

# **Meeting Pack**

## **South West London Integrated Care Board**

**15 January 2025 - 14:00 – 17:00**

**120 The Broadway, Wimbledon, SW19 1RH**

# SWL Integrated Care Board Meeting

## 15 January 2025 - Agenda

Time: 14.00 – 17.00

Venue: 120 The Broadway, Wimbledon, SW19 1RH

Date of next meeting: Wednesday 19 March 2025

### 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

1.1 Apologies for absence

1.2 Declarations of Interest

1.3 To approve minutes of the Board Meeting held on 20 November 2024

1.4 Action Log

## Standing Items

14.05: Item 2: Decisions Made in Other Meetings

Sarah Blow

14.10: Item 3: Chair's Report

Mike Bell

## **In Focus**

14.20: Item 4: Workforce

Karen Broughton

14.50: Item 5: Update on the SWL Acute Provider Collaborative

Jacqueline Totterdell

## **15.20 COMFORT BREAK**

## **For Decision**

15.30: Item 6: Delegation of Specialised Services to SWL ICB

Jonathan Bates/Martin Wilkinson

## **Items for Information**

15.40: Item 7: Intensive and Assertive Community Mental Health Services

Karen Broughton/Lucie Waters

15.50: Item 8: ICP Update

Cllr Andreas Kirsch/Mike Bell

16.00: Item 9: Board Committee Updates and Reports

Item 9a: Finance and Planning Committee Update – Jamal Butt

Item 9b: Month 8 Finance Report – Helen Jameson

Item 9c: Quality & Performance Oversight Committee Update – Masood Ahmed

Item 9d: Quality Report – Elaine Clancy

Item 9e: Performance Report – Jonathan Bates

16.20: Item 10: Chief Executive Officer's Report

Sarah Blow

16.30: Item 11: Any Other Business

All

16.35: Item 12: Meeting Close

Chair

16.36: Item 13: 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				19/08/2024		
Andreas Kirsch		TO FOLLOW						
Annette Pautz	SWLKPCL01 Clinical Director (Kingston)	Declarations of Interest – Other	Financial	Partner at Holmwood Corner Surgery, New Malden	Holmwood Corner Surgery	01/04/2021		02/05/2024
Anne Rainsberry	Non Executive Member	TO FOLLOW						
Annette Pautz	SWLKPCL01 Clinical Director (Kingston)	Declarations of Interest – Other	Financial	Member of Kingston General Practice Chambers Ltd	Kingston General Practice Chambers Ltd	01/04/2021		02/05/2024
Annette Pautz	SWLKPCL01 Clinical Director (Kingston)	Declarations of Interest – Other	Financial	Board Member of NMWP PCN	NMWP PCN	01/04/2021		02/05/2024
Bob Alexander	Associate Non Executive Mamber	TO FOLLOW						
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
Charlotte Gawne	SWLEMT04 Exe Dir of Stakeholder Partnership Engagemt&Comms	Nil Declaration				01/04/2024		
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
Hannah Doody		TO FOLLOW						
Helen Jameson	SWLEMT03 Chief Finance Officer	Nil Declaration				16/05/2024		
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

Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Cambridge University - Entrepreneur In Residence Life sciences.	Cambridge University	01/11/2024		
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Venture Partner	Plutus Investment Group	01/11/2024		
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Non Executive Director -Out Patient Dispensary NHS Hospitals Sussex.	Pharm@Sea Ltd	01/11/2024		
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Non executive Director -Start up Health Tech	William Oak Diagnostics Ltd	01/11/2024		
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Non Executive Director -Wellness Company	Well02 Ltd	01/11/2024		
James Blythe	Managing Director, Epsom and St Helier University Hospitals NHS Trust	Declarations of Interest – Other	Financial	Managing Director , Epsom and St.Helier University Hospitals Trust since February 2022.	Epsom and St.Helier University Hospitals Trust	03/04/2023		23/04/2024
James Blythe	Managing Director, Epsom and St Helier University Hospitals NHS Trust	Declarations of Interest – Other	Indirect	Spouse is a consultant doctor at Surrey & Sussex Healthcare NHS Trust since January 2022.	Surrey & Sussex Healthcare NHS Trust	03/04/2023		23/04/2024
Jeremy de Souza	DASS LB Richmond	Declarations of Interest – Other	Financial	I am employed as Executive Director of Adult Social Care and Public Health by Richmond and Wandsworth Councils	Richmond and Wandsworth Councils	14/05/2024		
Jeremy de Souza	DASS LB Richmond	Declarations of Interest – Other	Non-Financial Professional	I am a Non-Exec Director of Achieving for Children, a Community Interest Company providing Children's Services in Kingston, Richmond and Windsor & Maidenhead.	Achieving for Children	14/05/2024		
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 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	My girlfriend is a Programme Manager for the Local Authorities' Transforming Adult Social Care Programme.	Wandsworth and Richmond Local Authorities	23/10/2024		
John Byrne	SWLEMT06 Chief Medical Director	Nil Declaration				30/04/2024		

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		28/05/2024
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		28/05/2024
Karen Broughton	SWLEMT02 Deputy CEO/Exe Director of Transformation & People	Nil Declaration				16/04/2024		
Mark Creelman	MWP01 M&W Place Lead	Nil Declaration				30/07/2024		
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	30/06/2024	26/12/2023
Martin Spencer	SWLNEN05 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	SWLNEN05 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	SWLNEN05 Non- Executive Member	Declarations of Interest – Other	Financial	Civil Service Commissioner	Civil Service Commission	22/08/2022		26/12/2023
Martin Spencer	SWLNEN05 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
Martin Spencer	SWLNEN05 Non- Executive Member	Outside Employment		NHS ICB	NHS Hampshire and The Isle of Wight ICB	01/04/2024		
Masood Ahmed	Non Executive Member	TO FOLLOW						
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	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
Michael Bell	SWLNEN01 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	SWLNEN01 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: •Welsh Government – Financial inclusion and Social Justice services – 2013 ongoing •NCL ICS – Primary Care development – May 2022 to 2023 •Visiba Health Care – Chair UK Advisory Board – Jan 2022 ongoing •Surrey Physio – 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 •University Hospital Birmingham NHS Foundation Trust – Consultancy services – 2014 ongoing •NCL Training Hub – Ad-hoc facilitation – 2022 to 2023 •Baxter Healthcare Corporation – Chairing meeting – 2024	MBARC Ltd	29/11/2024		
Nicola Jones	SWLWSQL01 Clinical Director Primary Care	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	SWLWSQL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	My practices are part of Battersea Healthcare (BHCIC)	Battersea Healthcare	17/12/2021		01/05/2024
Nicola Jones	SWLWSQL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Managing Partner - The Haider Practice (GMS)	The Haider Practice	17/12/2021		01/05/2024
Nicola Jones	SWLWSQL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Convenor, Wandsworth Borough Committee	SWL ICS	01/06/2022		01/05/2024
Nicola Jones	SWLWSQL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Clinical Director Primary Care, SWL ICS	SWL ICS	01/06/2022		01/05/2024

Nicola Jones	SWLWSCLO1 Clinical Director Primary Care	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
Omar Daniel	Associate Non Executive Mamber	TO FOLLOW						
Sara Milocco	South West London Voluntary Community and Social Enterprise Alliance Director	Nil Declaration				29/06/2023		
Sarah Blow	SWLEMT01 Chief Executive Officer	Declarations of Interest – Other	Non-Financial Personal	My son is a member of staff at Royal Marsden	LAS	06/08/2024		
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 November at 2 p.m. at 120 The Broadway, Wimbledon, SW19 1RH

### **Members**

#### **Chair**

Mike Bell

#### **Non-Executive Members**

Jamal Butt, Non Executive Member, SWL ICB

Mercy Jeyasingham, Non Executive Member, SWL ICB

#### **Executive Members**

Sarah Blow, Chief Executive Officer, SWL ICB

Elaine Clancy, Chief Nursing Officer

Helen Jameson, Chief Finance Officer, SWL ICB

Karen Broughton, Deputy CEO/Director of People & Transformation, SWL ICB

John Byrne, Executive Medical Director, 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

Jo Farrar, Partner Member, Community Services

#### **Place Members**

Dr Annette Pautz, Place Member, Kingston

Matthew Kershaw, Place Member, Croydon

Mark Creelman, Place Member, Merton

#### **Attendees**

Jonathan Bates, Chief Operating Officer, SWL ICB

Charlotte Gawne, Executive Director of Stakeholder & Partnership Engagement

#### **Observers**

Alyssa Chase-Vilchez, SWL HealthWatch Representative

Sara Milocco, SWL Voluntary Sector Representative

#### **In attendance**

Ben Luscombe, Director of Corporate Affairs

Maureen Glover, Corporate Governance Manager

Susan Sinclair, Managing Director, RMP

Dr Lucy Hollingworth, Deputy Medical Director, RMP

Sandra Copeland, Togetherness Community Centre, Merton

Helen Porter, Chief Pharmacy Officer, SWL ICB

## **Apologies**

Jeremy de Souza, Place Member, Richmond  
Shannon Katiyo, Place Member, Wandsworth  
Martin Spencer, Non Executive Member, SWL ICB  
James Blythe, Place Member, Sutton

## **1 Welcome and Apologies**

Mike Bell (MB) welcomed everyone to the meeting and apologies were noted. With no further apologies the meeting was quorate.

Jamal Butt, the ICB's new Non Executive Member was welcomed to his first Board meeting in public. Mercy Jeyasingham, who would be stepping down from her role as Non Executive Member at the end of December, was thanked for her contribution as a valued member of the Board.

### **1.1 Declaration of Interests**

- 1.1.1 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.

### **1.2 Minutes, Action Log and Matters Arising**

#### **Minutes**

- 1.2.1 The Board **approved** the minutes of the meeting held on 18 September 2024.

### **1.3 Action Log**

- 1.3.1 The action log was reviewed, and it was noted that all actions were closed.

## **2 Decisions Made in Other Meetings**

- 2.1 Sarah Blow (SB) presented the report.
- 2.2 The Board **noted** the decisions made in the SWL ICB Part 2 meeting on 18 September 2024.

## **3 Chair's Report**

- 3.1 MB introduced the report highlighting a number of key areas from the paper.

The Board **noted** the Report.

## **4 RM Partners Cancer Strategy for North West and South West London 2025 - 2030**

- 4.1 Dame Cally Palmer (CP), Susan Sinclair, Managing Director of RM Partners and Dr Lucy Hollingworth, Deputy Medical Director, RMP, presented the Strategy.
- 4.2 Board members discussed the strategy noting: the importance of the role primary care plays in delivering the strategy; a report, including performance against the 14 metrics, would be brought back to the Board on an annual basis; the benefits of Fecal Immunochemical Testing (FIT); the need to manage the complex psychological impacts of cancer across the different parts of the system; the work being undertaken

on international benchmarking; how AI will transform diagnosis and treatment; that prevention and screening was a core part of strategy; and that cancer was everyone's responsibility across the sector including primary care, acute care and the Local Authorities.

- 4.3 The importance of RM Partners in SWL was recognised, particularly engagement across the system, and this was reflected in the sector's performance against cancer targets which were among the best in the country. The Board welcomed the ambition and positive way forward of the strategy.
- 4.4 An update report would be brought back to the Board in 12 months' time.

The Board **approved** the approach to 2025-2030 RMP/SWL cancer strategy.

## **5. Immunisations in South West London**

- 5.1 John Byrne presented the report and Sandra Copeland from Togetherness Community Centre Merton provided an overview of how the VCSE winter engagement funds works in practice.
- 5.2 Board members discussed the report noting the importance of engendering trust, signposting people to the right source of information and also targeting groups of people in the community where small grants could have a significant impact.
- 5.3 Reference was made to the 10-year plan and the shift from treatment to prevention. The importance of focusing on a small number of areas and doing these well was noted, for example vaccinations and immunisations, which could have a massive impact on the health of the population.
- 5.3 It was noted that the Board would receive updates on the status of immunisations across the sector.

The Board **noted** the contents of the report, in particular, the key issues that had been highlighted.

## **6 South West London ICS Digital Strategy 2025 - 2028**

- 6.1 John Byrne and Martin Ellis, Chief Digital Information Officer presented the report.
- 6.2 Board members discussed the report and noted: the requirement for investment over a longer period of time recognising that most programmes need two to three years to become established; the potential that could be generated from the Ambient AI pilot and how to attract investment; opportunities for external investment; the role staff have to play in making the digital strategy become a reality; the need to be able to better share data between clinicians and organisations while being aware of data protection concerns; and the need to rationalise the number of digital strategies across the sector to provide a consistent direction of travel.
- 6.3 It was agreed that all SWL ICB strategies received by the Board would be sent to provider Trusts for them to share with their respective Boards.

**Action: Ben Luscombe** – arrange for all strategies to be sent to provider Trusts.

The Board **approved** the refreshed SWL ICS Digital Strategy 2025-2028 and noted that a fully accessible version would be created on approval of this document.



## **7 2024/25 Partnership Delivery Agreements and Update on the Collaboratives and Place**

7.1 Jonathan Bates and Karen Broughton presented the paper.

The Board **noted** the updates on the 2024/25 Partnership Delivery Agreements and the achievements to date of the provider collaboratives and Place.

## **8 Medicines Optimisation**

8.1 John Byrne presented the report, supported by Helen Porter, the ICB's new Chief Pharmacy Officer.

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

## **9 Board Committee Updates and Reports**

### **Finance & Planning Committee Update**

9.1 Jamal Butt presented the Finance & Planning Committee update and gave an overview of the key issue discussed at its meeting on 15 October 2024.

### **Month 6 Finance Report**

9.2 HJ presented the report, highlighting the financial position which continued to be a challenge in the NHS.

### **Quality & Oversight Committee Update**

9.3 Mercy Jeyasingham (MJ) presented the report and gave an overview of the key issues discussed at the Quality & Performance Oversight Committee on 9 October 2024.

### **Quality Report**

9.4 Elaine Clancy (EC) presented the report noting the deep dive that had been undertaken into mortality. Work was being undertaken on the learning and a SWL Local Mortality group has been established, chaired by the ICB's Chief Medical Office. A further update would be brought back to the Board at a future date.

### **Performance Report**

9.5 JBa presented the report, highlighting areas of success and challenge.

9.6 It was agreed that an update on long waits mental health patients would be brought to the next meeting.

### **Audit & Risk Committee Update**

9.6 HJ presented the report and gave an overview of the key issues discussed at the Audit & Risk Committee on 23 October 2024.

### **Remuneration and Nominations Committee Update**

9.7 MJ presented the report and gave an overview.

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

## **10 Chief Executive Officer's Report**

10.1 SB presented the report and noted that specialised commissioning would come back in January for a detailed discussion.

- 10.2 SB highlighted the NHS 10 year plan which was currently in development and a full engagement process was being undertaken, whereby all members of staff and the public were able to provide feedback.

The Board **noted** the report.

## **11. Any Other Business**

- 11.1 There was no other business.

## **12 Public Questions**

- 12.1 Wendy Micklewright (WM) raised a number of issues regarding Mental Health.
- 12.2 WM referred to the name of the South London and Maudsley Trust (SLaM) and suggested the name “Maudsley” should be excluded because of the connotations associated with it.

**Action Ben Luscombe:** Pass on to SLaM WM’s comments about their name.

- 12.3 Vanessa Ford (VF) responded to WM’s comments about new mental health legislation and the work of Dr Colin King, advising that SWL & St Georges Mental Health Trust worked closely with Dr King regarding prevention and restrictive practices. VF referred to the new mental health bill and hoped that significant changes would be seen for mental health which would lead to a reduction in restrictions, particularly for those with autism and learning disabilities.

**Next meeting in public: Wednesday 15 January 2025:** 120 The Broadway, Wimbledon, London SW19 1RH.

Date of Meeting	Reference	Agenda Item	Action	Responsible Officer	Target Completion Date	Update	Status
20.11.24	ICB-08	SWL ICB Digital Strategy 2025-2028	Arrange for all strategies to be sent to provider Trusts	Ben Luscombe	30.11.24		Closed
20.11.24	ICB-09	Public Questions	Pass on Wendy Micklewrights comments to SLaM in relation to the connotations associated with its name	Ben Luscombe	30.11.24		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 January 2025

Date Published: Wednesday, 8 January 2025

## 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 November 2024 the following items were brought to the Board:

- Approval of the recommendations from the Provider Selection Regime - Representation panel.
- The ICB's response to the 10-Year Health Plan for submission to NHS England on 2 December.

At its Part 2 meeting on 18 December 2024 the following items were brought to the Board:

- Approval of the award of an NHS standard Independent Sector Providers Contract.
- Approval of the award of an NHS standard contract for the Termination of Pregnancy Services.

The Board discussed and approved the above items.

## **Recommendation**

### **The Board is asked to:**

- Note the decisions made at Part 2 meetings of the Board on 20 November and 18 December 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 Governance Manager

# Chair's Report

Agenda item: 3

Report by: Mike Bell, Chair

Paper type: Information

Date of meeting: Wednesday, 15 January 2025

## Content

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

## Purpose

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

## Executive summary

At each Board meeting in public the Chair provides a brief verbal and/or written update regarding matters of interest to members of the Board and members of the Public.

## Key Issues for the Board to be aware of

### **New Non-Executive Members (NEMs) appointments for the SWL ICB Board**

We have now finalised all of our new Non-Executive Member and Associate Non-Executive Member appointments to the Board and I'm pleased to be able to welcome them all:

#### **Dr Anne Rainsberry CBE, Non-Executive Member**

With a professional background in HR and management, Dr Anne Rainsberry has 32 years' experience working in the NHS at local, regional and national levels. Before joining healthcare and life sciences consultancy Carnall Farrar as managing partner in 2017, Anne was London regional director at NHS England for four years, where she led major service changes in the capital, including the reconfiguration of cancer and cardiac services. Previously, Anne was chief executive of NHS NW London and Deputy Chief Executive of NHS London.

#### **Jamal Butt, Non-Executive Member**

Jamal brings over 25 years of healthcare leadership experience in transformation, digital innovation, and life sciences. Currently, he serves as an Entrepreneur in Residence at Cambridge University, supporting life-changing innovations, and as a Venture Partner at Plutus Investment Group. Jamal is also a Fellow of the Royal Pharmaceutical Society and a Non-Executive Director at Pharm@Sea, a

wholly owned subsidiary of the University Hospital Sussex NHS Trust, and other digital start-ups. Jamal was a non-executive director at Croydon Health Services NHS Trust for over eleven years. Jamal will be the Chair of the ICB's Finance and Planning Committee

### **Dr Masood Ahmed, Non-Executive Member**

Dr. Masood Ahmed was born at St Helier Hospital and raised in Morden. With over 25 years in NHS leadership, Masood has led digital transformation and innovation across healthcare. He has served as Global Medical Director at Dell, Chief Clinical Information Officer for NHS Midlands, and Chief Medical Officer for NHS Black Country CCG. Masood holds Non-Executive Director positions on several NHS boards and is a Trustee at Great Ormond Street Hospital Charity. As Chief Digital Information Officer for Shropshire, Telford & Wrekin Integrated Care System, where he promoted a “digital first, not digital only” approach. He also mentors future healthcare leaders and champions EDI and tackling health inequalities. Masood will Chair the ICB's Quality and Performance Oversight Committee.

### **New Associate Non-Executive Members (ANEMs)**

#### **Bob Alexander, Associate Non-Executive Member**

Bob has over 30 years' experience in finance and accounting at board level across the public sector, including the NHS, Civil Service, and Metropolitan Police. After retiring as Deputy Chief Executive of NHS Improvement in 2018, he holds several non-executive roles. Bob is Vice Chair at Imperial College Healthcare NHS Trust, where he also chairs the Finance & Performance, Redevelopment, and Remuneration Committees. He serves as Independent Chair of the Sussex Health and Care Partnership, Non-Executive Director at London North West University Hospitals NHS Trust, Non-Executive Director and Chair of the Finance & Investment Committee at the London Ambulance Service, and Non-Executive Director and Chair of the Audit & Risk Committee at Community Health Partnerships Ltd.

#### **Omar Daniel, Associate Non-Executive Member**

Omar is a former healthcare management consultant turned healthtech entrepreneur and venture capital investor. Originally from Iraq, Omar arrived in the UK as a refugee, grew up in social housing in New Malden, and has since built a career dedicated to healthcare innovation. After successfully scaling his startup to reach 25% of the NHS Primary Care market in just 18 months, he now leads an angel syndicate focused on early-stage healthtech startups. Omar is also a mentor to healthtech founders, an assessor for Innovate UK, and an advisor to NHS England and the Tony Blair Institute for Global Change. Most recently, he launched the UK's first Primary Care Innovation Accelerator, supporting the adoption of healthcare innovations across the UK

### **Worlds Aid Day**

The 1<sup>st</sup> of December last year marked world Aids Day 2024. World AIDS Day is a global movement that started in 1988 to unite people and show strength and solidarity against HIV stigma and to remember lives lost. More than 35 million people have died of HIV or AIDS related illnesses over the past 40 years, making it one of the most destructive pandemics in history.

Currently, across London, just over 38,000 people are living with HIV. Of those that are living with HIV half say that they are ashamed of the stigma associated with it. As noted, before in this report, as Chair of SWL ICB, I am proud to support and be involved with the Mayors Fast-Track City initiative, working with London Councils, Public Health England and NHS England in the capital and eliminate discrimination and stigma associated with the condition.



In South West London, we are working to improve access to testing and encourage uptake. For example, last year, South West London A&E departments tested 70% of patients attending Emergency Departments. Between April-December 2023, this found 36 newly diagnosed patients with HIV which means that these patients can now be offered the appropriate treatment and care for their conditions.

### **All Party Parliamentary Group Ending health inequalities for black communities living with HIV**

In November I attend an event bringing together community leaders, decision-makers and other key stakeholders at the forefront of UK's HIV response, to discuss the findings of the 'Unheard Voices' project and next steps to addressing health disparities faced by Black communities living with and impacted by HIV. The project builds evidence, skills and connections with decision-makers to strengthen community leadership and co-design in the HIV response.

### **2024 HSJ Awards**

In November I attended the HSJ Awards. The 2024 Awards celebrated the sharing best practice, improving patient outcomes, and innovating drivers of better service. A number of South West London teams were also nominated in the below categories.

#### **Nominations:**

- **Clinical Leader of the year**, South West London ICB & Acute Provider Collaborative in collaboration with Community Pharmacy South West London & NHSE/SCWCSU - Dr Aditi Shah
- **Provider collaboration of the year**, South London Mental Health and Community Partnership - Oxleas, SLaM and SWLTStG NHS Mental Health Trusts in partnership
- **Mental Health Innovation of the year**, South London Mental Health and Community Partnership - Oxleas, SLaM and SWLTStG NHS Mental Health Trusts in partnership - Adult Eating Disorders Programme - Community Enhanced Treatment Team & South London Mental Health and Community Partnership - Oxleas, SLaM and SWLTStG NHS Mental Health Trusts in partnership Complex Care
- **Digitising Patient Care Award**, South West London Elective Orthopaedic Centre; - and St George's University Hospitals Foundation Trust

#### **Other Visits**

Since my last update I visited The Royal Marsden's site in Sutton with NHS England's London Regional Director, Caroline Clarke. Alongside visiting their day care facilities, Caroline and I were excited to see some of the amazing life science developments happening on the site. We also discussed the opportunities that locating the new Sutton Emergency Care Hospital on the site could offer to our cancer patients.

I also attended the ICS Network conference in November and the National ICB Congress in December last year.

The annual ISC Network conference focused on supporting the delivery of the four core purposes of ICSs. There were a number of engaging keynote speakers, breakout sessions, and great networking opportunities.

At the NHS National ICB Congress in December, I was joined by Andrew Blanc, Amy Darlington, Michelle Mackie and Nav Chana on a panel to discuss the publication of the report following the

deliberative enquiry on the future of primary care in London. The panel discussed the report's recommendations and the impact these may have on health and care in the capital.

## **Recommendation**

### **The Board is asked to:**

- Note the contents of the report

## 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

Mike Bell, Chair

### Author

Ruth Pahtalias

# Workforce

Agenda item: 4

Report by: Karen Broughton, Deputy Chief Executive / Executive Director for People and Transformation

Paper type: In focus

Date of meeting: Wednesday, 15 January 2025

Date Published: Wednesday, 8 January 2025

## Content

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

## Purpose

This paper supports an in-focus session at the Board meeting on workforce.

## Executive summary

This paper provides the Board with an update on the system workforce transformation programme designed to address South West London's (SWL) workforce challenges.

## Key Issues for the Board to be aware of

- Workforce is a priority for both the Integrated Care Board and Integrated Care Partnership, and we are working with partners across the NHS and the Integrated Care System (ICS) on this.
- We continue to make progress on the four elements (Attract, Retain, Develop and Transform) that make up the SWL workforce transformation programme.
- The NHS 10-year plan is currently in development, and we will need to review our workforce programme following its publication.
- The ICB's long-term transformation plan is currently being developed to address the financial challenges faced by the system, and we will need to review our workforce programme following its completion to ensure that any workforce actions are met.
- The programme is currently funded on a non-recurrent basis which creates a potential delivery risk.

## Recommendation

### The Board is asked to:

- Note the update on the workforce transformation programme and identify any elements that the Board think require further work or greater emphasis.
- Note the delivery risk to some elements of the programme due to the non-recurrent nature of the funding.

- Commit to continue to work at scale to collaborate and share best practice with system partners.

## **Governance and Supporting Documentation**

### **Conflicts of interest**

N/A

### **Corporate objectives**

- Making South West London a Great Place to Work
- Supporting the ICB's to meet its Financial Plan.

### **Risks**

The Board Assurance Framework highlights the following workforce risk (RSK-025):

With increased pressure on the NHS; the impact of reducing the workforce size/staffing numbers back in line with to 2019/20 workforce figures, coupled with staff sickness levels; the availability of trained staff; concern around cost-of-living increases, there is a risk that South West London provider organisations will not have the right workforce capacity or skill mix in place.'

In addition, there is a risk that:

- As a number of programmes have been funded on a non-recurrent basis, resources may not be available on an ongoing basis to support delivery of some of the projects.
- The programme is not owned or integrated across the system.

### **Mitigations**

- Programme plan created to outline priority actions and with a Chief People Officer of SWL now in place to lead the programme.
- Chief People Officers identified as Senior Responsible Officers (SROs).
- A monthly meeting of Chief People Officers and SWL Workforce Programme Directors is in place to ensure visibility of progress and agree any mitigation or support that may be needed.
- SWL People Board is in place to ensure focus is maintained and priorities are delivered.
- SWL Missions Board has been created with workforce as a key area of focus.
- Funding sources being sought for 2025/26.

### **Financial/resource implications**

The programme is currently funded on a non-recurrent basis which creates a potential delivery risk. Funding sources are being sought for 2025/26.

### **Green/Sustainability Implications**

n/a

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

n/a - All work programmes consider equality impact assessments relating to each area. The programme is designed to have a positive impact on equality, diversity and inclusion.

### **Patient and public engagement and communication**

n/a

### Previous committees/groups

Committee name	Date	Outcome

### Final date for approval

n/a

### Supporting documents

SWL ICB Board In focus – Workforce presentation

### Lead director

Karen Broughton, Deputy Chief Executive / Executive Director for People and Transformation.

### Authors

Lorissa Page, Chief People Officer

Melissa Berry, Director, Belonging and Inclusion

Karen Broughton, Deputy Chief Executive / Executive Director for People and Transformation.

# SWL ICB Board Workforce Update

**Karen Broughton, Deputy Chief Executive/  
Director of Transformation and People**

**January 2025**



**We want to make South West London a great place to work.** A place where our people have fulfilling jobs which recognise their contribution. We want everyone to be supported by great managers who respect, listen and care for them so that they in turn can do their very best every day. We want to make South West London a magnet employer so that our supply outweighs our vacancies. We want to be a fair, non-discriminatory system that is representative of the communities we serve.

We are critically dependant on our people and the way they work. Going forward we will need to work in a more integrated way, making sure that our people are supported to have more flexible careers, a better work-life balance, and that we have the right numbers of people with the right skills to meet the changing needs of our populations.

# Our Challenges

**Similar to other parts of the health and care system nationally, Southwest London has a number of workforce challenges, our top six are:**

- **Recruitment and retention** – securing a strong supply of new people to fill our vacancies whilst retaining our experienced staff.
- **Planning our workforce of the future** – improving our data and structure for workforce planning activities. Enhancing our ability to collect, see and interrogate data. This, together with understanding the changing needs our patients is required for effective workforce planning and service redesign.
- **Diversity and equality** – We are not yet representative of the communities we serve and have issues raised through the workforce race equality scheme that we need to urgently address. We are not yet an anti-racism system.
- **Proving better care for our people** – supporting their health and wellbeing.
- **Improving morale of our people** – including increasing flexible working options and developing inclusive teams.
- **The cost of living in London** - People choosing to leave South West London and/or the NHS to increase their salaries or move to less expensive areas to help meet the rising cost of living.

In addition, we have grown our workforce since the pandemic, and we need to get these back to pre-pandemic levels to meet our financial challenge.

# Our focus

We have set up four People Programmes to respond to our people challenges:



## Attract

- **Recruitment and retention** – securing a strong supply of new people to fill our vacancies whilst retaining our experienced staff.



## Retain

- **Diversity and equality** – We are not yet representative of the communities we serve (at a senior level in the NHS)
- **The cost of living** in London with people choosing to leave South West London and/or the NHS to increase their salaries or move to less expensive areas to help meet the rising cost of living.



## Develop

- **Improving the morale of our people** – increasing flexible working options.
- **Providing better care for our people** – supporting their health and wellbeing and career aspirations



## Transform

- **Planning our workforce of the future** – improving our data and structure for workforce planning activities. Enhancing our ability to collect, see and interrogate data. This, together with understanding the changing needs our patients is required for effective workforce planning and service redesign.

This presentation seeks to update to Trust Board on our progress on all elements of the programmes.

# SWL Health Workforce Demographic Data

# Workforce Summary

## October 2024\*

### NHS People October 2024

Turnover  
13.2%

London – 11.6%  
National – 9.7%



Top Reason for Leaving  
Retirement  
22.6%

Vacancy Rate  
8.4%



Total Vacancies SWL  
3,365  
WTE

Sickness Rate  
4.9%

Seasonal Increase  
London – 4.8%  
National – 5.4%



Top Reason for Sickness Absence  
Minor Illness  
(Colds & Flu)  
20%

Staff in Post (WTE)  
38,134  
  
NHS – 34,096  
Primary Care – 4,038

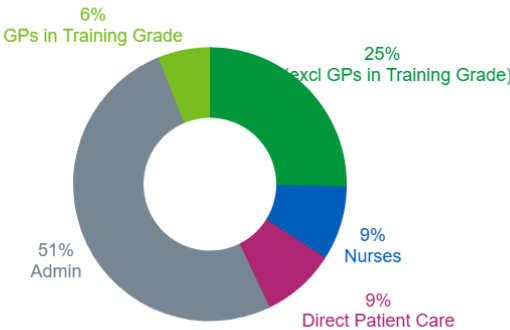
\*Current central data sources such as the NHSE Workforce Portal provide limited data with a 2-month delay.

Arrows represent the direction of trend compared to this time last year.

### Primary Care Workforce October 2024 (WTE)

	GP (excl GPs in Training Gr..)	GPs in Training Grade	Nurses	Direct Patient Care	Admin	Grand Total
	822	196	284	284	1,653	3,238

% of staff type in 31/10/2024



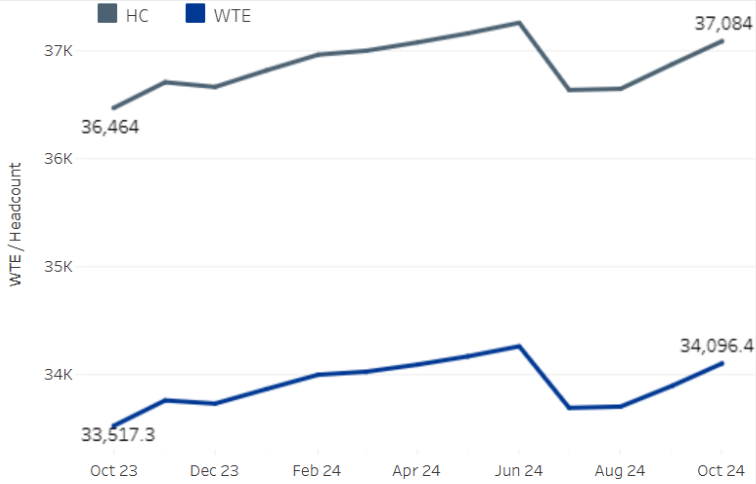
- In addition to the above, there are approximately 800 WTE staff employed in roles such as pharmacists, paramedics and physiotherapists through the Additional Roles Reimbursement Scheme (ARRS).
- This brings the total number of staff in Primary Care to 4,038 WTE.

Workforce Overview - South West London v London



South West London

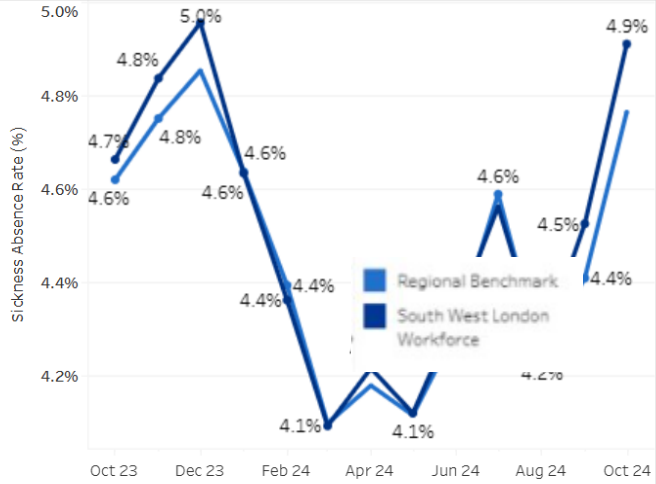
Whole Time Equivalent (WTE)		Headcount (HC)	
South West London ..	Regional WTE	South West London HC	Regional HC
34,096	248,946	37,085	267,914
Change of ▲ 0.6% since previous month	Change of ▲ 0.6% since previous month	Change of ▲ 0.6% since previous month	Change of ▲ 0.6% since previous month



All Staff in Post by Staff Group

	Headcount	WTE	WTE % Change
Nursing & Midwifery	10,944	10,144	▲ 1.4%
Administrative and Clerical	9,611	8,859	▲ 0.4%
Support to Clinical	6,217	5,662	▼ -0.1%
Medical and Dental	5,034	4,676	▲ 0.4%
AHPs	2,749	2,439	▼ -0.1%
Other Scientific, Therapeutic and Technical Staff	1,447	1,255	▲ 1.3%
Healthcare Scientists	1,131	1,061	▲ 0.3%

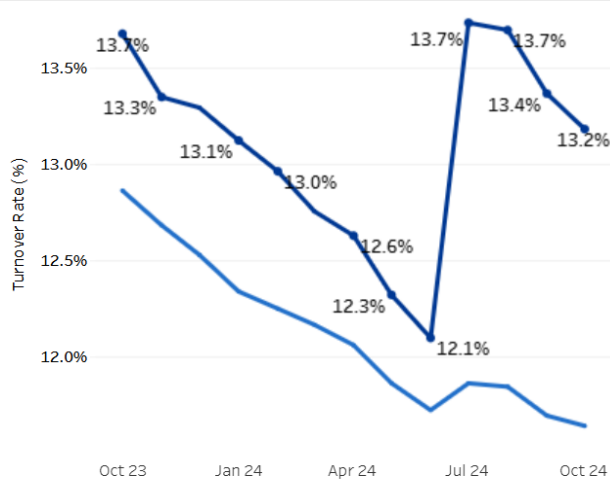
Sickness Absence	
South West London Sickness Absence Ra...	Regional Sickness
4.9%	4.8%
Change of ▲ 0.4% since previous month	Change of ▲ 0.4% since previous month



All Sickness Absence by Staff Group

	Latest Sickness Rate	Sickness Rate Change
Support to Clinical	6.5%	▲ 0.5%
Nursing & Midwifery	5.8%	▲ 0.4%
Administrative and Clerical	5.3%	▲ 0.5%
AHPs	3.6%	▲ 0.4%
Healthcare Scientists	3.3%	▲ 0.2%
Other Scientific, Therapeutic and Technical Staff	3.0%	▲ 0.3%
Medical and Dental	1.8%	▼ -0.1%

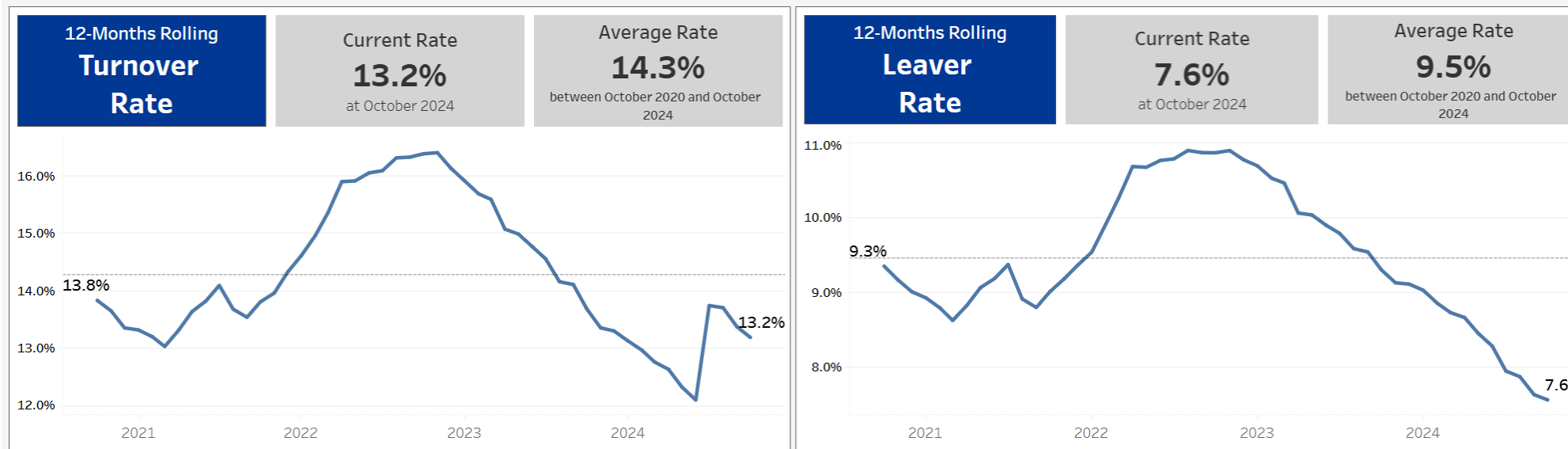
Turnover	
South West London Turnover	Regional Turnover
13.2%	11.6%
Change of ▼ -0.2% since previous month	Change of ▼ -0.1% since previous month



All Turnover by Staff Group

	Latest Turnover	Turnover Rate Change
AHPs	21.4%	▲ 0.3%
Other Scientific, Therapeutic and Technical Staff	16.8%	▼ -0.6%
Support to Clinical	15.1%	▼ -0.4%
Administrative and Clerical	12.8%	▼ -0.2%
Nursing & Midwifery	11.6%	▼ -0.2%
Healthcare Scientists	10.0%	▼ -0.1%
Medical and Dental	5.6%	▲ 0.0%

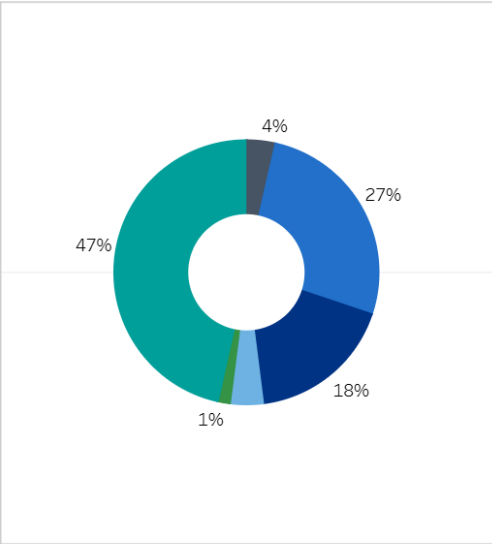
## Turnover and Leaver Rate South West London



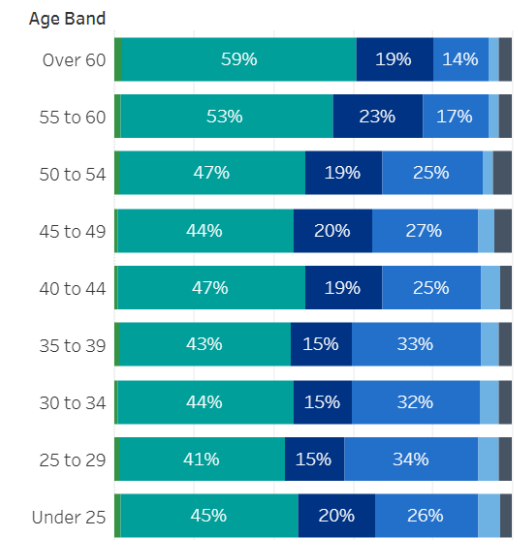
### 12-Months Rolling Turnover (Moves out of selected ICS) and Leaver Rate as at October 2024

Staff Group		Latest Turnover Rate	Latest Leaver Rate
Administrative and Clerical	Administrative and Clerical	12.8%	8.1%
AHPs	AHPs	21.4%	8.5%
Healthcare Scientists	Healthcare Scientists	10.0%	6.1%
Medical and Dental	Medical and Dental	5.6%	4.0%
Nursing & Midwifery	Nursing & Midwifery	11.6%	6.4%
Other Scientific, Therapeutic and Technical Staff	Pharmacists	22.3%	8.0%
	Other Scientific, Therapeutic and Technical Staff	14.0%	5.9%
Support to Clinical	Support to Qualified Ambulance Staff	31.0%	29.3%
	Support to Other ST&T	24.0%	10.6%
	Support to and Trainees in Pharmacy	21.3%	10.3%
	Support to and Trainees in HCS	17.7%	13.4%
	Support to AHPs	15.2%	9.7%
	Support and Trainees in Nursing & Midwifery	12.2%	8.7%

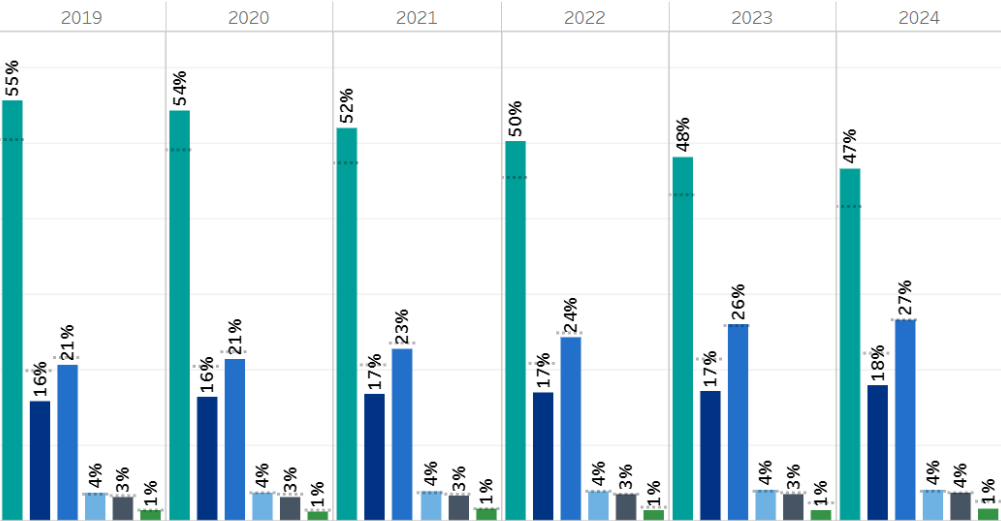
Ethnicity Split - October 2024



Latest Age Bands Breakdown

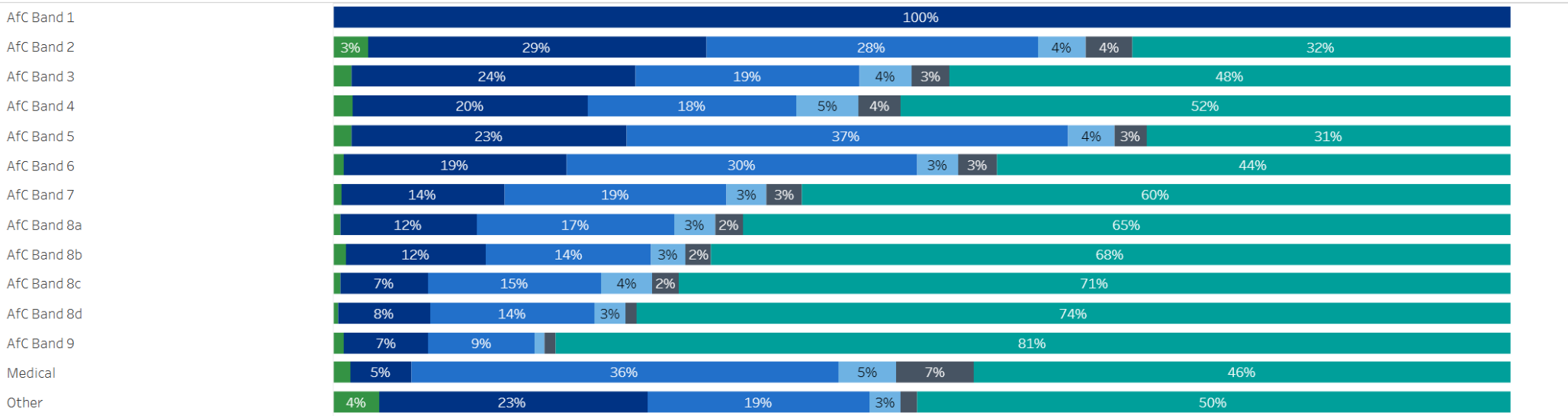


Percentage Split, by Ethnicity, by Year (for corresponding month of latest data). Dotted Line shows Regional Average (national when all regions selected).



- White
- Black, African, Caribbean
- Asian or Asian British
- Mixed or Multiple ethnicities
- Any other ethnic group
- ND

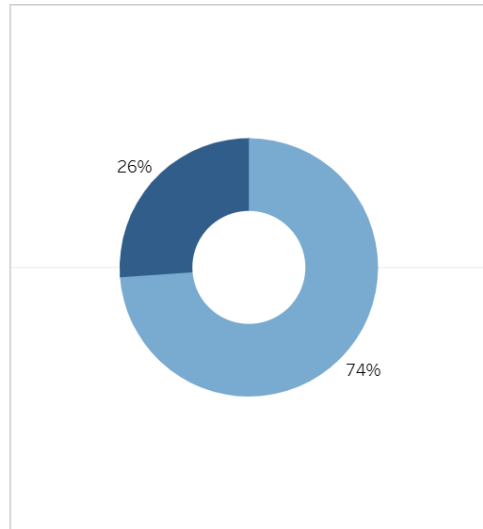
Percentage Split, by AfC Band/Grade and Ethnicity - 2024 (for corresponding month of latest data) - Select data items to filter dashboard



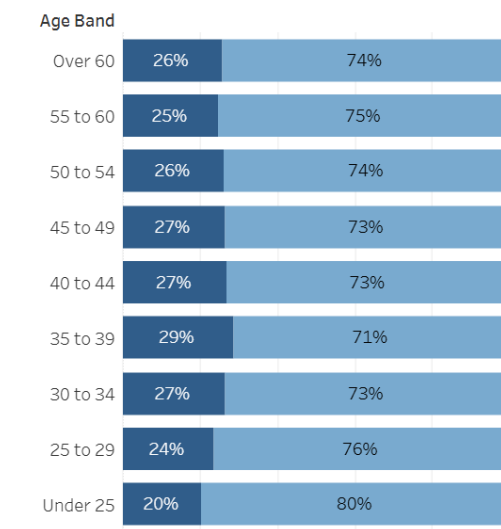


# ESR Secondary Care Equality, Diversity and Inclusion Profile Detail - Gender

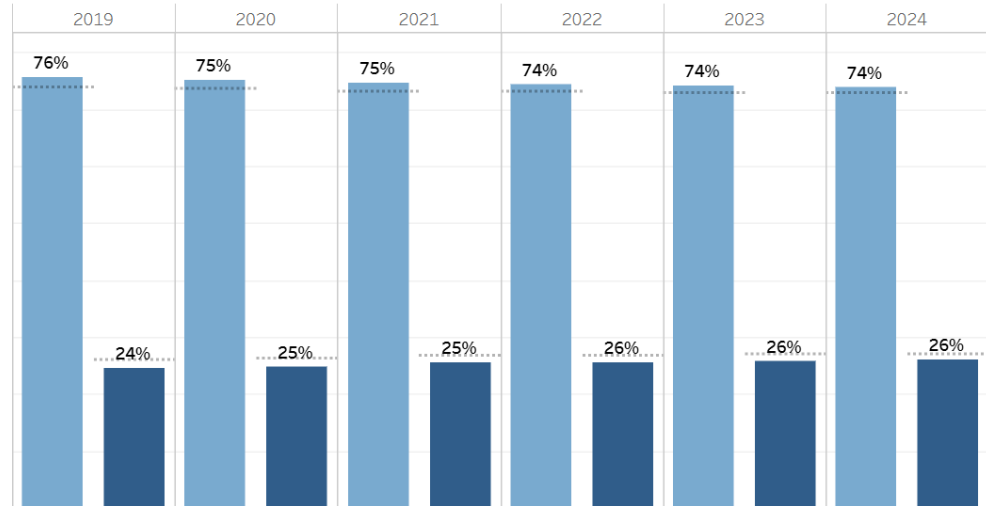
Gender Split - October 2024



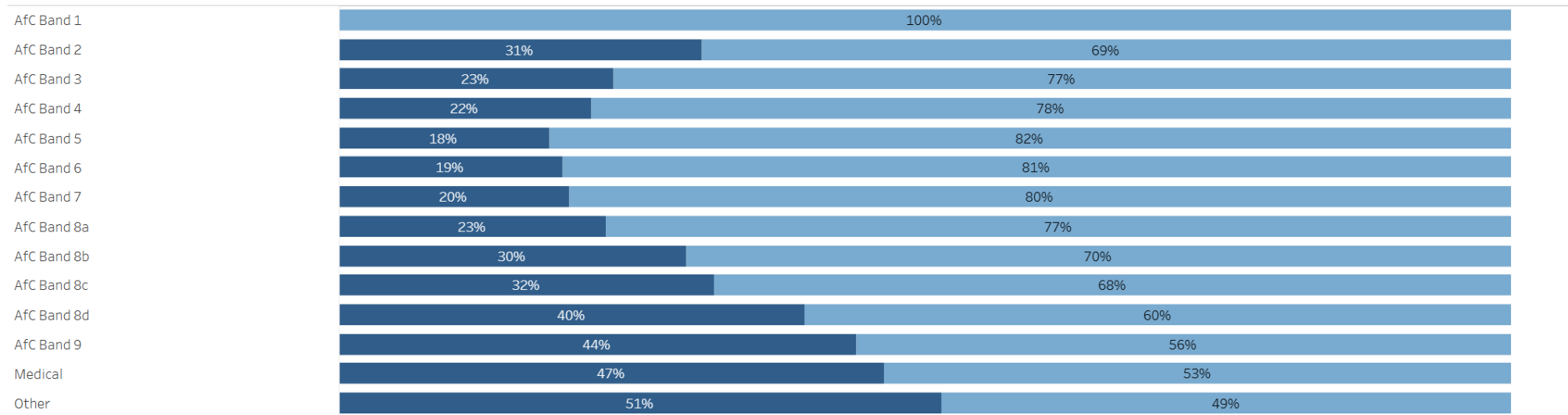
Latest Age Bands Breakdown



Percentage Split, by Gender, by Year (for corresponding month of latest data). Dotted Line shows Regional Average (national when all regions selected).



Percentage Split, by AfC Band/Grade and Gender - 2024 (for corresponding month of latest data) - Select data items to filter dashboard

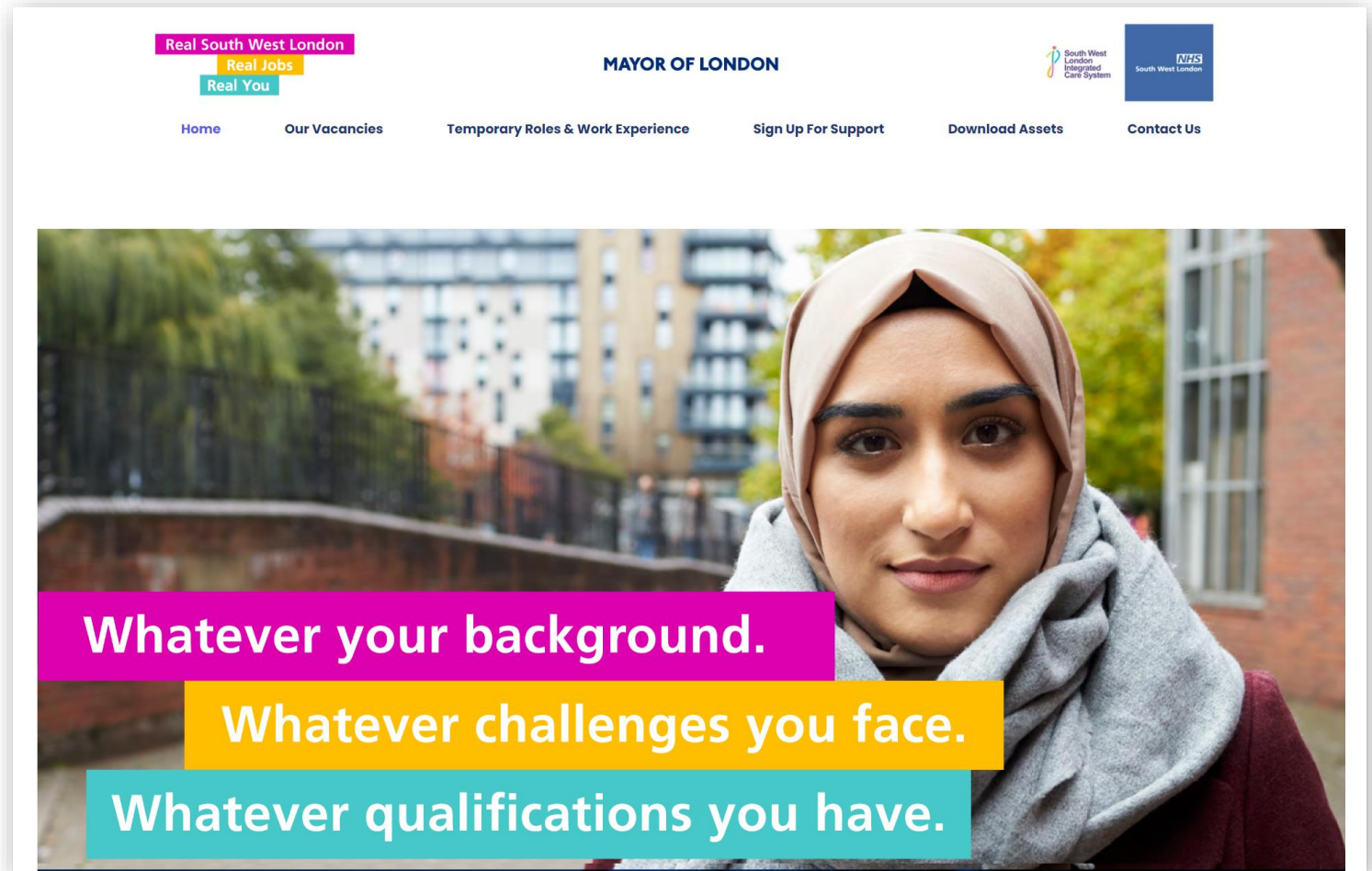


Female  
Male

# Attract: Improving workforce supply

# We have continued to engage with people from across SWL in a meaningful and targeted way

- More than 1100 people from Southwest London have been positively engaged and received employability and job readiness support this year.
- We have delivered over 23 careers, events, workshops, mock interviews, presentations or webinars since January 2024.
- We have launched a toolkit and a bright and vibrant 'one stop shop' of information for people looking for jobs and advice in NHS SWL  
[swlicsjobs.co.uk](https://swlicsjobs.co.uk)



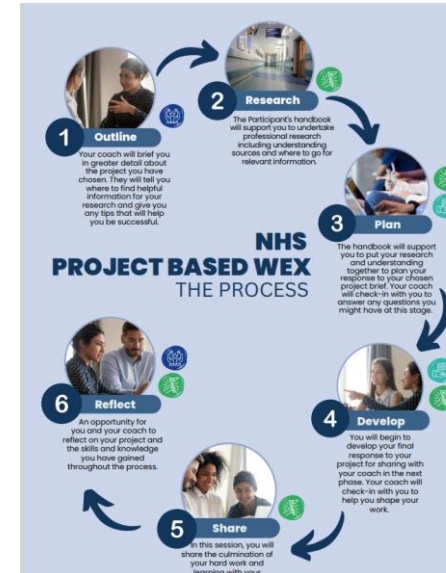
# Project-based work experience (PBWEX) has been launched

The primary care PBWEX programme was designed, in partnership with the SWL Primary Care Training Hub **to support 20 local people who were looking for jobs** across South West London. The aim of the programme was to enable participants to develop essential employability skills which were supplemented with a work experience placement at a GP practice. Successful applicants embarked on a three-week journey which comprised of:

- **5-day classroom-based training programme**
- **2-week project-based work experience placement in a GP Practice setting**

**What they learned:** Customer service skills | How to deal with Patients | How to use the Clinical Systems | Document Management | Conflict Resolution...and much more

**5 job offers were made through this initiative and further interviews are booked**



A pilot project of the programme was carried out in **SWL ICB with the Business Intelligence Team**. This month-long initiative involved college students collaborating to develop a Power BI dashboard aimed at assessing system capacity for the Acute Provider Collaborative (APC).

The experience was mutually beneficial, as it provided the manager with valuable support to kick-start the project while participants gained practical knowledge in Power BI, data metrics and project management skills.

One of the participants secured a paid internship at a tech company as a direct result of this experience.



# We have developed a suite of social media graphics to share with our local education, employability and VCSE partners



South West London

## Examples of promotional social media

Deploying both traditional and attention-grabbing messaging depending on the channel and target audience to attract local people particularly those from underrepresented groups to consider a job or career in the NHS.

**Did you know we need people with green fingers, to support the NHS's healing hands?**

You're welcome.

Real South West London  
Real Jobs  
Real You

**Did you know the NHS is looking for compassionate people to become carers?**

You're welcome.

Real South West London  
Real Jobs  
Real You

Whatever qualifications you have or don't have, there is something for you. Visit our website now: [southwestlondonics.org.uk](https://southwestlondonics.org.uk)

MAYOR OF LONDON

**NHS heroes needed**

Share our #timetoshine campaign on your social channels to help us find future health and social care heroes for SWL NHS

MAYOR OF LONDON

Real South West London  
Real Jobs  
Real You

Whatever qualifications you have or don't have there is something for you. Visit our website now: [southwestlondonics.org.uk](https://southwestlondonics.org.uk)

**Did you know there are a lot's of jobs for the over 55's in the NHS?**

Real South West London  
Real Jobs  
Real You

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MAYOR OF LONDON

**Give Hollywood the heave-ho**

Set out on your own Great British Bake Off adventure by becoming an NHS chef.

Real South West London  
Real Jobs  
Real You

Whatever qualifications you have or don't have there is something for you. Visit our website now: [southwestlondonics.org.uk](https://southwestlondonics.org.uk)

**Keep your clothes on, Jamie**

You don't have to be naked to work as a chef in the NHS.

Real South West London  
Real Jobs  
Real You

Whatever qualifications you have or don't have there is something for you. Visit our website now: [southwestlondonics.org.uk](https://southwestlondonics.org.uk)

MAYOR OF LONDON

Did you know the NHS is looking for 52,000 people?

Real South West London  
Real Jobs  
Real You

Whatever qualifications you have or don't have, there is something for you. Visit our website now: [southwestlondonics.org.uk](https://southwestlondonics.org.uk)

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Download assets here: <https://www.swlicsjobs.co.uk/download-assets/>

## ATTRACT: SWL Integrated Care Partnership projects

The SWL Integrated Care Partnership (ICP) strategy has prioritised workforce as a key focus area, with several workforce projects being enabled through the SWL Investment Fund. Some key schemes which focus on 'attract' are highlighted below:

- **Community upskilling and job readiness:** This scheme has created a pathway into work for those from vulnerable backgrounds, facilitating entry into the workforce through application advice, volunteering and work experience opportunities, and training. The key aims of the scheme are to increase upskilling and job readiness, enhance recruitment and improve retention. The scheme has so far reached nearly **700** individuals, with post-session surveys showing notable improvements in participant confidence, jobs awareness and skills.
- **Making it easier to find a job in South West London:** This scheme provides a sustainable and personalised outreach approach that engages and educates the local community with career opportunities in the NHS. The scheme has been particularly successful in terms of outreach with the local community with more than **1,100** individuals attending community engagement activities.
- **South London Careers Hub: health and care work experience and employer encounters programme:** This scheme delivers work experiences in health and care for students across SW London boroughs in partnership with local schools and colleges. So far, the scheme has provided community-based placements for students, held an employer and teacher event and released an associated toolkit.
- **Targeting difficult to recruit to roles in South West London:** The key roles targeted by this scheme include General Practice Nurses, Care Home Nurses, Community Nurses and Health Care Support Workers (HCSW). The scheme has had particular successes so far with General Practice Nurses, with 68 placements for pre-registration nurses created to-date, and with HCSWs, with 114 new HCSWs trained.

## ATTRACT: SWL ICP projects continued...

- **Recruiting Local People into Employment:** This scheme has been enabling and encouraging SWL residents to consider careers across the ICS by improving application processes and appointing a Community Recruitment Engagement Lead to act as a 'one stop shop' for recruitment into the NHS for our communities. The scheme has successfully delivered multiple community engagement events, with attendees linked to current vacancies during the events.
- **Supporting care leavers to obtain employment into local health and social care roles:** The SWL primary care training hub has been working with system partners to support care leavers by providing a personalised programme to help gain employment or training in local health and social care. More than 25 local care leavers are being supported into apprenticeships, work experience or employment with local health and care organisations following successful workshops in all SW London boroughs.
- **Supporting Care leavers into Apprenticeships in Nursing I-CAN:** Led by the University of Roehampton in partnership with local partners this programme supports vulnerable groups into high-priority Nursing Associate roles within the NHS in SWL and other progression pathways that support long-term workforce development. Care Leavers are amongst the least likely young people to aspire and attain jobs which require higher-level skills, owing to socio-economic pressures and lower levels of academic attainment. I-CAN has recruited and aims to support the transition of 45 Care Levers into Nursing Associate roles. Roehampton are currently reaching out to providers to seek our help in supporting 10 students into apprenticeships from April next year.



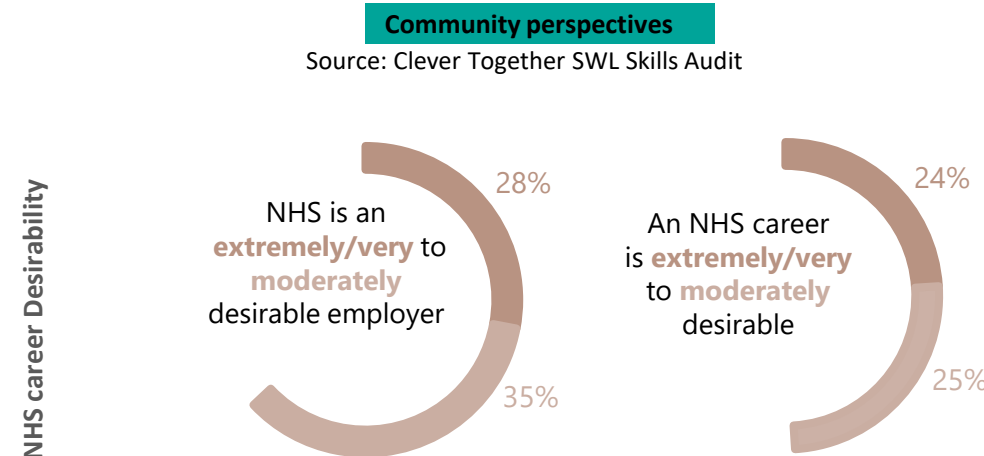
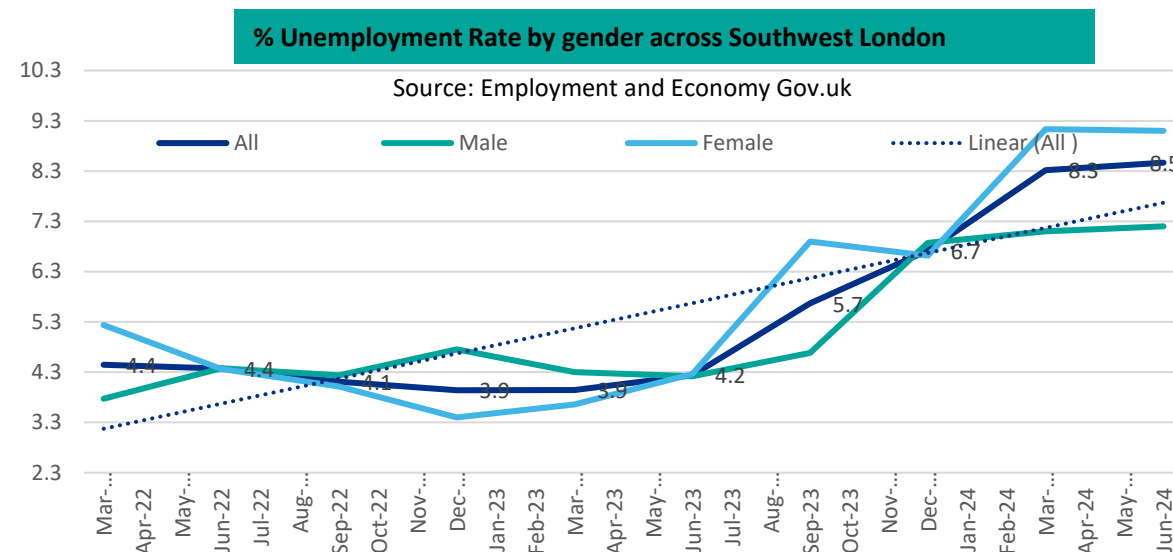
The images above show participants on Roehampton's I-CAN programme<sup>43</sup>



# The unemployment rate in SWL is increasing and the NHS is seen by some as a desirable employer

- The unemployment rate in SWL has been increasing since June 2023.
- A recent surveyed carried out by the ICB 49%, out of 259 respondents, extremely/very/moderately surveyed viewed the NHS as a desirable employer.
- Therefore, a continuation of targeted outreach or education campaigns to support local people into paid employment is required.

- The ICB aims to enhance social mobility and support the development of a sustainable healthcare workforce supply whilst addressing rising unemployment levels.
- The *"Here I Am!"* project, ran from 11 September 2 October 2023 and was developed to gather data on social mobility across SWL.
- The results showed the people from local communities surveyed via the Clever Together SWL Skills Audit felt a career in the NHS was desirable. See graph on the right.

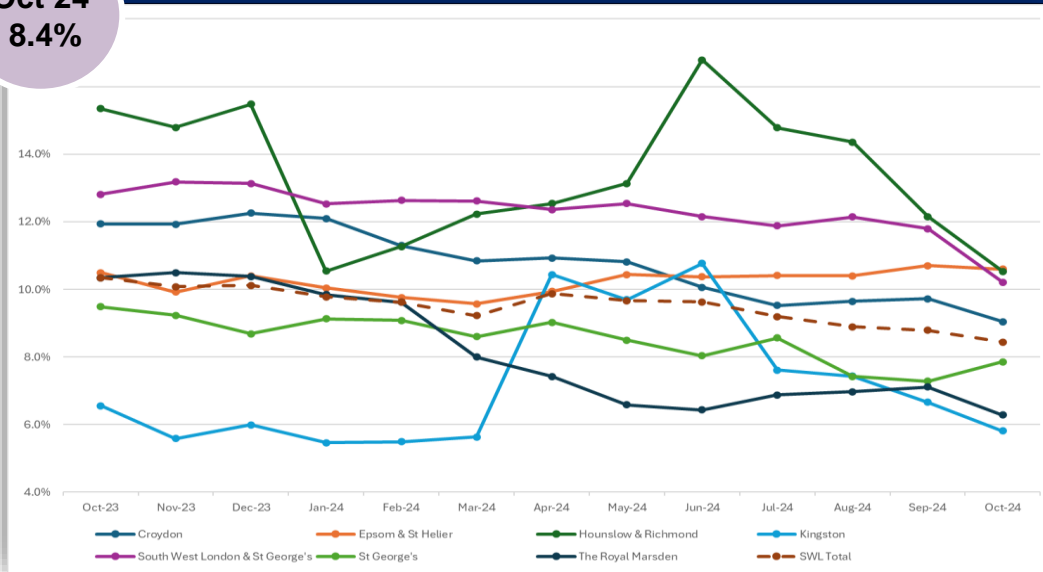




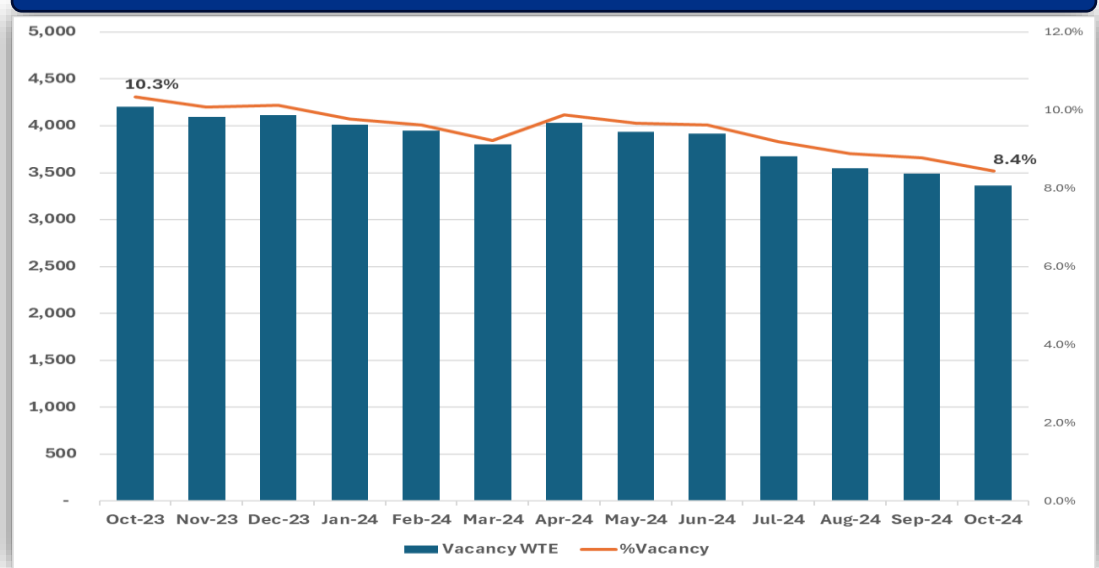
# Vacancy rates are falling .....

Oct 24  
8.4%

Vacancy Rate by Trust over 12 months



NHS SWL Vacancy Rates & Numbers (WTE)



Current Vacancy Rates & Numbers (WTE) by Trust

Trust	Vacancy Rate	Vacancies (WTE)
St George's	7.85%	906.26
Epsom & St Helier	10.60%	902.04
Croydon	9.05%	492.24
South West London & St George's	10.21%	399.55
The Royal Marsden	6.29%	329.84
Kingston	5.81%	262.68
Hounslow & Richmond	10.53%	72.47
<b>Total</b>	<b>8.40%</b>	<b>3365.08</b>

- Vacancy rates in the NHS have seen a steady decline across the SWL region reducing from 10.3% in October 2023 to **8.4%** in October 2024.
- There are still a total of 3,365 WTE potential vacancies in SWL covering all staff groups.
- *To note: fluctuations in vacancies can be seen (above left) for Kingston and H&R as their data is adjusted for recent TUPE transfers and merging.*

# Retain: Proving better care to our people

# Retain | Key System-level Data Points - Turnover

## What is turnover?

The percentage of NHS staff that leave their jobs over a given period of time (usually measured over 12 months), and it can be an important indicator of workforce retention issues. Turnover of staff can disrupt the continuity of care and also involves a financial cost to replacing members of staff who leave their role. It can also lead to a loss of valuable expertise and experience.

## NHS turnover

Oct 24  
13.2%

There has been a steady decline in turnover Nationally, in SWL and London overall with the National rate currently at 9.7%, London 11.6% and SWL at 13.2% (in part due to the TUPE transfer of approx. 600 staff out of HRCH in June 2024). Due to the TUPE, SWL experienced an increase in turnover between June and July 2024 but, since then, it has continued its previous trend of improvement overall. The TUPE also impacted AHP and Scientific, Therapeutic and Technical Staff Groups which can be seen below.

## Turnover rate by Staff Group



AHP



Sci, Therapy,  
Tech



Support to Clin



Admin



Nursing &  
Midwifery



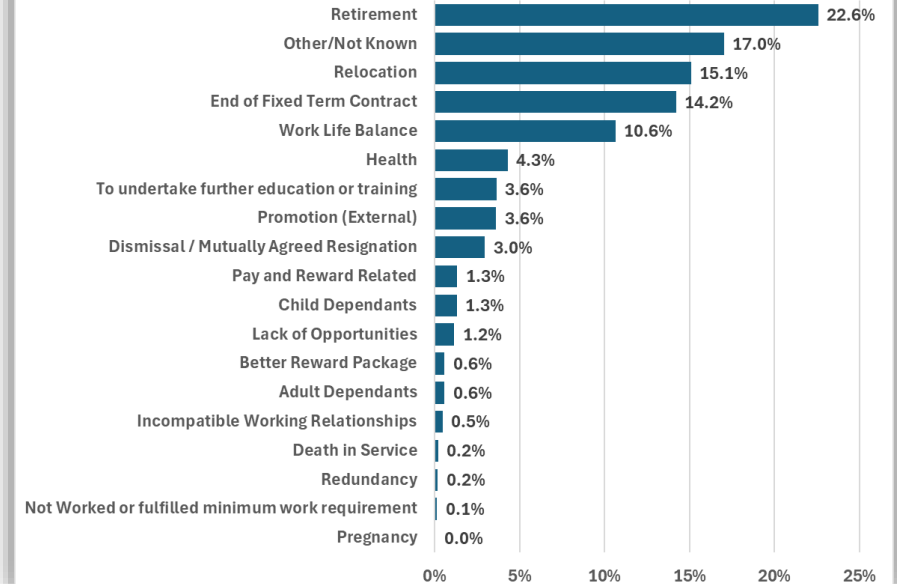
Healthcare  
Scientists



Medical &  
Dental

## Reasons for leaving

### Reason for Leaving (Movement out of ICS) Oct-24



At 22.6% (532.6 WTE), retirement is the top reason why staff are leaving SWL..

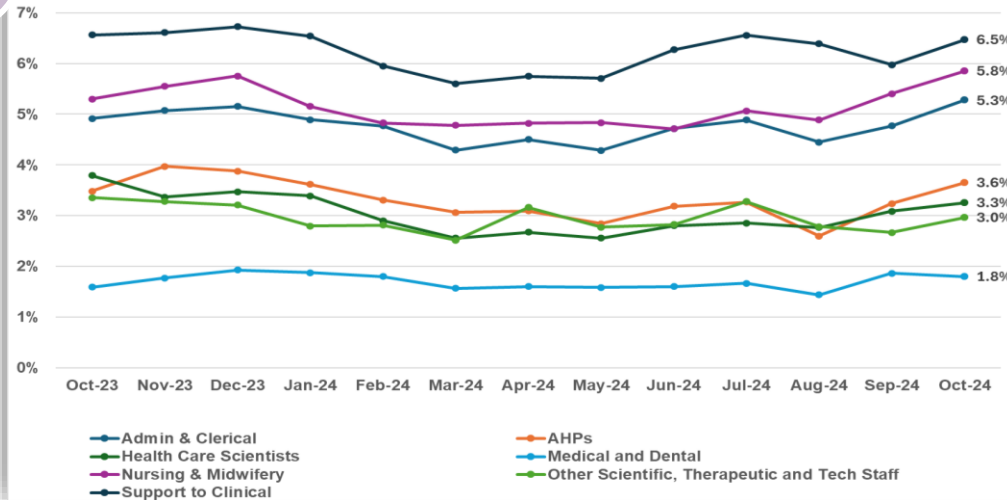
Relocation and Work Life Balance are the next highest reasons for staff leaving voluntarily.

The high numbers of leavers being recorded in the Other/Not Known category impacts our ability to identify accurately the real reasons for staff leaving and take action accordingly. This is being picked up with Chief People Officers.

# Retain | Key System-level Data Points – Sickness/Absence

Oct 24  
4.9%

Sickness Rate by Staff Group



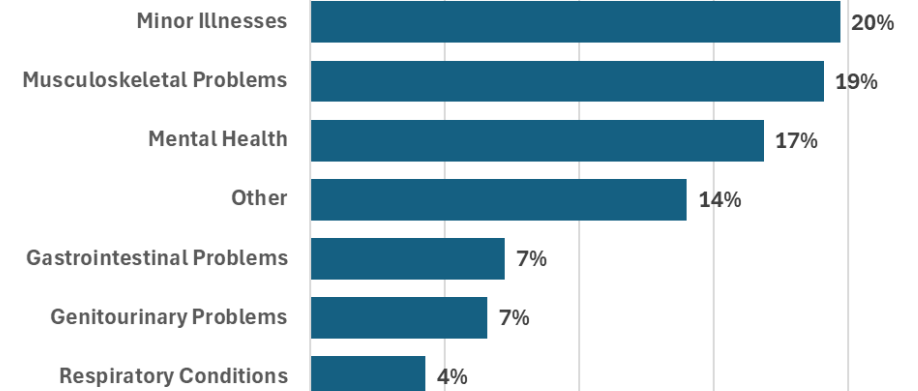
## Summary

Since August 2024, we have seen sickness levels increase in most staff groups. Support to Clinical Staff continue to have the highest levels of absence with rates similar to those seen last year (6.6% in Oct 23, 6.5% in Oct 24). Notably, rates for Medical staff remain at a significantly lower level compared to other staff groups.

## Regional and National comparisons

Rates in SWL, London & Nationally follow a very similar pattern of fluctuations across the year. SWL & London rates are consistent with each other throughout, currently at 4.9% and 4.8% respectively and both averaging 4.5% over the YTD. Nationally, rates sit higher at 5.4% in Oct 24. Averaging 5.1% over the year.

Reasons for Sickness Absence\*



The graph above shows only the top 7 reasons for sickness absence, with the top three reasons being:

### Minor Illnesses (10,178 days lost in month)

- As expected in Autumn and Winter months we have seen an increase in colds and flu.

### Musculoskeletal Problems (9,863 days lost in month)

- This remains high not only in SWL but is also the second highest reason for absence Nationally and in London overall.

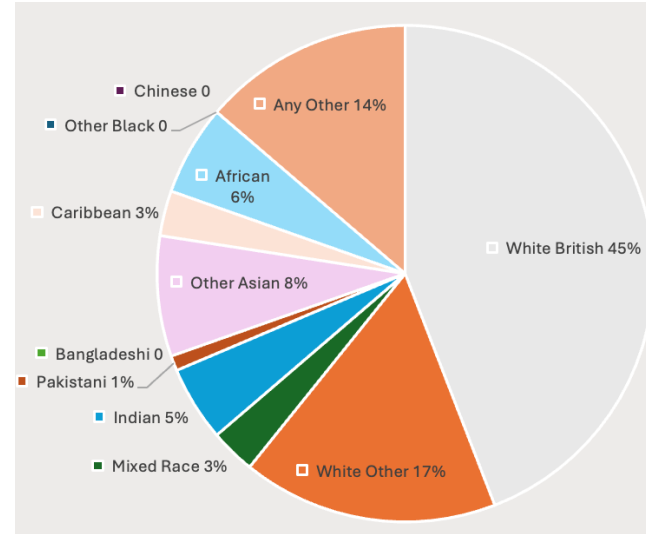
### Mental Health (8,712 days lost in month)

- Mental Health has the highest rate of absence nationally, currently at 25% (compared to 17% SWL and 18% in London).
- Burnout and workload stress were the main mental health presentations.

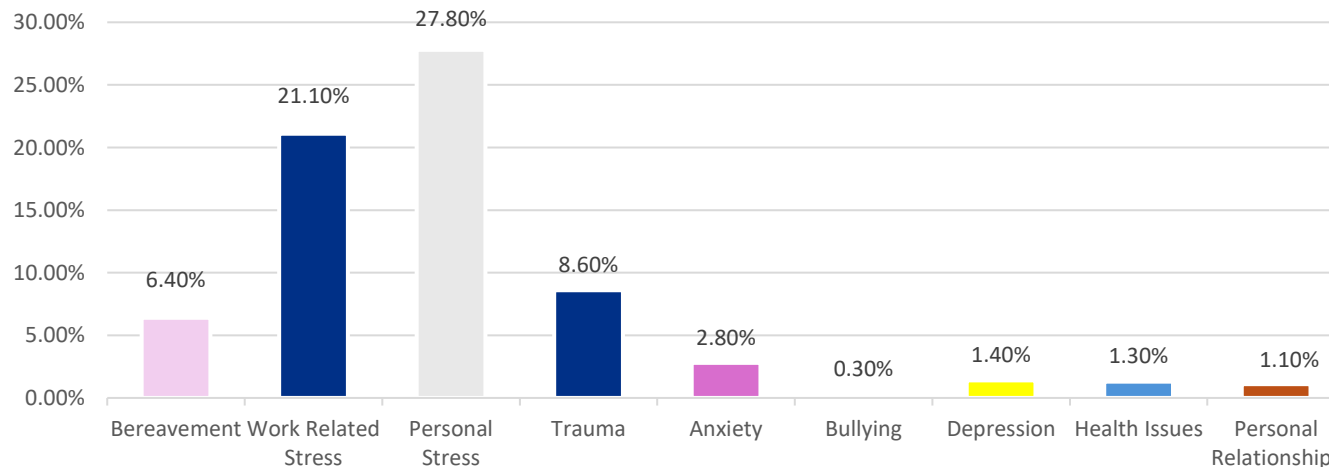
# Retain | Health & Wellbeing Programme Update

**Mental Health Hub** | In response to increased mental health related absences, rapid access to local evidence-based mental health and wellbeing support is available. The SWL MH Hub has 3 access points via 3 acute trusts that service the entire system. The hub offers staff, clinical assessment, counselling and onward referrals to more specialist services including the inhouse psychiatrist. There are also a group sessions for common presentations that lend themselves to group facilitation.

Ethnicity



Referral Reasons



## Highlights

- 1099 people were referred to the hubs from April 2024–November 2024
- 83% female, 17% male and <1% trans (1 individual).
- Usage of the mental health hubs by male staff is up to 17% from the initial 8% at the commencement of the hubs.
- Age: 26–35 years (38%) are the highest users of the Hubs; under-25s and over-65s use the Hubs the least.
- Ethnic minorities remain underrepresented.
- Stress is the leading cause of people using the Hubs, with personal stress (27%) and work-related stress (21%) most cited.

## Psychiatry services

- 90 individuals seen between April 2023 and October 2024
- 27% male engagement, aligning more with workforce representation. Reflecting the tendency for men to delay seeking help until issues become severe.

## Challenges and next steps

- Secure alternative mental health provisions for the ICB and primary care staff when the funding ends in Mar 2025 within existing system budgets.
- Improve promotion to maximise the utilisation of the offers.

# Retain | Health & Wellbeing Programme Update



## Women's Health Project |

Our NHSE funded menopause project evolved into a comprehensive women's health offer, after recognising that menopause issues often coexist with broader health concerns such as mental health, osteoporosis and MSK. The project through additional funding via the SWL ICP priorities fund offers 1-to-1 consultations, care packages for symptom management, and a range of resources promoted via the staff support [website](#).

### Highlights

- The women's health 1to1 consultations had 143 applications since going live in August 2024.
- As appointment slots are limited, we prioritise staff who have had to take time off due to symptoms.
- 48 consultations delivered to date with 19 staff currently on the waiting list.
- A menopause community has been established across the system with 250 staff on the circulation list.
- Providers other than St Georges, show lower engagement, indicating potential areas for increased outreach and promotion.

### Next steps

- As 20% of nursing staff are of menopausal age and 40% of nursing staff are over 55, we will continue to raise awareness of the offers.
- Care packages offered to staff members with low priority cases in lieu of consultation.
- Menopause friendly uniform trials (see below)

### Menopause Friendly Uniform Trial

- The uniform trial is in response to our menopause survey.
- Several patient facing staff expressed discomfort with the standard issue uniform due to their symptoms.
- Menopause friendly uniform trials will commence in January 2025. 30 staff have registered their interest to take part in the trials.
- Funding for this trial was secured through the ICP priorities fund.
- Findings will be supplied to trusts who may then choose to offer this permanently based on staff experience.



# Retain | Health & Wellbeing Programme Update

## Men's Health Project |

Building on findings from our NHSE funded Men's Health project, our new ICP priorities funded project provides support for mental health, obesity, and MSK concerns. Male staff can access specialist seminars, cooking vlogs, exercise/stretching resources and FutiTalk (sports talk therapy group). Recognising that men often delay seeking help, we introduced proactive Men's MOT sessions taking a preventative approach to health.



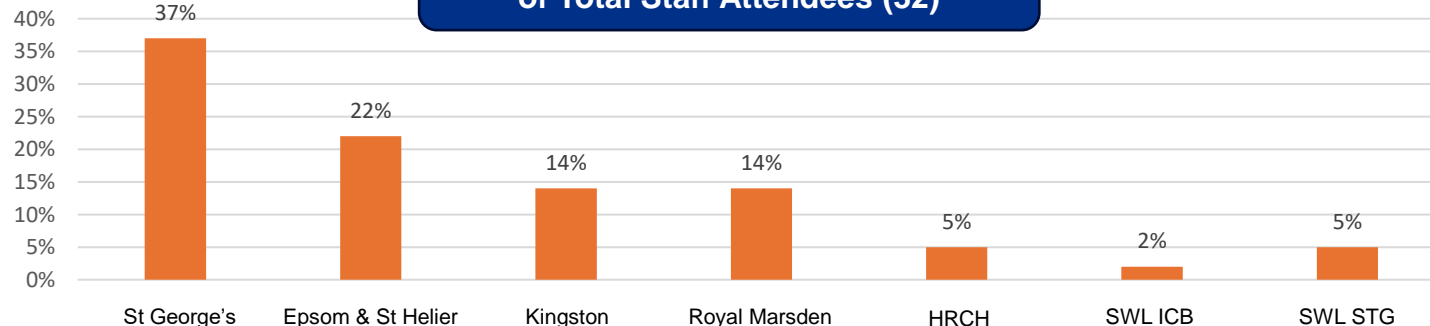
## FutiTalks Highlights

- Total Registered Interest: 83
- Total Staff Attendees: 32

A FutiTalk session is a sports talk therapy group and is less than half the price of a counselling session per person. This is an effective method in getting male staff to open up. Groups are intentionally small so that men feel comfortable to talk.

The attendance has been consistent and high between September - November but has since decreased with the cold weather.

## FutiTalks Organisational Distribution of Total Staff Attendees (32)



## Challenges and next steps

- New promotional campaign has commenced which will increase visibility of the offer and ultimately increase the average attendance of FutiTalks providing even better value.
- Men's MOT sessions, testing: blood pressure, BMI, blood sugar levels and cholesterol levels.

# Retain | Health & Wellbeing Programme Update

WELLBEING PROJECT NAME & DESCRIPTION	KEY ACCOMPLISHMENTS	CHALLENGES & NEXT STEPS
<p><b>Flexible Working</b>   The SWL is part of the CapitalNurse flexible working pilot. The pilot is targeted to acute and mental health trusts, with the aim of supporting ward and unit managers to deliver flexible working in their environments to improve staff satisfaction, improve retention, reduce vacancies and reduce sickness.</p>	<ul style="list-style-type: none"> <li>• We have 5 wards taking part in the CapitalNurse flexible working pilot.</li> <li>• These wards are based at Kingston, SWL STG and Royal Marsden.</li> </ul>	<ul style="list-style-type: none"> <li>• Ward and unit manager buy in is essential for this to work.</li> <li>• Training sessions are underway for managers on the benefits and best practice approaches for flexible working in a ward environment.</li> </ul>
<p><b>Cost of Living Research Project</b>   Working in partnership with provider colleagues, the Royal Marsden are taking the lead on behalf of the system in reviewing the impact of the high cost of living on predominantly patient facing staff, particularly those in lower bands.</p>	<ul style="list-style-type: none"> <li>• Interim report which was informed by a cross section of 34 staff members from across the system via interviews and focus groups.</li> <li>• As a result of the findings, food storage and reheating equipment is to be supplied to 20 departments based in St George's, Your Healthcare, Croydon and SWL STG for long term use.</li> <li>• The equipment will an impact just under 1000 patient facing staff members across the 20 departments.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff members have been nominated from each department that have received equipment to take part in an evaluation.</li> <li>• A review will be undertaken of the impact of food storage and heating equipment (microwaves, kettles etc)</li> <li>• Considering sourcing a healthy eating video demonstrating how to cook healthy food on a budget using ingredients that would normally be discarded.</li> </ul>



# Retain and Develop: Belonging and Inclusion

Our vision is to make South West London a great place to work and live, **where everybody feels they are included & belong.**

### Our objectives that underpin our vision and supports our delivery of the national EDI Improvement Plan

Measurable objectives on EDI for Chairs Chief Executives and Board members.

Overhaul recruitment processes and embed talent management processes.

Eliminate total pay gaps with respect to race, disability and gender.

Address Health Inequalities within workforce.

Comprehensive Induction and onboarding Programme for International recruited staff.

Eliminate conditions and environments in which bullying, harassment and physical harassment occurs.

### Our initiatives to deliver our objectives



Ask Aunty App  
(Pilot Initiatives)



Future System Leaders  
Programme



Anti-Racism Framework  
Development



Resolution Framework  
(5D Review Pilot)



Disability Advice Line  
(Pilot Initiatives)

# Increasing Belonging: Staff survey scores for inclusivity are variable across our Trusts.

The majority of the NHS organisations across the ICS ranked in the third or fourth quartiles for inclusivity

<i>Hospital Name</i>	<i>Staff Survey grouping</i>	<i>Ranking</i>	<i>Quartile Placement</i>
<small>1<sup>st</sup> quartile = highest, 4<sup>th</sup> quartile = lowest</small>			
<b>Kingston Hospital NHS Foundation Trust</b>	Acute and Acute & Community Trusts	37/122	second quartile
<b>Epsom and St Helier University Hospitals NHS Trust</b>	Acute and Acute & Community Trusts	78/122	third quartile
<b>Croydon Health Services NHS Trust</b>	Acute and Acute & Community Trusts	83/122	third quartile
<b>St George's University Hospitals NHS Foundation Trust</b>	Acute and Acute & Community Trusts	100/122	fourth quartile
<b>The Royal Marsden NHS Foundation Trust</b>	Acute Specialist Trusts	6/13	second quartile
<b>Hounslow and Richmond Community Healthcare NHS Trust</b>	Community Trusts	13/16	fourth quartile
<b>South West London and St George's Mental Health NHS Trust</b>	Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts	31/51	third quartile
<b>NHS South West London ICB</b>	ICB	40/45	fourth quartile

# Develop | Ask Aunty

Ask Aunty, a pioneering pilot programme is designed to support international staff at St George's, Epsom and St Helier Hospitals, the initiative is currently part funded by SWL ICB.

## What is Ask Aunty?

Ask Aunty is a comprehensive support programme offering tailored assistance to international healthcare workers to help them integrate seamlessly into their new roles and communities.

## Two Core Services:

- 1. Mentoring:** Experienced colleagues, affectionately called "Aunties" or "Uncles," provide personal and professional guidance to new international staff.
- 2. Dedicated App:** A user-friendly app offers vital resources, including mental health and well-being support, training opportunities, professional development, and accommodation assistance.

The initiative has now received £250,000 in funding from NHS England for its expansion across London. This is a great achievement at a time when there are very limited funding pots currently available. The roll out of the Ask Aunty Project will start in January 2025 to include all ICBs across London.

Education & research

Education & Development

Postgraduate Medical Education

LED-SAS-IMG Doctors

▶ Ask Aunty programme

Courses/webinars/conferences

Guidance for SAS & LED Doctors

IMG Enhanced Induction

IMG Forum



IMGs WhatsApp group


Mentoring scheme

SAS Application form

Useful information



Ask Aunty programme





Ask Aunty Programme Team:

- Sandra Ovid – Ask Aunty Project Lead
- Anna Awoliyi – Ask Aunty Mobile App Lead
- Istahil Adan – Ask Aunty Project Manager
- Shema Shonihare -Ask Aunty Administrator



### System leaders programme

The first cohort launched in January 2024, led by Dr Eden Charles, and is designed to develop staff working at Band 8C to become more inclusive leaders and help create a more inclusive senior leadership in the future.

22 members of staff from across South West London health and care system, including colleagues from the ICB and Trusts have now completed the program and currently working with their sponsor mentors.





### Why do we need to develop Middle Managers?

- In response to the challenges faced by middle managers, including navigating complex environments, addressing inequity, and ensuring effective team coordination, early in 2024 the ICB commissioned the **Inclusive Leadership Development Programme** in partnership with the University of Roehampton.
- With a brief promotional window we saw, 63 applications to attend the Master's level course. This first cohort of 40 learners commenced in October 2024, with 35 completing the course in December 2024. All demonstrated high engagement and commitment to their learning. The current funding available allows for two cohorts, the second cohort is planned for early 2025.

### Challenges & Next Steps

- **Challenge:** To explore additional funding options for future programmes (beyond cohort 2) .

### Course Objectives

South West London



- The 'Inclusive Leadership for Middle Managers Programme takes the position that it is the responsibility of everyone to work to combat racism, discrimination, and inequity in their own professional contexts and life practices.



- You will develop a deeper criticality and awareness of your impact as a manager. You will reflect on your personal and professional identities and how these inform your actions. You will learn about Inclusive Leadership practices and how they apply to your day-to-day work in your organisation.

- Using the lenses of intersectional anti-racism and positionality, you will scope, design, and integrate reflective changes within your own leadership and management.



- This unit is process-led, not product-led. A key objective of the course is personal change and reflection through identity work, considering the lived experience of the full spectrum of providers through to the end recipients of health services.



- Reflective practice will support your journey to learn about, critique, reflect on, and transform your environments and your approaches to leadership and management. The overall aim is to energize you to create working spaces that are more open, divergent, and just.

63

**Applications**

Across SWL

40

**Spaces**

Per Cohort

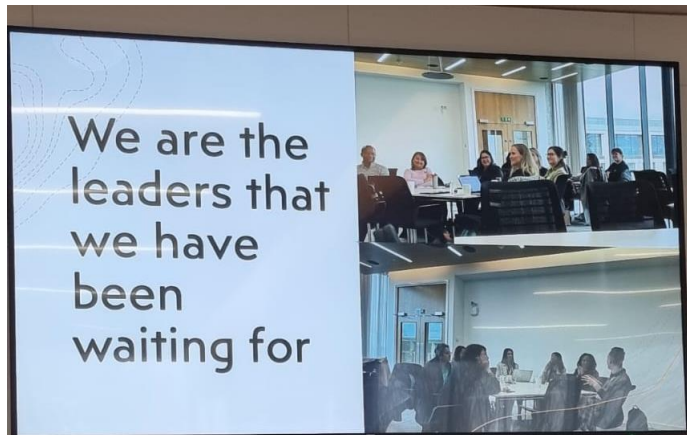
9

**Weeks**

Course duration

### Impact and Comments from learners...

- **Impact and Evaluation** The first cohort of 40 learners, with 35 completing the course, demonstrated high engagement and commitment. Key outcomes included:
  - 6,000+ interactions on the e-learning platform.
  - 300+ reflective blog posts, providing insights into professional growth.
  - Positive testimonials highlighting the transformative impact of the course.
  - Ongoing evaluation through post-course follow-ups to assess long-term impact and foster peer learning.



“This course has been an insightful and amazing experience for me.”

“I was fortunate enough to be able to sign up to this course and I have thoroughly enjoyed partaking in this.”

“ I think this course should be attended by everyone in the organisation, as it gives you an opportunity to reflect on ourselves as people, our ways of working, how we are perceived and seen by others, feeling safe, builds confidence and you learn an array of strategies and theory which have certainly inspired me as an individual on what changes I can make to be a better person, to use my voice, to feel and be included, to include all my peers and how to actually create and influence an inclusive culture within our organisation.”

“I highly recommend this course to all colleagues of SWL ICS and recommend giving it the full time and attention that it needs to be able to reflect, adapt and change as individuals to make a difference to the population we work for and to continue to make SWL an even better place to work within.”

## Develop | Disability Advice Line (DAL)

Launched across most SWL Trust's in 2024 by Baroness Tanni Grey-Thompson. In addition, each organisation had its own separate launch, formally supported and lead by the respective Chief Executive Officer's.

The DAL was established to enhance accessibility, support reasonable adjustments, to align with the NHS Workforce Disability Standard and ultimately meet the legal duties of the Employment Act 2010.

In the past 12 months, the DAL has undertaken a range of initiatives focused on increasing accessibility, improving staff training, and fostering an inclusive environment for staff.

- The DAL has supported more than a 100 people and hosts drop-in session every week.
- We have been able to claim over £30,000 from *Access to Work* and have built ongoing relationships.



### Disability Advice Line



#### What is the DAL?

The Disability Advice Line (DAL) aims to support and engage people with disabilities and long-term health conditions.

An innovative support service that gives confidential independent disability advice. Hosted by Epsom St Helier (EPSTH) and funded by the South West London Integrated Care System (SWL ICS).

The DAL will introduce and raise awareness of 'disability potential' within SWL and measure its impact through the increased number of disabled people at every stage of the recruitment process.

**This service will offer information and guidance on disability-related issues to:**

Managers

Other key stakeholders

Existing staff

Perspective staff

Wider staff body



# Anti-racism in London's health and care systems

Five commitments that the health and care leaders have agreed for London.

1. **Leadership commitment:** to being anti-racist health and care systems and organisations, with Board representation, strategy development and anti-racist approach to all policies.

2. **Commitment to our ethnic minority workforce:** to support our ethnic minority staff and create enabling workplaces.

3. **Commitment to target health equity:** to prioritise and deliver evidence informed, culturally competent interventions to narrow the gap, by reducing inequities people from ethnic minorities face in access, uptake, experiences and outcomes of our health and care services.

4. **Commitment to becoming an anchor institution:** to leverage our positions as anchor institutions to tackle the wider determinants of racial health inequalities.

5. **Commitment to our local communities:** to work with our communities to amplify their voices, in the decision, design and delivery of services, to rebuild trust and confidence.

## Our Vision

London's Health and Care partners recognise that racism in its structural, institutional, and interpersonal forms is an urgent threat to public health, the advancement of health equity, and a barrier to excellence in the delivery of medical care.

Our organisations oppose all forms of racism and will actively work to dismantle racist and discriminatory policies and practices across all of health and care and work towards race equity

# SWL Anti-Racism Programme Overview

We have developed a three-stage approach to deliver our work and the programme is currently in the 'Design' phase:



## DEFINE

- Partner of London Anti-Racism Collaboration for Health (LARCH) to support the development of anti-racism approach for London
- Working with Race Equality Foundation on the development Race Equity Maturity Matrix (funded by GLA, LARCH)
- Develop a detailed understanding of the National and Local context
- Identify our stakeholders and understand their needs
- Scope existing anti-racism frameworks and available resources
- Define timelines for delivery and strategic governance of workstream

**completed**



## DESIGN

- Create an engagement plan for our VCSEs and workforce
- Identify areas that require external support and develop requirements – e.g. Flair/KREC
- Determine key components of anti-racism framework/toolkit for SWL – options appraisal
- Sign off draft framework and high level development plan
- Identify areas for data analysis including community and workforce engagement
- Develop detailed delivery plan



## DELIVER

- Commission support requirements – eg Flair/KREC
- Conduct further engagement across SWL post-survey analysis recommendations
- Refine framework components following engagement sessions
- Develop communication and promotion approach and implement across the system
- Co-design SWL anti-racism framework/approach with our partners and commissioned organisations
- Deliver anti-racism framework/toolkit

# Delivery partners

Our approach prioritises engagement with local communities and our workforce through a phased co-design process to ensure we develop an anti-racism framework which will have a meaningful impact. To deliver this engagement, our two collaborations include:

## **Flair Impact: Workforce engagement**

Flair impact have been funded to lead intelligence and diagnostics by conducting data analytics on racial awareness, inclusion, behaviours and diversity in the workplace.

### **Objectives:**

- Develop and run a bespoke workforce questionnaire for participating South West London health and care organisations.
- Develop a dynamic dashboard to view the data, analyses, and benchmarking from the questionnaire.
- Provide a set of recommendations based on insights

## **Kingston Race and Equalities Council (KREC): Community engagement**

KREC will be leading the community engagement across South West London with our community and voluntary sector organisations. In addition, they will also support the system in delivering the recommendations from the Flair data analytics exercise.

### **Objectives:**

- Conduct engagement workshop and focus groups to gather insights on racial equity with SWL VCSE partners and other key stakeholders
- Work with system based voluntary organisations to gather racial awareness insights through a grant giving scheme
- Host a South West London conference to raise awareness, share insights and define next steps for sustaining community engagement

# Examples of work underway

## Anti- Racism work in maternity

- The Capital Midwife Anti-Racism Framework gives hospital maternity departments a roadmap for developing an anti-racist culture and has nine key anti-racist initiatives with awards for achieving different stages of implementation. Currently Kingston hospital is piloting the framework for southwest London.
- SWL is the first ICB to recruit maternity, neo-natal voice partner in London with a focus on minority communities.
- Through the SWL Innovations Fund we are currently funding the Jen Group to run *Train the Trainer sessions in Maternity Services for minority groups* with pilots in Croydon and Epsom and St Heller with more sessions planned for January 2025

## Addressing Systemic Healthcare Discrimination – RM Partners NW & SW London Cancer Alliance

- The aim of the program is to increase understanding and awareness of tools to tackle health inequalities in primary and secondary care settings, with a focus on cancer. The initial program will be delivered by Brap with a focus on Primary care in SWL. The training will cover:
  - Help people understand bias and feel confident to challenge bias
  - Provide understanding, confidence and commitment to tackle anti-discriminatory approaches
  - Enhance knowledge on systemic discrimination experienced by our local populations and activating anti-discriminatory behaviors in health workers

# Our focus on anti-racism until year end

- Recruitment of an Anti-Racism Lead
- Review of the current governance and delivery groups
- Finalise the review of current anti-racism frameworks and propose the anti-racism framework for SWL
- Develop a communications plan to inform staff of the Flair survey purpose and launch
- Launch survey with organisations – live for 2 weeks
- Flair to provide insights and recommendations from survey analysis
- Design detailed delivery plan for 2025/26 based on the findings of the surveys

# Retain and Develop: Training, Education and Development



# Develop | SWL ICP Apprenticeship Hub Data

As an employer, you have to pay Apprenticeship Levy each month if you have an annual pay bill of more than £3 million. The Apprenticeship Levy is an amount paid at a rate of 0.5% of an employer's annual pay bill.

All providers across SWL committed to increasing the utilisation of the apprenticeship levy in FY 24/25 by 10% on the previous year (FY 23/24).

Currently, **we are 9% under this target in SWL based on current year to date performance** (based on Apr to Nov 24 data).

The South West London ICP funded Apprenticeship Hub aims to enhance and manage apprenticeships in health and social care, benefiting employers, educators, the voluntary sector, and apprentices by improving apprenticeship pathways, sharing best practices, and efficiently utilising the apprenticeship levy.

Provider Name	Spend Total £ 2023/24	Spend Total £ 10% Target 2024/25	Spend Total £ 2024/25	YTD Change	YTD Vs target	Learners 2023/24	Learners 10% Target 2024/25	Learners 2024/25	YTD Change	YTD Vs target
St George's	811,553	892,708	555,568	-10% (-60,500)	↓	150	165	129	-14% (-21)	↓
Epsom & St Helier	774,712	852,184	555,615	-5% (-31,095)	↓	212	233	176	-17% (-36)	↓
Croydon	717,347	789,081	604,805	20% (101,945)	↑	131	144	138	5% (7)	↓
SWL & St George's	413,117	454,429	344,416	3% (8,492)	↓	99	109	113	14% (14)	↑
Kingston	411,868	453,054	297,887	-8% (-27,001)	↓	101	111	85	-16% (-16)	↓
The Royal Marsden	278,663	306,529	271,830	39% (76,645)	↑	86	95	101	17% (15)	↑
Hounslow & Richmond	106,453	117,099	44,803	-45% (-36,927)	↓	18	20	11	-39% (-7)	↓
SWL ICB	12,358	13,594	6,244	-20% (-1,602)	↓	5	6	4	-20% (-1)	↓
<b>SWL Total</b>	<b>3,526,071</b>	<b>3,878,679</b>	<b>2,681,168</b>	<b>1% (29,958)</b>	↓	<b>795</b>	<b>875</b>	<b>747</b>	<b>-6% (-48)</b>	↓



Table showing Apr 24 to Nov 24 Apprenticeship Levy utilisation compared to same year to date period in FY 23/24.

# Develop | SWL ICP Apprenticeship Evaluation and next steps

An event was held with system partners in September 2024 with the purpose of understanding the barriers limiting the uptake of apprenticeship roles across SWL. The insights from this engagement would then shape work with system partners with links to apprenticeship within their respective sectors to improve uptake within employers



## Next Steps

To address these challenges and capitalise on opportunities, the following steps could be implemented:

### Develop Targeted materials for Managers

Equip managers with the necessary tools and knowledge to engage with apprenticeship programs effectively.

### Strengthen Middle Management Communication

Ensure that middle managers are kept informed and involved in apprenticeship planning and implementation.

### Mandate apprenticeship targets?

Each department or service area would be required to meet specific apprenticeship recruitment goals based on workforce needs and capacity.

### Leverage Partnerships with Educational Institutions

Work closely with higher education providers to align training with organisational needs and ensure apprenticeships are fit for purpose.

### Long-Term Sustainability Planning

Begin planning for the sustainability of these efforts beyond the ICP funding ending in March '25. To ensure that apprenticeship programs can continue to grow and thrive in the long term.

## Challenges and barriers

**Lack of Process Knowledge:** Many managers are not familiar with the apprenticeship process making it difficult to implement effectively.

**Job Availability:** Limited number of vacancies and a shortage of suitable roles for apprentices is contributing to the low uptake. Demand outstrips supply.

**Communication Gaps:** Information about apprenticeship programs is not reaching middle management, limiting their ability to champion the initiative.

**Executive Buy-In:** A perceived lack of commitment and support from senior leaders has been noted as a significant barrier to progress.

**Stigma:** Stigma surrounding apprenticeships, often caused by misconceptions - management referencing back to the old YTS scheme.

## Opportunities

Several areas of opportunity to boost the success of apprenticeships:

- **Improving Knowledge and Awareness:** Building awareness and knowledge around apprenticeship processes through internal comms campaigns outlining the reason for apprenticeship/benefit not just the levy message
- **Support Systems:** Outline a more streamlined processes which will standardise support incl. recruitment and onboarding, making it applicable to both apprentices and managers.
- **Higher Education Interface:** Apprenticeship leads to coordinate, promote and guide activities and centralise vacancies. Working with educational institutions, highlighting where opportunity is not meeting demand



# Transform: Improving workforce modelling, planning and design

# Transform: Improving operational and workforce planning

On August 6th, each London ICB was tasked with coordinating provider responses to evaluate the efficacy of Workforce Grip & Control measures, ensuring that workforce plans adhered to the submitted trajectories. **Taking the lessons learned, during the planning round this year, we will work with providers to improve:**

- The articulation of [monthly phasing within plans](#).
- Improved connections between [job planning and operational plans](#).
- The appropriate use of [temporary staffing](#) to manage safety at sites against operational pressures.
- [Workforce planning capabilities](#) in our Trusts.

**In addition, we have initiated several steps to strengthen our planning approach which will form the foundation for ongoing improvements. These actions include:**

- [Align Workforce Plan with CIP Tracker](#): A detailed list of current and future workforce programmes is being compiled, aligned with the Missions Board and the Financial Recovery Plan. This includes mapping out WTE and financial impacts for each programme, along with anticipated dates for full benefit realisation.
- [Strengthen Governance for Workforce Prioritisation](#): We working with Chief People Officers to ensure that medium- and long-term workforce plans are assured for delivery.
- [Embedding Lessons Learned from FY 24/25](#): Insights from this financial year are being used to improve workforce triangulation with planning and finance, ensuring that plans for FY 25/26 are achievable and aligned with the financial recovery plan and system priorities.
- [Developing a data-sharing agreement to access more contemporaneous workforce data](#). Alignment of data to demand and finance data, to produce workforce plans and forecasts that are more accurate, actionable, and aligned with operational needs.

# Update on the SWL Acute Provider Collaborative

Agenda item: 5

Report by: Jacqueline Totterdell, GESH CEO; Jo Farrar, KRFT CEO; Matthew Kershaw, CUH Trust; Susan Sinclair, Interim MD SWL APC

Paper type: information

Date of meeting: Wednesday, 15 January 2025

Date Published: Wednesday, 8 January 2025

## Content

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

## Purpose

This paper updates the South West London ICB (Integrated Care Board) on the main areas of focus and deliverables of the Acute Provider Collaborative in the elective care programme for 2024/25 and plans for the year ahead.

## Executive summary

Over the last year, there has been significant delivery of Community Diagnostic Centres, improvement in outpatient waits as well as elective and day case productivity gains.

In addition, working in partnership with Trusts and the ICB, a significant step forward in technological infrastructure has been enabled via the implementation of a patient portal, as well as self-care apps. We have made significant progress already but expect further technological transformation over the coming year. In addition, via our clinical networks we are working to deliver transformation at scale including placing more care in the community where clinically appropriate and ensure equitable improvement in waiting times so that all of our population benefit.

The work undertaken so far ensures that we are in a strong position to deliver the expectations set out in 'Reforming Elective Care for Patients' (DHSC/ NHSE) published in January 2025, and together we are working to carefully plan 2025/26.

## **Key Issues for the Board to be aware of**

- Whilst progress has been strong, full planning and financial guidance for Trusts and systems is yet to be issued for the 2025/26 financial year.

## **Recommendation**

### **The Board is asked to:**

- Note the progress to date of the Acute Provider Collaborative including its successes in delivery of the Community Diagnostic Centres, Digital and technical improvement and elective improvement and efficiency.
- Continue to support the APC work programmes.

## Governance and Supporting Documentation

### Conflicts of interest

No conflicts of interest

### Corporate objectives

This document will aligns to the following Board objectives:

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience and access.
- Enhance productivity and value for money.

### Risks

While there are no new risks, it is worth noting that NHS payment and funding arrangements are not confirmed for 2025/26.

### Mitigations

Work with the ICB and individual providers to ensure the outcomes of planning and financial guidance are understood and acted upon to meet planning requirements.

### Financial/resource implications

See above

### Green/Sustainability Implications

N/A

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

The APC is reviewing inequity at the outset of any programme in order to address as part of delivery.

### Patient and public engagement and communication

N/A

### Previous committees/groups

Committee name	Date	Outcome
APC Outpatient Board	19 December 2024	Approved
APC Internal Board	27 November 2024	Approved
Collaborative Board (note work programme updates)	9 December 2024	Approved

## **Final date for approval**

January ICB

## **Supporting documents**

Presentation pack

## **Lead director**

Jacqueline Totterdell – CEO GESH and APC Lead Executive

## **Authors**

Susan Sinclair – Managing Director RM Partners,  
Nayan Tailor – Director of Programmes and Strategy APC,  
Laura Semple – Outpatient Programme Director,  
Aarti Joshi – Diagnostics Programme Director



South West London

# Acute Collaborative update January 2025

# What does the Acute Hospital Collaborative do?

The acute hospital trusts in SWL (Southwest London) have a track record in collaboration and joint working.

Together the Collaborative focuses on joint working to:

- Remove unacceptable variation in waits, care, quality and outcomes
- Deliver benefit for patients and system including better quality, value and financial sustainability
- Ensure pathways across the system are based on the same standards, with similar expertise and waits
- Improve financial sustainability, and ensure best value for the public

**Our Programmes include:**



Diagnostic  
Access



Outpatient  
redesign



Elective  
improvement



Clinical  
transformation



Corporate  
alignment



**And our priorities are to:**



Reduce waits  
across SWL



Embed technology across the  
care pathway to:

- Improve autonomy;
- Reduce bureaucracy &
- Improve clinical outcomes



Transform care &  
efficiency, using  
community  
settings where  
possible



Support our  
CORE20  
population, those  
with protected  
characteristics, &  
the digitally  
excluded



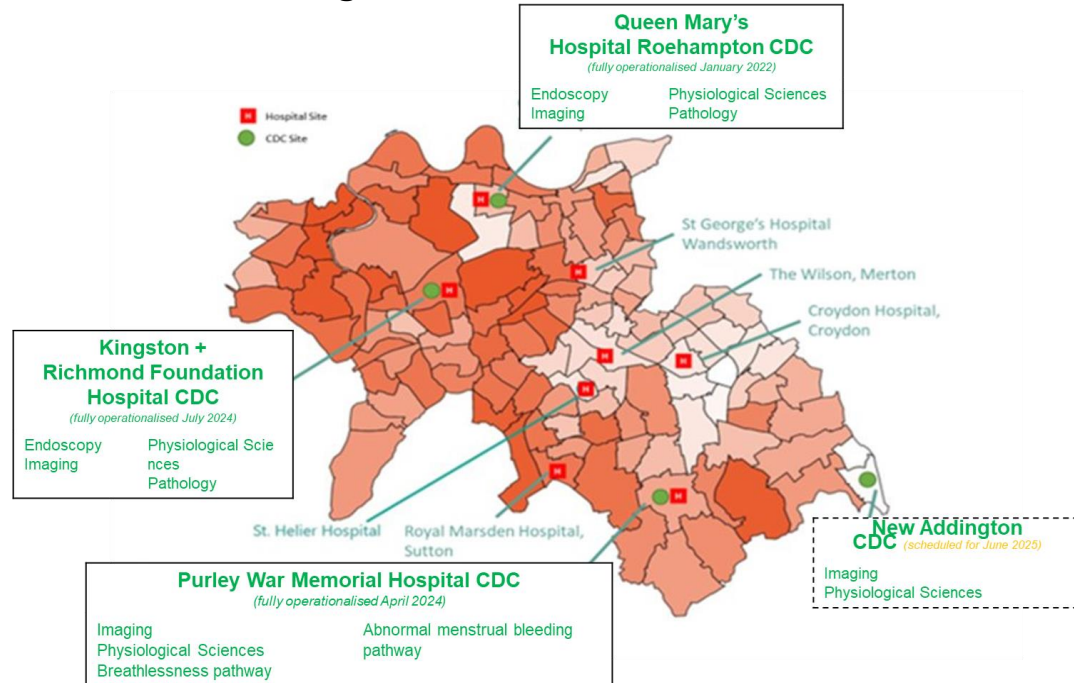
Implement prevention &  
secondary prevention for  
patients accessing  
hospital care



# Key achievements: Implementing Southwest London Community Diagnostic Centres



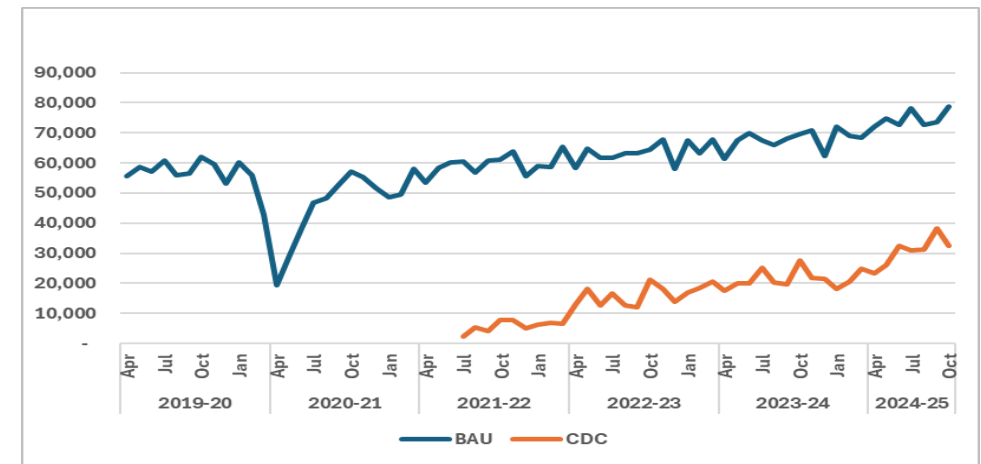
CDCs (Community Diagnostics Centres) provide a step change in local access to diagnostic tests....



- ✓ Since 2021, the Collaborative has worked to implement four new Community Diagnostic Hubs, in locations closer to more deprived areas of SWL
- ✓ 3 of the 4 SWL CDCs are fully operationalised, with the 4<sup>th</sup> CDC scheduled for June 2025
- ✓ As a result of the CDC programme, SWL has received:
  - ✓ 5 Computerised Tomography Scanners (CT)
  - ✓ 3 Magnetic Resonance Imaging (MRI)
  - ✓ 13 Ultrasound Scanners (USS)
  - ✓ 3 Endoscopy stacks
  - ✓ 6 Echocardiography machines

... which are helping us to restore waiting times across SWL

- **726,000** scans/tests have been delivered over the last 3.5 years
- This represents **26%** of the total diagnostics tests delivered since 2021/22 (**2.8m** scans and tests)
- SWL CDC activity equates to **46%** of total London CDC activity.



Average seen within 6 weeks of being referred.

- MRI, CT and Non-Obstetric Ultrasound – > 95%
- Endoscopy – > 85%
- Echocardiography - >80%

# Key achievements: Embedding Technology

In 24/25 we have implemented the building blocks for technological transformation across the care pathway including:



## Prevention & secondary Prevention

42,730

- ✓ SWL users signposted since 1 April to the getUbetter app
- ✓ 19 pathways live, (MSK (Musculoskeletal), Women's Pelvic pathways,
- ✓ Reducing GP + secondary care consultations, and prescriptions

## Patient portal

476,989

- ✓ Patients registered with patient portal- 73.5% of those invited
- ✓ Portal integrates with EPR (Electronic Patient Record) and NHS app
- ✓ Enables viewing of appointments, test results and clinical correspondence and access to follow-up
- ✓ Pre-appointment online questionnaires built for go-live April 25 in pre-op assessment, gynaecology, rheumatology, urology + neurology
- ✓ Ambient AI pilot Kingston & Richmond Foundation Trust/ St Georges Hospital to test benefits and accuracy of utilising AI in outpatients to record consultation and outcomes. If successful will be rolled out across SWL

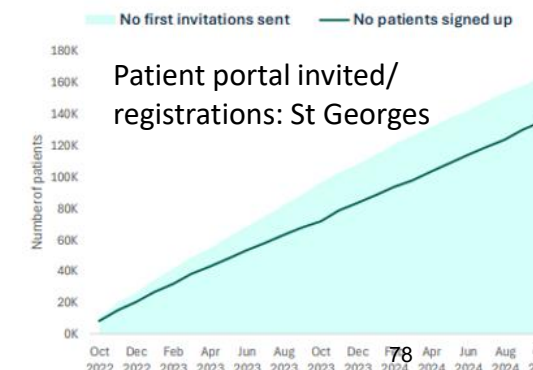
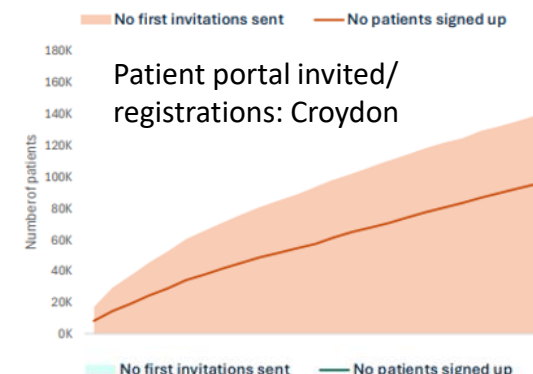
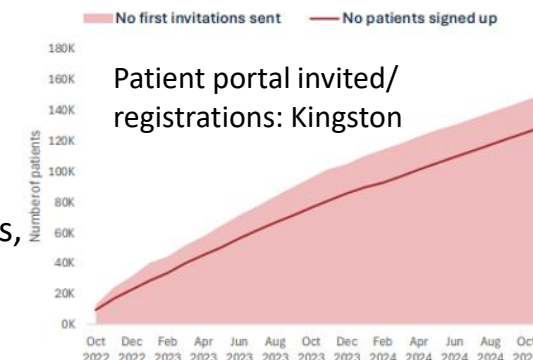
## AI (Artificial Intelligence)



## Medicines



- ✓ Single medicines formulary across SWL, to ensure parity of access and standardised approaches to medicines management



# Key Achievements: Reducing waits



South West London

We expect to have **no 65 week waits** by year end.

Our 52 week waits are the lowest in London and reducing these is a significant priority

## Outpatients: efficiency + productivity

**41,425**

More patients on

Patient Initiated Follow-up pathways

since April 24: 2.7% from 1.7%

**2,000**

Fewer wasted appointments per month

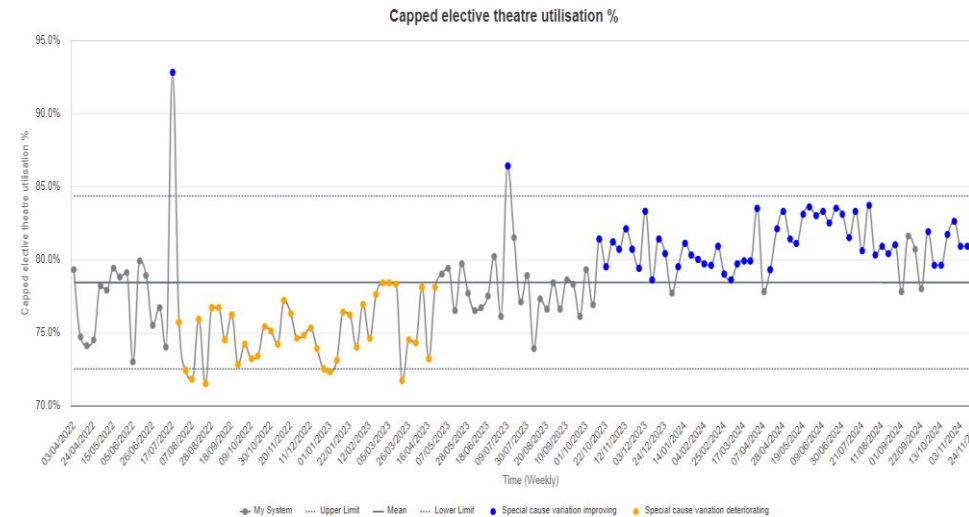
8% from 9%

SWL ICB is best in London

**25,000**

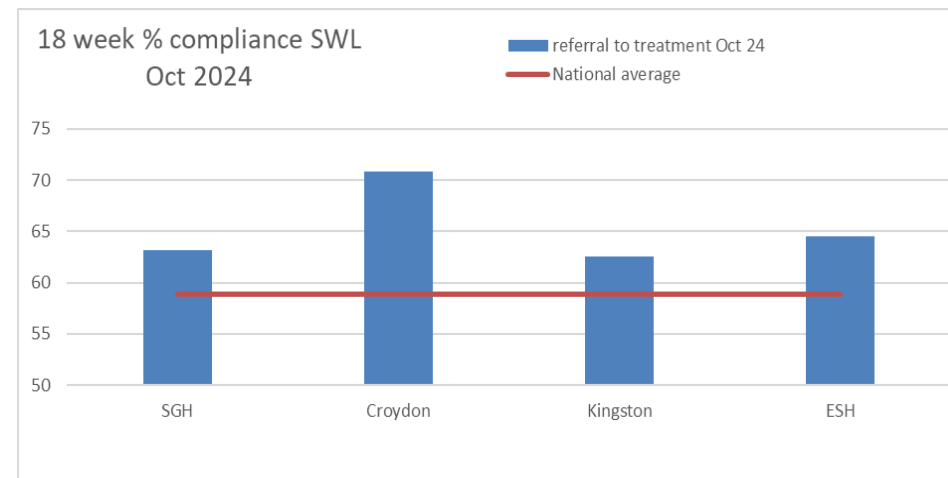
Requests for advice + guidance/ month

## Theatre utilisation: efficiency + productivity



- Consistent delivery of capped theatre utilisation of greater than 80%- a **10% improvement from a year ago**
- SWLEOC increased activity by 8% in same time period last year through new ways of working; whilst also reducing bed base due to reduced length of stay.

## 18 week Referral to Treatment



- All SWL Trusts are exceeding National Average for 18 week Referral to Treatment

# Key Achievements: Clinical Networks



South West London

## All our clinical networks have led + implemented:

- ✓ New guidance for primary care to improve & standardise referrals
- ✓ Training for Primary care on new/ emergent care pathways
- ✓ PIFU (Patient Initiated Follow-up) ‘sprints’ have been undertaken, resulting in significant increase in key specialties during 2024



### Reducing waits

#### Audiology

- Adult **audiology backlog recovery plan and trajectory** in delivery, to return wait times to constitutional standards by March 2025.

#### Ear, Nose & Throat

- **Development of a single point of referral** for secondary care ENT (Ear, Nose & Throat) referrals, to improve waits, service efficiency and standardise care

#### Ophthalmology

- Complete pathway redesign for eyecare from community into acute hospital services, including development of clinical models and service specifications for community minor eyecare services, and single point of access for secondary care referrals.

Our single points of access will embed focus on our CORE20 population to ensure parity of access.



### Transform care + efficiency

#### Neurological Services

- **Subcutaneous immunoglobulin at home** for patients with inflammatory neuropathy, improving patient experience, health outcomes and releasing bed days in acute hospital- for every **5 patients treated; 422 daycase admissions saved**
- **Launch of domiciliary spasticity service for housebound patients**, with scaling-up through existing physio services.

#### Cardio-renal-metabolic

- **Community ECG (Electrocardiogram) service** review completed, with actions underway to reduce unwarranted variation in service models, levels of investment and patient waits.

#### Gynaecology

- **Women’s Health Hubs programme launched** to deliver holistic services for women, in line with National Ambition- first hub to go live by April 2025.

#### Dermatology

- Three Trusts now offering **Teledermatology** on urgent cancer pathway- 4<sup>th</sup> will go live after EPR roll out

#### Gastroenterology

- Updated high-cost drug pathway developed, approved and implemented for Inflammatory Bowel Disease, standardising access across SWL and improving patient outcomes.

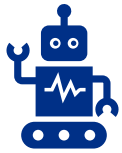
#### Urology

- Scaling-up and evaluation of lower urinary tract pathway improvements delivered through clinical network
- Guidelines developed for standardised discharge of patients with benign conditions

# Our joint areas of focus 25/26



- **Reduce 52 weeks waits and meet or exceed National requirements on 18 weeks over next 3 years**



- **Standardise** approach to Electronic Patient Record in acute Trusts
- **Enable a technology first approach** for those that want to, by expanding use of technology established in 2024/25- Patient portal and GetUbetter
- Test and embed emergent technology to improve care, efficiency and costs



- **Improve care & efficiency** to support patients in the community where possible, and maximise use of secondary care resources



- **Ensure equity for our most vulnerable populations-** the CORE20 and those with specific needs related to a protected characteristic, or those who are at risk from digital exclusion



- **Improve population health by focussing on prevention** and secondary prevention for patients accessing hospital care- through use of portal- getUbetter

# Key deliverables 25/26



### Reduce waits across SWL

- Continued focus and improvements of 6 week diagnostic standard
  - Zero non admitted 52 week waiters
  - Deliver 49% New: Follow up ratio in non specialist pathways
  - Standardise 18 week RTT across SWL
- Work together to manage potential changes to the NHS Payment System and capital which will impact diagnostics and treatment



### Harness technology

- Partner with Health Innovation Network + City St Georges to deploy beneficial technology at scale and pace
- Increase activation of getUbetter to 50% (20% increase)
- Use pre-clinical assessment consistently in a minimum of 10 pathways
- CDC technology interoperability
- SWL secondary care EPR implementation strategy



### Transform Care + Efficiency

#### Complete implementation of:

- Ophthalmology end to end pathway
- Ear Nose and Throat Single point of referral

#### Productivity & Efficiency:

- Delivery against triangulated efficiency theatre metrics across entire theatre estate (capped utilisation: cases/income/ list: fallow lists: cancellations)
- Use peer review comparison (GIRFT) to increase day case rates, and to improve service quality
- Increase GP Direct access in CDCs

#### Learn from pilot, spread and adopt:

- Women's Health Hub model
- Multi-morbidity pathway
- SGH gastro-enterology pathway
- SWLEOC digital pre and post op management
- CDC 'One Stops'



### Equity

- Ensure **all our population benefits** from reduced waits equitably
- Provide **additional support** to ensure our CORE20+ population can attend appointments



### Prevention

- Utilise patient app and getUbetter app to **increase opportunity for prevention** and secondary prevention for those referred into secondary care, and signposting community services, including tobacco cessation



# Delegation of Specialised Services to SWL ICB

Agenda item: 6

Report by: Martin Wilkinson, Director, South London Office of Specialised Services and Jonathan Bates, Chief Operating Officer SWL ICB

Paper type: Decision

Date of meeting: Wednesday, 15 January 2025

Date Published: Wednesday, 8 January 2025

## Content

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

## Purpose

To update the Board on progress towards delegation of specialised services to the ICB, and to authorise the ICB CEO to sign the Delegation Agreement and Collaboration Agreement, to allow delegation to take place on 1 April 2025.

## Executive summary

Specialised services have previously been commissioned by NHS England (NHSE), with budgets held and managed centrally. This model is now changing, with NHSE and ICBs sharing joint responsibility for commissioning most specialised services since April 2023. In April 2024, ICBs within the East of England, North West, and Midlands regions have received delegation and responsibility for commissioning most specialised services, with all other ICBs (including those in London) working to receive delegation in April 2025.

South West London, alongside South East London and the four tertiary providers in South London, jointly fund the South London Office of Specialised Services (SLOSS), to prepare for delegation and unlock benefits of joined-up commissioning. In 2023/24, SLOSS oversaw the South London Pathfinder programme which successfully tested the case for change, and proved how finance, BI and contracting can be delegated to ICBs, with South West London directly paying providers for the delivery of specialised services. SLOSS has continued to build on this foundation to demonstrate how the case for change can be realised through a number of specialised transformation initiatives.

The paper provides further information on:

- The case for change and transformation pilots in South West London
- The future operating model and governance arrangements under delegation
- The risks and issues that are associated with delegation.

Two key documents that will support the delegation of specialised services are in final stages of development, and will require CEO signature prior to delegation:

- Delegation Agreement: A mandated document outlining legal requirements that the ICB will commit to when receiving delegation.
- Collaboration Agreement 2025/26: A framework detailing joint decision-making across the five London ICBs and NHS England, specifying service commissioning and financial structures

## **Key Issues for the Board to be aware of**

- Many specialised services are delivered on a multi-ICB footprint. Patients travel to South West London providers (particularly St George's and the Royal Marsden) from a number of different ICBs. This requires a multi-ICB decision-making framework and associated governance, which is detailed in section 6.3 of the paper.
- As specialised services have previously been commissioned by NHS England, a change to the commissioning operating model is required. The current NHS England team will be split, with staff working on services to be delegated being employed by an ICB in London, forming a Specialised Services Shared Commissioning Team (SSSCT) to support ICBs across London in their commissioning of the delegated services. Further detail can be found in section 4 of the paper ('Future Operating Model').
- The delegation of specialised services to ICBs necessitates a switch to population-based budgets, where each ICB holds the money for their population, regardless of which provider they are treated at. This introduces additional contracting complexities over the current system, where NHSE directly pays providers for all specialised activity they undertake. However, core ICB (non-specialised) commissioning has successfully contracted population-based budgets for some time, and the South London Pathfinder programme enabled South West London to test the new model of contracting during 23/24. Further detail can be found in section 8 of the paper ('Finance').

## **Recommendation**

**The Board is asked to:**

- Authorise the ICB Chief Executive to sign the Delegation Agreement with NHS England before April 2025.
- Note the Collaboration Agreement with all London ICBs and NHS England and its underpinning Host ICB agreement, which will be ready for review and Executive signature before 1 April 2025.



- Update internal ICB governance policies: Amend the Scheme of Reservation, Delegation and Standing Financial Instructions to reflect new responsibilities through delegation.

## **Governance and Supporting Documentation**

### **Conflicts of interest**

None

### **Corporate objectives**

Ensures delivery of the ICB commissioning function, as defined by NHSE.

### **Risks**

Risks are outlined in section 9 of the paper. High-level risks include:

- Future financial allocations and prospect of very limited growth in coming years
- Lack of current clarity around the capacity and structure of the Specialised Services Shared Commissioning Team.
- The ICB will inherit existing risks and issues relating to specialised services that are currently managed by NHSE, from April 2025. These include capacity constraints, provider finance pressures, and capital replacement issues.

### **Mitigations**

Mitigations are outlined in section 9 of the paper. High-level mitigations include:

- Significant analysis of financial implications and response to NHS England on potential allocative changes (see below).
- The regional team will clarify the Specialised Services Shared Commissioning Team structures as soon as possible. A joint director has been recruited, responsible to NHS England and ICBs. Organisational development work is underway.
- A legacy risk log has been created to track existing risks and issues relating to specialised services, which is managed through the South London Executive Management Board.

### **Financial/resource implications**

The ICB will receive a financial allocation from NHSE to commission the delegated services and pay providers for specialised activity. The exact figures to be received are not yet confirmed, however indicative allocations from 2024/25 suggest that the ICB's allocation for the commissioning of specialised services will be in the region of £400m.

Whilst initial 2025/26 allocations will be set to cover the current cost of commissioning the delegated services, demand for specialised services is growing and future growth allocations are likely to be very constrained. This could be further impacted by convergence towards new 'needs-based' allocations.

A significant amount of financial analysis has been performed through the SLOSS System Analytics & Finance Group (which is co-chaired by the South West London CFO), to build an understanding of the regime changes and model potential future scenarios. A case is being presented to NHS England that outlines our concerns regarding the 'needs-based' allocative methodology. SLOSS is

initiating a holistic sustainability review to understand where services could be delivered more efficiently and effectively.

### **Green/Sustainability Implications**

None

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

None required

### **Patient and public engagement and communication**

The ICB's duty to engage public and patients will extend to the delegated specialised services from April 2025.

### **Previous committees/groups**

Committee name	Date	Outcome
Board Seminar	18 December 2024	Support

### **Final date for approval**

31 March 2025

### **Supporting documents**

The paper links to two documents published on the NHS England website:

- [List of specialised services to be delegated](#)
- [Template delegation agreement](#)

### **Lead director**

Jonathan Bates

### **Author**

Martin Wilkinson – Director, South London Office of Specialised Services

# Delegation of Specialised Services to South West London ICB

## 1. Executive Summary

- 1.1. ICBs have collaborated with NHS England throughout 2023–2025 to commission acute specialised services, addressing associated risks and issues. On 5 December 2024, the NHS England board confirmed that all regions not yet delegated, including London, would receive commissioning responsibility for the services to be delegated from 1 April 2025. Therefore, the ICB board is asked to:
- Authorise the ICB Chief Executive to sign the Delegation Agreement with NHS England before April 2025.
  - Note the Collaboration Agreement with all London ICBs and NHS England and its underpinning Host ICB agreement, which will be ready for review and Executive signature before 1 April 2025.
  - Update internal ICB governance policies: Amend the Scheme of Reservation, Delegation and Standing Financial Instructions to reflect new responsibilities through delegation.

## 2. Background

- 2.1. Specialised services have previously been commissioned by NHS England (NHSE), with budgets held and managed centrally. This model is now changing, with NHSE and ICBs sharing joint responsibility for commissioning most specialised services since April 2023. In April 2024, ICBs within the East of England, North West, and Midlands regions have received delegation and responsibility for commissioning most specialised services, with all other ICBs (including those in London) working to receive delegation in April 2025. The full list of services in scope for delegation to ICBs can be [found here](#).
- 2.2. South West London, alongside South East London and the four tertiary providers in South London, jointly fund the South London Office of Specialised Services (SLOSS), to prepare for delegation and unlock benefits of joined-up commissioning. In 2023/24, SLOSS oversaw the South London Pathfinder programme which successfully tested the case for change, and proved how finance, BI and contracting can be delegated to ICBs, with South West London directly paying providers for the delivery of specialised services. SLOSS has continued to build on this foundation to demonstrate how the case for change can be realised through a number of specialised transformation initiatives.

## 3. Case for Change

- 3.1. The delegation of specialised services will join-up budgets and enable a whole-pathway approach to be taken when commissioning care. ICBs will be able to design services and pathways of care that better meet local priorities. They will also have greater flexibility to integrate services across care pathways, ensuring continuity for patients and improved health outcomes for the local population. Financial incentives will be aligned, and any benefits of investing in non-specialised preventative care will be retained by ICBs if actions taken reduce spend on specialised services.
- 3.2. If successful, delegation can have a positive impact on care quality, equity and value:
- **Quality of patient care** - Patients will have better outcomes as we strengthen continuum of care links and the multidisciplinary approach, with a greater focus on prevention.
  - **Equity of access** - Shared planning and population-based budgets will encourage providers and commissioners to progress their shared vision for the needs of their populations.
  - **Value** - Working across the array of settings and organisations will allow us to address demand on services, workforce, and investment, creating a better, more sustainable health system.

3.3. SLOSS have been testing the case for change through a number of transformation pilots, set out in the table below:

Programme	Aims	Results
<b>Renal Transformation Programme</b>	<ul style="list-style-type: none"> <li>• Early chronic kidney disease (CKD) detection and prevention in community.</li> <li>• Implement SWL CKD management guidelines in primary care.</li> <li>• Engage 6 Places in CKD awareness and training.</li> </ul>	<ul style="list-style-type: none"> <li>• Pilot launched in over 100 practices.</li> <li>• Launched "Be Kind to Your Kidneys" awareness campaign</li> <li>• Developed local delivery plans across the 6 Places.</li> <li>• Developed CKD register and templates for primary care guidance.</li> <li>• Created SWL Renal Dashboard to track metrics and facilitate care improvements.</li> </ul>
<b>Blood Borne Viruses (BBV) Emergency Department Testing</b>	<ul style="list-style-type: none"> <li>• Support elimination of human immunodeficiency virus (HIV), hepatitis B and C.</li> <li>• Enhance patient outcomes for BBV patients.</li> <li>• Expand opt-out testing for BBVs.</li> </ul>	<ul style="list-style-type: none"> <li>• 350,000 HIV tests, over 100 new diagnoses.</li> <li>• 220,000 hepatitis B tests with 2,000 positives.</li> <li>• 2,000 hepatitis C tests with 100 new diagnoses.</li> <li>• Established South London HIV Network and NHS Futures resources.</li> </ul>
<b>Sickle Cell disease (SCD) Improvement Programme</b>	<ul style="list-style-type: none"> <li>• Enhanced community support and equity of care</li> <li>• Develop &amp; implement universal care plans</li> <li>• Set up the emergency department (ED) bypass unit</li> <li>• Develop psychosocial support</li> </ul>	<ul style="list-style-type: none"> <li>• Establishing expanded community team.</li> <li>• New bypass unit pilot at St George's opened in October 2024</li> <li>• Recruitment for peer mentors is underway</li> <li>• Over half of universal care plans uploaded</li> </ul>
<b>Neurology Pilot Roles</b>	<ul style="list-style-type: none"> <li>• Test transformation and delegation model for specialised commissioning.</li> <li>• Improve patient access, outcomes, and experience.</li> <li>• Build neurology network and subspecialty support across Trusts.</li> </ul>	<ul style="list-style-type: none"> <li>• Established regional epilepsy and Parkinson's multidisciplinary teams.</li> <li>• Support provided across SWL &amp; Surrey e.g., functional neurological disorder care advisor received around 175 referrals in 10 months.</li> <li>• Pilot roles have supported in avoiding hospital admissions and ED attendances and facilitated earlier discharge for some patients.</li> </ul>

## 4. The Future Operating Model

4.1. A joint group, comprising NHSE and ICB representatives, has overseen the development of a future operating model. The model respects NHSE's nationally defined parameters to ensure statutory compliance, a sustainable commissioning workforce and determining what makes sense to do together, 'once for London', at multi or single ICB level to maximise efficiency and effectiveness.

4.2. Whilst the vast majority of spend on specialised services is being delegated to ICBs, a number of smaller, highly specialised services will continue to be commissioned directly by NHSE. Therefore, the current regional commissioning team will be split, with staff working on services to be delegated being employed by an ICB in London, forming a Specialised Services Shared Commissioning Team (SSSCT) to support

ICBs across London in their commissioning of the delegated services. This team will be functional by 1<sup>st</sup> April 2025, and with employment transferred to an ICB on 1 July 2025. Staff working on commissioning of retained services will continue to be employed by NHSE.

- 4.3. A co-designed single leadership model has been developed to mitigate potential fragmentation, a concern raised by providers, for both retained and delegated services. A single director will oversee the retained commissioning team working on behalf of NHSE alongside the SSSCT team supporting ICBs with delegated commissioning responsibilities, and report to both NHSE and the 5 London ICBs. Both teams will be co-located in NHSE offices to enhance cohesion and collaboration, ensuring streamlined support across functions and fostering an integrated approach to specialised commissioning.
- 4.4. We have engaged providers in developing the future proposed operating models through specialised services governance, including the South London Executive Management Board of SLOSS and the London Joint Committee.

## **5. Mental Health**

- 5.1. A number of mental health services are included in the portfolio of specialised services being delegated to ICBs, such as Adult Secure, Children and Young People inpatient, Adult Eating Disorders, and Perinatal Mental Health Units. These services are currently delivered under the Provider Collaborative model, and ICBs will uphold this existing model for mental health services to be delegated post-April 2025. London ICBs have endorsed hosting arrangements, reinforcing their commitment to cross-boundary, multi-ICB decision-making aligned with Provider Collaborative footprints. We are keen to build on the successes of the current model, but also secure the benefits associated with the national case for change going forward.
- 5.2. Provider Collaboratives are NHS-led, with a Lead Provider responsible for managing the commissioning budget and tasks within a defined geographic footprint. The Lead Provider holds a contract NHSE (which will transfer to ICBs as part of their new delegated responsibilities in April 25) and sub-contracts with other providers, overseeing performance and quality. This setup is supported by dedicated resources across quality, clinical, and finance roles. NHSE maintains oversight through regular reporting and quality assurance frameworks. For SWL, the Mental Health Provider Collaborative is the South London Partnership, made up of South London and Maudsley, Oxleas and South West London and St Georges’.

## **6. Future Governance Arrangements**

- 6.1. The delegation of specialised services impacts governance arrangements on multiple levels, which are set out below.

### **6.2. ICB Governance**

- 6.2.1. The ICB’s Chief Operating Officer (COO) Directorate currently has responsibility within the ICB for specialised services delegation and will continue to hold this responsibility post delegation. In fulfilling this function, the COO Directorate:

- Coordinates SWL’s planning processes across the ICB.
- Works closely with providers – particularly St George’s and Royal Marsden.
- Works alongside the South London Office of Specialised Services (SLOSS) and South East London ICB as part of our South London governance.
- Alongside SLOSS leadership, provides the ICB’s input to London wide specialised services governance and working groups.

- 6.2.2. The ICB team will work with SLOSS to ensure an appropriate matrix response to support specialised delegation, mirroring the functional interface across all SWL programmes with support across ICB directorates. The ICB and SLOSS teams also work very collaboratively with providers,

noting there is significant acute and specialised services expertise within GESH (St George's, Epsom and St Helier Hospital Group).

- 6.2.3. The expertise and delivery capabilities have been demonstrated through the SL Pathfinder programme as well as the development across South London of the care pathway pilots in Renal and Sickle Cell.

### **6.3. Multi-ICB Governance**

- 6.3.1. In order to exercise the delegated functions most efficiently and effectively, some delegated services are best commissioned on a multi-ICB footprint. The Integrated Collaborative Commissioning Agreement (ICA), a requirement of the delegation agreement, further details the pan-London arrangements regarding multi-ICB decision-making.
- 6.3.2. The governance arrangements are designed to balance collaborative decision-making with the sovereignty of each ICB. They set out the collaborative commitment to working together to maximise the benefits of delegation for patients and populations across complex pathways. The processes have been designed with other regions (South East and East of England) and ICBs with significant specialised activity flow into London.
- 6.3.3. The South London Executive Management Board, including non-London ICB partners, and the London Specialised Services Partnership Board, will support these arrangements. These boards are not formal committees of the Board for any of the ICBs or NHSE. However, they have the authority to make decisions through individual Executives representing their organisations.
- 6.3.4. For mental health services, an integrated approach to commissioning has already been established. ICBs will continue commissioning through this established channel. Agreed mechanisms ensure that the London Mental Health Board can provide relevant expertise to the specialised commissioning governance structures that span multiple ICBs.
- 6.3.5. These multi-ICB governance arrangements supplement NHSE's formal safeguards in relation to service changes and proliferation. NHSE will continue to set service specifications and provider eligibility lists, meaning providers would need national approval before they are able to start delivering an additional service. The Service Change Business Rules also set out how any change to a specialised service with an annual effect greater than £5m per provider will require a full business case and national sign-off.

### **6.4. Specialised Services Shared Commissioning Team (SSSCT) Governance**

- 6.4.1. A Collaborative Oversight Group will oversee the operational running of the SSSCT. This includes agreeing the annual work plan, finances, staffing and recruitment. It will ensure the SSSCT operates within governance structures and multi-ICB decision-making frameworks, providing value for money. It will escalate any necessary items to the London Specialised Services Partnership Board.
- 6.4.2. The Collaborative Oversight Group's membership will be comprised of representatives from NHSE and each London ICB.

## **7. System Change**

- 7.1. Alongside the future operating model and updated governance arrangements, changes to ways of working will be key to the success of delegated commissioning. NHSE and ICB teams will be required to work effectively together, with a clear focus on collaboration, transparency, and cultural alignment.



7.2. In preparation for delegation, pan-London functional groups have been set up over the past year, to ensure ICB staff members can begin to develop relationships with colleagues in NHSE. An organisational development workshop between South West London and current NHSE London Region staff is in development for early 2025.

## 8. Finance

8.1. The ICB will receive a financial allocation from NHSE to commission the delegated services and pay providers for specialised activity. Transacting specialised services finance in this way was successfully tested during the South London Pathfinder programme in 2023/24. The exact figures to be received are not yet confirmed, however indicative allocations from 2024/25 suggest that the ICB's allocation for the commissioning of specialised services will be in the region of £400m.

8.2. NHSE have initially constructed ICB allocations based on current levels of specialised service usage of each ICB's population. However, proposals to move towards 'needs-based' allocations have been announced, to calculate an allocation for specialised services in a similar way to how ICB allocations for core acute services are determined. South West London has been adjudged to be spending slightly more than the calculated 'needs-based' allocation, which could mean that allocation growth for specialised services in future years is constrained. However, NHSE have not announced any further detail on how long they anticipate it will take ICBs to converge towards the new targets.

## 9. Risks & Issues

9.1. The delegation of specialised services introduces three main categories of risk, which are managed by SLOSS in collaboration with ICBs and providers, and reviewed on a quarterly basis at the SLOSS Executive Management Board (EMB):

Category	Risk(s)	Mitigation(s)
<b>Finance</b>	<ul style="list-style-type: none"> <li>Whilst initial 2025/26 allocations will be set to cover the current cost of commissioning the delegated services, demand for specialised services is growing and future growth allocations are likely to be very constrained.</li> <li>This could be further impacted by convergence towards new 'needs-based' allocations.</li> </ul>	<ul style="list-style-type: none"> <li>Significant amount of financial analysis performed through the SLOSS System Analytics &amp; Finance Group, to build an understanding of the regime changes and model potential scenarios.</li> <li>A case is being presented to NHSE that outlines our concerns with the 'needs-based' allocative methodology.</li> <li>A holistic sustainability review is being initiated to understand where services could be delivered more efficiently and effectively.</li> </ul>
<b>Commissioning Support</b>	<ul style="list-style-type: none"> <li>The capacity and structure of the Specialised Services Shared Commissioning Team (SSSCT) is still unknown.</li> <li>This cannot be finalised until staff consultations within the current NHSE team are complete.</li> </ul>	<ul style="list-style-type: none"> <li>The regional team will clarify staff positions and structures as soon as possible post consultation.</li> <li>It has been agreed that there will be a single leader across the staff groups supporting both delegated and retained services.</li> <li>Developmental work to support ways of working has been initiated.</li> </ul>
<b>Existing Service Risks &amp; Issues</b>	<ul style="list-style-type: none"> <li>ICBs will inherit existing risks and issues relating to specialised services that are currently managed by NHSE, from April 2025.</li> </ul>	<ul style="list-style-type: none"> <li>In order to capture and quantify the transfer of risk, a legacy risk log has been created.</li> <li>The log will be used to track and monitor key risks and issues related to specialised services over the coming months and years.</li> </ul>

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|---|--|
| <ul style="list-style-type: none"> <li>• These include capacity constraints, provider finance pressures, and capital replacement issues.</li> </ul> | <ul style="list-style-type: none"> <li>• These risks and issues will be reviewed on a quarterly basis by the South London Executive Management Board.</li> </ul> |
|---|--|

## 10. Key Delegation Documents

10.1. The joint working groups have co-produced several key documents that support the delegation of the specialised services; these include:

- **Delegation Agreement:** A legal agreement between the ICB and NHSE detailing the responsibilities of each organisation post-delegation. A template delegation agreement can be [found here](#).
- **Collaboration Agreement:** A framework detailing joint decision-making across the five London ICBs and NHSE, specifying service commissioning and financial structures. This is in final drafting and will be ready for the ICB Executive signature before 1 April 2025.
- **The Host ICB agreement and SSSCT operating model** describe the multidisciplinary team that supports ICBs with their delegated responsibilities. They will detail the team's composition, roles, operational structure, and financial agreements.

## 11. Recommendations

11.1. ICBs have collaborated with NHS England throughout 2023–2025 to commission acute specialised services, addressing associated risks and issues. On 5 December 2024, the NHS England Board confirmed that all regions not yet delegated, including London, would receive commissioning responsibility for the services to be delegated from 1 April 2025. **Therefore, the ICB board is asked to:**

- Authorise the ICB Chief Executive to sign the Delegation Agreement with NHSE before April 2025.
- Note the Collaboration Agreement with all London ICBs and NHS England and its underpinning Host ICB agreement, which will be ready for review and Executive signature before 1 April 2025.
- Update internal ICB governance policies: Amend the Scheme of Reservation, Delegation and Standing Financial Instructions to reflect new responsibilities through delegation.

# Intensive and assertive community mental health services

Agenda item: 7

Report by: Karen Broughton, Deputy Chief Executive/Executive Director for People and Transformation

Paper type: For information

Date of meeting: Wednesday, 15 January 2025

Date Published: Wednesday, 8 January 2025

## Content

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

## Purpose

The paper provides an update on the South West London (SWL) Integrated Care Board's system review of intensive and assertive community mental health services available in SWL.

## Executive summary

The 2024/25 NHS England Operational Planning Guidance required all Integrated Care Boards (ICBs) to review community mental health services to ensure that clear policies were in place for patients with serious mental illness who required intensive community treatment and follow-up but where patient insight into their condition and engagement with services was limited.

ICBs were asked to assess any gaps or barriers to delivering effective services for patients who struggle to access care and treatment and where an intensive and assertive community care model was needed to keep them, and others, safe.

## Key Issues for the Board to be aware of

- The review focused on the services provided by South West London & St George's Mental Health NHS Trust (SWLSTG) and South London & Maudsley NHS Foundation Trust (SLAM). The two service providers assessed their own provision of outreach type services. This included a wide ranging review of the standard operating procedures, audit results, policies

and lessons learned from incidents. The ICB led an evaluation built upon the provider trusts' desktop review work. It also reviewed the governance and monitoring arrangements that support the identification of individuals who might need intensive and assertive community care, as well as the capacity of services to provide appropriate levels of care.

- The review concluded that that the ICB was assured on the standard of intensive assertive outreach services in the six boroughs of SWL. The review team noted that this is a level of assurance where there is always risk in supporting very complex individuals in the community and a multi-agency response is required for some people. A series of risk factors and potential mitigations were also considered.
- Providers are working with the ICB to develop an action plan for 2025/26 to address issues identified in the review. This will focus on short-term practical steps and longer term service developments.

The ICB and its providers recognise that appropriate service arrangements are in place to support people who require intensive and assertive community mental health services. There are a number of risk factors and it is recognised that supporting very complex individuals in the community presents a range of challenges.

An action plan will be developed to mitigate risks wherever possible and the 2025/26 ICB planning process will review the investment available and consider potential options to allocate additional funding to further support delivery of accessible and responsive community services.

## **Recommendation**

### **The Board is asked to:**

- Note the update on intensive and assertive community mental health services in SWL.

## **Governance and Supporting Documentation**

### **Conflicts of interest**

None

### **Corporate objectives**

This document will impact on the following Board objectives:

- Supporting people to stay well and independent.
- Supporting those with long-term conditions or mental health issues.

### **Risks**

Poor performance against access and follow up is a risk to the delivery of timely patient care.

### **Mitigations**

An action plan is being developed for this area of work to mitigate identified risks and address any areas of potential poor performance.

### **Financial/resource implications**

There is no financial impact from the contents of this paper. Potential areas for investment in 2025/26 will be considered in the mental health planning process. Any new investment that is identified will support the longer-term actions to further improve the community mental health service offer.

### **Green/Sustainability Implications**

The contents of the paper does not have a direct link to the green and sustainability agenda however both SWLSTG and SLAM, as the main NHS providers in SWL, are committed to tackling both the causes and impacts of climate change. The Trusts have plans underway that value the natural environment and resources and operate responsibly and efficiently in relation to these.

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

An Equality Impact Assessment was not necessary for this update paper however there are well known health inequalities that are experienced by people with serious mental illness in relation to access, experience, and outcomes of health services. The ICB continues to focus on addressing such inequalities across all areas of mental health transformation.

### **Patient and public engagement and communication**

Mental health is a key priority for SWL ICB. SLAM and SWLSTG have a comprehensive range of networks and forums in place to ensure effective patient and public engagement in mental health services.

### Previous committees/groups

Committee name	Date	Outcome
Mental Health Partnership Delivery Group	22 October 2024	Paper received for information

### Final date for approval

Not applicable

### Supporting documents

Summary paper

### Lead director

Lucie Waters, Director of Integration

### Author

John Atherton, Director of Mental Health Transformation

# Intensive and assertive community mental health services

## Context

Most people who experience serious mental illness, including psychosis, receive evidence-based care and treatment which enables them to recover. However, there are a cohort of people who struggle to access care and treatment as part of their illness. People with these needs can be very vulnerable to harm from themselves and from others. For a very small number of people, relapse can also bring a risk of harm to others. ICBs have a duty to commission specific care and treatment in a way that meets the needs of this group. This is known as 'intensive and assertive community outreach'.

The 2024/25 NHS England Operational Planning Guidance required all Integrated Care Boards (ICBs) to review their community mental health services to ensure that clear policies were in place for patients with serious mental illness who need intensive community treatment and follow-up but where patient engagement is a challenge.

In July 2024, NHS England published further guidance and set a requirement for all ICBs to work with mental health provider trusts to undertake a comprehensive review to identify gaps and barriers to providing good care as set out in the guidance. As part of these reviews, ICBs were asked to report any gaps and barriers they had identified, such as resourcing and workforce implications of delivering care.

ICBs were required to summarise findings and submit these to NHS England by 30 September 2024.

## Scope

The patient group under consideration includes people who:

- Present with psychosis (but not necessarily a diagnosis of psychotic illness).
- May not respond to 'routine' monitoring, support and treatment.
- Are vulnerable to relapse with serious related harms associated.
- Have multiple social needs / co-occurring problems.
- May have had negative experiences of mental health services.
- Concerns may have been raised by family/carers.

The overarching expectation is that ICBs and mental health provider Trust boards ensure that appropriate governance, partnership working arrangements and monitoring systems are in place to identify individuals in the communities that require intensive and assertive community care to meet their needs and to keep them, and others, safe.

Both mental health Trusts, on undertaking the self-assessment of services in place, took their self-assessments through local Board assurance. Both Trusts assessed themselves as



‘assured’ about the policies and services in place for people needing intensive and assertive community outreach services.

## Review in South West London (SWL)

The review undertaken by SWL ICB considered a range of relevant policies and the governance and monitoring arrangements that support the identification of individuals who might need intensive and assertive community care, as well as the capacity of services to provide appropriate levels of care.

A review meeting took place in September 2024 with senior attendance from South West London & St George’s Mental Health NHS Trust (SWLSTG), South London & Maudsley NHS Foundation Trust (SLAM) and the ICB.

Name	Role	Organisation
Sharon Spain	Chief Nursing Officer	SWLSTG
Victoria Hill	Clinical Psychologist	
Mary Docherty	Chief Medical Officer (interim)	SLAM
Jon Northfield	Service Director	
Hilary Williams	Place Executive	ICB
John Byrne	Chief Medical Officer	
Lucie Waters	Director of Integration	

Ahead of the review meeting, the two Trusts had each undertaken a comprehensive internal desk top review considering standard operating procedures, audit results, lessons learned from incidents and other data to be assured on the standard of intensive assertive outreach services.

The list of policies and standard operating procedures that were reviewed included:

<ul style="list-style-type: none"> <li>• Access and Did Not Attend/Was Not Brought (DNA/WNB) Policy</li> <li>• Integrated Recovery Hub Policy</li> <li>• Crisis Response and Home Treatment Team (CRHTT) Operational Policy</li> <li>• Enhanced Response Service Standard Operating Procedure (SOP)</li> <li>• Interface Team SOP</li> <li>• DNA WNB &amp; Clinical Disengagement Policy</li> <li>• Managing DNAs &amp; Cancellations SOP</li> <li>• Post Follow-up Discharge Contact Guidance</li> <li>• Community Rehabilitation Team Operational Policy</li> </ul>	<ul style="list-style-type: none"> <li>• Rio recording clinical contacts SOP</li> <li>• Zoning Guidance Recovery Support Teams (RSTs), Early Intervention Service (EIS)</li> <li>• Stay Connected Decision Support Tool</li> <li>• Multi Agency Risk Assessment Conference (MARAC) Guidance</li> <li>• Street Triage Ops Policy</li> <li>• Community Treatment Order Policy</li> <li>• Intense Community Support for patients awaiting hospital admission SOP v2 (Draft)</li> <li>• Single Point of Access Policy</li> <li>• EIS SOP</li> </ul>
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The review concluded that that the ICB was assured on the standard of intensive assertive outreach services in the six boroughs of SWL, with most services able to identify and adequately support the needs of people who require assertive community care and follow

up. This conclusion was reached with the caveat that there is always risk in supporting very complex individuals in the community.

The assurance was also based on a shared understanding (specifically for the small number of very high-risk individuals) that there is often not a single generic offer or support that is required but a relationship based multi-agency response tailored to each person.

## **Risk Factors**

Key factors affecting risk were identified and discussed during the review including:

- Bed availability - while Community Treatment Orders (CTOs) are only useful in a small number of cases, their use is limited due to insufficient acute treatment beds. Perceived and real lack of bed availability influence options and clinical behaviour.
- Workforce - the most important factor in successful relationship-based case management of complex patients in the community is empowered and confident staff who feel valued.
- Forensic interface - many very complex patients have an interface with the forensic acute or community team but without a forensic order. Access to timely forensic consultant opinion can help with identifying and managing risk appropriately.
- Variation - both SLAM and SWLSTG recognised the need to reduce unwarranted levels of variation between community teams in different boroughs.
- Service capacity - related to community mental health case managers, Local Authority services (including housing), voluntary, community and social enterprise providers, police and approved mental health professionals.
- Gaps - discussion also focused on the understanding of each Trust on their own gaps in resource and where a local response was possible, or regional or national support was required for sustained improvement.

## **Next steps**

The ICB is working with providers to develop an action plan for 2025/26. This will focus on short-term practical steps to address potential gaps in provision to ensure a consistent and responsive approach is in place to support risk formulation across trusts, and the wider system. Some actions will be achieved through service developments with minimal resource implications. Longer term actions will also be set out and some of these will have resource implications in relation to extra workforce and additional financial investment.

The 2025/26 ICB planning process will review the investment available and consider potential options to allocate additional funding to supporting accessible and responsive community services.

## **Recommendation**

In line with national guidance, the ICB is asked to note the update provided regarding intensive and assertive community mental health services.

# SWL Integrated Care Partnership Update

Agenda item: 8

Report by: Mike Bell and Cllr Andreas Kirsch - ICP Co-Chairs

Paper type: Information

Date of meeting: Wednesday, 15 January 2025

Date published: Wednesday, 8 January 2025

## Contents

- **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 met on 4 December 2024, with a new co-chair, Councillor Andreas Kirsch, alongside Mike Bell.

## **Key Issues for the Board to be aware of**

The Board met on 4 December 2024. The items discussed covered the following:

- The South West London mental health and wellbeing strategy, in particular the ways in which the strategy is being enabled by successful community organising.
- A stocktake of the ICP strategy and progress against the workstream delivery plans.
- Connect to Work: an overview of a mandatory supported employment programme, which will be lead for South West London by South London Partnership with support from all health and care partners to enable operational delivery.
- Preparation and learning from Adult Social Care, CQC (Care Quality Commission) inspections: sharing learning and preparations for the inspections that will begin in South West London in 2025.
- Anchor development: summarising Anchor work already underway within South West London Local Authorities and the NHS and proposing an event in February bringing together stakeholders to agree potential Anchor priorities.

## **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
n/a		

### Final date for approval

n/a

### Supporting documents

n/a

### Lead directors

Cllr Andreas Kirsch

Mike Bell

### Authors

Angela Flaherty, Director of Strategy and Development, NHS SWL

Harriet Ward, Deputy Director of Strategy, NHS SWL

# Finance and Planning Committee update

Agenda item: 9a

Report by: Jamal Butt, Non Executive Member SWL

Paper type: Information

Date of meeting: Wednesday, 15 January 2025

Date Published: Wednesday, 8 January 2025

## 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 of the key issues discussed at the Finance and Planning Committee at its December meeting.

## Executive summary

The Finance and Planning Committee has met once since the last update to the ICB Board, on 17 December 2024. The meeting was quorate and chaired by Jamal Butt. It discussed the following items:

### **ICS Business**

#### **Board Assurance Framework: Estates Risk Review**

- The report updated the Committee on systems risk around failure to modernise and use the SWL estate to ensure delivery of care. The report focused on significant levels of backlog maintenance across the system, for example St. Helier Hospital. It also flagged the excess void costs across the system, in particular at Queen Marys hospital (QMH) at Roehampton.
- The Committee noted the SWL NHS Infrastructure Strategy, which was approved in July 2024, was developed to help mitigate these risks and that regular updates on progress would be provided to the Committee.

### **Workforce review**

- The Committee was provided with an overview of the workforce challenges and opportunities across South West London (SWL). The Committee also noted the work ongoing between Chief Financial Officers (CFOs) and Chief People Officers (CPOs) to confirm the forecast outturn position.
- The Committee discussed the planning approach for 2025/26, in particular the focus on agency usage, bank expenditure and the growth in administrative and clerical posts.

### **ICS M8 Finance Update**

- Due to the early timing in the month of the Committee a verbal update was given on the M8 position. This set out that the SWL month 8 year to date position is adverse to plan by £16.9m, driven by the impact of baseline pressures, pay award shortfall, industrial action (IA) and the cyber-attack in South East London. Whilst the forecast outturn remains in line with the submitted plan this will be challenging to deliver and includes £32.7m of unmitigated risks.
- The Committee also noted that Whole Time Equivalent (WTE) numbers have decreased compared to the previous month and the continued operational pressures which are impacting on the delivery of efficiency savings.

### **St Georges, Epsom and St Helier Hospital Group (GESH) update and learning**

- Andrew Grimshaw (GESH CFO) joined the meeting to give a verbal update on the group financial position. As at Month 8 both organisations are adverse to the year to date plan, Epsom and St. Helier £4.2m and St. George's Hospital £7m, with an unmitigated forecast pressure of £24m across the group. Key drivers are the cost improvement shortfall, inflationary pressures and operational pressures in the Urgent and Emergency Care (UEC) pathway.
- An Investigation and Intervention ("I&I") diagnostic review has been undertaken in October – December 2024 at GESH. This rapid review reported that in many areas, there was evidence of enhanced and strong controls although there is opportunity for shared learning across the two Trusts. The report identified some extra mitigations to offset the variances and to reduce the exit run rate. Five key areas were identified, including medical rostering and additional non pay controls. The five recommendations are being taken forward with Executive leadership for each.

### **2025/26 Planning Update and Mission Board update**

- The Committee received an update on the 2025/26 planning round. Whilst we await the specifics of the NHSE guidance we know that the system will be required to deliver materially higher cost improvement plans in 2025/26 given the anticipated control total that systems will have to work within.
- The Committee noted the work to develop further cost savings which have been overseen by the SWL Missions Board. It also noted the current development of an investment and disinvestment framework to align with the delivery of the government's three shifts.



## **ICB Business**

### **ICB Month 8 finance update**

- The Committee received an update on the M8 ICB financial position. It noted that the ICB is on plan to deliver a £3.1m surplus.

## **Other business**

### **Terms of Reference Annual Review**

- The Committee agreed the approach to reviewing its Terms of Reference with an update to be brought to the next meeting for recommendation to the ICB Board.

## **Business cases and contract awards**

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

## **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?

None as a result of this paper

### Patient and public engagement and communication

N/A

### Previous committees/groups

Committee name	Date	Outcome
Finance and Planning Committee	17 December 2024	

### Final date for approval

N/A

### Supporting documents

- None

### Lead director

Helen Jameson, SWL ICB

### Author

Kath Cawley, Director of Planning, SWL ICB

# SWL NHS Finance Report M8

Agenda item: 9b

Report by: Helen Jameson, CFO

Paper type: information

Date of meeting: Wednesday, 15 January 2025

Date Published: Wednesday, 8 January 2025

## 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 as at month 8 on the ICB financial position against its internal budget.
2. Provide an update as at month 8 on the South West London (SWL) NHS system financial position, including the updated Capital Departmental Expenditure Limit (CDEL) forecast.

## Executive summary

As at month 8 the ICB financial position is a £1.5m surplus with Forecast Outturn (FOT) on plan to deliver a £3.1m surplus. However, there are pressures emerging across the portfolio making it a challenged forecast outturn to deliver. To date the efficiency plan has been delivered, although increasing level relates to non-recurrent savings (£10m) which will need to be made recurrent for 2025/26.

The SWL NHS ICS year to date position is £16.9m adverse to plan driven by:

- Additional costs and lost income at St George's Hospital (SGH) resulting from the cyber-attack in South East London (£0.9m).
- Shortfall in Royal Marsden Hospital (RMH) paediatrics income from NHSE (£2.0m).
- Shortfall in efficiency delivery and baseline pressures at Epsom & St Helier (ESH) and SGH (£10.0m).
- Pressure across all Trusts due to the pay award (£4.0m).

As at Month 8 efficiency delivery was £149.5m, £3.8m adverse to plan. Within this, recurrent efficiency was £22.9m adverse and non-recurrent efficiency was £19.1m favourable. Total Whole Time Equivalents (WTEs) have reduced month on month but are still above plan (1,153 WTE, 3%). The plan assumed a significant reduction in months 4 and 6 from efficiency schemes, which has not been achieved, and this remains a significant risk.

Whilst the NHS system reported forecast remains on plan there are a number of risks to delivery these include:

- Delivery of the circa £250m efficiency plans, which equates to over circa 5.7% of costs, including a reduction in workforce. To date we are spending more than we have planned on pay costs.
- The system continues to face operational pressures in relation to demand for urgent care and mental health services which could lead to increased costs.
- Impact of operational pressures over winter and/or critical incidents.
- Inflationary pressures in excess of those assumed in the plans.
- To deliver the efficiency target, organisations have committed to delivering a 5% increase in Elective Recovery Fund (ERF) activity and whether sufficient funding is available to cover the costs incurred.

Therefore, Trusts have developed plans to mitigate identified risks, although there is not currently full coverage of the £32.7m unmitigated risk. These plans are being updated/reviewed monthly and discussed at the SWL Missions Board. The system continues to work to strengthen all schemes, minimise the risk and increase the level of assurance.

Although year to date capital spend is behind plan by £47m (largely resulting from a slower start in the year than planned due to the reduction to the SWL CDEL envelope of circa £10m and other national funding by NHSE) the system is still expecting to fully utilise its SWL capital allocation to support critical infrastructure, equipment, and cyber risk investments. With the key risk the timing of the asset sale to fund costs in year and the agreement of the associated transfer of credit to support build costs in 2025/26.

At M8 providers also reviewed the IFRS16 CDEL expected spend and assessed that there will be circa £9m underspent against plan. This has arisen through contract negotiations and changes to technical guidance. It has been flagged to NHSE that there may be further impacts from ongoing lease contract negotiations to secure the best value for money for the taxpayer.

NHSE have recently confirmed further national capital for SWL schemes which will support ongoing programmes and critical infrastructure. Although the status of the New Hospital Programme is still awaited the impact of this will be reflected in the M09 forecast.

As NHS capital programmes can often slip NHSE requested Trust Boards to provide oversight and assurance of their organisational capital forecasts prior to the month 8 reporting submissions, to support delivery of the national capital position.

## **Key Issues for the Board to be aware of**

- Whilst the ICB forecast remains on plan there are emerging pressures making it more challenging to deliver.
- The SWL system is reporting year to date a £16.9m adverse position to plan, largely due to efficiency delivery shortfall and baseline pressures at Epsom & St Helier (ESH) and SGH.
- WTEs are down month on month, but the plan assumed a greater reduction.
- The SWL system is under the agency cap trajectory.
- There remains significant risk to the delivery of the financial plan and the savings programme included within it (£32.7m of unmitigated risk).
- Whilst the system is still expecting to utilise its full capital allocation there is a risk to the timing of the asset sale which is now expected in Q4 and the £19m credit transfer is still subject to national agreement.
- At M8 providers reviewed the IFRS16 CDEL expected spend and assessed that there will be circa £9m underspent against plan.
- An output is still awaited from the review of the New Hospital Programme.

## **Recommendation**

### **The Board is asked to:**

1. Note the ICB month 8 position.
2. Note the ICS revenue month 8 position.
3. Note the ICS YTD capital position and updated forecast position at M8 2024/25.

## Governance and Supporting Documentation

### Conflicts of interest

N/A

### Corporate objectives

Achieving Financial Sustainability.

### Risks

Achieving Financial Plan for 2024/25.

### Mitigations

- Enhanced grip and control actions have been implemented across SWL NHS organisations.
- 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 M8 2024-25



**NHS South West London**  
Integrated Care Board

**Lead director**

Helen Jameson

**Author**

Helen Jameson



# SWL NHS Finance Report M8

January 2025

# Contents

- ICB internal position at month 8
- SWL NHS system revenue position at month 8
- SWL NHS system capital position at month 8
- Summary

## The ICB internal position

### Key Messages:

- The ICB financial position as at 30 November 2024 is a £1.5m surplus with **forecast outturn on plan to deliver a £3.1m surplus**. However, there are **pressures emerging across the portfolio making it a challenged forecast outturn to deliver**.
- The efficiency plan is being met although £10.3m of it is non recurrent which will need to be made recurrent for 2025/26. This is a deterioration from month 7 due to slippage on primary care and community savings not being delivered in 2024/25 as planned.
- Acute services are favourable to plan by £3.1m, as a result of agreeing final settlements on the variable element of out of sector contracts.
- Mental health services have some significant pressures mainly related to high-cost placements. To date this has been mitigated by underspends in other areas, but if this deteriorates further, we may need to review ICB wide investments to prioritise the placements.
- All Age CHC are seeing significant pressures driven by a growth in patient numbers above that allowed for in the budget. This is being mitigated through additional non-recurrent means. Within community services there are significant pressures on neuro rehabilitation patients, although this is being mitigated by vacancies in non-running cost areas.
- GP Primary care cost pressures are due to services costing more than the allocation available. Work continues to minimise costs and ensure the services costs are within the allocation going forward.
- Delegated dental and pharmacy are both overspending . This is being mitigated from the ICB programme allocation.

### Risk & Mitigations:

- Key risks relate to:
  - Delegated GP primary care (£0.9m) where anticipated savings have not been delivered to date
  - All age CHC (£0.5m) – Linked to activity continuing over and above the current projections.
  - Prescribing (£0.5m) - Linked to a potential increase in cost per item through to the end of the financial year.
  - Mental health placements (£0.5m) - Linked to continued increases in price as well as volumes of placements.
  - Dental (£1.0m) - Related to patient charge revenues (collected by dentists) being lower than forecast, in which case the ICB is required to pay the difference.
- Should these materialise, mitigations will be put in place including holding vacancies and a review current commitments not yet started .
- However, as we approach year end it is hoped that the level of risk will begin to reduce.

# ICB High Level Financial Position Month 8

Target	Measure	M8 Position	Status
Planned surplus	Achieving £3.1m surplus	£3.1m surplus forecast	On track
Mental Health Investment Standard	Increase MH expenditure by 6.81%	Forecast increase 6.93%	On track
Running Costs	ICB running costs not to exceed £27.3m	Forecast spend £27.3m	On track
Better payments practice code	Paying 95% of invoices within 30 days	99% invoice paid within 30 days	On track
Cash Balance	Cash in bank at month end within the 1.25% draw down limit	Cash 0.24% of drawdown limit	On track

Allocation and Expenditure	Sum of YTD Budget £000s	Sum of YTD Actual £000s	Sum of YTD Variance £000s	Sum of Annual Budget £000s	Sum of Forecast Outturn £000s	Sum of Forecast Variance £000s
<b>Total Allocation (Income)</b>	<b>£2,417,962</b>			<b>£3,659,700</b>		

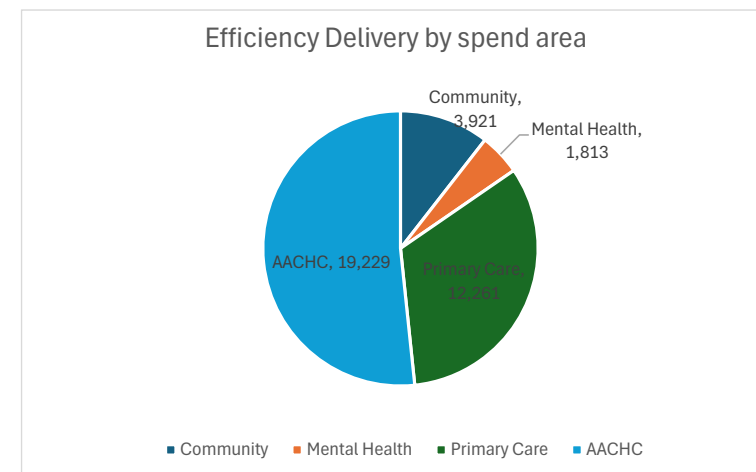
<b>Expenditure:</b>						
Acute Services (NHS & non NHS)	£1,318,573	£1,316,772	£1,801	£1,977,218	£1,974,062	£3,156
Community Health Services	£193,909	£194,665	-£756	£290,631	£291,266	-£634
All Age Continuing Healthcare	£109,168	£108,478	£690	£163,753	£163,950	-£198
Corporate & Other	£55,157	£52,979	£2,178	£119,309	£117,665	£1,644
Mental Health	£256,243	£256,348	-£105	£386,168	£386,565	-£396
Primary Care (Incl Prescribing & Delegated)	£483,393	£487,201	-£3,808	£719,561	£723,133	-£3,572
<b>Total Expenditure:</b>	<b>£2,416,444</b>	<b>£2,416,443</b>	<b>£1</b>	<b>£3,656,640</b>	<b>£3,656,640</b>	<b>£0</b>

<b>Surplus/(Deficit)</b>	<b>£1,518</b>	<b>£3,060</b>
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# Overview of SWL ICB's efficiency plan

## South West London

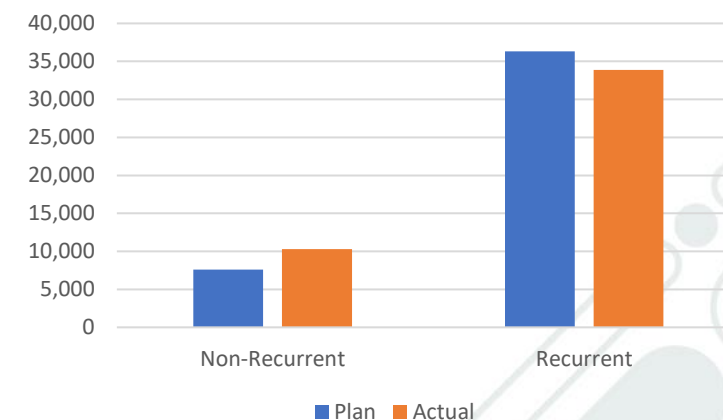
	YTD Plan £000s	YTD Actual £000s	Variance £000s	Annual Plan £000s	FOT £000s	Variance £000s
Community	3,378	2,125	-1,253	5,314	3,921	-1,393
Mental Health	1,195	1,195	0	1,813	1,813	0
Primary Care	8,131	7,705	-426	12,374	12,261	-113
AACHC	12,426	13,063	637	18,968	19,229	261
Corporate	0	1,000	1,000	0	1,500	1,500
<b>TOTAL</b>	<b>25,130</b>	<b>25,088</b>	<b>-42</b>	<b>38,469</b>	<b>38,724</b>	<b>255</b>



### Narrative –

- The efficiency plan is on course to deliver in line with the £38.5m target.
- £10.3m of the forecast savings are non-recurrent in nature, compared to an initial plan of £7.6m. This is a deterioration from the previous month (£1m) as some primary care schemes and ICB contract reductions have not been delivered in year. As part of 2025/26 planning these schemes will be reviewed to ensure we can deliver the saving, as appropriate.
- Non recurrent mitigations include one off budget underspends and corporate delivered through vacancies in non-running cost areas.
- Key priorities for the next month (January):
  - Weekly monitoring meetings with place and functional leads to develop efficiency schemes to support 2025/26 plan
  - Looking at common themes arising from discussions to develop a long list of potential schemes, with supporting project initiation documentation.

### Efficiency Achievement - Recurrent v Non-Recurrent



## The SWL NHS system revenue position



# SWL NHS system revenue position



## South West London

### Month 8 Position:

- SWL system has **year to date financial position of £39.0m deficit which is £16.9m adverse to the plan**. As at Month 8 **efficiency delivery was £149.5m, £3.8m adverse to plan**. Within this, recurrent efficiency was £22.9m adverse and non-recurrent efficiency was £19.1m favourable.
- The YTD adverse position is driven by:
  - Pay award costs in excess of funding (£4.0m);
  - Additional costs and lost income at SGH resulting from the cyber-attack in South East London (£0.9m);
  - Shortfall in Royal Marsden paediatrics income from Specialised Commissioning (£2.0m);
  - Shortfall in efficiency delivery and baseline pressures at St Georges and Epsom & St Helier (£10.0m).

### Risks to delivering the financial plan:

Whilst the reported forecast outturn remains on plan there **are significant risks**, which will need to be mitigated if we are to achieve our 2024/25 financial plan (see risk position on next slide)

**Currently, there are £32.7m worth of unmitigated risk within the plan.** These align to the areas driving the year-to-date variance. With the largest driver the shortfall in efficiency delivery and baseline pressures at St Georges and Epsom & St Helier, which is estimated at £24m for the year.

To mitigate these risks, all organisations have developed in year recovery plans which are updated each month and shared with the Missions Board.

Financial performance (£m)	M8 YTD		
	Plan	Actual	Variance
CHS	-0.2	-1.0	-0.8
ESHT	-6.5	-10.7	-4.2
KHT	-8.6	-9.4	-0.8
SGH	-7.2	-14.3	-7.0
HRCH	-0.9	-1.1	-0.2
SWL StG	-0.1	-0.8	-0.7
RMH	-0.1	-3.3	-3.2
<b>Trust total</b>	<b>-23.6</b>	<b>-40.5</b>	<b>-16.9</b>
ICB	1.5	1.5	0.0
<b>SWL System</b>	<b>-22.1</b>	<b>-39.0</b>	<b>-16.9</b>

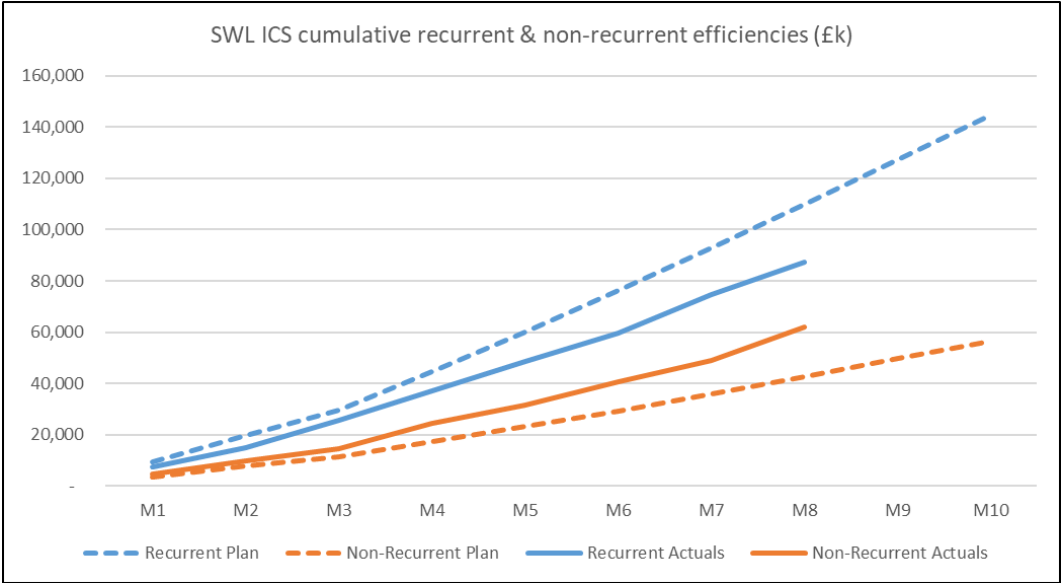
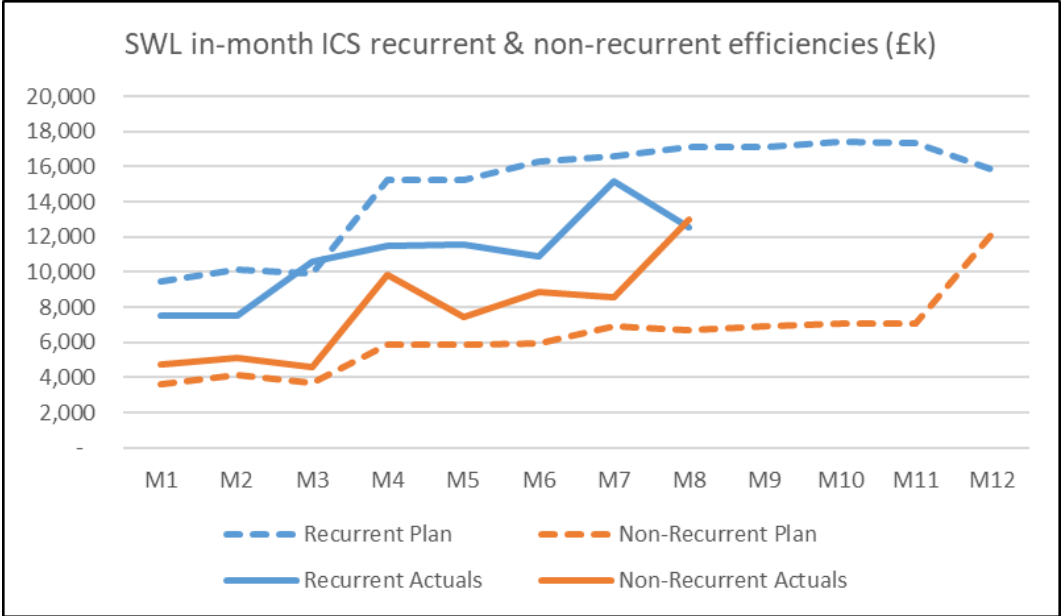
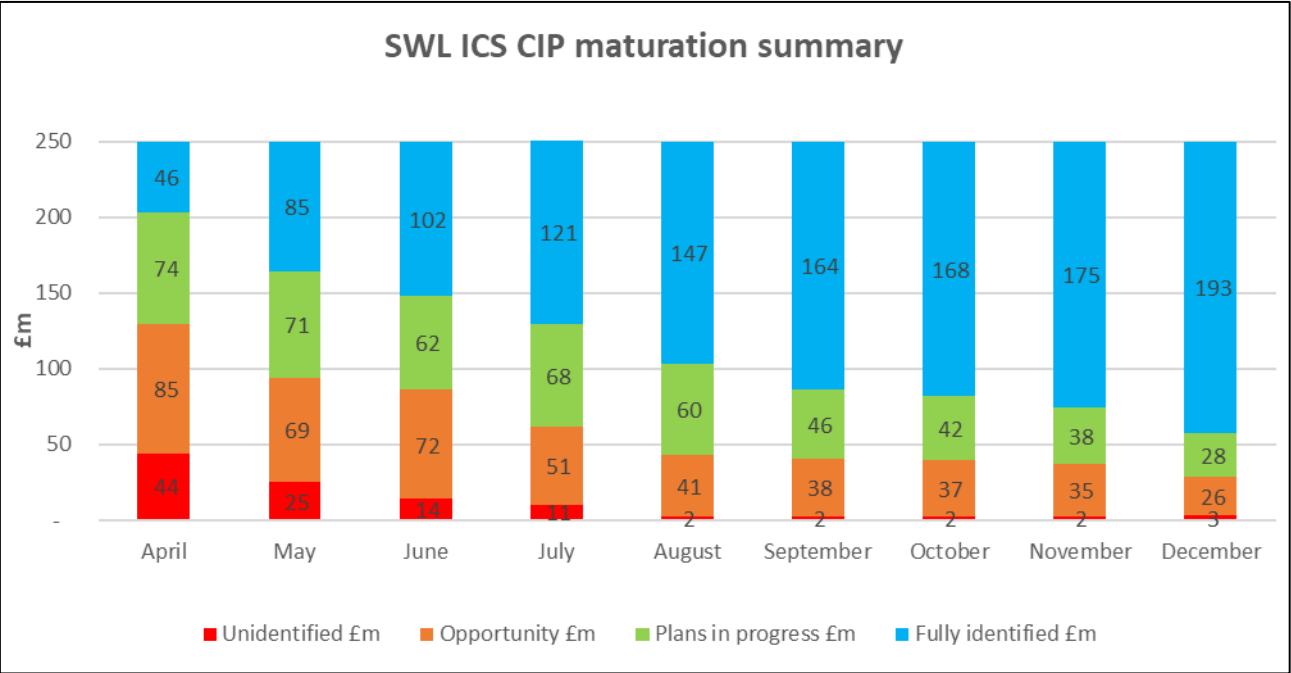
### Workforce

- Whole time equivalents have reduced since month 7 (which saw a rise in numbers). Overall, for the year they are **not reducing at the pace the plan requires**. In part this is due to operational pressures across the system, for example, escalation beds, corridor care, enhanced and specialist care. To support the oversight of workforce, trusts are forecasting expected numbers by month for the remainder of the year.
- Agency costs are £1.4m adverse to pan year to date**, although this is **within the agency cap** set by NHSE.

Risk	Description	Mitigation: Mitigation plans to recover the YTD run rate have been developed by all organisations and are updated each month. Key actions are included below:
Delivery of the c.£250m efficiency plans, which equates to over c.5.7% of costs (Opex), including a reduction in workforce of c.1,300 WTEs.	<p>As the system continues to face operational pressures in relation to demand for urgent care and mental health services, organisations are not able to reduce the costs as planned, especially around workforce.</p> <p>SWL are currently behind plan on delivering our efficiency and there remains a material amount that is at an early stage of development (£29m). We are also seeing a shift from recurrent to non-recurrent savings which will make 2025/26 more challenging.</p>	<p>To increase delivery of efficiency savings organisations are taking a number of actions:</p> <ol style="list-style-type: none"><li>Enhancing their workforce controls, including review of vacant posts and investments, to bring WTE trajectory back towards the plan.</li><li>Introducing further tighter controls on discretionary non-pay.</li><li>Accelerating existing efficiency and income recovery plans that are in development.</li></ol> <p>A separate external review of controls at ESH and SGH, using NHSE Investigation and Intervention methodology has also been completed. The results of which have been shared with all providers to enable ideas for further savings to be duplicated across trusts.</p>
Run-rate pressures	In addition to the CIP risk, there are also run-rate cost pressures; the increases in costs to maintain services which are largely driven by operational pressures e.g. urgent care and mental health demand.	There has been further QIA based review and formal challenge of baseline pressures led by trust executives, to ensure spend is required to maintain safe services. In addition. to ensure spend is delivering value for money/ savings as appropriate, organisations have undertaken business case reviews, which can result in reversal or optimisation of benefits for specific programmes.
Delivering a 5% increase in ERF activity	To deliver the efficiency target organisations have committed to delivering a 5% increase in ERF activity. Our acute organisations are on track to do this, but this will be challenging over winter. National funding for ERF may be capped at levels below activity delivered meaning funding may not be available for the activity delivered.	<ul style="list-style-type: none"><li>There has been a review, at trust level, to minimise the costs incurred to deliver additional elective income in 2024/25, as well as maximising that income.</li><li>We are working with NHSE to understand the ERF funding regime for the remainder of the year.</li></ul>
Inflationary pressures in excess of those assumed in our plans.	<ol style="list-style-type: none"><li>Pay pressures – risk that the funding for the pay award at month 7 will not be enough to cover the full cost.</li><li>Non pay pressures due to inflation being above funding</li></ol>	<ul style="list-style-type: none"><li>Organisations have undertaken In depth reviews of pay award funding received at M7 to quantify the shortfall (included in year to date adverse variance).</li><li>Organisations will ensure new contracts are procured using appropriate NHS frameworks and follow procurement best practice. With a focus on joining together when initiating new tenders to ensure VFM and economies of scale discounts.</li></ul>
Dental ring fence achievement	<ol style="list-style-type: none"><li>NHS England have set ICB’s a minimum expenditure level to spend on Dentistry known as the ringfence value</li><li>This ringfence value is more than the allocation that the ICB received on</li></ol>	<ul style="list-style-type: none"><li>We are working with NHS England to correct the allocation or revise the dental ring fence value.</li></ul>

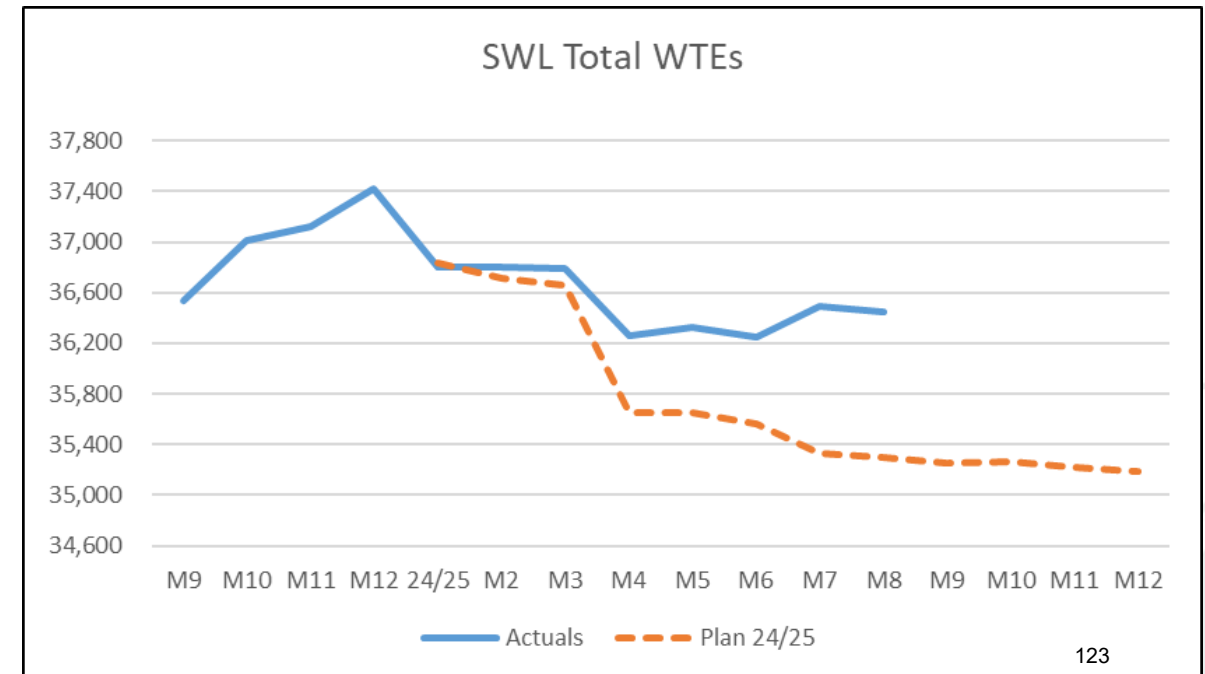
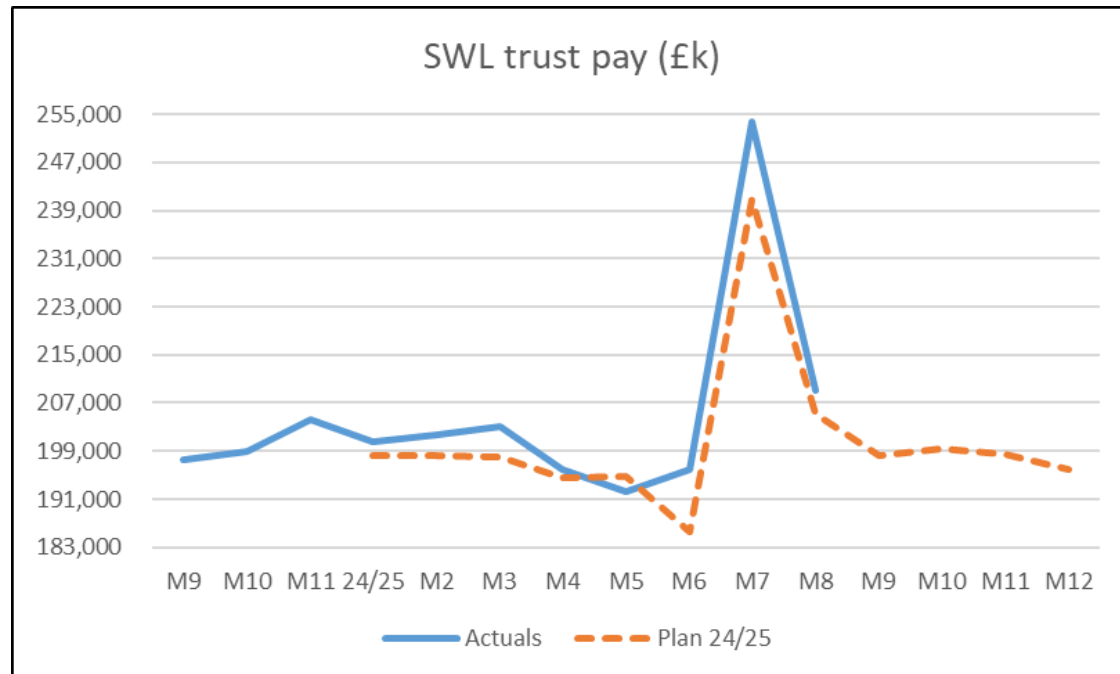
# Efficiency – 2024/25 planned CIPs

- The total system efficiency plan for the year is £256m. **As at Month 8 efficiency delivery was £149.5m, £3.8m adverse to plan.** Within this, recurrent efficiency was £22.9m adverse and non-recurrent efficiency was £19.1m favourable. Meaning £86m (33%) of the plan is being delivered non-recurrently.
- The bar graph below illustrates the maturation of the CIP programme since April. Although the plan contains delivery risk, there has been significant work to progress plans through to blue (fully identified).
- Consequently, **the unidentified / opportunity element of the plan has reduced to £29m (£37m last month).**
- The graphs opposite demonstrate that we are **above plan on non-recurrent CIP but below plan on recurrent CIP.** If this shift from one to the other continues it will result in an increased challenge to the financial position in future years.



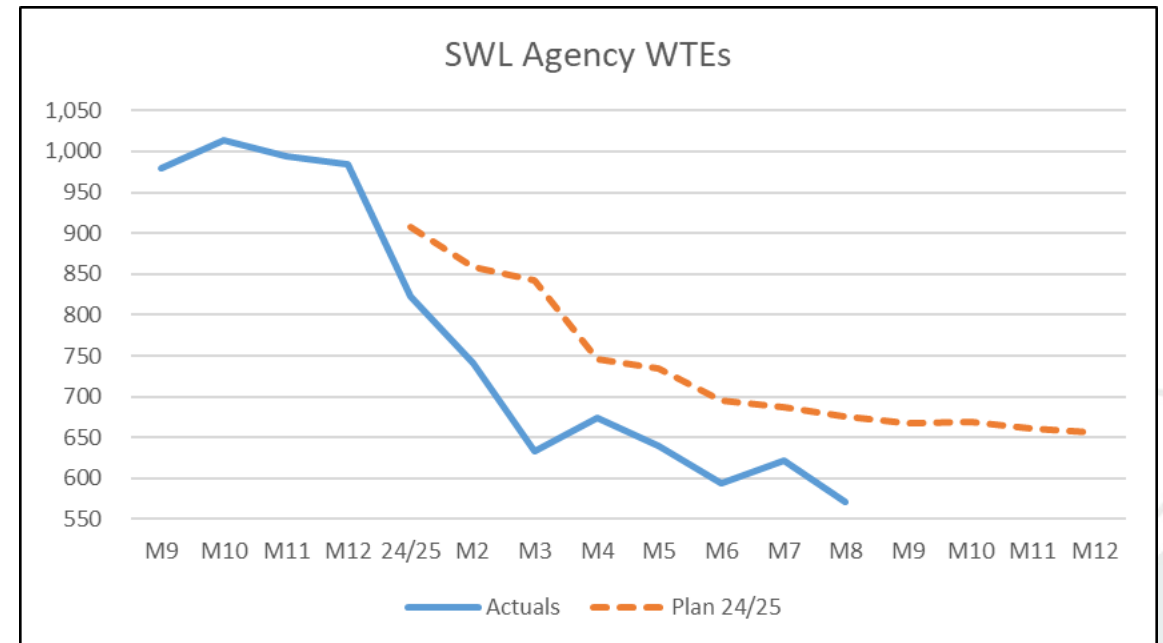
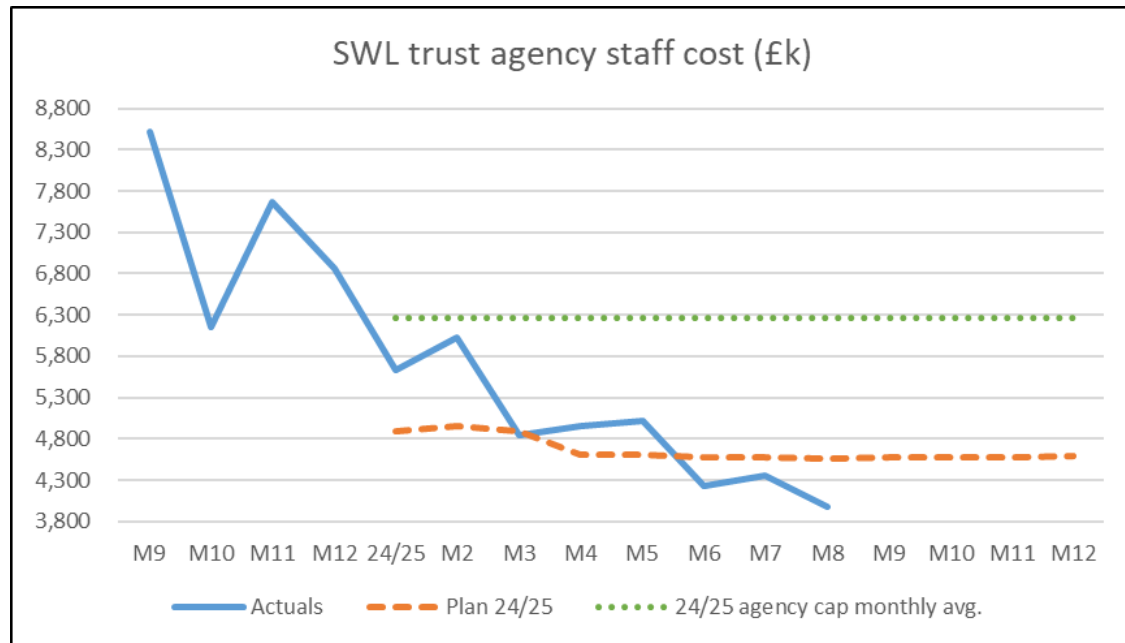
# SWL NHS system workforce

- Trust total pay costs are above plan for the year by £31.8m (2.0%). This is primarily driven by less efficiencies being delivered through pay reduction than planned. But also relates to increases costs/ staffing numbers due to additional in-year funded capacity e.g. SDF, MHIS or winter capacity and operational pressures.
- The spike in costs in M7 is due to the pay award for 2024/25 being back funded for the first half of the year.
- Total WTEs are down month on month, but remain over plan for the year by 1,153 WTEs (3.3%). Although WTEs have reduced since the end of 2023/24, the plan for 2024/25 included ambitious efficiency reductions, which have not been achieved to date.
- All trusts have in year recovery action plans to bring pay and WTE back towards plan trajectory.



# SWL NHS system workforce - agency

- In month agency costs are below plan, although, year to date they are £1.4m (4%) higher, albeit within the agency cap set by NHSE. Costs are adverse at all Trusts except SGH and RMH, and have decreased month on month, falling sharply since the end of last year.
- The plan spend has been set below the system agency cap.
- Agency WTEs have reduced month on month and are over 100 below the plan. The planned agency WTE trajectory was not as challenging as the cost reduction trajectory, which assumed significant price and volume reductions.



## The SWL system capital position

# SWL NHS System YTD Capital Position

- YTD total capital spend has been slower than planned by £47m, largely resulting from:
  - A slower start in the year than planned due to the reduction to the SWL CDEL envelope of c.£10m and other national funding by outcome of the NHSE.
  - The in-year timing of IFRS16 leases is also impacting the YTD position due to ongoing negotiations that will be concluded in Q4.
- The New Hospitals Programme review is not yet known, therefore, due to the uncertainty of the funding, expenditure has been slowed to limit the system's exposure.

	SWL CDEL			IFRS16 CDEL			National CDEL			Total CDEL		
Month 8	YTD Plan	YTD Actual	YTD Variance	YTD Plan	YTD Actual	YTD Variance	YTD Plan	YTD Actual	YTD Variance	YTD Plan	YTD Actual	YTD Variance
CHS	3.3	4.7	1.4	0.0	0.0	0.0	4.8	0.2	-4.6	8.1	4.9	-3.1
ESHT	10.5	10.0	-0.5	0.9	1.9	1.0	12.7	6.7	-6.1	24.2	18.6	-5.6
KHT	8.9	8.3	-0.6	0.0	-0.6	-0.6	6.4	0.0	-6.4	15.3	7.7	-7.6
SGH	21.8	9.2	-12.6	3.0	3.5	0.4	11.6	1.8	-9.7	36.4	14.5	-21.9
HRCH	1.0	0.5	-0.5	2.4	2.1	-0.3	0.0	0.0	0.0	3.4	2.7	-0.7
SWL StG	17.4	16.6	-0.8	5.1	0.0	-5.1	6.5	5.3	-1.1	29.1	21.9	-7.1
RMH	8.7	9.2	0.4	3.3	2.8	-0.5	1.1	0.0	-1.1	13.2	12.0	-1.2
<b>Trust total</b>	<b>71.8</b>	<b>58.5</b>	<b>-13.2</b>	<b>14.8</b>	<b>9.7</b>	<b>-5.1</b>	<b>43.0</b>	<b>14.1</b>	<b>-29.0</b>	<b>129.6</b>	<b>82.3</b>	<b>-47.3</b>
ICB	1.4	1.2	-0.2	4.5	4.7	0.2	0.0	0.0	0.0	5.9	5.9	-0.0
<b>SWL System</b>	<b>73.2</b>	<b>59.7</b>	<b>-13.4</b>	<b>19.3</b>	<b>14.4</b>	<b>-4.9</b>	<b>43.0</b>	<b>14.1</b>	<b>-29.0</b>	<b>135.5</b>	<b>88.2</b>	<b>-47.3</b>



# SWL NHS System FOT Capital Position

- Even though YTD spend on SWL CDEL is behind plan, trusts are confident that critical infrastructure, equipment, and cyber risk investments will be delivered by year end and continue to plan utilise the whole budget. Although, the table below shows the SWL CDEL forecast overspent (£24m), this is actually in line with available funding, as NHSE requires CDEL credits for asset sales to be reflected upon transaction, which is expected in Q4. The key risk of delivery is agreement to a £19m CDEL credit transfer to 2025/26 to support the Tolworth build, which is awaiting national approval.
- At M8 providers reviewed the IFRS16 CDEL expected spend and assessed that there will be c.£9m underspent against plan. This has arisen through contract negotiations and changes to technical guidance. It has been flagged to NHSE that there may be further impacts from ongoing lease contract negotiations to secure the best value for money for the taxpayer.
- NHSE have recently confirmed further national capital for SWL schemes which will support ongoing programmes and critical infrastructure. The impact of this will be reflected in the M09 forecast.
- As NHS capital programmes can often slip NHSE requested Trust Boards provided oversight and assurance of their organisational capital forecasts prior to the month 8 reporting submissions, to support delivery of the national capital position.

	SWL CDEL			IFRS16 CDEL			National CDEL			Total CDEL		
Month 8 - FOT	FY Plan	FOT	Variance	FY Plan	FOT	Variance	FY Plan	FOT	Variance	FY Plan	FOT	Variance
CHS	12.6	8.8	-3.8	2.5	1.7	-0.8	11.9	15.2	3.2	27.0	25.7	-1.3
ESHT	14.6	19.2	4.5	4.8	4.8	0.0	21.7	20.7	-1.0	41.2	44.7	3.5
KHT	13.9	13.9	-0.1	1.9	-0.6	-2.5	9.6	2.7	-6.9	25.4	15.9	-9.4
SGH	32.9	29.8	-3.1	4.6	4.3	-0.3	17.8	17.8	0.0	55.3	51.9	-3.4
HRCH	1.0	0.5	-0.5	2.4	2.1	-0.3	0.0	0.0	0.0	3.4	2.7	-0.7
SWL StG	-0.9	22.4	23.3	8.4	3.5	-5.0	10.1	10.1	0.0	17.6	36.0	18.4
RMH	14.3	14.9	0.6	3.3	3.1	-0.2	1.1	0.0	-1.1	18.8	18.0	-0.7
<b>Trust total</b>	<b>88.5</b>	<b>109.6</b>	<b>21.1</b>	<b>27.9</b>	<b>18.8</b>	<b>-9.1</b>	<b>72.2</b>	<b>66.4</b>	<b>-5.7</b>	<b>188.6</b>	<b>194.9</b>	<b>6.3</b>
ICB	2.6	5.3	2.7	4.5	4.7	0.2	0.0	0.0	0.0	7.1	10.0	2.9
<b>SWL System</b>	<b>91.1</b>	<b>114.9</b>	<b>23.8</b>	<b>32.4</b>	<b>23.5</b>	<b>-8.9</b>	<b>72.2</b>	<b>66.4</b>	<b>-5.7</b>	<b>195.7</b>	<b>204.9</b>	<b>9.2</b>

## Summary

# Summary of financial position

- The Board is asked to:
  - Note the ICB financial position for M8 2024/25, including the emerging pressures challenging achievement of the plan.
  - Note the ICS revenue position for M8 2024/25, including the significant risks to achieving the plan.
  - Note the ICS YTD capital position and updated forecast position at M8 2024/25

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: 9c

Report presented by: Masood Ahmed, Non-Executive Member & Chair of the Quality & Performance Oversight Committee

Paper type: For information

Date of meeting: Wednesday, 15 January 2025

Date Published: Wednesday, 8 January 2025

## 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 Performance Oversight Committee (QPOC) meeting on 11 December 2024.

## Executive Summary

The Quality and Performance Oversight Committee has met once since the last update to the ICB Board, on 11 December 2024. The updates below are following consideration and discussion of key items at the meeting:

Masood Ahmed, the new Non-Executive Member and incoming Chair of the QPOC was introduced and welcomed to the meeting.

## Quality and Performance Risk Register

The Committee reviewed the Quality and Performance risk register noting one risk related to Maternity and Neonatal Maternity Incentive Scheme Year 5 as closed and three new risks added: two of which related to safeguarding escalated from Place as they are now considered a SWL risk; and one risk related to Learning Disability Mortality Review (LeDeR) review backlog which has been reinstated to the corporate risk register. The Committee was assured that there is now additional resource in the team to address the LeDeR backlog.

## South West London (SWL) ICB Performance Report

The Committee noted the SWL ICB Performance report. The following key areas were identified with continued challenged performance:

- SWL continues to have the fewest long waiting elective patients in London however the ICB did not achieve the target for zero patients waiting more than 65 weeks with 166 patients waiting at the end of September.
- 4-hour A&E performance deteriorated from 78.4% in August to 75.5% in September, falling below the 78% target.

- The 12-hour Mental Health A&E breaches increased to 159 in September, the highest in 12 months.

The following areas were identified as areas of improved performance:

- The take up of 6-in-1 childhood immunisation has increased to 89.1% which is above the London average of 85.1%
- 100% of children and young people with urgent eating disorders were seen within a week, exceeding the 95% target
- Early Intervention Psychosis performance reported 85% in July, the highest performance for 12 months.
- The number of patients with an acute length of stay over 21 days has continued to decrease in August to 727; the lowest in 10 months.

### **Mental Health 12-hour breaches in the Emergency Department**

The Committee received an update on all 12-hour breaches following a request from the ICB Chair at a previous Board meeting. It was noted that work is underway to improve flows into and out of hospital, working with acute and community providers focused on discharge. The work also includes putting rigor into the data and process already in place, looking at services commissioned to facilitate discharges to identify the gaps and what more needs to be done. The ICB is working with the Local Authority to look at demand and capacity.

### **Acute paediatric elective recovery**

The Committee received an update on the recovery of acute paediatric services in SWL. It was noted that since the pandemic, waiting lists for children's care are worsening at a greater rate than for adults. SWL data aligns with the clinical view that long waiters are being prioritised over paediatrics; adult activity is 10-20% over the 2019 baseline, whereas paediatric activity is 10% below.

In SWL, the greatest paediatric demand is for Ear Nose and Throat (ENT) (representing 22% of the paediatric Patient Tracking List (PTL) and 45% of the children awaiting surgery/inpatient treatment). Dermatology has the second largest paediatric PTL in SWL and the most 52-week waits. PTL growth is mainly at Epsom St Helier Hospital (ESHT), and 90% of the Dermatology paediatric 52ww are at Kingston Hospital (KHFT).

The Committee noted the plans to manage ENT demand and in particular the proposal to roll out the new St Georges Hospital (SGH) streamlined tonsillectomy pathway across the System.

### **SWL ICB Quality Report**

The Committee received the SWL ICB quality report noting the following key updates:

- LAS safety concerns and escalation on handover delays - in Q2, 817 ambulance hours were lost to hospital handover delays over 45 minutes, with 398 hours lost so far in Q3. Corridor care in ED continues due to the increase in demand on the Urgent and Emergency Care (UEC) pathway SWL Trusts are working to ensure patient safety is upheld.
- National Paediatric Audiology Services Improvement Programme - ICBs have been asked to prepare for a nationally coordinated review of all paediatric audiology services. The national ambition is to complete all patient reassessments by March 2025 and for all patients to be discharged or placed on an appropriate treatment pathway by September 2025. Where an ICB has a paediatric audiology service(s) that has been identified with either low or partial levels of quality assurance, the ICB is responsible for implementing the national review and

recall process. Submissions have begun and the Chief Nursing Officer (CNO) directorate is working with providers to map the scale of work required and coordinate the response and implementation by summer of 2025.

- An Update on the ESTH Internal harm reviews for the Interstitial Lung Disease (ILD) - the Trust has completed a retrospective review into the concerns relating to an individual respiratory consultants' management of patients with ILD. A report on the review was included in the Trust's November 2024 public Board meeting. Assurance was given that GP practices were informed, affected patients have been recalled and treated, and bereaved patients' next of kin were notified. An advice line is now operational for patients and families to utilise. Care Quality Commission (CQC), NHS England, and General Medical Council (GMC) have been informed, and the Royal College of Physicians have been commissioned to carry out a harm review to identify the scale of the safety impact on patients. The Trust also has a focused piece of work on whistle blowing and Freedom to Speak Up, in response to the learning from this incident.
- SGH ED Inspection Update – the CQC carried out an unannounced inspection on the 5 and November at SGH.
- SGH Maternity CQC update - the CQC visited SGH on 16 and 17 October for an unannounced inspection.

### **Mental Health, Learning Disabilities, and Autism (MHLDA) Quality Transformation Plan (QTP) Update**

The Committee received an overview of the development of the QTP in collaboration with SWL St Georges Mental Health Trust, South London and The Maudsley (SLaM) and SWL ICB to gather the baseline position and identify gaps and agree self-assessment ratings and actions. It was noted that due to time and capacity constraints, the plan has not been co-produced with people with lived experience or communities. However, all new areas of work as defined in the action plans will be co-produced with service users, carers, families, and frontline staff. The plan has been reviewed and endorsed by the ICB Senior Management Team and approved by the two Trust Boards and published to the ICB website. In terms of oversight and governance delivery the plan will be reviewed on a quarterly basis through the SWL Mental Health Partnership Delivery Group (PDG) which reports to the ICB SMT and ICB Board.

### **Safeguarding Adults and Children Annual Report 2023-24**

The Committee received and noted the SWL Safeguarding Adults and SWL Safeguarding Children Annual Report 2023-24.

### **Children Looked After Annual Report 2023-24**

The Committee received and noted the Children Looked After Annual Report 2023-24.

### **LeDeR Annual Report 2023-24**

The Committee received and noted the LeDeR Annual Report 2023-24.

### **Child Death Overview Panel Annual Report 2023-24**

The Committee received and noted the Child Death Overview Panel Annual Report 2023-24 with the recommendation for a wider discussion at a future SMT and ICB Seminar.

**SWL ICB Evidence Based Intervention (EBI) Programme Annual Report 2023-24**

The Committee and received and noted the EBI Programme Annual Report 2023-24.

**Quality and Performance Workplan 2024/25**

The Committee reviewed 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**

<b>Committee name</b>	<b>Date</b>	<b>Outcome</b>
SWL Quality & Performance Committee (QPOC)	11 December 2024	Noted

### **Final date for approval**

Not applicable

### **Supporting documents**

None



**Lead Director**

Elaine Clancy, Chief Nursing Officer

**Authors**

June Okochi, Director of Quality

Charity Mutiti, Deputy Director of Quality

# SWL System Quality Report

Agenda item: 9d

Report by: Elaine Clancy, SWL ICB Chief Nursing Officer

Paper type: For information

Date of meeting: Wednesday, 15 January 2025

Date published: Wednesday, 8 January 2025

## 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 an overview of the system quality picture across South West London (SWL), highlighting key risks identified at the SWL Integrated Care Board's Quality Operational Management Group (QOMG) and System Quality Council held in November 2024, and the Quality and Performance Oversight Committee (QPOC) held in December 2024.
- Provide the Board with assurance that mitigations are in place to manage quality risks and that the system continues to make improvements to improve safety and quality through an increased learning culture.

## Executive summary

The 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 continuous improvements have been made and provide assurance that quality risks and challenges are being addressed appropriately. The report covers the period of September to November 2024 (unless stated otherwise).

## Key issues for the Board to be aware of:

- **LAS safety concerns and escalation on handover delays:** In Q2, 817 ambulance hours were lost to hospital handover delays over 45 minutes, with 398 hours lost so far in Q3. In October, some patients were held in ambulances on arrival due to increased Emergency Department pressures across SWL. Corridor care in ED continues, and all SWL Trusts are working to ensure patient safety is upheld through boarding and cohorting.
- **National Paediatric Audiology Services Improvement Programme:** In October 2024, NHS England wrote to ICB Chief Executive Officers (CEOs), Chief Medical Officers (CMOs) and Chief Nursing Officers (CNOs) across the country to outline the national response and expectations as part of the ongoing Paediatric Hearing Services Improvement (PHSI) Programme. ICBs are asked to prepare for a nationally coordinated review of all paediatric audiology services. This process ensures that children at risk of harm due to misdiagnosis are identified and recalled for reassessment. The national ambition is to complete all patient reassessments by March 2025, ensuring that all patients are either discharged or placed on an appropriate treatment pathway by September 2025.
- **Update on Epsom and St Helier Hospital (ESH) Internal harm reviews for the Interstitial Lung Disease (ILD):** The Trust has completed a retrospective review into the concerns relating to an individual respiratory consultants' management of patients with ILD. A report on the review was included in the Trust's November 2024 public Board meeting. GP practices were informed, and affected patients have been recalled and treated, bereaved patients' next of kin were notified. An advice line is now operational for patients and families to utilise. The Royal College of Physicians have been commissioned to carry out a harm review and the Trust has started a focused piece of work on whistle blowing and Freedom to Speak Up.
- **St Georges Hospital (SGH) ED Inspection Update:** Care Quality Commission (CQC) carried out an unannounced inspection on the 5th and 6th of November at St George's Hospital.
- **SGH Maternity CQC update:** CQC visited SGH on 16 and 17 October for an unannounced inspection.

## Recommendations

### The Board is asked to:

- Note the content of the quality report and be assured that risks are being managed through 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 Operational Management Group (QOMG) in November 2024 and the Quality and Performance Committee (QPOC) in December 2024. All escalations have been reported into the System Quality Council in November.

- Be assured that a recent risk review cycle has identified new risks to be included in the Corporate Risk Register and a new inclusion of the children's pathways on the Board Assurance Framework.
- Be assured Place Quality Groups have been established and are in development and risks will be identified closer to place for providers of health and care.
- Be assured of continuous improvements which have progressed, some of which are highlighted in the report to improve outcomes for patients across SWL.
- Note the quality report in its revised form, highlighting the use of increased data and metrics to support assurance of safety, patient experience, clinical effectiveness, and health equity for SWL's population.

## 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 efficiencies and where significant change in service delivery or care pathways impact patients and staff.

### 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
SWL ICB Quality Operational Management Group (QOMG)	18 November 2024	Internal directorate review and assurance
SWL System Quality Council	12 November 2024	Providers escalation report presented and noted.
SWL ICB Quality and Performance Committee	11 December 2024	Internal review and assurance

### Supporting documents

Quality Report

**Lead Director**

Elaine Clancy, Chief Nursing Officer

**Author**

June Okochi, Director of Quality

# SWL System Quality Report

Board Update

January 2025

*Our vision is to improve safety, experience and overall quality of the health, wellbeing and lives of those we care for*

# Introduction

- This report provides an overview of the quality of services within the Southwest London (SWL) Integrated Care System (ICS).
- The purpose of the report is to provide the Board of the Integrated Care Board (ICB) with an update of emerging quality risks impacting the delivery of safety, and patient experience, an outline of where continuous improvements have been made and assurance that risks and challenges are being mitigated. The report covers the period of September to November 2024 (unless stated otherwise).
- The quality report format has been revised to show the use of increased data and metrics to support assurance of safety, patient experience, clinical effectiveness, and health equity for SWL's population. Continuous improvements which have progressed across SWL have also been highlighted in the report.
- As the system continues to face significant financial challenges and winter pressures, the pressure and demand on providers continues to be significant and the focus on safety and quality of care needs to be prioritised .
- Risks highlighted in the content of the report are being managed through appropriate governance and escalation arrangements between providers and the ICB.
- The exceptions summarised within the report have been presented and discussed at the System Quality Council in November, Quality Operational Management Group (QOMG) in November 2024 and the Quality and Performance Committee (QPOC) in December 2024.



# Executive summary 1/

## Key improvements

- **Learning from Never Events Kingston and Richmond NHS Foundation Trust (KRFT):** Following a cluster of six NEs in the Royal Eye Unit (REU), KRFT commissioned an independent review and held a Human Factors training event with external facilitators. ICB is working closely with the trust on the learning and actions from the review.
- **Health inequalities and safety incidents:** The ICB CNO commissioned a data review to identify inequalities in safety incidents to support our ambition in the Joint Forward Plan (JFP) and the NHS patient safety strategy. The patient safety incidents analysis was presented to Senior Management Team (SMT), Quality and Performance Committee (QPOC) and the Chief Exec meeting in November 2024. Arrangements have been made to present to all six place teams who will take forward the agreed actions.
- **PSIRF Quality Learning Review Visit:** SWL ICB carried out a PSIRF review visit at Croydon Health Services (CHS) on 3 October 2024. The review was established by the CNO directorate as a SWL tailored version of peer reviews and a supportive process for continuous improvement across the ICS. Initial findings were very positive. A draft report has been shared with CHS for comments.
- **Continuing Healthcare (CHC) performance:** Performance is improving month on month, despite a gradual increase in demand each month. Performance against the 28-day standard was met for the NHS England (NHSE) Quarter 2 trajectory.

## Key improvements

- **Measles:** Levels of measles in London are falling with a marked drop of cases in Southwest London. There has been seven confirmed cases since September, this is much lower than previous months. Public engagement campaigns and vaccinations continue to be offered.
- **Implementing Sexual Safety Charter:** The designated nurses for Safeguarding Adults and Children Looked After supported the Human Resources Team in the ICB with the strengthening of the action plan against the ten principles of the sexual safety charter.
- **Croydon's Inspection of Local Authority Children's Services (ILACS):** In October 2024, Croydon went through a full standard inspection of children's social care services. The report outcome was shared on 3<sup>rd</sup> December with 'Good rating'. The inspectors recognised how council services had improved since the last inspection in 2020, despite huge challenges including the pandemic and the council's financial crisis.
- **NHSE Special Education Needs and Disability( SEND) Quality Improvement and Assurance Framework Pilot:** SWL ICB is participating in an NHSE SEND quality assurance framework pilot. The pilot's aim is to support ICBs in the delivery of SEND services at system and place. Designated Clinical Officers (DCO) are completing the Place based element of the Quality Assurance Framework with Senior Responsible Officers.

# Executive summary 2/

## Areas of focus

- **Update on Epsom and St Helier Hospital (ESH) Internal harm reviews for the Interstitial Lung Disease (ILD):** The Trust has completed a retrospective review into the concerns relating to an individual respiratory consultants' management of patients with ILD. A report on the review was included in the Trust's November 2024 public board meeting. GP practices were informed, and affected patients have been recalled and treated, bereaved patients' next of kin were notified. An advice line is now operational for patients and families to utilise. The Royal College of Physicians have been commissioned to carry out a harm review and the Trust has started a focused piece of work on whistle blowing and Freedom to Speak Up.
- **ESH Dialysis Transport Concern:** The trust raised significant concerns regarding transport challenges for dialysis patients which is resulting in treatment being missed. The concern is now on the trust risk register due to impact of risk of death, increased admissions and poor patient experience. Main cause of the delays has been due to transport staff shortages and associated with a new provider. ICB working with Trust for assurance. No harm has been reported because of this risk.

## Areas of focus

- **ESH Mortality:** In June 2024, there was a risk identified with the disproportionate rates of deaths in their Emergency Department (ED) due to cardiac arrests and sepsis. This was reported in the Trust's Learning from Deaths (LfD) report (Q2 and 3, 2023/24) presented to the Sutton Place Quality Collaborative and escalated to the Quality Committee and ICB Board. At the ESH patient safety quality group (PSQG) in October 2024, the Q4 (2023/24) and Q1 (2024/25) Learning from Deaths (LfD) report included ongoing concerns and actions the Trust is taking. The Trust also presented to the GESH Quality Common for assurance in October 2024. The CNO provided an update at the ICB Board in November 2024.
- **Sutton Place Length of Stay (LoS) and Mortality Audit:** Sutton place partners are working collaboratively to undertake an integrated audit in primary, community and acute services to understand if there is a correlation between the increased mortality (standard hospital mortality indicator, SHMI rates) with discharges and readmissions. The process is planned to be completed at the end February 2025.
- **ESH Dialysis Transport Concern:** The trust raised significant concerns regarding transport challenges for dialysis patients which is resulting in treatment being missed. The concern is now on the trust risk register due to impact of risk of death, increased admissions and poor patient experience. Main cause of the delays has been due to transport staff shortages and associated with a new provider. ICB working with Trust for assurance. No harm has been reported because of this risk.

# Executive summary 3

## Areas of focus

- **National Paediatric Audiology Services Improvement Programme:** In October 2024, NHS England wrote to ICB CEOs, CMOs and CNOs across the country to outline the national response and expectations as part of the ongoing Paediatric Hearing Services Improvement (PHSI) Programme. ICBs are asked to prepare for a nationally coordinated review of all paediatric audiology services. This process ensures that children at risk of harm due to misdiagnosis are identified and recalled for reassessment. The national ambition is to complete all patient reassessments by March 2025, ensuring that all patients are either discharged or placed on an appropriate treatment pathway by September 2025.
- **SGH Maternity CQC update:** Care Quality Commission (CQC) visited SGH on 16 and 17 October for an unannounced inspection. Written feedback shared on 31 Oct, highlighted the following good practice. The Trust is working on the improvement actions.
- **Doing well:** Visibility and support of leadership, good feedback from women, good multi-disciplinary team (MDT) working, good/high standards in bereavement suite, robust high depend unit (HDU) care. .

## Areas of focus for Emergency Departments

- **LAS safety concerns and escalation on handover delays:** In Q2, 817 ambulance hours were lost to hospital handover delays over 45 minutes, with 398 hours lost so far in Q3. In October, some patients were held in ambulances on arrival due to increased Emergency Department pressure across SWL impacting CHS most. Corridor care in ED continues due to the increase in demand on the UEC pathway, and all SWL Trusts are working to ensure patient safety is upheld through boarding and cohorting and allocating nursing staff to improve fundamentals of care and manage deterioration.
- **Impact on infection and prevention control on (ED) Corridor care:** As the winter season approaches, Trusts are reporting regular and sustained corridor care is causing challenges to the management of infections due to the demand on the departments and lack of isolation spaces. Infection Prevention and Control teams continue to risk assess patients who are most vulnerable to infection and Trusts have escalated the challenge on their risk registers.
- **SGH ED inspection update:** CQC carried out an unannounced inspection on 5 and 6 November at St George's Hospital. Final report to follow.

# South West London ICB Quality Metrics Summary

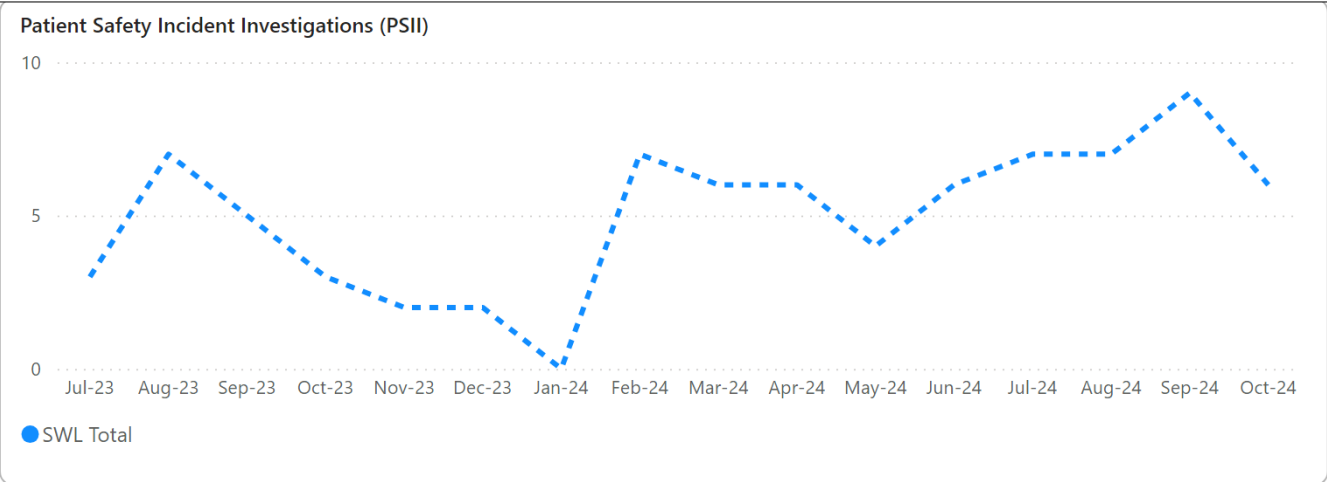
# Patient Safety Incident Investigations (PSII) and Never Events



South West London

**Graph 1: Total Patient Safety Incident Investigations (PSIIs) in SWL Jul 23 to Oct 24**

A PSII is a system-based learning response under patient safety incident response framework (PSIRF). It is a comprehensive learning response carried out where causal factors are not understood or for nationally mandated safety incidents.



## Patient Safety Incident Investigations (PSII)

- SWL providers reported six learning responses in Oct 2024, see graph 1.
- The trend for PSIIs has been fluctuating.

## What does good look like?

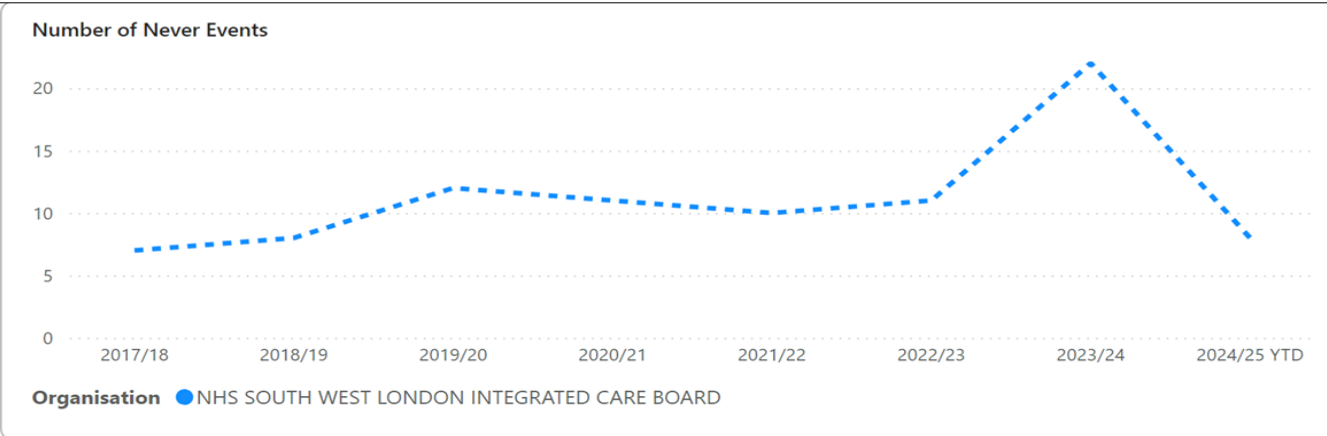
- Number of PSIIs per provider should be in line with the planned patient safety incidents response plan (PSIRP) so there is no benchmark that can be applied against others. However, we want to see the number of incidents reduce with zero to low harm when incidents are reported.

## What are our plans to improve?

- As part of ICB oversight on PSIRF embedding , ICB is aligning individual provider PSII numbers against their original PSIRP and is supporting providers at their next PSIRP review cycle.

**Graph 2: Total number Never Events in SWL – 2017/18 to 2024/25 Year to date (YTD)**

NE are preventable safety incidents that should not occur in healthcare if guidance and procedures are properly followed.



## Never Events (NE)

- 4 NEs reported between Sept and Oct 2024 for ESH and SGH related to retained foreign object, wrong site surgery and misplaced naso/oro-gastric tube.
- Since April 2024, 8 NEs have been reported. Some indication of downward trend compared to 2023/24, but still higher than other ICBs regionally.

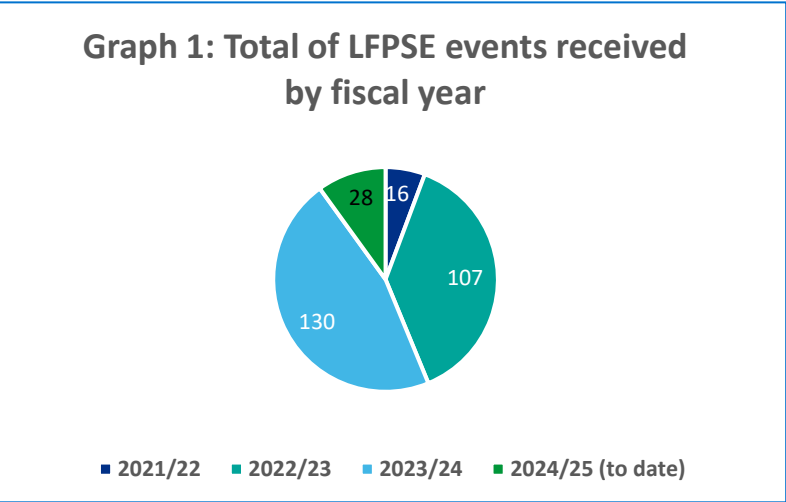
**What does good look like?** Zero harm, continuous quality improvement

## What are our plans to improve??

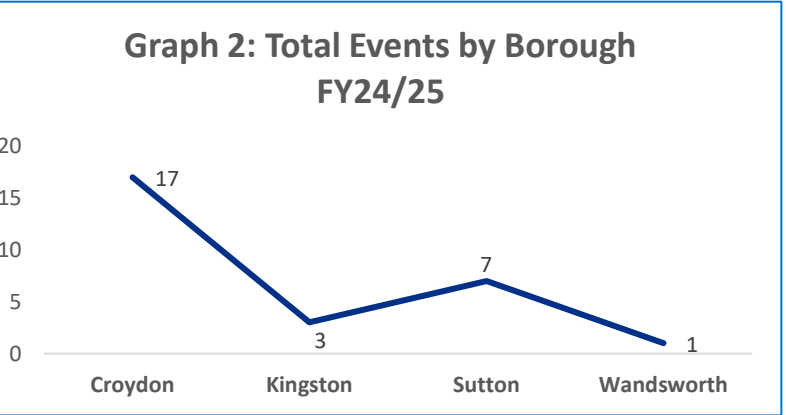
- The ICB is supporting KRFT, ESH and SGH with their existing improvement actions.

# Learn From Patient Safety Events (LFPSE) for General Practices (GP)

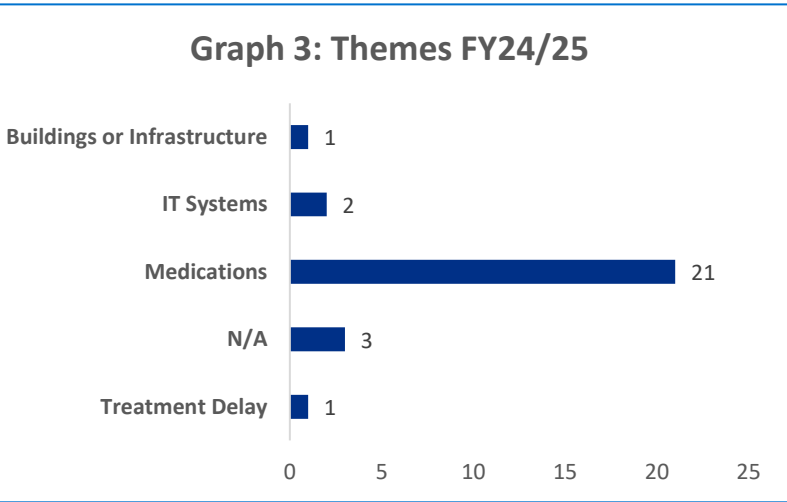
Graph 1: 268 events reported by GPs within SWL from 2021/22 to 2024/25 YTD. Only 18 events have been reported since April 2024, which is a declining trend from the last two fiscal years.



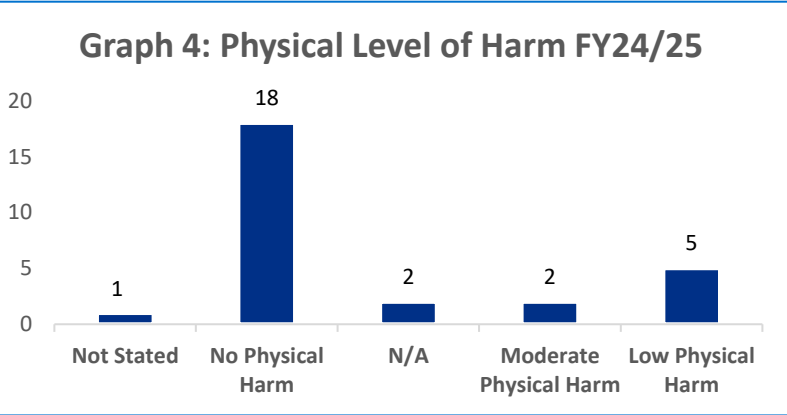
Graph 2: LFPSE raised by GPs per borough in 2024/25. Low usage, aside from Croydon, linked to their current medication reporting incentive scheme. No reporting from Kingston and Richmond this year.



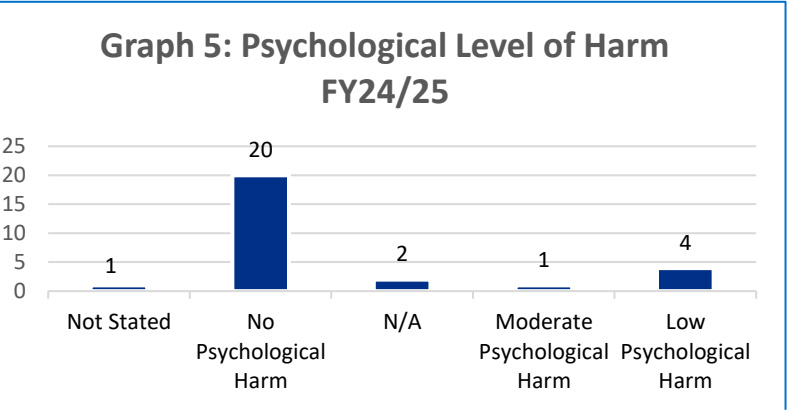
Graph 3: Themes being reported by SWL GPs for 2024/5. Medication related events continue to be the most common theme to date with 21 so far.



Graph 4: Shows most events recorded in 2024/25 YTD have **no level of physical harm associated with them**. A small proportion of these incidents have low or moderate physical harm.



Graph 5: Shows level of psychological harm caused by events reported is nil for most events captured in 2024/5 YTD



**What does this mean for patients?** LFPSE for primary care was launched in July 2021 to report incidents and share learning. CQC has issued supporting guidance for general practices as LFPSE is one of the national commitments for general practices to utilise in the National Patient safety strategy for primary care.

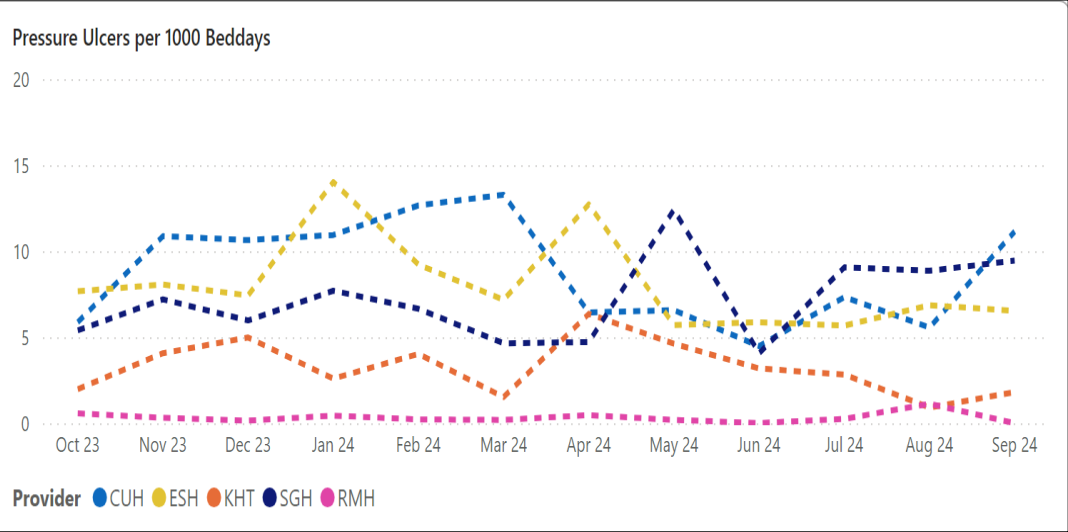
**What does good look like?** Improvement of reporting culture to drive learning and improvement.

**What are our plans to improve?** Support GP engagement and use of LFPSE; working with primary care teams on supportive schemes to increase usage of LFPSE. Continue to promote system awareness of resources developed and explore supportive methods from other areas doing well with GP usage of LFPSE .

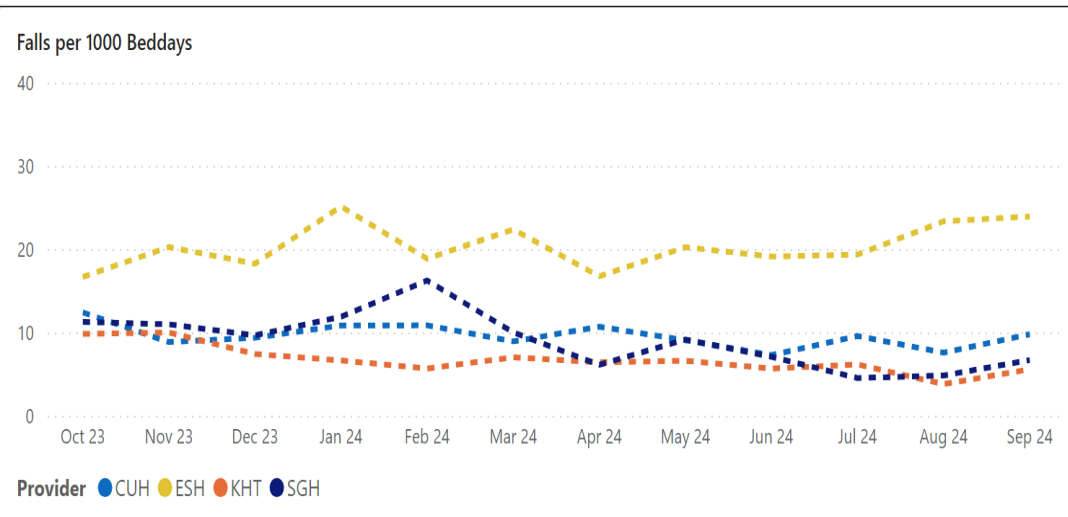


# Pressure Ulcers and Falls

**SWL Pressure ulcers per 100 bed days, Sept 2023 – Aug 2024, by acute providers**



**SWL Falls per 1,000 bed days - Sept 2023 – Aug 2024, by acute providers**



## Pressure ulcers (PU)

**What does this mean for patients?** Pressure ulcers can restrict daily activities, such as being confined to bed or a chair for treatment. Patients may also need to make lifestyle changes, such as adapting their living arrangements to accommodate the ulcer. There are also psychological and financial implications for patients.

### Quality risks

- CHS (shown as CUH), SGH and ESH recorded the highest PU occurrence in Sept 2024. SGH figures remain high but have plateaued since July 2024.
- Kingston Hospital Trust (KHT) reported a small increase in Sept 2024 following a notable downward trend between Apr – Aug 2024. Good performance at RMH.

### What does good look like?

- Primary prevention – zero tolerance
- Secondary prevention – adequate treatment and management

### What are we doing to reduce rates?

Supporting pressure ulcer improvement action plans through monthly quality meetings with provider organisation.

## Falls

**What does this mean for patients?** In patient falls are the most frequently reported safety incident in NHS hospitals. 30-50% of falls result in some physical injury, and fractures occur in 1-3% of cases. No fall is harmless, as psychological sequelae can lead to lost confidence, delays in functional recovery, and prolonged hospitalisation.

### Quality risks

- ESH is an outlier with a consistently high number of falls reported per 1,000 days (24 in Sept 2024).
- CHS reported 10 PU in Sept 2024, slight increase from previous month. SGH and KHT report the lowest numbers of PU between Jun – Sept 2024.

### What does good look like?

- Primary prevention – zero tolerance
- Secondary prevention – adequate treatment and management

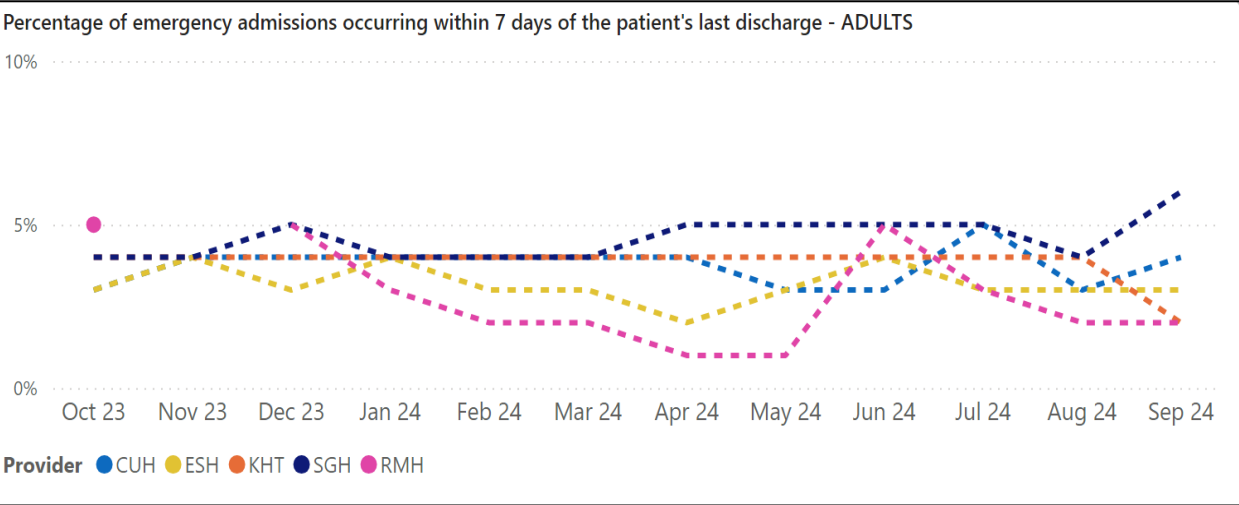
**What are we doing to reduce rates?** ESH has a falls improvement plan and is looking to embed quality improvement to reduce the number of falls.

# Emergency admissions occurring within 7 days of discharge

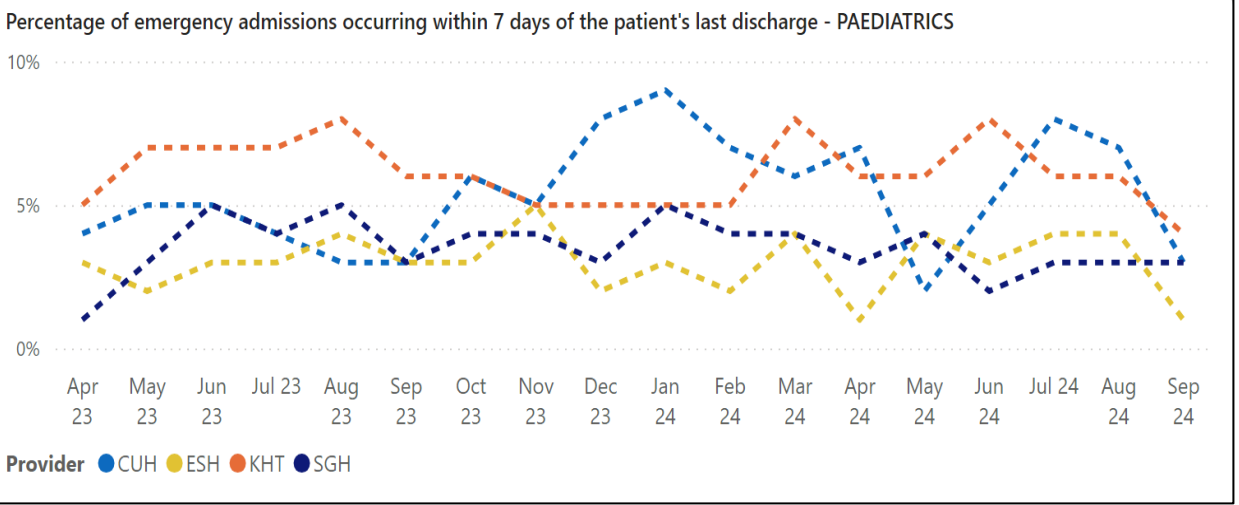


South West London

## Emergency admissions occurring within 7 days of discharge –Adults Oct 2023 – Sept 2024



## Emergency admissions occurring within 7 days of discharge – Paediatrics Apr 2023 – Sept 2024



### Emergency admissions within 7 days of discharge

#### What does this mean for patients?

A measure of effectiveness of care and an indicator for when poor patient outcomes could potentially have been avoided. A reduction in readmissions can simultaneously improve care (and cut costs).

#### Quality risks

- Adult readmissions - Spike in Royal Marsden Hospital in June 2024 following a low trend. Increase in readmissions seen for CHS and SGH in Sept 2024. In previous 11 months all trusts reporting below 5%.
- Paediatric readmissions - Improving trajectory across all Trusts in Sept 2024. CHS and KHT both reported 7% emergency readmissions in Aug 2024, significantly higher figures than SGH and ESH (below 5% since Feb 2024).

#### What does good look like?

- Early intervention (same day treatment), safe discharges and effective care in the community.

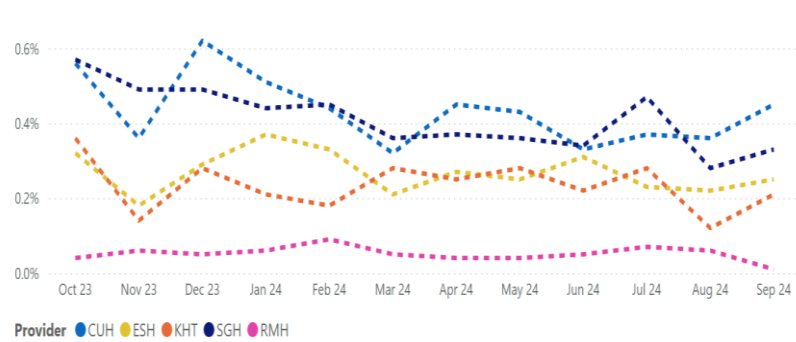
#### What are we doing to reduce rates?

- Supporting improved discharge planning through insights from Make a Difference (MkAD) and GP LFPSE around common themes on medication, communication and bridging care.
- Virtual wards and other community-based interventions are enablers for reducing readmissions.



# Inpatient quality indicators

Inpatient admissions for sepsis, Oct 2023 – Sept 2024



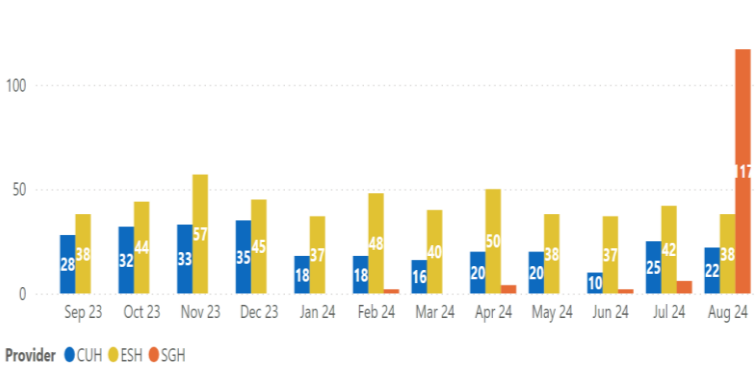
**What does this mean for patients?** Increased risk of ICU admission and mortality in people with suspected sepsis, and long-term impact on patient health and recovery.

- Quality risks**
- Over the 12-month period to Sept 2024, small improvement for SGH and CHS who have the highest rates.
  - All trusts except for RMH reported increased rates in Sept 2024 compared to Aug 2024.

- What does good look like?**
- Primary prevention – early recognition in primary care
  - Secondary prevention – adequate treatment and management

- What are we doing to reduce rates?**
- Supporting PSIRF implementation for CHS IPC department to ensure principles of system and shared learning are embedded.
  - Support with IPC improvement plans at organisation and system level.

Mixed sex accommodation breaches, Aug 23- Jul 2024



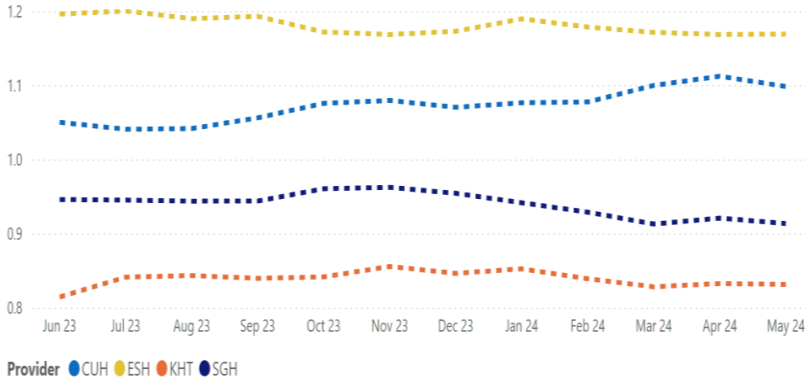
**What does this mean for patients?** Lack of privacy and dignity contributing to poor patient experience.

- Quality risks**
- ESH reported consistently high numbers of breaches with no seasonal variation between Sept 2023 and Aug 2024.
  - SGH reported 117 breaches in Aug 2024, after reporting very small numbers in previous year.
  - CHS reporting a significant number of breaches.
  - KHFT reporting zero breaches.**

- What does good look like?**
- Zero tolerance, Continuous quality improvement

- What are we doing to reduce rates?**
- Other SWL trusts can learn from KHFT
  - ESTH are working to reduce bed boarding as much as possible which (which is utilised due to bed pressures)

Summary Hospital Mortality Indicator (SHMI)



**What does this mean for patients?** The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die based on average England figures. It reflects the quality of hospital care.

- Quality risks**
- ESH are consistently significant outliers (just under 1.2 in May 2024) while CUH have seen an upward trend to 1.1 in May 2024. KHFT and SGH have an SHMI >1, below expected mortality.

- What does good look like?**
- Zero harm, Continuous quality improvement

- What are we doing to reduce rates?**
- SWL ICB working with ESTH to support and improve current SHMI rates . Trust has a lot of ongoing actions.

# SWL Infection Prevention Control

Table 1	Croydon HS	E&SH	Kingston FT	SGH	RMH
MRSA	0	1	3	0	0
MSSA	11	17	8	23	3
CDI	17/23	56/63	22/29	41/43	37/40
E-coli	37/56	33/61	29/57	70/114	27/51
Pseud A	5/16	11/8	3/12	8/34	15/21
Klebsiella	14/28	23/25	13/17	47/62	22/29

- **Table 1** shows SWL Acute Trusts performance against the NHSE set thresholds for 1<sup>st</sup> Apr 2024 -31<sup>st</sup> October 2024.
- **Clostridium difficile infections (CDI's)**: All Trusts have seen an increase in CDI cases and work is underway to understand causes for this. E&SH have the steepest rise in cases but reviews indicate that they are different types flagging as clusters as opposed to an outbreak. Antibiotic usage outside of local guidance is identified as a key factor. The RMH is working alongside partners to understand risks associated with solid and haematological cancers.
- **MRSA**: There have been three healthcare associated MRSA bloodstream infection identified in October at Kingston hospital (2 of which were SW London residents and information is awaited on if these were connected and what the cause)
- A SWL Healthcare associated infections (HCAI) and Multi drug resistant organism reduction plan is in place and a SWL working party with key partners and providers is planned to identify key risks, themes and cause of infection to focus improvement work.

Table 2	C-difficile	MRSA	MSSA	E-coli	Pseud A	Klebsiella sp.
SWL	220/337	8	133	519/975	58/140	180/343
SEL	163/308	21	190	576/1,015	78/179	236/467
NEL	195/333	38	263	806/1,289	127/168	273/433
NCL	206/329	18	129	596/1,013	76/131	219/453
NWL	264/323	26	190	840/1,417	109/179	296/414

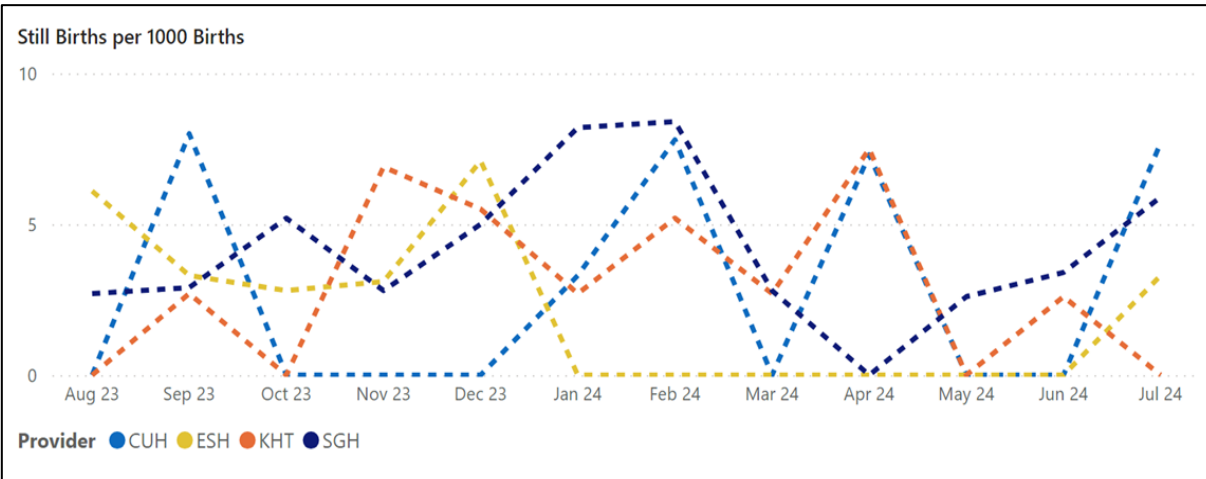
- **Table 2** shows how SWL ICS is performing alongside other London ICSs against the NHSE thresholds for 1 Apr 2024 to 31 October 2024.
- **Clostridium difficile infections (CDIs)**. There has been a significant increase in cases of CDI for both healthcare and community associated infections over the past few years. 220 cases for the first 7 months represents the highest number for several years. 60% of these cases are healthcare associated. There needs to be a greater understanding into why cases are rising in SWL and London.
- **MRSA (Methicillin-resistant Staphylococcus aureus)**: There has been a marked decrease in cases of MRSA in the last 6 months from the same period last year, with 2 cases in October, both from in-patient stays at Kingston hospital.
- Trusts undertake surveillance, review HCAI (healthcare associated infections) and risk factors to focus on improvement work.

## Other updates

- **Measles**: Levels of measles in London are falling with a marked drop of cases in SWL. There has been seven confirmed cases since September, this is much lower than before. Public engagement campaigns and vaccinations continue.
- **ED corridor care and IPC challenges**: Regular and sustained corridor care is causing challenges to IPC. Local teams risk assess patients' most vulnerable to infection and trusts being encouraged to add to risk register.

# Maternal and neonatal safety in SWL

Graph 1: Still birth rates per 1000 births Aug 2023 – July 2024



## Stillbirths

**What does this mean for patients?:** Families that experience neonatal death will be impacted psychologically for a long time.

**Quality risks** Still birth rate increased in July 2024 for CUH, SGH and ESH. CUH and SGH both reported 2 still births, and ESH 1.

**What does good look like?:** Prevention of maternal and neonatal mortality, safe and adequate specialist workforce, effective clinical practice and personalised care for women and babies.

### What are we doing to reduce rates?

- Support trust in the implementation of Saving Babies Lives Clear Bundle v.3 (SBLCB)
- LMNS oversight on the CNST assurance.
- Listening to women and provision of information.
- Risk assessment and improved triaging services.

## Neonatal deaths

**What does this mean for patients?** Families that experience neonatal death will be impacted psychologically.

**Quality risks** SGH has a neonatal deathrate of 3.0 in July 2024, raised in comparison to other Trusts as it is a tertiary hospital in receipt of unwell neonates. CHS, ESTH and KHT have a stable neonatal death rate of 0.0. KH performance is improving (Celebrate and Learn)

### What does good look like?

Prevention – Clear pathways and early recognition  
Learning systems/continuous quality improvement

### What are we doing to reduce rates?

- Continue perinatal optimisation pathway and implementation of the British Association of Perinatal Medicine (BAPM) parent passport.
- Information sharing in different languages, signposting. MDT training compliance for fetal monitoring, human factors and situational awareness training.

## Maternal death numbers March – July 2024

**What does this mean for patients** Family distress, negative psychological impact leading to negative impact on service provided.

**Quality risks** Single maternal death between March and July 2024, at SGH in June 2024. A review will be carried out and the learning will be shared in the Safety Incidents meeting.

### What does good look like?

- Prevention – Risk assessment and appropriate/timely referral to clinicians
- Learning systems/continuous quality improvement
- Improved workforce with the right skills

### What are we doing to reduce rates?

- MDT working- Maternal medicine network
- Risk assessment
- Follow up on the referral
- Escalation and training.
- Sharing learning as a system and showcasing of good practice.

# Safeguarding, All Age Continuing Healthcare, CYP, SEND

## Safeguarding Children and Adults and Children Looked After (CLA)

- **CQC inspection:** An announced CQC inspection has commenced for Kingston Local Authority adult services. These inspections are likely to include health where there is integrated delivery e.g. CHC, safeguarding etc Further updates will be provided once completed.
- **CLA IHA (initial health assessments):** Performance continues to be a challenge. This is a national problem with most boroughs across the country not meeting the 20-working day statutory timescale. Statutory guidance is being reviewed the 20-working day deadline is unlikely to change. Further discussion required on how to progress SWL piece of work with social care.
- **CLA placed Out of Borough (OOB):** Across SWL ICB several CLA placed OOB. It is important that SWL ICB have a robust Quality Assurance process of review health assessments (RHA). There is ongoing work by the Designated Nurses to develop a South West London ICB in and Out of borough health Assessment Quality assurance framework to improve oversight of RHA's.
- **Implementing Sexual Safety Charter:** The designated nurses for Safeguarding adults and Children Looked After supported Human resources team in the ICB with the strengthening of the action plan against the ten principles of the sexual safety charter
- **Violence towards Women and Girls (VAWG) awareness:** Throughout the month of November, health and social care teams across SWL are raising awareness on Violence towards Women and Girls (VAWG). NHSE VAWG conference is scheduled end of November.

## Children and Young People (CYP), Special Educations Needs Disability (SEND)

- **Inspection activity:** Preparation activities taking place in the 5 Local Areas awaiting SEND inspection. SEND health clinical networks have been established in Merton, Sutton and Wandsworth to support inspection preparation and joint work. Development in other Places is underway.
- **SEND data dashboard:** Work commenced to create a SWL data dashboard to include all CYP from 0-25. This is a major project requiring significant support from Business Intelligence and Contracting.
- **Supporting pupils with medical conditions at school:** A SWL steering group has been established to support decision making processes for agreeing ICS funding for children with medical needs who do not meet criteria for Continuing Care/ Continuing Healthcare. Work ongoing and more update to be provided to QPOC.
- **NHSE SEND Quality Assurance Framework Pilot:** SWL ICB is participating in an NHSE SEND quality assurance framework pilot . The pilot aim is to support ICBs in the delivery of SEND services at system and place. DCOs are completing the Place based element of the Quality Assurance Framework with Place based Senior Responsible Officers.
- **CYP and neurodevelopmental pathways:** System wide concern regarding wait times for CYP on neurodevelopmental pathways continue. Work continues across the system to support providers and challenges

## All Age Continuing Healthcare (AACHC)

- **CHC performance:** Performance remains very strong month on month, 80% in August, 85% in Sept and 84% in Oct 2024. This is despite a gradual increase in demand each month. Performance against the 28-day standard has been delivered for the Q2 trajectory agreed with NHSE, and the October position is positive.
- **Patient Experience of NHS CHC:** The AACHC leadership team are undertaking a small-scale pilot to build up confidence in pro-actively asking for feedback for the teams. The pilot will be in a phased approach . More update will be proved to QPOC in future.
- **CHC Workforce:** We continue to successfully recruit to the substantive posts. The in-housing of HRCH and YHC staff is now complete with no major concern.
- **Internal Audit:** The internal audit programme for 2024/25 focused on the follow up of actions raised in 2023/24 and evidence review to assess progress. The audit commenced on 21 Oct October and final report was expected in November. The debrief meeting held on 8th November was extremely positive and has indicated that the AACHC have completed 5 of the 9 management actions identified in the 2023/24 review. The remaining actions are all in progress. More update will be provided to QPOC in future.



# Quality improvements updates 1/

Table detailing the quality improvement work taking place across SWL providers

Provider	Improvement area	Improvement actions
CHS	Patient experience	The Trust is planning a patient engagement event on 11 December 2024 to showcase work being undertaken in response to patients' feedback with an aim to engage with patients and the public so they can contribute to next year's quality priorities for improving patient experience.
KHFT	Patient experience	KRFT Patient Information Reader Group was shortlisted for the Patient Experience Network National Awards in the 'Patient Contribution' category. The group of 20 volunteers works to improve patient-facing materials such as leaflets, posters, emails, and digital messages.
CLCH	School nursing	"ChatHealth" was officially launched in Wandsworth and Richmond on 16th September. This is a quick and easy way for young people aged 11-19 and parents of children or young people aged 5-19 to contact the school nursing service.
CLCH	Health inequalities in CYP MH	CLCH has joined Nottingham University's 'EXPAND' study exploring experiences of accessing services and understanding Neurodevelopmental Disorders for ethnic minorities in England.
SWL StG	Effective care in mental health	The trust partnered with Phase Space Ltd to launch an innovative pilot programme that uses specially designed hypnotherapy-based virtual reality (VR) to support patients with psychosis on their journey to recovery. This cutting-edge approach aims to help individuals with tailored support.
SWL StG	Effective care in mental health	A new electronic system to support patient care during mental health assessments and treatment under the Mental Health Act (MHA) will be rolled out early next year. The system, eMHA, will mean that important information, such as statutory forms, will be completed and held on a specially designed electronic platform rather than on paper.
ESTH	Falls awareness	During National Falls Awareness Week in September 2024, the Trust engaged over 250 staff with quiz questions to assess their knowledge of falls prevention policies. This is part of several initiatives to improve staff awareness and reduce the rate of falls.
SGH	Ward accreditation	In August 2024, the Trust was accredited 12 areas: 2 Bronze, 2 Silver, 7 Gold, and 1 Platinum (for three consecutive Gold ratings). In September 2024, another 12 areas were accredited: 9 Silver, 2 Gold, and 1 Platinum (again for three consecutive Gold ratings).
SLAM	Autism	The Trust recently signed off their all-age co-produced autism strategy with a focus on increasing specialist nursing outreach.

# Quality improvements updates 2

Table detailing the quality improvement work taking place across SWL providers

Provider	Improvement area	Improvement actions
RMH	Anti-racism	Nurses in management roles (band 7 and above) are participating in an anti-racism training course, Understanding and Embodying Anti-Racist Practice, provided by BRAP in collaboration with The King's Fund. It aims to help staff approach situations with empathy, respond inclusively, and establish a foundation for anti-racist practice, supporting race equality within teams.
RMH	Workforce	A recruitment drive at university career fairs has been commenced to attract the next cohort of newly qualified nurses, to reduce reliance on agency staff. Trialling out diverse panels in nursing band 7 and above for interviews between Oct 2024 – February 2025.
RHND	Workforce	The trust achieved designation of Pathway to Excellence® in August 2024 (healthy work environments in health care and long-term care organisations where nurses excel). Achieving this designation recognises a commitment to creating an engaging and supportive workplace for staff. RHND is the first independent health care provider in the UK to achieve this International designation, joining 7 NHS Trusts.
LAS	Emergency care	Staff from St Helier Ambulance Station recently presented at The LAS Quality Improvement Conference on their work to improve the start-of-shift process. They successfully achieved a 16-minute reduction in the time it takes for crews to be ready to respond to a call with all necessary equipment on board at the start of their shift.
LAS	Emergency care	The LAS hosted their first ever Partnership Summit, which brought together senior leaders and clinicians across the Trust with senior NHS leaders from the capital's Urgent and Emergency Care System to discuss the challenges the NHS faces, and how we can work together to effect change and improve services for our patients and change our working lives for the better
LAS	111 control centre	New Croydon 111 control centre opened at Bernard Weatherill House after a substantial programme over the last two years, aiming to deliver a light, bright modern facility that meets future operational and workforce needs, whilst operating sustainably to support our long-term transition to net zero.

# Recommendations

## The Board is asked to:

- Note the content of the quality report and be assured that risks are being managed through 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 Operational Management Group (QOMG) in November 2024 and the Quality and Performance Committee (QPOC) in December 2024. All escalations have been reported into the System Quality Council in November.
- Be assured that a recent risk review cycle has identified new risks to be included in the Corporate Risk Register and a new inclusion of the children's pathways on the Board Assurance Framework.
- Be assured Place Quality Groups have been established and are in development and risks will be identified closer to place for providers of health and care.
- Be assured of continuous improvements which have progressed, some of which are highlighted in the report to improve outcomes for patients across SWL.
- Note the quality report in its revised form, highlighting the use of increased data and metrics to support assurance of safety, patient experience, clinical effectiveness, and health equity for SWL's population.

# ICB Performance report – October 2024

Agenda item: 9e

Report by: Jonathan Bates, Chief Operating Officer

Paper type: For information

Date of meeting: Wednesday, 15 January 2025

Date published: Wednesday, 8 January 2025

## Content

- Purpose
- Executive Summary
- Key Issues for the 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 August 2024 and September 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:

- **Quarter 1 data for Childhood Immunisations shows an increase in uptake for the 6-in-1 vaccination to 89.1%, compared to the London average of 85.1%. Kingston and Sutton remain the highest performing boroughs for 12-month cohort.**



- In Quarter 1, **100% of children and young people (CYP) with urgent eating disorders were seen within a week of referral** (the target is 95%).
- **Early Intervention Psychosis (EIP) performance was above target in July at 85%, the highest performance for 12 months.** Recruitment is ongoing, which will ensure delivery and South West London & St George's (SWLSTG) continue to look for opportunities to optimise referral process and digital solutions.
- **The number of patients with an acute length of stay over 21 days** has continued to decrease in August to 727, the lowest in 10 months. Frequent data deep dives are carried out to better understand the barriers to timely discharge.

#### **Key areas where SWL is challenged:**

- **SWL continues to have the fewest long waiting elective patients in London, however, the ICB has seen increases** in the following cohorts and continues to be off trajectory for August with:
  - 301 patients waiting over 65 weeks against a plan trajectory of 5 in August.
  - 57 patients waiting over 78 weeks against a zero target in August.

The ICB and APC worked closely with providers to meet the revised trajectory of 166 patients waiting over 65 weeks at the end of September 2024, mainly through increased capacity and improved productivity.

- **Whilst A&E attendances saw the expected seasonal increase, the 4-hour A&E performance deteriorated from 78.4% in August to 75.5% in September, falling below the 78% plan.** In the 12 months to September, A&E attendances were 3.4% higher than over the preceding 12 months. One of SWL's priorities is to appropriately reduce non-elective lengths of stay to free up capacity that will be used to reduce the waiting time in A&E, thus improving the flow of patients through the hospital. The SWL Winter Plan has been agreed across key stakeholders. Operational measures have been defined that will help the system maintain standards of care during peak winter challenges
- **The 12-hour Mental Health (MH) A&E breaches increased to 159 in September, the highest in 12 months.** SWL continues to focus on improving the MH crisis pathway for patients, reducing the need to attend A&E and improving access to more appropriate MH services. This is being achieved via the London Section 136 hub, 111 MH pathway, step down hostel capacity and additional bedded capacity.

#### **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.
- Note the contents of this report

## **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 elective patients: Increased capacity, focus on productivity by APC-led elective care programmes, mutual aid, transformation led by clinical networks.
- For 4-hour A&E performance: The SWL Winter Plan and 2-year UEC plans have been agreed across key stakeholders. Operational measures have been defined that will help the system maintain standards of care during peak winter challenges
- For 12-hour Mental Health (MH) A&E breaches: SWL continues to focus on improving the MH crisis pathway for patients, reducing the need to attend A&E and improving access to more appropriate MH services. This is being achieved via the London Section 136 hub, 111 MH pathway, step down hostel capacity and additional bedded capacity.

### **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
SWL ICB Quality and Performance Oversight Committee	11 December 2024	Noted

**Final date for approval**

N/A

**Supporting documents**

Attached ICB Performance Report – October 2024

**Lead director**

Jonathan Bates

**Author**

Suzanne Bates

# South West London Integrated Board Report

October 2024

DATE REFRESHED : 14-10-2024

SRO: Jonathan Bates

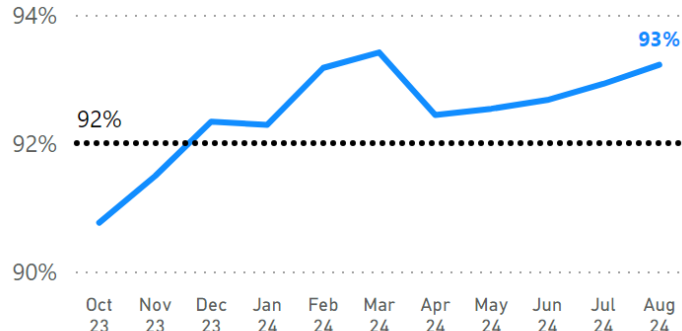


- The South West London (South West London) Integrated Board report presents the latest published and unpublished data assessing delivery against the NHS Constitutional standards and locally agreed on metrics. These metrics relate to acute, mental health, community and primary care services and other 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:
  - Data on 45-minute handovers is from London Ambulance Service and has not been validated by South West London Trusts.

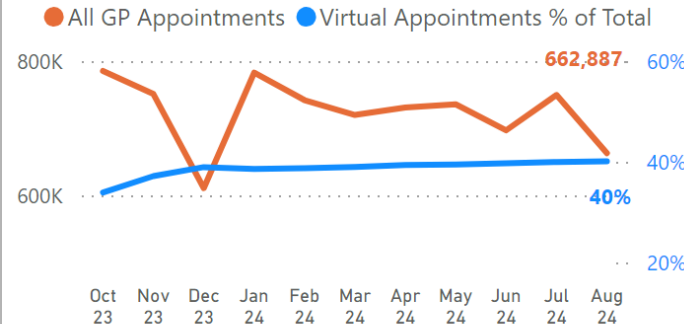
- South West London (SWL) saw the **expected seasonal decrease in appointments in general practice for August** following an unusually high summer demand. August volumes closely matched those seen in August 2023. **Services contributing to A&E avoidance are performing well.** The latest **urgent community response (UCR) 2-hour performance is 91%, the highest in London** and well above the national standard of 70%. SWL continues to have the highest UCR referrals in London. The volume of 111 calls increased slightly by 330 in September and abandoned 111 calls remained steady at 2.5%, compliant with the target of <3%.
- Following the unusually high A&E attendances sustained over spring and summer**, both nationally and locally (thought to be due to a surge in covid and other infections), the seasonal August dip and September increase saw activity closer to planned levels. In line with the increased attendances, SWL **A&E (all types) performance decreased to 75.5%, below the 78% target**, ranging from 73.5% at Croydon Hospital to 78.3% at St George's. **Aggregated SWL ICS provider performance (all types A&E) is just outside the top quartile nationally, strengthened by a relatively good non-admitted non-elective performance.**
- Emergency care pressures are on the admitted non-elective pathway, due to inpatient flow;** 2,067 patients waited over 12 hours from 'decision to admit' to admission in September. This is an increase of 98 on last month; the highest number of 12-hour breaches in London and the fourth highest nationally. To reduce the time to treatment and discharge, the system is focusing on its Continuous Flow programmes and the utilisation of virtual wards; virtual ward occupancy increased to 77% at the end of September. All Same Day Emergency Care (SDEC) services in SWL are now receiving patients directly from the London Ambulance Service (LAS) under the Trusted Assessor model. 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.
- Unvalidated figures show that in September, there were 159 x 12-hour breaches in emergency departments for patients awaiting a mental health bed**, an increase of 43 since August and the highest volumes in 12 months. Actions to support improvement include additional hostel beds and private sector beds, bed prioritisation scoring and focussed flow improvement work to address coordination within mental health providers and across partner organisations.
- SWL continues to be a positive outlier for cancer performance.** On the 28-Day faster diagnostic standard, SWL performance was 81.6%, above the 77% standard and the highest in London. Performance against the 62-day aggregated performance standard was 80% against a standard of 85%, the highest in London. Year-to-date referrals exceed 2019/20 and 2023/24 levels.
- SWL also continues to be a positive outlier for planned care performance and long waits.** However, the volume of 52-week waits have increased over summer due to unusually high A&E admissions (non-elective patients may take priority for shared resources such as beds, diagnostics), industrial action in June and the usual seasonal impact of summer holidays and patient choice. 21% of 52-week waits are Gynaecology patients, mainly at Epsom and Croydon; the two trusts have increased capacity, and the longer-term trend has been a reduction of this patient cohort. Fortnightly NHS England regional meetings have been established with SWL ICB to closely track the elimination of 65-week waiters.
- In Quarter 1, 61% of Severe Mental Illness patients received all six annual health checks, exceeding the trajectory of 60%.** However, this represented a 12.8 percentage-point drop on Q4 due to a change in the national data source. London region encouraged ICBs to submit local trajectories below the 75% national target in the expectation of this change. Operationally, work in Primary Care continues to proactively contact patients for their annual health checks.
- In Quarter 1, SWL continued to surpass London for the uptake of childhood immunisations**, with an outcome of 89.1% for the 12-month cohort of children. The highest uptake continues to be in Kingston and Sutton, averaging 91%. One community pharmacy in SWL is now able to deliver the MMR (Measles, Mumps and Rubella) vaccination with 121 pharmacies to follow. The community pharmacy Vaccine Hesitancy Programme has now made 3,000+ contacts between 1 August and 30 September 2024.



GP Appointments (within 2 weeks)



Virtual Appointments in General Practice and % of Total



## GP Appointments

662,887 appointments were delivered in August 2024, a decrease of 86,731 compared to July. A similar seasonal trend is seen nationally. Of these appointments: 58% were face-to-face consultations, 47% were delivered the same day and 89% were delivered within 14 days, including same day.

## COVID Vaccinations

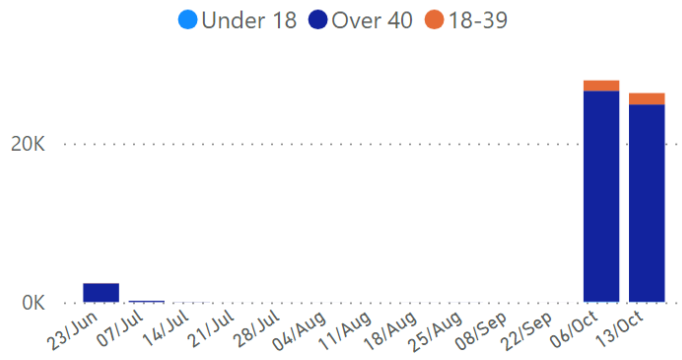
The Autumn programme started on 3 October 2024. As of 17 October 2024, South West London (SWL) had vaccinated around 84,000 of an eligible population of 479,000; an estimated uptake of 17.5%. The national forecast for SWL is 40% uptake. The outreach team are making steady progress in vaccinating both housebound and care home residents in the boroughs of Sutton and Merton. The team have a full yet varied calendar of outreach activities, in partnership with voluntary sector organisations and hard to reach communities. Communications are in line with national and regional initiatives and are being tailored locally for a hyper-local approach in areas of low uptake. The winter voluntary sector grants scheme will have a focus on winter immunisations and will be supplemented with additional work with vaccine hesitant communities.

## Childhood Immunisations

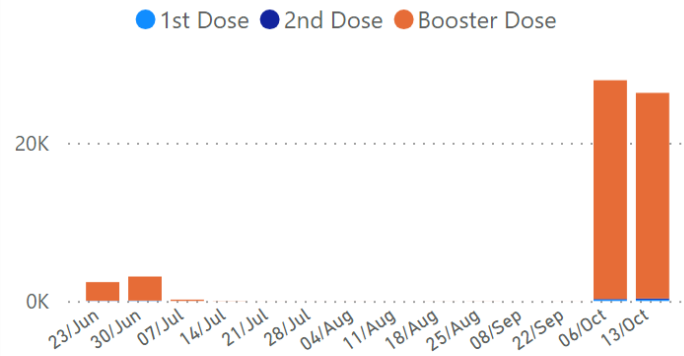
The 6-in-1 vaccine helps protect against serious illnesses like polio and whooping cough. It is given to babies when they're 8, 12 and 16 weeks old. Quarter 1 data shows an increase in uptake for the 6-in-1 vaccination compared to the London average. Kingston and Sutton remain the highest performing boroughs for 12-month cohort.

The 4-in-1 pre-school booster helps protect against serious illnesses such as polio and tetanus. It's given to children aged 3 years and 4 months old before they start school. Uptake for MMR2 (Measles, Mumps and Rubella) and 4-in-1 has decreased since quarter 4 and is lower than the same period last year. Catch up campaigns have previously taken place for MMR and 4-in-1. One community pharmacy in SWL is now able to deliver the MMR vaccination with 12 pharmacies to follow. The community pharmacy vaccine hesitancy programme has now made 3,000+ contacts between 1 August and 30 September 2024. Additional funding has been secured to provide communications around both schemes with the continued emphasis on child immunisations.

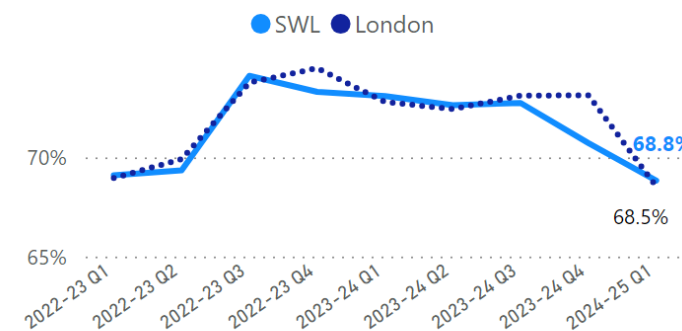
SWL Covid Vaccinations by age group



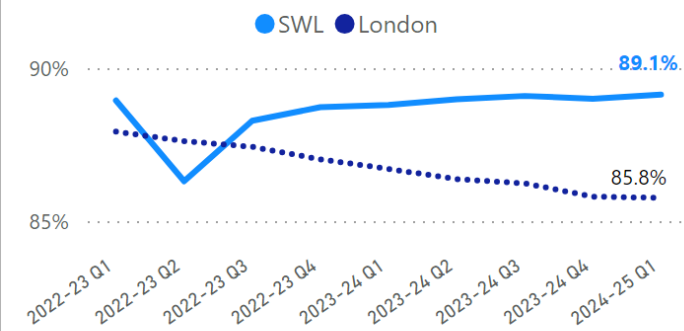
SWL Covid Vaccinations by Dose



4-in-1 and MMR2 Vaccine Uptake

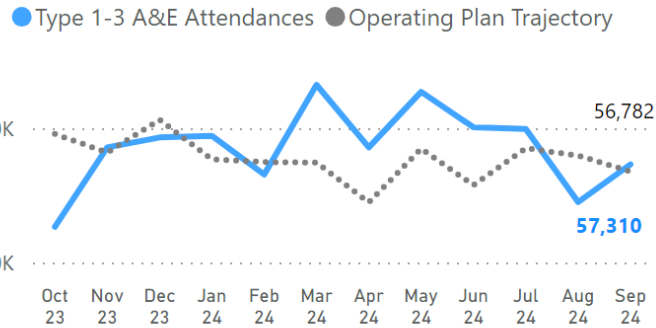


6-in-1 Vaccine Uptake

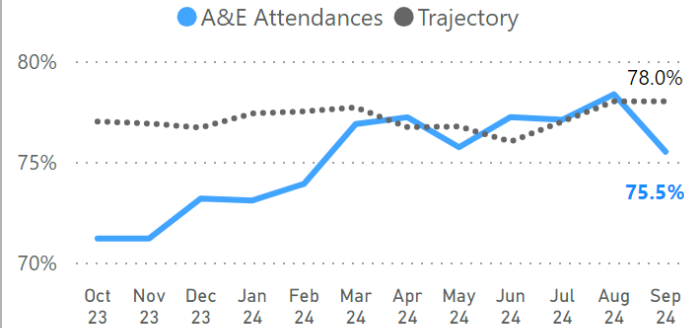


# Domain: Urgent and Emergency Care

A&E Attendances (All Types)



A&E (All Types) 4 Hour Standard



## Accident & Emergency (A&E) Attendances and performance

In September, A&E attendances increased as seasonally expected. Correspondingly, the 4-hour wait deteriorated from 78.4% in August to 75.5% in September, falling below plan. One of South West London's (SWL) priorities is to appropriately reduce non-elective lengths of stay to free up capacity that will be used to reduce the waiting time in A&E, thus improving the flow of patient through the hospital. The SWL Winter Plan has been agreed across key stakeholders. Operational measures have been defined that will help the system maintain standards of care during peak winter challenges.

## 12 Hour breaches

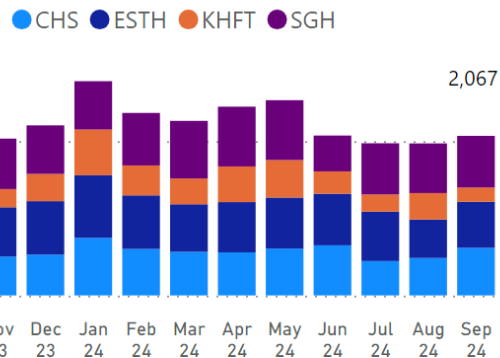
There was an increase in the number of physical breaches and mental health (MH) from August to September. SWL is working with social care and other NHS partners to improve discharge processes from acute and mental health units. SWL continues to focus on improving the MH crisis pathway for patients, reducing the need to attend A&E and improving access to more appropriate MH services. This is supported by continuous work to improve pathways including:

- The London Section 136 hub, where staff can review service user history, crisis plans and ensure individuals are directed to a suitable place of safety;
- Additional bedded capacity, including increased usage of private beds
- Step-down hostel capacity – a staff-supported 24 hr community environment
- 111 MH pathway which helps patients to access mental health professionals earlier, access local crisis resolution and home treatment teams for an urgent assessment.

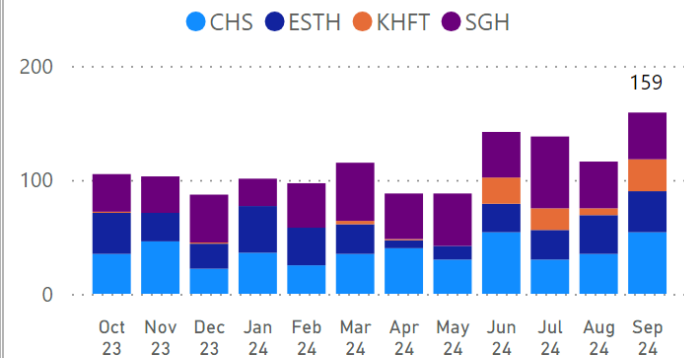
## Ambulance handovers

45-minute breaches increased from 341 in August to 485 in September, 60-minute breaches also increased by 20 across the same period. All providers continue to support 45-minute handover, noting the challenges this presents to acute trusts, requiring additional nursing and bedded space to support cohorting. Most local systems have allocated part of their Winter funds to support this additional resource requirement. SWL now has all its Same Day Emergency Care services receiving patients directly from the London Ambulance Service (LAS) under the Trusted Assessor model. This helps reduce handover delays.

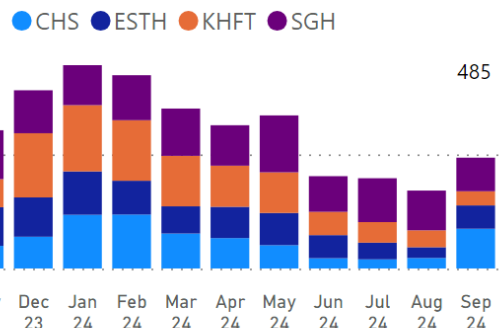
12 Hour A&E Breaches



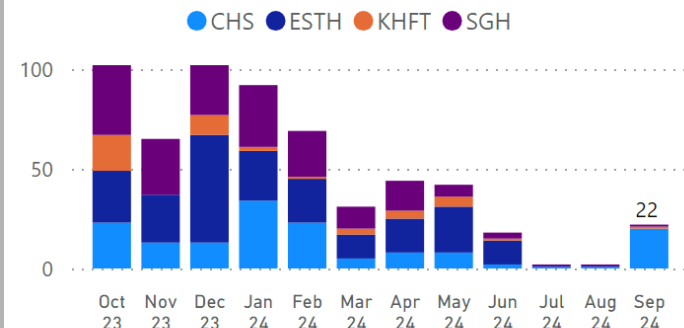
12 Hour Mental Health A&E Breaches (Unvalidated)



45 minute Ambulance Breaches



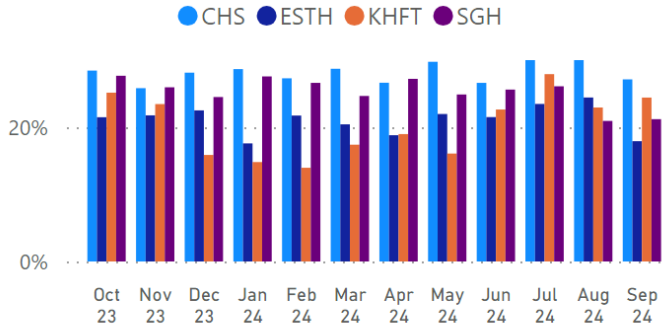
60 minute Ambulance Breaches



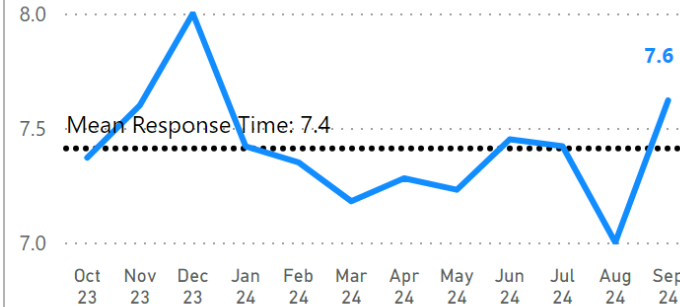


# Domain: Urgent and Emergency Care

% Ambulance Handover within 15 minute



London Ambulance Category 1 Emergency Response Times (minutes)

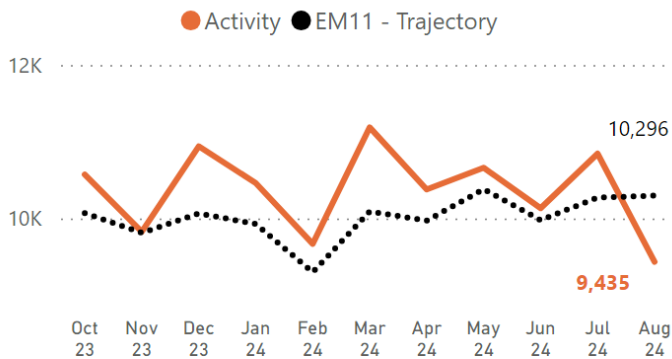


## Ambulance Response Times

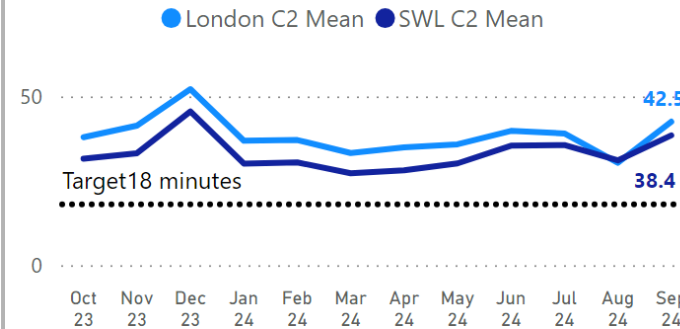
Mean response times for Category 1 at London level increased to 7.6 minutes. South West London's (SWL) performance was 7 minutes 43 seconds.

The mean Category 2 response for London increased in September to 42.5 minutes. SWL performance increased to 38.4 minutes, above the Urgent Emergency Care Recovery Plan target of 30 minutes. The system is committed to reducing waits for all patients and getting ambulance crews back on the road via the 45-minute Ambulance Handover protocol amongst other work to reduce delays.

Total Non-elective Spells



Ambulance Category 2 Emergency Response Times (minutes)



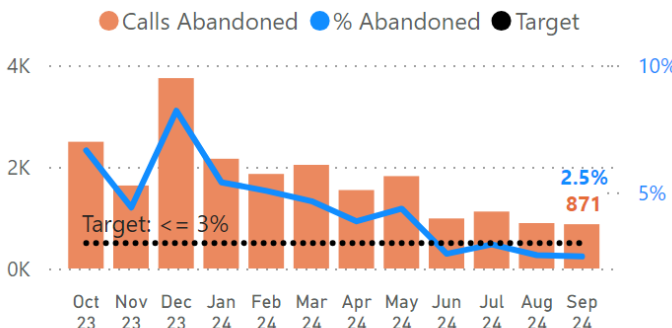
## Non-elective spells

The number of non-elective spells decreased in August; the decrease was seasonal, however the scale of it took non-elective spells below forecast demand to the lowest point in two years. This is one of the metrics monitored for delivery of the national priority to reduce length-of-stay.

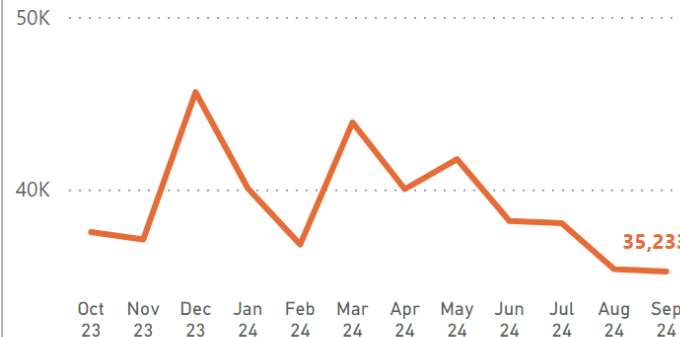
## 111 Calls

Call volumes in September were similar to August with 35,233. Abandoned calls improved by 0.1% in September to 2.5%, maintaining the target of <3.0%. The average time to answer was 63 seconds in September compared to 68 seconds in August. Performance improvement is attributed to a successful recruitment campaign. PPG, the 111 call provider, has forecast a performance trajectory that maintains current staffing levels throughout winter.

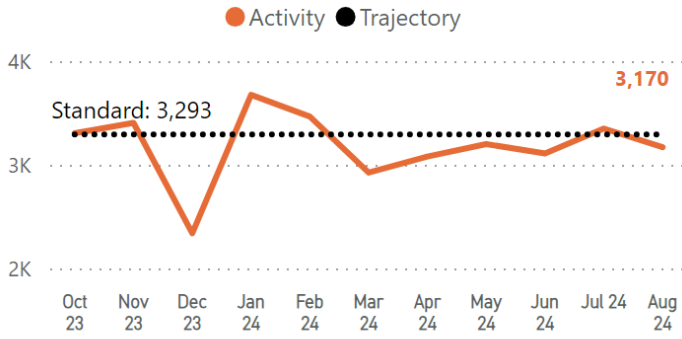
111 Calls Abandoned



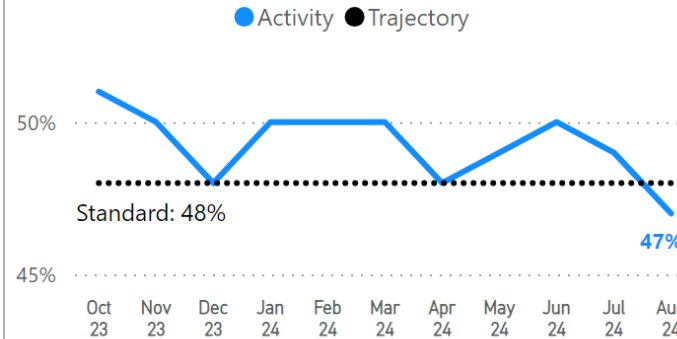
111 Call Volumes



## IAPT Access



## Talking Therapies - Reliable Recovery Rate



## Improving Access to Psychological Therapies Access (IAPT)

August performance fell below target by 123 patients and year-to-date performance shows a deficit of 635 patients. Most of the boroughs are on-track with their access target, with the exception of Kingston.

## Talking Therapies – Reliable Recovery Rate

ICB level performance had been compliant from September 2023 until August, when performance fell to 0.6% below the standard. Wandsworth, Sutton and Richmond boroughs all reported non-compliant positions for this reporting period.

## Severe Mental Illness (SMI) Physical Health Checks

In Quarter 1, 61% of Severe Mental Illness patients received all six annual health checks, exceeding the trajectory of 60%. However, this represented a 12.8 percentage-point drop on Q4 due to a change in the national data source; a similar impact was seen in other ICBs. London region encouraged ICBs to submit local trajectories below the 75% national target in the expectation of this change.

## Dementia Diagnosis rate

South West London (SWL) continues to maintain good performance levels (72.4%) exceeding both the national target of 66.7% and the London ambition of 70%.

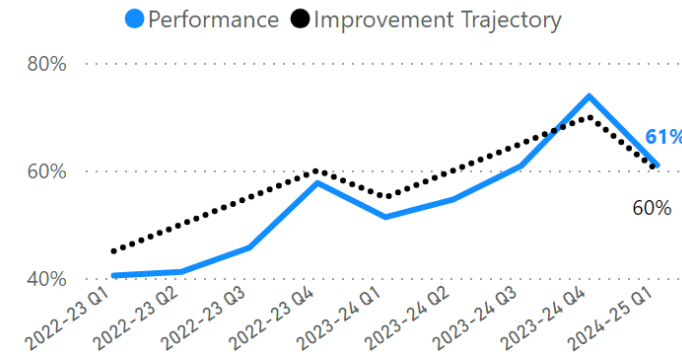
## Access to transformed Community services

Community mental health services are identified as *transformed* if they provide 'place-based and integrated mental health support, care and treatment for people with any level of mental health need, in the context of people's lives, supporting them to live better within and as part of their communities'. The SWL plan assumed a number of further services would be identified as transformed by Quarter 2, with a step change in trajectory from 4,034 in June to 9,871 in July. NHS England have retrospectively updated the past year's published year to include SWL services only recently identified as transformed, which is why performance is now significantly above trajectory.

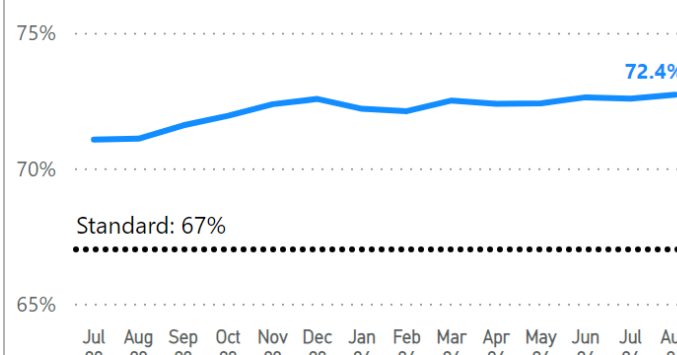
## Learning Disability Annual Health Checks Cumulative

Whilst SWL has the lowest performance of London ICBs in August, performance is on track with 22.7% against the August plan of 21.8%. Engagement with Primary Care, supported by GP clinical leads, has been good and the year end target remains achievable.

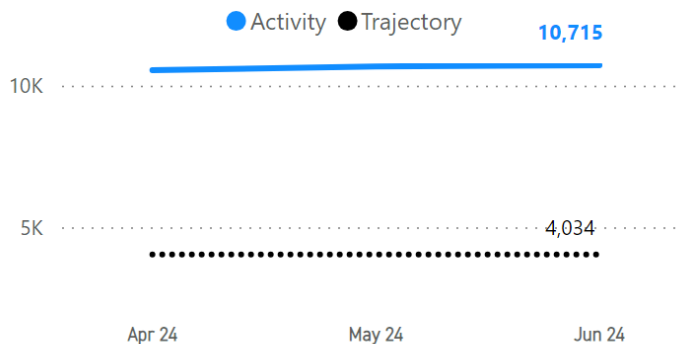
## SMI Physical Health Checks



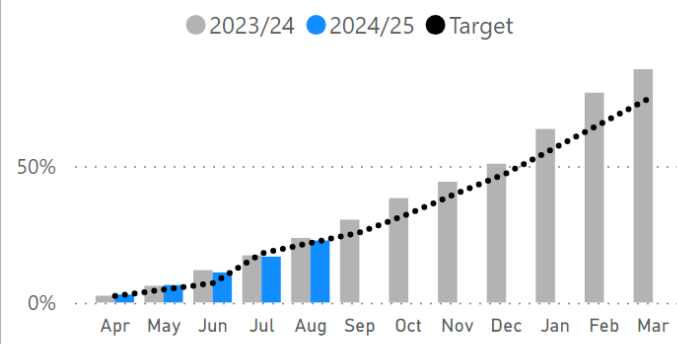
## Dementia Diagnosis Rate



## Access to transformed Community Services

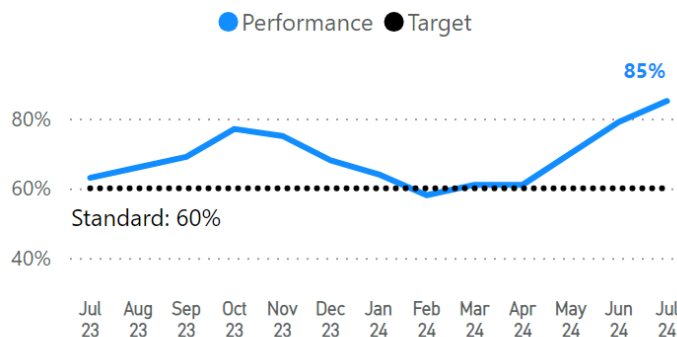


## Learning Disability Annual Health Checks Cumulative

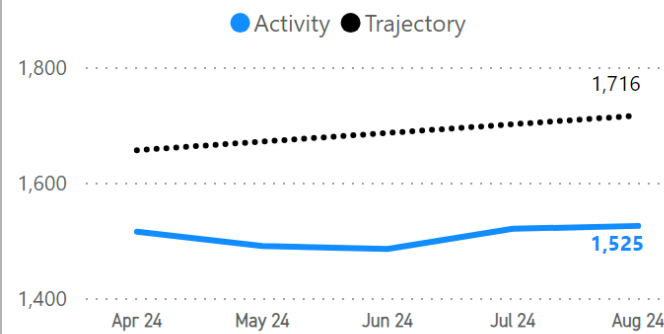


# Domain: Mental Health Services 2

## Early Intervention Psychosis (EIP)



## Access to Specialist Perinatal MH Services



## Early Intervention Psychosis (EIP)

Performance was above target in July at 85%, the highest performance for 12 months. Recruitment is ongoing, which will ensure delivery and South West London & St George's (SWLSTG) continue to look for opportunities to optimise referral process and digital solutions.

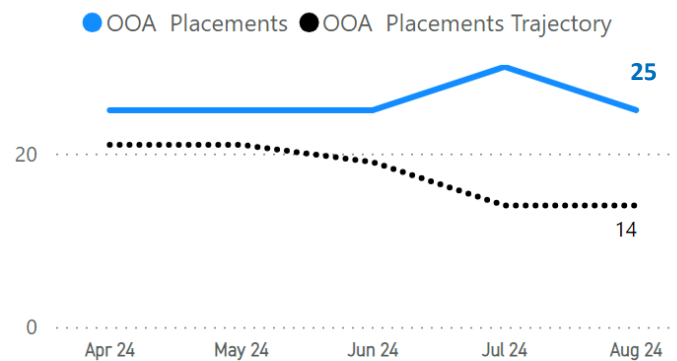
## Access to Specialist Perinatal Mental Health Services

Performance is below target by 191 patients. SWLSTG are on-track with their trajectory, however, other providers are below plan.

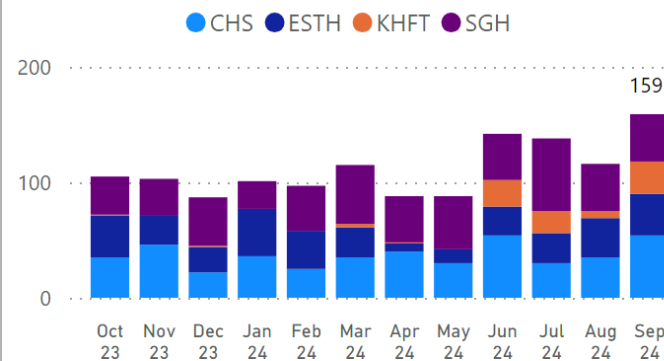
## Number of Out of area placements

There has been a slight decrease in the number of out of area placements. Work remains ongoing to address delayed discharges to ensure improved patient flow.

## Number of Out of Area Placements



## 12 Hour Mental Health A&E Breaches (Unvalidated)



## 12 Hour mental health A&E Breaches (unvalidated)

The number of 12 hours mental health (MH) breaches increased in September. SWL continues to focus on improving the MH crisis pathway for patients, reducing the need to attend A&E and improving access to more appropriate MH services. SWL continues to improve how we communicate across different partners so that care is coordinated quickly and clearly.

## CYP Access Rate – Rolling 12 Months

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

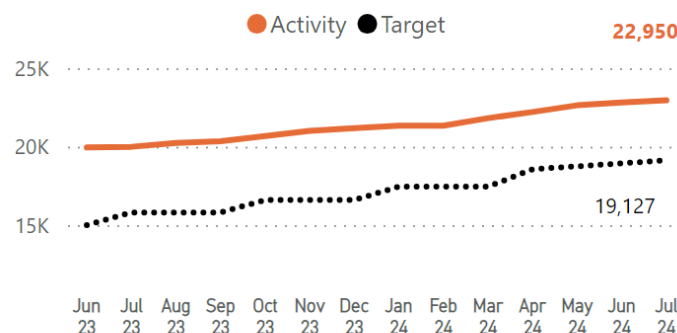
## CYP eating Disorders Seen within Target Time

South West London's (SWL) routine performance was at 60%. Deterioration is related to increased referrals and reduced staffing; recruitment is underway to address the capacity issue. SWL's urgent performance was 100% for quarter 1, 2024/25.

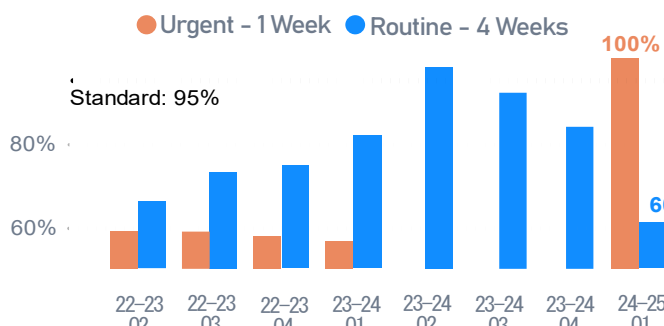
At provider level, SWLSTG had 100% performance for both urgent and routine patients seen within the target time. South London and Maudsley's (SLaM) performance covering Croydon and South East London patients was around 75% for urgent cases and 50% for routine.

Data issues with the national data source for urgent cases through 2023/24 have been resolved for 2024/25.

## CYP Access Rate - Rolling 12 Months

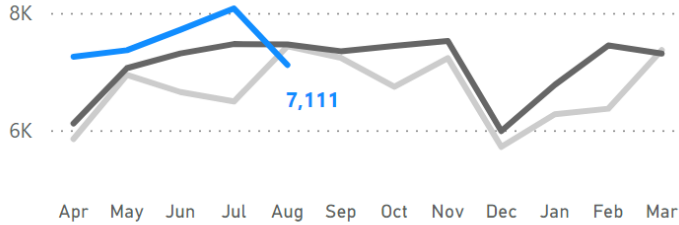


## CYP Eating Disorders Seen within Target Time

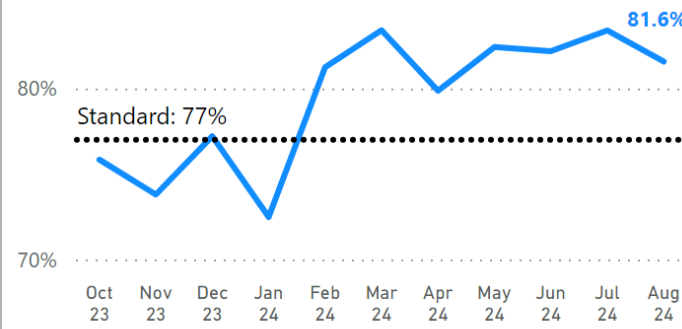


## Urgent Suspected Cancer Referral Activity

Fin\_Year ● 2022/23 ● 2023/24 ● 2024/25



## Faster Diagnosis Standard: Performance against Standard



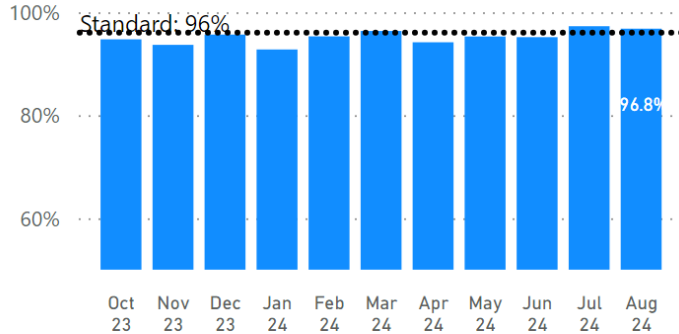
## Urgent Suspected Cancer Referral Activity

Referral activity continues to exceed 2019/20 as well as 2023/24 levels and is following seasonal trends. Although no longer a constitutional standard from October 2023, South West London (SWL) ICB achieved 81% in August for patients seen within 2 weeks on an urgent suspected cancer pathway.

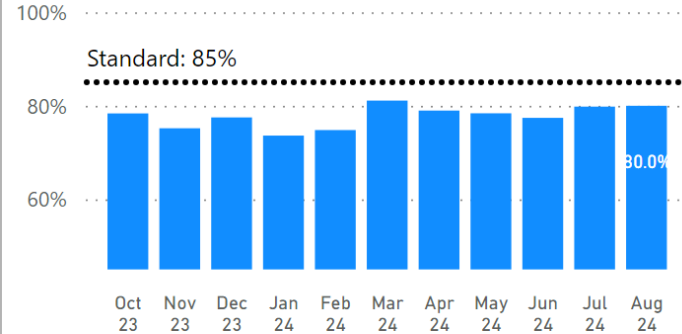
## Faster Diagnosis Standard

The Faster Diagnosis Standard of 77% was met at each Trust except St George's Hospital (SGH) with the overall SWL position being at one of its highest levels since the standard was introduced and is also the second highest ICB nationally. Significant work and investment has supported the improvement over the past year through best practice pathways rollout in Urology, Gastrointestinal (GI), Lung and Breast. The focus this year is in tele-dermatology, Gynaecology and Head and Neck. There remains a risk to delivery due to ongoing challenges with Breast at SGH but this is being managed through a recovery plan with the Trust.

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



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



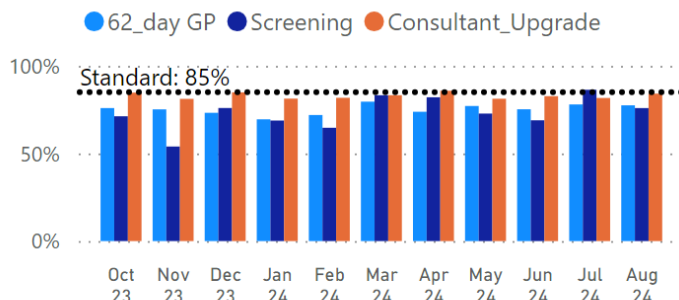
## 31-day cancer treatment against 96% standard (new combined metric from October 2023)

The standard was met for the second consecutive month with continued good performance across all pathways.

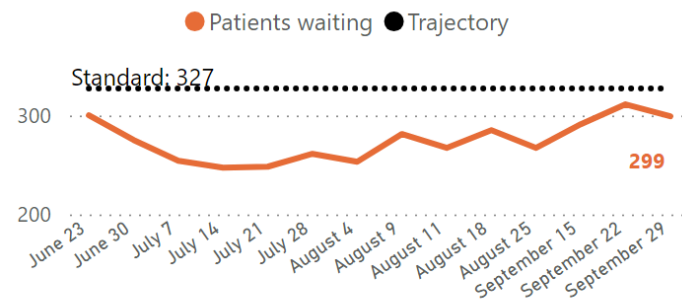
## 62-day aggregated performance against 85% standard (new combined metric from October 2023)

Whilst the ICB is one of the highest performing nationally at 80%, this is still below the 85% target, due to challenges across all Trusts in Head and Neck, Gynaecology and Gastrointestinal (GI). RM Partners are undertaking audits and are planning improvements to Inter-Trust Referral pathways in these three tumour sites.

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



## Patients on Urgent Suspected Pathway waiting Over 62 Days



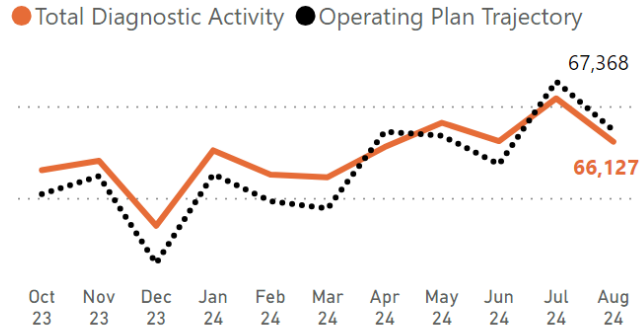
## Patients on an Urgent Suspected Pathway waiting over 62 days

The number of patients waiting over 62 days continues to be well below expectation (not a monitored target in 2024/25).

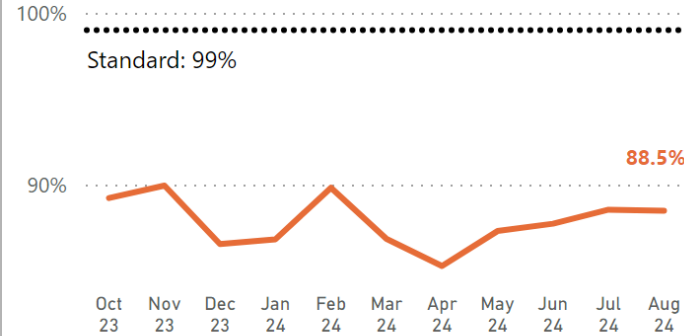


# Domain: Outpatients and Diagnostics

Diagnostic Tests (Activity)



Diagnostics: % Waiting Less Than 6 Weeks



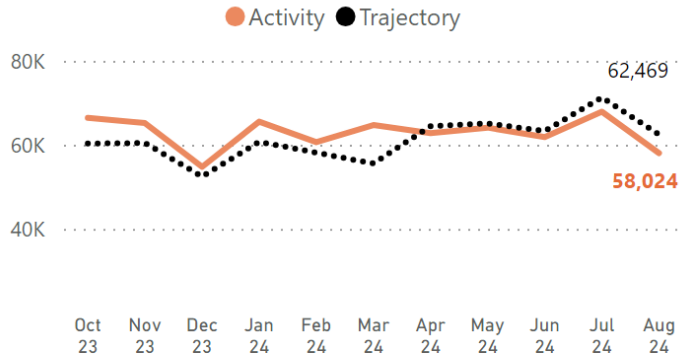
## Diagnostic Activity (9 tests)

Total diagnostic activity has seen a slight reduction from July to August by 2%. Activity continues to exceed the 2024/25 operating plan position, year-to-date, with 103%.

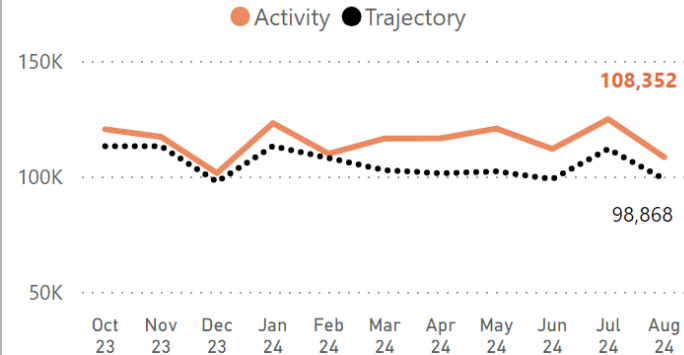
## % waiting less than 6 weeks (All tests)

South West London achieved 88.5%, below the 90% target, with a total of 4,584 6+ week waiters. Imaging accounts for most of this backlog, predominantly at Kingston Hospital (KHFT). Other tests contributing to the backlog are Endoscopy, and Audiology, mostly at Croydon Hospital (CHS). At CHS, an audiology service review is underway inclusive of developing a new model of care and evaluating data reporting challenges. Non-Obstetric Ultrasound recovery plans at KHT and CHS return to their respective trajectories by November and December.

OP First Attendances Consultant-Led (Specific acute)



OP FU Attendances Consultant-Led (Specific acute)



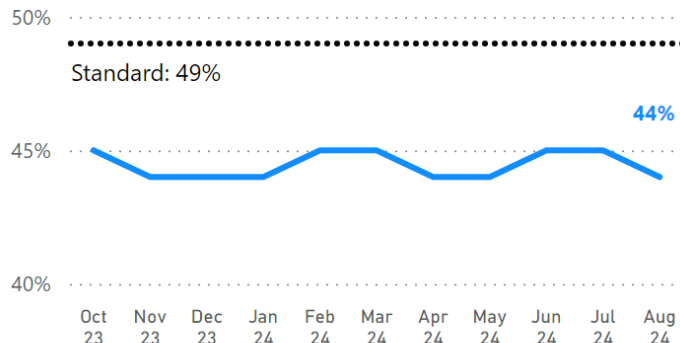
## Consultant-led first outpatient attendances (Specific Acute)

Outpatients First Appointment performance was under plan by 8% in-month. Royal Marsden Hospital and KHFT are the only Trusts reporting activity levels above their in-month plan, with CHS marginally under. There are specialties within the SGH plan that are being investigated further for accuracy.

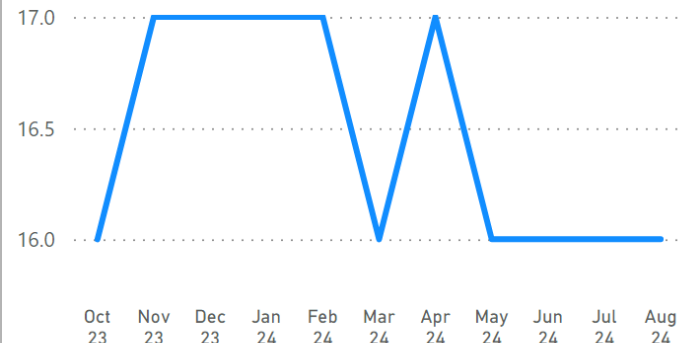
## % of outpatients as firsts and procedures

Outpatient attendances as a first or procedure was 44% against national target of 49%. Under-performance was mainly driven by RMH due to the nature of Cancer pathways, which require a sequence of follow ups

% of Total Outpatients that are First and Procedures



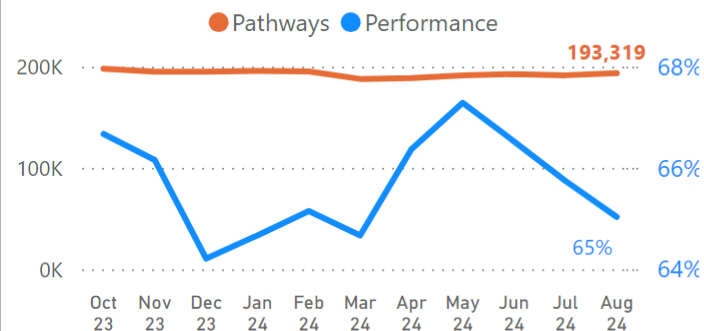
Median Waiting Time for OP First Appointment



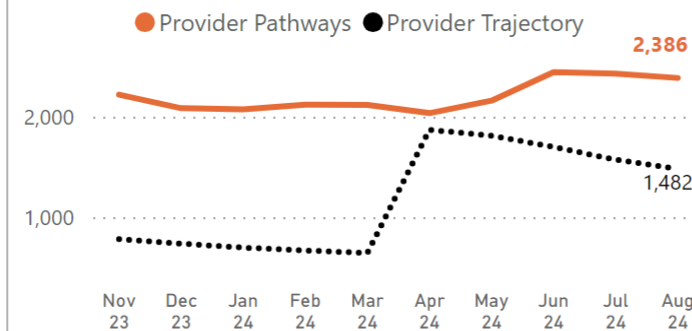
## Median waiting time for outpatient (OP) first appointments

The median waiting time for high volume low complexity (HVLC) specialties is currently at 16 weeks. HVLC represents a significant proportion of demand, and includes ophthalmology, general surgery, trauma and orthopaedics, gynaecology, ear-nose-throat (ENT), urology and dermatology. The OP Transformation Programme oversees key improvements, including repurposing follow-up slots for first appointments, reducing 'did not attend' (DNA) rates and increasing patient-initiated follow-up (PIFU). SWL's non-admitted waiting list grew by 3.1% in the past year compared with 8% across London.

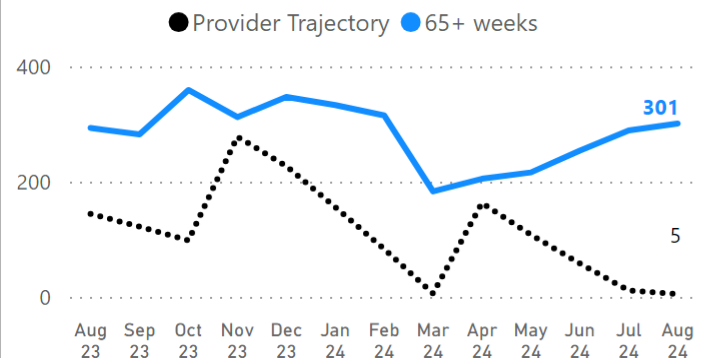
## Incomplete RTT Pathways (ICS)



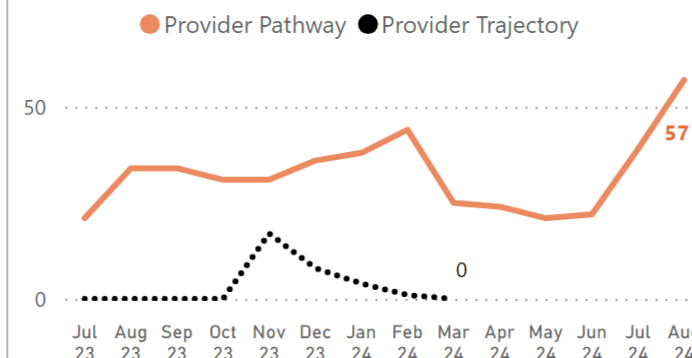
## Incomplete RTT Pathways >=52 Weeks



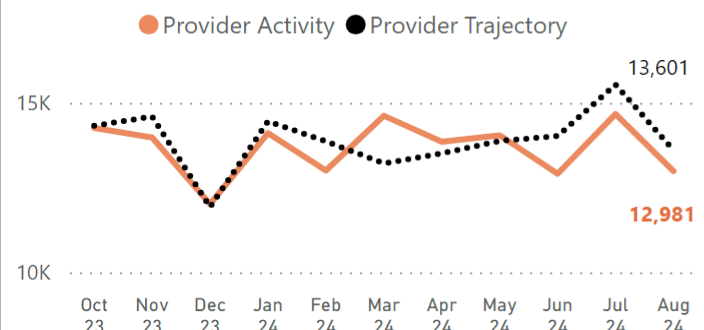
## Incomplete RTT Pathways >=65 Weeks



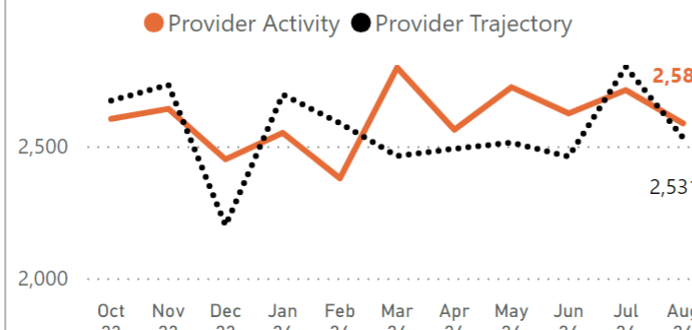
## Incomplete RTT Pathways >=78 Weeks



## Elective day case spells



## Elective ordinary spells



## Incomplete waiting list pathways

In August, South West London (SWL) had 193,319 patients on an incomplete pathway awaiting treatment at hospital, within or outside of the local geography. Of these, 65% were waiting less than 18 weeks. The number of people registered to a SWL general practice and on a hospital waiting list grew by 2.7% over the past year, compared to the London average of 6.8%.

## Long waiters – patients waiting over 52 weeks for treatment

SWL continues to have the fewest patients waiting over 52 weeks compared to other London systems, with 2,386 for August. However, this number has grown over summer due to unusually high A&E admissions (non-elective patients take priority where there are shared resources such as beds, diagnostics etc), industrial action in June and the usual seasonal impact of summer holidays on patient choice. Gynaecology has the greatest number of patients waiting over 52 weeks (515). Mitigations include increased capacity at Croydon (CHS) and Epsom & St Helier (ESHT).

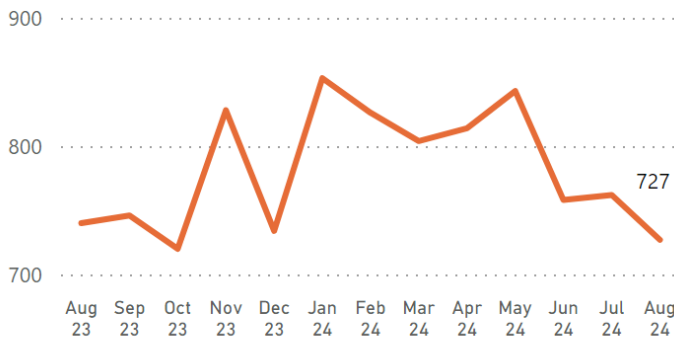
## Long waiters – patients waiting over 65 weeks for treatment

There were 301 patients waiting over 65 weeks at SWL providers for treatment at the end of August against a trajectory of 5. ESHT have the highest number (187) with most (114) in gynaecology. The NHS England national team is closely monitoring the reduction of patients waiting over 65 weeks in the coming months.

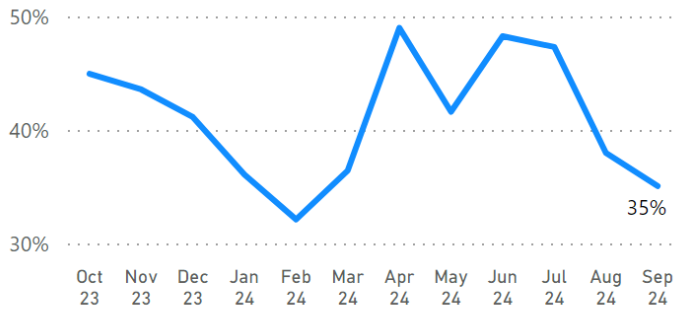
## Elective day case spells & Elective ordinary spells

Elective day cases have an under-performance in-month by 5%. For Ordinary Electives there was an over-performance, in-month, by 2%. Under-performance is driven by reduced theatre capacity due to an unplanned estates issues at CHS and ESHT, along with the industrial action at the end of June. The ratio of day cases to ordinary electives activity continues to remain marginally off the recommended level of 85%, a trend seen throughout 2023/24. This is in part due to the number of long waiters, who tend to have a higher level of complexity.

Number of Patients staying 21+ Days (Super Stranded)



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



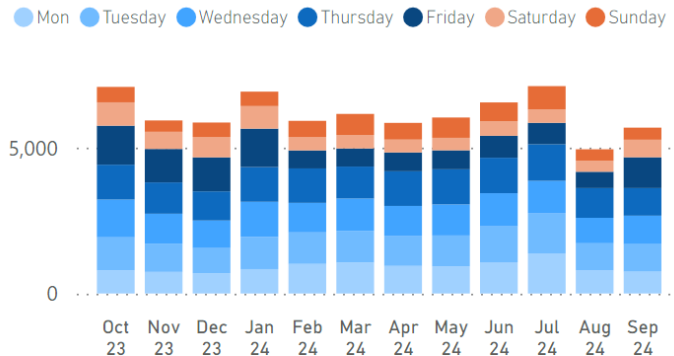
## Patients with a length of stay over 21 days

The number of patients in acute inpatient beds over 21 days continued to decrease in August, the month during which non-elective inpatient spells were at their lowest levels in two years. Frequent data deep dives are carried out to better understand the barriers to timely discharge.

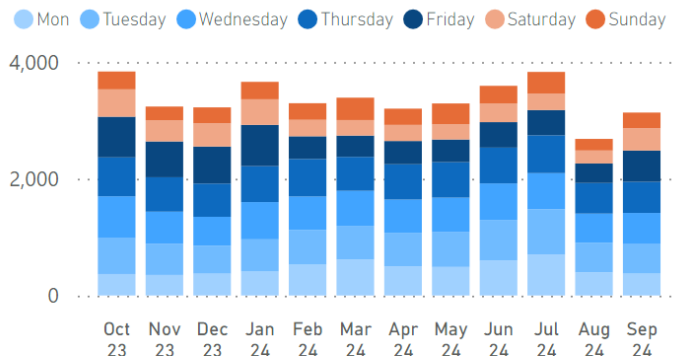
## Proportion of patients discharged who no longer meet the criteria to reside

The proportion of patients discharged who no longer met the criteria to reside (CTR) reduced for the third consecutive month to 35% in September. There are continued efforts to improve coordination of system partners to discharge patients who need multi-agency input.

Total Discharges by Weekday



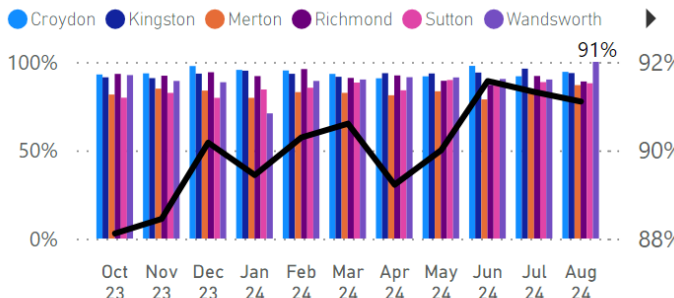
Total Discharges before 5pm by Weekday



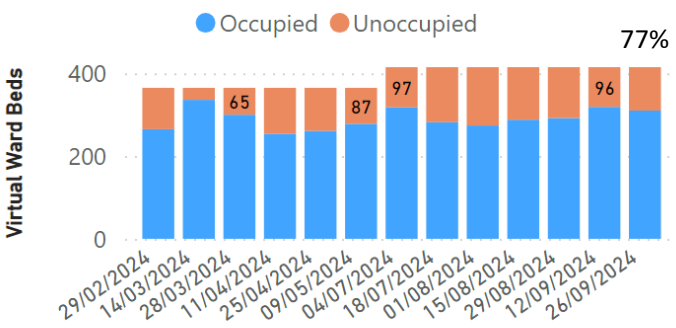
## Total discharges by weekday and before 5.00pm

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 worker availability at the weekend. Increasing discharges before 5pm is a key enabler to meeting the ambition of reducing hospital length of stay by 1.5 days.

Community 2 Hour Urgent Response Performance - Provider



SWL Virtual Ward Capacity and Occupancy



## 2 Hour Urgent Community Response (UCR)

South West London's performance against national targets remains high, with 91% of all UCR referrals seen within 2 hours against the 70% target. Priorities include increasing referrals from Integrated Urgent Care services such as London Ambulance Services and NHS111. The service continues to work closely with other services, including Virtual Wards, Same Day Emergency Care (SDEC) and others. Winter initiatives will include additional triage training for staff and extended opening hours.

## Virtual Wards (VW)

In September, 76.9% of beds were occupied; a total of 310 patients. Step-up and step-down pathways are in place, at a minimum delivering respiratory, frailty and heart failure pathways, with systems reviewing performance and improving service delivery.

# CEO Report

Agenda item: 10

Report by: Sarah Blow, Chief Executive

Paper type: Information

Date of meeting: Wednesday, 15 January 2025

Date Published: Wednesday, 8 January 2025

## Content

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

## Purpose

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

## Executive summary

At each Board meeting in public the Chief Executive provides a brief verbal and/or 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

### Winter viruses

Winter viruses have been affecting large numbers of people across the capital and the country over the past weeks and putting additional strain on our already challenged A&Es. Across the country the levels of Respiratory Syncytial Virus (RSV) have been reducing and we believe that the number of cases of Norovirus have now peaked. The levels of COVID have been low and reasonably steady, however we believe that the numbers of flu cases hasn't quite peaked and that the peak of this year's flu infections will come in the next few weeks. After this, we are expecting numbers to decline.

To support with reducing operational pressures, work this winter to engage communities and communicate with local residents across south west London continues. We are working with grassroots voluntary sector organisations to have good conversations about seasonal vaccines, as well as accessing healthcare and staying well. VCSE-led activities are expected to reach up to 17,000 people with information shared in a variety of different languages. In addition, we are promoting vaccinations, the NHS app and pharmacy services - including the Pharmacy First scheme. Residents will receive information across a variety of websites and online platforms and radio, as well as on billboards across our six boroughs. For example, our vaccine campaign has been seen over 800,000 times so far.



### **Publication of the plan to reform elective care for patients**

On the 6th of January this year the government and NHS England published its plan for reforming elective care for patients. The plan covers a number of areas but undertakes to ensure that the NHS is meeting the 18-week standard (i.e. that patients shouldn't wait longer than 18 weeks between referral from their GP to treatment) and that, by March 2026, the percentage of patients waiting less than 18 weeks for elective treatment will be 65% nationally. We are currently awaiting further information on the plan, which we hope to receive through the annual NHS operating guidance, which is due to be published shortly. Once this is received we will update the Board in more detail. I would also like to recognise the huge amount of work that staff in our Trusts have put in to already making significant reductions in reducing the time patients wait for planned treatment. The NHS is now delivering more elective care than ever before, and long waits are coming down; two-year waits have been all but eradicated, and 18-month waits have been reduced by 96%.

### **12 hour ED waits at the ICB**

South West London providers are consistently negative outliers for 12 hour ED waits (regionally and nationally) since early 2022. Prior to the pandemic, South West London had among the fewest breaches nationally.

There are Urgent & Emergency Care, Mental Health and Integrated Care programmes in place aimed at reducing these breaches, focusing on admission prevention, in-hospital flow and out-of-hospital (discharge). There has been a significant focus on hospital length of stay reduction in 2024, with some encouraging progress that we are keen to replicate on a system basis. The South West London & St. George's Mental Health programme was recently assured by the national GIRFT (Getting it Right First Time) programme as comprising the right actions, with progress made on very long waits in Emergency Departments through the autumn.

For both physical and mental health breaches, the drivers are multi-factorial; we know what the influencing variables are, but we are continuing to understand the collective nature of these that produce South West London's challenged position with the support of the South West London Urgent & Emergency Care Board. Further updates will be provided to Board members over coming months as this work progresses, helping to shape 2025 operational delivery plans.

### **10 Year Plan**

Over 90 senior leaders from across South West London came together in a virtual session to discuss the NHS 10-Year Health Plan on Tuesday 19 November 2024. Chaired by Mike Bell, system leaders joined breakout discussions and explored the three shifts: hospital to community, analogue to digital and treatment to prevention.

These discussions focused on the challenges and opportunities for each area. The meeting concluded with an open plenary, allowing leaders to share insights and discuss how these ideas could align with local priorities and the national plan.

## **Recommendation**

### **The Board is asked to:**

- Note the contents of the report.

## 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

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