

Meeting Pack

South West London Integrated Care Board

28 May 2025 – 10.35 – 12.00

MS Teams

SWL Integrated Care Board Meeting

28 May 2025 - Agenda

Time: 10.35 – 12.00

Venue: Microsoft Teams

Date of next meeting: Wednesday, 15 October 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

10.35: 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 19 March 2025
- 1.4 Action Log

Standing Items

10.40: Item 2: Decisions Made in Other Meetings

Ben Luscombe

For Decision

10.45 Item 3: Quality & Performance Oversight Committee Terms of Reference

Masood Ahmed

10.50: Item 4: Changes to the Governance Framework for SWL ICB

Ben Luscombe

10.55: Item 5: Operational Planning for 2025/26

Helen Jameson/Jonathan Bates

11.05 Item 6: Draft Corporate Objectives 2025/26

Karen Broughton

Items for Information

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

Karn Broughton

11.25: Item 8: SMT/Organisation Report

Katie Fisher

11.30: Item 9: Board Committee Updates and Reports

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

Item 9b: Month 12 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

Item 9f: Audit & Risk Committee Update – Helen Jameson

11.45: Item 10: Any Other Business

All

11.50: Item 11: Meeting Close

Chair

11.51: Item 12: Public Questions

Chair

Only questions received in writing, in advance of the meeting, will be responded to.

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				22/04/2025		
Anne Rainsberry	SWLNEN02 Non- Executive Member	Declarations of Interest – Other	Non-Financial Professional	I am an Non-Executive Director of the LAS	London Ambulance Service	01/01/2025		
Annette Pautz	SWLKPCL01 Clinical Director (Kingston)	Declarations of Interest – Other	Financial	Partner at Holmwood Corner Surgery, New Malden	Holmwood Corner Surgery	01/04/2021		03/04/2025
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		03/04/2025
Annette Pautz	SWLKPCL01 Clinical Director (Kingston)	Declarations of Interest – Other	Financial	Board Member of NMWP PCN	NMWP PCN	01/04/2021		03/04/2025
Ben Luscombe	SWLCA01 Director of Corporate Affairs	Nil Declaration				16/04/2024		
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	31/03/2025	23/04/2024
Cally Palmer	CEO, The Royal Marsden NHS Foundation Trust	Nil Declaration				28/04/2025		
Charlotte Gawne	SWLEMT04 Exe Dir of Stakeholder Partnership Engagemt&Comms	Nil Declaration				09/04/2025		
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		02/04/2025
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		02/04/2025
Hannah Doody	Chief Executive London Borough of Merton	Nil Declaration				19/02/2025		
Helen Jameson	SWLEMT03 Chief Finance Officer	Nil Declaration				08/04/2025		
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		15/04/2025
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		15/04/2025
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Cambridge University - Entrepreneur In Residence Life sciences.	Cambridge University	01/11/2024		07/04/2025
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Venture Partner	Plutus Investment Group	01/11/2024		07/04/2025
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Non Executive Director -Out Patient Dispensary NHS Hospitals Sussex.	Pharm@Sea Ltd	01/11/2024		07/04/2025
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Non executive Director -Start up Health Tech	William Oak Diagnostics Ltd	01/11/2024		07/04/2025
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Non Executive Director -Wellness Company	Well02 Ltd	01/11/2024		07/04/2025
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		03/04/2025
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		03/04/2025
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		14/04/2025
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		15/04/2025
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 Kingston and Richmond NHS Foundation Trust	Kingston and Richmond NHS Foundation Trust	01/11/2024		15/04/2025
John Byrne	SWLEMT06 Chief Medical Director	Nil Declaration				08/04/2025		
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		10/04/2025
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		10/04/2025
Karen Broughton	SWLEMT02 Deputy CEO/Exe Director of Transformation & People	Nil Declaration				08/04/2025		
Karl Munslow-Ong	ICB Board	Declarations of Interest – Other	Non-Financial Personal	Wife is a GP Partner at Spring Hill Practice in Hackney	Partner is GP	02/04/2024		
Katharine Fisher	SWLEMT01 Chief Executive Officer	Nil Declaration				09/04/2025		
Mark Creelman	MWP01 M&W Place Lead	Nil Declaration				30/07/2024		
Masood Ahmed	SWLNEN03 Non- Executive Member	Outside Employment		Non-Executive Director	Coventry and Warwickshire Partnership NHS Trust	01/04/2024		24/04/2025

Masood Ahmed	SWLNEN03 Non- Executive Member	Outside Employment		Director	Amadeus Health and Medical Ltd	01/04/2024		24/04/2025
Masood Ahmed	SWLNEN03 Non- Executive Member	Outside Employment		Charity Trustee	Great Ormond Street Hospital Charity	01/04/2024		24/04/2025
Masood Ahmed	SWLNEN03 Non- Executive Member	Outside Employment		Board Advisor	Vitvio	01/04/2024		24/04/2025
Masood Ahmed	SWLNEN03 Non- Executive Member	Outside Employment		Editorial Board Member	Integrated Care Journal	01/04/2024		24/04/2025
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
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	03/05/2023	29/11/2024	
Nicola Jones	SWLWCL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	My practices are part of Wandsworth GP Federation (previously BHCIC)	Battersea Healthcare	17/12/2021		25/04/2025
Nicola Jones	SWLWCL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Convenor, Wandsworth Borough Committee	SWL ICS	01/06/2022		25/04/2025
Nicola Jones	SWLWCL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Clinical Director Primary Care, SWL ICS	SWL ICS	01/06/2022		25/04/2025
Nicola Jones	SWLWCL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Partner Brocklebank Partners which holds contracts for Brocklebank Practice, St Paul's Cottage Surgery (both PMS) and The Haider Practice (GMS)	Brocklebank Partners	07/12/2022		25/04/2025
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Shareholdings and other ownership interests		24 ordinary	My Personal Therapeutics (Trading as Vivan Therapeutics)	01/04/2024		22/04/2025
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Declarations of Interest – Other	Non-Financial Professional	Advise and mentor Cambridge spin outs	Founders at University of Cambridge	01/04/2024		22/04/2025
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Outside Employment		Early stage startup advisory and investment	Harbr	01/04/2024		22/04/2025
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Shareholdings and other ownership interests		9 preferred	Anathem Ltd	01/04/2024		22/04/2025
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Declarations of Interest – Other	Financial	Advisor	Lutra Health	01/04/2024		22/04/2025
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Outside Employment		The medical travel company	TMTC	01/04/2024		22/04/2025
Robert Alexander	SWLNEN07 Associate Non-Executive Member	Outside Employment		Vice Chair	Imperial College Healthcare NHS Trust	01/11/2024		
Robert Alexander	SWLNEN07 Associate Non-Executive Member	Outside Employment		Non Executive Director	London North West University Healthcare NHS Trust	01/11/2024		

Robert Alexander	SWLNEN07 Associate Non-Executive Member	Outside Employment		Non Executive Director	London Ambulance Service NHS Trust	01/11/2024		
Robert Alexander	SWLNEN07 Associate Non-Executive Member	Outside Employment		Trust representative Trustee	Imperial Health Charity	01/11/2024		
Robert Alexander	SWLNEN07 Associate Non-Executive Member	Outside Employment		Trustee	London Ambulance Charity	01/11/2024		
Robert Alexander	SWLNEN07 Associate Non-Executive Member	Outside Employment		Advisory role	CHKS Ltd	01/04/2025		
Robert Alexander	SWLNEN07 Associate Non-Executive Member	Outside Employment		Strategic advice on health sector matters and infrastructure/capital developments particularly	Health Spaces Ltd	01/04/2025		
Sara Milocco	South West London Voluntary Community and Social Enterprise Alliance Director	Nil Declaration				29/06/2023		
Shannon Katiyo	Director of Public Health, Richmond and Wandsworth Councils (Wandsworth Place ICP Representative)	Nil Declaration				17/04/2025		
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 19 March 2025 at 2 p.m. at 120 The Broadway, Wimbledon, SW19 1RH

Members

Chair

Mike Bell

Non-Executive Members

Dr Masood Ahmed, Non Executive Member, SWL ICB

Martin Spencer, Non Executive Member, SWL ICB

Anne Rainsberry, Non Executive Member, SWL ICB

Executive Members

Katie Fisher, 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

Partner Members

Dr Nicola Jones, Partner Member, Primary Medical Services

Vanessa Ford, Partner Member, Mental Health Services

Jo Farrar, Partner Member, Community Services

Cllr Andreas Kirsch, Partner Member, Local Authorities

Jacqueline Totterdell, Partner Member, Acute Services

Matthew Kershaw, Place Member, Croydon

Place Members

Dr Annette Pautz, Place Member, Kingston

Mark Creelman, Place Member, Merton

Jeremy de Souza, Place Member, Richmond

Shannon Katiyo, Place Member, Wandsworth

Matthew Kershaw, Place Member, Croydon

Non Voting Attendees

Jonathan Bates, Chief Operating Officer, SWL ICB

Charlotte Gawne, Executive Director of Stakeholder & Partnership Engagement

Hannah Doody, Local Authority Participant

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

Omar Daniel, Associate Non Executive Member

Bob Alexander, Associate Non Executive Member

Andrew Brown, CEO Croydon BME Forum

Martin Ellis, Chief Digital Information Officer

Apologies

Jamal Butt, Non Executive Member, SWL ICB

Dame Cally Palmer, Partner Member, Specialised Services

John Byrne, Executive Medical Director, 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. Katie Fisher, the ICB's new Chief Executive Officer was welcomed to her first Board meeting in public.

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 15 January 2025.

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 Ben Luscombe (BL) presented the report.
- 2.2 The Board **noted** the decisions made in the SWL ICB Part 2 meeting on 15 January 2025.

3 Chair's Report

- 3.1 MB introduced the report particularly highlighting Ramadan and International Women's Day.

The Board **noted** the Report.

4 What matters most to our communities in South West London

- 4.1 Charlotte Gawne (CG) introduced the report and Andrew Brown, CEO of the Croydon BME Forum gave a presentation on the Neurodiversity Listening Project.
- 4.2 Board members discussed the report and the key points noted were: how to manage engagement fatigue; bring Communication Teams across SWL together and ensuring feedback sessions were arranged to keep patients and residents informed; noting that cultural competence was at the root of health inequalities enabling engagement through to co-production; the importance of women's health hubs, particularly for black women, to ensure they felt listened to and are able to address their healthcare needs; recognising the need to engage with ethnic minority groups to build trust in Primary Care provision; that Health Watch was available to help the ICB take forward some of

the recommendations in the report; the importance of giving the opportunity to Patient Participation groups to have a voice to influence how services are delivered.

The Board:

- **Considered** the engagement feedback from our communities and to share this resource within their organisations.
- **Agreed** to share the “Bank of Insight” as a resource but also ask their organisations to contribute and share their own insight on “The Bank” to help all of our teams work smarter and avoid duplication with our communities.
- **Provided** their views on the five recommendations.

5. South West London CB Cyber Strategy

5.1 Martin Ellis (ME) introduced the report.

The Board:

- **Noted** the content of the paper.
- **Approved** the SWL ICB Cyber Strategy.

6 SWL NHS Green Plan

6.1 Helen Jameson (HJ) introduced the paper.

6.2 Matthew Kershaw (MK) noted that Croydon was waiting to hear whether it had been successful with a bid submitted to Salix, which would secure significant investment for decarbonisation in Croydon.

5.3 It was noted that there was very little mention in the report of the voluntary sector and HJ would look to build on this in the report.

5.4 Vanessa Ford (VF) noted the conversations regarding the financial position and, whilst delivering the Green Plan was the right thing to do, recognised that difficult decisions would need to be taken in the coming months about where staff should invest their time and resource.

The Board:

- **Recognised** the journey the ICB have been on over the past couple of years and noted the key delivery highlights over the past 12 months against the current 2023-25 green plan.
- **Considered and approved** the proposed SWL NHS Green Plan 2025-2029.

7 Board Assurance Framework

7.1 Ben Luscombe (BL) presented the paper.

7.2 It was noted that a risk should be included about the Voluntary Sector, particularly in light of the public sector funding challenges which might impact the voluntary sector’s ability to support the needs of local people.

Action BL/CG – to look at the best way of including the Voluntary Sector and hospices in the Risk Register, both of which were important for sustainability.

The Board **noted** the overall BAF position.

8 ICP Update

- 8.1 Cllr Andreas Kirsch (AK) presented the report and highlighted the SWL ICP Anchor and Civic Development Workshop which had been held to explore the potential for joint action to support social and economic development.

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

9 Board Committee Updates and Reports

Finance & Planning Committee Update

- 9.1 HJ presented the Finance & Planning Committee update and gave an overview of the key issues discussed at its meeting on 25 February 2025.

Month 10 Finance Report

- 9.2 HJ presented the financial aspect of the report.
- 9.3 Jonathan Bates (JBa) presented the planning aspect of the report. It was noted that Planning guidance had been issued on 30 January and final submission was due on 27 March.

Quality & Oversight Committee Update

- 9.4 Dr Masood Ahmed (MA) presented the report and gave an overview of the key issues discussed at the Quality & Performance Oversight Committee on 12 February 2025.

Quality Report

- 9.5 Elaine Clancy (EC) presented the report highlighting the increase in prevention of future deaths notifications, a theme which was being seen across the country. It was important for Board members be aware of the increase and be assured about how the learning from those themes was being taken forward.
- 9.6 In response to a question about the learning following the implementation of Patient Safety Incident Response Framework (PSIRF), EC noted that some Trusts had transitioned sooner than others. A review had been undertaken with colleagues at Croydon Health Services (CHC), the first Trust in SWL to fully implement PSIRF, to ensure all lessons learned were captured. Reviews at other Trusts would be undertaken.

Performance Report

- 9.7 JBa presented the report, highlighting areas of success and challenge.
- 9.8 Matthew Kershaw (MK) noted a piece of work being undertaken in Croydon with regard to long waits and potential harm which he considered would be helpful to share with Board members.

Audit & Risk Committee Update

- 9.9 In the absence of Martin Spencer, Chair of the Audit & Risk Committee, HJ presented the report and gave an overview of the key issues discussed at the Audit & Risk Committee on 10 February 2025.

Remuneration Committee Update

- 9.10 Anne Rainsberry (AR) presented the report and gave an overview of the key issues discussed by the Remuneration Committee.

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

10 Chief Executive Officer's Report

- 10.1 Katie Fisher (KF) thanked Partners around the table for their help with the planning round which had been an extremely intensive and time consuming process. The ICB was in a good position for the Regional Scrutiny Meeting on 20 March and a Board to Board meeting with the national team in April.
- 10.2 The abolishment of NHSE and national announcements about reduction in ICB running costs and Provider Trusts corporate overheads were noted. It was recognised that this would bring a huge amount of uncertainty and additional pressure to colleagues across the system.
- 10.3 The agreement for delegation of Specialised Commissioning had been signed on 1 April 2025.

The Board **noted** the verbal update.

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, particularly Electro Convulsive Therapy (ECT) and coercive practices
- 12.2 Syed Abrar, Client Director at Limbic asked "As the adoption of AI continues to shape the delivery of mental healthcare, what is the ICB's approach to leveraging these tools to enhance outcomes, improve efficiency and ensure equitable access to services? Additionally, if you are a third party that is able to support the ICB's strategy and priorities who would be the best person to contact regarding this matter in the first instance?" VF responded to the question in relation to SWL & St Georges and South London & Maudsley NHS Trust, where work was being undertaken with software suppliers exploring and piloting a number of AI technologies to improve both productivity outcomes and access to our services. VF offered to discuss further outside of the meeting.
- 12.3 Mark Forbes thanked the Board for its hard work across the six boroughs and asked a question relating to how many professionals were employed in SWL for ADHD. VF responded to Mr Forbes and advised that she did not have the specific numbers to hand but that she would arrange for this information to be provided outside of the meeting. VF noted that the vacancy factors across the provision had improved by over 20% in the last year. A national workforce review of ADHD and autism was being undertaken and this was due to complete in June this year, with a report in September. Waiting times for access and treatment are a significant challenge and this is an issue that the Board is aware of.

ACTION VF to provide information to Mark Forbes regarding the number of professionals employed in the ADHD service in SWL.

- 12.4 Mr Forbes also asked a supplementary question about mental health investment and MB advised that the ICB had agreed that it would continue to meet mental health investment standard in the forthcoming year. With regard to historic information HJ noted that the 2022/23 accounts had been externally audited and were published on the ICB's website. It was noted that a 7.1% uplift had been included against a requirement of a 5.2% uplift. The ICB is currently being audited against the 2023/24 accounts and was expected to have kept to the mental health investment standard.
- 12.5 Greg Kennedy, a member of the public and part of a community organisation asked: "What happens with the What Matters Most to our Communities work and whether the customers of the work are required to respond in any way or whether, at their discretion, they take the ICB's market research on board. Also whether community organisations involved in improving access to mental health services might have sight of what the ICB has done so we can shape some of our offerings around the insights you provide". CG said it was important after engagement with communities to ensure engagement was followed up by a "you said, we did" exercise and this would happen with the winter engagement fund and the 10 Year Plan. CG would add Mr Kennedy to the network mailing list, if not already on it. Mr Kennedy said his question was more related to doing research on behalf of the partner providers. CG noted that all the findings of engagement with communities would be presented to the decision making meetings in Place and SWL, following which work would be undertaken with the programme teams around future plans going forward and delivery of day to day services.
- 12.6 Giles Marus a resident of Wandsworth asked where he could find out more information about the ICB's plans for Community Diagnostic Centres (CDCs). Mark Creelman advised that there was a CDC programme across SWL and there was a site in Queen Marys Hospital, Roehampton which was accessible for Wandsworth residents. The referrals route would be through a GP.

Next meeting in public: Wednesday 21 May 2025: 120 The Broadway, Wimbledon, London SW19 1RH.

Date of Meeting	Reference	Agenda Item	Action	Responsible Officer	Target Completion Date	Update	Status
19.3.25	ICB-10	Public Questions	Provide information to Mark Forbes regarding the number of professionals employed in the ADHD service in SWL.	Vanessa Ford	30.4.25		Closed
19.3.25	ICB-11	Board Assurance Framework	Look at the best way of including the Voluntary Sector and hospices in the Risk Register.	Ben Luscombe/Charlotte Gawne	30.4.25		Closed

Decisions made in other meetings

Agenda item: 2

Report by: Ben Luscombe, Director of Corporate Affairs, SWL ICB

Paper type: Information

Date of meeting: Wednesday, 28 May 2025

Date Published: Wednesday, 21 May 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 19 March 2025, the following items were brought to the Board:

- 2025/26 Operational Plan and Allocations.
- Approval of the procurement of the Community Eyecare Service.
- Approval of the modification to the Royal Marsden contract for the Cancer System Development Funding.

At its Part 2 meeting on 26 March 2025, the following items were brought to the Board:

- Approval of the 2025/26 Operating Plan and Financial Plan submission to NHS England.
- Approval of the 2025/26 Capital Plan.
- Approval of the ICB 2025/26 SWL ICB budget.
- Approval of the 25/26 Better Care Funds (six boroughs).

The Board discussed and **approved** the above items.

Recommendation

The Board is asked to:

- Note the decisions made at the Part 2 of the Board on 19 March and 26 March 2025.

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

Ben Luscombe, Director of Corporate Affairs, SWL ICB

Author

Maureen Glover, Corporate Governance Manager

Quality & Performance Oversight Committee Terms of Reference

Agenda item: 3

Report by: Masood Ahmed, Non Executive Member, Committee Chair

Paper type: For approval

Date of meeting: Wednesday, 28 May 2025

Date Published: Wednesday, 21 May 2025

Content

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

Purpose

The Quality & Performance Oversight Committee's Terms of Reference (ToR) have been reviewed, in line with the annual requirement. Although there are no proposed amendments, themed comments from the Committee Effectiveness survey are set out below for the Board's awareness.

Executive summary

The ToR have been reviewed following feedback from members and attendees of the Committee. A Committee effectiveness survey has been completed by six individuals (three members and three attendees). Overall, the feedback was that the membership felt the committee is well represented and effective in its role with some suggestions for consideration.

The themes of the feedback included:

- It was felt the ToR are largely reflective of the Committee's purpose, and there are no major gaps in the agenda.
- The frequency of meetings was generally felt to be appropriate.
- It was felt that the Committee was aligned to the Board and the work/assurance from other Committees. A recommendation was made to simplify regular report formats by highlighting new issues while streamlining updates on ongoing matters.
- It was agreed the membership was broadly correct, however the Chair and relevant Executive Directors will consider whether a lay representative should continue to attend or whether having a subject matter expert may be more appropriate.

- There was also a suggestion to bring the whole Board Assurance Framework to the Committee for oversight.
- Finally, the feedback identified a concern that there may be no single point of oversight of transformation programmes led by the ICB. Though this Committee should not replace a transformation board, it was suggested that the Committee would benefit from either a consolidated ICB programme update report, or a rolling cycle of attendance and updates by programme directors/SROs, where quality, performance and progress can be scrutinised and challenged, and learnings shared.

Key Issues for the Board to be aware of

Following the annual committee effectiveness survey and review of the QPOC's ToRs, no amendments have been made. It was noted however that, following the announcements about changes to the functions of the ICB, the ToR might need to be revisited later in the year.

The Committee's annual forward plan will continue to be updated to include strategic system items, and the membership be kept under review to ensure it is fit for purpose.

Recommendation

The Board is asked to:

- **Note** no amendments to current Terms of Reference following the Committee effectiveness survey, therefore, **approve** the current Committee ToR for a further 12 months.

Governance and Supporting Documentation

Conflicts of interest

None identified.

Corporate objectives

Overall delivery of ICBs objectives.

Risks

None

Mitigations

N/A

Financial/resource implications

None

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

None

Committee name	Date	Outcome
Quality & Performance Oversight Committee	April 2025	Noted – no changes. Recommend for approval by Board for further 12 months.

Final date for approval

N/A

Supporting documents

Quality & Performance Oversight Committee Terms of Reference

Lead director

Elaine Clancy, Chief Nursing Officer (CNO)

Author

Gurvinder Chana, Senior Programme Manager, CNO Directorate

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

Document Management

Revision history

Version	Date	Summary of changes
1.0	07.06.22	Draft ToR presented to GOG
2.0	08.02.23	QOC approved
2.1	14.02.24	Revised draft after 23/4 review to QoC
2.2	20.02.24	Final draft including comments from QoC for Board approval
2.3	09.04.25	Following the annual review the QPOC agreed no changes were required to the ToR

Reviewers

This document must be reviewed by the following:

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

Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
ICB Board		ICB Board		
Quality & Performance Oversight Committee		Quality & Performance Oversight Committee	09.04.25	2.3
ICB Board		ICB Board	20.03.24	2.2
Quality Oversight Committee		Quality Oversight Committee	14.02.24	2.2
Quality Oversight		Quality Oversight	08/02/23	2.0

Committee		Committee		
ICB Board		ICB Board	01/07.22	1.0
Sarah Blow		ICS CEO Designate	07.06.22	1.0
Millie Banerjee		ICS Chair Designate	07.06.22	1.0

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1. Constitution

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

2. Authority

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

3. Purpose

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

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

4. Responsibilities of the Committee

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

Specific Responsibilities

Performance

- 4.4 To review and monitor system wide operational performance in accordance with national operational planning guidance and advise on risks and mitigations.
- 4.5 The committee will pro-actively identify and obtain assurance that declining performance and quality indicators are being addressed, ensuring deterioration is managed rapidly.
- 4.6 Develop the ICB Performance Oversight Framework and review this framework annually to ensure that it meets the needs of our system to support delivery of our strategic objectives.
- 4.7 Oversee the triangulation of performance oversight, ensuring that the right balance is struck with workforce, quality, finance and system operational metrics and risks have been fully assessed this will include taking into account the Place Delivery Agreements (while noting that formal reporting of these agreements is via the ICB's Senior Management Team).
- 4.8 With the Finance and Planning Committee contribute to the performance oversight elements of the system annual report.

Quality

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

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

5. Membership and attendance

Membership

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

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

Chair and vice chair

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

Attendees

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

6. Meeting Frequency, Quoracy and Decisions

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

Quorum

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

Decision making and voting

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

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

7. Accountability and reporting

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

8. Conflicts of Interest

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

9. Behaviours and Conduct

ICB values

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

Equality and diversity

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

10. Secretariat and Administration

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

11. Review

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

Date of approval:

Date of next review:

Changes to the Governance Framework for SWL ICB

Agenda item: 4

Report by: Ben Luscombe

Paper type: Decision

Date of meeting: Wednesday, 28 May 2025

Date Published: Wednesday, 21 May 2025

Content

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

Purpose

Following on from the publication of the 'Model ICB – Blueprint' by NHS England on the 6th of May 2025, this paper:

- Seeks the Board's agreement to make a number of Constitutional amendments in order to ensure the Board meets the requirements and expectations of NHS England and as set out in the Model ICB - Blueprint;
- Asks the Board to note a number of further changes being made to the running arrangements for the Board in order to ensure that it is as effective and efficient as possible, in line with the Model ICB requirements; and
- Following the submission of our 25/6 operating planning, outlines the governance framework to provide the Board with appropriate oversight and assurance of the Financial Recovery Programme.

Background & Discussion

On the 6th of May 2025, NHS England published the 'Model ICB – Blueprint'. The document sets out the core functions for ICBs going forward and describes a clear direction of travel. The document also asks ICBs to streamline the ICB Board membership and ensure that the items we discuss in Board meetings are relevant to delivering the ICB's core functions.

To ensure that the ICB is fit for purpose, meeting its future requirements, whilst ensuring we maintain our transparency and accountability as a public body, this paper sets out a number of changes to the way we will manage our Board Governance Framework going forward. These changes are about focusing resources and ensuring the ICB is best placed to serve our local population in the most effective way.

Amendments to the Constitution

In accordance with the relevant legislation (paragraph 15 of Schedule 1B to the NHS Act 2006) and in line with the existing Constitution, the Constitution can only be varied in two circumstances:

1. Where the ICB applies to NHS England in accordance with NHS England published procedure and that application is approved; and
2. Where NHSE varies the Constitution of its own initiative (other than by application by the ICB).

The below, proposed, amendments to the Constitution are in line with category 1.

As part of the process for varying the Constitution, both the ICB Chair and CEO have reviewed the proposed changes and are recommending these necessary amendments to the Board for ratification before final approval from NHS England.

We are proposing to amend the Constitution to implement the following changes:

- The membership of the Board will be reduced from 22 members to 13;
 - We are reducing the number of NHS Partner Members from four to two (the remaining two members will bring experience and knowledge of the Mental Health, Community and Acute sectors);
 - We are removing the requirement for the Board to have Place membership;
 - The Deputy CEO will become a participant of the Board, rather than a member;
- The number of Participants attending the Board will be reduced, with the removal of the Local Authority participant role;
- The number of Observers attending the Board will be reduced, with the removal of the HealthWatch and Voluntary Community and Social Enterprise roles;
- Subsequent areas of the Constitution have been amended to reflect these changes, including the quoracy of the Board;
- A new provision has been included to allow the Chair, in exceptional circumstances, to extend the appointment of Board members by up to a maximum of 12 months;
- A number of minor formatting updates have been made.

A revised copy of the Constitution is attached at **Annex A** with amendments marked in tracked changes for ease. The Board is asked to ratify these amendments. NHS England will then be asked to agree the revised Constitution.

Non-constitutional amendments to Board arrangements

We are also making a number of changes to the way we run our Board meetings going forward, while these do not need any formal changes to the Constitution, the Board are asked to note these:

- The formal, public, Board will move from being every month to taking place on a quarterly basis, with Board seminars being held in the other two months. In order to ensure we still conduct and enact necessary business, we will be holding a Part 2 meeting before each of the seminars;
- The overall length of the Board will reduce so that we will aim to ensure the Board does not last more than two hours for its formal meetings and less where possible;
- All items discussed at the public Board will relate to the delivery of its statutory duties and core responsibilities. So, for example, we will no longer be having 'in focus' items at the public Board;
- The Board will move to an online presence only. The formal Board will be conducted via Teams. The meeting will be broadcast and recorded for members of the public to watch and written questions will be taken in advance of the meeting on items specific related to the agenda.

Management of SWL Financial Recovery Plan

As the Board knows, SWL submitted an operating plan for 2025/26 which included a breakeven financial plan (including £104m deficit support funding). In order to ensure compliance with the delivery of the annual plan and also to oversee the development of the long-term clinical transformation plan we have established a new governance structure.

A Financial Recovery Group will provide assurance to the Board (via the Finance and Planning Committee) that all of our providers and the ICB are delivering their financial plans, including recurrent efficiencies, productivity opportunities and corporate growth reductions to ensure appropriate cash balances are maintained. The Group will be Chaired by Bob Alexander, as one of our Non-Executive Members, with the ICBs CEO, CFO and COO as additional members. SWL Providers will be represented by a provider CFO, COO, CPO along with a provider representative for estates.

The Group will meet every month. If a provider misses their plan the Group will recommend that an Executive-to-Executive meeting takes place between the relevant Trusts and the ICB to ensure appropriate mitigating actions to address the position are put in place. This meeting will then provide assurance to the Finance and Planning Committee that robust actions are in place to ensure the relevant Trust comes back to plan.

We will also be restructuring our seminar programme so that Board seminars will be focused on the long-term clinical transformation plan. Seminars will be held on monthly basis, except where a Board meeting is held on the third month of the quarter. The core membership of the Seminars will be expanded to not only include Board members but also all Provider CEOs. Relevant subject matter experts (for example, system CFOs, CMOs, CNOs) from across the system will be invited to join the seminars depending on the topics being discussed.

Recommendation

The Board is asked to:

- **Ratify** the proposed Constitutional amendments to NHS England for final approval;
- **Note** the additional changes to the running arrangements of the Board;
- **Note** the governance structure for the Financial Recovery Programme.

Governance and Supporting Documentation

Conflicts of interest

None

Corporate objectives

The proposed amendments to the NHS SWL ICB Governance Framework will ensure that we can meet the strategic objectives of the organisation going forward, and that our Governance Framework is in line with National policy expectations.

Risks

None

Mitigations

N/A

Financial/resource implications

Although there are no direct financial savings as a result of these changes, they will make more effective use of Board members time and ensure a robust oversight of the delivery of the 25/6 financial plan, as well as the long-term transformation plan.

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

Regular attendees to the Public Board meeting have been contacted to discuss the changes with them and outline ways they can still participate in Board meetings.

Previous committees/groups

N/A

Committee name	Date	Outcome

Final date for approval

28 May 2025

Supporting documents

A revised copy of the ICB Constitution is attached.

Author

Ben Luscombe

NHS South West London Integrated Care Board

CONSTITUTION

Document Management

Revision history

Version	Date	Summary of changes/Approvals
1.0	1 July 2022	Approved by NHS England
2.0	16 November 2022	Updated to reflect changes to the model ICB constitution requested by NHS England
2.0	23 November 2022	Approved by NHS England
2.1	19 July 2023	Updated to include reviewed Standing Orders Appendix 2
3.0	15 November 2024	Updated to reflect changes to the model ICB constitution requested by NHS England
<u>4.0</u>	<u>28 May 2025</u>	<u>Updated to reflect changes in membership, and other miscellaneous amendments</u>

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SWL ICB Constitution

v34.0

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1. Introduction

1.1 Background / Foreword

- 1.1.1 NHSE has set out the following as the four core purposes of ICSs:
- a) Improve outcomes in population health and healthcare;
 - b) Tackle inequalities in outcomes, experience and access;
 - c) Enhance productivity and value for money;
 - d) Help the NHS support broader social and economic development.
- 1.1.2 The ICB will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges, including:
- a) Improving the health of children and young people;
 - b) Supporting people to stay well and independent;
 - c) Acting sooner to help those with preventable conditions;
 - d) Supporting those with long-term conditions or mental health issues;
 - e) Caring for those with multiple needs as populations age;
 - f) Getting the best from collective resources so people get care as quickly as possible.

1.2 Name

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

1.3 Area Covered by the Integrated Care Board

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

1.4 Statutory Framework

- 1.4.1 The ICB is established by order made by NHS England under powers in the 2006 Act.
- 1.4.2 The ICB is a statutory body with the general function of arranging for the provision of services for the purposes of the health service in England and is an NHS body for the purposes of the 2006 Act.
- 1.4.3 The main powers and duties of the ICB to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to ICBs, as well as by regulations and directions (including, but not limited to, those made under the 2006 Act).

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

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

These duties include but are not limited to:

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

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

1.4.7 The performance assessment will assess how well the ICB has discharged its functions during that year and will, in particular, include an assessment of how well it has discharged its duties under:

- a) section 14Z34 (improvement in quality of services);
- b) section 14Z35 (reducing inequalities);
- c) section 14Z38 (obtaining appropriate advice);
- d) section 14Z40 (duty in respect of research)
- e) section 14Z43 (duty to have regard to effect of decisions);
- f) section 14Z45 (public involvement and consultation);
- g) sections 223GB to 223N (financial duties); and
- h) section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).

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

1.5 Status of this Constitution

- 1.5.1 The ICB was established on 1 July 2022 by The Integrated Care Boards (Establishment) Order 2022, which made provision for its Constitution by reference to this document.
- 1.5.2 Changes to this Constitution will not be implemented until, and are only effective from, the date of approval by NHS England.

1.6 Variation of this Constitution

- 1.6.1 In accordance with paragraph 15 of Schedule 1B to the 2006 Act this Constitution may be varied in accordance with the procedure set out in this paragraph. The Constitution can only be varied in two circumstances:
- a) where the ICB applies to NHS England in accordance with NHS England's published procedure and that application is approved; and
 - b) where NHS England varies the Constitution of its own initiative, (other than on application by the ICB).
- 1.6.2 The procedure for proposal and agreement of variations to the Constitution is as follows:
- a) The Constitution will be reviewed as necessary by the CEO of the ICB. Following this review, the CEO will recommend necessary amendments to the Chair of the ICB, for agreement.
 - b) Proposed amendments will be put to the ICB Board for ratification.
 - c) Urgent amendments will be agreed by the ICB CEO and Chair.
 - d) Proposed amendments to this Constitution will not be implemented until an application to NHS England for variation has been approved.

1.7 Related Documents

- 1.7.1 This Constitution is also supported by a number of documents which provide further details on how governance arrangements in the ICB will operate.
- 1.7.2 The following are appended to the Constitution and form part of it for the purpose of clause 1.6 and the ICB's legal duty to have a Constitution:

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

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

- a) **The Scheme of Reservation and Delegation (SoRD)** – sets out those decisions that are reserved to the Board of the ICB and those decisions that have been delegated in accordance with the powers of the ICB and which must be agreed in accordance with and be consistent with the Constitution. The SoRD identifies where, or to whom, functions and decisions have been delegated.
- b) **Functions and Decision map** - a high level structural chart that sets out which key decisions are delegated and taken by which part or parts of the system. The Functions and Decision map also includes decision making responsibilities that are delegated to the ICB (for example, from NHS England).
- c) **Standing Financial Instructions** – which set out the arrangements for managing the ICB's financial affairs.
- d) **The ICB Governance Handbook** – This brings together all the ICB's governance documents so it is easy for interested people to navigate. It includes:
 - a) The above documents a) – c).
 - b) Terms of reference for all committees and sub-committees of the Board that exercise ICB functions.
 - c) Delegation arrangements for all instances where ICB functions are delegated, in accordance with section 65Z5 of the 2006 Act, to another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body, or to a joint committee of the ICB and one of those organisations in accordance with section 65Z6 of the 2006 Act.
 - d) Terms of reference of any joint committee of the ICB and another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one or those organisations in accordance with section 65Z6 of the 2006 Act.
 - e) The up-to-date list of eligible providers of primary medical services under clause 3.7.2.
- e) **Key policy documents** - which should also be included in the Governance Handbook or linked to it - including:
 - a) Standards of Business Conduct Policy;
 - b) Conflicts of interest policy and procedures;
 - c) Policy for public involvement and engagement.

2. Composition of the Board of the ICB

2.1 Background

- 2.1.1 This part of the Constitution describes the membership of the Integrated Care Board. Further information about the criteria for the roles and how they are appointed is in section three.
- 2.1.2 Further information about the individuals who fulfil these roles can be found on our website (www.southwestlondon.nhs.uk).
- 2.1.3 In accordance with paragraph 3 of Schedule 1B to the 2006 Act, the membership of the ICB (referred to in this Constitution as “the Board” and members of the ICB are referred to as “Board Members”) consists of:
- a) a Chair;
 - b) a Chief Executive;
 - c) at least three Ordinary members.
- 2.1.4 The membership of the ICB (the Board) shall meet as a unitary Board and shall be collectively accountable for the performance of the ICB’s functions.
- 2.1.5 NHS England policy, requires the ICB to appoint the following additional Ordinary Members:
- a) three executive members, namely:
 - Chief Financial Officer;
 - Executive Medical Director;
 - Chief Nursing Officer;
 - b) At least two non-executive members;
- 2.1.6 The Ordinary Members include at least three members who will bring knowledge and a perspective from their sectors. These members (known as Partner Members) are nominated by the following and appointed in accordance with the procedures set out in Section 3 below:
- NHS trusts and foundation trusts who provide services within the ICB’s area and are of a prescribed description;
 - Primary medical services (general practice) providers within the area of the ICB and are of a prescribed description;
 - Local authorities which are responsible for providing Social Care and whose area coincides with or includes the whole or any part of the ICB’s area.
- 2.1.7 While the Partner Members will bring knowledge and experience from their sector and will contribute the perspective of their sector to the decisions of the Board, they are not to act as delegates of those sectors.

2.2 Board Membership

2.2.1 The ICB has ~~six~~^{four} Partner Members:

- a) ~~Two~~^{Four} Partner Members – NHS Trusts and Foundation Trusts;
- b) One Partner Member – Primary Medical Services; and
- c) One Partner Member - Local Authorities.

~~2.2.2 The ICB has also appointed the following further Ordinary Members to the Board:~~

- ~~a) Six Place Members; and~~
- ~~b) Deputy CEO.~~

~~2.2.3~~^{2.2.2} The Board is therefore composed of the following members:

- a) Chair;
- b) Chief Executive;
- c) ~~Four~~^{Two} Partner Members - NHS and Foundation Trusts;
- d) One Partner Member - Primary Medical Services;
- e) One Partner Member - Local Authorities;
- f) Four Non-Executive Members (one of which, but not the Audit and Risk Committee Chair, will be appointed Deputy Chair and one of which, who may be the Deputy Chair or the Audit and Risk Committee Chair, will be appointed the Senior Non-executive Member)
- g) Chief Finance Officer;
- h) Executive Medical Director;
- i) Chief Nursing Officer;
- ~~j) Six Place Members; and~~
- ~~k) Deputy CEO.~~

~~2.2.4~~^{2.2.3} The Chair will exercise their function to approve the appointment of the Ordinary Members with a view to ensuring that at least one of the Ordinary Members will have knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness.

~~2.2.5~~^{2.2.4} The Board will keep under review the skills, knowledge, and experience that it considers necessary for members of the Board to possess (when taken together) in order for the Board to effectively carry out its functions and will take such steps as it considers necessary to address or mitigate any shortcoming.

2.3 Regular Participants and Observers at Board Meetings

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

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

- a) All Executive Directors of the ICB who are not appointed members of the Board.

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

- 2.3.3 Observers will receive advanced copies of the notice, agenda and papers for Board meetings. They may be invited to attend any or all of the Board meetings, or part(s) of a meeting by the Chair. Any such person may not address the meeting and may not vote.
- 2.3.4 Observers may be asked to leave the meeting by the Chair in the event that the Board passes a resolution to exclude the public as per the Standing Orders.

3. Appointments Process for the Board

3.1 Eligibility Criteria for Board Membership:

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

3.2 Disqualification Criteria for Board Membership

- 3.2.1 A Member of Parliament.
- 3.2.2 A person whose appointment as a Board member (“the candidate”) is considered by the person making the appointment as one which could reasonably be regarded as undermining the independence of the health service because of the candidate’s involvement with the private healthcare sector or otherwise.
- 3.2.3 A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted:
- a) In the United Kingdom of any offence, or
 - b) Outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.
- 3.2.4 A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, Part 13 of the Bankruptcy (Scotland) Act 2016 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings).
- 3.2.5 A person who, has been dismissed within the period of five years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any Health Service Body.
- 3.2.6 A person whose term of appointment as the chair, a member, a director or a governor of a health service body, has been terminated on the grounds:
- a) that it was not in the interests of, or conducive to the good management of, the health service body or of the health service that the person should continue to hold that office;
 - b) that the person failed, without reasonable cause, to attend any meeting of that health service body for three successive meetings;

- c) that the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which that person had a pecuniary interest; or
- d) of misbehaviour, misconduct or failure to carry out the person's duties.

3.2.7 A Health and Care Professional, meaning an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002, or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned ("the regulatory body"), in connection with the person's fitness to practise or any alleged fraud, the final outcome of which was:

- a) the person's suspension from a register held by the regulatory body, where that suspension has not been terminated;
- b) the person's erasure from such a register, where the person has not been restored to the register;
- c) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded; or
- d) a decision by the regulatory body which had the effect of imposing conditions on the person's practice of the profession in question, where those conditions have not been lifted.

3.2.8 A person who is subject to:

- a) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002; or
- b) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).

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

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

- a) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(f) (powers of the Court of Session to deal with the management of charities); or
- b) section 34(5) or of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session to deal with the management of charities).

3.3 Chair

- 3.3.1 The ICB Chair is to be appointed by NHS England, with the approval of the Secretary of State.
- 3.3.2 In addition to criteria specified at 3.1, this member must fulfil the following additional eligibility criteria:
 - a) The Chair will be independent.
- 3.3.3 Individuals will not be eligible if:
 - a) They hold a role in another health and care organisation within the ICB area; or
 - b) Any of the disqualification criteria set out in 3.2 apply.
- 3.3.4 The term of office for the Chair will be a maximum of three years and the total number of terms a Chair may serve is three terms.

3.4 Deputy Chair and Senior Non-executive Member

- 3.4.1 The Deputy Chair is to be appointed from amongst the Non-executive members by the board, subject to the approval of the Chair.
- 3.4.2 No individual shall hold the position of Chair of the Audit and Risk Committee and Deputy Chair at the same time.
- 3.4.3 The Senior Non-Executive Member is to be appointed from amongst the non-executive members by the board subject to the approval of the Chair.

3.5 Chief Executive

- 3.5.1 The Chief Executive will be appointed by the Chair of the ICB in accordance with any guidance issued by NHS England.
- 3.5.2 The appointment will be subject to approval of NHS England in accordance with any procedure published by NHS England.
- 3.5.3 The Chief Executive must fulfil the following additional eligibility criteria:
 - a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act.
- 3.5.4 Individuals will not be eligible if:
 - a) Any of the disqualification criteria set out in 3.2 apply; or
 - b) Subject to clause 3.5.3(a), they hold any other employment or executive role.

3.6 ~~Four~~Two Partner Members - NHS Trusts and Foundation Trusts

- 3.6.1 These ~~four~~two Partner Members are jointly nominated by the NHS Trusts and/or Foundation Trusts which provide services for the purposes of the health service within the ICB's area and meet the Forward Plan Condition or (if the Forward Plan Condition is not met) the Level of Services Provided Condition:
- a) Croydon Health Services NHS Trust;
 - b) Central London Community Healthcare NHS Trust;
 - c) Epsom and St Helier University Hospital NHS Trust;
 - ~~d) Hounslow and Richmond community Healthcare NHS Trust;~~
 - ~~e) d) Kingston and Richmond Hospital NHS Foundation Trust;~~
 - ~~f) e) London Ambulance Service NHS Trust~~
 - ~~g) f) St George's University Hospitals NHS Foundation Trust;~~
 - ~~h) g) South London and Maudsley NHS Foundation Trust~~
 - ~~i) h) South West London and St George's Mental Health NHS Trust; and~~
 - ~~j) i) The Royal Marsden NHS Foundation Trust.~~
- 3.6.2 These members must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:
- a) be the CEO of one of the NHS Trusts or Foundation Trusts ~~FTs~~ within the ICB's area; and
 - ~~b) Of the four members: one member will bring a perspective of Acute Services; one member will bring a perspective of Mental Health Services (and meet the requirements set out in para 2.2.4); one member will bring a perspective of Community Services and one member will bring a perspective of Specialised Services.~~
- 3.6.3 Individuals will not be eligible if:
- a) Any of the disqualification criteria set out in 3.2 apply.
- 3.6.4 These members will be appointed by a panel constituted by the Chief Executive and will be subject to the approval of the ICB Chair.
- 3.6.5 The appointment process will be as follows:
- a) Joint Nomination:
 - When a vacancy arises, each eligible organisation listed at 3.6.1. will be invited to make one nomination for each of the vacant roles outlined in 3.6.2.
 - Eligible organisations may nominate individuals from their own organisation or another organisation and will, at the same time, confirm that nominations have been jointly agreed.
 - All eligible organisations will confirm that they approve the full list of nominees proposed.
 - b) Assessment, selection, and appointment, will be subject to approval of the Chair under c):
 - The full list of nominees will be considered by a panel convened by the Chief Executive.
 - The panel will assess the suitability of the nominees against the

requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.6.2 and 3.6.3.

- In the event that there is more than one suitable nominee, the panel will select the most suitable for appointment.

c) Chair's approval:

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

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

3.6.7 In exceptional circumstances, the Chair may reappoint a Partner Member for a period of 12 months without the need to re-run the nominations process. The extension cannot be for a period longer than 12 months. The Chair must inform the Board of any decision to make such an extension at the earliest opportunity.

~~3.6.6~~

3.7 One Partner Member - Providers of Primary Medical Services.

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

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

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

3.7.4 Individuals will not be eligible if:

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

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

3.7.6 The appointment process will be as follows:

a) Joint Nomination:

- When a vacancy arises, each eligible organisation described at 3.7.1 will be invited to make one nomination.
- The nomination of an individual must be seconded by five other

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- eligible organisations.
 - Eligible organisations may nominate individuals from their own organisation or another organisation.
 - All eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals with a failure to confirm within five working days being deemed to constitute agreement. If they do agree, the list will be put forward to step b) below. If they do not, the nomination process will be re-run until majority acceptance is reached on the nominations put forward.
- b) Assessment, selection, and appointment will be subject to approval of the Chair under c):
- The full list of nominees will be considered by a panel convened by the Chief Executive;
 - The panel will assess the suitability of the nominees against the requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.7.3 and 3.7.4;
 - In the event that there is more than one suitable nominee, the panel will select the most suitable for appointment.
- c) Chair's approval
- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b).

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

3.7.8 In exceptional circumstances, the Chair may reappoint a Partner Member for a period of 12 months without the need to re-run the nominations process. The extension cannot be for a period longer than 12 months. The Chair must inform the Board of any decision to make such an extension at the earliest opportunity.

3.7.7

3.8 One Partner Member - Local Authorities

- 3.8.1 This Partner Member is jointly nominated by the Local Authorities whose areas coincide with, or include the whole or any part of, the ICB's area. Those local authorities are:
- a) London Borough of Croydon;
 - b) The Royal Borough of Kingston upon Thames;
 - c) London Borough of Merton;
 - d) London Borough of Richmond upon Thames;
 - e) London Borough of Sutton; and
 - f) London Borough of Wandsworth.

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

- a) Be the Chief Executive or hold a relevant Executive level role, or be an elected member of one of the bodies listed at 3.8.1.

3.8.3 Individuals will not be eligible if:

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

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

3.8.5 The appointment process will be as follows:

a) Joint Nomination:

- When a vacancy arises, each eligible organisation listed at 3.8.1. will be invited to make one nomination.
- Eligible organisations may nominate individuals from their own organisation or another organisation and will, at the same time, confirm that nominations have been jointly agreed.
- All eligible organisations will confirm that they approve the full list of nominees proposed.

b) Assessment, selection, and appointment will be subject to approval of the Chair under c):

- The full list of nominees will be considered by a panel convened by the Chief Executive.
- The panel will assess the suitability of the nominees against the requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.8.2 and 3.8.3.
- In the event that there is more than one suitable nominee, the panel will select the most suitable for appointment.

c) Chair's approval:

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

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

3.8.7 In exceptional circumstances, the Chair may reappoint a Partner Member for a period of 12 months without the need to re-run the nominations process. The extension cannot be for a period longer than 12 months. The Chair must inform the Board of any decision to make such an extension at the earliest opportunity.

~~3.8.6~~

3.9 Executive Medical Director

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

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

3.9.2 Individuals will not be eligible if:

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

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

3.10 Chief Nursing Officer

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

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

3.10.2 Individuals will not be eligible if:

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

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

3.11 Chief Finance Officer

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

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

3.11.2 Individuals will not be eligible if:

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

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

~~3.12 Deputy Chief Executive~~

~~3.12.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:~~

- ~~a) Be an employee of the ICB or a person seconded to the ICB who is~~

~~employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act.~~

~~3.12.2 Individuals will not be eligible if:~~

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

~~3.12.3 This member will be appointed by the Chief Executive Officer of the ICB subject to the approval of the ICB Chair.~~

3.13.12 Non-Executive Members

~~3.13.12.1~~ The ICB will appoint four Non-Executive Members.

~~3.13.12.2~~ These members will be appointed by a panel constituted by the Chair and be subject to the approval of the Chair.

~~3.13.12.3~~ These members will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

- a) Not be an employee of the ICB or a person seconded to the ICB;
- b) Not hold a role in another health and care organisation in the ICS area;
- c) One shall have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Audit and Risk Committee; and
- d) Another should have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Remuneration Committee.

~~3.13.12.4~~ Individuals will not be eligible if:

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

~~3.13.12.5~~ The term of office for a Non-Executive Member will be a maximum of three years and the total number of terms an individual may serve is three terms, after which, they will no longer be eligible for re-appointment.

~~3.13.12.6~~ Initial appointments may be for a shorter period in order to avoid all Non-Executive Members retiring at once. Thereafter, new appointees will ordinarily retire on the date that the individual they replaced was due to retire in order to provide continuity.

~~3.13.12.7~~ Subject to satisfactory appraisal, the Chair may approve the re-appointment of an independent Non-Executive Member up to the maximum number of terms permitted for their role.

~~3.13.12.8~~ The Chair may appoint one Non-Executive Member to be the ICB Board Deputy Chair. The Deputy Chair will be appointed by the Board following consideration by the Remuneration Committee, based on the recommendation from the Chair.

3.14—Other Board Members

~~3.14.1 The ICB will appoint six members to bring perspective and expertise on how the place arrangements operate in each of the ICB's places. While the Place Members will bring knowledge and experience from their place and will contribute the perspective of their place to the decisions of the Board, they are not to act as delegates of their place.~~

~~3.14.2 These members will fulfil the eligibility criteria set out at 3.1.~~

~~3.14.3 Individuals will not be eligible if:~~

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

~~3.14.4 These members will be appointed by a panel constituted by the Chief Executive and be subject to the approval of the ICB Chair.~~

~~3.14.5 The term of office for this Partner Member is three years. There is no limit to the number of terms that can be served by this member. Subject to satisfactory appraisal, the Chair may approve the re-appointment of this Board Member.~~

3.15.13 Board Members: Removal from Office

~~3.15.13.1~~ Arrangements for the removal from office of Board members is subject to the term of appointment, and application of the relevant ICB policies and procedures.

~~3.15.23.13.2~~ With the exception of the Chair, Board members shall be removed from office if any of the following occurs:

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

- j) The person, where the Chair reasonably considers (having sought appropriate clinical advice) lacks capacity, for the purposes of the Mental Capacity Act 2005, to manage and administer his/her property and/or affairs; or
- k) The person is an active member of a body or organisation with policies or objectives such that his/her membership would be likely to cause the ICB to be in breach of its statutory obligations or to bring the ICB into disrepute.

~~3.15.3~~3.13.3 Members may be suspended pending the outcome of an investigation into whether any of the matters in 3.1~~35~~35.2 apply.

~~3.15.4~~3.13.4 If a Board member, other than an employee of the ICB, meets any of the criteria in 3.1~~35~~35.2, the following process will apply:

- a) The Chair will convene a meeting of the Board, in private.
- b) The approval of three quarters of the Board's membership is required to remove that individual from the Board, with the agreement of the Chair.

~~3.15.5~~3.13.5 Executive Directors (including the Chief Executive) will cease to be Board members if their employment in their specified role ceases, regardless of the reason for termination of the employment.

~~3.15.6~~3.13.6 The Chair of the ICB may be removed by NHS England, subject to the approval of the Secretary of State for Health and Social Care.

~~3.15.7~~3.13.7 If NHS England is satisfied that the ICB is failing or has failed to discharge any of its functions or that there is a significant risk that the ICB will fail to do so, it may:

- a) Terminate the appointment of the ICB's Chief Executive; and
- b) Direct the Chair of the ICB as to which individual to appoint as a replacement and on what terms.

3.16~~3.14~~ Terms of Appointment of Board Members

~~3.16.13~~3.14.1 With the exception of the Chair, arrangements for remuneration and any allowances will be agreed by the Remuneration Committee in line with the ICB remuneration policy and any other relevant policies published on the ICB's website and any guidance issued by NHS England or other relevant body. Remuneration for Chairs, will be set by NHS England. Remuneration for Non-Executive Members will be set by a specially constituted Remuneration Committee which will not include Non-Executive Members of the ICB.

~~3.16.23~~3.14.2 Other terms of appointment will be determined by the Remuneration Committee.

~~3.16.33~~3.14.3 Terms of appointment of the Chair will be determined by NHS England.

4. Arrangements for the Exercise of our Functions

4.1 Good Governance

- 4.1.1 The ICB will, at all times, observe generally accepted principles of good governance. This includes the Nolan Principles of Public Life and any governance guidance issued by NHS England.
- 4.1.2 The ICB has agreed a Code of Conduct and Behaviours which sets out the expected behaviours that members of the Board and its Committees will uphold whilst undertaking ICB business. It also includes a set of principles that will guide decision making in the ICB. The ICB code of conduct and behaviours is published in the Governance Handbook.

4.2 General

- 4.2.1 The ICB will:
- a) Comply with all relevant laws including but not limited to the 2006 Act and the duties prescribed within it and any relevant regulations;
 - b) Comply with directions issued by the Secretary of State for Health and Social Care;
 - c) Comply with directions issued by NHS England;
 - d) Have regard to statutory guidance including that issued by NHS England;
 - e) Take account, as appropriate, of other documents, advice and guidance issued by relevant authorities, including that issued by NHS England; and
 - f) Respond to reports and recommendations made by local Healthwatch organisations within the ICB area.
- 4.2.2 The ICB will develop and implement the necessary systems and processes to comply with (a)-(f) above, documenting them as necessary in this Constitution, its Governance Handbook and other relevant policies and procedures as appropriate.

4.3 Authority to Act

- 4.3.1 The ICB is accountable for exercising its statutory functions and may grant authority to act on its behalf to:
- a) Any of its members or employees;
 - b) A committee or sub-committee of the ICB.
- 4.3.2 Under section 65Z5 of the 2006 Act, the ICB may arrange with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the ICB's functions to be exercised by or jointly with that other body or for the functions of that other body to be exercised by or jointly with the ICB. Where the ICB and other

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

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

4.4 Scheme of Reservation and Delegation

- 4.4.1 The ICB has agreed a Scheme of Reservation and Delegation (SoRD) which is published in full on the ICB's website (www.southwestlondon.nhs.uk).
- 4.4.2 Only the Board may agree the SoRD and amendments to the SoRD may only be approved by the Board.
- 4.4.3 The SoRD sets out:
- a) Those functions that are reserved to the Board;
 - b) Those functions that have been delegated to an individual or to committees and sub committees; and
 - c) Those functions delegated to another body or to be exercised jointly with another body, under section 65Z5 and 65Z6 of the 2006 Act.
- 4.4.4 The ICB remains accountable for all of its functions, including those that it has delegated. All those with delegated authority are accountable to the Board for the exercise of their delegated functions.

4.5 Functions and Decision Map

- 4.5.1 The ICB has prepared a Functions and Decision Map which sets out at a high level its key functions and how it exercises them in accordance with the SoRD.
- 4.5.2 The Functions and Decision Map is published on the ICB's website (www.southwestlondon.nhs.uk).
- 4.5.3 The map includes:
- a) Key functions reserved to the Board of the ICB;
 - b) Commissioning functions delegated to committees and individuals;
 - c) Commissioning functions delegated under section 65Z5 and 65Z6 of the 2006 Act to be exercised by, or with, another ICB, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; and

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

4.6 Committees and Sub-Committees

- 4.6.1 The ICB may appoint committees and arrange for its functions to be exercised by such committees. Each committee may appoint sub-committees and arrange for the functions exercisable by the committee to be exercised by those sub-committees. The Board may also create Task and Finish Groups to undertake specific, time limited pieces of work.
- 4.6.2 All committees and sub-committees are listed in the SoRD.
- 4.6.3 Each committee, sub-committee, or Task and Finish Group established by the ICB operates under Terms of Reference agreed by the Board. All Terms of Reference are published in the Governance Handbook.
- 4.6.4 The Board remains accountable for all functions, including those that it has delegated to committees and sub-committees and therefore, appropriate reporting and assurance arrangements are in place and documented in terms of reference. All committees and sub-committees that fulfil delegated functions of the ICB, will be required to:
 - a) Abide by the Terms of Reference for that committee or sub- committee, which will document the appropriate reporting and assurance arrangements.
- 4.6.5 Any committee or sub-committee established in accordance with clause 4.6 may consist of, or include, persons who are not ICB Members or employees.
- 4.6.6 All members of committees and sub-committees that exercise the ICB commissioning functions will be approved by the Chair. The Chair will not approve an individual to such a committee or sub-committee if they consider that the appointment could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise.
- 4.6.7 All members of committees and sub-committees are required to act in accordance with this Constitution, including the Standing Orders as well as the Standing Financial Instructions and any other relevant ICB policy.
- 4.6.8 The following committees will be maintained:
 - a) **Audit and Risk Committee:** This committee is accountable to the Board and provides an independent and objective view of the ICB's compliance with its statutory responsibilities. The committee is responsible for arranging appropriate internal and external audit.

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

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

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

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

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

4.7 Delegations made under section 65Z5 of the 2006 Act

- 4.7.1 As per 4.3.2, the ICB may arrange for any functions exercisable by it to be exercised by or jointly with any one or more other relevant bodies (another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body).
- 4.7.2 All delegations made under these arrangements are set out in the ICB Scheme of Reservation and Delegation and included in the Functions and Decision Map.
- 4.7.3 Each delegation made under section 65Z5 of the Act will be set out in a delegation arrangement which sets out the terms of the delegation. This may, for joint arrangements, include establishing and maintaining a pooled fund. The power to approve delegation arrangements made under this provision will be reserved to the Board.
- 4.7.4 The Board remains accountable for all the ICB's functions, including those that it has delegated and therefore, appropriate reporting and assurance mechanisms are in place as part of agreeing terms of a delegation and these are detailed in the delegation arrangements, summaries of which will be published in the ICB's Governance Handbook.
- 4.7.5 In addition to any formal joint working mechanisms, the ICB may enter into strategic or other transformation discussions with its partner organisations on an informal basis.

5. Procedures for Making Decisions

5.1 Standing Orders

- 5.1.1 The ICB has agreed a set of Standing Orders which describe the processes that are employed to undertake its business. They include procedures for:
- a) Conducting the business of the ICB;
 - b) The procedures to be followed during meetings; and
 - c) The process to delegate functions.
- 5.1.2 The Standing Orders apply to all committees and sub-committees of the ICB unless specified otherwise in Terms of Reference which have been agreed by the Board.
- 5.1.3 A full copy of the Standing Orders is included in Appendix 2 and form part of this Constitution.

5.2 Standing Financial Instructions (SFIs)

- 5.2.1 The ICB has agreed a set of SFIs which include the delegated limits of financial authority set out in the SoRD.
- 5.2.2 A copy of the SFI's is published on the ICB's website (www.southwestlondon.nhs.uk).

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

6.1 Conflicts of Interest

- 6.1.1 As required by section 14Z30 of the 2006 Act, the ICB has made arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by the ICB will be taken and seen to be taken without being unduly influenced by external or private interest and do not, (and do not risk appearing to) affect the integrity of the ICB's decision-making processes.
- 6.1.2 The ICB has agreed policies and procedures for the identification and management of conflicts of interest which are published on the ICB's website (www.southwestlondon.nhs.uk).
- 6.1.3 All Board, committee and sub-committee members, and employees of the ICB, will comply with the ICB policy on conflicts of interest in line with their terms of office and/ or employment. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB.
- 6.1.4 All delegation arrangements made by the ICB under Section 65Z5 of the 2006 Act will include a requirement for transparent identification and management of interests and any potential conflicts in accordance with suitable policies and procedures comparable with those of the ICB.
- 6.1.5 Where an individual, including any individual directly involved with the business or decision-making of the ICB and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the ICB considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this Constitution, the Managing Conflicts of Interests (including Gifts and Hospitality) Policy and the Standards of Business Conduct Policy.
- 6.1.6 The ICB has appointed the Audit and Risk Committee Chair to be the Conflicts of Interest Guardian. In collaboration with the ICB's senior governance advisor, their role is to:
- Act as a conduit for members of the public and members of the partnership who have any concerns with regards to conflicts of interest;
 - Be a safe point of contact for employees or workers to raise any concerns in relation to conflicts of interest;
 - Support the rigorous application of conflict of interest principles and policies;

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

6.2 Principles

- 6.2.1 In discharging its functions, the ICB will abide by the following principles as they relate to its arrangements for managing conflicts of interest:
- a) The Nolan Principles;
 - b) Ensuring clear policy guidance is provided to all those performing a role on behalf of the ICB;
 - c) Monitoring compliance in accordance with published guidance;
 - d) Ensuring all interests are proactively declared;
 - e) Keeping an audit trail of actions taken; and
 - f) Such other principles as contained in the ICB's Managing Conflicts of Interests (including Gifts and Hospitality) Policy and procedures.

6.3 Declaring and Registering Interests

- 6.3.1 The ICB maintains registers of the interests of:
- a) Members of the ICB;
 - b) Members of the Board's committees and sub-committees; and
 - c) Its employees.
- 6.3.2 In accordance with section 14Z30(2) of the 2006 Act registers of interest are published on the ICB's website (www.southwestlondon.nhs.uk).
- 6.3.3 All relevant persons as per 6.1.3 and 6.1.5 must declare any conflict or potential conflict of interest relating to decisions to be made in the exercise of the ICB's commissioning functions.
- 6.3.4 Declarations should be made as soon as reasonably practicable after the person becomes aware of the conflict or potential conflict and in any event within 28 days. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.
- 6.3.5 All declarations will be entered in the registers as per 6.3.1.
- 6.3.6 The ICB will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually.
- 6.3.7 Interests (including gifts and hospitality) of decision-making staff will remain on the public register for a minimum of six months. In addition, the ICB will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The ICB's published register of interests states that historic interests are retained by the ICB for the specified timeframe and details of whom to contact to submit a request for this

information.

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

6.4 Standards of Business Conduct

- 6.4.1 Board members, employees, committee and sub-committee members of the ICB will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should:
- a) Act in good faith and in the interests of the ICB;
 - b) Follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles); and
 - c) Comply with the ICB Standards of Business Conduct Policy, and any requirements set out in the policy for managing conflicts of interest.
- 6.4.2 Individuals contracted to work on behalf of the ICB or otherwise providing services or facilities to the ICB will be made aware of their obligation to declare conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the ICB's Standards of Business Conduct policy.

7. Arrangements for ensuring Accountability and Transparency

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

7.2 Meetings and publications

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

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

7.2.3 Annual accounts will be externally audited and published.

7.2.4 A clear complaints process will be published.

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

7.2.6 Information will be provided to NHS England as required.

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

- a) Managing Conflicts of Interests (including Gifts and Hospitality) Policy and procedures;
- b) Registers of interests; and
- c) Those listed in 1.7.3.

7.2.8 The ICB will publish, with our partner NHS trusts and NHS foundation trusts, a plan at the start of each financial year that sets out how the ICB proposes to exercise its functions during the next five years (the “Joint Forward Plan”).

The plan will in particular:

- a) Describe the health services for which the ICB proposes to make arrangements in the exercise of its functions.
- b) Explain how the ICB proposes to discharge its duties under sections 14Z34 to 14Z45 (general duties of integrated care Boards), and Sections 223GB and 223N (financial duties).
- c) Set out any steps that the ICB proposes to take to implement the South West London joint local Health and Wellbeing Strategy.
- d) Set out any steps that ICB proposes to take to address the particular needs of children and young persons under the age of 25.
- e) Set out any steps that the ICB proposes to take to address the particular needs

of victims of abuse (including domestic abuse and sexual abuse, whether of children or adults).

7.3 Scrutiny and Decision Making

- 7.3.1 The ICB will have five Non-Executive Members who will be appointed to the Board, including the Chair; and all the Board and Committee members will comply with the Nolan Principles of Public Life and meet the criteria described in the Fit and Proper Person Test.
- 7.3.2 Healthcare services will be arranged in a transparent way, and decisions around who provides services will be made in the best interests of patients, taxpayers and the population, in line with the rules set out in the NHS Provider Selection Regime.
- 7.3.3 The ICB will comply with the requirements of the NHS Provider Selection Regime including:
- a) Establishing decision-making structures within the ICB that are aligned with the NHS Provider Selection Regime for arranging healthcare services.
 - b) Ensuring appropriate governance structures are in place to address challenges arising from provider selection decisions.
 - c) Ensuring that there are processes in place for the ICB to demonstrate the proper execution of their responsibilities under the NHS Provider Selection Regime.
 - d) Ensuring contracts awarded by the ICB are published and records of decision making kept, in accordance with good governance data processing principles.
 - e) Ensuring organisational compliance with the SWL ICB Contracting and Procurement policy and processes.
 - f) Ensuring that local internal audit arrangements are in place to review decisions made under the NHS Provider Selection Regime.
- 7.3.4 The ICB will comply with local authority health overview and scrutiny requirements.

7.4 Annual Report

- 7.4.1 The ICB will publish an Annual Report in accordance with any guidance published by NHS England and which sets out how it has discharged its functions and fulfilled its duties in the previous financial year. An annual report must in particular:
- a) Explain how the ICB has discharged its duties under section 14Z34 to 14Z45 and 14Z49 (general duties of integrated care Boards);
 - b) Review the extent to which the ICB has exercised its functions in accordance with the plans published under section 14Z52 (forward plan) and section 14Z56 (capital resource use plan);
 - c) Review the extent to which the ICB has exercised its functions consistently with NHS England's views set out in the latest statement

- published under section 13SA(1) (views about how functions relating to inequalities information should be exercised); and
- d) Review any steps that the ICB has taken to implement any joint local health and wellbeing strategy to which it was required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007.

8. Arrangements for Determining the Terms and Conditions of Employees

- 8.1.1 The ICB may appoint employees, pay them remuneration and allowances as it determines and appoint staff on such terms and conditions as it determines.
- 8.1.2 The Board has established a Remuneration Committee which is chaired by a Non-Executive Member other than the Chair or Audit and Risk Committee Chair.
- 8.1.3 The membership of the Remuneration Committee is determined by the Board. No employees may be a member of the Remuneration Committee but the Board ensures that the Remuneration Committee has access to appropriate advice by:
 - a) Members of the HR team (including the Executive Director with responsibility for the HR function) being available to attend and advise the committee as needed; and
 - b) The ICB's senior governance advisor, providing support, advice and attending the committee as required.
- 8.1.4 The Board may appoint independent members or advisers to the Remuneration Committee who are not members of the Board.
- 8.1.5 The main purpose of the Remuneration Committee is to exercise the functions of the ICB regarding remuneration included in paragraphs 18 to 20 of Schedule 1B to the 2006 Act. The terms of reference agreed by the Board are published as part of the Governance Handbook on the ICB's website (www.southwestlondon.nhs.uk).
- 8.1.6 The duties of the Remuneration Committee include:
 - a) Approve the terms and conditions of employment for all individuals directly appointed by the ICB as workers, clinical leads, office holders, including pensions, remuneration, fees and travelling or other allowances payable;
 - b) Set remuneration, allowances, terms and conditions for ICB Board members;
 - c) Agree any discretionary payments or terms and conditions for staff employed by the ICB;
 - d) Approve any termination or redundancy payments;
 - e) Approve the transfers of staff into or out of the ICB;
 - f) Ensuring the ICB follows national pay and terms and condition frameworks;
 - g) Setting remuneration, allowances and terms and conditions for the Chief Executive and Very Senior Managers (VSMs) in line with national

- guidance; and
- h) Any other relevant duties.

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

9. Arrangements for Public Involvement

- 9.1.1 In line with section 14Z45(2) of the 2006 Act the ICB has made arrangements to secure that individuals to whom services which are, or are to be, provided pursuant to arrangements made by the ICB in the exercise of its functions, and their carers and representatives, are involved (whether by being consulted or provided with information or in other ways) in:
- a) the planning of the commissioning arrangements by the Integrated Care Board;
 - b) the development and consideration of proposals by the ICB for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals (at the point when the service is received by them), or the range of health services available to them; and
 - c) decisions of the ICB affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.
- 9.1.2 In line with section 14Z54 of the 2006 Act the ICB has made the following arrangements to consult its population on its system plan:
- a) We have six local Health and Care Plans, one for each of our Local Authority Boroughs. We will ensure these are co-developed and inform our overall system plan;
 - b) To ensure the local Health and Care Plans are right for our communities we co-develop them through Partner and stakeholder engagement, health and care organisations at place level, as well as key stakeholders in the borough;
 - c) Broad engagement – using our current community/patient group networks, and wider engagement tools such as Citizens Panels and other 'representative sample' surveys or group work;
 - d) Targeted engagement with communities that experience health inequalities within each borough; and
 - e) Targeted engagement with patients and communities that have Long Term Conditions – those that are prioritised in the local health and care plans and /or are prevalent in each borough.
- 9.1.3 The ICB has adopted the ten principles set out by NHS England for working with people and communities.
- a) Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS;

- b) Start engagement early when developing plans and feed back to people and communities how it has influenced activities and decisions;
- c) Understand your community's needs, their relevant social histories, experience and aspirations for health and care, using engagement to find out if change is having the desired effect;
- d) Build relationships with excluded groups – especially those affected by inequalities;
- e) Work with Healthwatch and the voluntary, community and social enterprise sector as key partners;
- f) Provide clear and accessible public information about vision, plans and progress to build understanding and trust;
- g) Use community development approaches that empower people and communities, making connections to social action;
- h) Use co-production, insight and engagement to achieve accountable health and care services;
- i) Co-produce and redesign services and tackle system priorities in partnership with people and communities; and
- j) Learn from what works and build on the assets of all partners in the ICS – networks, relationships, activity in local places.

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

9.1.5 These arrangements, include:

- a) Each borough or Place has a local communications and engagement group, comprising communication and engagement professionals from all partner organisations, the NHS, Local Authorities, Healthwatch and the voluntary sector, to drive forward and deliver our priority work. These groups ensure that work and insight is coordinated across the system and that we maximise channels and reach by working in partnership;
- b) These local borough groups report regularly to each place based partnership committee about past, current and planned engagement activities to contribute towards patient voice being central to influencing local decision making;
- c) Informed by EHIA's, JSNAs and local insight, each borough has developed a map of key areas/communities to prioritise engagement work with. Indices of Multiple Deprivation data was overlaid with information about health inequalities. These maps will continue to be refreshed to ensure we are reaching our diverse populations working closely with the population health management team;
- d) Assurance of good practice engagement happens at two levels: firstly each borough or Place has a mechanism for assuring local work;
- e) Secondly we have a South West London group (including Healthwatch and the voluntary sector) to provide assurance to the ICB that the duty to involve has been met and to provide advice on engagement plans and activities to ensure they meet best practice and are inclusive of those that are seldom heard, experience health inequalities and or have protected characteristics;
- f) Listening to local people and communities is recognised as everyone's responsibility within the ICB. Training, development and toolkits to

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

- g) The Board will receive reports which provide an overview of the engagement activities across the ICB – noting the communities it has reached, impact that it has made, decisions it has influenced and any lessons learned;
- h) To support transparent decision making, ICB papers will be published in advance of meetings, including the engagement reports, and meetings will be held in public. Our 'involving people and communities' section of our website will include opportunities for people to be involved and provide information about past, current and planned engagement activities;
- i) We will use the following methodologies to reach our local people and communities;
- j) Broad community engagement - working with the voluntary and community sector to host 'community conversations,' to hear and respond to feedback, answer questions and gather insight. We also widen our reach through organic social media via NHS and partner channels, and paid digital adverts on platforms such as Facebook, Nextdoor and Instagram;
- k) We champion 'every contact counts' supporting staff to have 'confident conversations' with local people and patients;
- l) Community champions and influencers - working with key local influencers (faith leaders, community champions, health care professionals, GPs and their practices) to lead and host conversations for us building trust and confidence within our diverse communities;
- m) Grassroots support programme – to improve our reach into health inclusion communities facilitating and intensifying meaningful, respectful and culturally appropriate activity in our local boroughs;
- n) Surveys and questionnaires – for example working with our 'People's Panel' (a virtual group of local people who broadly reflect the population of South West London). These surveys have led to deeper dives into specific areas; and
- o) Targeted focus groups and one-to-one interviews - particularly for those who are digitally excluded to help inform and shape our work.

Appendices

Appendix 1: Definitions of Terms Used in this Constitution

2006 Act	National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022.
ICB Board	Members of the ICB.
Area	The geographical area that the ICB has responsibility for, as defined in clause 1.3 of this Constitution.
Committee	A committee created and appointed by the ICB Board.
Sub-Committee	A committee created and appointed by and reporting to a committee.
Forward Plan Condition	The 'Forward Plan Condition' as described in the Integrated Care Boards (Nomination of Ordinary Members) Regulations 2022 and any associated statutory guidance.
Level of Services Provided Condition	The 'Level of Services Provided Condition' as described in the Integrated Care Boards (Nomination of Ordinary Members) Regulations 2022 and any associated statutory guidance.
Health Care Professional	An individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.
Integrated Care Partnership	The joint committee for the ICB's area established by the ICB and each responsible local authority whose area coincides with or falls wholly or partly within the ICB's area.
Place-Based Partnership	Place-based partnerships are collaborative arrangements responsible for arranging and delivering health and care services in a locality or community. They involve the Integrated Care Board, local government and providers of health and care services, including the voluntary, community and social enterprise sector, people and communities, as well as primary care provider leadership, represented by Primary Care Network clinical directors or other relevant primary care leaders.
Ordinary Member	The Board of the ICB will have a Chair and a Chief Executive plus other members. All other members of the Board are referred to as Ordinary Members.

Partner Members	<p>Some of the Ordinary Members will also be Partner Members. Partner Members bring knowledge and a perspective from their sectors and are appointed in accordance with the procedures set out in Section 3 having been nominated by the following:</p> <ul style="list-style-type: none"> • NHS trusts and foundation trusts who provide services within the ICB's area and are of a prescribed description; • the primary medical services (general practice) providers within the area of the ICB and are of a prescribed description; and • the local authorities which are responsible for providing Social Care and whose area coincides with or includes the whole or any part of the ICB's area.
Health Service Body	Health service body as defined by section 9(4) of the NHS Act 2006 or (b) NHS Foundation Trusts.

Appendix 2: Standing Orders

1. Introduction

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

2. Amendment and review

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

3. Interpretation, application and compliance

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

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

4. Meetings of the Integrated Care Board

4.1 Calling Board Meetings

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

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

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

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

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

4.2 Chair of a meeting

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

4.2.2 If the Chair is absent, or is disqualified from participating by a conflict of interest, the Deputy Chair shall preside over meetings in the Chair's stead.

4.2.3 If both the Chair and Deputy Chair are absent or disqualified from participating by a Conflict of interest the assembled voting members of the Board may appoint one of their number to act as a temporary Deputy for the purpose of chairing the meeting.

- 4.2.4 The Board shall appoint a Chair to all committees and sub- committees that it has established. The appointed committee or sub- committee Chair will preside over the relevant meeting. Terms of Reference for committees and sub-committees will specify arrangements for occasions when the appointed Chair is absent.

4.3 Agenda, supporting papers and business to be transacted

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

4.4 Petitions

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

4.5 Nominated Deputies

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

4.6 Virtual attendance at meetings

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

4.7 Quorum

- 4.7.1 The quorum for meetings of the Board will be 50% members, including:
- a) The Chair or Deputy Chair;
 - b) Either the Chief Executive or the Chief Finance Officer;
 - c) Either the Executive Medical Director or the Chief Nursing Officer;
 - d) At least one other Non-Executive Member;
 - e) At least ~~two~~one Partner Members;
 - f) ~~At least two Place Members.~~

4.7.2 For the sake of clarity:

- a) No person can act in more than one capacity when determining the quorum;
- b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum;
- c) A nominated deputy permitted in accordance with standing order 4.5 will count towards quorum for meetings of the board.

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

4.8 Vacancies and defects in appointments

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

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

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

4.9 Decision making

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

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

- a) All members of the Board who are present at the meeting will be eligible to cast one vote each;
- b) In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from participating in the meeting, including exercising their right to vote if eligible to do so;
- c) For the sake of clarity, any additional Participants and Observers (under 2.3 of the Constitution) will not have voting rights;
- d) A resolution will be passed if more votes are cast for the resolution than against it;
- e) If an equal number of votes are cast for and against a resolution, then

- the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote; and
- f) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

Disputes

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

Urgent decisions

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

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

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

4.10 Minutes

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

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

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

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

4.11 Admission of public and the press

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

4.11.2 The Board may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special

reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

- 4.11.3 The person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Board's business shall be conducted without interruption and disruption.
- 4.11.4 As permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) the public may be excluded from a meeting to suppress or prevent disorderly conduct or behaviour.
- 4.11.5 Matters to be dealt with by a meeting following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the Board.

5. Suspension of Standing Orders

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

6. Use of seal and authorisation of documents

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

Operational planning for 2025/26

Agenda item: 5

Report by: Jonathan Bates, SWL ICB COO

Helen Jameson, SWL ICB CFO

Paper type: For decision

Date of meeting: Wednesday, 28 May 2025

Date Published: Wednesday, 21 May 2025

Content

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

Purpose

SWL ICB agreed its draft plans and Board Assurance statement at its March meeting. Since then, the system and providers have continued to review opportunities to improve the system's financial position with final plans submitted to NHSE on 16 May 2025. Individual trust boards have all signed off their updated plans and the SWL ICB break-even position remains unchanged.

A summary of the final SWL operational planning submission for 2025/26 is shared now with the SWL ICB for ratification.

Executive summary

Each year, Integrated Care Boards are required to submit their operational plans for the upcoming year to NHSE. These plans comprise activity and performance trajectories, financial plans and workforce plans and are required to reflect the priorities for the NHS as set out in the Operational Guidance published by NHSE.

For 2025/26 the priority focus for the NHSE is to:

- continue to cut waiting times,
- improve urgent and emergency care access

- improve access to primary care
- improve patient flow through mental health crisis and acute pathways and
- improve access to children and young people's mental health services.

The NHS is also required to live within its means and have a focus on improving efficiency and productivity.

Final plans were submitted to NHSE in May 2025 and this paper summarises the operational plans for SWL (section 1) and the financial plans (section 2). Our plans are compliant across most areas with the exception of Referral to Treatment Time where we have indicated that the focus on delivering services within our financial envelope means that we will not be able to deliver the 5% improvement in 18 week waits for elective care.

All Integrated Care Boards were asked to sign off a Board Assurance Statement as part of their planning submission. The Board Assurance Statement for SWL is included in section 3 of this paper; this was initially signed off by the Board in March and has now been updated following submission of our final plans to NHSE.

Key Issues for the Board to be aware of

- Plans have been discussed at various committees during the planning process. These include weekly Chief Executive Meetings, SWL Board seminar and meetings, Delivery Board and groups and the SWL Finance and Planning Committee.
- As noted above, the key area where SWL is not expecting to be compliant with the national mandate is with respect to 18 week Referral to Treatment target.
- Our financial plan is predicated on delivery of significant efficiency and productivity improvements including delivering national targets for temporary workforce reduction and a reduction in corporate services spend.
- Our submitted plans come with risks associated with delivery. These are set out further in the risk section below.

Recommendation

The Board is asked to:

- **Ratify** the SWL submitted plans

Governance and Supporting Documentation

Conflicts of interest

- None as a result of this paper. Conflicts of interests relating to individual agenda items in future meetings will be managed in line with policy.

Corporate objectives

- Delivery of the annual plans for 2025/26

Risks and mitigations

The key risks discussed at the Board include:

- The risk that system efficiencies have a detrimental impact of quality of care. QEIAs will be required across all efficiency and decommissioning proposals prior to implementation.
- The scale of transformation required to deliver productivity and efficiency savings, in particular the G&A bed reduction, improving mental health average length of stay and elective productivity improvement. Delivery is supported by targeted use of the system's winter monies and MHIS. Workstream and workstream leads have been agreed and, where relevant, governance revised to support delivery.
- Ensuring that the system optimises its planned care activity within the funding available and doesn't exceed the envelope allocated. Contracts will be reviewed in line with agreed RTT activity levels to manage risk of overperformance.
- The workforce reduction plans will be challenging to deliver and no redundancy costs have been assumed in association with this reduction. Trusts are limiting substantive exits from organisations by filling safely critical posts. Strong change plans will need to be in place to ensure delivery.
- The capital plan is reliant on securing additional national programme funding to support 2025/25 priorities. Not securing this funding may mean that the capital budget for trusts may need to be re-visited in-year. The system is working closely with NHSE regional and national teams to support application for national funding.
- There remains risks outside of the plan, such as further pressures on urgent care capacity. Organisations are developing their risk mitigation plans to manage these.

Financial/resource implications

- SWL plans deliver a break even plan with a significant efficiency requirement within it.

Green/Sustainability Implications

- N/A

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

- SWL has a robust Quality and Equality Impact Assessment (QEIA) process in place. At this stage the QEIA on SWL's plans have not all been completed; however, prior to implementation of efficiencies / decommissioning of services the QEIA will need to be completed and outcomes discussed through agreed governance

Patient and public engagement and communication

- Public and patient engagement is part of individual services changes within our plans.

Previous committees/groups

- Plans have been discussed at various committees during the planning process. These include weekly Chief Executive Meetings, SWL Board seminar and meetings, Delivery Board and groups and the SWL Finance and Planning Committee.

Final date for approval

This plan was agreed with NHSE on 9 May.

Supporting documents

SWL ICB_planning_280525

Lead director

Jonathan Bates, SWL ICB COO
Helen Jameson, SWL ICB CFO

Authors

Kath Cawley, Director of Planning
Joanna Watson, Director of System Finance

SWL - 2025/26 Operational plans

A decorative graphic in the bottom-left corner of the slide, featuring several overlapping shapes: a white teardrop, a green circle, a blue circle, a green oval, a light blue rounded rectangle, a dark blue diagonal bar, and a white curved line.

SWL ICB Board
28 March 2025

Operational planning requirements

- The government's **mandate for reform of the NHS** set out the priority focus for 2025/26 as:
 - Cutting waiting times
 - Improving access to primary care
 - Improving urgent and emergency care access
- The mandate also emphasised that NHS is required to live within its means, in particular, with a focus on improving efficiency and productivity. It sets out that reform to the operating model is necessary and, where tough decisions are needed (for example to stop services), local systems should feel empowered to make them.
- The mandate has been framed as the first steps to reforming health care services which will then be updated through the ten year plan which will focus on the 3 strategic shifts: moving care from hospital to community, sickness to prevention and analogue to digital.

Subsequent to this mandate, NHSE published the Operational Guidance for 2025/26 which outlined the following national priorities:

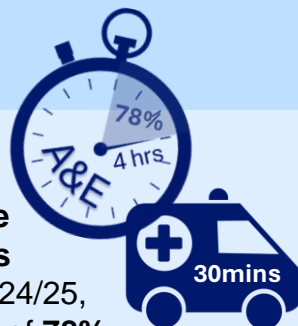
Elective

Reduce the time people wait for elective care, improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement. Systems are expected to continue to improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026



UEC

Improve A&E waiting times and ambulance response times compared to 2024/25, with a minimum of 78% of patients seen within 4 hours in March 2026. Category 2 ambulance response times should average no more than 30 minutes across 2025/26



Primary care

Improve patients' access to general practice, improving patient experience, and improve access to urgent dental care, providing 700,000 additional urgent dental appointments nationally



Mental health

Improve patient flow through mental health crisis and acute pathways, reducing average length of stay in adult acute beds, and improve access to children and young people's (CYP) mental health services, to achieve the national ambition for 345,000 additional appointments for CYP aged 0 to 25 compared to 2019



1. Operational Plan

Operational plans for South West London



South West London

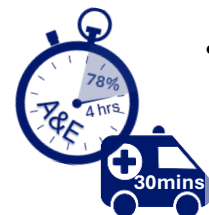
SWL continues to be one of the best ICS performers for most priority metrics. However, we recognise that the current financial performance means that we may not be able to maintain this position in 2025/26. This means that we have ensured that **our core planning assumption is that services must be delivered within the financial envelope available**, ensuring that productivity gains are reflected in plans.



- **Elective care:** in line with guidance to recovery from the pandemic, SWL has been driving a growth model to reduce our waiting lists for planned care. This means that we are one of the strongest performing ICS systems in terms of managing long waits and delivering on cancer performance targets. Changes to the financial framework for 2025/26, with a cap on this expenditure, means that this model is no longer available to ICSs and as such SWL's plans indicate that the overall referral to treatment (RTT) position will not improve during 2025/26. The system plans to deliver the national cancer standards.



- **Diagnostics:** SWL has developed four Community Diagnostic Centres (CDC) in line with the national strategy and will open additional capacity in New Addington in 2025/26. However, risks remain on CDC funding going forward and the subsequent impact on our diagnostics capacity with potential knock-on impacts to other planned care standards.



- **Urgent care:** We remain committed to achieving the urgent care 4-hour performance standard, although note that the closure of G&A beds is likely to add additional pressure into our system in the short term and are mindful of the impact on 12-hour Emergency Departments physical health waits. We continue to align our mental health average length of stay plans in the context of 12-hour breach performance in urgent care, ensuring we maintain our commitment to use all Mental Health Investment Standard (MHIS) optimally.



- **Primary care:** While SWL has made significant steps in improving access to primary care - evidenced by strong patient survey results and a high level of digital tool adoption - there is still more to be done. Digital tools enhance convenience, but we continue to take steps to ensure equitable access for all, including those less digitally able. Additionally, while survey results are positive, they may not fully capture disparities in patient experience across different communities. In 2025/26, continued investment in primary care will be key to sustaining and further improving access for all residents.



- **Mental health:** SWL is prioritising all MHIS and mental health system development funding on national priorities (average length of stay reductions, crisis and acute pathways and child and adolescent mental health trajectories) therefore keeping delivery of other mental health metrics in line with 2024/25 outturn. Additional funding has been received for Individual Placement and Support and have increased our planned activity accordingly.

2. Financial Plan

Approach to development of operational plans for 2025/26



South West London

- Our financial plan reflects a breakeven position, including a challenging efficiency target.
- We have worked as a whole system to develop the plan. During this planning round, CEOs and ICB Executives have met several times each week and have held a number of focussed sessions to agree actions to deliver the plan.

Finance and productivity

- We have agreed across the system that we will deliver the productivity improvements set out in the NHSE productivity packs for each acute provider, noting that progress has been made in 2024/25 in delivery against these, though there is considerably further to go in 2025/26. We have agreed that against key model hospital metrics we will take action to deliver top quartile performance. We note there are greater challenges in the data quality for mental health and community services but have nonetheless set significant ambitions.
- To manage the financial position the system has needed to reduce the cost base in providers and identify services that could be decommissioned (subject to a due diligence process including quality and equality impact assessment).
- We continue to work on identifying additional opportunities, in particular addressing our estates challenges, developing a wholly owned subsidiary and initiating the implementation of strategic change to ensure we can continue to live within our financial means. Some of these are likely to take longer to implement, having an impact from the second half of 2025/26 and into 2026/27.

Workforce

- We have developed our workforce plans in alignment with our financial and operational plans to ensure triangulation. As a system we have committed to delivering the agency and bank targets that were required.
- We have reviewed our workforce control measures across the system (including external reviews) and have shared learnings across the system.

Quality

- All of our difficult decisions will require EQIAs prior to implementation. Both the ICB and individual providers have established processes to undertake these.

Headline Financial Position

Revenue Position:

SWL Plan 2025/26 (£m)	CHS	ESH	KRT	SGH	RMH	SWLSG	ICB	Total
Surplus / (deficit) May 2025	0.0	-5.7	0.0	-0.0	5.5	0.2	0.0	-0.0
Efficiency requirement May 2025	35.8	67.6	32.6	95.3	36.0	24.9	37.1	329.3

The system has worked together to develop the 2025/26 financial plan. Building on last year, detailed financial bridge work and peer review has been undertaken by the CFO group. Oversight has continued through each organisation’s finance committee, SWL governance as well as financial scrutiny by NHSE.

The financial plan for SWL for 2025/26 is breakeven, which includes £103.8m deficit support.

This has been achieved through a variety of measures including; an ambitious efficiency and productivity plan, proposed development and implementation of a wholly owned subsidiary, working at pace on strategic change and income confirmed in the latter part of the planning round.

- Two of our organisations have planned for a surplus; Royal Marsden and SWL & St George’s MH Trust.
- Croydon, Kingston and Richmond and St Georges trusts, alongside the SWL ICB are planning for breakeven and
- Epsom and St Helier have planned for a £5.7m deficit.

To achieve this plan SWL will need to deliver some challenging efficiencies, including a reduction in whole time equivalents of 1,696. We also assume significant productivity improvements including:

- a reduction in G&A beds in line with NHSE productivity packs,
- a reduction in temporary staffing (agency and bank) in line with the national targets and
- realisation of corporate services savings in line with the national target set for SWL.

We have planned for an average of 7.3% efficiency in SWL; with 90% identified. Plans will continue to be shared through the PMO group to ensure we maximise best practice across the system and plans will be closely monitored monthly.

It should be noted that if we are not able to maintain the financial performance against our plan in-year, and/or the London Region are not assured that there is credible plan for delivery; the deficit funding of £104m could be withheld, resulting in a deterioration of the financial position.

Capital Position:

The SWL capital plan was shared with the ICB Board at its March meeting and discussed in detail with the Finance and Planning Committee. The capital plan continues to be in development in line with national bidding processes and in advance of publication at the end of June.

3. Board assurance statement

ICB statement

Board assurance statement for SWL ICB board ratification



South West London

- As part of operational planning for 2025/26, all ICB Boards (and provider boards) have been asked to sign off a board assurance statement covering a number of areas with respect to governance and plan content and delivery.
- **SWL ICB agreed its draft plans and Board Assurance statement at its March meeting. Since then, the system and providers have continued to review opportunities to improve the system's financial position with final plans submitted on 16 May 2025. Individual trust boards have all signed off their updated plans. The SWL ICB break-even position has not changed in its final plans. The Board is asked to now ratify the final SWL plan.**
- **The Board Assurance statement has not changed since it was approved by the Board in March, however our commentary has been updated to reflect the work undertaken since March. This set out in the following slides.**
- The key risks discussed at the Board include:
 - The risk that system efficiencies have a detrimental impact of quality of care. QEIAs will be required across all efficiency and decommissioning proposals prior to implementation.
 - The scale of transformation required to deliver productivity and efficiency savings, in particular the G&A bed reduction, improving mental health average length of stay and elective productivity improvement. Delivery is supported by targeted use of the system's winter monies and MHIS. Workstream and workstream leads have been agreed and, where relevant, governance revised to support delivery.
 - Ensuring that the system optimises its planned care activity within the funding available and doesn't exceed the envelope allocated. Contracts will be reviewed in line with agreed RTT activity levels to manage risk of overperformance.
 - The workforce reduction plans will be challenging to deliver and no redundancy costs have been assumed in association with this reduction. Trusts are limiting substantive exits from organisations by filling safely critical posts. Strong change plans will need to be in place to ensure delivery.
 - The capital plan is reliant on securing additional national programme funding to support 2025/25 priorities. Not securing this funding may mean that the capital budget for trusts may need to be re-visited in-year. The system is working closely with NHSE regional and national teams to support application for national funding.
- 9 • There remains risks outside of the plan, such as further pressures on urgent care capacity. Organisations are developing their risk¹⁰¹mitigation plans to manage these.

Assurance statement	Additional comments or qualifications (optional)
Governance	
The Board has assured the plans for 2025/26 that form the basis of the system's (ICB and partner trusts) submissions to NHS England. This included review of the partner trusts Board Assurance returns.	<p>Plans discussed at:</p> <ul style="list-style-type: none"> • Weekly Chief Executive (CEO) meetings • Board seminars • Board meeting part 2 • Delivery Boards/Groups (e.g. Urgent Care Board) • Planning for 2025/26 has also been a standing item on the Finance and Planning Committee agenda • Since the March submission, updates to our plans have been discussed at Chief Executive meetings, Finance and Planning Committee and the ICB Board seminar.
The Board has reviewed its quality and finance governance arrangements, and put in place a clinically led process to support prioritisation decisions.	<ul style="list-style-type: none"> • All sub-committees of the SWL ICB undertake an annual review of their effectiveness and, where relevant, update their TOR. • The prioritisation process for SWL planning has had clinical input. The review of investment decisions (e.g. SDF) has also had clinical oversight
Prioritisation decisions were reviewed by the Board, including explicit consideration of the principles set out in planning guidance.	<ul style="list-style-type: none"> • Prioritisation approach and criteria discussed with NED input at the start of the process.
A robust quality and equality impact assessment (QEIA) informed development of the ICB's and wider system's plans and these have been reviewed by the Board.	<ul style="list-style-type: none"> • SWL has a robust Quality and Equality Impact Assessment (QEIA) process in place. At this stage the QEIA on SWL's plans have not all been completed; however, prior to implementation of efficiencies / decommissioning of services the QEIA will need to be completed and outcomes discussed through agreed governance.
The system's plan was developed with appropriate input from and engagement with system partners.	<ul style="list-style-type: none"> • Plans developed in conjunction with system partners through weekly CEO meeting and through system-wide delivery groups (e.g. urgent care board)

Assurance statement	Additional comments or qualifications (optional)
<i>Plan content and delivery</i>	
The Board is assured that the system's plans address the key opportunities to meet the national priorities for the NHS in 2025/26. This includes the actions against the national delivery plan 'checklists' and the use of benchmarking to identify unwarranted variation / improvement opportunities.	<p>Our plans are compliant across most areas with the exception of Referral to Treatment Time where we have indicated that the focus on delivering services within our financial envelope means that we will not be able to deliver the 5% improvement in 18 week waits for elective care.</p> <p>All organisations (ICB and provider) have reviewed the actions in the national delivery plan checklists and has used benchmarking to identify improvement opportunities. This is reviewed at provider level as well as system level (e.g. Elective Transformation Board).</p>
The Board is assured that all possible realistic in-year productivity and efficiency opportunities have been considered across the system and are reflected in the plans of each system partner organisation.	Opportunities are reflected in provider and ICB plans. These have been shared at the SWL Finance and Planning Committee.
The Board is assured that any key risks to quality linked to the system's plan have been identified and appropriate mitigations are in place.	<p>SWL ICB proactive and reactive quality oversight processes in place that ensure ICB has an overview of quality, safety and improvement across SWL. These are aligned to our Quality management system (QMS) model.</p> <p>As previously noted, QEIAs have not all currently been undertaken on our plans. Prior to implementation these will be required and outcomes considered through our quality governance. Additional detail on QEIA is on the following slide.</p>
The Board is assured of the deliverability of the system's operational, workforce and financial plans. This includes appropriate profiling and triangulation of plan delivery, and mitigations against key delivery challenges and risks.	Headline assumptions and profiling of trajectories have been discussed. Given timeframes plans have been triangulated on a top-down basis only. Nevertheless, plans for SWL for 2025/26 are likely to be challenging to deliver with key risks as set out in this pack.

SWL arrangements for QEIA

Our Arrangements for QEIA

SWL ICB has an Equality Impact Assessment (EIA) policy and a Quality Impact Assessment (QIA) process. We have recently updated our QIA process to strengthen senior leadership and clinical oversight at place and system level as well as formalise the policy through governance.

- **At ICB level** : As activity on ICB CIP's increases, we continue to ensure QEIA are undertaken for all the changes ensuring there is clinical and senior leadership oversight with regular assurance update to Quality Operation Management group (QOMG) , and Quality and Performance Oversight Committee (QPOC) and Board.
- **At ICS level** : Providers continue to undertake EQIA's and ensure there is strong senior leadership, clinical and governance oversight. ICB is also supporting QEIA for changes that are system wide affecting multiple providers, so we have a coordinated approach (a recent example in progress being the SWL Pathology Demand Optimisation programme - molecular COVID testing proposal with changes affecting all system partners)

DRAFT CORPORATE OBJECTIVES 2025/26

Agenda item: 6

Report by: Karen Broughton, Deputy Chief Executive Officer

Paper type: For Decision

Date of meeting: Wednesday, 28 May 2025

Date Published: Wednesday, 21 May 2025

Content

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

Purpose

The ICB is under pressure this year to not only meet its challenging financial recovery programme, but to also redesign the ICB to become a Strategic Commissioner and deliver the new national model for ICBs and reduce its costs. It is therefore important that we focus the ICBs resources on a small number of corporate objectives to ensure we deliver the most important elements of our work this year.

Executive summary

The Senior Management team have drafted a set of corporate objectives, actions and outcomes to direct organisational focus in 2025/26.

Key Issues for the Board to be aware of

- When approved, the corporate objectives will form the basis on which to set individual objective throughout the ICB.
- The Senior Management Team will evaluate the impact of concentrating on these areas and ensure where work or focus is minimised or stopped that this is well planned.

Recommendation

The Board is asked to:

- **Agree** the 2025/26 corporate objectives to ensure delivery of the most important elements of our work this year.

Governance and Supporting Documentation

Conflicts of interest

- n/a

Corporate objectives

- This paper seeks to set corporate objectives for 2005/26.

Risks

- Given all the ICB must achieve this year, there is a risk that we do not focus on the essential areas of delivery.

Mitigations

- Setting corporate objectives ensure organisational and individual focus on our priorities.
- When approved, the corporate objectives will be used to set individual objectives throughout the ICB.

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

Committee name	Date	Outcome
Senior Management Team	15 May 2025	Finalisation of objectives, actions and outcomes for recommendation to the Board.
Senior Management Team	8 May 2025	Development of corporate objectives
Senior Management Team	1 May 2025	Development of corporate objectives

Final date for approval

End of May 2025 to ensure implementation through the objective setting process.

Supporting documents

Draft Corporate Objectives 2025/26 paper.

Authors

Karen Broughton, Deputy Chief Executive Officer

SOUTH WEST LONDON INTEGRATED CARE BOARD
TRUST BOARD MEETING
28 MAY 2025

DRAFT CORPORATE OBJECTIVES 2025/26

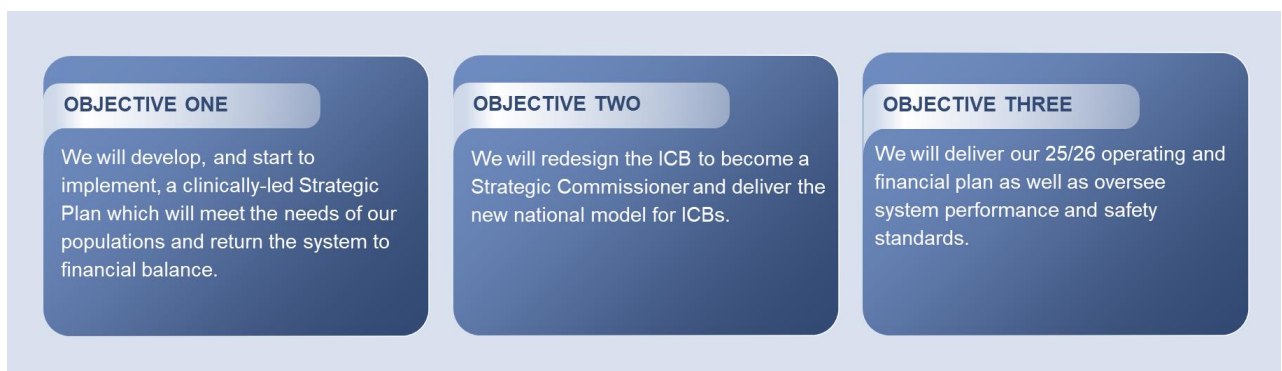
Introduction

The ICB is under pressure this year to not only meet its challenging financial recovery programme, but to also redesign the ICB to become a Strategic Commissioner and deliver the new national model for ICBs and reduce its costs. It is therefore important that we focus the ICBs resources on a small number of corporate objectives to ensure we deliver the most important elements of our work this year.

The Senior Management team have drafted a set of corporate objectives, actions and outcomes to direct organisational focus.

Three recommended Corporate Objectives

The following three corporate objectives are recommended for 2025/26.



The following actions and actions have been designed to support delivery of the 2025/26 corporate objectives:

	Actions	Outcomes
We will develop and start to implement a clinically-led long-term Strategic Plan which will meet the needs of our populations and return the system to financial balance.	We will establish a multi-disciplinary Strategic Development Group which is clinically-led (and sub groups) with representation from various clinical specialties, patient advocacy groups, finance, and operational management.	<ul style="list-style-type: none"> A well-informed and collectively owned transformation strategy that integrates diverse clinical perspectives and considers patient needs and financial realities from the outset.
	We will conduct a comprehensive needs assessment of the local population, analysing current and projected health trends, service utilisation patterns, unmet needs, benchmarking and best practice and alongside a detailed review of current expenditure and resource allocation.	<ul style="list-style-type: none"> A clear and data-driven understanding of the health challenges and financial pressures facing the system. This evidence base will inform the prioritisation of transformation initiatives and ensure resources are directed towards areas with the greatest impact on population health and financial sustainability.
	We will co-design and adopt innovative, clinically-led service delivery models in key priority areas identified in the needs assessment, focusing on integrated care pathways, preventative measures, and efficient resource utilisation.	<ul style="list-style-type: none"> The development and testing of practical, evidence-based solutions that improve patient outcomes, enhance service efficiency, and potentially reduce costs. Successful pilots will provide valuable learning and a blueprint for wider system transformation.
	We will design and deliver a transformation programme to deliver the Strategic Plan and monitor progress, impact and outcomes.	<ul style="list-style-type: none"> Transformation initiatives are delivered and impact is realised. Delivery of clearly defined metrics.

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	Actions	Outcomes
We will deliver our 25/26 operating and financial plan as well as oversee system performance and safety standards.	We will deliver our agreed revenue and capital financial commitments through leadership by our system-wide Financial Recovery Group and Transformation Group.	<ul style="list-style-type: none"> ICB financial position delivered. Appropriate governance and oversight is in place across the system to secure delivery of the agreed system deficit control total. National productivity pack opportunities agreed in local Trust plans are delivered. Workforce plans, including agreed bank and agency reductions delivered.
	We will focus our work on delivering the four national operating plan priorities	<ul style="list-style-type: none"> Planned care – patient referral to treatment time plans delivered. Urgent and emergency care – maintaining access and patient safety. GP and dental services – maintaining access. Mental Health – improving access to CYP and crisis care, as well as reducing length of stay.
	We will oversee system performance, focusing time on the four priority areas in the operating plan	<ul style="list-style-type: none"> Focus on the few, high-profile metrics in the operating plan and deliver them.
	We will oversee clinical safety across SWL which are focused on improving experience, and outcomes.	<ul style="list-style-type: none"> Clinical errors and incidents are reduced across providers and readmissions rates are reduced. An embedded learning health system, and evidence-based guidelines, in SWL deliver improvements across agreed safety indicators. Improved patient and staff experience levels. Health inequalities are targeted which result in improved access and experience levels.

Monitoring progress and delivery

The Senior Management Team will review delivery against the objectives on a monthly basis.

Action for the Board

The board is asked to **agree** the 2025/26 corporate objectives to ensure delivery of the most important elements of our work this year.

Karen Broughton
Deputy Chief Executive
May 2025

Intensive and assertive community mental health services

Agenda item: 7

Report by: Lucie Waters – Director of Integration

Paper type: For information

Date of meeting: Wednesday, 28 May 2025

Date Published: Wednesday, 21 May 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 SW London Integrated Care Board's (ICB) system review of intensive and assertive community mental health services available in South West London. This builds upon the January 2025 paper presented to the Board and responds to the NHS England request for all ICBs and NHS mental health trusts to provide a further update to their Boards by the end of June 2025.

Executive summary

In January 2025, the ICB Board was provided with a progress report on the delivery of intensive and assertive community mental health services. This was based on work undertaken in autumn 2024 and a review by senior representative from South London & Maudsley NHS Foundation Trust (SLAM), South West London & St George's Mental Health NHS Trust (SWLSTG) and the ICB of community mental health services to ensure that clear policies were in place for patients who require intensive community treatment.

In February 2025, NHS England published an independent investigation into the care and treatment provided to Valdo Calocane by NHS services. The report stated that the risk he presented to the public was not managed well and that opportunities to mitigate that risk were missed. It set out several key findings and recommendations. While the primary

audience was the local health and care services in Nottingham, the report identified actions for all ICBs and Trusts to consider. Both SWLSTG and SLAM reviewed and expanded the action plans they developed in autumn 2024 in light of the recently published recommendations of the independent investigation.

This report provides an update on situation in South West London and the action plans developed by SWLSTG and SLAM. It addresses both the progress made in relation to a number of short and medium term actions agreed in autumn 2024 and the additional actions that have been agreed to address the recommendation of the national report.

Action plans have been refreshed and updated to reflect progress to date and to address the key findings from the latest national report. The actions seek to mitigate risks wherever possible and additional funding has been allocated in 2025 to further support delivery of accessible and responsive community services.

The ICB and its providers recognise that community services have been adapted and improved to better support people who require intensive and assertive community mental health services. There is a going process to finalise and mobilise the agreed actions. The combined impact of the legacy actions and recent updates seek to mitigate risk factors related to supporting very complex individuals in the community. Ongoing quality monitoring will continue to assess the extent to which actions are fully embedded and providing the intended impact. Overall, at this time, the level of assurance remains limited as actions continue to be implemented.

Key Issues for the Board to be aware of

- The ICB has worked in conjunction with SWLSTG and SLAM to review provider action plans and assess whether further improvements to services are necessary. The ICB has reviewed the provider plans in relation to governance arrangements, clinical delivery and operating models.
- SWLSTG and SLAM are in the process of updating their Trust Boards on internal progress and actions linked to risk management, oversight and governance. The Medical Directors at both Trusts have overseen this work in conjunction with senior clinical staff. Final updated action plans will be developed by June 2025.
- NHSE (London) regional team will conduct a review with each system in London to understand progress made against action plans since September 2025.

Recommendation

The Board is asked to:

- Note the update and ongoing actions underway to improve intensive and assertive community mental health services across SW London.

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

Action plans have been developed for this area of work to mitigate identified risks and address any areas of potential poor performance.

Financial/resource implications

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 SW London, 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 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 SW London 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 April 2025	Discussion on key requirements and progress updates received on this issue from SWLSTG and SLAM leads.
Senior Management Team	15 May 2025	Discussion on progress to date and risks and issues with delivery

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 & Assertive Community Mental Health Services – May 2025 Update

Background

The tragic events that took place in Nottingham in June 2023 prompted NHS England, through its 2024/25 NHS England Operational Planning Guidance, to require 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 need intensive community treatment and follow-up but where patient engagement was 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.

A review was undertaken in September 2024 by SW London ICB. It considered a range of relevant provider policies and the governance and monitoring arrangements that supported 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. The review concluded that the ICB was assured on the standard of intensive assertive outreach services in the six boroughs of SW London, with most services able to identify and adequately support the needs of people who required 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.

SLAM and SWLSTG developed action plans to further strengthen intensive community treatment and follow-up. The focus was on practical steps to address potential gaps in provision to ensure a consistent and responsive approach was in place to support risk formulation across the trusts, and the wider system.

Context for May 2025 update

In February 2025, NHS England published an independent investigation into the care and treatment provided to Valdo Calocane (VC) by NHS services, prior to the events that took place in June 2023. The purpose of the investigation was to help the NHS and partners understand if there were lessons that could be learned at a local, regional and national level that could prevent something similar happening in the future.

NHS England is also focused on optimising community mental health and developing core standards of care for the community mental health offer. At a regional level, NHS England's London team aim to take learning from this investigation to inform the development of the London mental health strategy.

NHSE Independent Investigation - Key Findings

The NHSE investigation covers the period from when VC first came into contact with mental health services in May 2020 up to 13th June 2023 when he killed three people, and seriously injured three others. Within the report, a chronology of events covering this period can be found. This shows, following discharge back to GP due to non-engagement in September 2022, VC then received no further contact from MH services or his GP during the 8 months prior to the tragic events in June 2023. From the evidence and insights reviewed, the investigation presented several findings across the following themes set out below.

The findings were directed at Nottinghamshire Healthcare NHS Foundation Trust and NHS Nottingham and Nottinghamshire ICB, the organisation who commissioned and provided care and treatment to VC, but they are relevant to all Trusts and ICBs across England and are summarised below.

Care & Treatment

- The approach to risk assessment did not appear to focus on evaluation and evidence of the effectiveness of the controls in place to manage relevant risks.
- The way in which risk was being documented and formulated was not indicative of a dynamic approach to risk assessment and management.
- The positive risk management approach may have impacted the ability to achieve medication concordance, engagement with services and an increased level of insight.

Diagnosis & Medication

- A theme in VC's clinical records is that he did not consider himself to have a mental health condition. Understanding of the importance of medication in his treatment was never fully understood by VC.

Capacity

- VC's lack of insight into the impact of his mental health condition may have meant he lacked full capacity to make decisions in relation to his care and treatment and engagement, particularly in the community.

Decision Making

- The investigation found that decisions made were thought to be appropriate by those involved at the point at which they were made but shared decision making across all teams involved in VC's care was not evident.

Assertive Outreach

- Dedicated assertive outreach as a standalone function was not available. Alternative models had been put in place across the Trust, however there was variation in approach, dedicated resource and outcomes for patients.

Use of Out of Area Placements

- The Trust had to send VC to a PICU bed and then an acute bed out of area due to lack of local capacity. A pattern of engagement as an inpatient versus non engagement in the community was forming but there was limited opportunity to fully see the pattern due to the different inpatient provider settings.

Discharge back to Primary Care

- The absence of robust Trust discharge processes and a record template resulted in limited consideration and quality in the effectiveness of the transfer of care and management of risks.
- The investigation identified that non engagement with the early intervention in psychosis team had become an accepted reason for discharge. Discharge in the absence of a meeting with a patient creates the potential for greater risk to the person and others.

Trust Oversight (Nottinghamshire Healthcare NHS Foundation Trust)

- There was evidence to suggest that Trust governance structures and processes needed strengthening to ensure 'ward to board' viability of key information.
- A lack of organisational stability, effective structures and processes impeded the visibility and oversight of organisational risks; compounded by the impact of the pandemic.
- Existing processes and organisational approaches to managing incident data and reports of harm to others did not support effective oversight and provide opportunities to learn.
- Effective follow up actions to understand how the organisation intended to improve their risk management approach were absent, with an absence of assurance to the Board around these controls.
- Workforce issues and the increased use of subcontracted providers on the frontline created risks, which did not appear to be visible at Board level.
- The lack of a systemic and systematic approach to risk management prevented the Trust from fully understanding and mitigating known risks.

ICB Oversight (NHS Nottingham and Nottinghamshire ICB)

- There were limitations with the assurance and oversight arrangements at the ICB in 2023.
- The arrangements in place were not formalised or robust enough to fully identify signals of issues with safety and risk. The governance arrangements were not mature enough to triangulate intelligence with partner organisations.
- Whilst the ICB was aware of concerns regarding risk and safety at the Trust, they were not fully assured around the ability of the Trust to make or sustain the required improvements.
- The arrangements for the ICB to assure themselves of appropriate action being taken around concerns were still maturing and did not allow for the ICB to assure themselves of improvements in a timely manner. The processes in place for oversight and assurance did not provide a systematic approach to risk management.
- At all levels of the regional healthcare system there was a level of knowledge about the challenges faced by the Trust, however the risk remained with for frontline staff to manage.

Wider System Oversight

- There were limited effective processes in place for ensuring the sharing of knowledge between the Trust and the Police, to inform estimation of risk and insight on effectiveness of care and treatment
- Organisational structure, processes and technical systems created limitations in ensuring the reliability and quality of safety critical information is available to all relevant stakeholders, including the family.

NHSE Independent Investigation – Recommendations

The findings informed a set of 12 recommendations for NHS organisations to take forward.

Two of the recommendations are to be led by NHS England, two require joint Trust and ICB leadership and the remainder are for Trusts to progress.

All Trusts and ICBs across England need to assure themselves of their position in relation to the recommendations.

Theme	Detail	Lead
1. Care Delivery	<ul style="list-style-type: none"> NHSE and other national leaders, including people with lived experience, should come together to discuss and debate how the needs of people similar to VC are being met and how they are enabled to be supported and thrive safely in the community 	NHSE
2. Risk	<ul style="list-style-type: none"> NHSE to review how the concept of risk, risk assessment & management systems is understood to ensure effective identification and evaluation; and how these are adapted to individual's fluctuating risk Consider the mechanisms in place to communicate risk across agencies, in real time National requirement for data that accurately assists with the identification and the likelihood of the risks of particular outcomes 	NHSE
3. Recommendation Implementation	<ul style="list-style-type: none"> Trust to ensure that the recommendations of previous reviews are implemented; reviewing the impact of these after a maximum of 9 months from implementation Lived experience voices must be integral to trust assurance processes 	Trust
4. Serious Incident Policy	<ul style="list-style-type: none"> The Trust needs to ensure that its Patient Safety Incident Response is in line with NHSE's new patient safety framework 	Trust
5. Family Engagement	<ul style="list-style-type: none"> The Trust should define what positive family engagement looks like; with the offer developed by those with lived experience The Trust should then develop effective processes for family engagement in line with national guidance 	Trust
6. Clinical Information Sharing	<ul style="list-style-type: none"> The Trust should develop interoperable systems and processes to enable sharing of necessary clinical and risk-related patient data across clinical care settings This is to enable shared decision making, and effective risk management with the most up to date information 	Trust
7. Across Organisational Working	<ul style="list-style-type: none"> The Trust, the ICB, and system partners should review and evidence the effectiveness and reliability of communication processes across all system partners relevant to mental health care, treatment and risk management 	Trust / ICB
8. Governance Arrangements	<ul style="list-style-type: none"> The Trust and the ICB should seek support in risk and governance within their organisations, to develop structures, processes and procedures that demonstrate the capability to identify and communicate potential and existing issues and risks 	Trust / ICB

	<ul style="list-style-type: none"> This should be a data driven process drawing from both clinical and operational sources 	
9. Policy Development & Review	<ul style="list-style-type: none"> The Trust should ensure that all Trust policies are current, updated and written in a manner that enables staff to practice in line with the policy Policies should be coproduced with those with lived experience, and include clear guidance for escalation when key deliverables within the policy are not able to be achieved 	Trust
10. Peer Support	<ul style="list-style-type: none"> The Trust should ensure that there is a robust peer support offer for those under CMH services with access to culturally appropriate groups with lived experience, as outlined in the community mental health Framework The Trust must consider and have robust mechanisms for recruitment, training, support and supervision and role structure including peer leadership 	Trust
11. Care Planning	<ul style="list-style-type: none"> The Trust must have processes which assure them that people who use mental health services, their families/carers/support network co-produce care plans 	Trust
12. Joint Decision Making	<ul style="list-style-type: none"> The Trust needs to ensure that the voice of all of those involved in the care and treatment of an individual is considered within the context of the long-term planning for an individual's care and treatment There needs to be a clear process to escalate views for further consideration 	Trust

Provider Update: South West London & St George's Mental Health NHS Trust

Current position

The Trust undertook a comprehensive self-assessment of policies, operating standard and performance indicators ahead of the assurance review in autumn 2024 and has subsequently updated its action plan to address the recommendation from the February 2025 national report. Key areas of focus include risk assessment, care planning and collaborative crisis planning. Actions have been developed to address these areas.

The Trust has completed most of the original actions from autumn 2024 within the agreed timescales, but some actions have not delivered the intended impact and outcome measures were not set for all actions. The Trust's approach has been amended to address this, to add the additional actions required to address the national report and to ensure that all actions are clear and achievable. The Trust's risk register has been updated to reflect the residual risks.

Assertive and intensive treatment is offered across community services and the Trust use 'zoning' (red, amber and green) that defines patient presentation and actions. People who are discharged from inpatient services are, by default, zoned 'red' for a period of assessment and to support transition.

The Trust has identified additional investment for 2025/26 to increase capacity for assertive outreach support, follow up for patients who may not respond to routine monitoring and to improve uptake of mental health support and medication optimisation.

The points below summarise the actions taken and underway:

Areas of focus

- Access to services – a series of actions were developed to reduce waiting times and improve access. Further resources were made available to support people waiting for services and a project was developed to focus on crisis prevention. The Trust's daily integrated allocation meeting model was streamlined and Enhanced Response Practitioners are in place in all Integrated Recovery Hubs to support patients in crisis. There is further work underway to embed assertive ways of working to prevent deterioration of people presenting crisis.
- Quality of care and treatment – the 2024 review identified areas for improvement related to care planning, collaborative crisis plans and risk assessments. The actions also focused on improving Fundamental Standards of Care. There is further work to implement 'Dialog+' care planning tool across the Trust. A new standard operating procedure for intensive community support has been completed.
- Demand – actions were focused on addressing caseload management and patient access when a crisis occurred. Work has been completed to ensure all community mental health teams have clinical pathways mapped to enable people to receive the right care. There is ongoing work to improve the duty system.
- Leadership – the 2024 review confirmed there was reasonable assurance in relation to the governance processes and structures for community services. There was a focus on improving policies and procedure, learning from incidents and quality improvement initiatives related to reflective practice. Many of these actions have been delivered and most teams are participating in regular reflective practice groups.
- Communications – actions have focused on improving the communications between Trust and primary care. For patients transferring between teams, there has been a focus on improved collaboration between inpatient and community teams. Where patients are discharged to community teams, there has been a focus on engagement using multiple modes of communication.
- Operational improvements – Risk and crisis management practices have been strengthened with specific actions related to staff training for collaborative crisis planning and training to strengthen risk assessments. There are additional actions focused on joint discharge planning arrangements to ensure good practice related to purposeful admission is embedded into ways of working and discharge meeting are attended by all relevant people, including families and community services. Multiagency working and monthly multiagency risk forums in each borough will be reviewed to ensure there is effective governance and escalation where required. Joint work with families will also be undertaken to ensure the principles of family engagement become further embedded into practice. There is additionally a focus on caseload management, support for patients who lack insight into their illness and interoperability of IT systems.

In summary, the Trust has implemented a wide range of actions and developed zoning practices to identify and manage risk and ensure patient are, where required, assertively followed up in line with the policy. Outcome measures have been defined to track progress. Delivery will be overseen by both business-as-usual governance arrangements and through the Adult Patient Journey Programme, which is a wide ranging improvement programme. There are challenges that remain despite these actions, including those related to the size of practitioner caseloads and workforce challenges to ensure skills and knowledge is adequate across all teams. There will be quarterly reporting to the trust's Quality Governance Committee to ensure risks and mitigations are closely monitored.

Provider Update: South London & Maudsley NHS Foundation Trust

Current position

SLAM has reflected on the recommendations from the NHS England commissioned independent investigation report and reviewed progress against the short and medium-term actions agreed following the development of their Trust level action plan in autumn 2024. The delivery of the original action plan is partially complete. There is some alignment between the original action plan and requirements of the February 2025 report and the Trust have outlined the further work required to ensure the report's recommendations are fully addressed.

Areas of focus

The points below summarise the actions taken and underway:

- Risk assessments – a new approach to personalised risk assessments will be rolled out across community and inpatient teams. This links to the Trust's work as part of the National Culture of Care Programme, which involves support to develop personalised, therapeutic approaches to risk.
- Discharge planning – work has been completed to ensure a joint approach to discharge planning between the patient, their family, the inpatient ward, the community team and any other agencies involved. An audit will be undertaken to identify any issues with this joint approach.
- Multiagency working – a new risk forum to support complex case management has been developed in one borough and will be rolled out across the Trust if the review of the pilot period shows it is a successful approach. A new and systemic approach to information sharing to support personalised risk management across agencies has been developed.
- Working with families – the existing approach to working with families and carers, which is embedded across community teams, will be further reviewed to ensure it is suitable where assertive care and support is required.
- Out of area placements – the Trust has plans underway to reduce the use of out of area beds through improved bed flow. Also a programme has been developed to deliver enhanced community beds in partnership with a VCSE provider to provide people with complex needs care closer to home. This programme will also support step down to independent living.

In terms of governance and delivery, a clinically-led working group, overseen by the Trust's Chief Medical Officer, will review and oversee implementation of the action plan. This group will link with the Community Development Steering group to ensure cohesion with broader transformation. A Trust-wide learning event will also be arranged to further strengthen the action plan and its implementation.

Summary:

The ICB has worked in conjunction with SLAM and SWLSTG to build upon the original autumn 2024 review. There has been progress in several areas including personalised assessments of risk, joint discharge planning and multi-agency working. Both trusts have significantly updated their original action plans to address the findings and recommendation from the February 2025 report. The set of actions developed by each trust reflect the progress delivered in 2024 and the gaps identified in relation to the February 2025 report.

Further work is required and some of the medium- and longer-term actions have not yet been implemented. Overall, as was noted in the original ICB assurance process, there is the caveat that risk always exists 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. The level of assurance remains limited for the above reasons, also noting that several actions remain underway and have not yet delivered the full extent of intended outcomes. Appropriate governance arrangements are in place at both trusts to track delivered and mitigate risks and issues.

Progress will continue to be tracked both by the ICB and the providers and regular update reports will be produced to ensure all parties are aware of the ongoing delivery and any emergent risks and issues.

SMT/Organisation Report

Agenda Item: 8

Report by: Katie Fisher, CEO SWL ICB

Paper type: Information

Date of meeting: Wednesday, 28 May 2025

Date published: Wednesday, 21 May 2025

Purpose

The report is an SMT/ organisation report update with an update of media activity.

Executive summary

This report provides an operational update from the South West London Integrated Care Board (SWL ICB), summarising key decisions discussed and agreed at the Senior Management Team (SMT) meeting held in the Months of April and May.

The report also includes an overview of recent media and communications activity relevant to SWL ICB priorities and public engagement.

Key Issues for the Board to be aware of:

Mental Health Awareness Week 2025 took place from 12 to 18 May, with this year's theme focusing on "*Community*." The campaign highlighted the essential role that positive, inclusive communities play in supporting mental health and overall wellbeing. As an organisation, we embraced the opportunity to promote awareness and engagement, recognising that being part of a safe and supportive community can foster a strong sense of belonging, provide emotional and practical support during difficult times, and offer individuals a sense of purpose.

The organisation raised awareness, and strengthen our internal culture of support, which aimed to build understanding around the connection between mental wellbeing and community. Leadership teams played an active role in promoting key messages and encouraging open dialogue, creating a space where individuals felt empowered to share experiences and seek support.

The week served as a meaningful reminder of the importance of fostering environments both within the workplace and beyond that are inclusive, empathetic, and supportive.

Celebrating **International Midwives Day** is an important opportunity to recognise and honour the vital role midwives play in ensuring safe, respectful, and compassionate care for mothers, babies, and families. Midwives are often the primary caregivers during pregnancy, childbirth, and the postnatal period, providing essential support that not only improves health outcomes but also empowers women and strengthens communities. Acknowledging their dedication and expertise helps raise

awareness of their contributions and the need for continued investment in midwifery services worldwide.

In addition, **International Nurses Day**, celebrated on May 12, recognises the invaluable contributions of nurses across all areas of healthcare. Nurses are the backbone of health systems, delivering high-quality care, advocating for patients, and playing a key role in promoting health and well-being globally. This day not only commemorates the birth of Florence Nightingale but also highlights the need for ongoing support, training, and appreciation for nurses, who are essential in providing compassionate, skilled care in often challenging environments.

As part of the celebrations, **Chief Nurse Elaine Clancy** attended events at The Royal Marsden NHS Foundation Trust and Kingston NHS Foundation Trust. At Kingston, Elaine delivered an inspiring keynote speech that was warmly received by all in attendance. Both celebrations were excellent and served as a fitting tribute to the dedication and professionalism of midwives and nurses alike.

SWL ICB, Media Activity

1. Model ICB Blueprint

On 1 April 2025, the Chief Executive of the NHS in England, Sir Jim Mackey, set out national NHS reforms, requiring all ICBs in England to reduce running costs by around 50% by the end of 2025. NHS England subsequently published 'The Model ICB – Blueprint' which confirmed the future direction, setting out ICBs' roles as strategic commissioners focused on planning and funding services based on local health needs. We are developing our local response to these national directions, which includes understanding clearly what functions will remain, and which will move to local providers, regional, or national NHS bodies.

2. Neighbourhood Health – [Delivering the London Operating Model in South West London](#)

The London Target Operating Model for Integrated Neighbourhood Health, published this month, sets out a vision for integrated, community-based care. This aligns closely with the Model ICB Blueprint's emphasis on neighbourhood working, and we are already making significant progress in implementing this across South West London.:

3. South West London Mental Health Conference and Health Research Summit

On Wednesday 14 May, we held two important events focused on improving health and care in South West London.

- **South West London Mental Health Conference**

This event brought together over 150 mental health leaders, clinicians, community partners, and people with lived experience for the South West London Mental Health Conference at Everyday Church in Wimbledon. The event was opened by Mike Bell, Chair of NHS South West London, with reflections from Vanessa Ford, Chief Executive of South West London and St George's, and Dr Iram Sattar MBE, Non-Executive Director at the Trust. Katie Fisher, Chief Executive of NHS South West London, closed the conference, emphasising the importance of collaboration, prevention, and tackling inequalities.

- **South West London Health Research Summit**

The South West London Health Research Summit, welcomed over 250 colleagues from the NHS, local authorities, academia, and community organisations to focus on inclusion, equity, and impact in health research. Katie Fisher, Chief Executive of NHS South West London, opened the summit with a message on the role of research in system improvement and population health, followed by keynotes from Professor Sonia Kumar (St Mary's University), Dr Ali Austin (NHS England), and Sophie Gardner (British Journal of Nursing). The event included Research Cafés and a 'Poster Parlour' showcasing projects on topics like reducing health inequalities and increasing frontline innovation, while Dr Catherine Heffernan, Director of Health Improvement, NHS South west London hosted a "Research Chat Show" with partners from the National Institute for Health and Care Research, Applied Research Collaboration and Health Innovation Network, highlighting practical support for researchers.

4. Delivering the 10-Year Health Plan

As we prepare for the forthcoming national 10-Year Health Plan, we are already making progress against the three shifts for the NHS: analogue to digital, hospital to community, and treatment to prevention. Here are some examples of how we are delivering on these priorities in South West London:

- [Digital Tools in care homes](#) – 88% of care homes in South West London now use digital social care records, and 45% are live with the Universal Care Plan, helping to reduce ambulance call-outs, improve discharge times, and support more personalised care.
- [Improving access to primary care](#) - In March 2025, GP practices across South West London delivered over 738,000 appointments, nearly 20,000 more than the same period last year and 24.7% above pre-pandemic levels. GPs are using digital phone systems and online consultation forms to help patients get the right care more quickly.
- [Supervised toothbrushing](#) – This programme is improving children's oral health and reducing health inequalities by helping prevent tooth decay, a leading cause of hospital admissions for children and a key driver of health inequalities.
- [Frailty pathway in Croydon](#) – Led by Consultant Towhid Imam, this programme is helping vulnerable residents stay independent for longer by identifying health issues earlier, providing more support at home, and reducing emergency admissions.

- **Winter Engagement – what we heard from local communities**

We funded 115 community organisations to hold over 10,000 conversations with people experiencing the poorest health outcomes. We shared information and had good conversations about pharmacies, the NHS App and vaccinations & immunisations. We also heard from people about their experiences of the NHS. Please see our report here: [Insights from communities winter 2024/25 report](#). The SW London leadership team has agreed actions to resolve some of these priority issues including:

- **Improving language support:** working with primary care colleagues to review the new interpretation service, making it easier for people with language needs to access care.
- **Raising awareness of emergency dental support:** promoting NHS 111 as a first point of contact for people needing urgent dental care.
- **Listening as part of care:** exploring ways to support colleagues to better understand the importance of listening and responding to what people tell us about their experiences.

5. Special Educational Needs and Disabilities (SEND) Select Committee Update

At the end of April, Alison Stewart, Head of Special Educational Needs and Disabilities (SEND) for NHS South West London, gave evidence at an oral evidence session of the House of Commons Education Select Committee as part of its inquiry into “Solving the SEND Crisis.” Although Alison was invited because of Richmond’s recent positive Ofsted inspection, the Committee’s questions were broader, covering funding, accountability, and joint commissioning. Alison highlighted the importance of joint working, personalised support for children and families, and the need for continued collaboration between health, education, and social care.

6. Recognising our teams across SW London

Our teams continue to be recognised for their work to improve support for colleagues and the people we care for.

- **International Midwives Day (5 May) and International Nurses Day (12 May)** – the NHS across South West London marked these days with messages of thanks, staff recognition events, and activities to celebrate the contributions of nursing and midwifery teams.
- **Disability Smart Award 2025 Finalist** – The South West London Disability Advice Line, hosted by Epsom and St Helier University Hospitals and funded by the South West London Integrated Care System, has been shortlisted as a finalist. The service provides confidential, independent advice on disability work-related issues, long-term sickness, job redesign, reasonable adjustments, and Access to Work support.
- **HSJ Digital Award Nomination** – The 'Ask Aunty' programme, which offers tailored support to international NHS staff as they adapt to UK life through mentors and an app, has been shortlisted in the 'Enhancing Workforce Engagement, Productivity and Wellbeing Through Digital' category at the HSJ Digital Awards. The programme was developed by Professor Arlene Wellman MBE, Group Chief Nurse at St George’s, Epsom and St Helier University Hospitals. Melissa Berry, Director of Diversity, Equality and Inclusion at NHS South West London, contributed to the initiative, highlighting its role in providing peer support and improving the experience of international staff.

These nominations reflect the practical steps our teams are taking to make our organisation a more supportive and accessible place to work.

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

Katie Fisher, Chief Executive Officer

Authors

Ruth Pahtalias, Corporate Affairs Manager

Charlotte Gawne, Executive Director of Stakeholder & Partnership Engagement and Communications

Finance and Planning Committee update

Agenda item: 9a

Report by: Jamal Butt, Non Executive Member SWL

Paper type: Information

Date of meeting: Wednesday, 28 May 2025

Date Published: Wednesday, 21 May 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 April meeting.

Executive summary

The Finance and Planning Committee has met once since the last update to the ICB Board, on 30 April 2024. The meeting was quorate and chaired by Jamal Butt. It discussed the following items:

ICS Business

Planning and contracting update

- The Committee was updated on the development of the operational plans for 2025/26 including actions being taken to address the remaining financial gap against the SWL control total.
- The Committee discussed the issues relating to the void costs at Queen Mary's Hospital, Roehampton.
- The Committee noted the update.

Productivity deep dive

- The Committee received an update on the productivity assumptions in the operational plan for 2025/26, with a particular focus on non elective length of stay reductions, elective and outpatient productivity, temporary staffing and corporate savings.
- The Committee discussed the expected areas of focus to deliver these productivity improvements as well as the governance arrangements to oversee delivery, including how the system will consider the outputs of the Equality Impact Assessments.
- The Committee noted the report.

Capital plan

- An update was provided to the Committee on the system's capital plans; specifically that the SWL system capital envelope may be reduced and any reduction will need to be reflected in the draft publication.
- The system is waiting for the national estates safety and constitutional standards funds allocation to be confirmed. If SWL is less successful in their allocation, the plan will be revisited with trusts and reprioritised.
- The Committee approved the plan, subject to further changes, with publication on 29 June 2025.

ICS 2024/25 M11 delivery against the operational plan

- The Committee noted the updated on delivery against the operational plan for 2024/25 noting continued strong performance for waiting times in elective care and cancer and the achievement of the A&E four hour standard in-year.

ICS 2024/25 M12 draft financial outturn update

- The Committee noted that, subject to audit, the SWL system expects to deliver a full year revenue financial position of £0.5m surplus at M12, which is £0.5m favourable to the plan. The favourable position is driven predominantly by performance at CHS.

ICB Business

ICB 2024/25 M12 draft financial outturn update

- The Committee noted that, subject to audit, the SWL system expects to deliver a full year revenue financial position of £3.1m which is in line with plan.

Update on the future of the ICB and impact on the role of the Finance and Planning Committee

- The Committee was updated on the national work led by Penny Dash in developing the new blueprint for ICBs (this had not been published on the date that this Committee met). This will remain a standing item on the agenda during the transition.

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	30 April 2025	

Final date for approval

N/A

Supporting documents

None

Lead director

Helen Jameson, SWL ICB

Authors

Kath Cawley, Director of Planning, SWL ICB

SWL NHS Finance Report M12

Agenda item: 9b

Report by: Helen Jameson, CFO

Paper type: information

Date of meeting: Wednesday, 28 May 2025

Date Published: Wednesday, 21 May 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 12 (subject to audit) on the ICB financial position against its internal budget.
2. Provide an update as at month 12 (subject to audit) on the South West London (SWL) NHS system financial position, including Capital spend.

Executive summary

The ICB position at the end of the 2024/25 financial year is a £3.1m surplus, in line with plan. This is based on the position as per the draft accounts and is subject to external audit.

The efficiency plan is being met although £11.8m of it is non recurrent compared to an initial plan of £7.6m. This will need to be made recurrent for 2025/26.

Other emerging pressures across the ICB portfolio have been offset by non-recurrent means, which has led to a continued worsening in the underlying position. These mainly relate to Continuing Healthcare (CHC) and mental health.

SWL system has year to date financial position of £0.5m surplus at M12, which is £0.5m favourable to the plan. This position is subject to audit.

The favourable position is driven predominantly by performance at Croydon Health Services (CHS). SWL system efficiency delivery for the year £255.6m, which is £0.8m adverse to the plan.

Overall M12 capital spend is £41.2m lower than the allocation. This is mainly driven by the national Capital Departmental Expenditure Limit (CDEL) programme of works which is £29m underspent. Reflecting the schemes paused / slipped by national teams in-year (e.g. the New Hospitals Programme) offset with new additional allocations in-year (notably in Q4).

SWL CDEL expenditure is within the final system envelope for the year with underspends against the SWL IFRS16 plan (£11.8m, £9.4m reported in the prior month) due to lease negotiations resulting in better value for money, as well as decisions not to proceed due to unfavourable terms.

Key Issues for the Board to be aware of

- The ICB is reporting a £3.1m surplus as per plan, subject to audit.
- The SWL system is reporting a £0.5m surplus for the year, subject to audit.
- Overall M12 capital spend is £41.2m lower than the allocation. This is mainly driven by the national CDEL programme of works which is £29m underspent, reflecting the schemes paused / slipped by National teams in-year.

Recommendation

The Board is asked to:

1. Note the ICB month 12 position, subject to audit.
2. Note the ICS revenue month 12 position, subject to audit.
3. Note the ICS capital position at month 12, subject to audit.

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.
- Recovery and Sustainability/Missions Board management and oversight of financial position.
- Finance and Planning Committee will scrutinise the ICB's financial performance.
- Each SWL NHSE organisation financial governance processes.
- NHS Trust and ICB Chief Executive scrutiny and leadership is focused on financial delivery.
- Measures taken by individual organisations and collectively to identify additional efficiency programmes.

Financial/resource implications

Within the report.

Green/Sustainability Implications

N/A

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

N/A

Patient and public engagement and communication

N/A

Previous committees/groups

Committee name	Date	Outcome

Final date for approval

N/A

Supporting documents

SWL Finance Report M12 2024-25



NHS South West London
Integrated Care Board

Lead director

Helen Jameson

Author

Joanna Watson

SWL NHS Finance Report M12

May 2025



Contents

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

The ICB internal position

Key Messages:

- The ICB position at the end of the 2024/25 financial year is a £3.1m surplus, in line with plan. This is based on the position as per the draft accounts and is subject to external audit.
- The efficiency plan is being met although £11.8m of it is non recurrent compared to an initial plan of £7.6m. This will need to be made recurrent for 2025/26.
- Other emerging pressures across the ICB portfolio have been offset by non-recurrent means, which has led to a continued worsening in the underlying position. These mainly relate to CHC and mental health.
- Mental health services has some significant pressures mainly related to high-cost placements and Right to Choose assessments.
- For AACHC we are seeing significant pressures driven by a growth in patient numbers above that allowed for in the budget, leading to an overspend of £1.7m.
- Within community services there are significant pressures arising from an increase in neuro rehabilitation patients, with this being partially mitigated by vacancies in non-running cost areas.
- Primary care is showing a significant overspend primarily driven by delegated GP primary care expenditure above the annual plan by £5.5m. The underspend on prescribing reported in previous months (arising from the final 2023/24 drugs costs being less than expected) is now being offset by in-year pressures.
- Primary Care Pharmacy is under-spent by £4.6m partly due to a £2.2m benefit from last year. In-year cost pressures on core elements of the Pharmacy contract have been covered by additional funding received from NHS England and to Quality payments not being required this year.

ICB High Level Financial Position

Target	Measure	M12 Position	Status
Planned surplus	Achieving £3.1m surplus	Final outturn £3.1m surplus	Achieved
Mental Health Investment Standard	Increase MH expenditure by 6.81%	Final outturn increase 6.82%	Achieved
Running Costs	ICB running costs not to exceed £30.4m	Final spend £30.4m	Achieved
Better payments practice code	Paying 95% of invoices within 30 days	99% invoice paid within 30 days	Achieved
Cash Balance	Cash in bank at month end within the 1.25% draw down limit	Cash 0.44% of drawdown limit	Achieved

Allocation and Expenditure	Sum of YTD Budget £000s	Sum of YTD Actual £000s	Sum of YTD Variance £000s
Total Allocation (Income)	£3,751,344		

Expenditure:			
Acute Services (NHS & non-NHS)	£2,074,762	£2,074,521	£241
Community Health Services	£290,729	£291,569	-£840
All Age Continuing Healthcare	£171,627	£173,366	-£1,739
Corporate & Other	£88,999	£83,728	£5,271
Mental Health	£386,942	£386,045	£897
Primary Care (Incl Prescribing & Delegated)	£735,224	£738,987	-£3,763
Total Expenditure:	£3,748,284	£3,748,217	£67

Surplus/(Deficit)	£3,060
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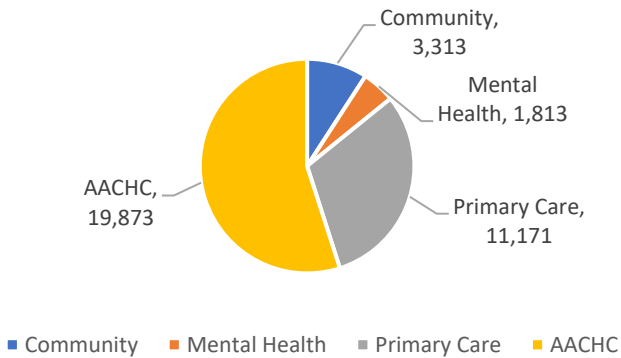
SWL ICB efficiency plan



South West London

	Annual Plan £000s	FOT £000s	Variance £000s
Community	5,314	3,313	2,001
Mental Health	1,813	1,813	0
Primary Care	12,374	11,171	1,203
AACHC	18,968	19,873	-905
Corporate	5,464	7,916	-2,452
TOTAL	43,933	44,086	-153

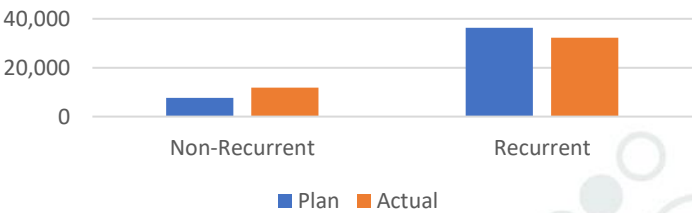
Efficiency Delivery by spend area



Narrative –

- The 24/25 efficiency plan has delivered in line with the £38.5m target.
- £11.8m of the forecast savings are non-recurrent in nature, compared to an initial plan of £7.6m. The shortfall is predominantly due to some primary care schemes and contract reductions planned for 2024/25 not materialising. For 2025/26 planning we need to reassess these schemes and ensure we can deliver the saving.

Efficiency Achievement - Recurrent v Non-Recurrent



The SWL NHS system revenue position

SWL NHS system revenue position



South West London

Financial position:

- SWL system has **year to date financial position of £0.5m surplus at M12, which is £0.5m favourable to the plan.**
- This position is subject to audit.
- The favourable position is driven predominantly by performance at CHS.
- SWL system efficiency delivery for the year £255.6m, which is £0.8m adverse to the plan.

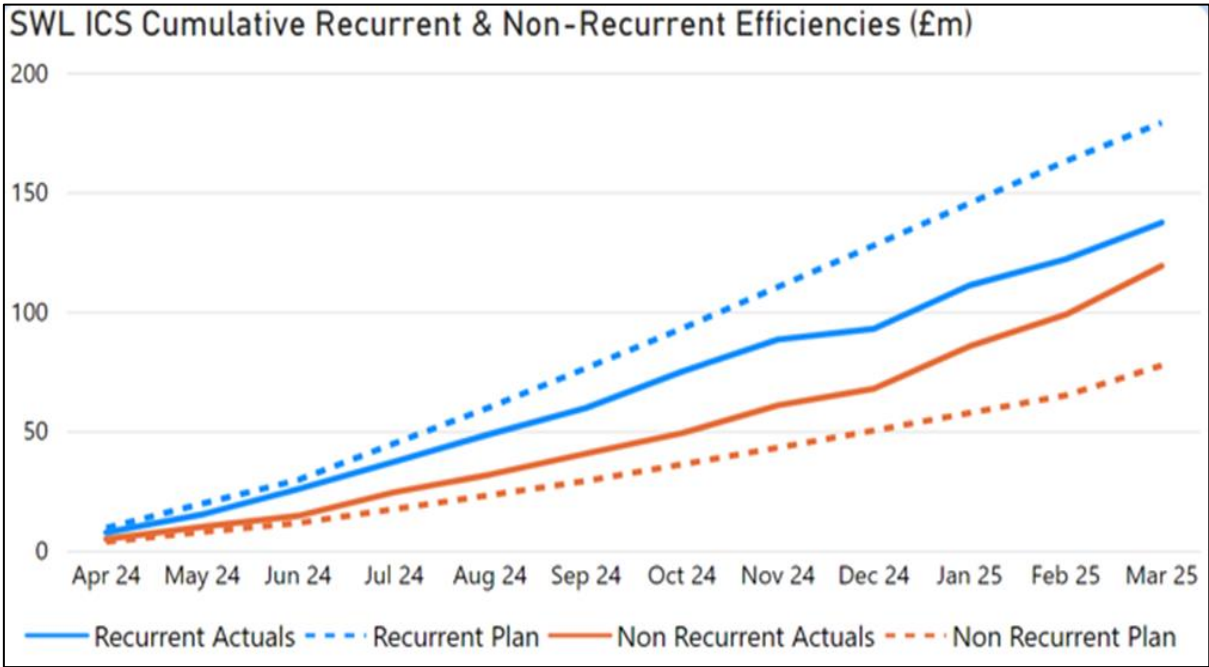
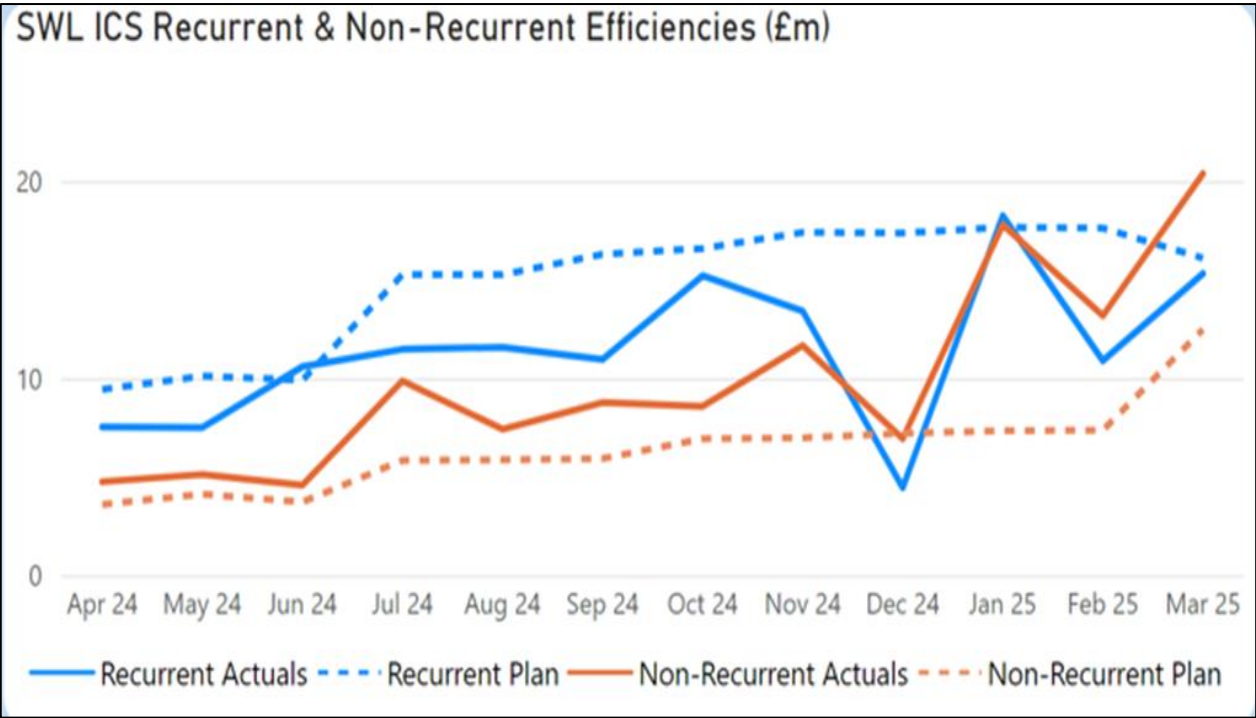
Workforce:

- Trust total WTEs at M12 were 37,355, which is 2,165 WTEs higher than the plan. The key drivers of this are:
 - Efficiency being delivered differently than planned – more pay efficiency based on price and non-pay schemes.
 - Operational pressures, principally urgent care demand and acuity.
 - Funded posts agreed after then plan was submitted e.g. SDF/MHIS.

Financial performance (£m)	M12 YTD		
	Plan	Actual	Variance
CHS	-0.0	0.4	0.4
ESHT	-5.1	-5.1	-0.0
KHT	1.2	1.4	0.2
SGH	-4.3	-4.3	0.0
HRCH	-0.9	-1.1	-0.2
SWL StG	0.8	0.8	0.0
RMH	5.3	5.4	0.0
Trust total	-3.1	-2.7	0.4
ICB	3.1	3.1	0.1
SWL System	0.0	0.5	0.5

Efficiency – 2024/25 planned CIPs

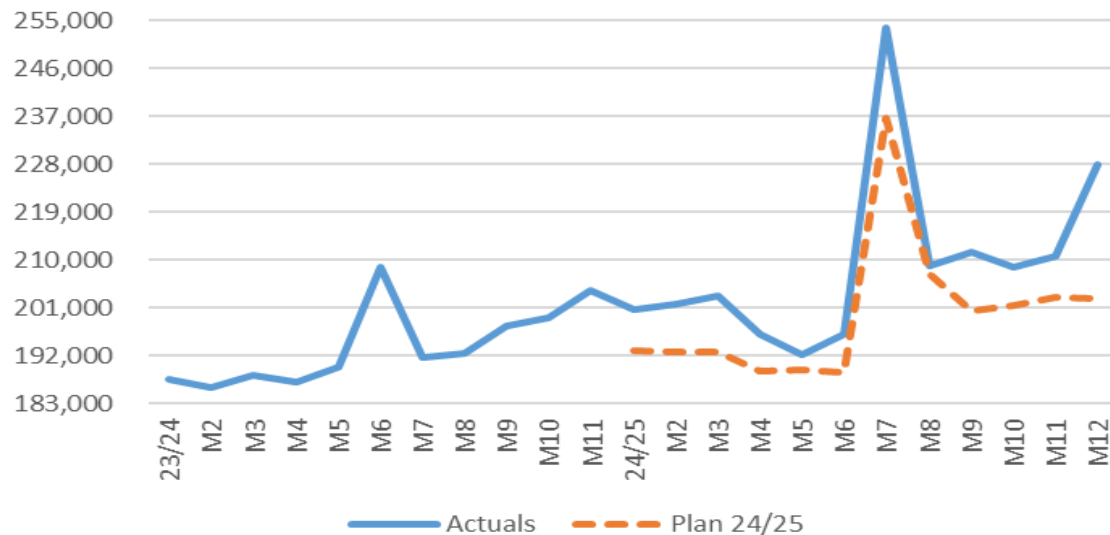
- The total system efficiency plan for the year was £256.4m. At M12 **delivery was £255.5m, £1.0m adverse to plan**. Within this, recurrent efficiency was £42.2m adverse and non-recurrent efficiency was £41.3m favourable. Meaning £118.6m (45%) of the plan was delivered non-recurrently.
- The graphs demonstrate that we are **above plan on non-recurrent CIP but below plan on recurrent CIP**. This shift from one to the other has resulted in an increased challenge to the financial position in future years.



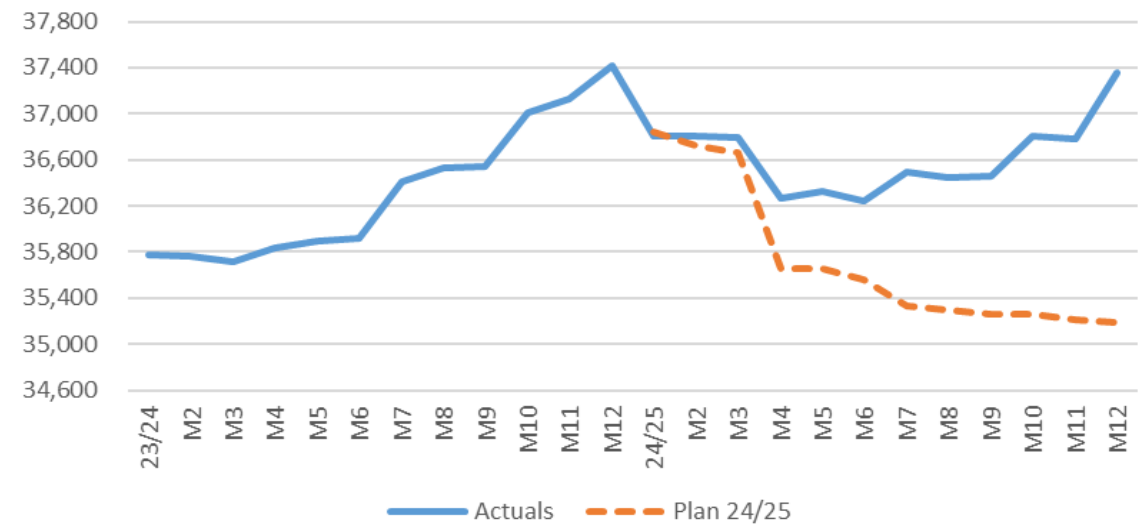
SWL NHS system workforce

- Trust total pay costs are above plan for the year by £78.7m (3.1%). This is primarily driven by less efficiencies being delivered through pay reduction than planned. But also relates to increases in 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 up month on month and are over plan for the year by 2,165 WTEs (6.1%). The plan for 2024/25 included ambitious efficiency reductions, which have not been achieved to date. M12 also includes increases driven by seasonal pressures, staff taking annual leave and implementation of a new electronic patient record system at ESH which are not anticipated to continue into 2025/26.

SWL trust pay (£k)

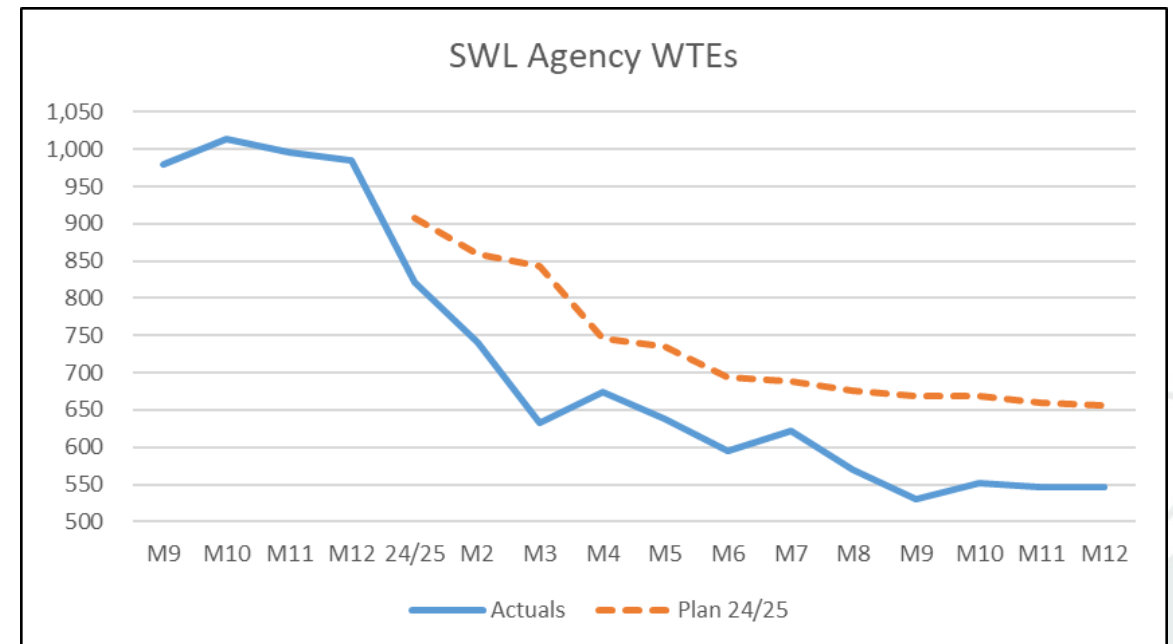
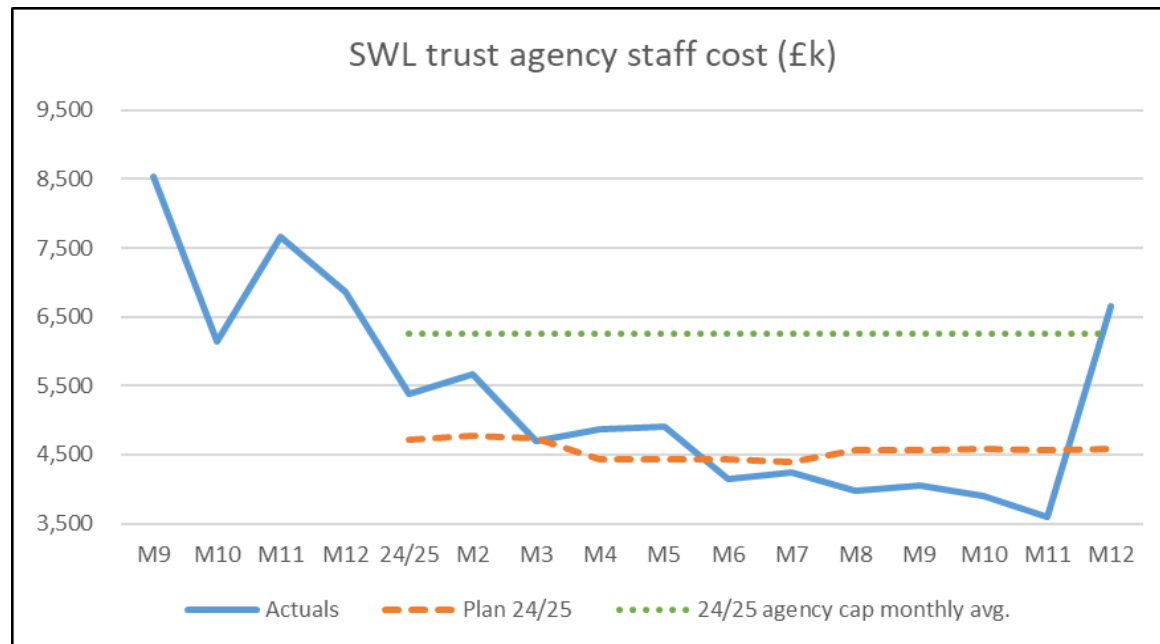


SWL Total WTEs



SWL NHS system workforce - agency

- The agency spend for the year is below the system wide agency cap.
- In month agency costs are above plan and £1.3m (2.4%) adverse for the full year.
- Although SGH is showing an increase in-month due to a correction, the trust remains below plan for the full year alongside RMH.



The SWL system capital position

SWL NHS system capital position

	SWL CDEL (Incl IFRS16)			National CDEL			Total CDEL		
Org	Allocation	Actual	Variance	Allocation	Actual	Variance	Allocation	Actual	Variance
CHS	14.7	12.3	-2.5	11.9	8.4	-3.5	26.7	20.7	-6.0
ESHT	20.2	20.2	0.0	21.7	19.7	-2.0	42.0	40.0	-2.0
KRFT	20.0	16.8	-3.2	9.6	1.9	-7.7	29.6	18.8	-10.8
SGH	35.7	34.9	-0.7	17.8	6.5	-11.3	53.4	41.4	-12.0
SWLSTG	12.4	6.9	-5.5	10.1	6.1	-4.0	22.5	13.0	-9.5
RMH	19.5	19.7	0.2	1.1	0.1	-1.0	20.6	19.8	-0.8
Subtotal	122.6	110.9	-11.7	72.2	42.7	-29.4	194.7	153.6	-41.1
ICB	14.9	14.7	-0.1	0.0	0.0	0.0	14.9	14.7	-0.1
Subtotal	14.9	14.7	-0.1	0.0	0.0	0.0	14.9	14.7	-0.1
ICS Total	137.4	125.6	-11.8	72.2	42.7	-29.4	209.6	168.4	-41.2

- Overall M12 spend is £41.2m lower than the allocation. This is mainly driven by the national CDEL programme of works which is £29m underspent, reflecting the schemes paused / slipped by National teams in-year (e.g. the New Hospitals Programme) offset with new additional allocations in-year (notably in Q4).
- SWL CDEL expenditure is within the final system envelope for the year with underspends against the SWL IFRS16 plan (£11.8m, £9.4m reported in the prior month) are due to lease negotiations resulting in better value for money as well as decisions not to proceed due to unfavourable terms.

Summary

Summary of financial position

- The Board is asked to:
 - Note the ICB month 12 position, subject to audit.
 - Note the ICS revenue month 12 position, subject to audit.
 - Note the ICS capital position at month 12, subject to audit.

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, 28 May 2025

Date Published: Wednesday, 21 May 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 9 April 2025.

Executive Summary

The Quality and Performance Oversight Committee has met once since the last update to the ICB Board, on 9 April 2025. The updates below are following consideration and discussion of key items at the meeting:

Quality and Performance Risk Register

The Committee **noted** the risk register.

Deep Dive: Discharge

The Committee received a deep dive presentation on discharge. Following discussion about the data, it was recognised that this was a challenging area and issues with the data might have skewed the results. It was noted that flow needed to be managed correctly to ensure that people were not staying in hospital longer than they needed to and this remained a significant priority for the system.

The Committee **noted** the report.

South West London (SWL) ICB Performance Report

The Committee noted the SWL ICB Performance report with key areas of highlighted improved performance and areas of challenge to note.

12 hour Emergency Department breaches

Following a request from the recent SWL Board meeting, a detailed report on the 12 hour Emergency Department (ED) breaches was presented to the Committee. It was noted that SWL had been the best performing London ICS for ambulance handover times. The risk in Emergency Departments was

noted with significant work taking place across the system to reduce hospital length of stay to improve flow, with learning from some Trusts having been shared more widely across the capital.

The Committee noted the positive work completed to reduce the length of stay for mental health and the launch of Patient Connect was positive to help the elderly and frail population.

The Committee **noted** the update.

SWL ICB Quality Report

The Committee received the SWL ICB quality report noting an overview of the key areas. There was a discussion around the increase in requests for support of children with medical needs in schools e.g. Diabetic child administering own insulin at school. It was noted that there were increasing challenges, and all new applications were now being reviewed differently. It was noted that conversations were needed with our partners to rethink our approach to this topic and that this needed to be added to the Committee risk register.

The Committee **noted** the report.

Terms of Reference (ToR) / Committee effectiveness

Following the annual review and result of the outcome of recent survey completed, no amendments were required to be made to the ToR at this time. It was noted however that, following the announcements about changes to the functions of the ICB, the ToR might need to be revisited later in the year.

The Committee considered and **recommended the approval** of the Committee ToR for ICB Board approval.

Quality Impact Assessment (QIA) – assurance of the process and governance

The Committee received an update to note that following recent discussions, the governance of the QIA and EIA approach had been aligned; however agreement to keep the two processes separate. It was noted all QIAs with a risk score 12 and above would be escalated for discussion at the Quality Operational Management Group (QoMG); this had been amended from 8. The decision was made to maintain a joint log and have joint reporting moving forwards to allow tracking at a system level and that a summary would be presented at the next meeting.

The Committee **noted** the update.

Equality Impact Assessment (EIA) approach

The ICB had a legal requirement to carry out these assessments from a patient and workforce perspective and that they would not be signed off unless they met the required standard. It was noted that the process regarding workforce was more robust and that it was important EIAs were carried out especially when services were being decommissioned. It was further noted that the EIA should be done at the beginning and not at the end of the process. A joint training session would be provided across the two processes and the Committee noted this positive step.

The Committee **noted** the update.

Update on Valproate / Topiramate

It was noted that the Medicines and Healthcare products Regulatory Agency (MHRA) had issued further guidance around the safety of the Valproate in men and a potential increased risk of neurodevelopmental concerns in male children. There was a challenge with the data and therefore the ICB's level of compliance was unclear. It was further noted that there was an issue relating to coding and that this need to be reviewed.

The Committee noted that the MHRA had released an alert for Topiramate and that ICBs do not have specific responsibility to influence this alert. The Committee noted that an action plan has been created in line with the valproate plan to support implementation. Consideration would need to be given to the communication of the newly announced risk for males and whether this was communicated to providers, or directly to citizen's themselves to empower them to make the decisions regarding the drugs that they take.

The Committee **noted** the update.

Medicines Optimisation CIP plan review (secondary care)

A verbal update on the medicine optimisation CIP plan review in secondary care was provided. It was noted that more work was required to produce a meaningful document to bring back to Committee which would provide clarity surrounding potential upcoming opportunities noting that consistency across providers was important.

The Committee **noted** the update.

Quality and Performance Workplan 2025/26

The Committee **reviewed** and **noted** the workplan for 2025/26.

Recommendation

The Board is asked to:

- Note the Quality and Performance Oversight Committee report.

Governance and Supporting Documentation

Conflicts of interest

None.

Corporate objectives

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

Risks

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

Mitigations

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

Financial/resource implications

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

Green/Sustainability Implications

Not Applicable.

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

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

Patient and public engagement and communication

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

Previous committees/groups

Committee name	Date	Outcome
SWL Quality & Performance Committee (QPOC)	9 April 2025	Noted

Final date for approval

Not applicable

Supporting documents

None

Lead Director

Elaine Clancy, Chief Nursing Officer

Author

Charity Mutiti, Deputy Director of Quality

SWL System Quality Report

Agenda item: Item 9d

Report by: Elaine Clancy, SWL ICB Chief Nursing Officer

Paper type: For discussion/information

Date of meeting: Wednesday, 28 May 2025

Date published: Wednesday, 21 May 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 March 2025, and the Quality and Performance Oversight Committee (QPOC) held in April 2025.
- 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 January to February 2025 (unless stated otherwise).

Key Issues for the Board to be aware of:

- **Infection Prevention & Control (IPC):** High levels of community-acquired norovirus continue to present at the Emergency Department (ED) with outbreaks in both acute and community healthcare settings. C-Difficile remains the leading cause of infectious diarrhoea in hospital patients. C-Difficile cases in SWL have increased by 33%, with 289 cases reported between April 2024 and January 2025, over half of which are community-associated. Updated infection management and prescribing guidance has been shared. Efforts are ongoing to improve discharge information for GPs to flag high-risk patients and enhance antibiotic stewardship.
- **Patient flow Challenges:** Across SWL patient flow remains challenging and Corridor care and long waits in ambulances remains ongoing. For ED, challenges remain with Mental Health (MH) patients experiencing long waits due to lack of MH beds. SWL St Georges continues to face challenges meeting the demand for acute inpatient beds for their most unwell patients and discharge of patients who are clinically stable. Length of stay is around 10 days over the national average. The Trust continues to utilise external bed capacity from Private Providers (Holybourne) to mitigate the risk of 72 hour breaches in ED. The Trust will continue to adopt and embed learning/outputs from the Adult Patient Journey Programme, supporting a culture of continuous improvement to reduce their Length of stay.
- **Special Educational Needs Disabilities (SEND) - Supporting Children with Medical Conditions in schools;** SWL is receiving increasing requests for additional support for children with medical conditions in schools, both with and without Education, Health and Care Plans (EHCP) who do not meet threshold for Children's Continuing Care. ICB's are required to ensure that there is provision of health services for a pupil if the provision is beyond those which are required for public health duties or in relation to Special Educational Needs (SEN) are met. As of January 2025, there are 29 children in receipt of health funding to support their medical conditions at school across SWL. Discussions have been commenced in the ICB to support managing the increase in requests and demand. More updates will be provided in future.
- **Changes to the GP Contract in 2025/26 and patient safety:** On 28 February 2025, a letter was sent to ICBs and other partners to provide an update on changes to the GP contract for 2025/26. The contract now includes the NHS England Primary Care Patient Safety Strategy, published in September 2024. From 2025/26, GP practices will be required to have regard to the patient safety strategy and register for an administrator account with the Learn from Patient Safety Events (LFPSE) service. It is not clear if 'have regard' mandates implementation, however SWL ICB quality team will prepare a proposed approach to raise awareness and support general practices for approval by QOM in April ahead of cascading across SWL
- **Quality impact Assessments (QIA):** A QIA policy has been developed to formalise ICB QIA process and will be approved by QPOC in April 2025. A QIA process and template has been in use across the ICB however this had not been formalised through governance. The governance process for QIA has been merged with the Equality Impact Assessment (EIA) process. Quality Operation Management group (QOMG) and Quality and Performance Oversight Committee (QPOC) will receive regular update of QIA and EIA reviewed for assurance of the process. The ICB Chief Nursing Officer (CNO) has been liaising with SWL provider CNOs with regard to undertaking QIA to include areas outlined in the operating plan and wider.

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 March 2025 and the Quality and Performance Committee (QPOC) in April 2025. All escalations have been reported into the System Quality Council in March.
- 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)	March 2025	Internal directorate review and assurance
SWL System Quality Council	March 2025	Providers escalation report presented and noted.
SWL ICB Quality and Performance Committee	April 2025	Internal review and assurance

Supporting documents

Quality Report

Lead Directors

Elaine Clancy, Chief Nursing Officer

Authors

Charity Mutiti, Deputy Director of Quality

Miriam Phillip, Head of Quality

SWL System Quality Report

SWL ICB Board Meeting

May 2025 Meeting

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

This report provides an overview of the quality of services within the South West London's (SWL) Integrated Care System (ICS).

The purpose of the report is to provide the Quality and Performance Oversight Committee (QPOC) 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 January 2025 to February 2025 (unless stated otherwise).

The SWL ICB Board is asked to:

- Note the quality report in its revised form, highlighting the use of increased data and metrics (on a rotation) to support assurance of safety, patient experience, clinical effectiveness, and health equity for SWL's population.
- 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 were presented and discussed at the Quality Operational Management Group (QOMG) in February & March 25, and that all escalations were reported to the System Quality Council in March 25.

Executive summary

Areas of Focus

- **Patient flow Challenges:** Across SWL patient flow remains challenging
 - For ED : Challenges with mental health (MH) patients experiencing long waits in ED due to lack of MH beds. Corridor care remains ongoing.
 - For Mental Health: SWL StG continues to face challenges meeting the demand for acute inpatient beds for their most unwell patients and discharge of patients who are clinically stable. Length of stay is around 10 days over the national average. The Trust continues to utilise external bed capacity from Private Providers (Holybourne) to mitigate the risk of 72hrs breaches in ED. The Trust will continue to adopt and embed learning/outputs from the Adult Patient Journey Programme , supporting a culture of continuous improvement to reduce their Length of stay.
 - Ambulances: Continuing to see patients actively being held in ambulances at some SWL ED's and significant handover delays.
- **Infection Prevention & Control (IPC):** High levels of community-acquired norovirus continue to present at ED with outbreaks in both acute and community healthcare settings. C-Difficile remains the leading cause of infectious diarrhoea in hospital patients. C-Difficile cases in SWL have increased by 33%, with 289 cases reported between April 2024 and January 2025, over half of which are community-associated. Updated infection management and prescribing guidance has been shared. Efforts are ongoing to improve discharge information for GPs to flag high-risk patients and enhance antibiotic stewardship.
- **Increase in MKAD alerts from GP's relating to transfer of workload from community midwifery teams across SWL:** There has been an increase in MKAD alerts from community midwives asking GP's to prescribe range of medications which should be prescribed by the hospital as part of antenatal care . A summary of the issues has been collated and ICB MKAD lead and Head of Maternity are working with the Directors of Midwifery and ICB medicines optimisation lead on a plan for trusts to have patient group directions (PGD) in place as well as review maternity pathways regarding community midwives' prescription request.

Areas of Focus

- **Learning From Patient Safety Events (LFPSE) in general practices:** Learning from Patient Safety Events (LFPSE) service for general practices was launched in July 2021. Across SWL 294 safety incidents have been recorded by GPs since LFPSE for GP was launched. The highest number of incidents were recorded in 2023/24 (130) with 41 events recorded between April 2024 and February 2025, which shows a declining trend. Generally, there is poor use of LFPSE across SWL and nationally. Use of LFPSE has been included in the 2025/26 GP contract and ICB quality team will work with primary care to increase raising awareness and use of LFPSE.
 - **SGH CQC Activity update:** The following is SGH CQC activity and update
 - **Maternity and ED:** CQC visited SGH Maternity in October 2024 and ED in Nov 2024 for an unannounced inspection. Feedback was given with some areas of improvement. CQC issued a section 29A notice to both areas in January 2025 and evidence was submitted on the 25th February. Trust is awaiting feedback
 - **Theatres:** CQC undertook an announced visit of SGH theatres in Jan 2025, Initial feedback was positive. Full report to follow.
 - **Well Led inspection:** CQC carried out a Well Led inspection in February 2025, the trust is awaiting formal feedback.
- ICB is supporting the trust on the ongoing actions.
- **Health Education England (HEE) :** HEE have advised they have follow up visit planned in May 2025 for KRFT in ED and ESTH in acute medicine. There has been changes made since last visits in relation to culture but are keen for the pace of improvement to increase.

Executive summary (1)

Areas of Focus

- **Children's and Young People (CYP) data quality to meet national standards:** ICB CYP team is working with the Business Intelligence (BI) looking at the availability of data for CYP and Young Adults(YA) health conditions particularly with diabetes and asthma to enable GIRFT(getting it right first time) reviews. Currently SWL is unable to report against the National Asthma Bundle of care and subsequent deliverables within Asthma Paediatric Network and STPN (South Thames Paediatric Network).
- **CYP GIRFT Diabetes Review:** The GIRFT diabetes review for CYP&YA Diabetes is planned for 24th March, pre-meet has taken place with reviewers. Overall positive feedback is anticipated.
- **SEND - Supporting Children with Medical Conditions in schools;** SWL is receiving increasing requests for additional support for children with medical conditions in schools, both with and without Education, Health and Care Plans (EHCP) who do not meet threshold for Children's Continuing Care. ICB's are required to ensure that there is provision of health services for a pupil if the provision is beyond those which are required for public health duties or in relation to SEN are met. As of January 2025, there are 29 children in receipt of health funding to support their medical conditions at school across SWL. Breakdown by Place as below. Discussions have been commenced in the ICB to support managing the increase in requests and demand. More update will be provided in future.

Schools in receipt of health funding	SWL	Croydon	Kingston	Merton	Richmond	Sutton	Wandsworth
Mainstream	17	0	3	3	3	8	0
Special	6	0	0	0	1	4	1
Total	23	0	3	3	4	12	1

Areas of Focus

- **Changes to the GP Contract in 2025/26 and patient safety:** On 28 February 2025, a letter was sent to ICBs and other partners to provide an update on changes to the GP contract for 2025/26. The contract now includes the NHS England Primary Care Patient Safety Strategy, published in September 2024. From 2025/26, GP practices will be required to have regard to the patient safety strategy and register for an administrator account with the Learn from Patient Safety Events (LFPSE) service. It is not clear if 'have regard' mandates implementation, however SWL ICB quality team will prepare a proposed approach to raise awareness and support general practices for approval by QOM in April ahead of cascading across SWL.
- **Temporary closure of adolescent PICU at South London and Maudsley (SLAM):** SLAM temporarily closed their adolescent Paediatrics Intensive Care Unit (PICU). Current patients are being safely transitioned to other inpatient wards or alternative suitable arrangements closer to home, as clinically appropriate. SLAM is collaborating with the South London Mental Health and Community Partnership (SLP), which commissions Tier 4 CAMHS services, and with the other SLP provider trusts, Oxleas and SWL StG, to ensure effective care pathways for current patients and the safe management of new referrals through shared bed management services. Enhanced quality assurance measures have been implemented, with ongoing communication maintained with NHSE Specialised Commissioning's regional leads. More updates will be provided to QPOC in future.
- **SWL Local Authorities regulatory inspection activity** related to safeguarding that ICB are supporting as a key partner:
 - Kingston had their **ILACS inspection** (Inspecting Local Authority Children's Services) completed December 2024. Awaiting formal outcome.
 - Sutton has a planned adult social care **CQC inspection** planned to commence March 2025.
 - Croydon adult social care has a planned **CQC inspection** from March 2025. More detail awaited.

Executive summary (2)

Key Improvements

- **Infection Prevention & Control (IPC):** we have seen the following positives across SWL with regards to IPC
 - **MRSA Cases:** SWL has seen a decline in 2024/25 year to date compared to previous , with 17 cases from April to January(seven fewer than last year which was 24. SGH and RMH(Royal Marsden) reported no healthcare-associated cases so far.
 - **Gram-Negative Bloodstream Infections (GNBSI):** SWL has seen a significant reduction in GNBSI cases, with pseudomonas, klebsiella, and E. coli infections on track to remain below NHSE-set thresholds for 2024/25. Continued focus on IPC measures continues to be reenforced to sustain these improvements.
- **Stillbirths:** Still birth rates across all providers in SWL fluctuated between Aug 2023 and July 2024. This has now returned to normal variation range as seen nationally . Deep dive data on the rise of stillbirth showed no service care delivery concerns.
- **Quality impact Assessments(QIA):** A QIA policy has been developed to formalise ICB QIA process and will be approved by QPOC in April 2025. A QIA process and template has been in use across the ICB however this had not been formalised through governance. The governance process for QIA has been merged with the Equality Impact Assessment (EIA) process. Quality Operation Management group (QOMG) and Quality and Performance Oversight Committee (QPOC) will receive regular update of QIA and EIA reviewed for assurance of the process. ICB CNO has been liaising with SWL providers CNO with regards to undertaking QIA to include areas outlined in the operating plan and wider

Key Improvements

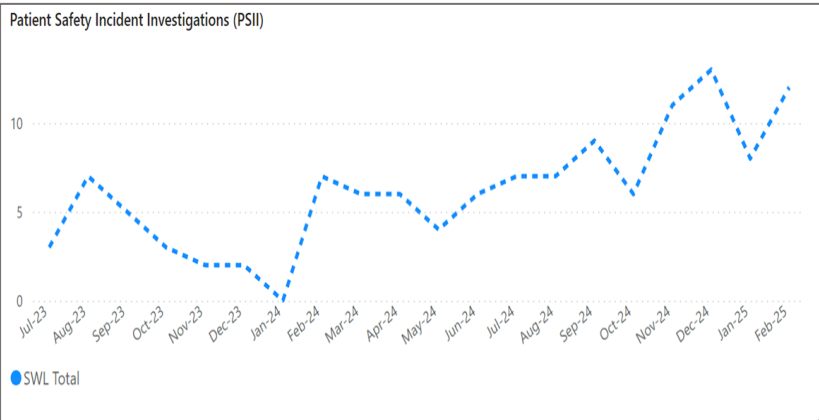
- **All age continuing Care (AACC):** SWL ICB developed an integrated approach to continuing healthcare (CHC) across the six boroughs of South West London and commenced a transformation programme with a range of improvement priorities summarised into a 7-point action plan. This was following two major reviews from Niche and Crisante). In alignment with the agreed Transformation Plan the CHC team has;
 - Continued to provide the necessary reviews in 28 days as per the NHSE trajectory (the only ICB to do so)
 - Manage its finances to provide significant efficiency contribution to the ICB budget
 - Continued to recruit to substantive posts, and developed a proposal to present for next year's workforce (interim staff)
 - Secured approval from Contract and Procurement Group (CPG) to begin a procurement of a single digital patient record system
 - Started the project documents for next year's efficiency targets and prepared a SMT briefing for budget setting in 2025/26
- **SWL System process for managing Multiagency safety incident:** ICB is now finalising its draft process to comply with PSIRF requirements using learning from the 3 cases it supported as well as feedback from all SWL ICB providers which occurred at the January 2025 system patient safety meeting. Plan is for final draft to be reviewed at QOMG in May 2025 for approval.
- **LAS and SGH - Development of Sickle Cell Pathway:** LAS is working with SGH to develop a Sickle cell pathway for adults with confirmed history of sickle cell, presenting with crisis living in SWL. Patients will go direct to SGH acute sickle cell unit for specialist care.
- **CLCH (Wandsworth) – Catheter pathways:** CLCH in wandsworth borough are leading on a trust-wide catheter review, developing a new pathway alongside NHS 111 and working with SGH Hospital to examine how we can reduce attendances to hospital due to catheters. This is a significant piece of work in reducing hospital burden . More update will be provided in future

South West London ICB Quality Metrics Summary

Patient Safety Incident Investigations (PSII)

Graph 1:SWL Patient Safety Incident Investigations Jul 2023 to Feb 2025

A PSII is a system-based learning response under PSIRF. It is the most comprehensive type of learning response carried out where causal factors are not understood or for nationally mandated safety incidents.



Patient Safety Incident Investigations (PSII)

- PSII reporting fluctuated with an upward trend - 8 PSII's recorded in January 2025 and 12 in February 2025, see graph 1.
- CHS and KRFT recorded 5 PSII's each in Feb 2025, both Trusts have been prompted to review thresholds and themes, with a focus on translating learning responses into quality improvement.

What does good look like?

- PSII numbers should align with patient safety incidents response plan(PSIRP). Aim is a notable reduction in number of incidents with zero to low harm when incidents are reported.

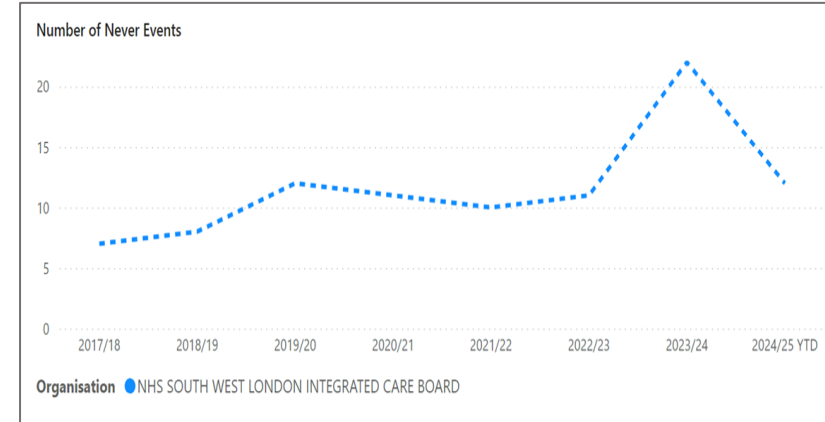
What are our plans to improve?

- ICB is aligning provider PSII numbers with their original PSIRP and supporting them in the next PSIRP review cycle.

Never Events (NE)

Graph 2:SWL Never Events reported 2017/18 to 2024/25 (YTD Feb 2025)

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



Never Events (NE)

- Zero NE reported in January and February 2025. A total of 12 NE have been reported in 2024/25 (up to February 2025).
- SWL had the highest regional reporting trends for the first three quarters of 2024/25.

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

What are our plans to improve?

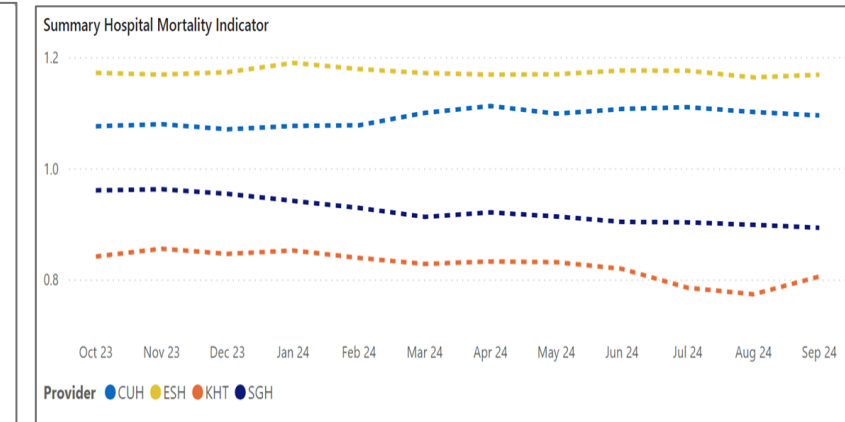
Ongoing Trust Initiatives include:

- Reviewing the impact of human factors and actions
- Focused work on culture and psychological safety
- Audits, training, education, learning events, and refining policies and processes
- Initiating quality improvement work

Summary Hospital Mortality Indicator (SHMI)

SHMI by acute provider, Oct 2023 to Sep 2024

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.



Summary Hospital Mortality Indicator (SHMI)

- ESH and CHS had elevated SHMI figures from Oct 2023 to Sept 2024.
- KRFT and SGH maintained SHMI below 1 (indicating better-than-expected mortality rates), with KRFT improving significantly to 0.6 in August 2024.

What does good look like?

- Zero harm, Continuous quality improvement

What are we doing to reduce rates?

- ESTH has ongoing work to improve the SHMI rates.
- CHS is one of the Trusts engaged in a pilot to submit Same Day Emergency Care (SDEC) data, rather than the Admitted Patient care data set (APC); this has impacted SHMI values for all Trusts participating in this activity including Croydon.

Infection Prevention and Control

Table 1 shows the number of healthcare associated infections reported by the acute Trusts for the period 1 April 2024 - 31 January 2025

Table 1	Croydon HS	E&SH	Kingston FT	SGH	RMH
MRSA	1	1	2	0	0
MSSA	15	2	15	37	5
CDI	24/23	72/63	28/29	52/43	52/40
E-coli	49/56	45/61	37/57	115/114	47/51
Pseud A	7/16	13/8	3/12	17/34	25/21
Klebsiella	18/28	33/25	17/17	61/62	36/29

Table 2 show the number of infections reported by all London ICB's for the period 1 April 2024 to 31 January 2025.

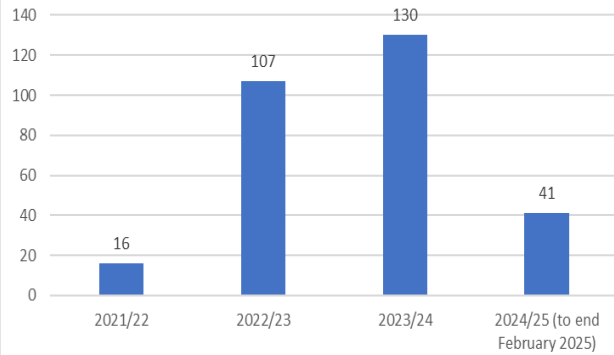
Table 2	C-difficile	MRS A	MSSA	E-coli	Pseud A	Klebsiella sp.
SWL	289/337	17	212	757/975	86/140	271/343
SEL	254/308	34	311	876/1,015	116/179	352/467
NEL	253/333	56	357	1,114/1,289	169/168	392/433
NCL	271/329	29	178	819/1,013	104/131	306/453
NWL	354/323	36	236	1,284/1,417	156/179	469/414

Summary

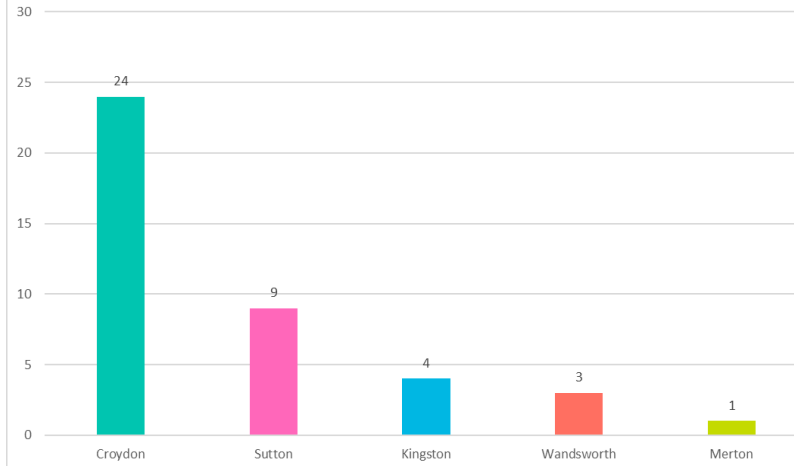
- MRSA Cases: There has been an increase of MRSA across London, however SWL saw a decline, with 17 cases from April to January, seven fewer than last year (24). SGH and RMH reported no healthcare-associated cases, see Table 1.
- Gram-Negative Bloodstream Infections (GNBSI): SWL ICB has seen a significant reduction in GNBSI cases, with pseudomonas, klebsiella, and E. coli infections on track to remain below NHSE-set thresholds for 2024/25. Continued focus on infection prevention and control measures is essential to sustain these improvements, see table 2.
- Invasive Group A Streptococcus (iGAS): There was an outbreak in a Kingston nursing home, with five residents admitted to hospital with sepsis over seven months. Whole genome sequencing confirmed cases are linked. SWL IPC team supporting the home with IPC visits, training, and environmental screening in collaboration with UKHSA.
- High levels of community-acquired norovirus continue to present at ED with outbreaks in both acute and community healthcare settings.
- C-Difficile remains the leading cause of infectious diarrhoea in hospital patients. Cases in SWL have increased by 33%, with 289 cases reported between April and January, over half of which are community-associated. New ribotypes show increased transmissibility and severity, necessitating continued surveillance, outbreak reviews, and ribotyping. Updated infection management and prescribing guidance has been circulated. Efforts are ongoing to improve discharge information for GPs to flag high-risk patients and enhance antibiotic stewardship.
- SWL saw three cases of travel-related Monkeypox Clade 1b, classified as a High Consequence Infectious Disease (HCID). Cases admitted to infectious disease units in London, with UKHSA-led contact tracing and vaccination offered to exposed individuals.

Learning From Patient Safety Events (LFPSE) - General Practice

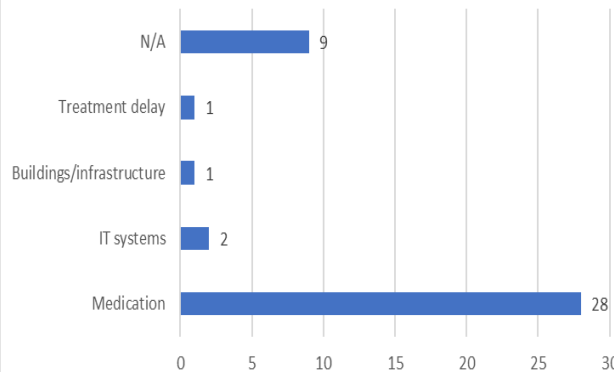
Graph 1: Total number of LFPSE alerts submitted by year (up to end February 2025)



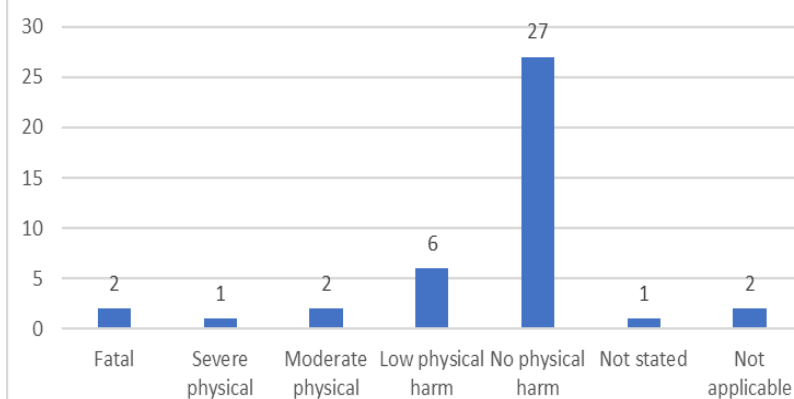
Graph 2: Total number of events by borough in 2024/25 (up to end of February 2025)



Graph 3: Themes 2024/25 (up to end February 2025)



Graph 4: Level of physical harm 2024/25 (up to end of February 2025)



Summary

The Learning from Patient Safety Events (LFPSE) service for general practices was launched in July 2021. From the 2025/26 GP Contract, practices will be required to consider the Primary care Patient Safety Strategy and use LFPSE to report safety incidents. SWL ICB quality team will develop a proposed approach to raise awareness in general practices.

- Across SWL 294 events have been recorded by GPs since LFPSE for GP was launched. The highest number of events were recorded in 2023/24 (130) with 41 events recorded between April 2024 and February 2025, a declining trend (graph 1).
- Between April 2024 and February 2025, Croydon GPs recorded over half of the safety events, this increased recording is linked to their Place level medication reporting incentive scheme. Merton GPs recorded a single event (graph 2).
- Medication related events continue to be the most common theme to date with 28 recorded between April 2024 and February 2025 (graph 3).

ICB Place level Actions

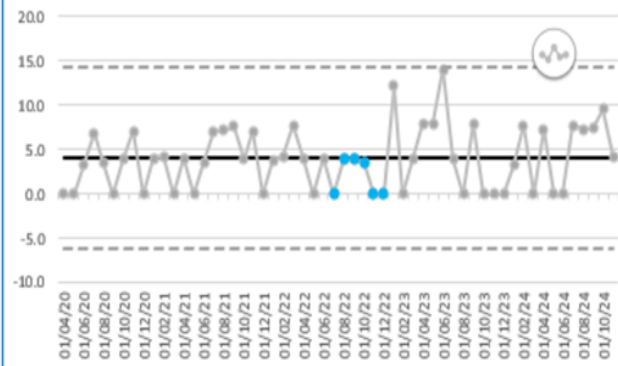
- Support GP engagement and use of LFPSE.
- Work with primary care team on supportive schemes to increase usage of LFPSE.

ICB System Level actions

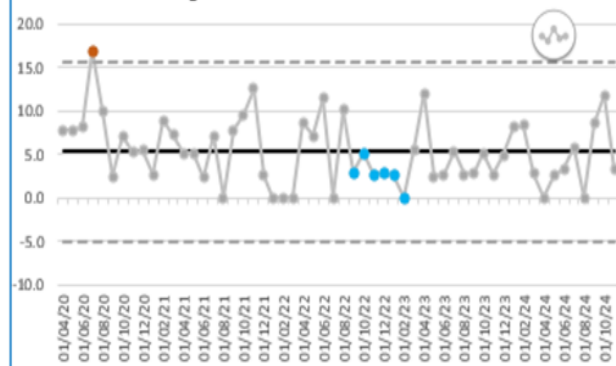
- Continue to promote system awareness materials created
- Explore supportive methods from other areas doing well with GP usage of LFPSE
- Continue pushing the national discussions regarding supporting one reporting system for general practices for all types of incidents

Maternal and neonatal safety in SWL

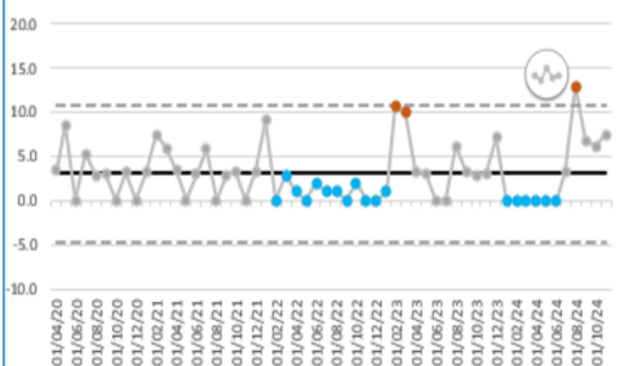
Stillbirth Rate Croydon



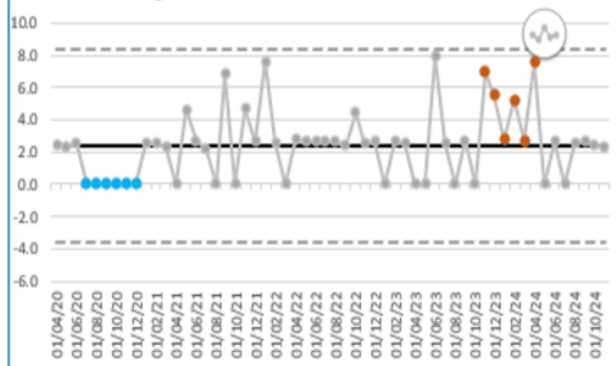
Stillbirth Rate St Georges



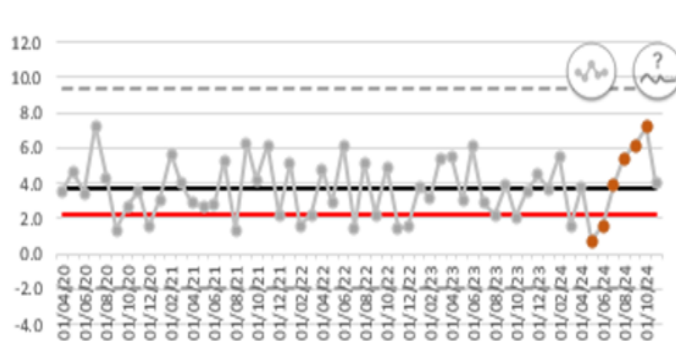
Stillbirth Rate ESTH



Stillbirth Rate Kingston



Stillbirth Rate SWL



Black line = mean stillbirth rate per unit/ SWL

Red line = target rate for SWL (2.2)



= common cause variation, ('normal' variation)

SWL Stillbirth rates

Summary of findings 2024

Croydon has not had any significant change in stillbirth rates and remains within normal variation range

Stillbirth rate 2024 = 4.98

ESTH stillbirth rate dropped significantly between January and June 2024 but saw a spike in August, rates have now returned to within normal variation range

Stillbirth rate 2024 = 3.37

St George's has not had any significant change in stillbirth rates and remains within normal variation range

Stillbirth rate 2024 = 5.10

Kingston stillbirth rate saw a rise in April but has now returned to within normal variation range

Stillbirth rate 2024 = 2.78

SWL Overall

There was a rise overall between August and October but rates have now returned to within normal variation range

Stillbirth rate 2024 = 3.94

National stillbirth rate (ONS) = 3.9/1000

Stillbirths rate in SWL

Still birth rates across all providers in SWL fluctuated between Aug 2023 and July 2024. but has returned to normal variation range as seen nationally. Deep dive data on the rise of stillbirth showed no service care delivery concerns.

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 improve?

- Supporting trusts 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.

CYP and SEND

CYP & SEND

- **Asthma:** South London Asthma Summit took place on 13th February 2025 with a strong SWL stakeholder attendance and involvement. London has the highest rate of Children's asthma deaths against other European Countries and SWL reported 3 Asthma CYP deaths over the last 2 years . Mapping against National Bundle of care is taking place and Collaboration with Acute providers to deliver an ICB led Community Diagnostics Centre Pathway Development Fund for CYP with asthma.
- **Epilepsy:** SWL ICB completed a service audit against the 34 metrics recommended by the Epilepsy Bundle of Care Programme. 5 metrics rag rated green and 14 amber respectively, the other 15 metrics required further information to identify the current position. SWL is liaising with individual trusts to verify data, identify current position and devise improvement plans if required. Mental health, wellbeing and transition of care were the agreed priority areas by SWL and the epilepsy team. Other areas of Focus include care plans and school healthcare plans.

CYP & SEND

Child Death Overview Panel: SWL has a multiagency child death Overview panel that reviews all child deaths in line with statutory guidance . Themes that have been in discussion recently include ; revision of safe sleeping advise for new parents; professional curiosity in schools; supporting staff in use of the perinatal mortality review tool; and antenatal care and medication. More detail summary of themes , learning and actions will be provided in the annual CDOP report

SEND Inspection activity: Local Government Association peer review for SEND took place between 4th and 7th March 2025 in Merton. Reviewers were in the Local Area for 4 days and activities including meetings with ICB Head of SEND, Health Commissioners, DCO, Head of CAMHS, SEND Lead of Acute Hospital Trusts, and health practitioners. Update will be provided in future on outcome of the review

CYP & SEND

Paediatric Audiology: National Paediatric Audiology Services Improvement Programme: In October 2024, NHS England outlined the national response and expectations as part of the ongoing Paediatric Hearing Services Improvement (PHSI) Programme. SWL ICB is leading stage 3 of the Programme which entails an independent and external assessment of the safety of paediatric audiology services across the sector. Throughout January and February all SWL providers completed these co-ordinated reviews with support from SMEs and NHSEs Chief Scientific Officer and Director of Nursing. In summary there was positive progress with increasing levels of assurance, which led to two of our providers ESTH and CHS (Tier 2 service) being deescalated from the national oversight register. There are no providers triggering a recall process. All providers except Kingston have received their reports with recommendations. There are some required actions for most of the providers and the improvement plans will be reported through relevant governance fora and quarterly update requests from region

All Age Continuing Care (AACC) , Safeguarding Adults, Safeguarding Children and Children Looked After(CLA).

Safeguarding Adults, Safeguarding Children and Children Looked After(CLA).

- **Q3 safeguarding commissioning assurance toolkit submission.** SWL ICB has signed off and published our multi-agency safeguarding arrangement (MASA) plan with statutory partners in line with NHSE provider S-CAT (safeguarding Children and Adult policy)
- **SWL ICB Safeguarding Supervision policy:** SWL ICB is developing the Safeguarding Supervision policy. Further work is needed to identify roles and levels (mirroring the safeguarding training strategy). It was flagged that the review of the intercollegiate guidance may recommend an ICS safeguarding supervision strategy.
- **Safeguarding Training Strategy:** SWL ICB is not fully compliant as expected. Compliance for Level 2 and 3 adults and children are below target. An action plan is in place to improve compliance by the end of Q4. A face-to-face mop up session may have to be conducted if there are still a significant number non-compliant.
- **SWL Protocols for Falls, Pressure Ulcers and Medication:** SWL have formally agreed the Safeguarding Protocols covering Pressure Ulcer Care; Medication errors and Falls. These have been shared with each of the Safeguarding Adults Boards for agreement and implementation.

Safeguarding Adults, Safeguarding Children and Children Looked After(CLA).

- SWL Local Authorities regulatory inspection activity related to safeguarding that ICB are supporting as a key partner:
 - Kingston children's social care received an Outstanding OFSTED inspection in December 2024. Report published Jan 2025.
 - Kingston had their ILACS inspection (Inspecting Local Authority Children's Services) completed December 2024. Awaiting formal outcome
 - Sutton has a planned adult social care CQC inspection planned to commence in March 2025
 - Croydon adult social care has a planned CQC inspection from March 2025. More detail awaited
- **SWL CLA work plan:** The CLA team have carried out work to identify key priorities, workstreams and outcomes .Key areas being:
 - Care Leavers: Prescriptions and wider health requirements
 - Mental Health: Standardisation of the CLA offer and assurance dashboard
 - Employment and support of 3 Care leavers posts
 - Dental Health access
 - Quality of RHA: To standardize the quality assurance of RHA's across SWL (in and out of borough)
 - Quality Assurance framework: To improve oversight of residential placements ensuring meeting health requirements
 - Workforce: To address gaps in the CLA workforce across SWL

AACC

- **All age continuing Care (AACC):** SWL ICB developed an integrated approach to continuing healthcare (CHC) across the six boroughs of South West London and commenced a transformation programme with a range of improvement priorities summarised into a 7-point action plan. This was following two major reviews from Niche and Crisante). In alignment with the agreed Transformation Plan the CHC team has;
 - Continued to provide the necessary reviews in 28 days as per the NHSE trajectory (the only ICB to do so)
 - Manage its finances to provide significant efficiency contribution to the ICB budget
 - Continued to recruit to substantive posts, and developed a proposal to present for next year's workforce (interim staff)
 - Secured approval from Contract and Procurement Group (CPG) to begin a procurement of a single digital patient record system
 - Started the project documents for next year's efficiency targets and prepared a SMT briefing for budget setting in 2025/26
 - Diagram below with snap shot of the workstream

Quality improvements updates

Provider	Improvement area	Improvement actions
KRFT	Diversity	A team of finance staff , and inclusion and diversity ambassadors for South West London have been shortlisted for the Healthcare Financial Management Association (HFMA) Diversity and Inclusion Awards 2024.
SWL StG	Reducing Violence and Aggression	The trust developed a co-produced framework to help reduce Violence and Aggression (V&A) and increase support following an incident. This reflects the commitment to reducing racial motivated or targeted abuse on any protected characteristics. Quality Improvement work is being targeted at two wards and trust is working to develop a new staff support hub. These goals will be part of our Great Place to Work (GPTW) programme.
	Culture of Care'	The trust are undertaking an exciting pilot, implementing a range of initiatives aimed at improving the culture of inpatient mental health, learning disability and autism wards for patients and staff so that they are safe, therapeutic and equitable places to be cared for, and fulfilling places to work.
SGH	Ward Accreditation	In November 2024, 11 areas were inspected, of these 2 areas were awarded Platinum for achieving their 3rd consecutive Gold accreditation (Neurology OPD and Paediatric Intensive Care Unit), 4 services were awarded Gold for the first time (Anticoagulation Clinic, Wheelchair, Supportive & Rehabilitation Engineering, Thomas Young Ward and St John's Outpatients), all other services were rated Silver.
RHND	Pathway to Excellence	RHN has successfully achieved designation of Pathway to Excellence® in August 2024, they are the first independent health care provider in the UK to achieve this International designation.

Quality improvements updates

Provider	Improvement area	Improvement actions
CHS	Patient experience	The trust hosted a patient engagement event on the 11th December 2024 as part of their commitment to continually improve patient experience and keep the patient voice at the heart of everything we do. The event was an opportunity to share what we have learnt from patient feedback and how that is improving our care. It was also an opportunity to get patients' voice into shaping our annual quality priorities for the coming financial year.
CLCH	Community Nursing	The community nursing received a Silver Award in the Wound Care Collaborator category at the Journal of Wound Care Awards 2025. The awards celebrate excellence in wound care, recognising innovation, collaboration, and outstanding contributions to improving patient outcomes.
	Equalities	The LGBTQ+ collaborative project exploring the impact of dementia and access to services for the LGBTQ+ populations and their carers in collaboration with London South Bank University (LSBU) has submitted a poster abstract to the International Forum on Quality and Safety in Healthcare conference, the outcome of the poster being accepted is expected in December 2024.
	Return to practice	A year ago the trust launched an innovative Allied Health Professional (AHP) Return to Practice Programme in partnership with NHS England where it paid returnees as Band 4 therapy assistants to undertake supervised practice to enable them to return onto the Health and Care Professional Council (HCPC) register. The trust have successfully recruited 20 AHP returnees in the last twelve months in Dietetics, Occupational Therapy, Orthoptics, Paramedics, Physiotherapy, Podiatry and Speech and Language Therapy.

The ICB board is asked to:

- Provide feedback on the current version of the quality report and advise on any specific areas of focus they would like to see for future reports.
- Note that as the system continues to face significant financial challenges, the pressure and demand on providers continues to be significant and the focus on safety and quality of care needs to be prioritised .
- Note the content of the quality report and areas of focus- and be assured that risks are being managed through the appropriate governance and escalation arrangements between providers and the ICB.
- Be assured that the exceptions highlighted within the report were presented and discussed at the Quality Operational Management Group (QOMG) in February and March 2025, and that all escalations were reported to the System Quality Council, also held in March 2025.
- Be assured that the risk review cycles continue to identify, review, and mitigate both new and existing risks, including those in the Board Assurance Framework.
- Be assured that improvements are happening at Place and organisational level to improve patient safety and overall quality of care.

ICB Performance report – March 2025

Agenda item: 9e

Report by: Jonathan Bates, Chief Operating Officer

Paper type: For information

Date of meeting: Wednesday, 28 May 2025

Date published: Wednesday, 21 May 2025

Content

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

Purpose

The purpose of this report is to provide Board Members with oversight and assurance in relation to the overall performance and quality of services and health care provided to the population of South West London. The report highlights the current operational and strategic areas for consideration.

Executive summary

The ICB Performance Report provides an overview of performance against constitutional standards at an ICS level and, in some cases at the Provider level. This report focuses on performance for January 2025 and February 2025 using nationally published and local data.

Key Issues for the Board to be aware of

Key areas where SWL has seen improvements in performance:

- **111 performance continues to improve against key metrics.** The percentage of 111 abandoned calls reduced in February, for the third consecutive month.
- **A&E 4-hour performance improved for the third consecutive month** in February, although it remains below the 78% target. This correlates with 'all type' activity returning to planned levels in January and February.
- **Active mental health out of area placements for adults** have reduced for the second month with performance of 5 against a local trajectory of 13.

Key issues for the Board to be aware of:

- **The proportion of patients discharged who no longer met the criteria to reside (CTR) remains low**, compared to performance of 49% in April 2024. This is likely due to an increase in patient complexity and overall challenges in the system. There is continued system-wide work to improve coordination of system partners to discharge patients who need multi-agency input.
- **In February, 12-hour breaches for in acute Emergency Departments remained high** notwithstanding a reduction for the second subsequent month. SWL benchmarks in the worst decile, nationally, for 12hr breaches. Reduction in these will follow from the two key areas of focus; reducing demand on A&E, where alternative urgent care services exist and improving flow through the urgent and emergency care system.
- **52 week waits for elective treatment** have increased in December and January. Whilst SWL has fewer long-waiting patients than other London ICBs, other systems in the region have significantly reduced their long-waiter position.

Recommendation

The Board is asked to:

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

Governance and Supporting Documentation

Conflicts of interest

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

Corporate objectives

This document will impact on the following Board objectives:

- Meeting performance objectives across the SWL ICS

Risks

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

This document links to the following Board risks:

- RSK-001 Delivering access to care (NHS Constitution Standards)
- RSK-024 Delivery against the NHS 2024/25 Elective Recovery Plans
- RSK-037 Urgent and Emergency Care

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 two-year UEC Plan has been agreed across key stakeholders. Operational measures were defined to help the system maintain standards of care during peak winter challenges, and these were extended into March.
- 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. There is also a 2025/26 operating plan requirement to reduce length of stay at mental health providers, to reduce 12-hour mental health breaches in A&E.

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
SMT	01/05/2025	Noted

Final date for approval

N/A

Supporting documents

Attached ICB Performance Report – March 2025

Lead director

Jonathan Bates

Author

Suzanne Bates

South West London ICB Performance Report

March 2025

DATE REFRESHED : 14-03-2025

SRO: Jonathan Bates



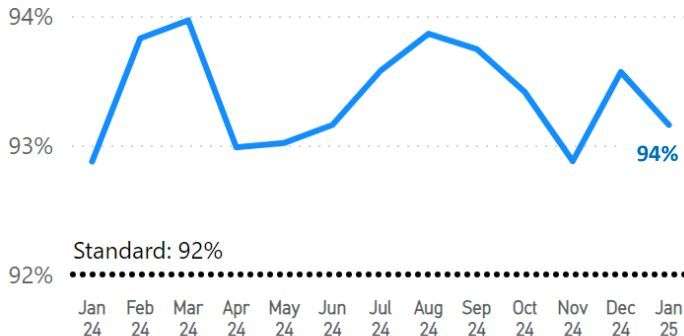
South West London



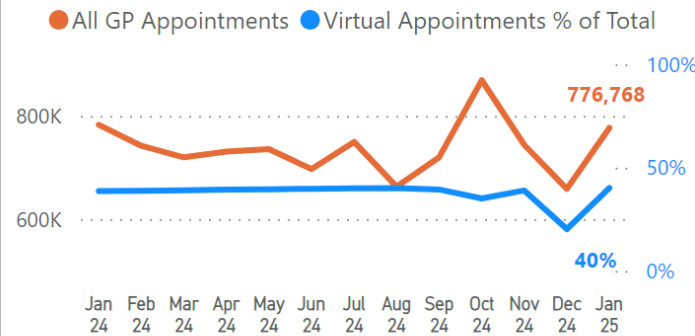
- The South West London (South West London) Integrated Board report presents the latest published and unpublished data assessing delivery against the NHS Constitutional standards and locally agreed on metrics. These metrics relate to acute, mental health, community and primary care services and other 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:
 - NHS England has suspended the collection and publication of the Monthly Referral Return (MRR) data until further notice, therefore GP and other specific referrals for first consultant-led outpatient appointment. These charts will be replaced in the September Report.
 - From April, the Out of Area Placements Mental Health measure changed nationally to count the number patients rather than bed days, the data from April has not been published. The data will be updated when nationally available.
 - Data on 45-minute handovers is from London Ambulance Service and has not been validated by South West London Trusts.
 - Kingston Hospital experienced technical issues related to updating their systems to reflect the merger with Hounslow and Richmond Community Health (HRCH). This has resulted in M8, November, data not being included in national data flows. This was corrected in the submission and publication of M9, December, data. The following metrics were affected:
 - Total non-elective spells (Urgent and Emergency Care)
 - Number of patients staying +21 days (Integrated Care)
 - Elective day case spells (Planned Care)
 - Elective ordinary spells (Planned Care)

- **Appointments in general practice** increased in January as planned, volumes exceeded the operating plan trajectory for the month by 8.6%. The system continues to meet the standard of 92% of **GP appointments seen within 2 weeks**. The autumn **covid vaccination programme**, finished on the 31st of January, however the outreach team continues to vaccinate immunosuppressed patients.
- **Services contributing to A&E avoidance are performing well.** The latest **urgent community response (UCR) 2-hour performance** is 86%, against the national standard of 70%. SWL has the highest number of UCR referrals in London. **The volume of 111 calls** decreased for a second month in February, following December's peak volumes, and **abandoned 111 calls** were 1.0% in February, comfortably achieving the <3% target. The system has invested in a range of initiatives to reduce front end pressures, including frailty at the front door and additional therapy and pharmacy services. The **Consultant Connect service went live early in 2025**, providing clinical advice over the phone for paramedics to reduce conveyances to A&E; in particular, the service is known to reduce conveyances for elderly, frail patients, who are the majority of long waiters in A&E.
- February saw a **seasonal decrease in A&E attendances** following higher than expected A&E attendances between October and December. In line with the decreased attendances, **SWL A&E (all types) performance increased to 76.1%**, ranging from 73.4% at Epsom & St. Helier to 80.9% at St George's; although below the 78.8% target, **SWL's aggregate performance was above both the London and national averages, strengthened by a relatively good non-admitted non-elective performance.**
- **Emergency care pressures are on the admitted non-elective pathway, due to inpatient flow;** 2,282 patients waited over 12 hours from 'decision to admit' to admission in February, a decrease of 175 since January. SWL had the highest number of 12-hour breaches in London and the fifth 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 was 75% in February.
- **Unvalidated figures show that in February, there were 136 x 12-hour breaches in emergency departments for patients awaiting a mental health bed**, down by 8 on the previous month. Medium term actions to support improvement include bed prioritisation scoring additional hostel beds and private sector beds, and focussed flow improvement work to address coordination within mental health providers and across partner organisations. Longer term actions include 2025/26 programmes to reduce the length of stay at SWL's mental health providers, which is relatively longer compared to the national position.
- **SWL continues to be a positive outlier for cancer performance.** On the 28-Day faster diagnostic standard, SWL performance was 80.1%, above the 77% standard and the second highest ICB nationally. Performance against the 62-day aggregated performance standard was 79.8%, the highest nationally, against a standard of 85%. Referrals continue to far exceed 2019/20 levels.
- **SWL also continues to be a positive outlier for planned care performance and long waits**, though the volume of 52-week waits increased for the second consecutive month to 2,366 in January, particularly Gynaecology and Bariatrics. Gynaecology increases are mainly at Epsom and St. Georges - the two trusts have increased capacity, and the longer-term trend has been a reduction of this patient cohort. Bariatrics growth was the impact of North London GP referrals to St George's. SWL ICB and St George's are working with NHS England London Region to understand changes in referral patterns and mitigate the impact, alongside ongoing fortnightly NHSE/ICB meetings to track the reduction of 65-week waiters.
- **In Quarter 3, 59% of Severe Mental Illness patients received all six annual health checks.** SWL remains on track to meet the 60% operating plan target. 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.

GP appointments within 2 weeks



% of Total Appointments that are Virtual



GP Appointments

776,768 appointments were delivered in January 2025, an increase of 118,215 compared to December 2024.

Of these appointments: 58% were face-to-face consultations and 47% were delivered the same day. The GP appointments within 2 weeks metric looks at eight nationally defined categories, including home visits and care home visits. January performance for SWL was 94.1% delivered within 14 days, including same day. This was the second highest of all London ICBs, for January.

COVID Vaccinations

The Autumn and Winter covid programme finished on the 31st January, however the Outreach team continued to vaccinate the newly immunosuppressed in this inter-seasonal period.

The next Covid Spring campaign is due to begin on 1st April 2025, with the eligible cohorts of people aged over 75, people in older aged registered care homes and the immunosuppressed.

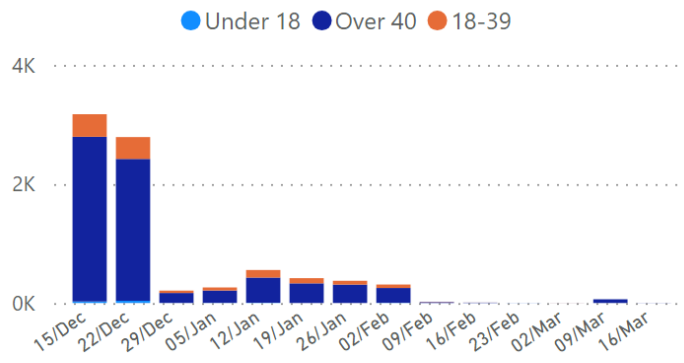
There are 170 providers taking part in this campaign in SWL and data will begin to flow again from April when the programme begins.

Childhood Immunisations (most recent published data: Quarter 2 2024/25)

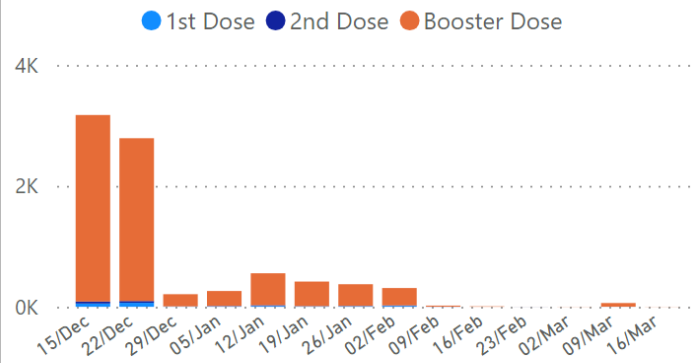
The 6-in-1 vaccine protects against illnesses like polio and whooping cough, and is given to babies under 16 weeks old. Quarter 2 2024/25 uptake was above the London average at 88.8%. In addition to the 6-in-1, Meningitis B uptake by 12 months (not shown on the graph) have risen by to 95.5% in March, increasing in all boroughs except in Richmond. Uptake of MMR1 at age 24 months is 87.6%.

The 4-in-1 pre-school booster helps protect against polio and tetanus, given to children aged 3 years and 4 years, before starting school. Quarter 2 2024/25 uptake was above the London average at 64.2%. At age 5 MMR1 is 89.7% and MMR2 is 81.7% in SWL (not shown on the graph). Unpublished data shows that the pre-school booster for 5 year olds increased to 70.9% uptake in SWL in March.

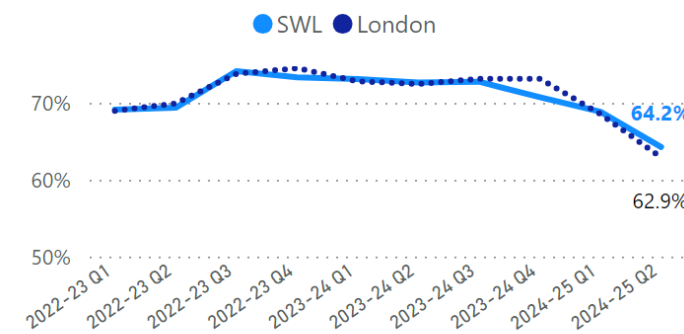
SWL Covid Vaccinations by age group



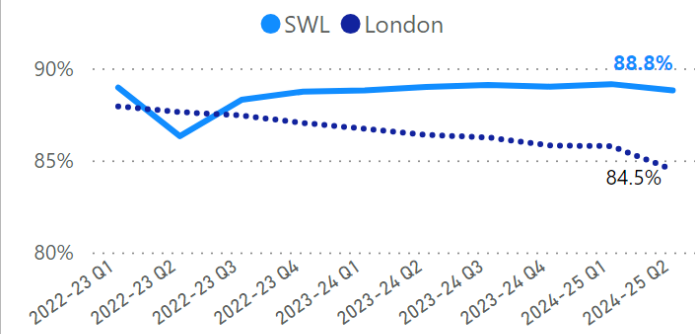
SWL Covid Vaccinations by Dose



4-in-1 and MMR2 Vaccine Uptake

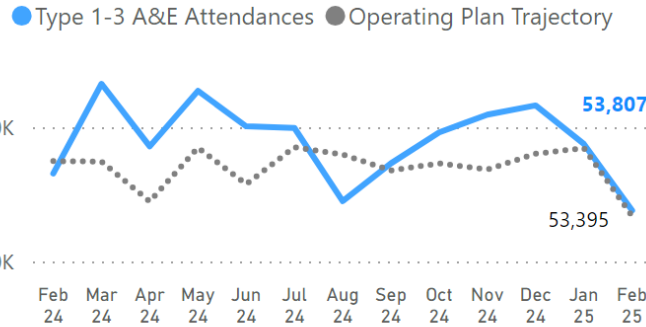


6-in-1 Vaccine Uptake

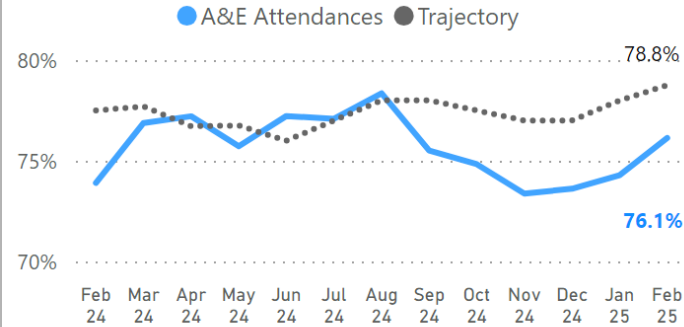


Domain: Urgent and Emergency Care

A&E Attendances (All Types)



A&E (All Types) 4 Hour Standard

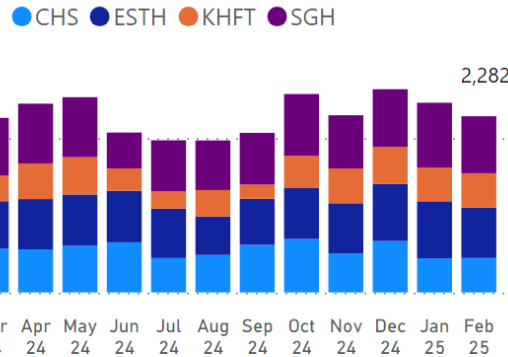


Accident & Emergency (A&E) attendances and performance

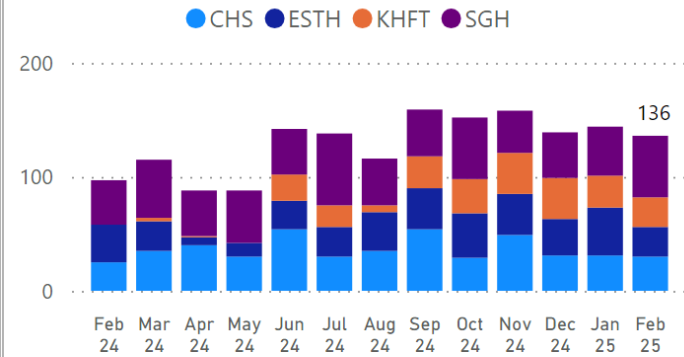
A&E attendances decreased in February per seasonal expectations. Performance against the 4-hour standard increased to 76.1%. Whilst below target, this is within the context of ongoing pressures, such as the continued increased prevalence of infectious disease affecting bedded capacity and flow. Plans to improve delays in A&Es were developed and implemented in March, using remaining winter funds.

The London Ambulance Service's (LAS) Winter Plan to maintain response times was extended from end of January to mid-March. Evaluation of the LAS Winter Plan was shared with the SWL Urgent and Emergency Care (UEC) Board and some elements of the plan continue to be enacted. For example, the use of W30, where crews waiting at hospital carry out immediate handover (rapid release) at 30 minutes during pressured periods.

12 Hour A&E Breaches



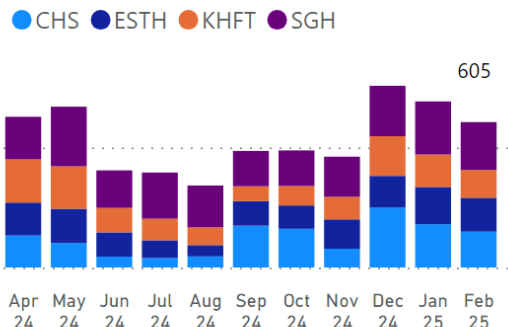
12 Hour Mental Health A&E Breaches (Unvalidated)



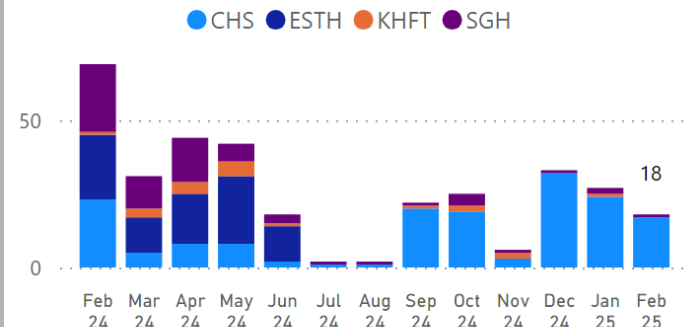
12-hour breaches

The number of patients remaining in A&E for more than 12 hours for admission, discharge or transfer continued to reduce in February although numbers remain high. All SWL hospitals continue to work towards improvements in discharge and flow to deliver the operating plan ambition of reduced 12-hour breaches in 2025/26. Patients with a mental health diagnosis waiting over 12 hours saw a decrease in February. Plans are in development to ensure a sustainable reduction by reducing length of stay at mental health providers. Notwithstanding considerable work in SWL with regional support, challenges remain at Epsom Hospital around timely links to services in Surrey.

45 minute Ambulance Breaches



60 minute Ambulance Breaches



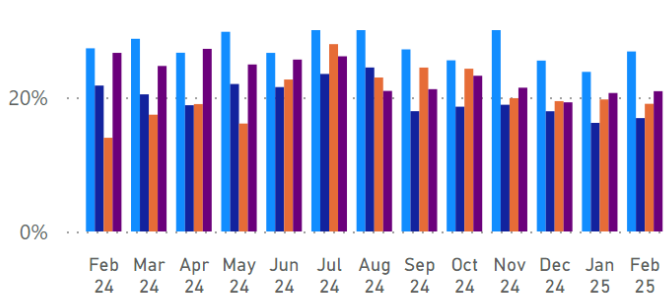
Ambulance handovers

Ambulance conveyances decreased in February, and 45 and 60 minutes breaches reduced markedly compared to January. All acute providers continue to support the LAS Winter Plan, noting the challenges this presents to acute trusts, requiring additional nursing and bedded space to support cohorting. Most local systems allocated part of their Winter funds to support this additional resource requirement. February saw the launch of a pilot to reduce unnecessary hospital admissions by enabling ambulance crews to have direct access to frailty consultants (Consultant Connect), with the aim of keeping more patients in the community or facilitating earlier access to SWL Frailty Units.

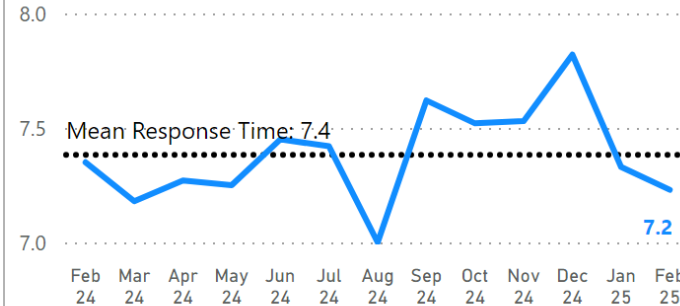
Domain: Urgent and Emergency Care

% Ambulance Handover within 15 minute

● CHS ● ESTH ● KHFT ● SGH



London Ambulance Category 1 Emergency Response Times (minutes)



Ambulance Response Times

Overall ambulance response demand has remained higher than last year. February saw some reduction in demand compared to January. The mean response time for Category 1 at London level improved from 7.3 minutes last month to 7.2 minutes in February. South West London's performance also improved, from 7.2 minutes to 7.1 minutes.

The mean Category 2 response for London decreased from 35.5 minutes in January to 31.3 minutes in February. SWL performance decreased from 28.5 minutes in January to 25.5 minutes in February; again, the best performance across London for response to Category 2 calls in the community.

The system is committed to reducing waits for all patients and getting ambulance crews back on the road promptly. This included adherence to the LAS Winter Plan with its associated escalation steps and measures which ceased to be in place from 11 March.

Non-elective spells

Despite the pressures brought about by a rise in infections, non-elective spells dropped significantly in January.

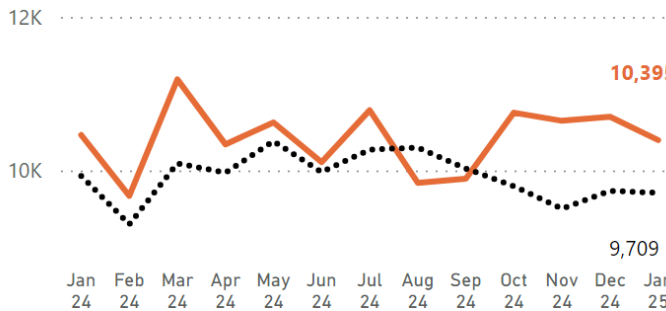
111 Calls

Call volumes continued to drop in February to 35,276, which is still higher than planned. Abandoned calls, as a percentage were well within the <3% target, achieving 1.0%. There has been a continued focus on workforce to ensure that the right levels of staffing are in place, including managing sickness which continued to be around 16% in February.

111 is a key service to ensure patients have access to appropriate clinical advice, outside of attending A&E.

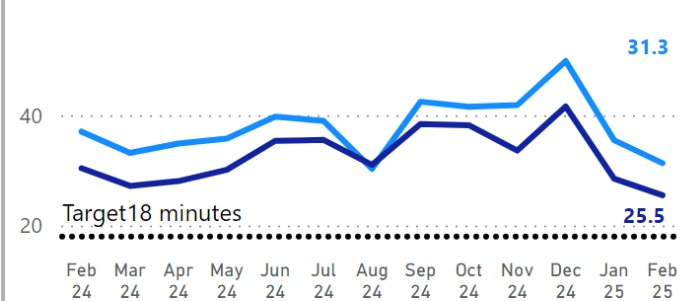
Total Non-elective Spells

● Activity ● EM11 - Trajectory



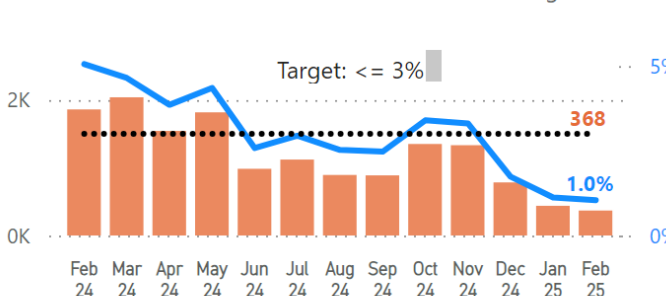
Ambulance Category 2 Emergency Response Times (minutes)

● London C2 Mean ● SWL C2 Mean

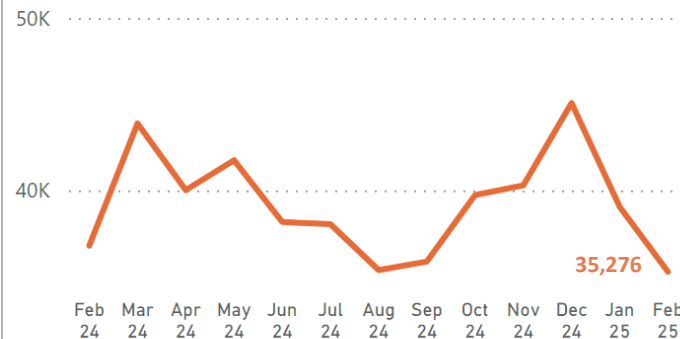


111 Calls Abandoned

● Calls Abandoned ● % Abandoned ● Target

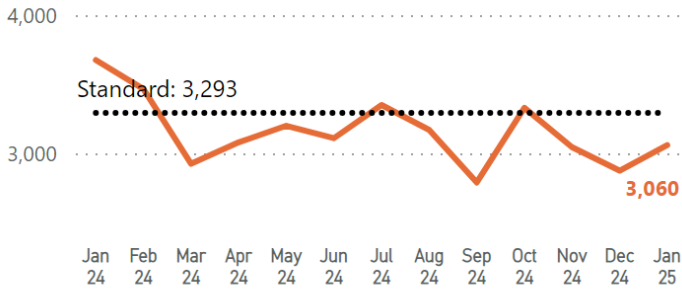


111 Call Volumes



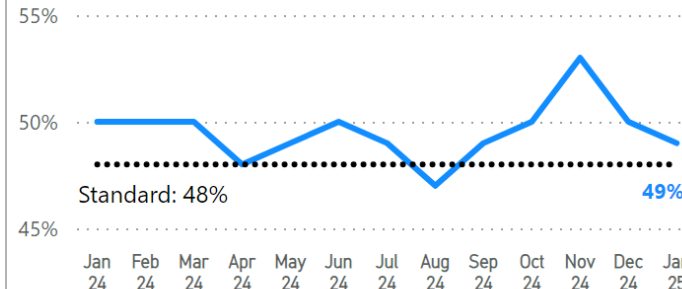
Access to Talking Therapies

● Activity ● Trajectory



Talking Therapies - Reliable Recovery Rate

● Activity ● Trajectory



Talking Therapies - Access

The number of patients accessing the service increased in January following the seasonal trend in previous years but remains below the local plan.

Talking Therapies - Reliable Recovery Rate

A referral has moved to 'recovery' if they were defined as a clinical case at the start of their treatment and not at the end of their treatment. The 48% standard continues to be achieved in January, having been met eleven months in the past twelve.

Severe Mental Illness (SMI) Physical Health Checks

In Quarter 3, 59% of Severe Mental Illness patients received all six annual health checks, this was just below the trajectory of 60%. There was a decline in performance since 2023/24 due to a change in the national data source; a similar impact was seen in other ICBs. In anticipation of this change, London region encouraged ICBs to submit local trajectories below the 75% national target. Place-based systems continue to work to increase physical health checks for this vulnerable population.

Dementia Diagnosis rate

South West London (SWL) continues to maintain good performance levels (72.9%) exceeding both the national target of 66.7% and the London ambition of 70%.

Access to transformed Community services

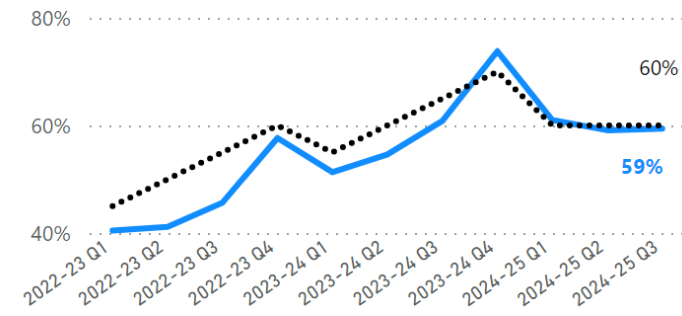
Transformed community mental health services provide integrated mental health support and treatment for people with any level of mental health need, within and as part of their community. The SWL plan assumed further services would be identified as transformed by Quarter 2, with a step change in trajectory 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

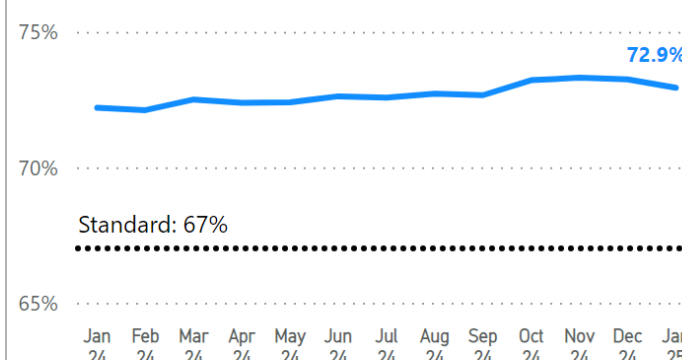
Performance remains on track. Engagement with Primary Care, supported by GP clinical leads, has been good and the year-end target remains achievable.

SMI Physical Health Checks

● Performance ● Improvement Trajectory

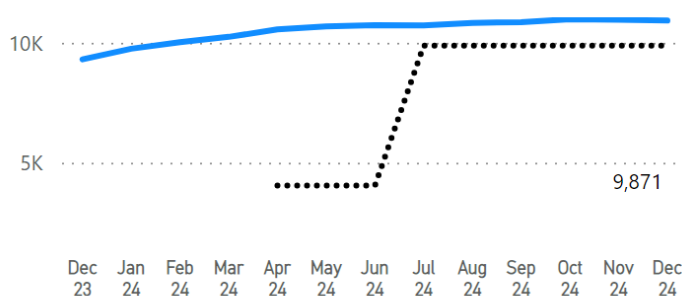


Dementia Diagnosis Rate



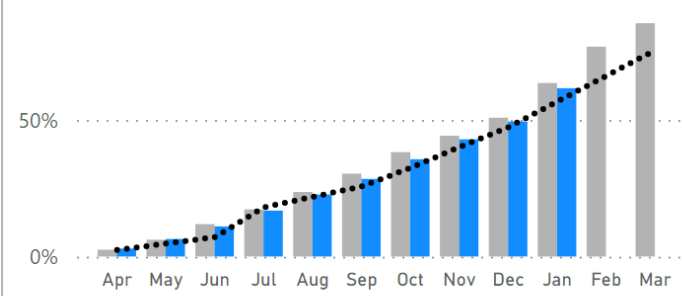
Access to transformed Community Services

● Activity ● Trajectory



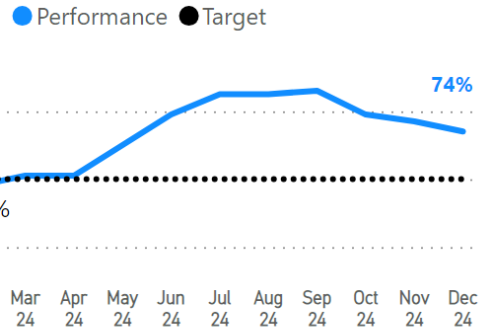
Learning Disability Annual Health Checks Cumulative

● 2023/24 ● 2024/25 ● Target

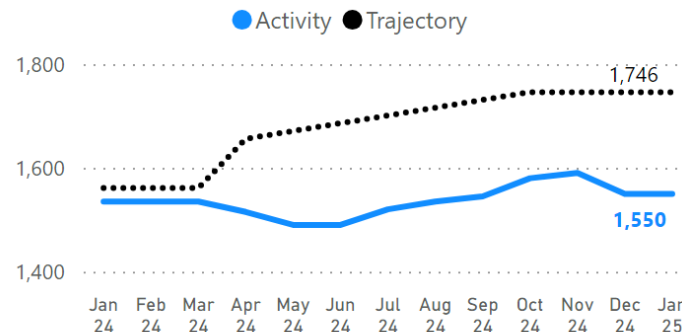


Domain: Mental Health Services

Early Intervention Psychosis (EIP)



Access to Specialist Perinatal MH Services



Early Intervention Psychosis (EIP)

Performance was above target in December. 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 (MH) Services

Performance remains below target. SWLSTG are on-track with their trajectory, whilst other providers are below plan.

Inappropriate Out of Area Placements (OAP)

Work remains ongoing to address delayed discharges to ensure improved patient flow. Improvement plans for the mental health urgent care pathway have been developed by both SWLSTG and South London and Maudsley (SLAM).

12 Hour mental health A&E Breaches (unvalidated)

South West London (SWL) continues work with social care and other partners to improve discharge. Improving the MH crisis pathway for patients continues, reducing the need to attend A&E and improving access to more appropriate MH services. This is supported by:

- 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 capacity over Winter, 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 MH professionals earlier.

Reducing 12-hour breaches is a 2025/26 operating plan ambition, as is reducing length of stay at MH providers to help reduce MH 12-hour breaches.

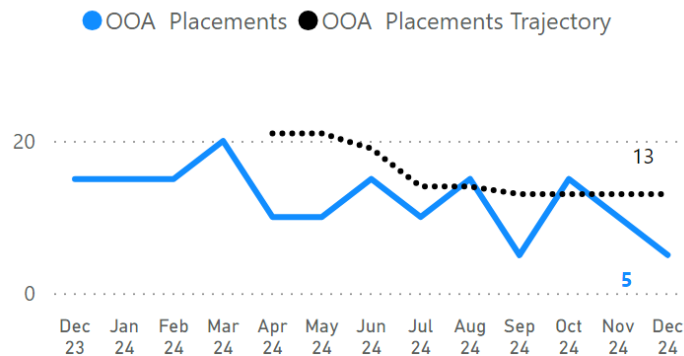
CYP Access Rate – Rolling 12 Months

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

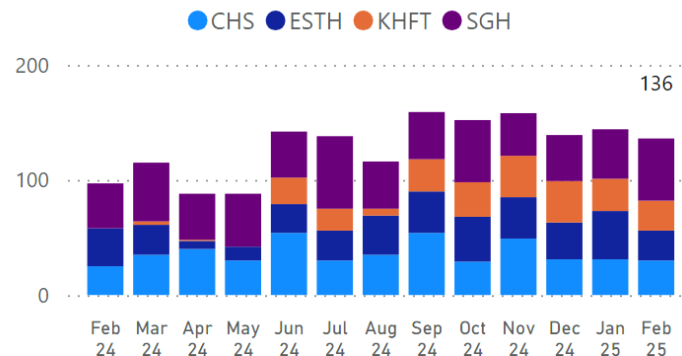
CYP eating Disorders Seen within Target Time

The Quarter 3 2024/35 routine performance was significantly above the Quarter 1 position of but below the target. Quarter 2 saw increased referrals and challenges in staffing. Recruitment and retention work is ongoing. SWL's urgent performance was also below target for the same period. Performance at South London and Maudsley's (SLaM), covering Croydon and South East London patients has driven SWL's underperformance.

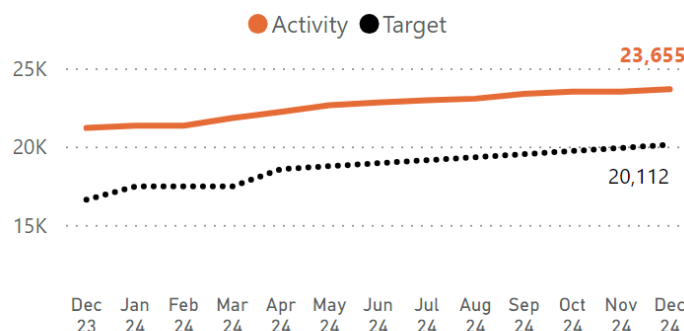
Active Inappropriate Adult Acute OAPs



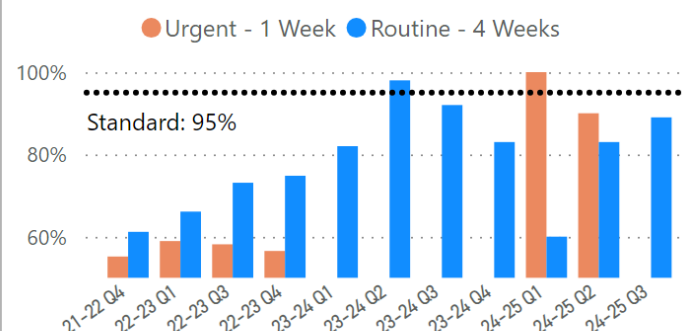
12 Hour Mental Health A&E Breaches (Unvalidated)



CYP Access Rate - Rolling 12 Months

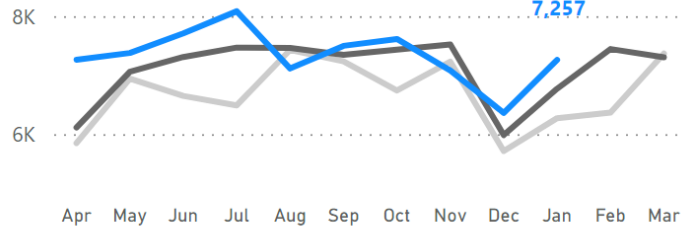


CYP Eating Disorders Seen within Target Time

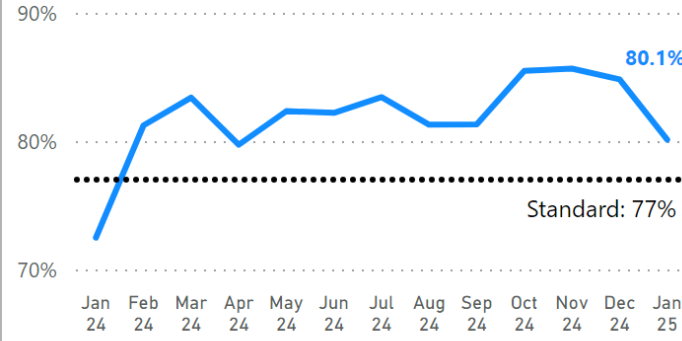


Urgent Suspected Cancer Referral Activity

Fin_Year ● 2022/23 ● 2023/24 ● 2024/25



Faster Diagnosis Standard: Performance against Standard



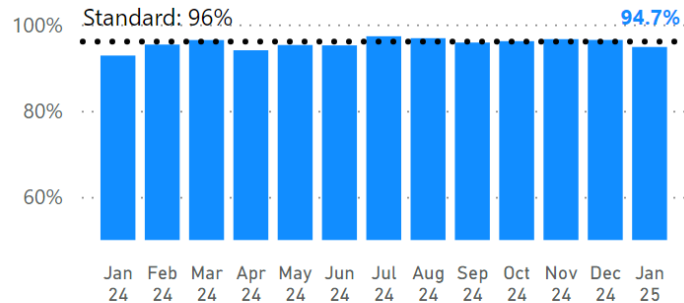
Urgent Suspected Cancer (USC) Referral Activity

Urgent suspected cancer referrals exceeded previous years in January. South West London (SWL) services saw 83.8% of patients seen within 2 weeks in January. This is no longer an operational standard but is still being monitored to ensure the remainder of the pathway is met within target.

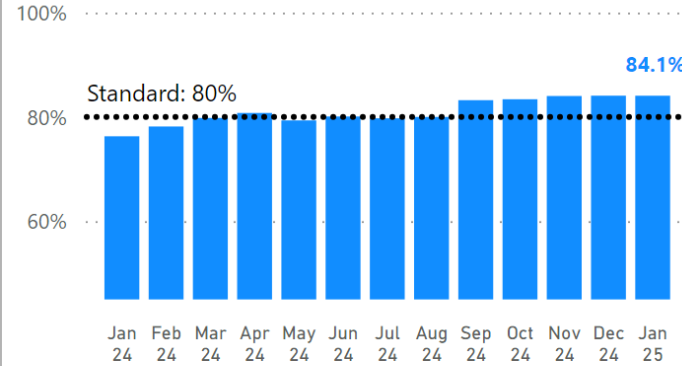
Faster Diagnosis Standard

The Faster Diagnosis Standard of 77% was met by all SWL trusts (except Croydon at 75.5%), and the overall SWL ICB position was again one of the highest nationally at 80.1%. The focus this year is in tele-dermatology, gynaecology and head and neck pathways and to implement demand reducing initiatives such as FIT<10 and Breast pain clinics.

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



Lower GI suspected cancer (FIT referrals)



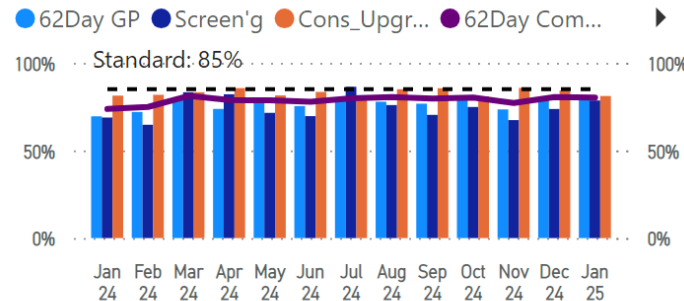
31-day cancer treatment against 96% standard

In January, the standard was not met overall with St Georges and RMH non-compliant. However, the ICB is still one of the best performing nationally and is expected to be compliant in February.

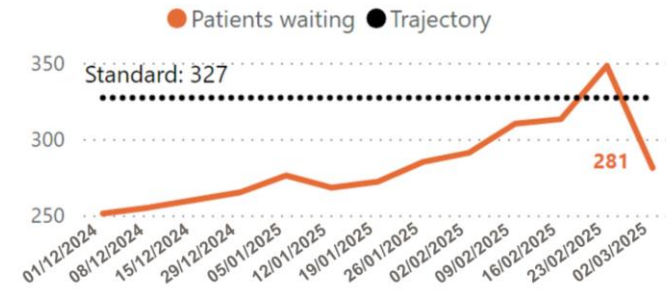
Lower GI Urgent Referrals with Faecal Immunochemical Testing (FIT)

The percentage of lower gastrointestinal (GI) USC referrals accompanied with a FIT is a 2024/25 operating plan metric. For December, the SWL aggregated position was 84%, above the 80% target.

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



Patients on Urgent Suspected Pathway waiting Over 62 Days



62-day GP, Screening, Consultant Upgrade against 85% standard

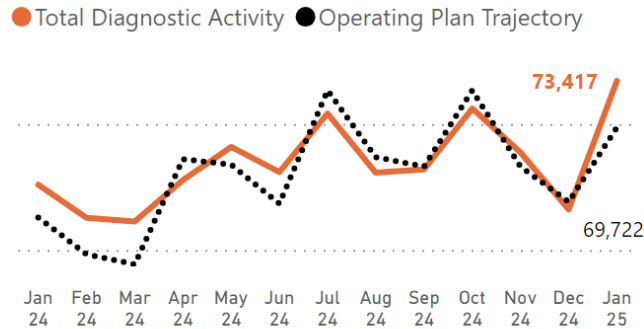
Whilst SWL is the highest performing system nationally at 79.8%, this is still below the 85% target. Royal Marsden Partners (RMP) are undertaking audits and are working on improvements to inter-trust referral (ITR) pathways in head and neck, gynaecology and GI challenged pathways. Improvement work in lung secondary diagnostics is planned.

Patients on an Urgent Suspected Pathway waiting over 62 days

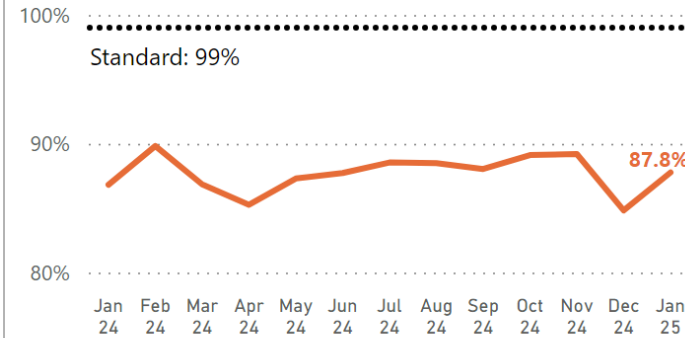
The number of patients waiting over 62 days continues to be well below expectation.

Domain: Outpatients and Diagnostics

Diagnostic Tests (Activity)



Diagnostics: % Waiting Less Than 6 Weeks



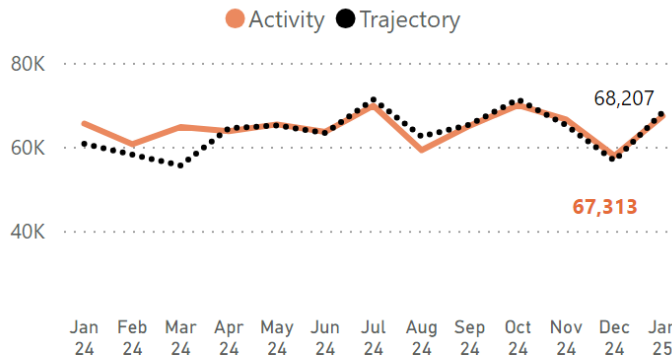
Diagnostic Activity (9 tests)

Activity has exceeded the December plan by 5%. Although a favourable position year-to-date, South West London (SWL) anticipate risk to achieving the year-end activity target due to limitations in capacity to meet demand whilst reducing backlogs. In-year remedial plans have had a positive effect; however, challenges remain, predominantly at Croydon and Kingston.

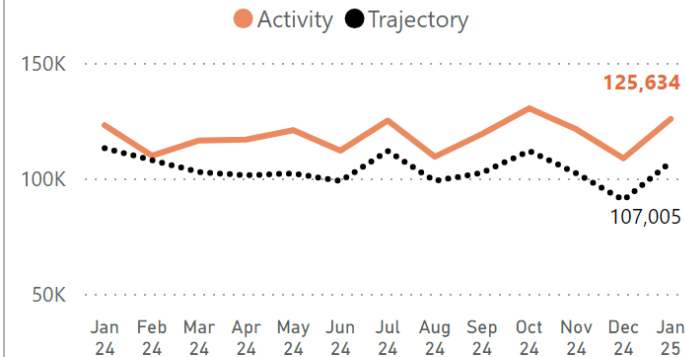
% waiting less than 6 weeks (All tests)

As of January, SWL providers achieved 87.8%, a return to similar levels prior to December. SWL benchmarks second of the five ICSs in London. Current challenges are mainly due to non-obstetric ultrasound (NOUS), largely at Kingston (KRFT), audiology at Croydon Health Services (CHS) and echocardiography at Epsom St Helier (ESH). Mutual aid plans were initially delayed but are now in effect as part of a wider system remedial strategy.

OP First Attendances Consultant-Led (Specific acute)



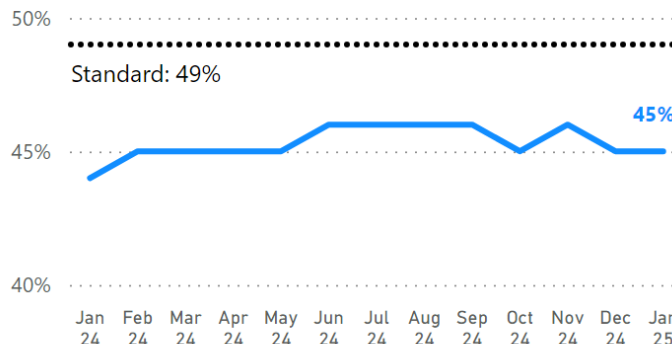
OP FU Attendances Consultant-Led (Specific acute)



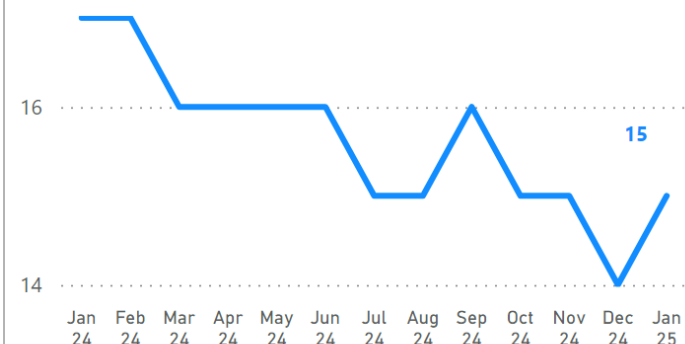
Consultant-led first outpatient attendances (Specific Acute)

Outpatient Firsts are under plan this month. Royal Marsden (RMH), KRFT and CHS continue to report activity levels above their respective in-month plans. Improved coding at CHS continues to benefit its position. ESH and St George's Hospital (SGH) continue to report activity levels under plan.

% of Total Outpatients that are First and Procedures



Median Waiting Time for OP First Appointment



% of outpatients as firsts and procedures

SWL collectively is reporting achievement of 45% this month. RMH performance is at 10% due to the nature of cancer pathways, which require a sequence of follow ups.

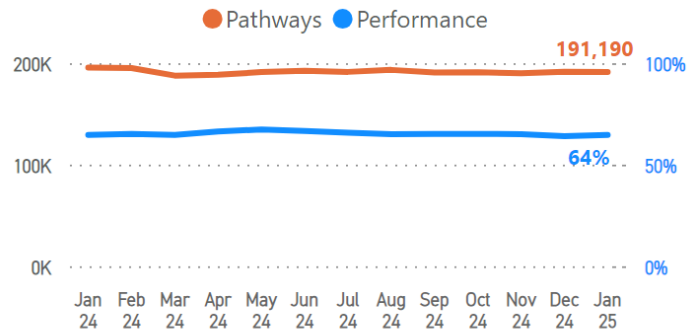
Median waiting time for outpatient (OP) first appointments

The median waiting time for high volume low complexity (HVLC) specialties is currently at 15 weeks, having improved significantly in the past year. The Outpatient Transformation Programme oversees key improvements, including re-purposing follow-up slots for first appointments, reducing 'did not attend' (DNA) rates and increasing patient-initiated follow-up (PIFU).

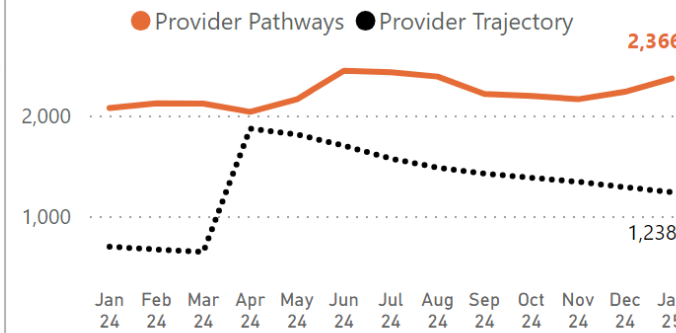
Domain: Planned Care

Planned Care

Incomplete RTT Pathways (ICS)



Incomplete RTT Pathways >=52 Weeks



Incomplete waiting list pathways

In January, South West London (SWL) had 191,190 patients on an incomplete pathway awaiting treatment at hospital within or outside of the local geography. Of these, 64% were waiting less than 18 weeks, flat on December but remaining higher than the London average of 60%.

Long waiters – patients waiting over 52 weeks for treatment

SWL providers continue to have the fewest patients waiting over 52 weeks compared to other London systems, with 2,366 pathways in January, although this number has risen for the last two months. Gynaecology has the greatest number of patients waiting over 52 weeks (320), with the majority of these in St. Georges (SGH) and Epsom & St. Helier (ESH). Nearly half of the 52-week waits are at SGH.

Long waiters – patients waiting over 65 weeks for treatment

65-week waiters increased to 150 patients, against a trajectory of 0. SGH have the largest proportion of these. Gynaecology is the specialty with the highest number of waiters over 65 weeks across SWL providers. The NHS England national team closely monitored the reduction of patients waiting over 65 weeks up to March 2025.

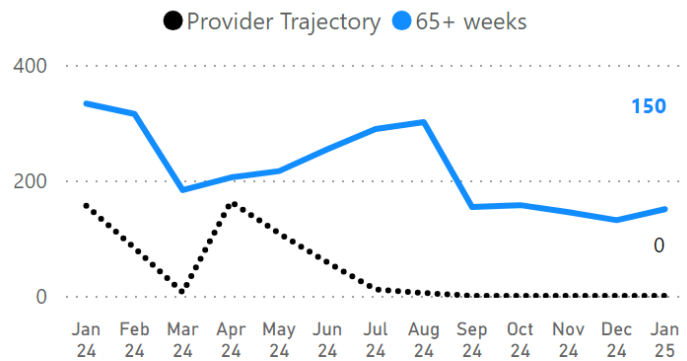
Long waiters – patients waiting over 78 weeks for treatment

The number of 78-week waiters at SWL providers increased for the first time since August, to 19 in January.

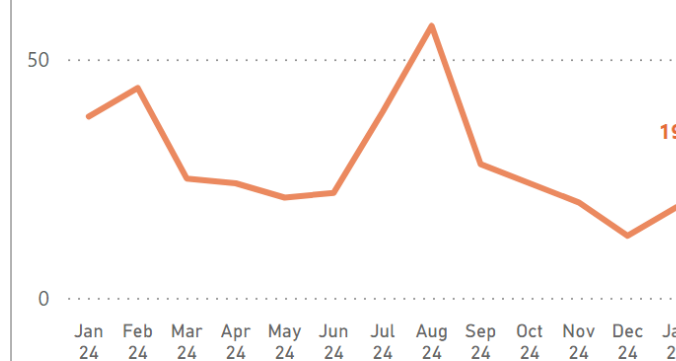
Elective day case spells & Elective ordinary spells

Overall elective activity is below the in-month plan. Both day case and ordinary spells are under their respective in-month planned levels. Only Kingston and Royal Marsden are reporting activity levels above their in-month baseline targets. Performance against the recommended percentage split of activity of day case vs ordinary is 85%, the first time this financial year this has met the recommended levels.

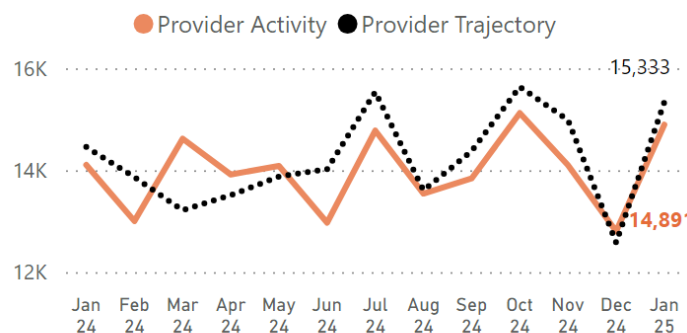
Incomplete RTT Pathways >=65 Weeks



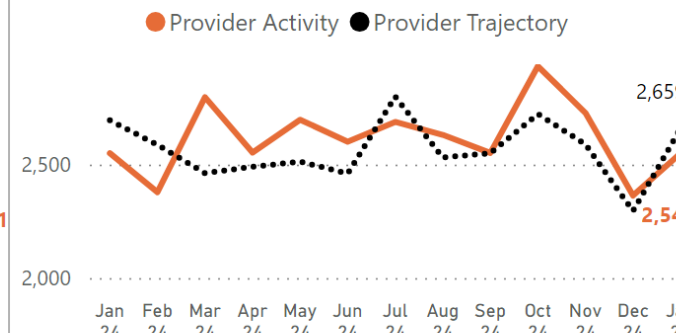
Incomplete RTT Pathways >=78 Weeks



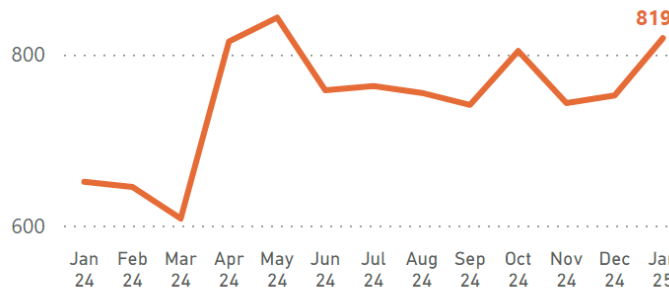
Elective day case spells



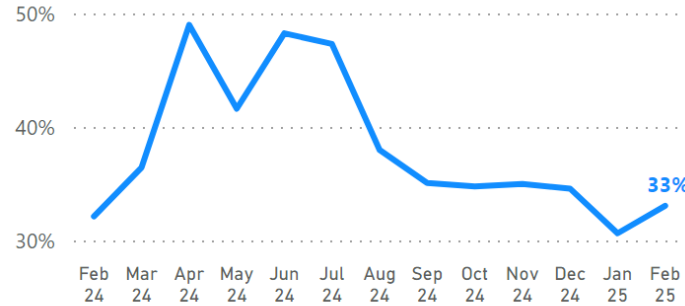
Elective ordinary spells



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 (LoS) over 21 days

LoS >21 days has increased over the last month, notwithstanding commitment from SWL providers to increase the number of daily discharges. Data quality work is ongoing to ensure transformation initiatives to improve discharge are evidence based.

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

The discharges as a proportion of patients in hospital beds not meeting the Criteria to Reside continues to be low, and with a view to improve data quality potentially leading to an increased number of those not meeting criteria to reside. There has been a slight improvement from last month (2%).

Total discharges by weekday and before 5.00pm

The proportion of discharges before 5pm has reduced largely due to the complexity of patients and the high numbers over the winter months. All providers have improvement plans to increase daily hospital discharges before 5pm as this is a key enabler to meeting the ambition set by NHS England, reducing non-elective length of stay by 1.5 days. The plans include optimal use of care transfer hubs, discharge lounges, partnership working, and the inclusion of social worker availability in weekend discharge teams.

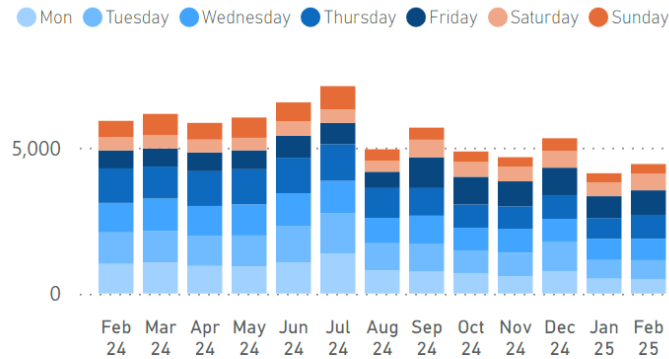
2 Hour Urgent Community Response (UCR)

There has been a dip in response times since September. Nevertheless, with 86% of UCR referrals seen within two hours in January, this is above the 70% target and higher than the national average. Referral volumes remain high, reaching 1,855 in January, one of highest figures in England. To meet demand during the winter period, services extended their operating hours, accepting referrals up until 2200hrs. Provisional data from Croydon shows that 91% of patients remained at home with the extended UCR hours.

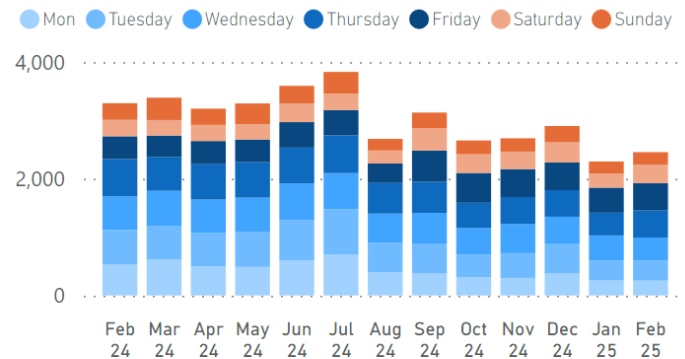
Virtual Wards (VW)

Published monthly Virtual Ward occupancy data for February shows performance at 75%, below the 80% national target. Technology enabled uptake was around 15% against the national average of 31%, indicating where there may be opportunities for improvement. All virtual wards are continuously reviewing their pathways to ensure they are fit for purpose and provide support to the wider system.

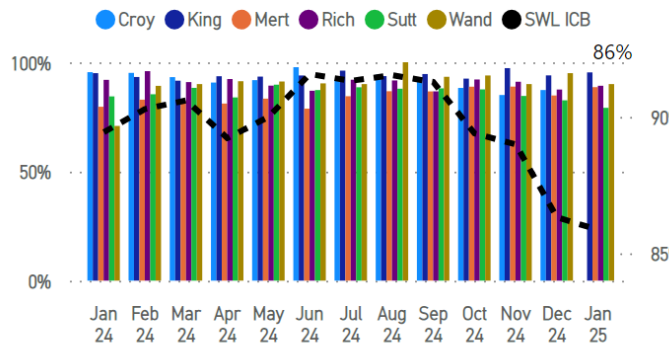
Total Discharges by Weekday



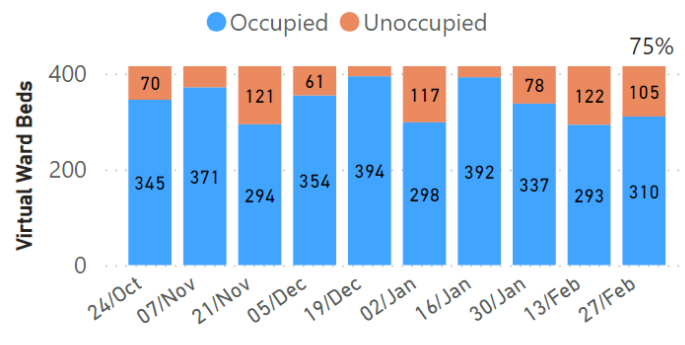
Total Discharges before 5pm by Weekday



Community 2 Hour Urgent Response Performance - Provider



SWL Virtual Ward Capacity and Occupancy



Category	Metric Name	Local/ national data source?	Data source (link)
Primary Care	GP appointments within two weeks	National: NHS Digital	https://digital.nhs.uk/dashboards/gp-appointments-data-dashboard
Primary Care	% of GP appointments that are virtual	National: NHS Digital	https://digital.nhs.uk/dashboards/gp-appointments-data-dashboard
Primary Care	Covid vaccinations by age group	National: Gov.uk	https://www.gov.uk/government/collections/vaccine-uptake#covid-19-vaccine-monitoring-reports
Primary Care	Covid vaccinations by dose	National: Gov.uk	https://www.gov.uk/government/collections/vaccine-uptake#covid-19-vaccine-monitoring-reports
Primary Care	6-in-1 vaccine by 12 months	National: Gov.uk	https://www.gov.uk/government/collections/vaccine-uptake
Primary Care	4-in-1 vaccine by 3-5 years	National: Gov.uk	https://www.gov.uk/government/collections/vaccine-uptake
UEC slide 1	A&E attendances (all types)	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2024-25/
UEC slide 1	A&E (all types) 4hr performance	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2024-25/
UEC slide 1	12hr A&E breaches	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2024-25/
UEC slide 1	12hr MH breaches	Local: Providers	Acute providers
UEC slide 1	45min ambulance handover breaches	Regional: London Ambulance Service	LAS scorecard
UEC slide 1	60min ambulance handover breaches	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2024-25/
UEC slide 2	% ambulance handovers within 15mins	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2024-25/
UEC slide 2	LAS category 1 emergency response times	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2024-25/
UEC slide 2	LAS category 2 emergency response times	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2024-25/
UEC slide 2	Non-elective spells	National: NHS Digital	SUS+
UEC slide 2	111 call volumes	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/iucadc-new-from-april-2021/
UEC slide 2	111 calls abandoned	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/iucadc-new-from-april-2021/
Mental Health	Talking Therapies access	National: NHS Digital	https://susi.sharepoint.com/sites/CentralPerformanceAnalytics/SitePages/Mental%20Health.aspx#nhs-talking-therapies
Mental Health	Talking Therapies reliable recovery rate plus target	National: NHS Digital	https://susi.sharepoint.com/sites/CentralPerformanceAnalytics/SitePages/Mental%20Health.aspx#nhs-talking-therapies
Mental Health	SMI health checks from primary care	National: NHS Digital	Physical Health Checks for People with Severe Mental Illness, Q1 2024-25 - NHS England Digital
Mental Health	Dementia diagnosis rate	National: NHS Digital	https://susi.sharepoint.com/sites/CentralPerformanceAnalytics/SitePages/Mental%20Health.aspx#primary-care-dementia
Mental Health	Access to transformed community services	National: NHS Digital	https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics
MH and LD	Learning Disability and Autism health checks	National: NHS Digital	Learning Disabilities Health Check Scheme - NHS England Digital
Mental Health	Early intervention in psychosis	National: NHS Digital	https://susi.sharepoint.com/sites/CentralPerformanceAnalytics/SitePages/Mental%20Health.aspx#mental-health-services-monthly-statistics
Mental Health	Access to specialist perinatal MH services	National: NHS Digital	https://susi.sharepoint.com/sites/CentralPerformanceAnalytics/SitePages/Mental%20Health.aspx#mental-health-services-monthly-statistics
Mental Health	Out of area placements	National: NHS Digital	https://susi.sharepoint.com/sites/CentralPerformanceAnalytics/SitePages/Mental%20Health.aspx#mental-health-services-monthly-statistics
Mental Health	CYP access rate	National: NHS Digital	https://susi.sharepoint.com/sites/CentralPerformanceAnalytics/SitePages/Mental%20Health.aspx#mental-health-services-monthly-statistics
Mental Health	CYP eating disorders	National: NHS Digital	https://susi.sharepoint.com/sites/CentralPerformanceAnalytics/SitePages/Mental%20Health.aspx#mental-health-services-monthly-statistics
Cancer	Urgent suspected cancer referrals	National: NHS England	Cancer (sharepoint.com)
Cancer	Faster diagnosis standard (FDS)	National: NHS England	Cancer (sharepoint.com)
Cancer	31-day cancer treatment	National: NHS England	Cancer (sharepoint.com)
Cancer	Lower GI suspected cancer (FIT referrals)	National: NHS Futures	https://future.nhs.uk/connect.ti/canc/view?objectId=16647600
Cancer	62-day GP, screening and consultant upgrade	National: NHS England	Cancer (sharepoint.com)
Cancer	62-day patients waiting	National: NHS England	NHS England Cancer_PTL_Analysis Week Ending 25 Aug 2024.xlsm (sharepoint.com)
OP and diagnostics	Diagnostic tests (Activity)	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/monthly-diagnostics-data-2024-25/
OP and diagnostics	Diagnostics: % waiting less than 6 weeks	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/monthly-diagnostics-data-2024-25/
OP and diagnostics	OP first attendances consultant led (Specific Acute)	National: NHS Digital	SUS+
OP and diagnostics	OP FU attendances consultant led (Specific Acute)	National: NHS Digital	SUS+
OP and diagnostics	% of total outpatients that are first and procedure	National: NHS Digital	SUS+
OP and diagnostics	Median waiting time for OP first appointment	National: NHS Digital	SUS+
Planned care	Incomplete RTT pathways (ICS)	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/
Planned care	Incomplete RTT pathways >=52 Weeks	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/
Planned care	Incomplete RTT pathways >=65 Weeks	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/
Planned care	Incomplete RTT pathways >=78 Weeks	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/
Planned care	Elective day case spells	National: NHS Digital	SUS+
Planned care	Elective ordinary spells	National: NHS Digital	SUS+
Integrated care	21+ day super stranded patients	National: NHS Digital	SUS+
Integrated care	% discharges of patients no longer meeting CTR (daily avge)	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/acute-discharge-situation-report/
Integrated care	Total discharges by weekday	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/acute-discharge-situation-report/
Integrated care	Total discharges before 5pm	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/acute-discharge-situation-report/
Integrated care	Community urgent 2hr response	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/2-hour-urgent-community-response/
Integrated care	VW occupancy and capacity	National: FDP	https://england.federateddatapatform.nhs.uk/workspace/carbon/ri.carbon.main.workspace.61768b8f-2cff-47cf-be86-b9bf8cabbf20/home

Audit and Risk Committee Update

Agenda item: 9f

Report by: Helen Jameson, Chief Finance Officer

Paper type: For information

Date of meeting: Wednesday, 28 May 2025

Date Published: Wednesday, 21 May 2025

Content

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

Purpose

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

Executive summary

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

Key Issues for the Board to be aware of

Audit and Risk Committee

The Committee met on 25 March 2025. Following consideration and discussion of key items at the meeting, the updates below are highlighted.

1. Board Assurance Framework and Corporate Risk Register

The Committee received the Board Assurance Framework and Corporate Risk Register and noted that, as part of the oversight of risks, the Senior Management Team will review the Finance, Quality and Performance risk registers.

2. Top 3 Place level risks

The Committee received the report and noted that a report would be brought back to the Committee which would consider how the ICB can effectively support Place and Trusts to mitigate their risks.

3. SWL Partner Organisation Risks

The Committee received the report and noted that a focused Risk Deep Dive of Place and Trust level risks will be arranged.

4. ICB Strategic Risk Deep Drive: Financial Sustainability

The Committee received an overview of the financial sustainability risk which outlined the challenges to deliver the long-term objectives due to continued changes to the NHS financial framework and allocations influenced by political and economic changes outside the control of the NHS.

5. SWL ICB Draft Annual Report 2024/25

The Committee received an update on the annual accounts and noted the timetable for review and submission.

6. SWL ICB Annual Accounts 2024/25

The Committee received the report and noted the requirement for ICBs to apply the IFRS 17 from 1 April 2025.

7. External Audit Plan 2024/25

The Committee received assurance that the external audit year-end work was in line with the national guidelines and the ICB Committee's schedule.

8. Internal Audit Report

The Committee received the internal Audit Progress Report and the Draft Head of Internal Audit Opinion for 2024/25.

9. Local Counter Fraud Specialist (LCFS) Progress Report

The Committee received an update on work completed since the last meeting in relation to Working Whilst Off Sick and Secondary Employment LPE report and Counter Fraud Functional Standard Return 2024/25.

10. LCFS Counter Fraud Work Plan for 2025/26

The Committee noted the report.

11. Internal Audit Work Plan for 2025/26

The Committee received the report and agreed three internal audits for Q1: Recruitment with a focus on the use of agency staff and compliance with IR35; Primary Care Contract Management; and Complaints. The Committee also approved the Internal Audit Work Plan for 2025/26 with the caveat that there is flexibility to adapt the plan as more information about the recent announcement about the role of the ICB is clarified.

12. Survey to support the annual review of the Committee Terms of Reference

The Committee approved the process and questions for the survey for the Terms of Reference review, agreeing that the time of the meeting should be extended.

13. Procurement Act Summary

The Committee received an update on the change in legislation in relation to the Procurement Act 2023 (PA23) which came into effect on 24 February 2025 and the work taking place across the SWL to ensure compliance with the legislation. The Committee supported the proposal to continue to work at the current approval limits.

14. Conflicts of Interest Policy Update

The Committee received the report noting that ICBs are now required to deliver three separate training modules for decision makers, ICB Chair and ICB Committee Chairs and all staff. The Committee noted that all staff are required to complete a declaration of interest, including nil returns, and the requirement for the ICB to publish the full register on the website.

15. Freedom to Speak Up Guardian Update

The Committee received a verbal update on progress since the last meeting.

Recommendation

The Board is asked to:

- Note the key points discussed at the Audit & Risk Committee meeting.

Governance and Supporting Documentation

Conflicts of interest

Not Applicable

Corporate objectives

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

Risks

Not Applicable

Mitigations

Not Applicable

Financial/resource implications

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

Green/Sustainability Implications

Not Applicable

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

Not Applicable

Patient and public engagement and communication

Not Applicable

Previous committees/groups

Committee name	Date	Outcome
Not Applicable		

Final date for approval

Not Applicable

Supporting documents

Not Applicable

Lead director

Helen Jameson, Chief Finance Officer

Author

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