in line with NHSE guidance, due to the transfer of a £31.9m CDEL credit generated by asset sales to a future year.

Key Issues for the Board to be aware of

- The SWL system is reporting a £5.8m surplus against plan, subject to audit.
- The ICB unaudited end of year position is a surplus of £2.5m.

- The unaudited year end SWL CDEL position at M12 is £43m underspent, with £31.9m from the asset sale to be transferred to a future year to support an approved development.
- The SWL system has breached its agency spend cap for be year.

Recommendation

The Board is asked to:

- Note the ICB month 12 position.
- Note the ICS revenue month 12 position.
- Note the ICS capital month 12 position.
- All positions are draft and subject to audit.

Governance and Supporting Documentation

Conflicts of interest

N/A

Corporate objectives

Achieving Financial Sustainability.

Risks

Achieving Financial Plan for 2023/24.

Mitigations

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

Financial/resource implications

Within the report.

Green/Sustainability Implications

N/A

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

N/A

Patient and public engagement and communication

N/A

Previous committees/groups

Committee name	Date	Outcome

Final date for approval

N/A

Supporting documents

SWL Finance Report M12 23-24



NHS South West London
Integrated Care Board

Lead director

Helen Jameson

Author

Helen Jameson

SWL NHS Finance Report M12

March 2024

Contents

- ICB internal unaudited position at month 12
- SWL NHS system unaudited revenue position at month 12
- SWL NHS system unaudited capital position at month 12
- Summary

Note – all figures are draft and subject to the year-end external audit



The draft ICB internal position at month 12



ICB financial overview month 12



South West London

Allocation and Expenditure	Sum of YTD Budget £000s	Sum of YTD Actual £000s	Sum of YTD Variance £000s
Total Allocation (Income)	£3,522,246		
Expenditure:			
Acute Services (NHS & non NHS)	£1,929,200	£1,928,237	£963
Community Health Services	£278,539	£280,036	-£1,497
Continuing Healthcare	£176,152	£175,577	£575
Corporate Services (Running Costs)	£33,616	£33,616	£0
Mental Health	£356,658	£358,015	-£1,357
Other Programme Services	£58,395	£48,980	£9,415
Primary Care (Incl Prescribing & Delegated)	£687,187	£695,256	-£8,068
Total Expenditure:	£3,519,746	£3,519,716	£30
Surplus/(Deficit)	£2,500		

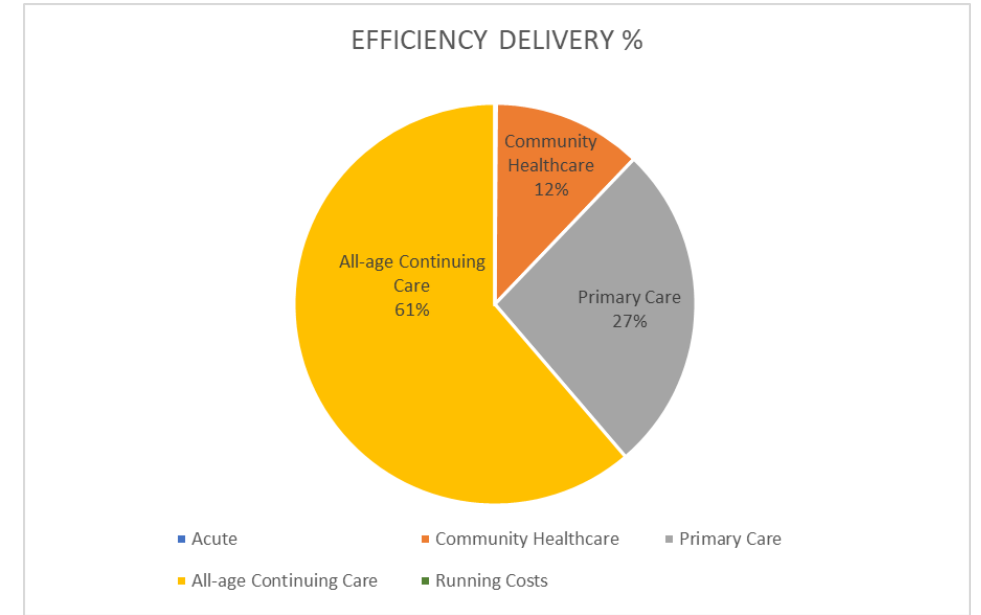
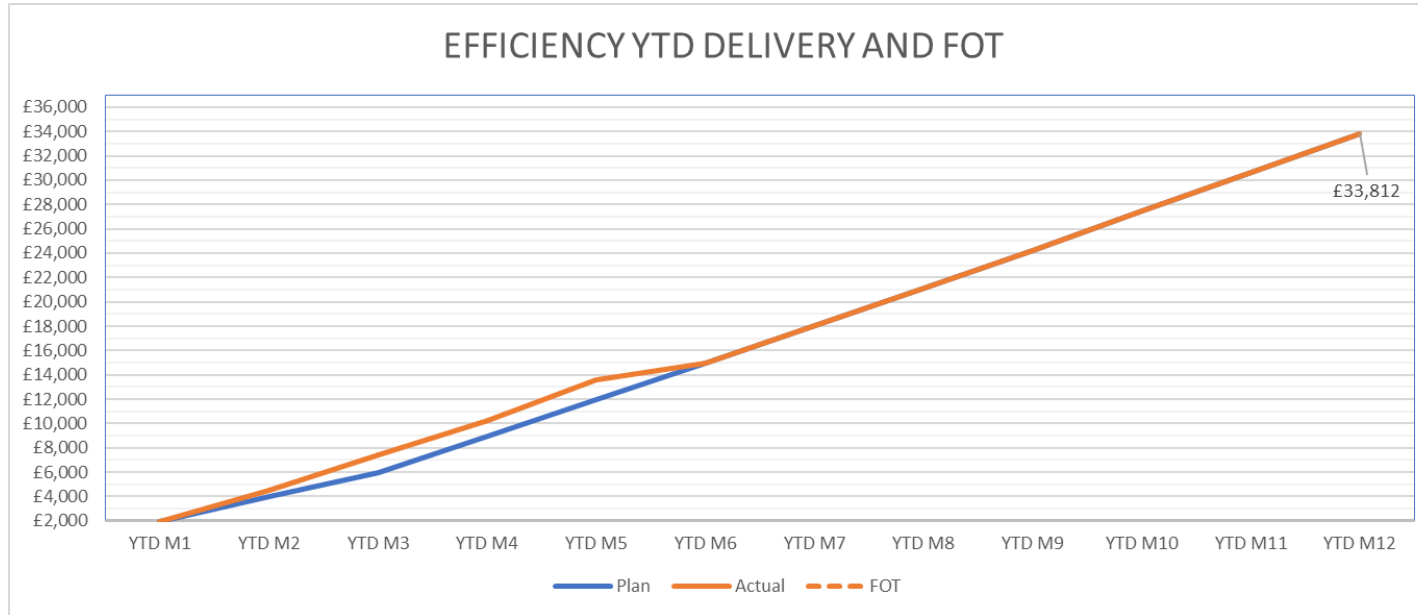
Key Messages:

- The ICB unaudited end of year position is a surplus of £2.5m.
- The efficiency programme has delivered the planned £33.8m savings although some of it is non-recurrent and will require further work next year.
- Acute services reported underspend is due to the benefit received from elective recovery funding for overachieving it's target.
- Prescribing expenditure remained stable through to year end. The overspend on this was forecast early on in the year and was covered by a contingency held within other programme services.
- Continuing healthcare expenditure has continued to be better than plan due to improved ICB processes.
- Mental health over performance linked to jointly funded placements although its being partially mitigated by the risk share in place with South London Partnership

Targets:

- Mental health investment Standard has been met (Target is for expenditure on mental health services to be no less than £299.2m)
- Running costs are within target (Target £33.6m)
- Better payments practice code of paying 95% of invoices within 30 days has been achieved (actual achievement is 99%)
- At the end of the month cash in the bank was within the 1.25% draw down limit (Cash balance was £1.5m)

Overview of SWL ICB's efficiency plan



Narrative

- The efficiency plan has delivered the £33.8m target
- Of this target circa 96% (£32.4m) was recurrent.

The SWL NHS system draft revenue position at month 12

A decorative graphic in the bottom right corner consisting of several overlapping, rounded rectangular shapes in various shades of blue and green, along with a few small circles.

SWL NHS system draft revenue position M12



South West London

M12 2023/24 financial performance (£m)	CHS	ESH	KHT	SGH	HRCH	RMH	SWLSG	ICB	SWL system
Plan	-3.3	-7.6	-3.4	9.0	0.5	2.0	0.3	2.5	0.0
Actual (subject to audit)	-1.9	-4.5	1.1	-3.6	0.5	10.5	1.1	2.5	5.8
<i>Variance</i>	<i>1.4</i>	<i>3.1</i>	<i>4.5</i>	<i>-12.6</i>	<i>0.0</i>	<i>8.5</i>	<i>0.8</i>	<i>0.0</i>	<i>5.8</i>

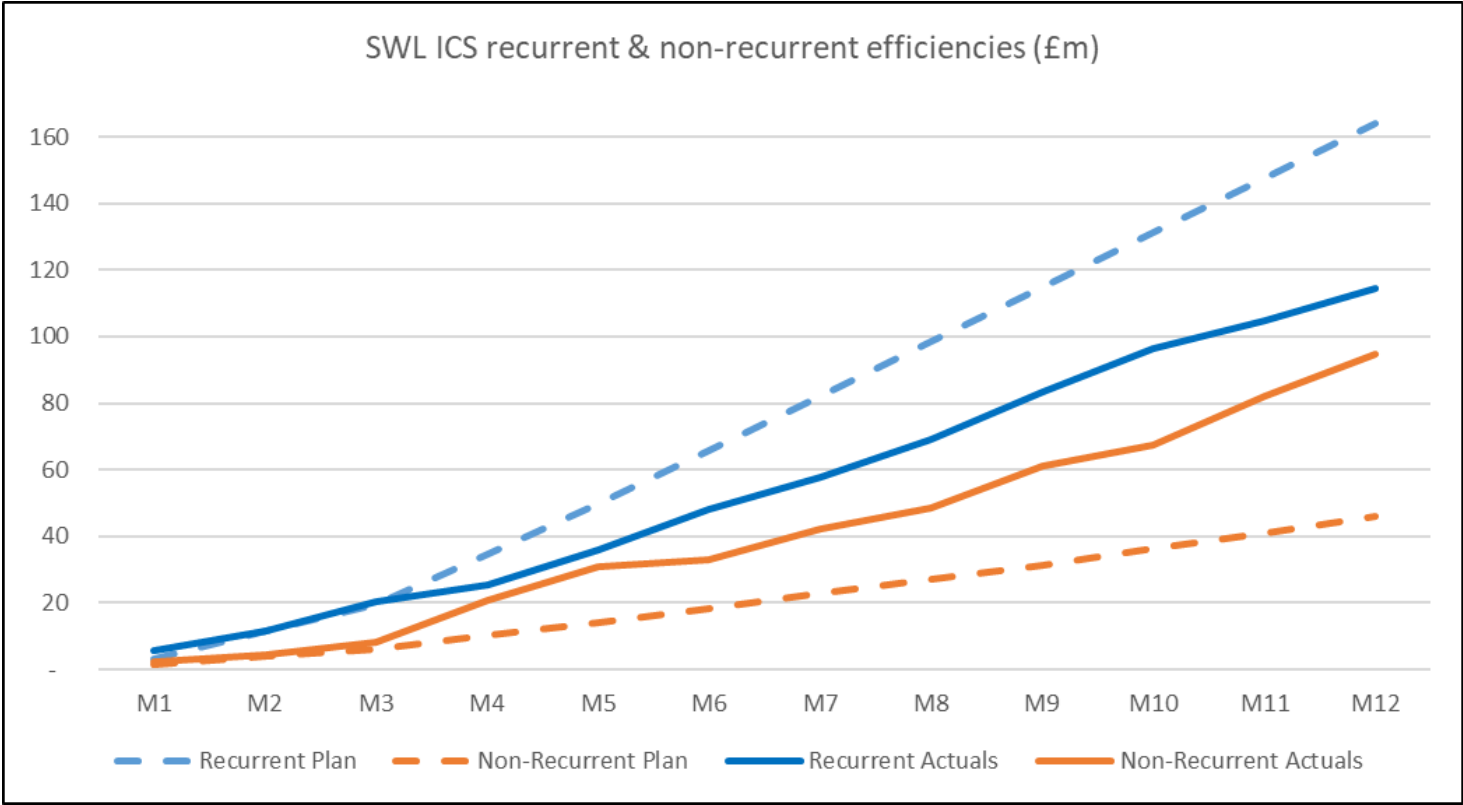
- Financial position for 2023/24 is a £5.8m surplus, against plan (after £81.6m fixed cost support) .
- The favourable variance at Kingston Hospital (KHT) is driven by release of a PFI creditor.
- The favourable variance at the Royal Marsden Hospital (RMH) is driven by late confirmation of elective performance due to the impact of the Epic implementation (the electronic patient records system).
- St George's Hospital (SGH) unaudited financial outturn is inline with the agreed H2 plan..

SWL NHS system efficiency



South West London

- The total system efficiency for the year is £212.3m is £209.3m against a plan of £210.0m.
- Although the efficiency total was broadly met in total, this delivery has relied on £95m of non-recurrent schemes. This puts additional pressure on the 2024/25 position.



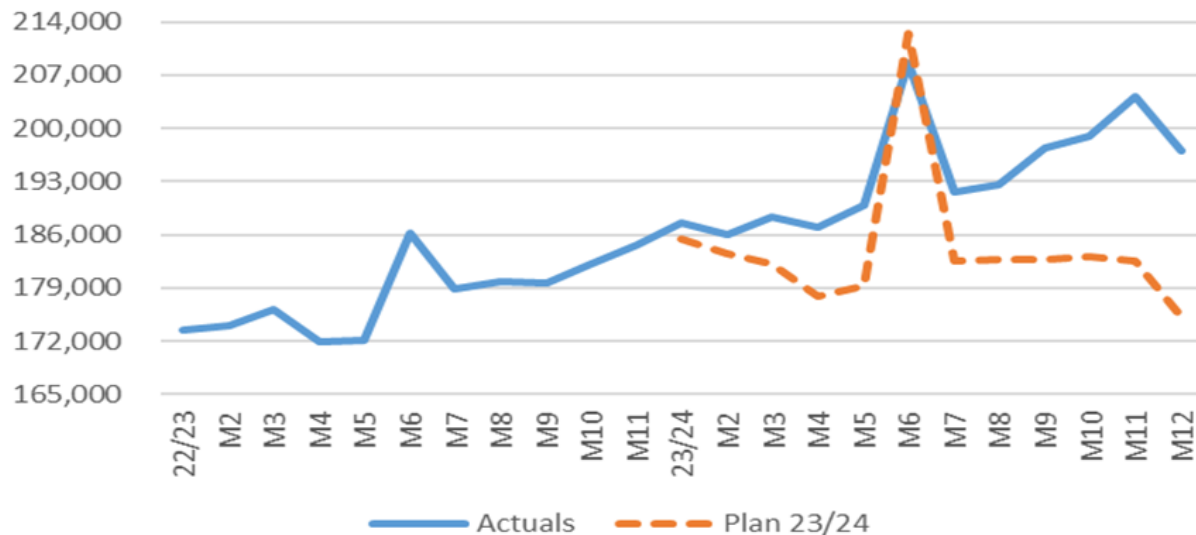
SWL NHS system workforce



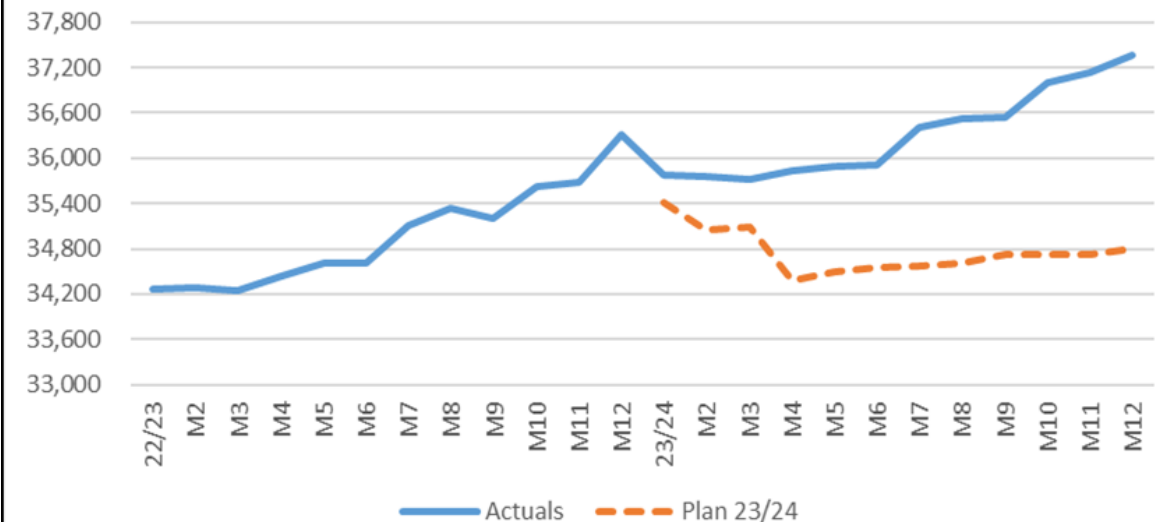
South West London

- The charts shows cost and WTE actual trajectories against plan for total trust staff (substantive, bank and agency).
- Overall system pay costs are £116.4m adverse to plan for the year (excluding Nationally funded employer pension contributions).
 - Substantive £61.6m adverse;
 - Bank £44.0m adverse;
 - Agency £10.8m adverse;
- Total WTEs are currently 2,627 above plan and an increased month on month of 296 WTEs (M12 vs M11). Increase in substantive and bank posts at CHS, KHT, ESH and SWLSG. There was a fall in agency WTEs. The increase was largely driven by additional elective activity in acute, specialising in mental health and increased A/L and sickness cover.
- The plan was set at a level significantly below the WTE run rate at the end of 2022/23.

SWL trust pay (£k)

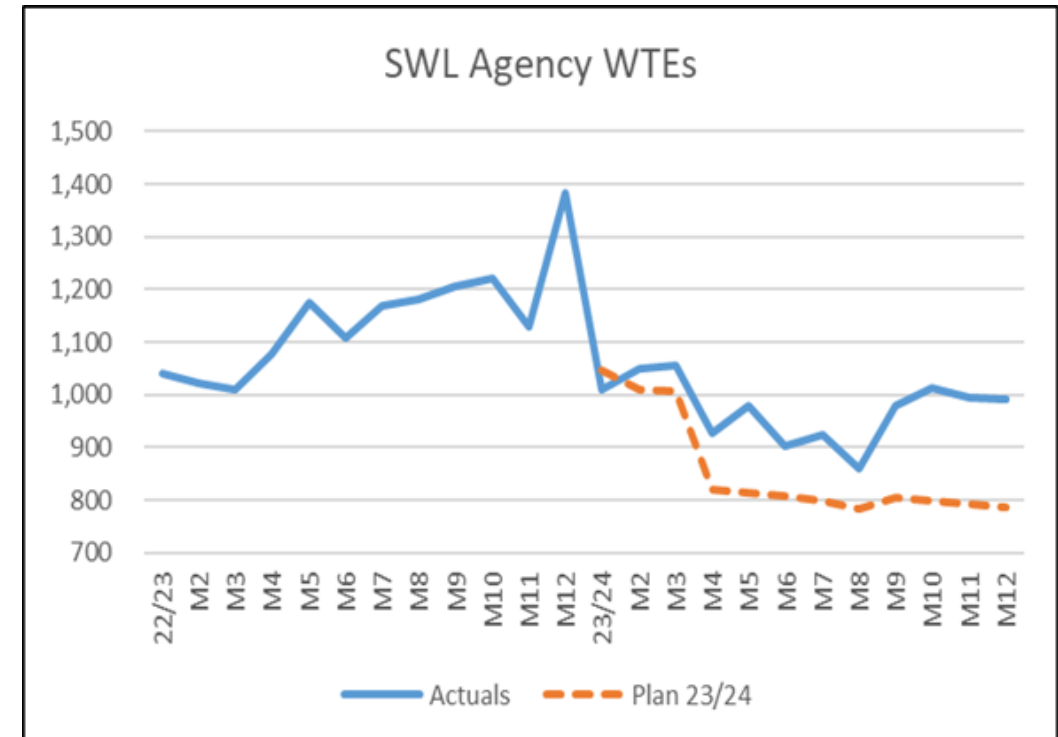
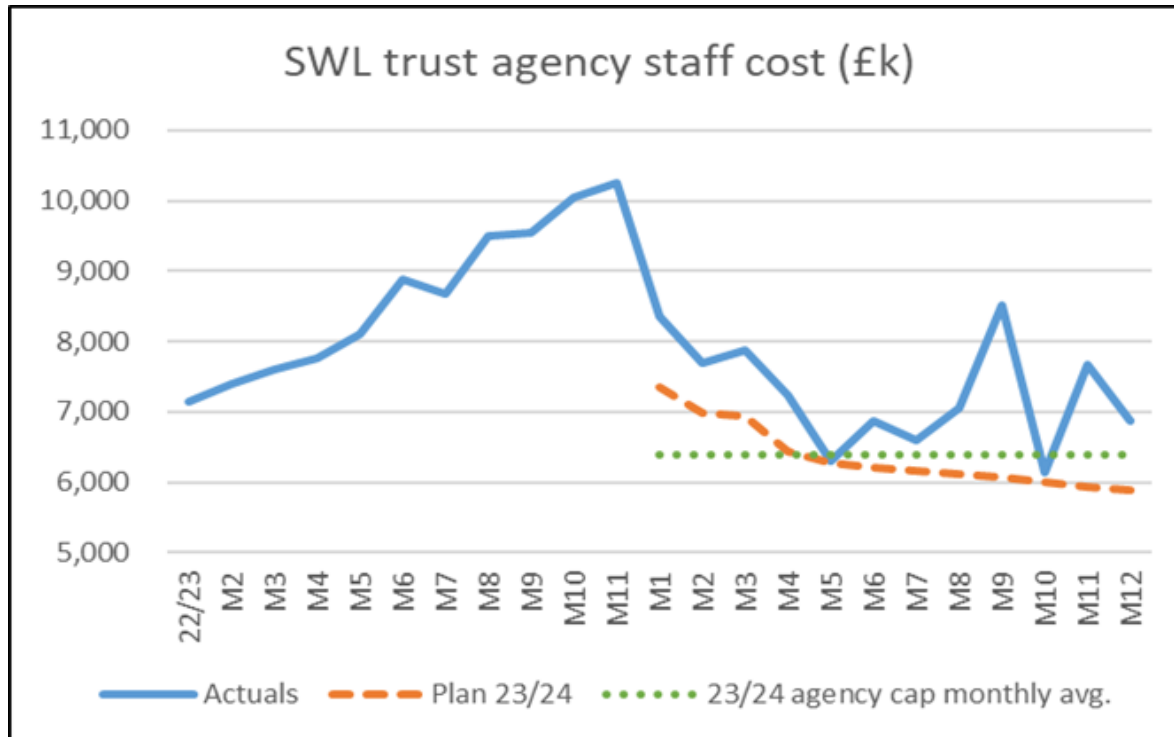


SWL Total WTEs



SWL NHS system workforce - agency

- Agency costs are higher than plan for the year by £10.8m (14.2%) adverse for the year. CHS, KHT, HRCH and RMH have breached their agency cap.
- The plan has been set to achieve the system agency cap. Although costs are above the cap required run rate, they have fallen from 2022/23 - at the end of 2022/23 spend was running at almost £10m a month, now around £7m a month
- Agency costs decreased month on month at all trusts, apart from SGH and CHS at M12.
- Agency WTEs flat month on month but remain above plan.



The SWL system draft capital position at month 12



SWL NHS System draft Capital Position



South West London

- The unaudited year end SWL CDEL position at M12 is £43m underspent. £31.9m of this is purposefully underspent against plan in line with NHSE guidance due to the transfer of a £31.9m CDEL credit generated by SWLStG asset sales to a future year.
- The remaining underspend is c.£11m, noting that £40m of CDEL funding for IFRS16 lease accounting was confirmed partway through the year. £7m of underspend was known at at M11 and reallocated to support the regional position (£7m). A further c.£4m underspend arose in M12.
- Nationally funded schemes are reported as underspent, largely due to the ongoing discussions with the New Hospitals Programme for the BYFH programme and Renal unit scheme, the status of the Paediatric Treatment Centre proposal at SGH, slippage in the CHS TIF scheme and the in-year agreement with NHSE to reprofile the SWLStG Barnes Hospital scheme to 2024/25.

SWL CDEL - incl. IFRS16 uplift (£k)	M12 YTD Plan	M12 YTD Actual	Variance	M12 FOT Plan	M12 YTD Actual	Variance
CHS	16.4	15.9	-0.5	16.4	15.9	-0.5
ESHT	35.1	33.5	-1.6	35.1	33.5	-1.6
KHT	18.3	23.3	5.0	18.3	23.3	5.0
SGH	77.2	33.7	-43.6	77.2	33.7	-43.6
HRCH	2.0	2.0	-0.0	2.0	2.0	-0.0
SWL StG	-9.4	-9.3	0.1	-9.4	-9.3	0.1
RMH	19.9	17.4	-2.5	19.9	17.4	-2.5
Trust total	159.6	116.6	-43.0	159.6	116.6	-43.0
ICB	2.6	2.5	-0.0	2.6	2.5	-0.0
SWL System	162.2	119.1	-43.0	162.2	119.1	-43.0

Total CDEL (£m)	M12 YTD Plan	M12 YTD Actual	Variance	M12 FOT Plan	M12 YTD Actual	Variance
CHS	37.4	31.2	-6.3	37.4	31.2	-6.3
ESHT	56.9	49.8	-7.1	56.9	49.8	-7.1
KHT	21.1	27.3	6.3	21.1	27.3	6.3
SGH	83.2	37.2	-46.0	83.2	37.2	-46.0
HRCH	2.0	2.0	-0.0	2.0	2.0	-0.0
SWL StG	2.6	-6.4	-9.0	2.6	-6.4	-9.0
RMH	19.9	18.6	-1.3	19.9	18.6	-1.3
Trust total	223.1	159.9	-63.3	223.1	159.9	-63.3
ICB	2.6	2.5	-0.0	2.6	2.5	-0.0
SWL System	225.7	162.4	-63.3	225.7	162.4	-63.3

Summary



Summary for the board

- The Board is asked to:
 - Note the ICB unaudited financial position for 2023/24.
 - Note the ICS unaudited revenue position for 2023/24
 - Note the ICS unaudited capital position for 2023/24.

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



Quality & Performance Oversight Committee Update

Agenda item: 6c

Report presented by: Mercy Jeyasingham, Non Executive Member & Chair of the Quality & Performance Oversight Committee

Paper type: For information

Date of meeting: Wednesday, 15 May 2024

Date Published: 8 May 2024

Purpose

To provide the Board with an overview from the Non-Executive Member Chair of the Committee regarding the key quality matters discussed at the South West London (SWL) ICB Quality and Oversight Committee meeting on 10 April 2024.

Executive Summary

The Quality and Oversight Committee has met once since the last update to the ICB Board, on 20 March 2024. The meeting was quorate with the Chair of the Committee, the Chief Nursing Officer (CNO), Chief Operating Officer (COO), Chief Medical Officer (CMO) and a patient representative present.

The updates below are following consideration and discussion of key items at the meeting:

Quality and Performance Risk Register

The Committee noted the deep dive review of the System Quality risk by the Audit and Risk Committee on 28 March. The feedback was very positive, and the Committee was assured by the governance arrangements in place to manage quality risks at ICB and at system level. Following a full review of the register, the Committee were satisfied that the register reflected the current quality and performance risks with some minor changes. As part of the regular risk review cycle with risk owners, all current risks will be reviewed and updated as appropriate, and any new or emerging risks will be added. It was agreed to consider a system risk on the corporate risk register on challenges around children and young people's pathways.

Paediatric Audiology in Croydon Update

The Committee noted an update on the progress to transfer children with complex health needs from Croydon Healthcare Services (CHS) to Guy's & St. Thomas' Trust (GSTT) and the creation of the future model of care for adults and children in SWL led by the Acute Provider Collaborative and a new audiology Clinical Network.

South London and The Maudsley (SLAM) Mental Health: Improving flow and reducing out of area placements in Croydon

The Committee received an update on the improvement plans by SLAM to improve flows across inpatient and outpatient services in Croydon. The SWL Mental Health Improvement Plan was

presented highlighting two areas of improvement, firstly the bed occupancy position in February 2024 which was below 100% for the first time in 3 years, and the improvement in discharge linked to housing.

Community Services Model of Care Update

The Committee received an update on the plans, process and timelines for the development of a standardised model of care for community services (adults), noting a timeframe of approximately 16-month procurement and for services to be in place from July 2025. It was also noted that the model has been codesigned with active involvement from patients and carers, involving an engagement exercise over a number of months to capture the view of patients and carers through Healthwatch. It was noted that the development of the model was also co-produced with quality colleagues.

SWL ICB Performance Report

The Committee noted the SWL ICB Performance report noting the following key areas of challenged performance:

- February saw a continuation of a winter deterioration in our effectiveness in discharging patients ready to leave hospital, with only 32% of patients not meeting the criteria to reside being discharged each day on average.
- Out of area placements continue to decrease since the August 2023 peak but remain high.
- Routine Children & Young People (CYP) eating disorder patients seen within 4 weeks declined to just below the 95% standard in Q3 23/24. Mitigations include increased capacity and integration of outreach teams, however there are challenges in recruiting to these roles.

The following areas were identified as areas of improvement:

- A&E 4-hour target is expected to achieve the 76% target for March 2024.
- Further actions have been put in place in March to reduce waiting times for people with a mental health condition in the Emergency Department (ED).
- SWL continues to perform better than the London average for Category 1 and Category 2 ambulance response.
- SWL aggregated 62-day cancer performance continues to be the best in London.
- Patient Tracking Lists (PTL) growth has stabilised in the past year to below the London average, and the total number waiting over 52 weeks continues to decrease from the October 2023 peak levels.
- 78 week waits are stable and among the smallest volumes nationally, together with a levelling off in the growth of people waiting more than 65 weeks.
- Improving Access to Psychological Therapies (IAPT) access activity is back up in January to above planned levels.

Deep dive focus on Urgent and Emergency Care (UEC)

The Committee received a deep dive focus on UEC providing an oversight of performance against the UEC Delivery Plan published by NHS England in January 2023 which is centred around 2 key deliverables for 2023/2024:

- A&E 4 hour standard 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Category two response to be 30 minutes on average over the past year which SWL has achieved with further improvement going forward.

SWL ICB Quality Report

The Committee received the SWL ICB Quality Report noting the following key updates:

- Ongoing pressures and workforce challenges across the system continue to impact our providers' ability to deliver a high quality of care especially within the urgent and emergency care pathway.
- The Care Quality Commission (CQC) visited St Georges Hospital (SGH) Emergency Department (ED) on the 6 March 2024 for an unannounced inspection. This was a response to two recent incidents which occurred in March in the ED. The Trust is awaiting outcome of inspection from the CQC.
- Outbreaks and clusters of norovirus, covid and flu in acute and social care settings continue to be reported. Measles outbreak is on the rise in London between November 2023 and February 2024. All Trusts have escalated to their Director of IPC (DIPC) and the ICB has issued guidance to primary care to support them with the management of measles.
- SGH have confirmed an outbreak of Gentamycin resistant klebsiella in their neonatal unit. 18 cases identified in March 2024. The Trust have a plan of action and continue with a period of increased audit, enhanced cleaning and will commence environmental screening.
- A formal communication was sent to all NHS organisations with regards to implementation of the first phase of Marthas Rule from April 2024. Implementation of Marthas rule will enable patients, families, carers, and staff to have round-the-clock access to a rapid review from a separate care team if they are worried about a person's condition. NHS providers of acute and secondary care for adult and/or children and young people are being asked to submit expressions of interest to participate. Some of our SWL providers are considering expressing interest but none were confirmed at the time of the meeting.

Focus on Primary Care Quality

The Committee noted an update on Primary Care Quality, providing oversight of the performance and reporting mechanisms in Primary Care, current issues and the actions being taken to address those issues.

Quality and Performance Forward Plan 2024/25

The Committee approved the workplan for 2024/25.

Recommendation

The Board is asked to:

- Note the Quality and Performance Oversight Committee report.

Governance and Supporting Documentation

Conflicts of interest

None.

Corporate objectives

Quality is underpinned by everything we do in SWL ICB. Quality supports the ICB's objectives to tackle health inequalities, improve population health outcomes and improve productivity.

Risks

Quality risks are included in the SWL ICB Corporate risk register and escalated to the Board Assurance Framework where appropriate.

Mitigations

The mitigations of the quality risk are included in the corporate risk register.

Financial/resource implications

Balancing system efficiency across SWL without compromising patient safety and quality.

Green/Sustainability Implications

Not Applicable.

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

An EIA has been considered and is not needed for this report. However, EIAs are being completed as part of the process in identifying system efficiency.

Patient and public engagement and communication

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

Previous committees/groups

Committee name	Date	Outcome
SWL Quality & Performance Committee (QPOC)	10.04.2024	Noted

Final date for approval

Not applicable

Supporting documents

None

Lead Director

Elaine Clancy, Executive Director & Chief Nursing Officer



NHS South West London
Integrated Care Board

Authors

June Okochi, Director of Quality

Charity Mutiti, Head of System Safety and Learning

Quality Report

Agenda item: 6d

Report by: Elaine Clancy

Paper type: For information

Date of meeting: Wednesday, 15 May 2024

Date published: 8 May 2024

Content

- **Purpose**
- **Executive Summary**
- **Key Issues for Board to be aware of**
- **Recommendation**
- **Governance and Supporting Documentation**

Purpose

The purpose of the report is to:

- Provide the Board with a summary of the system quality position across South West London (SWL), highlighting key areas of oversight at the Quality and Oversight Committee in February 2024.
- Provide the Board with assurance that mitigations are in place to manage quality risks and that improvements continue to be made to improve safety and quality through an increased continuous learning culture.

Executive summary

This exception report provides an overview of the quality of services within the SWL Integrated Care System. The focus of the report is to provide the Board with an update of emerging risks and mitigations, provide an outline of where improvements have been made and provide assurance that quality risks and challenges are being addressed appropriately. The report covers the period of December to February 2024 (unless stated otherwise) and has been shared at the Quality and Performance Oversight Committee on 10 April 2024.

Key Issues for the Board to be aware of

- The outcome of The Care Quality Commission's (CQC) inspections in SWL and the plan for the CQC to engage on a pilot programme with SWL ICB.
- The rise in infections and the impact this is having on patients' outcomes, staff, capacity and potential bed closures.
- That work continues to progress across the Quality Directorate to ensure that the ICB meets its statutory duties and improve outcomes for patients.

Recommendation

The Board is asked to:

- Note the content of the quality report and be assured that risks are being managed through the appropriate governance and escalation arrangements between providers and the ICB.
- Be assured that the exceptions highlighted within the report have been presented and discussed at the Quality and Performance Oversight Committee (QPOC) in April. Be assured that the ICB quality, safeguarding and Continuing Healthcare (CHC) teams have transitioned into place-based teams on 2 April and are working closely with providers of health and care services to improve quality and safety for our local people.
- To note that patient safety and quality is included in the delivery priorities of the NHS 2024/25 planning guidance.

Governance and Supporting Documentation

Conflicts of interest

None

Corporate objectives

Quality is underpinned by everything we do in SWL ICB. Quality supports the ICB's objectives to tackle health inequalities, improve population health outcomes and improve productivity.

Risks

Quality risks are included in the SWL ICB Corporate risk register and escalated to the Board Assurance Framework where appropriate.

Mitigations

The mitigations of the quality risk are included in the corporate risk register.

Financial/resource implications

Balancing system efficiency across SWL without compromising patient safety and quality.

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

An EIA has been considered and is not needed for this report. However, EIAs are being completed as part of the process in identifying system efficiency.

Patient and public engagement and communication

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

Previous committees/groups

Committee name	Date	Outcome
Quality Operational Management Group (QOMG)	18 March 2024	Internal directorate review and assurance
Quality and Performance Oversight Group (QPOC)	10 April 2024	The report was reviewed and recommended for approval

Supporting documents

Quality Report

Lead director

Elaine Clancy

Author

June Okochi

SWL System Quality Report

1. Introduction

This exception report provides an overview of the quality of services within the SWL Integrated Care System. The focus of the report is to provide the Board with an update of emerging risks and mitigations, provide an outline of where improvements have been made and provide assurance that quality risks and challenges are being addressed appropriately. The report covers the period of December to February 2024 (unless stated otherwise) and has been shared at the Quality and Performance Oversight Committee on 10 April 2024.

2. Patient Safety updates

The Committee is asked to note the following key areas impacting safety and quality since the last reporting period:

- 2.1 Ongoing pressures and workforce challenges:** The pressures across the system continue to impact our providers' ability to deliver a high quality of care especially within the urgent and emergency care pathway. These pressures and workforce challenges are across health and social care. Many of our quality challenges are encompassed in the overarching quality risk on the ICB's corporate risk register and are escalated to the Board Assurance Framework. The ICB continues to work closely with our providers, partners and regulators to ensure safety and quality is upheld and risks are managed appropriately.
- 2.2 Infection prevention control (IPC):** Outbreaks and clusters of infections continue to rise. Norovirus, covid and flu in acute and social care settings continue to be reported. Measles outbreak is on the rise in London. Children presenting with measles has been particularly challenging in ED in terms of capacity to contact trace, isolation space combined with ongoing pressures. All Trusts have escalated to their Director of IPC (DIPC). The ICB has sent out advice and guidance to primary care to support them with the management of measles. Regular incident management meetings are held at Trust and system level to manage the spread.
- 2.3 Klebsiella outbreak - neonatal unit at St Georges (SGH):** SGH reported an outbreak of gentamycin resistant *klebsiella* in their neonatal unit. There were 18 cases identified in March 2024. The Trust have a plan of action and continue with a period of increased audit, enhanced surveillance, cleaning, and environmental screening. All babies have been safely discharged. The ICB's IPC team continues to provide support and are in attendance of regular incident management meetings.
- 2.4 Martha's Rule:** A formal communication was sent to all NHS organisations with regard to the implementation of the first phase of Martha's Rule from April 2024. Implementation of Martha's Rule will enable patients, families, carers, and staff to have round-the-clock access to a rapid review from a separate care team if they are worried about a person's condition. NHS providers of acute and secondary care for adult and/or children and young people are being asked to submit expressions of interest to participate. Some of our SWL providers have submitted an expression of interest. Further updates on how this initiative progresses will be reported to the Board.
- 2.5 Medical Examiner (ME):** Draft regulations were published in December 2023 requiring all deaths in England and Wales to be independently reviewed, without exception, either by an ME or a coroner. This was planned to be statutory in April 2024. Communication has been subsequently received in March 2024 to advise that

the statutory system will not come into force in the first half of April 2024 and that Department of Health and Social Care (DHSC) will make further announcements in due course. The ICB continues to support this work to complete onboarding the general practices (GPs) to ensure we do not lose momentum.

3. Improvement updates

- 3.1 NHS England Paediatric Audiology Improvement Programme:** All SWL Trusts with the exception to Croydon Health Services (CHS) have received positive feedback from NHSE on the quality improvement action plans submitted in February 2024 with no further actions required. CHS was required to review their actions in some areas and a submission was made to NHSE on 25th March 2024. The transfer of cohorted patients from CHS to Guys and St Thomas is ongoing and the contract is planned to be finalised in May 2024. The ICB contracts team is working with quality and other teams to ensure the contract arrangements and specification are agreed. A meeting is planned with the CHS executive team, ICB quality and NHS England to discuss the long-term plan for quality improvements of the service.
- 3.2 SWL Continuous Improvement Collaborative:** The ICB will be commencing a SWL an Improvement Collaborative to support and influence coordinated efforts to deliver continuous quality improvement across SWL. The group will function as a community of practice for quality improvement and relate with other system networks and communities of practice. It will have representation from all SWL partner organisations across sectors and report to the SWL ICB Quality Operational Management Group and into the Quality and Performance Committee. The network is planned to commence in May 2024 following the regional *Leading for Improvement* Conference in April 2024 and will focus on the delivery of the NHS IMPACT actions, the development of a learning health system, and sustainable improvements across SWL.

4. Regulator updates: Care Quality Commission (CQC)

All providers are currently developing their 2024/25 quality priorities through their quality accounts. The quality domains (safe, effective, caring, responsive and well led) form the basis for their priorities and implementation plans.

- 4.1 Engagement meetings with CQC, NHS England and ICBs/ICS:**
The ICB received correspondence in April 2024 from the CQC advising that quarterly engagement meetings with CQC, NHSE and ICBs/ICSs are to commence. This meeting is not an escalation route or decision-making meeting. ICBs are advised to follow their own governance and escalation routes for risk and decision making.

The purpose of ICS and CQC engagement meetings is:

- To provide a route for regular engagement for CQC and ICS colleagues and a shared understanding of the system.
- To share data and intelligence about the system and health and social care provision within the area to support the oversight and management of risks and driving improvement.
- To share learning from challenges, good practice, and innovation for the purpose of improving outcomes for people who use services and reducing health inequalities.

- 4.2 SWL 111/OOH Service (PPG) Care Quality Commission (CQC) Update:** CQC carried out a planned visit for an inspection on 12 and 13 March 2024. Preliminary feedback given on the 15 March 2024 was positive. The ICB is awaiting a formal report of the outcome.

4.3 St George's Hospital (SGH) Emergency Department (ED) unannounced CQC Inspection: CQC visited SGH ED on the 6 March 2024 for an unannounced inspection. This was a response to the two incidents which occurred in ED in March. The Trust is awaiting the outcome of inspection from the CQC.

4.4 Central London Community Healthcare Care Quality Commission (CLCH CQC) inspection (Sexual Health Services): On 28 February 2024 CQC published the outcome of CLCH sexual health services which was carried out in October 2023. Overall rating was good with good ratings across all domains.

5. Children and Young People (CYP) Update

- **Special Educational Needs and Disability (SEND) Local area inspections:** Preparation for SEND Local Area inspection is taking place across SWL, except for Richmond who are now working on their post inspection improvement plan. SEND's annual engagement conversations with Ofsted and CQC inspectors for Sutton and Croydon took place in February. Notification has been received in April to prepare for a thematic review for Wandsworth under the Local Area SEND inspection framework. There will be annual engagement meetings in each Local Area as part of the new inspection framework.
- **Transition pathways:** A pilot project to support transition for children with complex needs between Children and Adult health services has been approved by NHSE's Babies, Children and Young People Programme. This has been developed in partnership with Kingston Hospital, the Learning Disability Liaison Service, and links to the CYP Board. This programme will be aligned with the Kingston and Richmond SEND Futures Plan in terms of transition. Part of the proposal includes to roll out resources across SWL.
- **Merton Joint Area Inspection (JTAI):** A themed Serious Youth Violence (SYV) JTAI inspection was completed on 8 December 2023. The report was published early February 2024. Currently the JTAI areas for improvement action plan are being led by the multi-agency system partners. A completed action plan submission to JTAI inspectorate team is due in May 2024.

6. Safeguarding update

- **Domestic Homicide Reviews (DHRs) new process:** NHSE has introduced a Standard Operating Procedure (SoP) for Domestic Homicide Reviews (DHRs) which will allow the ICB to own responsibility for the critiquing of local DHR reports as from April 2024. This will ensure oversight of all health recommendations. There are some challenges anticipated with some elements of the process, and these have been escalated to NHSE.

7. All age Continuing Care Update (AACC)

The Transformation Programme continues to support delivery of a system wide CHC service that is fair, equitable and efficient to improve patient outcomes, experience, and quality. Key work streams which commenced in September 2023 and are progressing well include:

- **Policies and Procedures update**
 - AACC single policy suites across SWL is in its final stages of completion.
 - Joint Funded Policy is in development with local authority colleagues.
- **Digital Transformation update**
 - Meeting with Broadcare and Caretrack will feed into plans for digital development and improvements.

- **Finance and efficiency update**
 - Work continues to progress on identifying efficiencies whilst upholding patient safety and quality. System agreement of opening position for 2024/25 has been completed and there are agreed common principles across SWL to focus on quality delivery and efficiency plans.
- **Performance reporting update**
 - Priority actions have been completed and next step is to resume task and finish group to progress 2024/25 actions.
- **Contract and commissioning update**
 - To develop strategy of issuing 2023/24 contracts to all commissioned services and agree annual uplift.
 - To develop a CYP Any Quality Provider (AQP) process for commissioned care within AACC.
 - Contracting business case in development.

The current AACC Transformation Programme Team was disassembled on 31 March 2024. As of 1 April 2024, the identified actions and workstreams developed through the Transformation Programme will be delivered by place-based teams.

8. Recommendations

The Board is asked to:

- Note the content of the quality report and be assured that risks are being managed through the appropriate governance and escalation arrangements between providers and the ICB.
- Be assured that the exceptions highlighted within the report have been presented and discussed at the Quality and Performance Oversight Committee (QPOC) in April.
- Be assured that the ICB quality, safeguarding and AACC teams have transitioned into place-based teams on 2 April and are working closely with providers of health and care services to improve quality and safety for our local people.

ICB Performance report – April 2024

Agenda item: 6e

Report by: Jonathan Bates, Chief Operating Officer

Paper type: For information

Date of meeting: Wednesday, 15 May 2024

Date Published: 8 May 2024

Content

- **Purpose**
- **Executive Summary**
- **Key Issues for Board to be aware of**
- **Recommendation**
- **Governance and Supporting Documentation**

Purpose

The purpose of this report is to provide Board Members with oversight and assurance in relation to 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.

Executive summary

The ICB Performance Report provides an overview of performance against constitutional standards at an ICS level and, in some cases at the Provider level. This report focuses on performance for February 2024 and March 2024 using nationally published and local data.

Key Issues for the Board to be aware of

Key areas where SWL has seen improvements in performance:

- **A&E** 4-hour performance improved significantly to 76.9%, achieving the overall NHS England target of 76% for March 2024. Trust level performance ranged from 81.3% at St George's hospital to 74.3% at Kingston hospital.
- **Virtual Ward capacity** for SWL was 92.1% in March with a capacity of 365 beds, the highest ICB position in London.
- **Severe Mental Illness** in Quarter 4 saw 74% of patients received all six annual health checks, exceeding the trajectory of 65%.
- **Cancer** - Faster Diagnosis Standard performance was 81.2%, exceeding the 75% standard and the highest in London. Performance against the new 62-day aggregated performance standard was 74.8% against a standard of 85%, the highest in London.

Key areas where SWL is challenged:

- **Long waiting patients** - SWL continues to have the fewest long waiting patients in London, however, the ICB is off trajectory, significantly influenced by Industrial Action and winter pressures. The ICB and APC are working closely with providers to have no patients waiting over 65 weeks by September 2024.
- **12 hour A&E breaches** in March saw a reduction for the second month yet remained high when benchmarked with other systems in London and nationally. To tackle this, the system's Urgent and Emergency Care (UEC) board are working with providers to improve a range of processes, including ambulance handovers, patient flow and discharge.

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.

Governance and Supporting Documentation

Conflicts of interest

- No specific conflicts of interest are raised in respect of this paper.

Corporate objectives

This document will impact on the following Board objectives:

- Meeting performance objectives across the SWL ICS

Risks

Poor performance against constitutional standards is a risk to the delivery of timely patient care.

This document links to the following Board risks:

- RSK-001 Delivering access to care (NHS Constitution Standards)
- RSK-024 Delivery against the NHS 2023/24 Elective Recovery Plans.

Mitigations

Action plans are in place within each Programme workstream to mitigate poor performance and achieve compliance with the constitutional standards, which will support overall patient care improvement.

Actions taken to reduce any risks identified:

- **For long waiting patients:** Increased capacity, focus on productivity by APC-led elective care programmes, mutual aid, transformation led by clinical networks.
- **For 12-hour A&E breaches:** Continuous flow programmes within each of the trusts and continuation of Winter focus and bed capacity, further processes in March by South West London and St Georges for mental health patients to reduce Delayed Transfers of Care and prevent admissions.

Financial/resource implications

- Compliance with constitutional standards, will have financial and resource implications.

Green/Sustainability Implications

- N/A

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

- N/A

Patient and public engagement and communication

- N/A

Previous committees/groups

Committee name	Date	Outcome

Final date for approval

N/A

Supporting documents

- ICB Performance Report – April 2024

Lead director

Jonathan Bates

Author

Suzanne Bates

South West London Integrated Board Report

April 2024

DATE REFRESHED : 15-04-2024

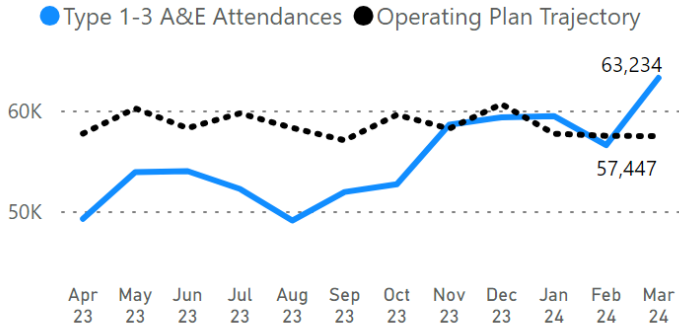
SRO: Jonathan Bates



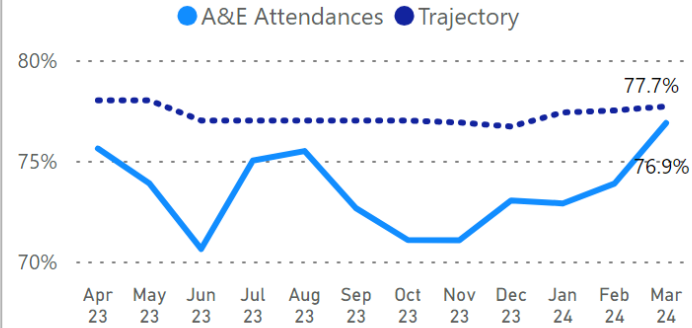
- The South West London (South West London) Integrated Board report presents the latest published and unpublished data assessing delivery against the NHS Constitutional standards and locally agreed on metrics. These metrics relate to acute, mental health, community and primary care services and other 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).
- Data Quality Issues: There are data quality issues across South West London, mostly affecting Royal Marsden reporting due to the new Patient Administration System implementation.
- Data on 45-minute handovers is from London Ambulance Service and has not been validated by South West London Trusts.

- **Urgent and Emergency Care:** This winter, there was a bigger seasonal increase in A&E attendances than in previous years. A&E 4-hour performance improved significantly to 76.9%, achieving the overall NHSE target of 76% for March 2024. Three of the four acutes Trusts met this target. Performance ranged from 81.3% at St George's hospital to 74.3% at Kingston hospital. A total of 2,261 patients waited over 12 hours from 'decision to admit' to admission in March, a decrease of 103 on last month; this was the highest number of 12-hour breaches in London and the fourth highest nationally. In March, further processes were stood up to bring down the long waits for Mental Health patients.
- Significant progress to eliminate the longest ambulance waits has been made. There were 31 x 60-minute ambulance breaches, a decrease of 66 since February. However, unvalidated numbers of 45-minute breaches continues to be an area of challenge.
- To maintain performance for ambulance handovers, ambulance response time and A&E access, **the system is focusing on Continuous Flow programmes and the utilisation of virtual wards**, with an occupancy of 92% in March. The system has invested in a range of initiatives to reduce front end pressures, including frailty at the front-door and additional therapy and pharmacy services. The latest Urgent Community Response 2-hour performance is 90% against the national standard of 70%. SWL continues to have the highest percentage of Urgent Community Response referrals from care homes in London. Despite the increased volume of 111 calls in March, there was a decrease for the third consecutive month in the percentage of abandoned 111 calls, down to 4.5% from 5.1% in February.
- **Mental Health 12 Hour A&E Breaches:** Unvalidated figures show that in March there were 115 x 12 hour breaches, an increase of 18 since February. Actions to support improvement include additional hostel beds, bed prioritisation scoring, additional private sector beds and focussed flow improvement work.
- **Cancer:** The new monthly cancer metrics are reported for the fifth time this month. On the 28-Day faster diagnostic standard, SWL performance was 81.2%, above the 75% standard and the highest in London.. Performance against the new 62-day aggregated performance standard was 74.8% against a standard of 85%, the highest in London. Referrals continue to exceed 2019/20 levels.
- **Planned Care:** At SWL providers, the waiting list growth has slowed in the past year to 11.1%, below the London average of 12.4%.
- **52, 65 and 78 Week Waits:** There were 2,121 patients waiting over 52 weeks for treatment at SWL providers in February, an increase of 48 since January. Out of these patients, 3 have waited over 65 weeks, a decrease of 18 since January. There were 44 patients waiting over 78 weeks, 35 of whom were at Epsom & St Helier hospital. Mitigations include a Community Paediatrics Quality Improvement Plan led by Epsom & St Helier and St George's hospitals, extra Gynaecology capacity at Croydon and Epsom and St Helier hospitals, with mutual aid from St George's hospital to Epsom & St Helier hospital.
- **Severe Mental Illness Health checks:** In Quarter 4, 74% of Severe Mental Illness patients received all six annual health checks, exceeding the trajectory of 65%. Additional Healthcare Assistant resource has been made available to support primary care to reach patients not attending for their health checks.
- **Childhood Immunisations:** In Quarter 3, SWL continued to surpass London, with an outcome of 87% for the 12-month cohort of children. Phase 1 and 2 of the Mumps, Measles and Rubella (MMR) campaign was completed. Additional capacity and funding was finalised and agreed at borough level. The roving team successfully provided educational sessions and some vaccination services in South West London. The Immunisation Coordinators will continue to provide dedicated practice support for the childhood immunisation programme.

A&E Attendances (All Types)



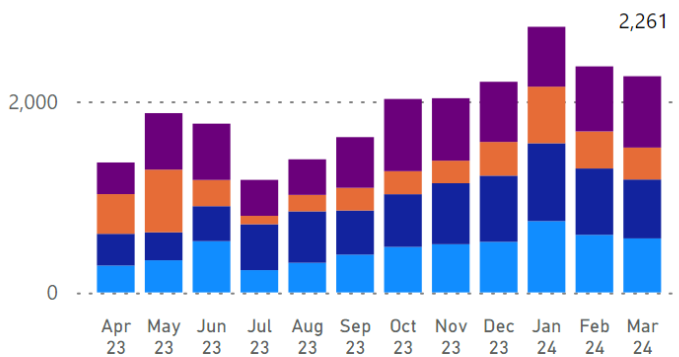
A&E (All Types) 4 Hour Standard



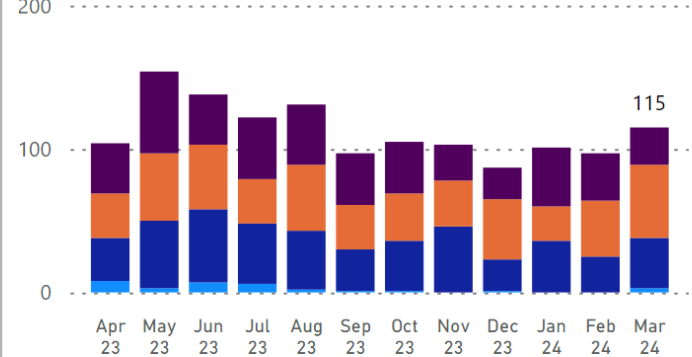
A&E Attendances and performance

A&E attendances increased significantly in March. Despite this, performance against the 4-hour target improved to 76.9%, exceeding the overall NHS England target of 76% for March 2024, but below the operating plan trajectory of 77.7%. Three of the four acutes met this target whereas St George's exceeded the 80% stretch target. Recent improvement actions include extending Urgent Treatment Centre (UTC) hours and capacity, raising and maintaining awareness of the 4-hour standard as beneficial to patient outcomes, focussing on data quality and bolstering the front door through senior decision making, clinical navigators, rapid assessment and treatment. The sustainability of these mitigations will be reviewed where additional workforce and funds are required.

12 Hour A&E Breaches



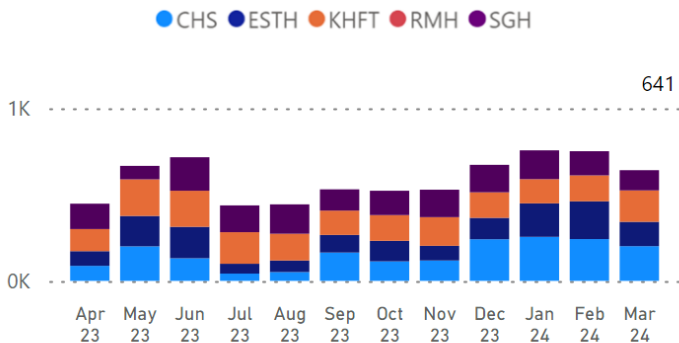
12 Hour Mental Health A&E Breaches (Unvalidated)



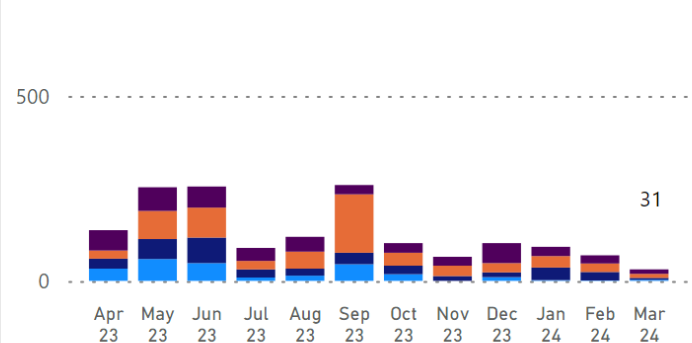
12 Hour breaches

In line with the efforts to improve A&E waiting times, the number of physical breaches reduced in March although they remained high. Mental Health (MH) breaches slightly increased. Work continues on the SWL Mental Health Improvement Plan. The focus is on improving the pathway for patients presenting in mental health crisis at A&E and reducing delayed transfers of care through schemes such as step-down hostel capacity. The new virtual Section 136 hub has been implemented and is showing benefits with fewer patients conveyed to A&E. '111 Press 2' has been running for several months now to get patients with mental health needs to a mental health professional faster for help. Both of these initiatives are supporting the management of mental health patients without the need to attend A&E.

45 minute Ambulance Breaches



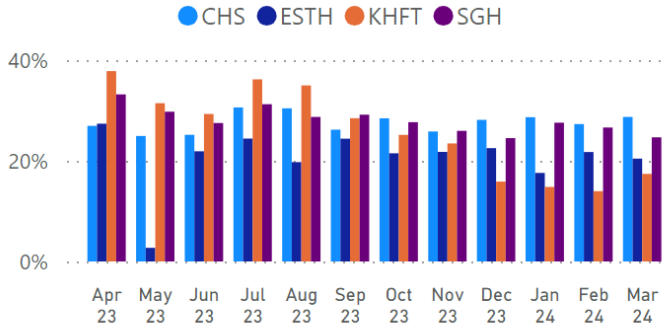
60 minute Ambulance Breaches



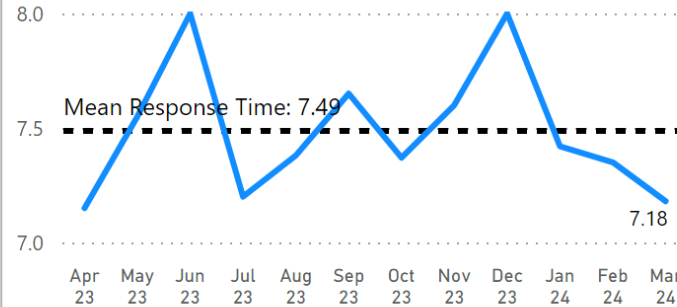
Ambulance handovers

45 and 60-minute breaches decreased in March. All providers continue to support 45-minute handover, noting the challenges this presents to acute hospitals, often requiring trust nurses and space to support cohorting. Providers are addressing issues in partnership with the London Ambulance Service, such as the triggering of ambulance-led patient cohorting.

% Ambulance Handover within 15 minute



London Ambulance Category 1 Emergency Response Times (minutes)

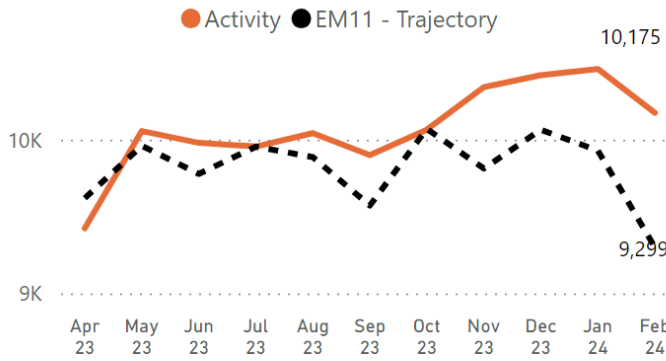


Ambulance Response Times

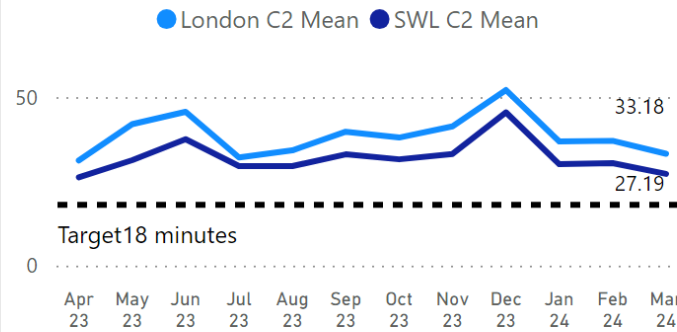
The mean Category 2 response for London improved from 37.0 minutes in February to 33.2 in March. South West London's performance continues to be better than the London position at 27.2 minutes, meeting the UEC Recovery Plan target of 30 minutes. The system is committed to reducing waits for all patients and getting crews back on the road via the 45-minute Ambulance Handover protocol.

Mean response times for Category 1 at London level improved slightly in March to 7 minutes 18 seconds, closer to the 7-minute target for the sickest patients. South West London's performance was 7 minutes 15 seconds.

Total Non-elective Spells



Ambulance Category 2 Emergency Response Times (minutes)



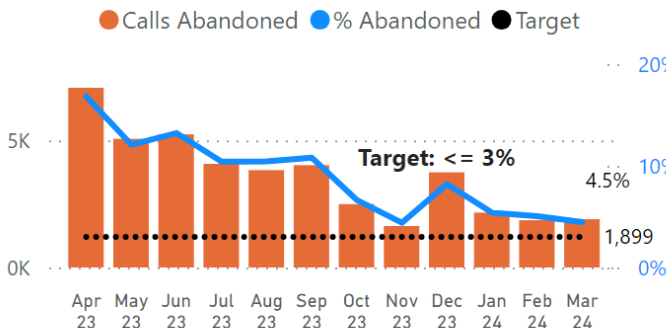
Non-elective spells

The number of non-elective spells following the expected seasonal decline in February, though it is above planned levels.

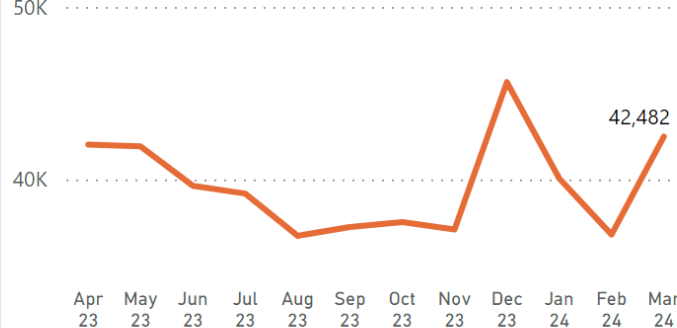
111 Calls

Call volumes increased from 35,614 in February to 42,482 in March. However, providers managed to further reduce the call abandonment rate for the second consecutive month from 5.1% to 4.5%, closer to the 3% target, with overtime and agency staff cover mitigating staff turnover in March.

111 Calls Abandoned

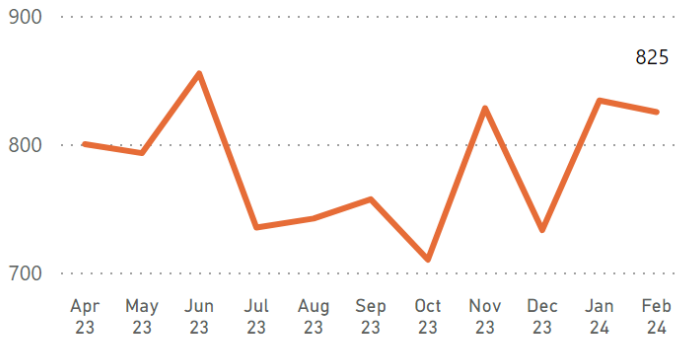


111 Call Volumes

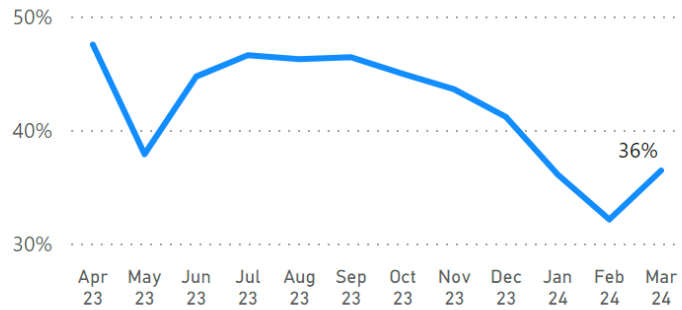


The average speed of answer reduced to 125 seconds ahead of an internal target to improve to 100 seconds by April. Performance reflects the national position in most performance indicators. PPG have seen a recent increase in successful recruitment of clinical advisors.

Number of Patients staying 21+ Days (Super Stranded)



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



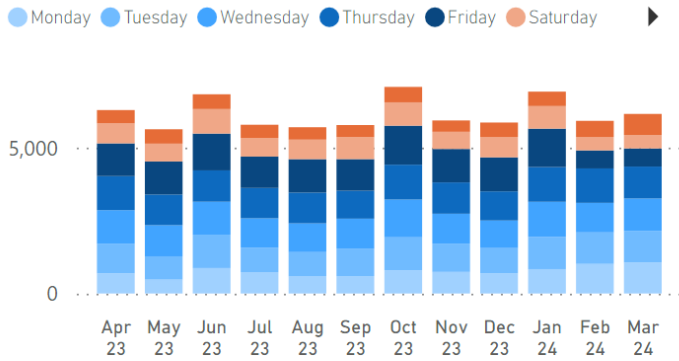
Patients with a length of stay over 21 days

The number of patients in acute inpatient beds over 21 days remains high despite measures to improve the pathway and increase capacity in the community. An intensive support team has been established to help acute trusts identify appropriate placements earlier, engage with the care homes to understand the needs of the patients and resolve any other challenges. In 2024/25, the ambition of the ICB is to reduce hospital length of stay by 1.5 days.

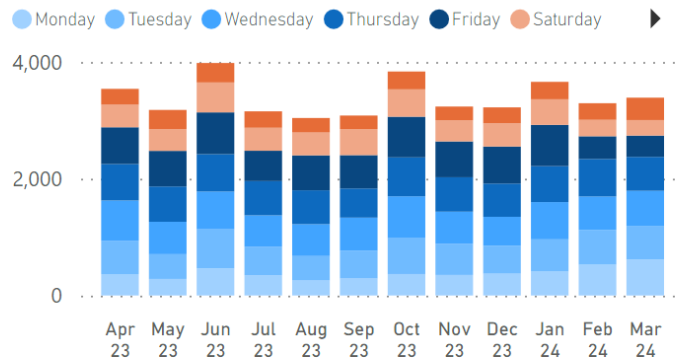
Total discharges by weekday and before 5.00pm

All providers have improvement plans to increase hospital discharges before 5pm each day. These plans include optimal use of care transfer hubs, discharge lounges, partnership working, and ensuring that discharge teams include social workers available at the weekend. Croydon Hospital recently launched an Integrated Discharge Team model. The learning from this will be shared with other providers.

Total Discharges by Weekday



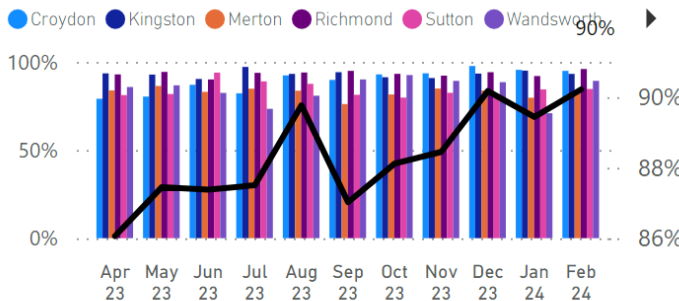
Total Discharges before 5pm by Weekday



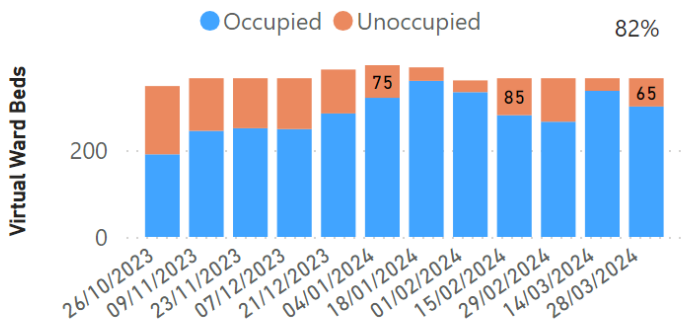
2 Hour Urgent Response

The latest performance reached 90% which is the highest in London, against the national standard of 70%. South West London (SWL) 2-hour Urgent Community Response (UCR) services are fully functional in all 6 boroughs, running 8am to 8pm, 7 days a week (Sutton offers 24hr service). Currently, work is being undertaken to establish better connections between UCR and Virtual Ward patients as well as increasing referrals from 111 and LAS.

Community 2 Hour Urgent Response Performance - Provider



SWL Virtual Ward Capacity and Occupancy

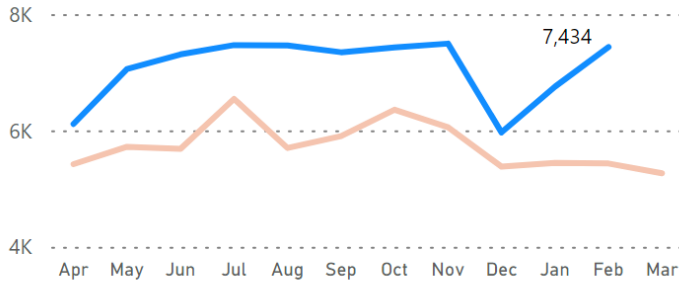


Virtual Ward

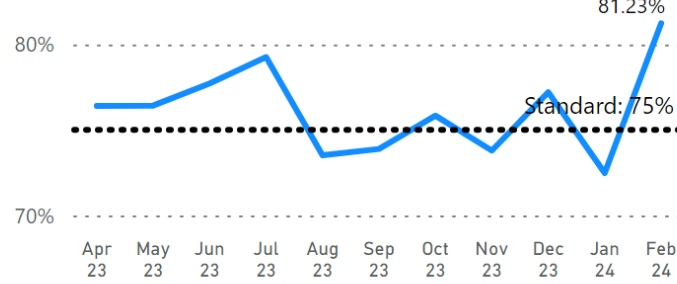
SWL virtual wards had a capacity of 365 beds the week ending 28 March 2024, with 82% occupancy. Recently published monthly data for March shows SWL achieved 92.1%, the highest in London. The introduction of some new pathways was delayed, which led to a later roll-out of additional beds. Utilisation has increased in recent months due to new initiatives around the "pull" model, the development of admission avoidance pathways and additional staff delivering on the transformation. A SWL service specification is in development. Paediatric and neuro pathways are being piloted. Work to strengthen admission avoidance pathways continues and is currently focusing on UCR.

Urgent Suspected Cancer Referral Activity

Fin_Year ● 2019/20 ● 2023/24



Faster Diagnosis Standard: Performance against Standard



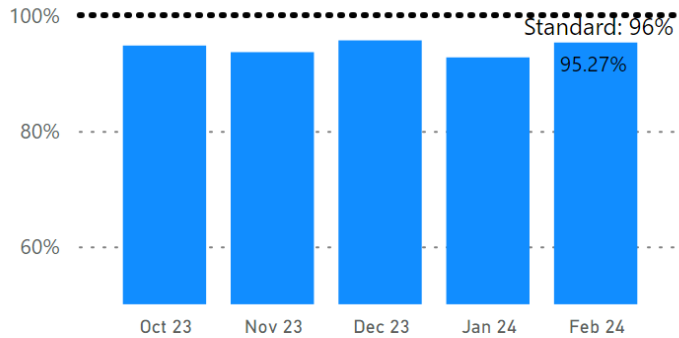
Urgent Suspected Cancer Referral Activity

Referral activity continues to exceed 2019/20 levels and follow seasonal trends. Although no longer a constitutional standard from October 2023, South West London (SWL) achieved 79.8% in February for patients seen within 2 weeks on an urgent suspected cancer pathway.

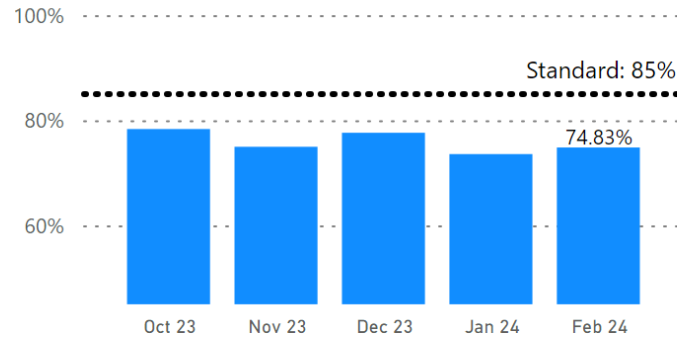
Faster Diagnosis Standard

SWL were the highest performing system in London with 81.2% against the Faster Diagnosis Standard (FDS) of 75%. All SWL providers reported a compliant position with the exception of St George's at 71.7%. Croydon reported the second highest performance in London with 87.8%, a significant improvement on 58.8% reported in April 2023. The Royal Marsden reported the highest performance in London with 90.9%.

31-day cancer treatment against 96% standard (new metric from October 2023)



62-day aggregated performance against 85% standard (new metric from October 2023)



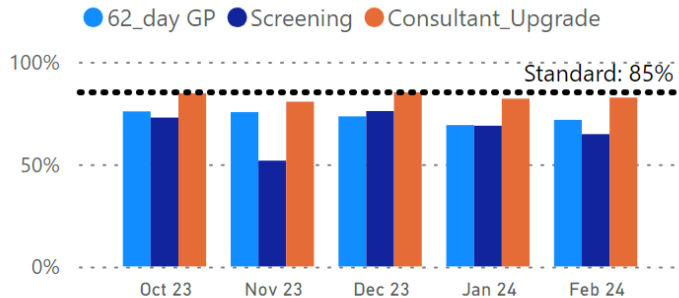
31-day cancer treatment against 96% standard (new combined metric from October 2023)

SWL were the third highest performing system in London for February, with performance at 95.3% against the new combined 31-day treatment metric, although this was non-compliant against the 96% standard.

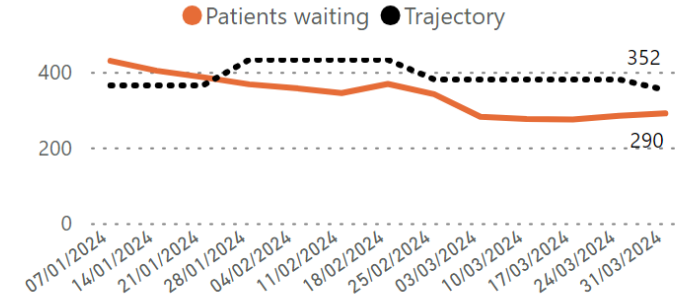
62-day aggregated performance against 85% standard (new combined metric from October 2023)

SWL providers were the highest performing in London, reporting 74.8% in February. Performance remains below the constitutional standard of 85%.

62-day GP, Screening and Consultant Upgrade against 85% standard (disaggregated)



Patients on a Urgent Suspected Pathway waiting Over 62 Days



62-day GP, Screening and Consultant Upgrade against 85% standard (disaggregated)

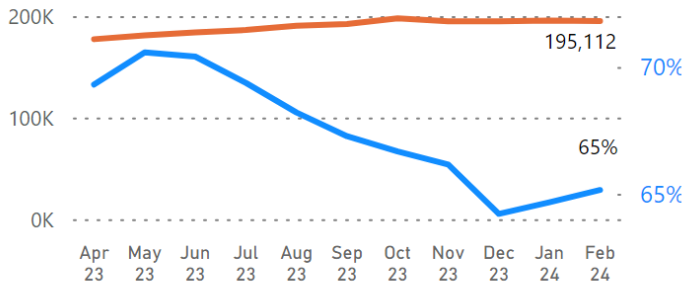
SWL providers' disaggregated 62-day performance demonstrates a consultant upgrade performance of 82.5% and a screening performance of 64.6%.

Patients on an Urgent Suspected Pathway waiting over 62 days

There were 290 patients waiting against a trajectory of 352 at the end of March; demonstrating a compliant position.

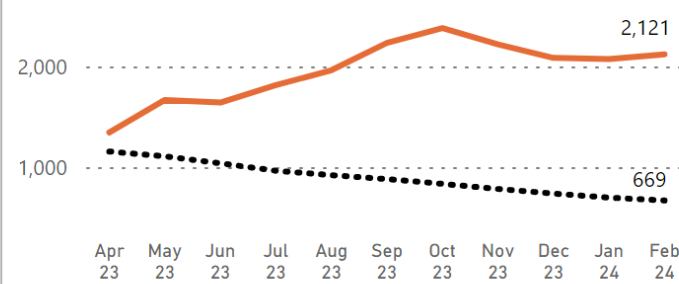
Incomplete RTT Pathways (ICS)

● Pathways ● Performance



Incomplete RTT Pathways >=52 Weeks

● Provider Pathways ● Provider Trajectory



Incomplete waiting list pathways

At South West London (SWL) level there were 195,112 patients on an incomplete pathway in February awaiting treatment at a provider in or outside SWL. 65.2% of patients were waiting under 18 weeks. The number of SWL patients waiting has increased by 19.4% in the last year, slightly higher than the London increase of 18.5%.

Long waiters – patients waiting over 52 weeks for treatment

SWL continues to have the fewest patients waiting over 18 and 52 weeks in London, with 2,121 patients waiting over 52 weeks for treatment at SWL providers in February, 48 more than in January. The greatest decreases in February were reported at Croydon (-14) and St Georges (-15) hospitals, while Epsom and St Helier increased by 47 and Kingston by 27.

Since February 2023, 52-week waiters have grown by 97%; most of that growth is at Epsom and St Helier and Croydon hospitals. Mitigations include a Community Paediatrics Quality Improvement Plan led by Epsom and St Helier and St George's, extra Gynaecology capacity at Croydon and Epsom and St Helier, with mutual aid from St George's hospital to the latter.

Long waiters – patients waiting over 65 weeks for treatment

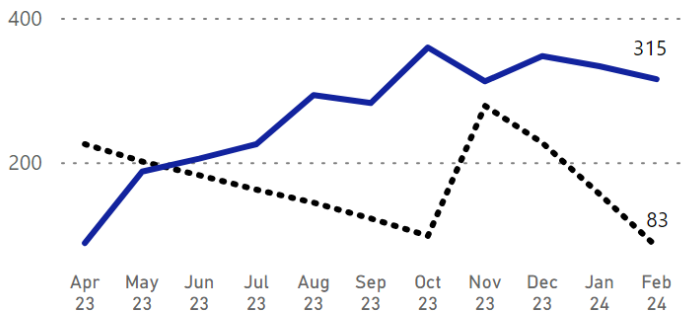
There were 315 patients waiting over 65 weeks at SWL providers for treatment at the end of February, 207 of the breaches were at Epsom and St Helier in Gynaecology. Provisional data for March shows that this has decreased to 188 patients waiting over 65 weeks.

Elective day case spells & Elective ordinary spells

Overall elective activity is below both the in-month plan and year-to-date (YTD) plan. Day case activity remains under plan both in-month and YTD; Royal Marsden Hospital is the only Trust to report day case activity above their in-month plan. Elective spells are under plan in-month but remain marginally over-plan YTD by 1%. The percentage split of activity of day case vs ordinary has improved again following a reduction at month 10 (due to a DQ issue with elective activity at Royal Marsden). Month 10 levels are in-line with the recommended levels of 85% (84% Day case vs 16% Ordinary elective).

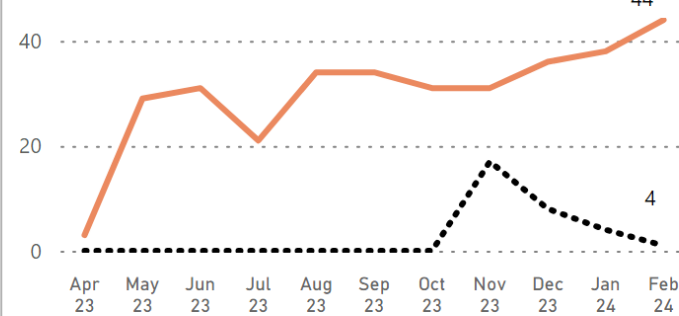
Incomplete RTT Pathways >=65 Weeks

● Provider Trajectory ● 65+ weeks



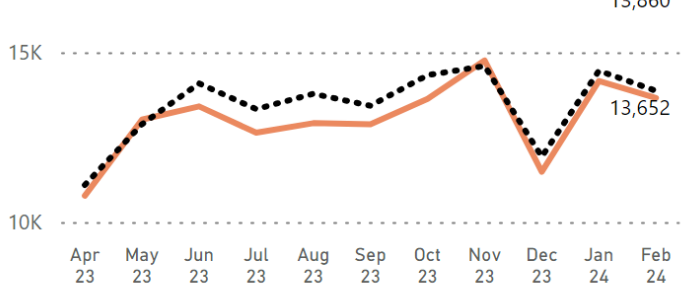
Incomplete RTT Pathways >=78 Weeks

● Provider Pathway ● Provider Trajectory



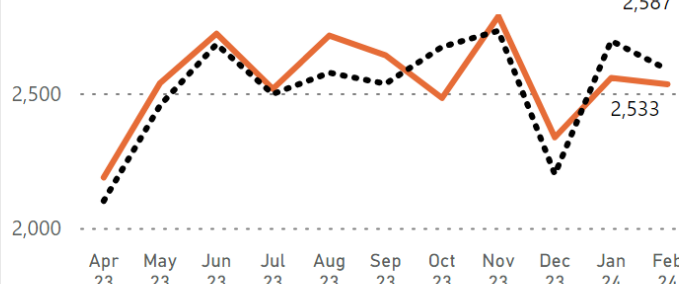
Elective day case spells

● Provider Activity ● Provider Trajectory

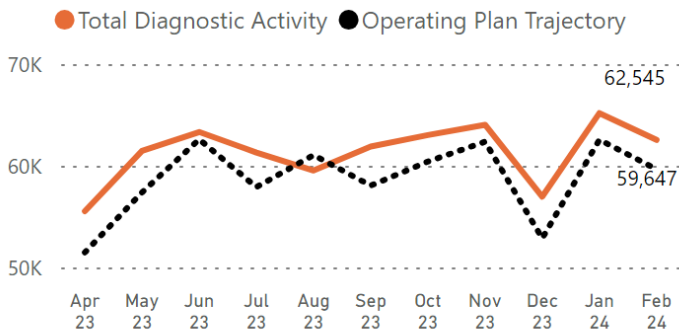


Elective ordinary spells

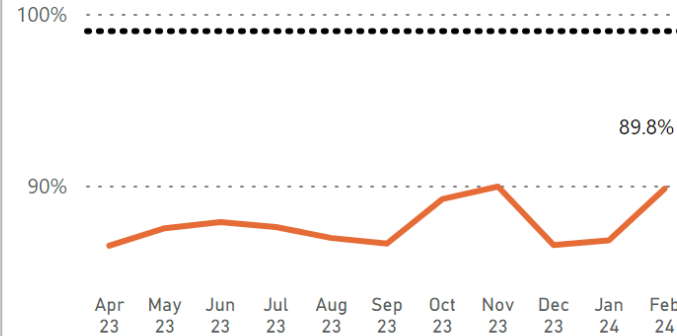
● Provider Activity ● Provider Trajectory



Diagnostic Tests (Activity)



Diagnostics: % Waiting Less Than 6 Weeks



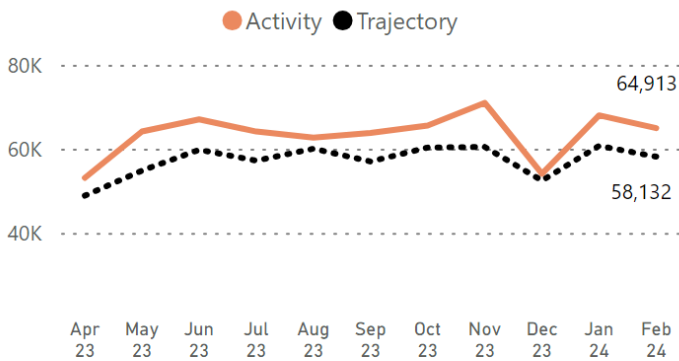
Diagnostic Activity (7 tests)

February diagnostic activity was 127% against a target of 121% with a year-to-date position of 123%. Recovery plans were implemented in February for challenged areas of Endoscopy and Echocardiography. The biggest challenge remains in Non-Obstetric Ultra-Sound (NOUS) and Computed Tomography at Croydon and Kingston, with recovery trajectories being developed.

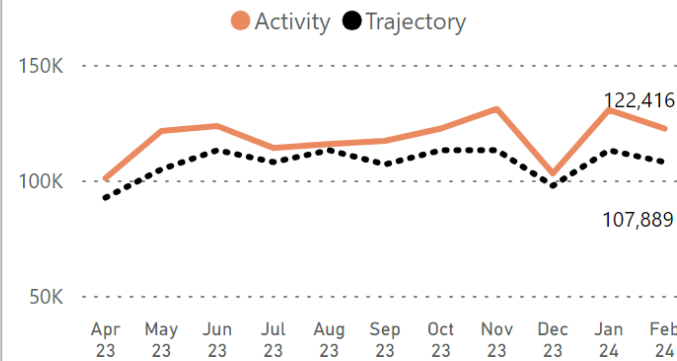
% waiting less than 6 weeks (All tests)

In February 2024 SWL performed at 89.8%, an improvement from January's outcome of 86.8%. Endoscopy across South West London improved in month to 87% in February. Waiting list validation continues, as well as recovery actions being developed within the most challenged modalities.

OP First Attendances Consultant-Led (Specific acute)



OP FU Attendances Consultant-Led (Specific acute)



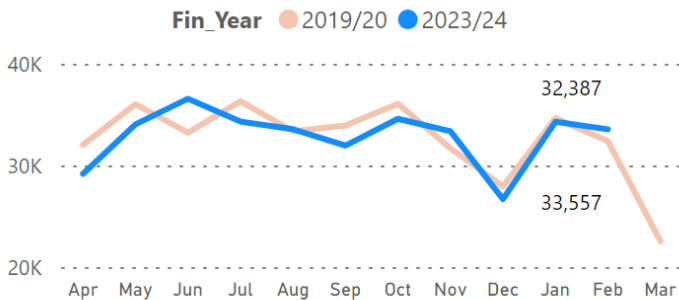
Consultant-led first outpatient attendances (Specific Acute)

Outpatient first appointments increased as expected in January, and year-to-date performance remains over plan by 1%.

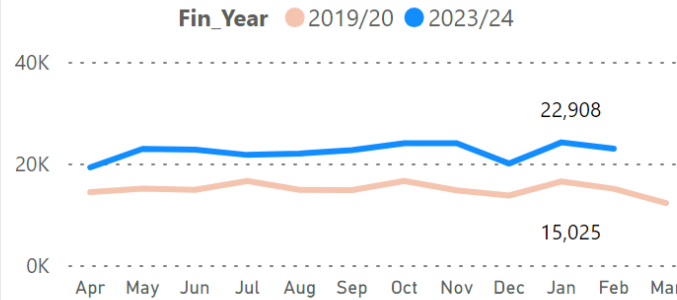
Consultant-led follow up outpatient attendances (Specific Acute)

Outpatient follow ups have increased in month. Activity levels remain off the national target of 75% of the 2019/20 baseline. Further work is being carried out with clinical networks to look at follow up ratios, Patient Initiated Follow Up (PIFU) and Getting It Right First Time (GIRFT) priorities.

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)



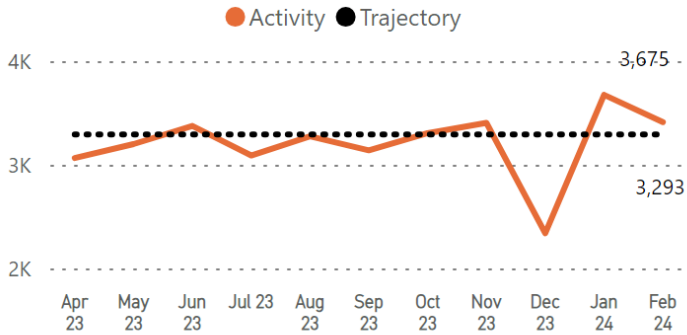
GP Specific referrals for first consultant-led outpatient appointment

The downward trend in referrals continued in February and remains similar to pre-Covid volumes.

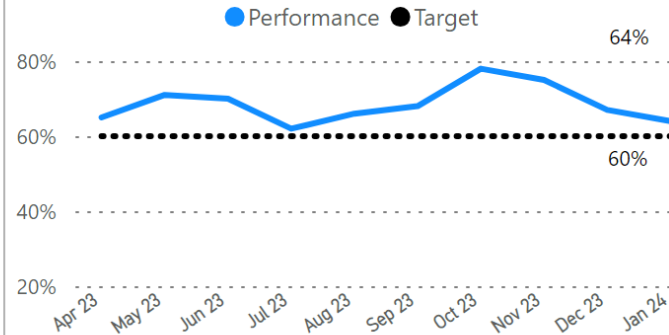
Other Specific referrals for first consultant-led outpatient appointment

Referrals have remained steady and above pre-Covid volumes.

IAPT Access



Early Intervention Psychosis (EIP)



Improving Access to Psychological Therapies Access

Following the seasonal dip in performance in December, activity in 2024 has recovered and was above plan in February.

Early Intervention in Psychosis

Performance continues to exceed the target. 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 are reviewing their referral process and are exploring digital solutions.

Out of Area Placements

Out of area placements remain above plan. Mental health providers and Local Authorities continue to work on admission prevention, length of stay, timely discharge and the ten key interventions set out in the 'Discharge Challenge' guidance. Monthly multi-agency meetings are in place and a series of actions are being implemented to improve patient flow and reduce delayed transfers of care.

Dementia Diagnosis rate

South West London continues to maintain good performance levels (72.2%) exceeding the national target of 66.7% and the London ambition of 70%.

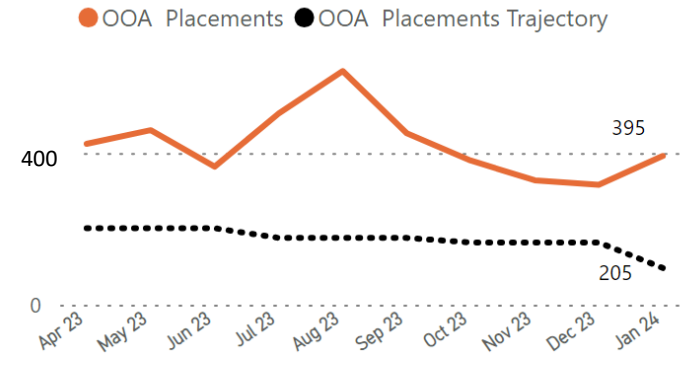
Children and Young People's Eating disorders

Following four consecutive months meeting the national standard (Aug to Nov 2023), performance for quarter 3 dropped below the 95% target. The reduction in performance is related to increased referrals and reduced staffing. Recruitment is underway to address the capacity issue.

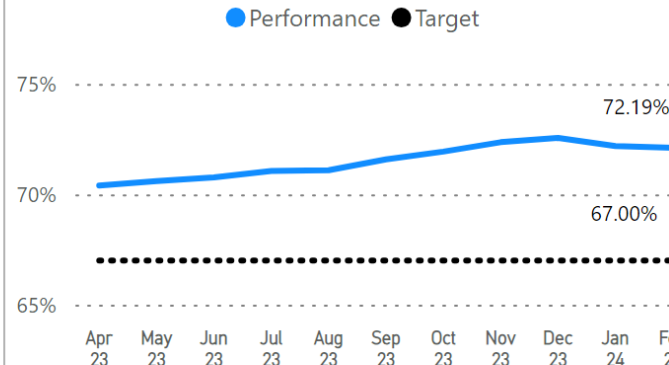
Children and Young People's Access rate

Performance levels have consistently improved month on month at a steady rate.

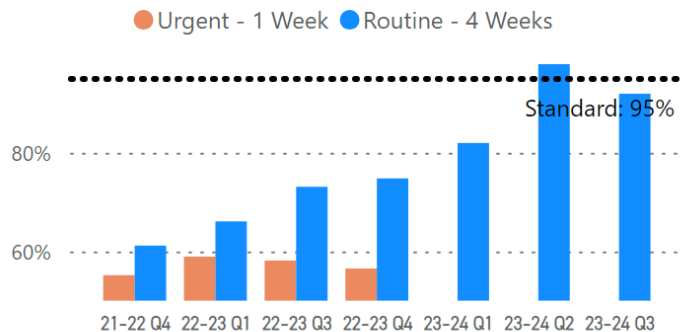
Number of Out of Area Placements



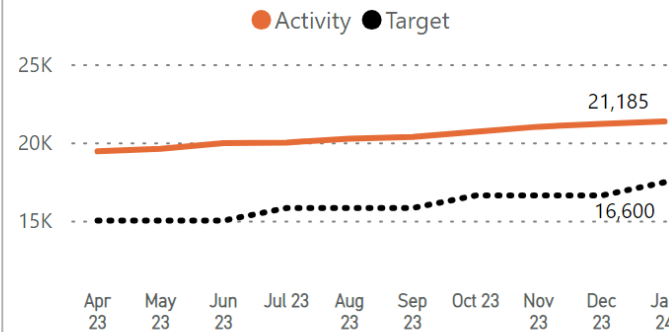
Dementia Diagnosis Rate



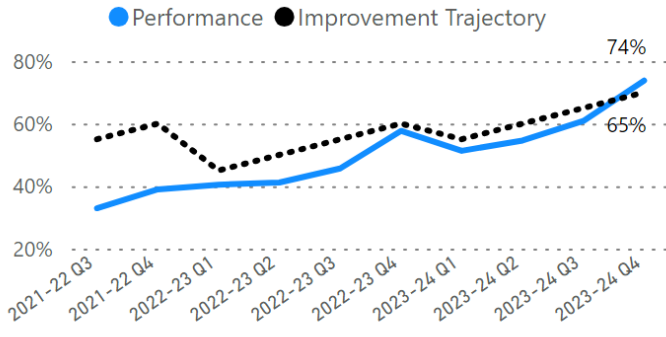
CYP Eating Disorders Seen within Target Time



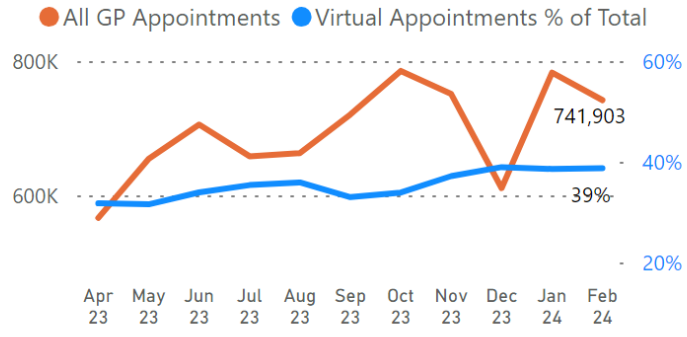
CYP Access Rate - Rolling 12 Months



SMI Physical Health Checks



Virtual Appointments in General Practice and % of Total



Severe Mental Illness Physical Health Checks

In quarter 4, 74% of Severe Mental Illness patients received all six physical health checks, exceeding the national target. Additional Healthcare Assistant resource has been made available to support Primary Care reaching out to patients that are due for their annual health check.

GP Appointments

741,903 appointments were delivered in February 2024 a decrease of 40,000 since January (a similar trend seen across London ICBs). Of these, 59% were face-to-face consultations, 46% were delivered the same day and 89% were delivered within 14 days (including same day).

South West London COVID Vaccinations

The Spring Campaign for COVID began on the 15th April for Care Homes and Housebound patients, with the over 75 and immunosuppressed beginning on the 22nd April. South West London have an eligible population of 105k with uptake expected to be around 62.5k according to national estimate.

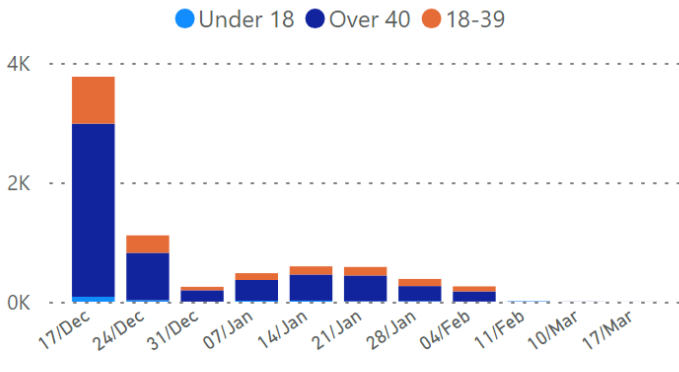
Learning Disability Health Checks

Progress against plan has exceeded the year-end target, with 76.8% of annual health checks delivered in month 11. Notably, Sutton achieved 85.1%, year-to-date via the health facilitation project. There is concerted focus, alignment and engagement with primary care supported by GP Clinical Leads in each borough working with individual practices as well as across Primary Care Networks to maximise rates.

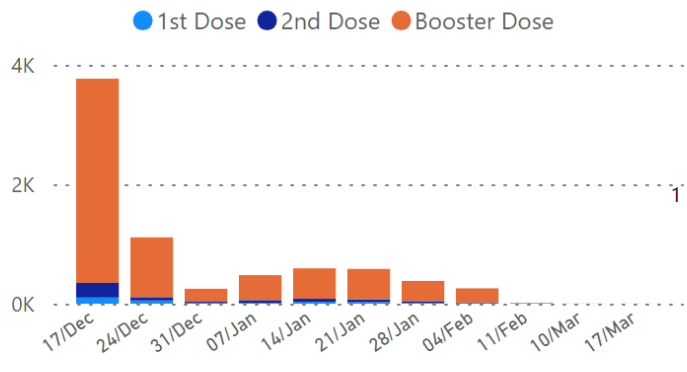
Childhood Immunisations

For quarter 3, South West London continues to surpass London, averaging at 87% for 12-month immunisations. Kingston has surpassed Sutton as the highest performing borough, averaging at 92.1%. Coverage at 24 months is now at 84%. Coverage at 5 years has remained the same since the last reported quarter at 81%. Phase 1 & 2 of the Mumps, Measles and Rubella (MMR) campaign was completed. Additional capacity and funding was finalised and agreed at borough level. The roving team successfully provided educational sessions and some vaccination services in South West London. The Immunisation Coordinators will continue to provide dedicated practice support for the childhood immunisation programme.

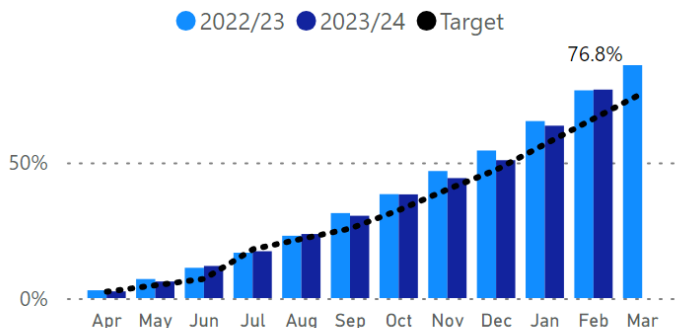
SWL Covid Vaccinations by age group



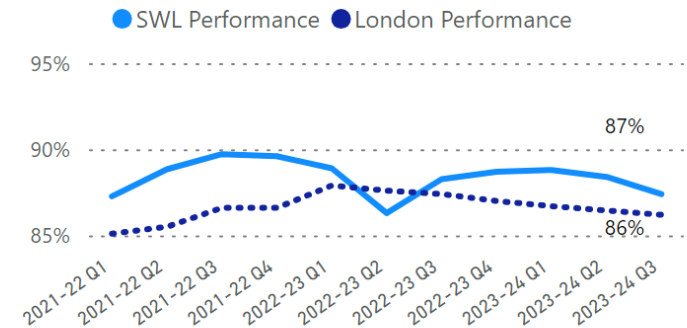
SWL Covid Vaccinations by Dose



Learning Disability Annual Health Checks Cumulative



Childhood Immunisations at 12 months



Audit and Risk Committee Update

Agenda item: 6f

Report by: Martin Spencer, Non-Executive Member Chair, SWL ICB

Paper type: For information

Date of meeting: Wednesday, 15 May 2024

Date Published: 8 May 2024

Content

- Purpose
- Executive Summary
- Key Issues for Board to be aware of
- Recommendation
- Governance and Supporting Documentation

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 28 March 2024. The meeting was quorate. Following consideration and discussion of key items at the meeting, the updates below are highlighted.

Annual Review of Terms of Reference

The outputs of the annual effectiveness survey and review of the Terms of reference were discussed. It was agreed no updates were required to the Terms of Reference and to review again in 12 months.

Annual Report (April 2023-March 2024)

The Committee discussed the draft annual report and an overview of the process and timescales for its development. The Committee noted the draft report.

South West London ICB Draft Accounting Policies 2023/24

The Committee viewed and noted the key accounting policies which will be applied in the preparation of the ICB accounts for 2023/24.

Board Assurance Framework and Corporate Risk Register

The Board Assurance Framework was discussed and a deep dive on the risk of cyber-attacks was requested for a future meeting. The Committee noted the update on the Board Assurance Framework and Corporate Risk Register.

In Focus: Deep Dive Review of Quality Risks

A deep dive on quality risks was conducted and developments to improve quality governance on system risks were discussed, including the implementation of the Patient Safety Incident Reporting Framework. The committee requested a further update in 12 months.

Internal Audit Progress Report

The Committee noted the updates on the internal audit reports for Population Health Management, Continuing Healthcare, and Risk Management and Governance.

External Audit Progress Report

The Committee noted the update on the External Audit Plan.

Local Counter Fraud Progress Report

The Committee noted the progress report on Counter Fraud work. The draft workplan for 2024/2025 was approved and the 2023/2024 Counter Fraud Functional Standard Return was approved for submission.

Committee Workplan 2024/2025

The Committee noted the workplan.

Recommendation

The Board is asked to:

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

Governance and Supporting Documentation

Conflicts of interest

Not Applicable

Corporate objectives

This document will support overall delivery of the ICB's objectives.

Risks

Not Applicable

Mitigations

Not Applicable

Financial/resource implications

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

Green/Sustainability Implications

Not Applicable

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

Not Applicable

Patient and public engagement and communication

Not Applicable

Previous committees/groups

Committee name	Date	Outcome
Not Applicable		

Final date for approval

Not Applicable

Supporting documents

Not Applicable

Lead director

Helen Jameson, Chief Finance Officer

Author

Funke Ojutalayo, Head of Assurance

Remuneration and Nominations Committee Update

Agenda item: 6g

Report by: Ruth Bailey, Non Executive Member Chair, SWL ICB

Paper type: Information

Date of meeting: Wednesday, 15 May 2024

Date Published: 8 May 2024

Content

- **Purpose**
- **Executive Summary**
- **Key Issues for Board to be aware of**
- **Recommendation**
- **Governance and Supporting Documentation**

Purpose

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

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

The Committee met on 22 March and 4 April and the meetings were quorate.

The Committee received and scrutinised progress on the ICB's Management Cost Reduction Programme and discussed the current number of people who are seeking suitable alternative employment. The Committee also agreed to seek authority from NHSE on potential redundancy costs but stressed the need to continue to seek suitable alternative employment in order to reduce potential redundancy costs and retain experienced NHS staff.

Recommendation

The Board is asked to:

- Note the update from the Committee.

Governance and Supporting Documentation

Conflicts of interest

N/A

Corporate objectives

This document will impact on the following Board objective:

- Overall delivery of the ICB's objectives.

Risks

N/A.

Mitigations

N/A.

Financial/resource implications

N/A.

Green/Sustainability Implications

N/A.

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

An EIA has been completed for the management cost reduction programme.

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

The EIA for the management cost reduction programme outlines actions to support staff to find suitable alternative employment and reduce redundancies.

Patient and public engagement and communication

N/A.

Previous committees/groups

Committee name	Date	Outcome

Final date for approval

N/A.

Supporting documents

N/A.



NHS South West London
Integrated Care Board

Lead director

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Chief Executive Officer's Report

Agenda item: 7

Report by: Sarah Blow, Chief Executive Officer, SWL ICB

Paper type: For information

Date of meeting: Wednesday, 15 May 2024

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Content

- Purpose
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Purpose

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

Executive summary

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.

Key Issues for the Board to be aware of

Management Cost Savings Programme Update

In March 2023, NHS England confirmed in an open letter to all Integrated Care Boards that the running cost allocation for all NHS Integrated Care Boards would be subject to reductions over the next two years with a requirement to reduce this by 30% by April 2026.

In response to this, we set up a four-phase change programme to deliver the required reduction in our running costs:

- Phase 1: Review and Organisational Design.
- Phase 2: Engagement and Testing.
- Phase 3: Formal Consultation on changes to the ICBs management structures (followed by consideration of feedback received and a Consultation Outcomes Document to summarise final structures).
- Phase 4: Organisational Change (transition to the new ICB operating model).

We are currently in phase 4 of the programme which means that we are in the process of transitioning to our new structures. As part of this stage, we have slotted staff into roles where roles in the new structure are substantially the same as their existing role, concluded ring-fenced interviews and the first round of suitable alternative employment interviews. We are meeting regularly with staff who have not yet secured a suitable alternative role to continue to support them. We are also liaising with NHS England on potential redundancy approvals.

We recognised this is an unsettling time for our staff and we have put in place a range of support for them over this time, including interview support and career coaching. To support people who have Suitable Alternative Employment status we have held a number of sessions to answer any questions our staff have and also to outline the change process and requirements as we move through March. We have also met with managers to outline the important role that they have to support our staff particularly over the coming weeks.

We are clear that, in order to implement the running cost reductions, we will need to work differently, be clear about our focus and continue to work to make South West London a great place to work. We are therefore also designing how the ICB will operate to ensure that we deliver our ICB priorities with reduced staffing levels. Over the coming weeks, we will be working with staff and managers to ensure we have a well-managed transition to our new structures from April. We will discuss this further with the Board in our June seminar.

NHS Operational Plans for 2024/25

ICB teams have been focused on undertaking planning for 2024/25 over recent months. Final planning guidance was only received from NHS England on 26 March 2024 and while the activity, performance, finance and workforce plans for SWL for 2024/25 were submitted to NHS England on time, this meant that we were unable to finalise papers in time to bring them to this meeting of the Board.

While we are still awaiting feedback from NHS England on our submission, we are planning to bring a full report to the next public meeting of the Board in July.

Spring Booster Campaign for COVID-19 Vaccination in South West London

The annual Spring Booster campaign, aimed at enhancing COVID-19 vaccination coverage, started on the 15th of April. The initiative initially targeted residents of Care Homes and individuals who are housebound. Subsequently, from 22nd April, the campaign extended its reach to include people aged 75 and above as well as those who are immunosuppressed.

Elections

In last week's elections, Sadiq Khan secured a third term as Mayor of London. As part of his manifesto, the Mayor pledged to be a champion for the NHS and use the London Health Board to advocate for the rights of Londoners. He also highlighted the importance of mental health, particularly for young Londoners, and the need to continue tackling health inequalities. In South West London we also had three council by-elections: Parkhill and Whitgift, and Woodside wards in Croydon and St Helier West in Sutton. In addition, Richmond Council Leader Gareth Roberts was elected as the Assembly member for the South West Constituency.

Annual General Meeting

We will be holding an Annual General Meeting (AGM) on Monday 30 September at 2 pm 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 over the last year, along with some of our future plans.

More information about the AGM will be shared on our website

www.southwestlondon.icb.nhs.uk/events/

Recommendation

The Board is asked to:

- Note the contents of the report.

Governance and Supporting Documentation

Conflicts of interest

Not Applicable

Corporate objectives

This document will support overall delivery of the ICB's objectives.

Risks

Not Applicable

Mitigations

Not Applicable

Financial/resource implications

Not Applicable

Green/Sustainability Implications

Not Applicable

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

Not Applicable

Patient and public engagement and communication

Not Applicable

Previous committees/groups

Committee name	Date	Outcome
Not Applicable		

Final date for approval

Not Applicable

Supporting documents

Not Applicable

Lead director

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