

SWL Integrated Care Board Meeting

15 October 2025 - Agenda

Time: 10.45 – 12.00

Venue: Microsoft Teams

Date of next meeting: Wednesday, 21 January 2026

Introduction

10.45: 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 28 May 2025

1.4 Action Log

Standing Items

10.50: Item 2: Decisions Made in Other Meetings

Ben Luscombe

For Decision

10.55: Item 3: Annual Review of SWL ICB Committee Terms of Reference

Ben Luscombe

Items for Information

11.00: Item 4: Planning Framework Update

Jonathan Bates

11.10: Item 5: Board Committee Updates and Reports

Item 5.1: Finance and Planning Committee Update (*including Infrastructure Strategy and SWL NHS Green Plan Progress Update 2025/26*) – Jamal Butt
Item 5.2: Month 5 Finance Report – Helen Jameson
Item 5.3: Quality & Performance Oversight Committee Update – Masood Ahmed
Item 5.4: Quality Report – Fergus Keegan
Item 5.5: Performance Report – Jonathan Bates
Item 5.6: Audit & Risk Committee Update – Bob Alexander
Item 5.7: Remuneration Committee Update – Anne Rainsberry

11.30: Item 6: Workforce Update

Lorissa Page

11.40: Item 7: Organisation Report

Katie Fisher

11.45: Item 8: Any Other Business/Meeting Close

All/Chair

11.50: Item 9: 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
Anne Rainsberry	Acting Chair	Declarations of Interest – Other	Non-Financial Professional	I am a Non-Executive Director of the LAS	London Ambulance Service	01/01/2025		26/05/2025
Andreas Kirsch	To follow							
Ben Luscombe	SWLCA01 Director of Corporate Affairs	Nil Declaration				21/05/2025		
Charlotte Gawne	SWLEMT04 Exe Dir of Stakeholder Partnership Engagement&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
Fergus Keegan	SWLQ01 Dir of Quality / SRO for CHC (KN & RHD) Deputy CNO	Declarations of Interest – Other	Non-Financial Personal	Partner is a GP partner in Richmond	Richmond	01/04/2020		03/04/2025
Fergus Keegan	SWLQ01 Dir of Quality / SRO for CHC (KN & RHD) Deputy CNO	Declarations of Interest – Other	Non-Financial Personal	Wife is a partner in a GP practice	Richmond	15/11/2021		03/04/2025
Helen Jameson	SWLEMT03 Chief Finance Officer	Nil Declaration				08/04/2025		
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Cambridge University - Entrepreneur in Residence Life	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	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
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 A	Wandsworth and Richmond Local Aut	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 Foundat	01/11/2024		15/04/2025
Jonathan Bates	SWLEMT07 Chief Operations Officer	Declarations of Interest – Other	Non-Financial Personal	Spouse provides primary care consultancy and interim	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	Spouse	01/04/2021		10/04/2025
Karen Broughton	SWLEMT02 Deputy CEO/Exe Director of Transformation & People	Nil Declaration				08/04/2025		
Katharine Fisher	SWLEMT01 Chief Executive Officer	Nil Declaration				09/04/2025		
Masood Ahmed	SWLNEN03 Non- Executive Member	Outside Employment		Non-Executive Director	Coventry and Warwickshire Partnersh	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
Nicola Jones	SWLWSCLO1 Clinical Director Primary Care	Declarations of Interest – Other	Financial	My practices are part of Wandsworth GP Federation	Battersea Healthcare	17/12/2021		25/04/2025
Nicola Jones	SWLWSCLO1 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Convenor, Wandsworth Borough Committee	SWL ICS	01/06/2022		25/04/2025
Nicola Jones	SWLWSCLO1 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	SWLWSCLO1 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Partner Brocklebank Partners which holds contracts f	Brocklebank Partners	07/12/2022		25/04/2025
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Shareholdings and other ownership		24 ordinary	My Personal Therapeutics (Trading as	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		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	SWLNEN05 Non- Executive Member	Outside Employment		Vice Chair	Imperial College Healthcare NHS Trust	01/11/2024		
Robert Alexander	SWLNEN05 Non- Executive Member	Outside Employment		Non Executive Director	London North West University Health	01/11/2024		
Robert Alexander	SWLNEN05 Non- Executive Member	Outside Employment		Non Executive Director	London Ambulance Service NHS Trust	01/11/2024		
Robert Alexander	SWLNEN05 Non- Executive Member	Outside Employment		Trust representative Trustee	Imperial Health Charity	01/11/2024		
Robert Alexander	SWLNEN05 Non- Executive Member	Outside Employment		Trustee	London Ambulance Charity	01/11/2024		
Robert Alexander	SWLNEN05 Non- Executive Member	Outside Employment		Advisory role	CHKS Ltd	01/04/2025		
Robert Alexander	SWLNEN05 Non- Executive Member	Outside Employment		Strategic advice on health sector matters and infrastr	Health Spaces Ltd	01/04/2025		
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	SWL & St Georges Mental Health NHS	03/04/2023		29/09/2025
Vanessa Ford	Chief Executive, SWL and St George's Mental Health NHS Trust	Declarations of Interest – Other	Non-Financial Professional	Chief place officer -MertonLead CEO for MH strategy	Merton Place	03/04/2023		29/09/2025
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		29/09/2025
Vanessa Ford	Chief Executive, SWL and St George's Mental Health NHS Trust	Nil Declaration				04/06/2025		

Minutes – NHS SWL Integrated Care Board

Minutes of a meeting of the NHS SWL Integrated Care Board held in public on Wednesday 28 May 2025 at 10.35 a.m. on Microsoft Teams

Members

Chair

Mike Bell

Non-Executive Members

Dr Masood Ahmed, Non Executive Member, SWL ICB

Jamal Butt, Non Executive Member, SWL ICB

Anne Rainsberry, Non Executive Member, SWL ICB

Bob Alexander, Associate Non Executive Member

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

John Byrne, Executive Medical Director, SWL ICB

Partner Members

Dr Nicola Jones, Partner Member, Primary Medical Services

Jo Farrar, Partner Member, Community Services

Jacqueline Totterdell, Partner Member, Acute Services

Dame Cally Palmer, Partner Member, Specialised Services

Place Members

Dr Annette Pautz, Place Member, Kingston

Mark Creelman, Place Member, Merton

Jeremy de Souza, Place Member, Richmond

Shannon Katiyo, Place Member, Wandsworth

James Blythe, Place Member, Sutton

Non Voting Attendees

Jonathan Bates, Chief Operating Officer, SWL ICB

Charlotte Gawne, Executive Director of Stakeholder & Partnership Engagement

Observers

Alyssa Chase-Vilchez, SWL HealthWatch Representative

Sara Milocco, SWL Voluntary Sector Representative

In attendance

Ben Luscombe, Director of Corporate Affairs

Maureen Glover, Corporate Governance Manager

Omar Daniel, Associate Non Executive Member

Apologies

Vanessa Ford, Partner Member, Mental Health Services
Cllr Andreas Kirsch, Partner Member, Local Authorities
Hannah Doody, Local Authority Participant
Matthew Kershaw, Place Member, Croydon

1 Welcome and Apologies

- 1.1 Mike Bell (MB) welcomed everyone to the meeting and apologies were noted. With no further apologies the meeting was quorate.
- 1.2 The Board was advised that Martin Spencer had stepped down from his role as Non Executive Member and MB thanked him for his significant contribution to the Board and as Chair of the Audit & Risk Committee. Bob Alexander, previously an Associate Non Executive Member, had been appointed to a Non Executive Member role, on an interim basis, and was congratulated on his appointment. Members of the Board who would be stepping down after the meeting, as part of the changes to the governance structure of the Board, were also thanked for their contribution.

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 19 March 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 meetings on 19 March and 26 March 2025.

3 Quality and Performance Oversight Committee Terms of Reference

- 3.1 Masood Ahmed (MA) presented the report and it was noted that the Quality and Performance Oversight Committee had recommended its Terms of Reference to the SWL ICB Board for approval.

The Board **noted** that no amendments to the current Terms of Reference had been made following the Committee effectiveness survey, therefore, **approved** the Terms of Reference for the Quality and Performance Oversight Committee for the next 12 months.

4 Changes to the Governance Framework for SWL ICB

- 4.1 Ben Luscombe (BL) presented the report.

- 4.2 Reservations about the changes to the membership of the Board were made by Sara Milocco (SM), representing the VCSE Alliance and Alyssa Chase-Vilchez (ACV) representing Healthwatch. ACV asked the Board to consider retaining HealthWatch as a participating observer. Although, MB noted this would not be possible and was not appropriate given the current changes to ICBs, BL was asked to work with both SM and ACV to look at alternative ways of ensuring meaningful engagement with voluntary sector organisations.

ACTION: BL to discuss with CG, SM and AVC how the ICB will engage with both groups.

- 4.3 As a Director of Public Health, Shannon Katiyo (SK) noted that he had valued the opportunity to input and influence discussions within the Board and looked forward to alternate ways to continue to engage with the ICB and its work.
- 4.4 Katie Fisher (KF) reemphasised the organisation's commitment to engage with these groups but noted that the formal Board meeting was not the best place to do this.
- 4.5 In summary, BL noted that the next step was to submit the revised Constitution to NHS England for approval; logistical changes would shortly be put in place and the Financial Recovery Group was meeting for the first time this afternoon.

The Board:

- **Ratified** the proposed Constitutional amendments to NHSE for final approval.
- **Noted** the additional changes to the running arrangements of the Board.
- **Noted** the governance structure for the Financial Recovery Programme.

5 SWL ICB 2025/26 Operational Plans

- 5.1 Helen Jameson (HJ) and Jonathan Bates (JBa) presented the report.
- 5.2 In response to a question, HJ confirmed that a £104m deficit plan had been agreed by NHS England. HJ confirmed that the ICB would receive the necessary allocation in Q1, subsequent allocations would be released following review with NHS England.

The Board **ratified** the SWL submitted plans.

6 Draft Corporate Objectives 2025/26

- 6.1 Karen Broughton (KB) introduced the paper.
- 6.2 The meeting discussed the draft Corporate Objectives, KB noted the points made and agreed to consider these outside of the meeting.

The Board **agreed** the 2025/26 corporate objectives to ensure delivery of the most important elements of the ICB's work this year.

7. Intensive and Assertive Community Mental Health Services

- 7.1 KB and Lucie Waters (LW) introduced the report and agreed to consider the appropriate timings for bringing further updates back to the Board.

The Board **noted** the update and ongoing actions underway to improve intensive and assertive community mental health services across South West London.

8 SMT/Organisation Report

- 8.1 Katie Fisher (KF) presented the report and noted that a move away from the traditional CEO Report had been made in order to cover items of business that were happening across SWL that had not been notified through other channels.

The Board **noted** the report.

9 Board Committee Updates and Reports

Finance & Planning Committee Update

- 9.1 Jamal Butt (JBu) presented the Finance & Planning Committee update and gave an overview of the key issues discussed at its meeting on 30 April 2025.

Month 12 Finance Report

- 9.2 HJ presented the financial aspect of the report.

Quality & Performance Oversight Committee Update

- 9.3 Dr Masood Ahmed (MA) presented the report and gave an overview of the key issues discussed at the Quality & Performance Oversight Committee on 9 April 2025.

Quality Report

- 9.4 Elaine Clancy (EC) presented the report.

ACTION: EC to send copies of the deep dive reports on SEND and discharge to SM.

Performance Report

- 9.5 JBa presented the report, highlighting areas of success and challenge.
- 9.6 It was recognised that there was a theme running through a number of the papers on length of stay for mental health patients and there was a discussion about the differential between South London and Maudsley (SLaM) and SWL and St Georges (SWLStG). SLaM was on the median London average position for length of stay whereas SWLStG was significantly over. There is a plan through the course of this year to meet the target. It was also noted that there were serious problems with length of stay at Surrey and Borders.

Audit & Risk Committee Update

- 9.7 HJ presented the report and gave an overview of the key issues discussed at the Audit & Risk Committee on 25 March 2025.

10. Any Other Business

- 10.1 There was no other business.

11 Public Questions

- 11.1 There were no public questions received

Next meeting in public: Wednesday 15 October 2025: MS Teams

Date of Meeting	Reference	Agenda Item	Action	Responsible Officer	Target Completion Date	Update	Status
ALL ACTIONS ARE 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, 15 October 2025

Date Published: Wednesday, 8 October 2025

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 21 May 2025, the following item was brought to the Board:

- Approval of the submission of the SWL ICB plan template to manage the transition to a new strategic commissioning organisation.

At its Part 2 meeting on 18 June 2025, the following item was brought to the Board:

- Approval of the submission of the SWL Draft Annual Report and Accounts for 2024/25 to NHSE as recommended by the Audit & Risk Committee.

At its Part 2 meeting on 24 September, the following item was brought to the Board:

- Approval of the SWL Winter plan 2025/26 and the Board Assurance Statement.

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 21 May and 18 June 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

Annual Review of SWL ICB Committee Terms of Reference

Agenda item: 3

Report by: Ben Luscombe

Paper type: For Approval

Date of meeting: Wednesday, 15 October 2025

Date Published: Wednesday, 8 October 2025

Purpose

As part of its annual effectiveness review, all Board Committees review their Terms of Reference (ToR) to consider whether their committee is working as effectively and efficiently as it should and whether there are any changes that can be made to the ToR to improve this. As a result of this process any updated ToRs are initially agreed by the relevant committee and recommended to the Board for approval

Executive summary

As part of the annual cycle, the Executive Lead in conjunction with the Chair of the Committees undertake a Committee Effectiveness survey and a review of the ToR. Following that review Finance & Planning Committee, Audit & Risk Committee and Remuneration Committee have agreed changes to their ToR.

Key Issues

The following amendments are being recommended to the Board for approval:

Audit and Risk Committee

The ToR were reviewed by the Audit and Risk Committee on 10 June 2025.

The themes and feedback from members and regular attendees is summarised below:

- There was agreement that the terms of reference are reflective of the Committees purpose, and there are no major gaps in the agenda.
- It was also agreed that the Committee had the appropriate membership and representation, with papers being circulated in a timely manner and no experience and no gaps highlighted in its activities.
- The length of the meeting and frequency were generally felt to be appropriate – although the meeting length has been extended on a number of occasions due to the number of items.
- It was generally felt that the Committee was aligned to the Board and the work/assurance from other committees. However, there may be a benefit to reviewing across the committees to ensure alignment.

- The Committee agreed to amend paragraph 5.8 to clarify that the Audit & Risk Committee Chair should not chair other Board Committees.

Finance and Planning Committee

For the annual review of the Finance and Planning Committee's TOR, a committee effectiveness survey has been completed. Key themes comprise:

- There was agreement that the terms of reference are reflective of the Committees purpose, and there are no major gaps in the agenda.
- A review of the forward planner regarding the balance of ICB business verses the wider system Finances/transformation was suggested in light of the roles of other committees/meetings (e.g. Financial Recovery Group and People Board).
- The frequency of meetings was generally felt to be appropriate.
- The committee was aligned to the Board and the work/assurance from other Committees.
- The membership was broadly correct, with the addition of the new Associate NEM; it was suggested that the Chief People Officer be added recognising that circa 70% of the system cost base is people related and there needs to be a focus on transformation in this area.

Remuneration Committee

The following changes were approved by the Remuneration Committee at its meeting on 23 May 2025:

- Point 5.3: this point will be removed from the ToR and in future the Chair of the Audit and Risk Committee will be able to be a member of the Committee.
- Point 7.3: this point has been amended to reflect that the Committee will send a regular report to the Board of its meeting.

Recommendation

The Board is asked to:

- Approve the ToRs, having received the recommendation from the Finance & Planning Committee, Audit & Risk Committee and Remuneration Committee.

Governance and Supporting Documentation

Conflicts of interest

None

Corporate objectives

Overall delivery of the ICBs objectives.

Risks

None

Mitigations

None

Financial/resource implications

None

Green/Sustainability Implications

None

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
Remuneration Committee	23 May 2025	Recommended for approval

Final date for approval

N/A

Supporting documents

The draft ToR is attached.

Lead director

Ben Luscombe

Author

Maureen Glover

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

Document Management

Revision history

Version	Date	Summary of changes
1.0	07.06.22	ToR presented to GoG
1.1	Jul 2023	Reviewed to align to updated SoRD
1.2	Feb 2024	Annual review and update
<u>1.3</u>	<u>Feb 2025</u>	<u>Annual review and update</u>

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Reviewers

This document must be reviewed by the following:

Reviewer	Title / responsibility	Date	Version
Governance Oversight Group	To oversee the development of the ICB constitutions	n/a	All versions
Sarah Blow	ICS CEO Designate	07.06.2022	1.0
Millie Banerjee	ICS Chair Designate	07.06.2022	1.0
Chief Finance Officer	Chief Finance Officer	May 2023	1.1
Dick Sorabji	Finance and Planning Committee Chair	June 2023	1.1
Chief Finance Officer	Chief Finance Officer	Feb 2024	1.2
Dick Sorabji	Finance and Planning Committee Chair	Feb 2024	1.2
<u>Chief Finance Officer</u>	<u>Chief Finance Officer</u>	<u>Feb 2025</u>	<u>1.3</u>
<u>Jamal Butt</u>	<u>Finance and Planning Committee Chair</u>	<u>Feb 2025</u>	

Approved by

This document must be approved by the following people:

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

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1. Constitution

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

2. Authority

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

3. Purpose

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

the start of the financial year; however this will be flexible to new and emerging priorities and risks.

4. Responsibilities of the Committee

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

NHS System responsibilities

4.2 Provide assurance to the Board of performance against system control total by scrutiny of financial and planning strategy, strategic and operational financial and non-financial plans, and the current and forecast financial position of the overall ICS.

4.3 As part of the ICB's performance management role, alongside the Quality and Oversight Committee, Financial Recovery Group and People Delivery Board, operate an ICS Performance Framework that enables the Committee to proactively manage the financial, broader performance, and savings agenda across the NHS system, and to assess the performance against the system control total, including:

- Receiving a report of the in-year financial position, performance and progress towards meeting targets within each organisation's/ collaborative's financial plans (both revenue and capital); and
- Review the delivery of the system plans at least on a 6 monthly basis to ensure that plans are being achieved and, where not, review the proposed mitigations: review of plans would be more frequent where targets are not being met.

4.4 Oversight and approval of the process by which the ICB allocates the annual resource to stakeholders (partners), including both revenue and capital.

4.5 As part of the annual planning process alongside the Quality and Oversight Committee ensure oversight of financial and planning performance, focusing on oversight of the delivery of ICB-wide efficiency savings, performance and system control total, including:

- With the Quality and Oversight Committee ensure that workforce, finance, quality plans are sufficiently aligned and balanced to meet the needs of the system and system risks identified sufficiently early with the planning process;
- Ensure that the system has a clear and robust approach to planning incorporating both Place and Providers/Collaboratives to jointly own and agree the system planning principles and associated planning cycle;
- Review system delivery against the original plan, ensuring any outstanding items are reflected in the following years planning cycle as appropriate;
- Ensure that the balance of system planning priorities are considered at

a strategic level and where necessary consideration of the risks to the system are fully considered and reported to the Board and ICP; and

- Ensure that the annual business planning process for the system is aligned to the annual planning process assessing Place and Collaborative plans and that these are sufficient to meet the overall agreed system strategic objectives.

4.6 Provide assurance system investments are value for money and aligned to the ICB Joint Forward Plan and system priorities.

4.7 Review collaboratives and partnership working to ensure value for money and aligned approaches to delivering the system strategy within the finances available

ICB responsibilities

- 4.8 Oversee the arrangements in place for the allocation of resources and the scrutiny of all expenditure. This will include actual and forecast expenditure and activity on commissioning contracts, ensuring budgets are set, in line with planning cycle and managed in an appropriate and timely manner. This will also include planning for the year ahead. Ensuring investments support the delivery of the Joint Forward Plan.
- 4.9 Consider and review ongoing Financial Reports and the Annual Statement to be presented to the Board, incorporating financial and planning performance against budget, targets, financial risk analysis, forecasts, and statements on the rigor of underlying assumptions, to ensure statutory financial duties are met.
- 4.10 Review delivery of savings plans and initiatives through regular reports. Understand the drivers behind any variances against the plans, and ensure any risks have been identified, and mitigating actions have been taken to address these.
- 4.11 With the Quality and Oversight Committee operate a Performance Framework that enables the Committee to proactively manage the financial, broader performance, and savings agenda, including:
- Receiving a report of the in-year financial position and progress towards meeting targets within each Place;
 - Overseeing savings schemes and updates on both the financial and activity performance of each scheme;
 - Overseeing implementation of investments/transformation schemes, receiving updates outlining financial activity and delivery against KPIs for each scheme;
 - Management of system risks to mitigate their impact; and
 - Providing assurance to the Board about delivery and sustained performance in these areas.

- 4.12 Proactively identify from reports where remedial action is required, and ensure appropriate action is taken.
- 4.13 Where plans are in place to improve performance or reduce financial risks, ensure that progress against plans is monitored, and where appropriate, challenged.
- 4.14 With the Quality and Oversight Committee identify the need for, and allocate resources where appropriate, to improve performance.
- 4.15 Provide assurance to the Board and the Audit and Risk Committee of the completeness and accuracy of the financial information provided to the Board.
- 4.16 Consider and review any external financial monitoring returns and commentary.
- 4.17 Review, by exception, performance report summaries as required, and consider performance issues in so far as they impact on financial resource.
- 4.18 Review, scrutinise and approve/recommend business cases (prepared for changes to services and/or expenditure including capital or revenue investments, procurement of services and pathway redesigns) for approval to the Board, where appropriate, in line with the Scheme of Delegation.
- 4.19 Review, and agree, procurement decisions as appropriate, in accordance with Standing Financial Instructions and the Scheme of Delegation and make recommendations to the Board.
- 4.20 Review tender waivers and tenders from firms not on approved lists and ensure these are recommended to the Board as appropriate and in line with the Scheme of Delegation. All waivers should then be reported to Audit and Risk Committee.
- 4.21 Work alongside the Audit and Risk Committee to ensure financial probity in the organisation, and that value for money is reviewed and maintained.
- 4.22 Where appropriate, provide recommendations and actions to the Board.
- 4.23 Where appropriate, refer issues to other Committees or Sub-Committees of the Board.
- 4.24 To annually, or periodically as required, review the financial policies of the ICB and make appropriate recommendations to the Board.
- 4.25 Review and monitor those risks on the ICB's BAF and Corporate Risk Register which relate to finance. Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner

5 Membership and attendance

Membership

- 5.6 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

5.7 The Committee membership is as follows:

- Finance and Planning Committee Chair (Non-Executive Member)
- [Associate Non Executive Member](#)
- SWL ICB Chief Finance Officer
- SWL Chief Operating Officer
- Chief Nursing Officer
- [Chief Medical Officer](#)
- [Chief People Officer](#)
- Place representative.

5.8 The role of Committee Chair will be undertaken by a Non-Executive Member (who cannot be the Audit and Risk Committee Chair).

5.9 Members are required to attend a minimum of 75% of meetings, other than absence due to sickness.

5.10 Members may nominate deputies to represent them in their absence and make decisions on their behalf, subject to the approval of the Chair.

5.11 The Chair of the Board shall not be a member of the Committee.

5.12 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](#)

5.13 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.

5.14 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.

5.15 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

[Attendees](#)

5.16 The Committee shall have the following non-voting attendees (as and when required):

- Audit and Risk Committee Chair
- Place based finance and planning representatives;
- Collaborative finance and planning representatives;
- Other Directors and/or Managers as appropriate;
- Representatives from other organisations, as required.

- 5.17 Attendees may present at meetings and contribute to the relevant discussions but are not allowed to participate in any formal vote.
- 5.18 Attendees may nominate deputies to represent them in their absence, with agreement of the Chair.
- 5.19 The Committee may call additional experts to attend meetings on a case by case basis to inform discussion.
- 5.20 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.
- 5.21 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.
- 5.22 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

- 6.6 The Committee will meet at least seven times a year. Arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.
- 6.7 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.
- 6.8 The Committees may choose to meet physically, at its discretion. However, by default, the Committees will be held virtually. Meetings, unless previously agreed by the Chair, will be held virtually via MS Teams or suitable alternative platform.

Quorum

- 6.9 For a meeting to be quorate a minimum of three members are required. This must include either the Committee Chair or the Chief Finance Officer. If the Committee Chair isn't present another Non Executive Member is required to attend.
- 6.10 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.
- 6.11 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

- 6.12 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.

- 6.13 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 6.14 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 6.15 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

- 7.6 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.
- 7.7 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.
- 7.8 The Chair will provide assurance reports to the Board at each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.
- 7.9 The Committee will report to the Board at least annually on its work in support of the Annual Statement. The Annual Statement should also describe how the Committee has fulfilled its ToR and give details of any significant issues that the Committee considered, and how they were addressed.

8 Conflicts of Interest

- 8.6 Conflicts of Interest shall be dealt with in accordance with the ICB Conflicts of Interest Policy.
- 8.7 The Committee will have a Conflicts of Interest Register that will be presented as a standing item on the agenda.
- 8.8 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

- 9.6 Members will be expected to conduct business in line with the ICB values and objectives.
- 9.7 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

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

10 Secretariat and Administration

- 10.6 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

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

Date of approval: 20 March 2024

Date of next review: April 2025

NHS South West London Integrated Care Board

Audit and Risk Committee

Terms of Reference

Document Management

Revision history

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

Reviewers

This document must be reviewed by the following:

Reviewer	Title / responsibility	Date	Version
Audit and Risk Committee	Oversee the development and implementation of the ToR.	04.04.2023	1.1
Audit and Risk Committee	Oversee the development of the ToR	11.06.2024	2.0
Audit and Risk Committee	Annual Review	10.06.2025	3.0

Approved by

This document must be approved by the following people:

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

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1. Constitution

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

2. Authority

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

3. Purpose

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

4. Responsibilities of the Committee

- 4.1 The Committee's duties are as follows:

Integrated governance, risk management and internal control

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

Internal Audit

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

External Audit

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

Other assurance functions

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

Counter fraud

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

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

Freedom to Speak Up

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

Information Governance (IG)

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

Financial reporting

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

Conflicts of Interest

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

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

Management

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

Communication

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

5. Membership and attendance

Membership

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

Chair and vice chair

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

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

Attendees

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

Access

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

6. Meeting Frequency, Quoracy and Decisions

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

Quorum

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

Decision making and voting

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

7. Accountability and reporting

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

- 7.5 The Committee will provide the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement. The report will summarise its conclusions from the work it has done during the year specifically commenting on:
- The fitness for purpose of the assurance framework;
 - The completeness and ‘embeddedness’ of risk management in the organisation;
 - The integration of governance arrangements;
 - The appropriateness of the evidence that shows the organisation is fulfilling its regulatory requirements; and
 - The robustness of the processes behind the quality accounts.

8. Conflicts of Interest

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

9. Behaviours and Conduct

ICB values

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

Equality and diversity

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

10. Secretariat and Administration

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

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

11. Review

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

Date of approval: 10 June 2025

Date of next review: June 2026

NHS South West London Integrated Care Board

Remuneration Committee

Terms of Reference

Document Management

Revision history

Version	Date	Summary of changes
0.1	07.06.22	Draft ToR presented to GoG
1.0	01.07.22	ICB Board approval
1.1	27/03/24	Review of ToR
1.2	15/05/24	Incorporating comments from Chair, CEO and Deputy CEO
<u>1.3</u>	<u>TBC</u>	<u>To allow Chair of the Audit & Risk Committee to be a member of the Committee</u>

Reviewers

This document must be reviewed by the following:

Reviewer	Title / responsibility	Date	Version
RemCom	To review existing TOR and make recommendations for amendment to the Trust Board.	4 April 2024	Draft
ICB Board	To agree Terms of Reference.	15 October 2025tbc	Final draft

Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
ICB Board		ICB Board	01.07.22	1.0
<u>ICB Board</u>				<u>1.3</u>

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1. Constitution

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

2. Authority

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

3. Purpose

- 3.1 The Committee's main purpose is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary:

- Confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including very senior managers/directors (including board members) and Non-Executive Members¹ excluding the Chair.

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

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

4. Responsibilities of the Committee

Specific responsibilities of the Committee include:

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

- 4.1 Determine all aspects of remuneration including but not limited to salary, (including any performance-related elements) bonuses, and other additional benefits.
- 4.2 Through the Chairman provide feedback on the Chief Executive's performance so as to support the monitoring and evaluation of their performance.
- 4.3 To consider and approve proposals to establish any new management posts at Very Senior Manager.

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

- 4.4 To oversee and advise the Board on arrangements for redundancy, termination payments, the use of Pay in Lieu of Notice proposals or any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate.

For ICB Board Members:

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

For all staff:

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

Additional functions included in the scope of the committee include:

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

5. Membership and attendance

Membership

- 5.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 5.2 The Board will appoint no fewer than three members of the Committee including two independent Non-Executive Members of the Board. Other members of the Committee need not be members of the board, but they may be.

~~5.3 The Chair of the Audit and Risk Committee may not be a member of the Committee.~~

~~5.4~~5.3 Members are required to attend a minimum of 75% of meetings, other than absence due to sickness.

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

Chair and vice chair

5.65.5 The Committee will be chaired by an independent member of the Board which could either be the Chair or a Non-Executive Member, appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

5.75.6 The Chair of the committee may appoint a Vice Chair from amongst the members either on a permanent or ad hoc basis.

5.85.7 The Vice Chair can be nominated by the Chair of the Committee. If the Committee Chair is absent or is disqualified from participating by a conflict of interest, the Vice Chair, if present, shall preside. If the Chair or Vice Chair are absent from any meeting, a Chair shall be nominated by other members attending that meeting.

5.95.8 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Attendees

5.105.9 Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Committee.

5.115.10 Meetings of the Committee may also be attended by the following individuals who are not members of the Committee for all or part of a meeting as and when appropriate. Such attendees will not be eligible to vote:

- The ICB's most senior HR Advisor or their nominated deputy;
- Chief Finance Officer or their nominated deputy;
- Chief Executive or their nominated deputy;
- Executive Director with responsibility for workforce.

5.125.11 The Board may appoint independent members or advisers to the Remuneration and Nominations Committee who are not members of the Board.

5.135.12 The Committee Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

5.145.13 No individual should be present during any discussion relating to:

- a. Any aspect of their own pay;
- b. Any aspect of the pay of others when it has an impact on them.

6. Meeting Frequency, Quoracy and Decisions

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

Quorum

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

Decision making and voting

- 6.9 Decisions will be guided by national NHS policy and best practice to ensure that staff are fairly motivated and rewarded for their individual contribution to the organisation, whilst ensuring proper regard to wider influences such as national consistency.
- 6.10 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 6.11 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 6.12 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

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

7. Accountability and reporting

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

8. Conflicts of Interest

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

9. Behaviours and Conduct

Benchmarking and guidance

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

ICB values

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

Equality and diversity

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

10. Secretariat and Administration

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

11. Review

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

Date of approval: tbc

Date of next review: 30 March 2025

Planning framework update

Agenda item: 4

Report by: Jonathan Bates, SWL ICB COO/Helen Jameson, SWL ICB CFO

Paper type: For information

Date of meeting: Wednesday, 15 October 2025

Date Published: Wednesday, 8 October 2025

Purpose

This paper summarises the expectations for planning for 2026/27 including detail of the foundation phase and key delivery dates for 2026/27.

Executive summary

The draft framework sets out what is required of ICBs, providers and systems to develop 5 year plans and the corresponding timeline for delivery. The final outputs required to be delivered comprise:

- a **five year commissioning strategy** (developed by ICBs)
- **five year integrated delivery plans** (developed by providers)
- a **neighbourhood health plan**.

The Planning Framework sets out the approach to develop these plans and breaks this down into two phases: (1) a **‘foundation’ phase to the end of September** and (2) the **‘integrated planning’ phase to the end of December 2025**, subject to further guidance.

During the foundation phase, systems are required to set out processes and governance as well as developing evidence packs (such as population need) and outline commissioning intentions to inform the development of plans (which should reflect the ambitions of the 10 year plan).

NHSE will publish the medium term operational and financial planning guidance and integrated plans are then expected to be developed prior to submission to NHSE for assurance. Whilst integrated plans will be submitted by providers directly to NHSE, it remains the expectation that systems will work together to ensure that commissioning plans and provider plans are fully aligned.

Neighbourhood health plans will set out how the NHS, local authority and other organisations, including social care providers and Voluntary, community and social enterprises (VCSE), will work together to design and deliver neighbourhood health services. The Department of Health and Social Care (DHSC) will publish separate guidance to support their development.

Next steps

In line with the timelines published by NHSE in the Planning Framework, we have now completed the 'foundation phase' which has included the development of draft commissioning intentions and a review of governance arrangements. The development of our clinically led strategic plan continues and any early insights will inform commissioning for 2026/27. We will continue to develop core assumptions and review productivity opportunities and await details of the financial allocation, financial framework and wider planning guidance to inform our plans further.

Key Issues for the Board to be aware of

- The framework sets out core responsibilities, in particular the ICB role as a strategic commissioner, with a core focus on improving the population's health, reducing health inequalities, and improving access to consistently high-quality services.
- Nationally, NHSE is reviewing the allocation methodology, and it is likely that deficit support funding will be reduced and a number of tariffs may be re-introduced or changed. As such it is difficult to estimate the size of the allocation for SWL and it will be important to understand this to enable us to finalise our commissioning intentions for 2026/27.
- The published timeframes required mean that it is unlikely that the full outputs of the clinical strategy work will be known to be built into commissioning plans. Commissioning intentions will be updated to reflect any identified early insights.
- Proposed governance arrangements have been updated following discussion by the Finance and Planning Committee.
- The boards of individual ICBs and providers are ultimately accountable for the development and delivery of their plans. Boards should ensure that the plan is evidence-based and realistic in scope, aligns with the organisation's purpose and the wider system strategy, and supports the delivery of national ambitions.

Recommendation

The ICB Board is asked to:

- Note the paper

Governance and Supporting Documentation

Conflicts of interest

In line with Col register.

Corporate objectives

- Meeting our statutory duties on finances
- Delivering the national operational planning requirements and delivery of 10 year plan

Risks and mitigations

Risks and mitigations will be considered as part of the Operational Plan development

Financial/resource implications

The Planning Framework sets out that financial plans must show how each organisation intends to live within its means and secure financial sustainability over the medium-term while delivering on operational and quality priorities

Green/Sustainability Implications

None specific to this paper

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

QEIA will be required by both ICBs and providers as part of the annual planning cycle.

Patient and public engagement and communication

The Planning Framework sets out the expectation that ICBs will engage with patients and the public on their commissioning intentions.

Previous committees/groups

Committee name	Date	Outcome
SMT	Weekly – August and September	
CEO meeting	Updates in September	
Finance and Planning Committee	1 October 2025	Governance proposals confirmed

Final date for approval

n/a

Supporting documents

Planning ICB Board181025

Author

Kath Cawley, SWL Director of System Planning

2026/27 planning update

SWL ICB Board
October 2025

National planning requirements for 2026/7

- NHSE has published the draft Planning Framework to support the development of five-year plans covering the period 2026/27 to 2030/31.
- The draft framework sets out what is required of ICBs, providers and systems and the corresponding timeline for delivery. The final outputs required to be delivered comprise:
 - a **five year commissioning strategy** (developed by ICBs)
 - **five year integrated delivery plans** (developed by providers)
 - **1-3 year operational plans** (level of detail not currently known)
 - a **neighbourhood health plan**
- The Planning Framework sets out the approach to develop these plans and breaks this down into two phases: (1) a **‘foundation’ phase to the end of September** and (2) the **‘integrated planning’ phase to the end of December 2025**.
- **NHSE will publish the Medium term operational and financial planning guidance which will inform the integrated planning phase.**
- Integrated plans are expected to be developed prior to submission to NHSE for assurance. Whilst integrated plans will be submitted by providers directly to NHSE it remains the **expectation that systems will work together to ensure that commissioning plans and provider plans are fully aligned.**
- **Neighbourhood health plans** will set out how the NHS, local authority and other organisations, including social care providers and VCSE, will work together to design and deliver neighbourhood health services. **DHSC will publish separate guidance** to support their development.
- This paper sets out for information:
 - i. headline planning requirements for the ICB and the steps required during the “foundation phase” together with the overarching timelines,
 - ii. the approach to developing the financial plan for 2026/27
 - iii. proposed governance arrangements

Delivery of planning round – changing role of ICBs

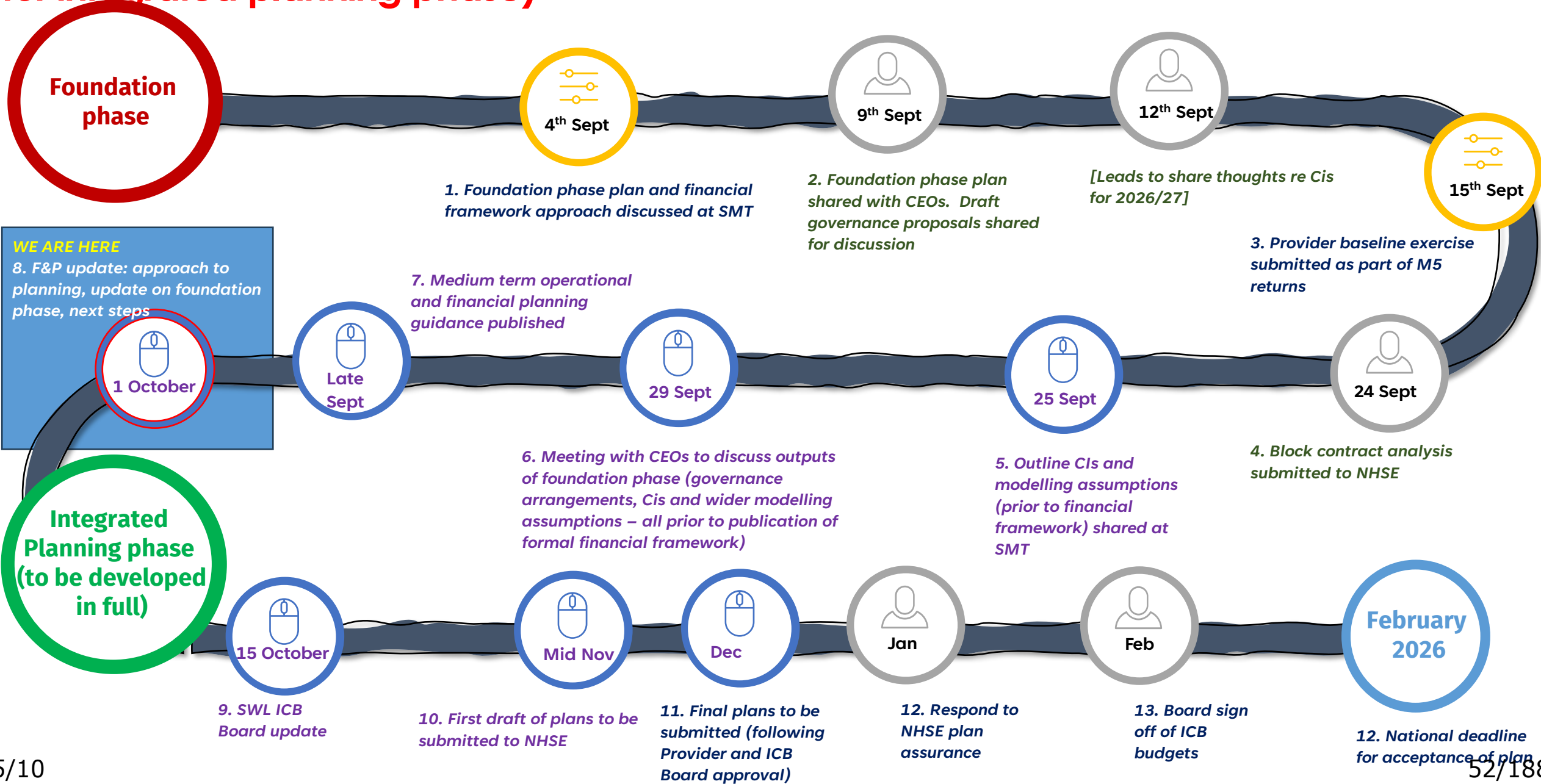
The Planning Framework sets out the **key roles for ICBs** as:

- **Set overall system strategy** to inform allocation of resources to improve population health outcomes and ensure equitable access to healthcare.
- Lead **system level strategic planning**, ensuring effective demand management and optimal use of collective resources.
- Set **commissioning intentions** and **outcome-based service specifications** to enable providers to undertake effective operational planning aligned to national and local priorities.
- **Convene and co-ordinate system-wide planning activities** e.g. pathway redesign, neighbourhood health, fragile services, capital and estates.
- Work closely with region on planning activities where a cross-system or multi-ICB response is required.
- **Co-ordinate system response to nationally determined NHS planning requirements**, working with region and providers.

Headlines of the “foundation stage”

- The draft planning framework sets out activities that should be undertaken to enable organisations and systems to prepare for the Integrated Planning round which is expected to commence in October. This stage is referred to as the “foundation phase”.
- The **foundation phase is expected to run to the end of September**.
- The recommended activities for the foundation phase can broadly be grouped into the following areas and headlines on each are set out below:
 1. **Update of the clinical strategy and population health needs analysis** – for **SWL the update of the clinical strategy is already underway through the Clinically Led Strategic Review, however timings for SWL do not align with the national timescales currently published** and as such will be difficult to inform commissioning intentions for 2026/27.
 2. **Development of corresponding outline commissioning intentions** The ICB will be required to develop outline commissioning intentions informed by current system strategies, quality and performance issues and agreed pathway change as well as the financial framework, once published. CIs are to be shared with providers.
 3. **Finance and productivity preparation** – national focus on establishing the baseline position (providers) and deconstructing block contracts, both of which are required to be reported into NHSE. Review of strategic estates plans by providers. Expectation that organisations (provider and ICB) should be starting to develop their CIPs/productivity ambitions for 2026/27 – to be informed by updated productivity packs.
 4. **Set up of governance and processes** – ensuring that there is governance set up for planning (including planning steering group) and arrangements for engaging with wider stakeholders. Assessment of organisational capability to deliver planning framework.

“Foundation phase” timeframes (awaiting national guidance to inform detailed timing for integrated planning phase)



Approach to developing the financial plan for 2026/27

Headlines for ICB Financial Plan (2026/27)



South West London

- NHSE has changed the approach to developing financial plans for 2026/27:
 - A requirement to **deliver both medium term financial plans (5 year)** that will demonstrate how financial sustainability will be achieved as well as developing a **one year operational plan**
 - Providers are now required to develop plans, in response to ICB commissioning intentions, and will **submit these directly to NHSE** (although expectation that ICB and provider plans fully align)
 - **Significant change to the financial framework expected**, in particular a shift away from block contracts
 - **Continued focus on productivity and efficiency** – expectation that productivity packs will be published again by NHSE (timing tbc)
 - An expectation that **EQIAs are undertaken during the planning process** to inform decision making.
- Nationally, NHSE is reviewing the allocation methodology, and it is likely that deficit support funding will either be removed or reduced and a number of tariffs may be re-introduced or changed. As such it is difficult to estimate the size of the allocation for SWL and it will be important to understand this to enable us to finalise our commissioning intentions for 2026/27.
- Our expectation is that the **ICB will continue to repay the historical system deficit of circa £14m.**
- Overall, the ICB is assuming a breakeven target in year 1. The **ICB will have an efficiency plan which will be at least equal to previous years at circa £38m** (TBC once allocations are received). We await clarification of whether the ICB's running cost reduction will be enacted, in line with the Model ICB blueprint, for 2026/27.

Proposed governance arrangements

Governance arrangements for planning 2026/27: headlines

- The **Planning Framework changes the approach to planning for 2026/27 (in the context of the Model ICB and the anticipated Model Region)**. It reflects the changing role of the ICB to a strategic commissioner and shifts assurance of provider plans to NHSE. However, the Framework sets out expectations that system level collaboration must continue and this must also be reflected in proposed governance arrangements.
- In summary:
 - **Individual organisations (ICB or provider) are responsible for developing and assuring their own organisation's plans** (both the relevant 5 year plan and any national annual planning return & capital plans). Boards are *“expected to are expected to play an active role in setting direction, reviewing drafts, and constructively challenging assumptions – rather than simply endorsing the final version of the plan”*. Specific changes from previous years are:
 - **Development of infrastructure strategies, workforce plans and operational triangulation of provider plans now sits entirely with provider organisations and assured by their Boards**. In line with the Model ICB this is not undertaken at system level and plans are submitted by trusts directly to NHSE.
 - **ICB needs to ensure alignment of plans** (activity/income assumptions) to enable agreement of contracts etc.
 - There are some areas where a system approach will continue, for example, agreeing detailed financial assumptions used across the system through FAC, reviewing the clinical productivity assumptions (e.g. NEL LOS).
 - **System should continue to collaborate to ensure alignment on priorities, assumptions and planning parameters**
- Proposal for planning governance in SWL is to **continue to utilise the governance arrangements set up for planning in 2025/26, adapting them as required** given the changes to planning for 2026/27. SWL Finance and Planning Committee will, alongside QPOC, be responsible for ensuring structures and processes are in place to support integrated planning, that there is improvement capability in place for ICB and assure itself on ICB productivity/efficiency plans. The Finance and Planning Committee will also review planning assumptions and parameters.
- NHSE explicitly asks for the set up of a programme board or **steering group that meets regularly** to drive the planning process forward. It is proposed that **SWL continues to use the SWL SMT and SWL CEOs meeting for this purpose**, inviting additional participants as required.
- Please note that the planning framework references the need to develop and submit neighbourhood plans and place-based delivery plans, developed in conjunction with Local Government. The governance arrangements for development will need to be agreed and are not referenced here.

Roles and responsibilities of individual ICB and system boards to support the development and sign off of plans for 2026/27 and medium term plan

ICB responsibilities	ICB Board	• Will sign off ICB plan (medium term plan and any operational submission required) • Challenge assumptions and deliverability (including assessment of risks and mitigations) • Review drafts	SMT	• Will act as steering group for development of ICB plans • Agree commissioner priorities, outline and final commissioning intentions • Take decisions on any trade-offs required
	SWL Finance and Planning Committee	• Ensure structures and processes in place to support integrated planning • Assure itself that improvement capability in place for ICB • Assure itself on ICB productivity/efficiency plans • Review planning assumptions and parameters	SWL Quality and performance committee	• To agree quality and performance improvements that are to be reflected in strategic commissioning plans. • Will need to oversee any EQIA required for ICB plans • To assure itself on any quality and performance implications of ICB plans.
Provider responsibilities	Provider Boards	• Sign of individual provider plans (finance, activity, workforce, quality improvement and digital plans and infrastructure strategy) and other requirements • Seek assurance that plans triangulate and their deliverability	SWL CEO meetings	• Will act as steering group to provide assurance that plans assumptions align. • To manage dependencies / resolve tensions where required • Discuss any trade-offs required
System responsibilities	SWL Programme Boards (e.g. UEC, Elective Board) SWL Place boards	• To discuss forecasting assumptions and key priorities for 2026/27 • To identify key risks and associated mitigations.	Finance and Activity Committee	• Ensure alignment of financial planning assumptions • Oversee delivery of foundation phase financial outputs and ensure alignment

Finance and Planning Committee update

Agenda item: 5.1

Report by: Jamal Butt, Non Executive Member SWL

Paper type: Information

Date of meeting: Wednesday, 15 October 2025

Date Published: Wednesday, 8 October 2025

Purpose

To provide the Board with an overview of the key issues discussed at the Finance and Planning Committee at its July meeting.

Executive summary

The Finance and Planning Committee has met once since the last update to the ICB Board, on 30 July 2025. The meeting was quorate and chaired by Jamal Butt. It discussed the following items:

ICS Business

Kingston and Richmond Places update

- The Committee was updated on the financial performance, efficiency programme, transformation programmes and the Proactive Anticipatory Care programme at Kingston and Richmond Places.
- Following discussion about the Proactive Anticipatory Care programme the Committee emphasised the importance of learning from successful initiatives and system-wide adoption.

Planning update 2026/27

- The Committee was updated that NHSE is expecting 2026/27 planning to commence in October 2025 aiming for completion by end December 2025.
- Individual providers and the ICB as the strategic commissioner will be required to submit their three year plans (with the first year in detail) to NHSE, who will review and cross check for consistency.

ICS 2025/26 M3 Finance Report

- The Committee noted the update on delivery against the financial plan for 2025/26, including both the revenue and capital position at month 3. Whilst on plan it was noted that some savings had switched to being delivered non recurrently.

- The NHSE's Risk of Non-Delivery Assessment (RoNDA) score increase to 3 compared to 2 last month, and risks to savings and workforce plans were discussed.
- The Committee noted that if the system finance plan is not met, all deficit support funding received will need to be repaid as per the original deficit repayment guidance.
- An update was provided from FRG. Work ongoing to assess outturn risks and mitigations by organisation across the system.

ICS 2025/26 M2 delivery against operational plan

- The Committee was updated that performance was in line with plan, noting that the Cerner implementation at Epsom and St Helier (ESTH) is impacting data quality and therefore the Trust's activity and performance data.

ICB Business

ICB 2025/26 M3 finance update

The Committee noted that the financial position is in line with the year to date plan. Efficiency plans are nearly fully developed with additional pipeline schemes identified to cover any slippage in delivery.

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 July 2025	

Final date for approval

N/A

Supporting documents

None

Lead director

Helen Jameson, SWL ICB

Author

Kath Cawley, Director of Planning, SWL ICB

SWL NHS Infrastructure Strategy and SWL NHS Green Plan: progress update 2025/26

Agenda item: 5.1

Report by: Helen Jameson, CFO

Paper type: information

Date of meeting: Wednesday, 15 October 2025

Date Published: Wednesday, 8 October 2025

Purpose

In July 2024, the Board approved the 10 year SWL NHS Infrastructure Strategy, setting out an ambitious collective vision to improve system infrastructure and to evolve health infrastructure planning across the estates, digital, workforce and green agendas to support the delivery of SWL NHS's objectives in the Joint Forward Plan and improve the health and wellbeing of our residents. This strategy is supported and underpinned by complementary strategic plans, including the SWL NHS Green Plan 2025-29.

This paper provides the ICB Board with a mid-year progress update in relation to the 2024 SWL NHS Infrastructure Strategy overall and the SWL NHS Green Plan 2025-29, in line the agreed reporting cycle to the ICB Board and the NHSE reporting requirement for the green plan. Progress updates have been discussed in detail at the 1 October 2025 Finance and Planning Committee.

Executive summary

SWL NHS Infrastructure Strategy

The attached progress report provides the Board with notable highlights, systemwide priority project updates, strategic workstream updates and next steps for the coming year and beyond.

Key highlights include:

- **Strengthening partnerships with key partners** including: trust estates teams; local medical councils; primary care networks; NHS Property Services and Community Health Partnerships; the local authority South London Partnerships (SLP).
- **Driving new innovative approaches:** Detailed analysis of the system's biggest estate void sites (costing over £8m per annum) to identify cost savings, learn from best practice and

encourage greater national level focus to explore alternative options for resolution outside of the current scope of the ICB's financial controls.

- **Improving data quality:** The review, cleanse and development of a new fit-for-purpose lease database for over 200 primary care properties, ensuring the system best manages the reimbursable elements of primary care costs.
- **Delivering new financial efficiencies:** System-wide rates review identifying circa £7m of potential overpayments with the potential to be reclaimed (in part or full) by the ICB, with £2.5m anticipated this financial year.

Looking to immediate next steps, NHS partners will continue to work towards the strategy's original longer term objectives, such as:

- Plan investments on a long-term basis, reviewing use of available resources annually.
- Deliver data driven decisions with respect to investment prioritisation and individual projects/programmes.
- Ensure interaction with local authority infrastructure planning.
- Respond to changing clinical models, repurposing existing space and using digital technologies where relevant.
- Rationalise unnecessary estate to support net zero and financial recovery agendas.
- Delivery of multi-year capital projects within plan on time and to budget.

Looking further ahead, these objectives will form the basis of future planning, albeit with additional consideration for the new role of the ICB as it emerges and as functions are solidified and how this is enabled through sufficient estates resources and longer term financial funding certainty.

SWL NHS Green Plan

The 2025-29 South West London NHS Green Plan was approved by the ICB Board in March 2025, to support the continuation of SWL NHS's journey towards net zero. The plan was developed in alignment with the Greener NHS national programme and the national target of net zero emissions by 2040 and built upon our previous 2023-25 SWL NHS Green Plan. Extensive stakeholder engagement shaped the updated plan, ensuring a collaborative and forward-looking approach.

The attached report provides the Board with a mid-year progress update against the first year of this Green Plan and its Year 1 actions and targets, in line the six monthly reporting cycle to the ICB Board. The key highlights set out in the attached paper will be reported to NHSE.

To date, we have made good progress against our refreshed workstreams, notably:

- Trust Green Plans have all been refreshed to drive local action in line with the SWL NHS Green Plan and NHSE requirements.
- Circa £25m of capital grant and national NHSE funding has been secured for investment in decarbonisation and energy efficiency schemes. This includes £14.2m of capital grant funding secured by CHS in the final funding round of the Public Sector Decarbonisation Scheme to substantially reduce its reliance on gas-powered steam infrastructure.
- A number of smaller-scale initiatives underway across SWL organisations that incrementally contribute to reducing the carbon footprint (such as the continued removal of single-use items

and reduction of plastic, the recycling of end user devices and medical waste, shifting to more electric vehicles and increasing the delivery of patient care remotely).

- The continued improvement of sustainability awareness, with training delivered to senior leaders at Royal Marsden Hospital and a clinical workshop at St Georges, Epsom and St Helier Hospital Group (GESH) for 450 attendees.

Achievement against 2025/26 targets is work-in-progress, but so far we can measure that we have set into motion a reduction of 2,737 tCO₂e savings in the first part of 2025/26 as well as an estimated financial co-benefit of £584k of annual revenue savings. We continue to be on a journey with regards to how we can measure success and show that we are making a difference.

In the second part of the year, we will continue to focus on the delivery of year end targets and in particular:

- Deliver Sustainable Quality Improvement (SUSQI) projects that demonstrate that co-benefits of carbon emission reductions and improved patient outcomes and financial efficiency can be achieved.
- Deliver estates decarbonisation schemes in line with funding awarded, including the installation of heat pumps, solar panels and Electrical Vehicle (EV) charging points.
- Focus on reporting and measurement against waste targets to demonstrate the impact that projects/initiatives are having.
- Follow through on plans made in early 2025/26 to deliver training and behavioural campaigns.

As the NHS landscape and structures evolve, we will continue to meet statutory reporting requirements and champion the green agenda. The South West London NHS system remains committed to leading by example, reducing carbon emissions and improving health outcomes through a greener, more sustainable NHS.

Recommendation

The Board is asked to:

- Note the progress made to date against the SWL NHS Infrastructure Strategy and next steps.
- Note the six-monthly progress update against the SWL NHS Green Plan and the continued momentum in activities in the first part of 2025/26.

Governance and Supporting Documentation

Conflicts of interest

n/a.

Corporate objectives

Supporting productivity and value for money through fit-for-purpose, safe and efficient estate; enabling clinical models of care; tackling the Green agenda in line with the NHS's commitment to continue to reduce carbon emissions:

- By 2040 for the emissions it controls directly (e.g. use of fossil fuels) with an ambition of 80% reduction by 2028-32
- By 2045 for those it can influence (e.g. within supply chains) with an ambition of 80% reduction by 2036-39.

Risks

- Lack of engagement and ownership by partners across the organisations.
- Loss of momentum to drive forward change.
- Inadequate resource to deliver the strategy in the future.
- Funding may limit the pace of delivery.

Mitigations

- Dedicated estates team to support implementation of the strategy.
- We will evolve how we prioritise capital and revenue resources, focus on financial recovery plans and look for more innovative ways to use and invest in our assets collectively.
- Positioning the SWL NHS Green Plan as an umbrella strategy to capture and support the excellent work happening within organisations as well as providing a framework for shared practice and learning.
- Establish mechanisms and increase resource within the ICB to facilitate networking and sharing of best practice between our partners and reach out to a wider network of enthusiastic staff.
- Build sustainability considerations into normal systems and processes.

Financial/resource implications

- Shorter term aims must focus efforts on financial recovery and how we can best use available financial resources to make a difference for our patients and communities in an affordable way.
- In the context of limited capital and revenue resources, we should be pursuing supplementary sources of funding where available (e.g. Public Sector Decarbonisation Grants).

Green/Sustainability Implications

This paper reports progress against priority areas within the SWL NHS Green Plan and our NHS carbon reduction targets.

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

n/a

Patient and public engagement and communication

Local engagement reports were analysed and key feedback was incorporated into the 2025-29 Green Plan and SWL NHS Infrastructure Strategy.

Previous committees/groups

Committee name	Date	Outcome
Finance and Planning Committee	1 October 2025	Progress updates noted

Final date for approval

n/a

Supporting documents

- Infrastructure Strategy Progress Update September 2025
- Green Plan Progress Update September 2025

Lead director

Helen Jameson, CFO

Authors

Piya Patel, Director of ICS Investment and Projects
Matt Pizii, Deputy Director of Estates

A decorative graphic in the bottom-left corner featuring several overlapping rounded shapes in blue, green, and teal, along with a small white circle and a dark blue dot.

South West London Infrastructure Strategy Annual Report 2025/26

October 2025

Summary

Of the four key resources required to deliver the NHS 10 year Plan (people / funding/ property / technology), healthcare **Property and IT infrastructure are core components** and enablers for the successful delivery of modern health services – the right infrastructure in the right locations at best value, to support service delivery both now and in the future.

In July 2024 SWL NHS ICB approved its **10 year Infrastructure Strategy**, setting out an ambitious collective vision to improve system infrastructure and to evolve health infrastructure planning across the estates, digital, workforce and green agendas to support the delivery of SWL NHS's objectives in the Joint Forward Plan and improve the health and wellbeing of our residents.

This report provides the ICB Board with a mid-year update of our 2025/26 Infrastructure Strategy activities ahead of updating NHSE.

- **Notable highlights and systemwide priority project updates** – detailing actions taken against the projects we detailed within the strategy
- **Strategic workstream updates** – for each workstream detailed within the strategy we have reviewed and RAG rated progress and outputs achieved to date
- **Next steps** for the coming year and beyond

The Board is asked to note the 2024/25 - Project / Strategic Workstream updates and next steps for 2026-29.

Notable highlights



Strengthening partnerships: Closer working relationship established with key partners including: Trusts estate teams; Local Medical Councils; Primary Care Networks; NHS PS and CHP; South London Partnerships (SLP) and charities such as South London Listens



Delivering new financial efficiencies: Additional resource enabled systems wide review of rates - c£7m of overpayments with **£2.5m** due to be recovered this financial year.



Driving new innovative approaches: Working with Mayor of London's Estates leads and Regional NHS the Estates team has found new cost savings across the systems voids site with potential reductions of **over £2m per annum reoccurring** to be secured by 2026-27 onwards.



Maximise benefits from public sector assets, such as **providing sheltered accommodation** and releasing land for **affordable housing**



Improving data quality: Decisions are only as good as the quality of information upon which they are based. We have develop a new fit for purpose lease data base for our primary care estate of **over 200 properties**

Priority project updates

	2024/25 – what we said we would do	Progress / Update 2025/26
Major capital projects 	Tolworth Hospital redevelopment full business case approval and delivery of identified land sales to facilitate reinvestment into modern mental health facilities	Business case approved. Work on site underway with anticipated completion in 2027/28
	Delivery of refreshed outline and full business cases for the Specialist Emergency Care Hospital in Sutton under the New Hospitals Programme	National reprofile of NHP funding. SECH now scheduled for 2032
	Approval for full business case for a new specialist Renal Unit at St George's Hospital	National reprofile of NHP funding. SECH now scheduled for 2032
	Complete implementation of Epsom and St Helier Electronic Patient Record	This was completed in May 2025 with final review being undertaken in Q3 2025/26.
	Complete the in-progress Sleaford Street and Brocklebank health centre builds and fit-outs; Commence and complete the build of new primary care facilities in New Addington and Coulsdon	All major build projects (c£32m of investment) are on target to complete within 12 months. • Brocklebank target occupation October 2025. • Sleaford St target occupation January 2026. • New Addington expected to complete in Q3 and • Coulsdon is expected to be onsite in October.
Estates 	Review inpatient and outpatient estate in conjunction with Joint Forward Plan priority areas; deliver 'quick wins' and opportunities to maximise the use of the physical estate, exit tail and consolidate sites where appropriate, eliminate voids and relocate support services where appropriate to free up clinical areas.	One Public Estate partnership established – review opportunities to relocate services into new fit for purpose developments whilst enabling tail estate to be converted for residential accommodation needs. Voids reduction programme underway. Tranche 1 hand back complete. Phase 2 in train – estimated ongoing savings in excess of £2m from 2026/27 onwards
Primary care infrastructure 	Establish and deliver programme to digitise and convert medical record/poorly used rooms for consulting spaces in targeted practices, alongside review of actions to improve utilisation	NHS ceased funding and support for digitisation. Utilisation and Modernisation Funding to convert underutilised space into clinical / consultation space to support increased patient consultation capacity – £2.77m secured from NHS
	Development of business cases with proven need to expand estate in anticipation of future funding ability.	Pipeline of project developed and validated to support increased demand for patient capacity – delivery subject to NHS funding for future years

Priority project updates

	2024/25 – what we said we would do	Progress / Update 2025/26
Digital 	Develop and implement short/medium/long term plans against the National Cyber Assurance Framework to improve SWL Cyber Security maturity and resilience.	Plan developed with the SWL Cyber Strategy / system-wide activities to strengthen cyber security with delivery funding secured Programme, prioritising high-impact risk reduction is underway, with assurance and progress updates continuing via established governance
	Develop digital infrastructure plan to improve digital infrastructure maturity and asset management across network transport, wireless and mobility capability, unified communications and collaboration, security and data centres.	4 x Digital Infrastructure Working Groups established (Service Mgmt / End User Device & Software Licensing / Cloud Adoption / Network Harmonisation) with mandates and 3-year plans agreed early 2025. All groups working to multi-year transformational roadmaps to ensure alignment and collaboration where possible. Corp/ GPIT have made significant progress across several domains to improve digital infrastructure maturity and asset management across Network Transport, Wireless & Mobility / Unified Comms / Security & DataCentres.
	Explore the convergence of Electronic Patient Records and procurement strategy	SWL ICS approach to EPR SOC/ Roadmap completed. Clear need justification for an ICS-wide approach to EPR, which can be directly linked to National Policy, & the ICS's strategy. Local providers in talks to align as contract end dates match and possible collaborative opportunities exist.
	Undertake a discovery exercise to explore the feasibility of rationalising multiple order communications systems across SWL	Project Complete - Strategic Outline Case (SOC) presented to SWL ICS Digital Board 07/04/25. SOC concluded that whilst aligned with SWL Strategy, there was a significant affordability gap. OBC was not supported by Digital Board, with a refocus to pursue a tactical solution to address issues with Ideagen retiring DART OCM support from end Dec 2025
Procurement 	Identify estates and digital joint procurement opportunities and deliver quick wins to support financial recovery	Non Emergency Patient Transport Service procurement opportunity being progressed. Mandate agreed by all Trusts and ICB Estates to seek Trust formal agreement to a unified procurement project being established. ICB approval for centralised business case (due for completion Q4 2025/26)
Workforce 	Establish Estates and Facilities Management staff development group and identify focus areas Establish Digital, Data and Technology staff development group and identify focus areas	The ICB has continued to support the digital and potential estates networks of the London wide Skills Development Network.

Delivering the Vision – strategic workstream updates

Workstream	Targets	RAG	Summary
Ways of working and resource	Scope and develop estate team to deliver strategy Review and strengthen governance	G	• We have enhance the ICB estates capability through the recruitment of x3 new internal staff and x2 external specialists. • We have restructured the SWL Estates Group and Place-level infrastructure groups, including strengthening oversight of estates activity such as new trust leases before they are committed.
System focus on Financial Recovery Programme	Deliver quick wins and identify further opportunities for efficiencies	A/G	• £2.77m secured from NHSE Utilisation and Modernisation fund to invest in primary care. New programme approach developed to maximise benefits from targeted - estimated to deliver an estimated additional 864,000 appointments capacity – subject to NHS approval and funding timeline being extended due to delays in NHS approval of funding. • Identify joint procurement opportunities – Working with the South West London Procurement Partnership the ICB are leading the development of the business case for a system wide approach to Non Emergency Patient Transport Services (NEPTS)
Prioritised pipeline	Delivery of legacy priorities within our 10 year capital plan Evolution of the capital planning approach and prioritisation methodology, Focus on developing primary care priorities, using the findings from PCN planning work, for targeted support	G	• We have completed the development of Primary Care Network (PCN) estates plan for each PCN area in 2024. Working with PCNs and LMC's the plans will now undergo an annual review and enable prioritised investment in those facilities which are agreed at both a PCN level to deliver greatest value / impact to residents. • Using the PCN data we are in the process of developing a 3 year pipeline of over future schemes which will deliver enhanced premises and additional capacity at no additional revenue impact to the system. To date we have 15 schemes validated with site inspections and agreements from the resident GP's. • New governance of lease activity across all trusts to provide assurance and approval prior to capital commitments

Delivering the Vision – strategic workstream updates

Workstream	Targets	RAG	Summary
Continued stakeholder engagement	• With partners, staff, communities to further develop estate requirements and implementation plans • Formal consultation where relevant	G	• Working across the system we now have ICB estates representation on the LMC and trust groups • Resetting governance and strengthening relationships with estates partners across Healthcare Trusts and Local Authorities to develop collaborative initiatives and targeted investment within the system. • NHSPS/CHP relationships – focussed on strengthening relationships to identify new opportunities. For example we have all CHP bookable space with a commercial agent to look at sourcing new occupiers. We also have the significant void space at QMH being professionally marketed on a national level to public and private sector.
Data	• Identify common sets of key data across the ICS and create relevant feeds to enable analysis and decision making	G	• We have created a new ICB database tracking current rent review progress/challenges/abatements/current rent reimbursements • Working with NHSE we are in the process of uploading all property data onto a single platform to enable greater data interrogation and utilisation in decision making processes around place and asset optimisation. • Physical site review of all void spaces undertaken to update and validate data. Working groups established with CHP and NHS PS to review system wide approach to reducing voids
Collaborative delivery	• Evolve integrated partnership approach, with local authorities, VCSE sector • Applications for funds and lobbying for areas in greatest need of investment	G	• S106 and CIL – over £2m negotiated in developer contributions for SWL health infrastructure improvements. • Working with Merton local authority and NHS PS to look at utilising void accommodation space to provide targeted sheltered accommodation / housing over winter period – up to 26 beds.

Next steps and 2025-28 Infrastructure Strategy

Whilst we will continue to delivery against established workstream from this past year, we also need to look to the future. The original longer term objectives within the strategy are listed below. They will form the basis of future planning, with additional consideration for securing the essential longer term financial funding certainty (to support strategic project planning / delivery) and adaption as the new role of the ICB emerges and functions are solidified in coming years (dependent upon sufficient estates resources being maintained).

Planning

- Continue to plan investments on a long-term basis, reviewing use of available resources annually
- Deliver data driven decisions with respect to investment prioritisation and individual projects/programmes
- Ensure interaction with local authority infrastructure planning
- Continued horizon scanning for funding that can support estates, digital and net zero strategy implementation

Repurpose, reconfigure, rationalise

- Respond to changing clinical models, repurposing existing space and using digital technologies where relevant
- Rationalise unnecessary estate to support net zero and financial recovery agendas

Delivery

- Delivery of multi-year capital projects within plan on time and to budget
- All major investment decisions factor wider impacts on our communities, our carbon footprint and our role as anchor institutions
- Deliver support for our staff to continue to develop our leadership and people capacity and capability to deliver

Measurement of outcomes

- Ensure that success is measured through KPI, dashboard reporting, programme reporting



South West London Green Plan Progress update 2025/26

September 2025



Summary

The **2025-29 South West London NHS Green Plan** was developed in alignment with the Greener NHS national programme and its vision to deliver ‘the world’s first Net Zero National Health Service’ and to achieve the national target of **net zero emissions by 2040**, building upon our previous 2023-25 SWL NHS Green Plan. Extensive stakeholder engagement shaped the updated plan, ensuring a collaborative and forward-looking approach.

The refreshed system green plan (approved by the ICB Board in March 2025) sets out Year 1 collective targets and actions with partners (working across NHS organisations, primary care and local authorities).

This report provides an overview of our key achievements in the first 6 months of 2025/26 and a progress report on agreed targets and actions.

Notable highlights include:

- ✓ **Trust Green Plans** have all been refreshed to drive local action in line with the SWL NHS Green Plan and NHSE requirements.
- ✓ **Securing funding to progress estate decarbonisation:** c.£25m funding has been secured for investment in decarbonisation and energy efficiency schemes. This includes £14.2m of capital grant funding secured by CHS in the final funding round of the Public Sector Decarbonisation Scheme to substantially reduce its reliance on gas-powered steam infrastructure.
- ✓ **Smaller-scale incremental change to reduce the carbon footprint:** There are several initiatives underway across SWL organisations (such as the continued removal of single-use items and reduction of plastic, the recycling of end user devices and medical waste, shifting to more electric vehicles and increasing the delivery of patient care remotely) with more in development.
- ✓ **Expanding sustainability training and awareness:** Sustainability awareness continues to strengthen, with training delivered to 25 executive and senior leaders at RMH to support its green plan implementation and a clinical workshop held at GESH for 450 attendees. Plans are in place to roll out training 200 staff members and a number of behavioural change campaigns by year end.

The Board is asked to note the 2025/26 highlights to date and next steps outlined for the remainder of the year.

Key highlights in 2025/26 so far

To date in 2025/26, we have put schemes in train with **carbon savings of circa 2,737 tCO₂e per annum**, the equivalent of driving 7 million miles in an average petrol car or charging 221.2 million smart phones.

We are also in the process of confirming the financial co-benefit of these actions (impact currently estimated at **£584k annual revenue savings** once actions are complete).

Workforce and Leadership



All Trust Green Plans have been updated during Q1-Q2.



Sustainability Training: Sustainability training reaching more staff. Includes GESH Green Plan Clinical Workshop held with 450 attendees

NZ Pathways



CHS SUSQI projects in delivery relating to the **expansion of virtual outpatient follow-ups**, estimated to save 40-50 tCO₂e p.a. through reduced travel

Travel and Transport



Cycling facilities upgraded at CHS



£79k funding secured for **EV chargers** across GESH and SWLStG sites; **Additional replacement of diesel intra-site vehicle** at RMH with electric vehicle.

Estates



£2.9m secured for **solar panel installations** at KRFT, SWLStG, SGH and RMH.



164 LED lights installed in Radiotherapy at RMH resulting in a reduction of 3.7tCO₂e (90% LED lighting now across trust)



£14.1m funding secured to support decarbonisation at CHS to de-steam its London Wing and save 2,473 tCO₂e p.a.



£1.4m secured by KRFT to install heat pumps and save 120 tCO₂e p.a.



Reusable sharps containers introduced at CHS in July 2025. 60–90 tCO₂e p.a. reduction estimated, alongside 10–20 tonnes less plastic p.a.

Waste

Food



New **catering waste segregation**, removal of single-use plastics and **healthy low-carbon menu pilot** in the staff canteen at CHS



Removal of all disposables in retail services and single-use plastics for bulk food supply at RMH, saving £20k p.a

Digital



3 year mobile phone cluster contract signed across 5 SWL organisations, saving £422k p.a. and enabling potential carbon savings of 125g per switch from physical SIM cards to eSIM

Procurement



Comparing 24/25 to 25/26 (to date), **Level 1 Evergreen status has increased by 31.25%** across procurements managed by SWL Procurement Partnership (SWLPP).

Adaptation



Work progressing on adaptation risk assessments with **first draft RMH Climate Change Adaptation Plan** and **first draft GESH Group Climate Change Risk Assessment**.

Progress against 2025/26 targets to date (1/3)

Workstream	Year 1 Targets	RAG	Summary
Workforce and Leadership	Deliver sustainability training across the system with target attendee numbers – Y1 200	G	Trust Green Plans refreshed and comms strategies for staff and stakeholders developed. - Delivered multiple learning events across system including GESH Green Plan Clinical Workshop with 450 attendees - Plans in place to exceed Y1 target (KRFT targeting 75 attendees by year end; SWLStG delivered training to 17 attendees to date with 30 more planned; RMH delivered to all Green Plan workstream leads including 25 people at senior leader level) - Work continues to signpost and make training materials and courses more accessible to staff. - Plans in place for behavioural campaigns (including Gloves Off campaigns at KRFT and RMH, SWLSTG Lights Off initiative) Staff awareness engagement: Green Champions networks strengthened across trusts. Participation across organisations in London Green Celebration Week in June. Events include a cycle of GESH Quarterly Green Days established (including a grand round presentation, litter pick, gardens tour, energy advice, cycling advice, ebike showcase, artwork engagement, air pollution / anti idling campaign) and RMH Annual World Environment Day hosted by Green Matters sustainability group in collaboration with Institute of Cancer Research in June, and SWLStG Summer Street Party where staff, patients and local residents were invited to share waste reduction ideas.
Net Zero Pathways	270tCO₂e removed per annum through pathway re-design, SUSQI or other transformation in Y1 5 SUS QI projects in place across the system in Y1.	A/G	Dedicated SUSQI lead embedded in SWLSTG QI team - Use of Green Theatres Checklist in use but still developing across trusts. Plans in development for SUSQI projects (15 Green Theatres projects at GESH; CHS projects for remote patient-initiated follow-up pathway in respiratory medicine and expanded use of virtual outpatient follow-ups in dermatology and paediatrics since April 2025, which estimated 40–50 tCO₂e avoided annually through reduced travel); SUSQI project at ESTH relating to efficient use of blister packs and medicine waste underway. Clinical Net Zero group established at RMH
Digital	- Deliver carbon savings from end-of-life management of phones – aiming for a 10% reduction in Year 1. - Establish a baseline for number of devices, assets and networks in the system by April 2026.	G	Baseline established: Approximately 41,884 End User Devices discovered and 8,045 network devices discovered (Access Points, Switches, Firewalls & Circuits) across 8 SWL organisations (ICB, GESH, SWLStG, CHS, RMH, K&R). Thinking underway on next steps to collaborate on reducing the carbon footprint Employee Purchase Scheme (EPS) launched by SWL ICB in April 2025, to extend asset lifecycle and support the circular economy. Devices are sold to employees with proceeds are donated to charities to support closing the digital divide & help SWL residents gain access to digital healthcare through technology. Carbon savings of 68.15 tCO₂e p.a. achieved to date. 3 year mobile phone cluster contract signed 1 July 2025 with Vodafone for 5 SWL organisations, saving £422k p.a. (£1.26m over 3 years). Direct carbon savings have not yet been attributed, however the contract provides the potential for carbon savings of 125g per device from a move from physical SIM cards to eSIMs (only newer handsets).

Progress against 2025/26 targets to date (2/3)

Workstream	Year 1 Targets	RAG	Summary
Estates	• Reduce tCO2e emissions per m2 by 10% • Reduce energy consumption per m2 by 10% • Increase the percentage of buildings covered by SMART metering for electricity, gas and water from the baseline by 10% each year.	G	• c.£25m investment secured for energy efficiency and decarbonisation schemes: • £2.9m funding secured to install solar panels across SWLStG, SGH, RMH and KRFT. • CHS secured capital grant funding of £14.2m from the Public Sector Decarbonisation Scheme to support its £20m decarbonisation programme over 2025/26-2027/28, saving 2,473 tCO2e p.a. • £1.4m Public Sector Decarbonisation Scheme grant awarded to KRFT to install heat pumps, saving 120tCO2e p.a. • RMH grant funding application successful for renewable energy retrofit (£208k, reducing annual electricity cost by £20k and carbon emissions by c.17tCO2e). • £6.5m from the NHSE estates safety national scheme awarded to KRFT to support its underway Combined Heat and Power system replacement (carbon savings reported in March 2025) • Further LED lighting rolled out in RMH, bring the trust’s LED lighting to 90% and resulting in further carbon emissions reduction of 3.7tCO2e p.a.. • RMH feasibility study for its heat network system completed
Waste	• National target for trusts to achieve 20% incineration, 20% alternative treatment and, 60% offensive waste in their waste streaming. SWL additional stretch targets beyond the national. ○ Incineration: Year 1 20% ○ Alternative Waste: Year 1 40% ○ Offensive Waste: Year 1 40%	A/G	• Waste reporting in development across most trusts. • GESH recently achieved the 20:20:60 NHS Clinical waste target for Clinical Waste. • Reusable sharps containers introduced at CHS in July 2025. 60–90 tCO2e p.a. reduction estimated, alongside 10–20 tonnes less plastic p.a. • Regular walkarounds at GESH in place; GESH staff awareness campaign on ‘Recycling right’. • SWLStG bins replaced to make transporting waste to correct locations easier.
Food	• Food Waste Target - Reduce food waste by 10% each year • Food Sourcing: Reduce Carbon footprint of menu by 10% each year.	G	• Food waste measurement and reporting in development. Food waste initiatives are underway including: • RMH has removed all disposables in retail services, and single-use plastics have been removed and replaced with stainless steel gastronomes for bulk food supply (carbon reduction yet to be quantified) • SWLStG biodigester project expected to reduce food waste volume by 80% by Q3.KRFT biodigester unit installed in May 2025 has also enabled a reduction in the food waste to landfill by 80%. • CHS has introduced new catering waste segregation, started at a healthy low-carbon menu pilot in the staff canteen and removed single-use plastics in catering

Progress against 2025/26 targets to date (2/3)

Workstream	Year 1 Targets	RAG	Summary
Medicines	• 6% emission reduction from inhalers • 10% tCO2e reduction from nitrous oxide use	G	• KRFT scheme launched to recycle medicine pens. Patients can now send their medicine pen devices via provided pre-paid boxes for recycling. The boxes are provided in clinic, at discharge and via Boots out-patient dispensing service partner on the Kingston Hospital site and patients can return to the hospital or post the pens to be recycled free of charge. Carbon impact yet to be measured. • Medicines waste reduction initiatives at SWLStG has resulted in £40k worth of medicines returned to stock for reuse from April 2025 to June 2025. • Work continues towards fully decommissioning of nitrous oxide manifolds and reducing the use of carbon intensive inhalers in trusts and primary care. Exploratory work underway re: inhalers collection and recycling.
Travel and Transport	• In Year 1, 15% percent of our owned or leased fleet is electric, 20% in Year 2 and 30% in Y3.	A/G	• £74k funding secured for EV charging points at SGH, ESHT and SWLStG. 2 new EV charging bays installed at each CHS main site and RMH Sutton site in early 2025/26 • Cycling facilities upgraded in June 2025 at CHS main site. • Two (of three) RMH fleet vehicles are now electric with the second vehicle introduced in April 2025; GESH planned trajectory to increase EVs in 2026 • GESH travel survey completed to support development of travel and transport strategy
Procurement	• To increase the number of suppliers achieving Evergreen status "level 1" by 30%.	G	• Comparing 24/25 to 25/26 (to date), Level 1 Evergreen status has increased by 31.25% across procurements managed by SWL Procurement Partnership (SWLPP). Comparing Q1 to Q2, Level 1 Evergreen status has increased by a further 16.66%. • Dataset produced of top 10 suppliers by SWLPP for acute trusts. • SWLPP dashboard now updated to incorporate the revised 5 social value missions that are to be incorporated in new procurements per the Procurement Act 2023. Next steps to make this available to sustainability teams. • Data still under review to identify single-use items and opportunities to adapt approach.
Adaptation	• System-wide risk assessment completed in Year 1.	A/G	• Some SWL Trusts participated in GLA/NHSE London working group to pilot use of the Climate Change Risk Assessment (CCRA) toolkit. Continued engagement with NHSE and GLA for guidance over next six months required. • RMH Climate Change Adaptation Plan drafted; GESH Group Climate Change Risk Assessment drafted; Trust discussions underway re: approach elsewhere. • Trust SROs identified at KRFT, GESH, RMH.

Next steps

We have good relationships in the system across a wide range of stakeholders (including local authorities, GLA, trusts, primary care and NHSE teams) which have supported taking action to progress the Year 1 targets and actions in the SWL NHS Green Plan 2025-29.

As the NHS landscape and structures evolve, we will continue to meet statutory reporting requirements and champion the green agenda.

Over the next six months, our focus areas across a range of workstreams will include:

- An increased focus on net zero clinical pathways and delivery of SUSQI projects that demonstrate that co-benefits of carbon emission reductions and improved patient outcomes and financial efficiency can be achieved.
- Deliver estates decarbonisation schemes in line with funding awarded, including the installation of heat pumps, solar panels and EV charging points.
- Focus on reporting and measurement against waste targets to demonstrate the impact that projects/initiatives are having.
- Follow through on plans made in early 2025/26 to deliver training and behavioural campaigns.

The South West London NHS system remains committed to leading by example, reducing carbon emissions and improving health outcomes through a greener, more sustainable NHS.



SWL NHS Finance Report M5

Agenda item: 5.2

Report by: Helen Jameson, CFO

Paper type: information

Date of meeting: Wednesday, 15 October 2025

Date Published: Wednesday, 8 October 2025

Purpose

This report is brought to the Board to:

1. Provide an update as at month 5 on the ICB financial position against its internal budget.
2. Provide an update as at month 5 on the South West London (SWL) NHS system financial position, including capital spend.

Executive summary

The ICB position as at 31 August 2025 is a small deficit of £1.0m in line with the profiled plan and forecasting to deliver its 2025/26 financial plan.

The efficiency plan is on course to deliver £0.5m above the £37.1m target and is £0.9m favourable to the year to date (YTD) plan, mainly due to the rates rebate scheme delivering ahead of plan, although it should be noted these benefits are non-recurrent.

£6.2m of the forecast savings are non-recurrent in nature compared to the initial plan of £5.6m, which worsens the underlying position and will put more pressure on saving requirements in future years.

SWL system has a YTD deficit of £54.6m, which is in line with the plan. The system is forecasting to meet the breakeven plan for the year.

There are significant risks to this plan and a system wide risk review has been reported to the Financial Recovery Group (FRG). The most significant risks concern delivery of the efficiency plan and associated workforce reductions, with Epsom & St Helier (ESH) and St Georges Hospital (SGH) having the highest values of net risk.

Against NHSE's Risk of Non Delivery Assessment (RoNDA) metrics, SWL is estimated to score '2' (2.1) this month compared to '2' (2.3) last month. On the framework, '1' indicates lowest risk and '4' indicates highest risk, with scores rounded to the nearest whole number. This means SWL is in line to receive Q3 deficit funding.

SWL Capital Departmental Expenditure Limit (CDEL) allocation increased by £0.7m and national CDEL allocation increased by £0.3m due to additional NHSE funding. Forecast outturn is in line with allocations at M5; this may be revised at M6, subject to the national reforecasting exercise.

NHSE has requested a mid-year capital reforecast exercise at the end of August (across national capital programmes), in order to assess slippage and reallocation of national CDEL in-year. Trusts are encouraged to declare underspends against specific national capital programmes by M6. NHSE may reduce 2026/27 CDEL as a penalty if foreseeable underspends emerge later in the year.

Key Issues for the Board to be aware of

- The ICB position at M5 is a deficit of £1.0m in line with the profiled plan, and a forecast outturn (FOT) to deliver a breakeven position as planned.
- SWL system has a YTD deficit of £54.6m, which is in line with the plan. The system is forecasting to meet the breakeven plan for the year albeit with significant risk.
- Capital forecast outturn is in line with allocations at M5; this may be revised at M6, subject to the national reforecasting exercise.

Recommendation

The Board is asked to:

1. Note the ICB month 5 position.
2. Note the ICS revenue month 5 position.
3. Note the ICS capital position at month 5.
4. Review the format of the report and confirm if it would like any further updates to the information provided.

Governance and Supporting Documentation

Conflicts of interest

N/A

Corporate objectives

Achieving Financial Sustainability.

Risks

Achieving Financial Plan for 2025/26

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
Finance & Planning Committee	1 October 2025	Noted

Final date for approval

N/A

Supporting documents

SWL Finance Report M5 2025/26



NHS South West London
Integrated Care Board

Lead director

Helen Jameson

Authors

Joanna Watson

Neil McDowell

Piya Patel

SWL NHS Finance Report M5

October 2025



- ICB internal position at month 5
- SWL NHS system revenue position at month 5
- SWL NHS system capital position at month 5
- Summary

The ICB internal position

Key Messages:

- The ICB position as at 31st August 2025 is a small deficit of £1.0m in line with the profiled plan, and a FOT to deliver a breakeven position as planned.
- The efficiency plan is on course to deliver £0.5m above the £37.1m target and is £0.9m favourable to the YTD plan, mainly due to the rates rebate scheme delivering ahead of plan, although it should be noted these benefits are non recurrent.
- Acute services is showing an adverse YTD variance of £1.7m, which is predominantly due to an overspend at Month 5 on ISP spend (£1.5m adverse). It is expected that the run rate on this spend will reduce by bringing the activity back in line with the plan.
- Mental health services are showing an adverse YTD variance of £2.7m and forecast variance of £6.2m, predominantly driven by continuing pressures on Right to Choose assessments (£3.6m forecast above plan) and placements (£2.0m forecast above plan).
- For AACHC based on patient levels for the first four months of the year, we are reporting an adverse YTD variance of £0.1m, and a forecast breakeven position. The position includes an estimate for uplifts for non-AQP placements that are yet to be agreed.
- The unfavourable YTD variance of £0.6m within primary care and the forecast overspend of £1.0m is predominantly due to a projected annual overspend of £0.9m against the prescribing budget based on June data.

ICB High Level Financial Position



South West London

Target	Measure	Month 5 Position	RAG Status
Planned surplus	Achieving breakeven position	Forecasting breakeven position	Achieved
Efficiency	Deliver £37.1m of efficiency savings in year.	Forecasting £37.6m of savings.	Achieved
Mental Health Investment Standard	Increase Mental Health expenditure by 4.93%, in line with allocation growth	Projected increase 5.0%	Achieved
Running Costs	ICB running costs not to exceed £25.7m	Forecast spend £23.6m	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 0.07% of drawdown limit	Achieved

Allocation and Expenditure	YTD Budget £000s	YTD Actual £000s	YTD Variance £000s	Annual Budget £000s	Forecast Outturn £000s	Forecast Variance £000s	Previous Month Forecast Variance £000s	Movement from last month £000s
Total Allocation (Income)	£1,760,623			£4,300,990				

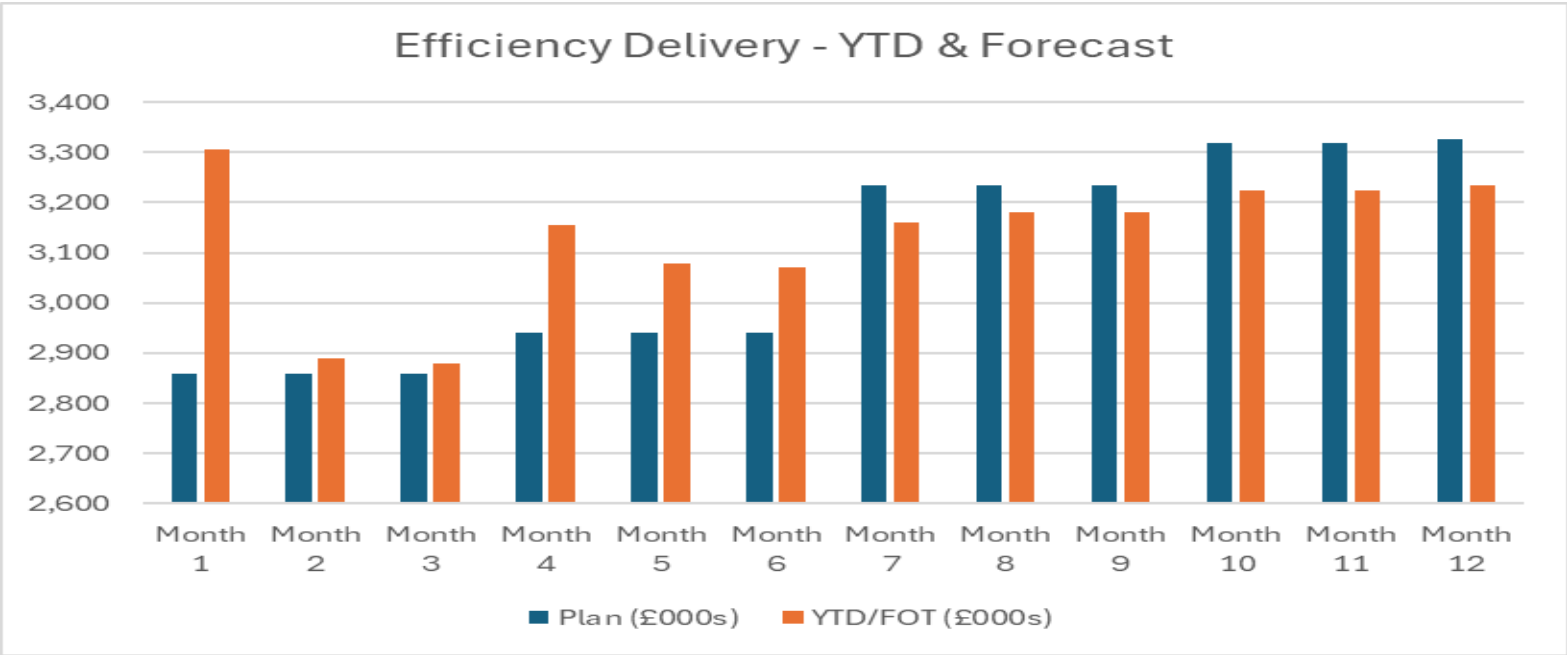
Expenditure:								
Acute Services (NHS & non-NHS)	£837,423	£839,106	-£1,683	£2,019,962	£2,019,922	£40	£40	-£0
Specialist Commissioning	£199,507	£199,507	£0	£501,972	£501,972	£0	£0	£0
Community Health Services	£124,764	£123,909	£855	£299,819	£298,652	£1,167	£793	£375
All Age Continuing Healthcare	£73,298	£73,371	-£73	£175,915	£175,888	£27	£74	-£47
Corporate & Other	£37,057	£32,891	£4,166	£123,042	£117,087	£5,955	£3,626	£2,329
Mental Health	£167,570	£170,246	-£2,676	£403,480	£409,653	-£6,173	-£4,815	-£1,357
Primary Care (Incl Prescribing & Delegated)	£321,994	£322,577	-£583	£776,800	£777,791	-£991	£312	-£1,303
Total Expenditure:	£1,761,614	£1,761,607	£7	£4,300,990	£4,300,965	£25	£29	-£4

Surplus/(Deficit)	-£991	£0
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SWL ICB efficiency plan

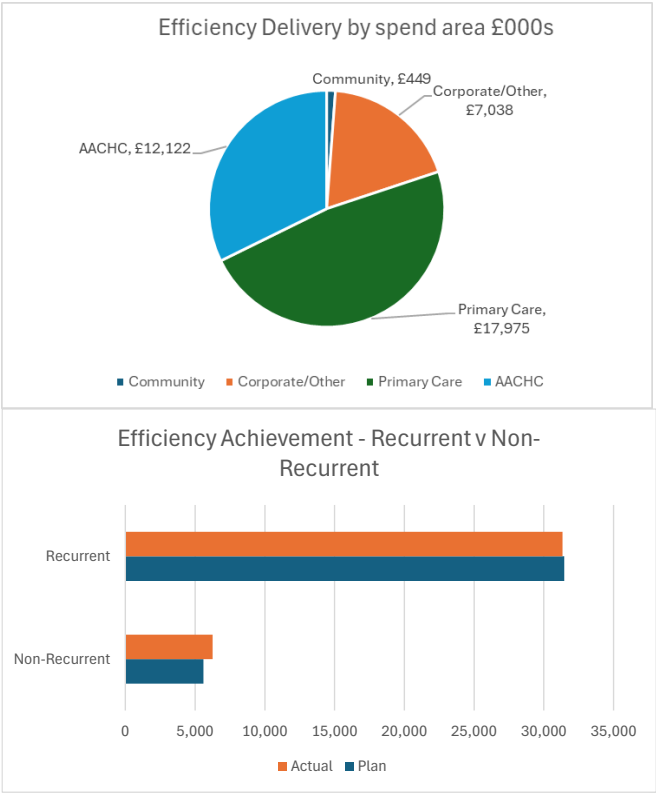


South West London



Narrative –

- The efficiency plan is on course to deliver £0.5m above the £37.1m target and is £0.9m favourable to the YTD plan, mainly due to the rates rebate scheme delivering ahead of plan, although it should be noted that these savings are non recurrent.
- £6.2m of the forecast savings are non-recurrent in nature compared to the initial plan of £5.6m, which worsens the underlying position and will put more pressure on saving requirements in future years.



The SWL NHS system revenue position

SWL NHS system revenue position



South West London

Financial position:

- SWL system has a **YTD deficit of £54.6m, which is in line with the plan.**
- The system is forecasting to meet the breakeven plan for the year.
- There are significant risks to this plan and a system wide risk review has been reported to the Financial Recovery Group (FRG).
- The most significant risks concern delivery of the efficiency plan and associated workforce reductions, with ESH and SGH having the highest values of net risk.
- Against NHSE's Risk of Non Delivery Assessment (RoNDA) metrics, SWL is estimated to score '2' (2.1) this month compared to '2' (2.3) last month. On the framework, '1' indicates lowest risk and '4' indicates highest risk, with scores rounded to the nearest whole number. This means SWL is in line to receive Q3 deficit funding.

Workforce:

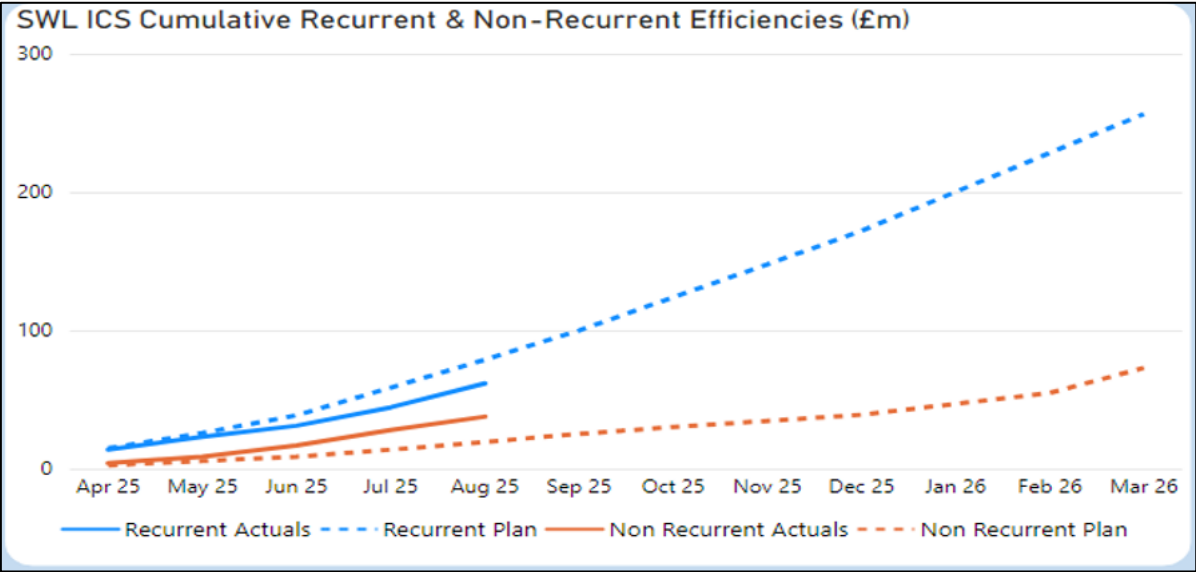
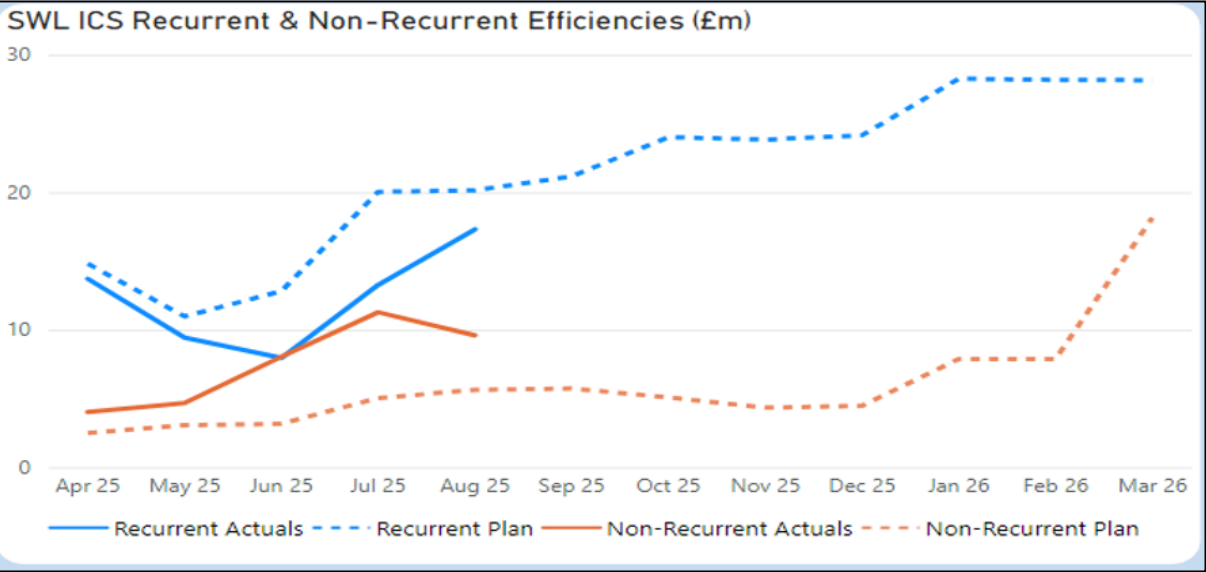
- The 2025/26 efficiency plan assumes an 1,808 decrease in whole time equivalents (WTEs).
- Actual WTEs have increased by 9 from last month, with the **adverse variance to plan 749 WTEs. Significant reductions phased in Q2 have not been met.**
- ESH and SGH largely account for the adverse variance to plan. RMH and SWLSG are favourable to plan. CHS and KRT are broadly on plan.
- The system has bank and agency trust cost caps set by NHSE. We are on track to spend within the agency cost cap, but are forecast to exceed the bank cost cap by 3.6%.

Financial performance (£m)	M5 YTD		
	YTD Plan	YTD Actual	YTD Variance
CHS	-8.4	-8.4	0.0
ESHT	-14.2	-14.2	0.0
KRFT	-14.6	-14.6	0.0
SGH	-14.6	-14.6	0.0
SWL StG	0.1	0.1	0.0
RMH	-2.0	-1.9	0.0
Trusts Total	-53.6	-53.6	0.1
ICB	-1.0	-1.0	0.0
SWL System	-54.6	-54.6	0.1

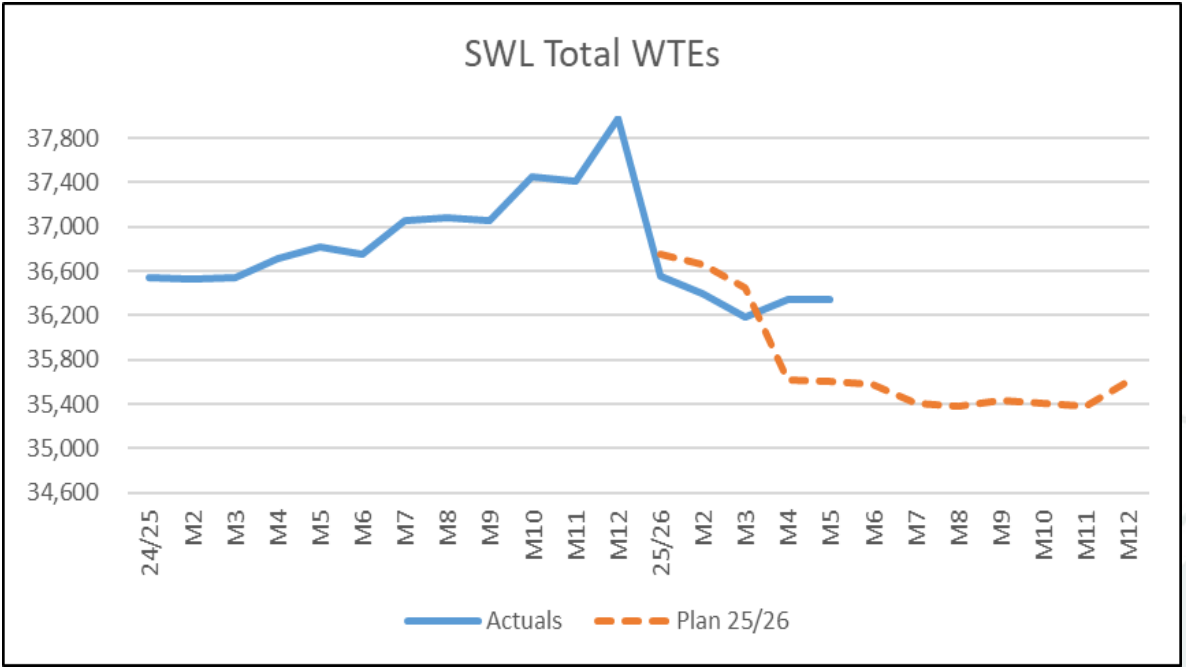
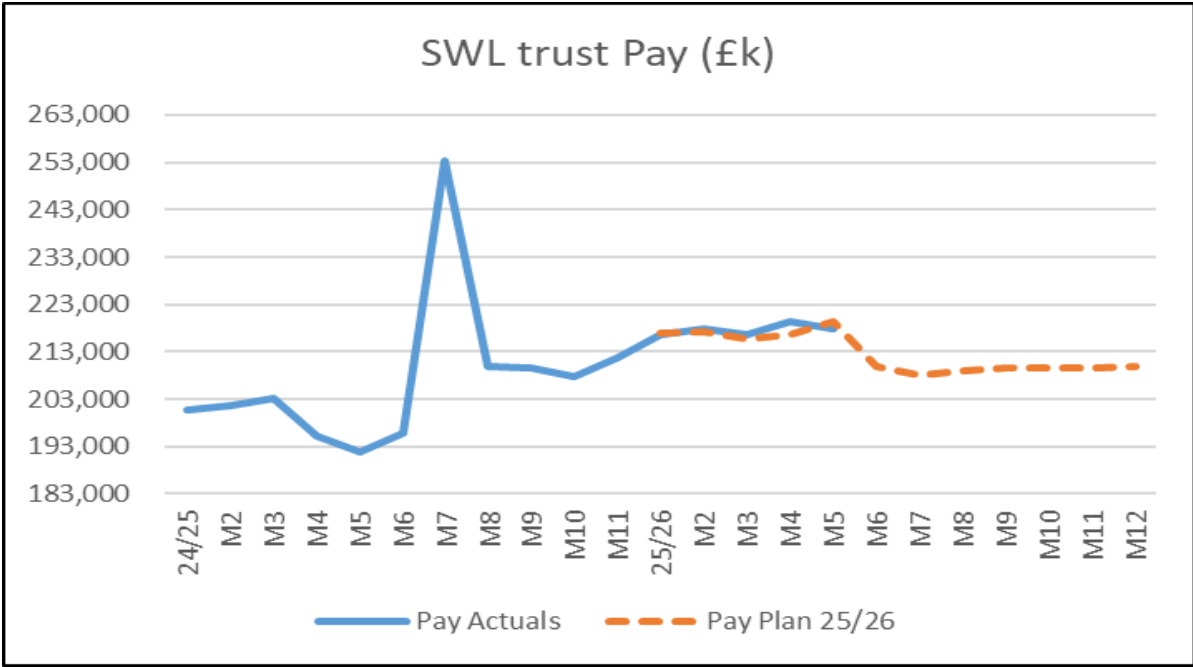
Financial performance (£m)	M5 FOT		
	FY Plan	FOT Actual	FOT Variance
CHS	0.0	0.0	0.0
ESHT	-5.7	-5.7	0.0
KRFT	0.0	0.0	0.0
SGH	0.0	0.0	0.0
SWL StG	0.2	0.2	0.0
RMH	5.5	5.5	0.0
Trusts Total	0.0	0.0	0.0
ICB	0.0	0.0	0.0
SWL System	0.0	0.0	0.0

Efficiency – 2025/26 planned CIPs

- To deliver the breakeven plan, total efficiency across the system of £329m is required for the year.
- £99.2m of efficiency has been delivered. Efficiency delivery is £1.1m ahead of the plan year to date (on plan last month), with recurrent efficiency £17.1m adverse (£14.3m adverse last month). The majority of the favourable variance comes from ICB.
- £238m of efficiency is fully identified (£222m last month), so an improvement, but this still means that around a quarter of the efficiency plan is not yet fully developed at this stage of the year.
- The plan submitted has significant increases in efficiency phased from M4 and M10, as shown by the graph below.



- Trust total pay costs are adverse to plan YTD by £2.4m (£3.8m adverse last month). This is primarily driven by efficiency plans being delivered by a lower proportion of pay than planned, mitigated by higher non-pay schemes.
- The spike in costs in M7 2024/25 is due to the pay award for that year being back funded in that month.
- Actual whole-time equivalents (WTEs) have increased by 9 from last month and the adverse variance to plan is 749. Further reductions are needed to stay on track to deliver the overall efficiency and WTE reduction plan. The plan for 2025/26 included ambitious efficiency reductions, which have not been achieved to date. There was an increase in M4 in part due to industrial action, that has not reduced back down in M5.

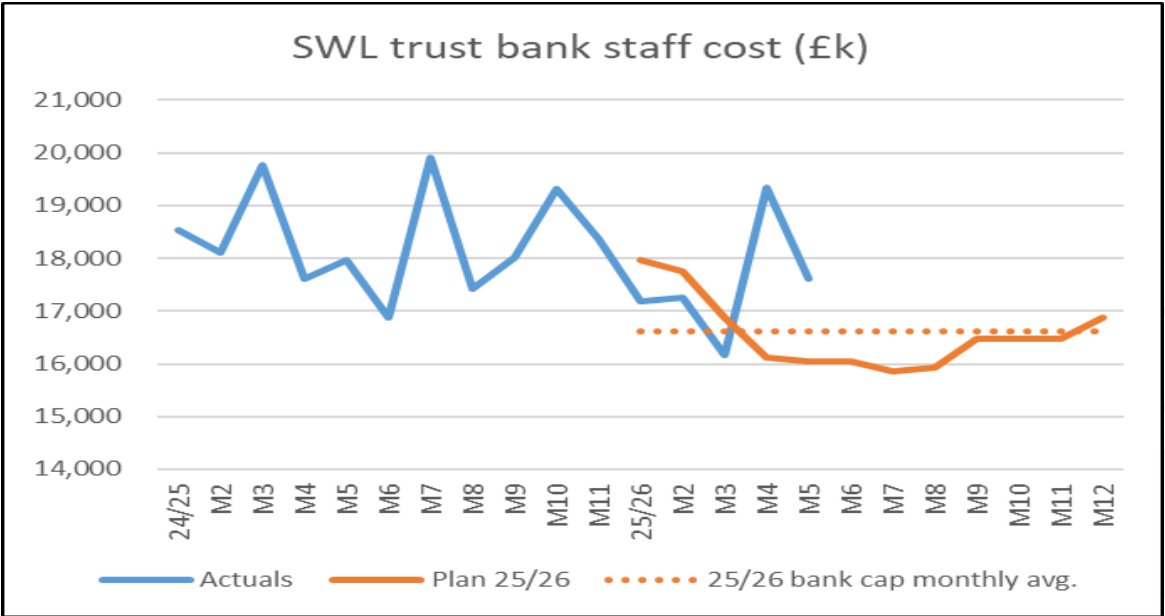
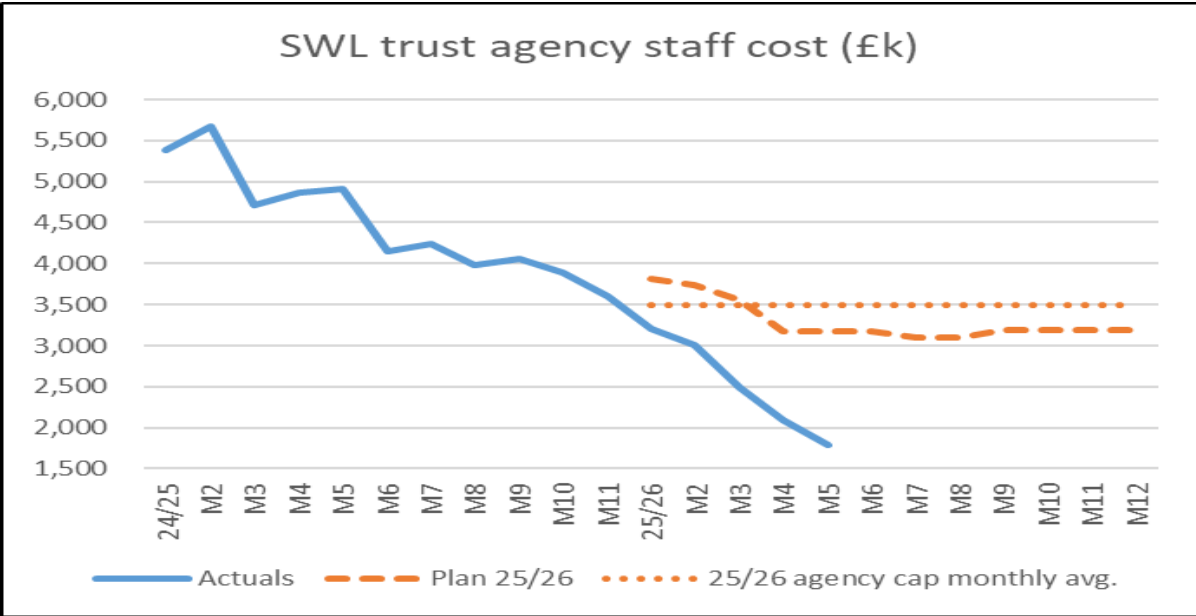


SWL NHS system workforce – temporary staffing

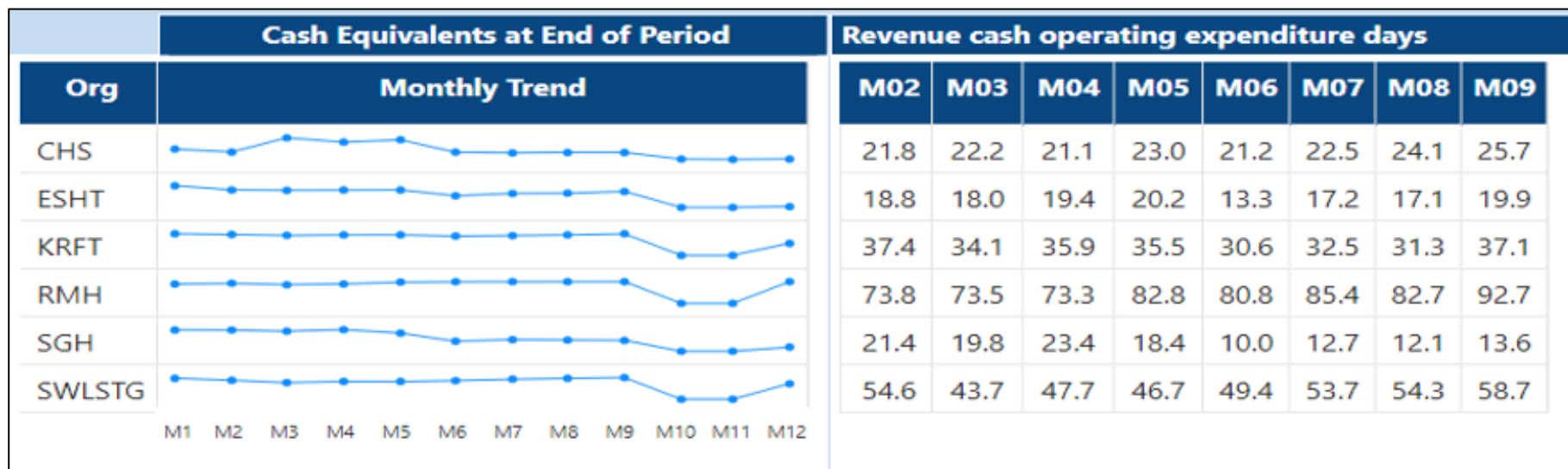


South West London

- The SWL system agency cap is £41.8m for 2025/26 and plans have been set totalling £39.6m, £2.2m below the cap.
 - The current FOT is £35.6m, **which is £6.2m below the NHSE agency cost cap.**
- The SWL system bank cap is £199.2m for 2025/26 and plans have been set totalling £198.9m, £0.7m below the cap.
 - The current FOT is £206.1m, **which is £6.9m above the NHSE bank cost cap.**
 - The majority of the bank adverse variance is at ESH. This is due to the majority of pay CIP being in temporary staffing. Actual delivery has not delivered in bank, but this has been mitigated overall by favourable variances in substantive and agency costs.
 - Bank spend had been falling consistency since the start of the calendar year, as new controls kicked in. However, costs increased in M4 in part due to industrial action and did not fall back in M5.



- There is a new cash reporting requirement in the Trust monthly returns, which gives a four month rolling cash forecast.
- The graph show the trusts year to date actual cash balances, the four month rolling forecast and the forecast year end balance.
- The top table shows how many operating days of cash each trust has to the end of the rolling forecast.
- SWL has agreed that less than 10 operating days cash in any month will trigger a requirement for mitigating action plan. Currently no trust is forecasting operating cash days less than 10.
- Current cash operating days are lowest at ESH (13.3) and SGH (10.0) at M6, although after additional review SGH is likely to improve at M6 and both trusts improve in the following months.



The SWL system capital position



SWL NHS system capital position



Forecast Outturn

SWL CDEL					National CDEL				Total CDEL			
Org	Allocation	FOT	Variance	RAG	Allocation1	FOT1	Variance	RAG	Allocation	FOT	Variance	RAG
CHS	11.7	11.7	0.0	G	14.8	14.8	0.0	G	26.5	26.5	0.0	G
ESHT	8.8	8.8	0.0	G	15.9	15.9	0.0	G	24.7	24.7	0.0	G
KRFT	12.2	12.2	0.0	G	13.5	13.5	0.0	G	25.7	25.7	0.0	G
SGH	55.8	55.8	0.0	G	14.5	14.5	0.0	G	70.3	70.3	0.0	G
SWLSTG	58.6	63.1	4.5	R	8.3	8.3	0.0	G	66.9	71.4	4.5	R
RMH	31.5	31.5	0.0	G	8.4	8.4	0.0	G	40.0	40.0	0.0	G
Subtotal	178.7	183.2	4.5	R	75.4	75.5	0.0	G	254.1	258.6	4.5	R
ICB	3.4	3.4	0.0	G	2.5	2.5	0.0	G	5.9	5.9	0.0	G
Subtotal	3.4	3.4	0.0	G	2.5	2.5	0.0	G	5.9	5.9	0.0	G
ICS Total	182.0	186.5	4.5	R	78.0	78.0	0.0	G	260.0	264.5	4.5	R

YTD Spend Compared to Total Allocation

SWL CDEL			National CDEL		Total CDEL	
Org	YTD Actual	% of Total Allocation	YTD Actual	% of Total Allocation	YTD Actual	% of Total Allocation
CHS	4.5	38.3%	4.7	31.7%	9.2	34.6%
ESHT	1.5	16.4%	4.9	30.5%	6.3	25.5%
KRFT	1.4	11.5%	1.6	11.7%	3.0	11.6%
SGH	8.6	15.5%	0.7	4.7%	9.3	13.3%
SWLSTG	22.1	37.7%	3.8	45.5%	25.9	38.7%
RMH	2.7	8.5%	0.2	2.1%	2.9	7.2%
Subtotal	40.8	22.8%	15.8	20.9%	56.5	22.2%
ICB	0.2	6.8%	0.1	3.6%	0.3	5.4%
Subtotal	0.2	6.8%	0.1	3.6%	0.3	5.4%
ICS Total	41.0	22.5%	15.8	20.3%	56.8	21.9%

Mid year review:

- NHSE has requested a mid-year capital reforecast exercise at the end of August (across national capital programmes), in order to assess slippage and reallocation of national CDEL in-year. Trusts are encouraged to declare underspends against specific national capital programmes by M6. NHSE may reduce 2026/27 CDEL as a penalty if foreseeable underspends emerge later in the year.
- The system has aligned its review of SWL CDEL FOT to the national exercise timeline.

M5 position:

- SWL CDEL allocation increased by £0.7m and national CDEL allocation increased by £0.3m due to additional NHSE funding.
- Forecast outturn is in line with allocations at M5; this may be revised at M6, subject to the national reforecasting exercise.

Of note:

- The NHSE approval processes for constitutional standards funding continues, with only a small percentage of submitted business cases approved to date. The ICB continues to work with NHSE and trusts to conclude the process and reassess delivery risk.
- CHS has secured capital grant funding (outside CDEL) of £14.2m from the Public Sector Decarbonisation Scheme to support its £20m decarbonisation programme over 2025/26-2027/28, with £10.3m of the grant sitting in 2025/26.

Summary

Summary of financial position

The Board is asked to:

- Note the ICB month 5 position.
- Note the ICS revenue month 5 position.
- Note the ICS capital position at month 5.
- Review the format of the report and confirm if it would like any further updates to the information provided.

Quality & Performance Oversight Committee Update

Agenda item: 5.3

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

Paper type: For information

Date of meeting: Wednesday, 15 October 2025

Date Published: Wednesday, 8 October 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 6 August 2025. The next QPOC meeting is scheduled for 8 October 2025 – a verbal update following this meeting will be given to the ICB.

Executive Summary

The Quality and Performance Oversight Committee has met once since the last update to the ICB Board, on 6 August 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.

South West London (SWL) ICB Performance Report

The Committee noted the SWL ICB Performance report with highlighted areas of improved performance and areas of continued challenge as follows:

- Ambulance response times are best in London.
- Virtual ward occupancy is high.
- Challenges include ED breaches.
- Impact of EPR implementation at Epsom and St Helier.
- Elective recovery delays due to financial and workforce constraints.

The Committee **noted** the performance report.

NHS Oversight Framework Update

The Committee noted an update on the one-year transitional framework for 2025/26 and the segmentation methodology. For 2026/27 the framework will be updated to reflect the ICBs new operating model and the ambitions of the NHS 10-year plan.

The Committee **noted** the update.

12-hour breaches in the Emergency Department (ED)

The Committee received a report on the 12-hour breaches in ED waiting times.

Despite achieving all the national targets to reduce long waits, the position has not improved and SWL continues to have the highest volume of 12-hour breaches in London. To understand the position for SWL a week-long review was undertaken by the SWL UEC Programme team and Clinical Leads to map the pathways of real 12-hour breach patients in SWL ED's.

There was a general discussion and the key points noted were: most long waits were due to challenges relating to discharge; significant mortality risks due to long waits; and the disproportionate impact on frail and elderly patients many of whom had complex needs requiring input from multiple specialisms.

The report included recommended next steps relating to pre-hospital, in-hospital and post-hospital pathways.

It was noted that for some of the improvements to be achieved, cultural change would be required and clinical leadership would be essential to demonstrate to front line staff the impact of operational decisions on patient safety.

The Committee **noted** the report.

Safeguarding Adults and Children's Annual Report 2024/25

The Committee received the Safeguarding Adults and Children's Annual report and noted the following highlighted key areas:

- A summary of statutory reviews and themes, mental health, domestic abuse and transition safeguarding.
- Overview of achievement including the development of the neglect tool, training strategy, and safeguarding protocols.
- Priorities for 2025/26 include embedding safeguarding in commissioning cycles and strengthening oversight.

The Committee **approved** the report

Children Looked After (CLA) Annual Report 2024/25

The Committee received the second collaborative CLA Annual Report for SWL ICB and noted the achievements, challenges and priorities for 2025/26.

The Committee **noted** the report.

Primary Care Quality Update

A primary care quality update was noted by the Committee, highlighting:

- High patient satisfaction and strong performance.
- Challenges include rising demand and contract changes.

It was agreed that a full report will be brought back to the Committee in October 2025.

The Committee **noted** the update.

SWL ICB Quality Report

The Committee received the SWL ICB quality report noting an overview of the key areas:

- St Georges Hospital (SGH) Maternity Services concerns are ongoing and the ICB continues to support the Trust to implement improvements. An Executive-to-Executive meeting, to discuss SGH maternity services is planned later this month.
- The report includes the findings of the Care Quality Commission (CQC) review at Croydon Health Services (CHS).

The Committee **noted** the report.

Equality and Quality Impact Assessment (EQIA) update

The Committee noted a summary of EQIAs completed since March 2025 and an overview of the governance and sign-off arrangement in place to ensure quality impacts are considered and mitigated in decision making. The Committee were assured that that all EQIAs are developed with Clinical and Senior Leadership oversight, and the process includes regular assurance reporting to the Quality Operations Management Group (QOMG), QPOC and the ICB Board.

The Committee **noted** the report.

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)	6 August 2025	Noted

Final date for approval

Not applicable

Lead Director

Fergus Keegan, Interim Chief Nursing Officer

Author

Gurvinder Chana, Senior Programme Manager

SWL System Quality Report

Agenda item: Item 5.4

Report by: Fergus Keegan, Interim SWL ICB Chief Nursing Officer

Paper type: For discussion/information

Date of meeting: Wednesday, 15 October 2025

Date Published: Wednesday 8 October 2025

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 ICB's Quality and Operational Management Group (QOMG) held in September 2025, and Quality and Performance Oversight Committee (QPOC) held on 8th October 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 continuous improvements progress and provide assurance that quality risks and challenges are being addressed appropriately. The report covers the period of July to August 2025 unless stated otherwise.

- **Emergency Department (ED) Pressures:** All acute providers across the system continue to face sustained and significant pressure on emergency care services. Persistent twelve-hour breaches in ED remain a key operational challenge. These delays are directly contributing to the increased use of corridor care, which poses a material risk to both patient safety and experience. Providers continue to mitigate patient safety risks associated with the delays and length of stay.
- **St George's Hospital (SGH) Care Quality Commission (CQC) Update:** The CQC has published reports on SGUH Maternity, Surgery and Urgent & Emergency services for St George's site and Surgery services at Queen Mary's Hospital following inspections carried out from October to February 2025. The Trust overall rating as follows; Safe is rated Inadequate and all the other 4 domains (Effective, Caring, Responsive, well led) are rated Requires improvement. Following these inspections, CQC rated these services as follows:

- Urgent and emergency care retained a rating of Requires Improvement
- Surgery has dropped from Good to requires improvement overall
- Maternity services have improved from inadequate to requires improvement
- Surgery at Queen Mary's Hospital has improved from requires improvement to good overall.

The Trust has been issued two warning notices requiring significant improvements in areas including treating people with dignity and respect, safeguarding, the safety of premises and equipment, staffing, and how services are managed. The Trust is working to implement the must-dos and should-dos and ensure all immediate safety risks are mitigated.

- **Preventing Future Deaths (PFD):** Two PFDs were issued to system partners across SWL as follows:
 - **SWL St Georges Hospital:** On 8 August 2025, the coroner issued a Prevention of Future Death regulation regarding the care and safety of informal patients, following death of a patient who was hit by train whilst on leave from an inpatient ward. The Trust has taken several actions prior to receiving the PFD to mitigate the risk and immediate learning responses have been identified.
 - **ICB and Epsom St Helier Hospital (ESTH):** In August 2025, a PFD notice was received following the death of a patient in ESTH. The notice highlighted a lack of psychiatric hospital beds and arrangements for detaining patients assessed to require Mental Health Act section in the ED of Epsom General Hospital. The ICB and ESTH are providing response to coroner. There is a safeguarding adult review in relation to this case being led by Surrey. *(Note this PFD was issued to 5 other organisations).*

Recommendation

The Board is asked to:

- Be assured that the exceptions highlighted within the report have been presented and discussed at the Quality Operational Management Group (QOMG) in September 2025 and QPOC on 8th October 2025.
- Be assured that the risk review cycle continues to identify, review and monitor new and existing risks. Noting that a new system maternity risk has been included in the Corporate Risk Register and on the Board Assurance Framework.
- Be assured Place Quality Groups remain ongoing and risks will be identified closer to place for providers of health and care.
- Improvements across SWL providers continue to be implemented to improve patient outcomes and there is shared learning across workstreams and networks.

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)	15 September 2025	Internal directorate review and assurance
Senior Management Team (SMT)	25 September 2025	Noted

Supporting documents

Quality Report

Lead Director

June Okochi, Director of Quality

Author

Miriam Phillip, Head of Quality

SWL System Quality Report

South West London ICB Board

15th October 2025

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



The report provides the ICB Board with an overview of the quality of services within South West London Integrated Care System (ICS).

- The report was presented to the Quality and Performance Oversight Committee (QPOC) on 8th October 2025.
- It identifies emerging and ongoing quality risks impacting on patient safety and experience, update on improvement work and assurance that risks and challenges are being mitigated.
- The report covers the period of August and September 2025 (unless stated otherwise).

The ICB Board is asked to:

- Note the quality report, highlighting the use of increased data and metrics to support the oversight of patient safety, patient experience, and clinical effectiveness 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 August and September 2025.

Executive summary – key safety challenges 1/2



South West London

Emergency Department (ED) Patient flow– Key system challenges

All acute providers across the system continue to face sustained and significant pressure on emergency care services. Persistent twelve-hour breaches in ED remain a key operational challenge. These delays are directly contributing to the increased use of corridor care, which poses a material risk to both patient safety and experience.

Mental health patients are also experiencing prolonged ED stays due to limited capacity of inpatient beds, further impacting flow, safety and experience.

The ICB has published a comprehensive System Winter Plan to manage seasonal pressures across health and care services. In parallel, the ICB is gaining assurance from providers that Equality and Quality Impact Assessments (EQIAs) and or risk assessments are being developed to identify and mitigate patient safety risks.

Never events (NEs)

A total of 8 NE have been reported in 2025/26,. 5 from St George's Hospital, 2 from Epsom and St Helier and one from Croydon Health Services. NE themes are retained foreign object (3), wrong site surgery (3), Mis-selection of high strength midazolam (1), and administration of medication by the wrong route (1).

Homicides Investigations Update

SWL has nine Homicide learning investigations open. Learning from all the cases is shared across SWL and regionally. Out of the nine cases;

- 8 Investigation reports have been successfully completed by the trust.
- 1 case is ongoing.
- 3 out of 8 cases are being reviewed by NHSE with a view to commission an additional independent review into the learning if required.

SWL Pathology Service

There are ongoing concerns across SWL regarding the pathology services provided by SWL Pathology, which is hosted by St George's Hospital (SGH).

These issues have been escalated to the SWL Pathology leadership, who have provided updates through MKAD system on the ongoing remedial actions and have been engaging directly with affected practices.

Executive summary – key safety challenges 2/2



South West London

Preventing Future Deaths(PFD): Two PFDs were issued to system partners across SWL as follows. Learning continue to be shared across the system

- **SWLSTG:** On 8th August 2025, the coroner has issued a Prevention of Future Death regulation regarding the care and safety of informal patients, following death of a patient who was hit by train whilst on leave from an inpatient ward . The Trust has taken several actions prior to receiving the PFD to mitigate the risk
- **ICB and ESTH :** In August 2025, a PFD notice was received following the death of a patient in ESTH. The notice highlighted a lack of psychiatric hospital beds and arrangements for detaining patients assessed to require Mental Health Act section in the ED of Epsom General Hospital. The ICB and ESTH are providing a response to coroner. There is a safeguarding adult review in relation to this case being led by Surrey (Note PFD was issued to 5 other organisations)

Infection and Prevention Control (IPC) South West London ICB notes low levels of COVID-19, norovirus, and influenza; a *C. difficile* outbreak at St George's (7 cases) with control measures in place; emerging CPE outbreaks at the Royal Marsden; and the closure of an iGAS cluster in a Kingston care home. Key risks include unfit-tested YHC staff for FFP3, lack of occupational health cover for sharps injuries, and ongoing Legionella issues at St Helier. Measles cases are rising (Croydon 15, Wandsworth 2, Sutton 1) with vaccination drives underway.

Winter planning aims to vaccinate 30,000 more patients than last year, with updated COVID-19 eligibility criteria. Improvement work includes the rollout of the London-wide Digital Catheter Passport and implementation of a regional HCAI and MDRO reduction plan through a multi-agency working group. Trusts and the ICB are collectively working with partners to ensure improved infection and prevention control.

SLAM CQC Update: Following the previous update to QOM &QPOC, the following is recent CQC inspection update;

- Section 31 Notice (related to health-Based Place of Safety and Lambeth SPA): The Trust has submitted its action plan to the CQC. The CQC has reviewed the plan and confirmed they are satisfied, with no further action being taken at this time.
- Section 29a Notice(related to Mental Health Act delays and risk oversight in the community):The Trust has sent its action plan to the CQC and is currently awaiting a response.

SLAM- 28-day access for adults and Children and Young People (CYP):

Challenges remain in achieving <28-day access for adults and CYP, affecting outcomes, waitlists, and risk of crisis escalation. Performance shows improvement but remains inconsistent and sustained delivery is required. Actions continue with local implementation and support from the Community Care Development Programme

The CQC has published reports on SGUH Maternity, Surgery and Urgent & Emergency services for St George's site and Surgery services at Queen Mary's Hospital following inspections carried out from October to February 2025. The Trust overall rating are as follows;

Safe	Inadequate 
Effective	Requires improvement 
Caring	Requires improvement 
Responsive	Requires improvement 
Well-led	Requires improvement 

Following these inspections;

- Urgent and emergency care retained a rating of Requires Improvement
- Surgery has dropped from Good to requires improvement overall
- Maternity services have improved from inadequate to requires improvement
- Surgery at Queen Mary's Hospital has improved from requires improvement to good overall.

The Trust has been issued two warning notices requiring significant improvements in areas including treating people with dignity and respect, safeguarding, the safety of premises and equipment, staffing, and how services are managed.

St George's Hospital (Tooting) (Inspection October 24 – February 2025)

Positive Observations:

- **Compassionate Staff:** Patients consistently praised staff for being kind and supportive.
- **Bereavement Care:** Dedicated suite and improved support aligned with national standards.
- **Team Collaboration:** Strong multidisciplinary teamwork across services.
- **Digital Improvements:** Electronic records and SMART theatres enhancing care quality.
- **Equity Focus:** Active staff networks and targeted strategies to reduce health inequalities.

South West London

Areas of Concern:

- **Safety Risks:** Maternity and ED rated *Inadequate*; outdated equipment and poor medicines management.
- **Leadership Gaps:** Instability and weak governance in key departments.
- **Staffing Shortages:** High vacancies, especially in maternity and ED; over-reliance on agency staff.
- **Documentation Issues:** Incomplete risk assessments and inconsistent record-keeping.
- **Infection Control:** Poor hygiene standards and infrastructure issues (e.g., mould, leaks). **Inclusion Gaps:** Reports of discrimination and underrepresentation in senior roles.

Queen Mary's Hospital (Inspection August 2024)

Positive observations:

- **High Patient Satisfaction:** 99–100% positive feedback; staff consistently recognised for compassionate care.
- **Strong Leadership & Culture:** Inclusive, supportive environment with high staff morale and engagement.
- **Safe & Clean Surgical Practice:** WHO checklist compliance; zero surgical infections; excellent hygiene standards.
- **Effective Multidisciplinary Collaboration:** Clear escalation protocols and strong teamwork across services.
- **Workforce Excellence:** High training and appraisal completion; minimal reliance on agency staff.
- **Governance & Innovation:** SMART theatres, sustainability initiatives, and robust performance oversight.

Areas of Concern

Overall Rating: Hospital remains “Requires Improvement” despite progress in surgical services.

Never Events: Seven serious incidents in 2024, including wrong-site surgery.

Theatre Utilisation: Operating at 63–67%, significantly below the 85% target.

Access & Equity: Referral delays, cancellations, and long patient wait impact service delivery.

Communication Gaps: Inconsistent updates to patients regarding delays.

Maternity Service report (28th August 2025) St George's Hospital (Tooting)

Overall Rating: Improved from Inadequate (March 2023) to Requires Improvement, with safety rated as inadequate.

Strengths highlighted: Staff described as "kind," "professional," and "lovely." Improved provision and facilities for bereavement care by providing a 7-day specialist service, this is part of the Ockendon 2 requirement. Incident categorisation became clearer, and MDT review culture showed positive change. Women found it easy to complain and reported involvement in care decisions, even when plans changed.

Key areas of concern:

- **Equality & Inclusion:** Several service users, particularly those from ethnic minority groups, felt unheard or misunderstood. The CQC noted this was being addressed through the trust's maternity equity strategy.
- **Safety & Documentation:** Risk assessments and triage were inconsistently completed, safety checks were missed, documentation was poor..
- **Equipment & Premises:** Safety standards were not consistently followed, some equipment checks were overdue, and facility design and maintenance fell short.
- **Workforce & Training:** Staffing levels, qualifications, and experience were inadequate to consistently ensure safe care. Some staff lacked mandatory training and appraisals, and audit findings did not always prompt action.
- **Leadership Instability:** The service lacked a stable leadership structure, raising concerns about governance and long-term oversight.

South West London

The LMNS will continue supporting St Georges maternity services. SGH and ESTH will remain under the MSSP (Maternity Safety Support Programme) following review of progress and in line with the CQC report findings.

Comparative Analysis of Ockenden Report

- **Staffing and Training Challenges;** Both reports highlight critical staffing shortages and training gaps affecting maternity care quality.
- **Incident Reporting and Clinical Monitoring:** Under-reporting and poor incident categorisation reveal
- **Leadership and Accountability:** Both reports identify unstable governance and recommend joint leadership roles for improved maternity services.
- **Health Inequalities and Equity:** Ethnicity impacts care experiences, emphasizing the need for equitable care and family engagement in maternity services. weaknesses in clinical governance and foetal monitoring.

System Oversight and Assurance

- **Executive-Level Engagement :** on 22 August 2025, an executive-to-executive meeting was held between SGH, the ICB, and NHSE, chaired by the ICB CEO. The meeting focused on maternity service risks, the pace of progress on CQC "must and should dos," and assurance on service quality.
- **System-Wide Deep Dive:** comprehensive review of all maternity services across SW London will be undertaken at the upcoming System Quality Council meeting in September 2025.
- **Risk Register Update:** A new system-level maternity risk has been added to the ICB's Risk Register and Board Assurance Framework (BAF) to ensure strategic oversight and mitigation planning

Executive summary – Key Improvements



South West London

Neighbourhood Health and Quality : The ICB is developing a quality approach for neighbourhood health, ensuring that quality planning, governance, and outcome co-design are embedded as neighbourhood health providers evolve across South West London. Quality is actively represented on the SWL Enabling Group to support this integration.

MDT Systems Review of PSIRF Oversight for ICB: NHS England has acknowledged the challenges organisations face with new oversight responsibilities under PSIRF and has commissioned a 12-month programme on PSIRF Oversight led by Health Innovation West Midlands, with subject matter experts from Morgan Human Systems. As part of this, multi-disciplinary team review sessions were held in July, August, and September to examine current oversight roles using PSIRF methodologies. This work will shape future guidance and influence national recommendations. (It was noted this work was commissioned before new ICB blueprint so will update on changes).

Infection Prevention and Control (Improvement)

A peer support visit was carried out at St Helier Hospital to address persistent Legionella and Pseudomonas issues in maternity and neonatal units. IPC specialists from the ICB and CHS participated, with further microbiologist visits planned from Guy's and St Thomas'. ICB met 2024/25 targets for GNBSIs and C. difficile, but revised 2025/26 thresholds reduced by 10% pose significant challenges, with current forecasts indicating potential exceedance. A system-wide HCAI reduction plan is in place, focusing on Urinary tract infection reduction, Antimicrobial stewardship and Targeted interventions in high-risk areas

Developing workforce standards compliance exercise: The National team requested all ICB's to work with their providers on an exercise for workforce standards compliance. This involved gathering information through a desk top exercise and direct review with trusts. SWL ICB has worked with Chief Nursing Officers across all providers in SWL to complete the compliance exercise and each provider organisation has now submitted an action plan, including timelines for achieving full compliance.

Collaboration Agreement between National Institute for Health (NICE) and Care Excellence and SWL ICB: SWL ICB has renewed its working agreement with NICE for 2025/26 to continue to work collaboratively and bring NHS and partners together and improve access to and use of clinical advancements. There was a joint abstract with NICE and SWL ICB to Guidelines International Network, who support global healthcare policies, guidelines and implementation The abstract outlining our joint work on this year's theme which is "Going beyond health: Building Partnerships and Strengthening Collaboration for Health In All Policies" The abstract will be presented at the Conference in Geneva in September.

Quality Visit to The Children's Trust (TCT) in Tadworth: The ICB supported a quality assurance visit to TCT in July 2025, alongside NHS England and Surrey Heartlands ICB. This was following a series of unexpected deaths and Prevention of Future Death (PFD) notices issued for this facility which supports children with brain injury and neuro - disability. The visit found positive progress and areas of improvement were also identified. Formal NHS England report awaited

The ICB Board is asked to:

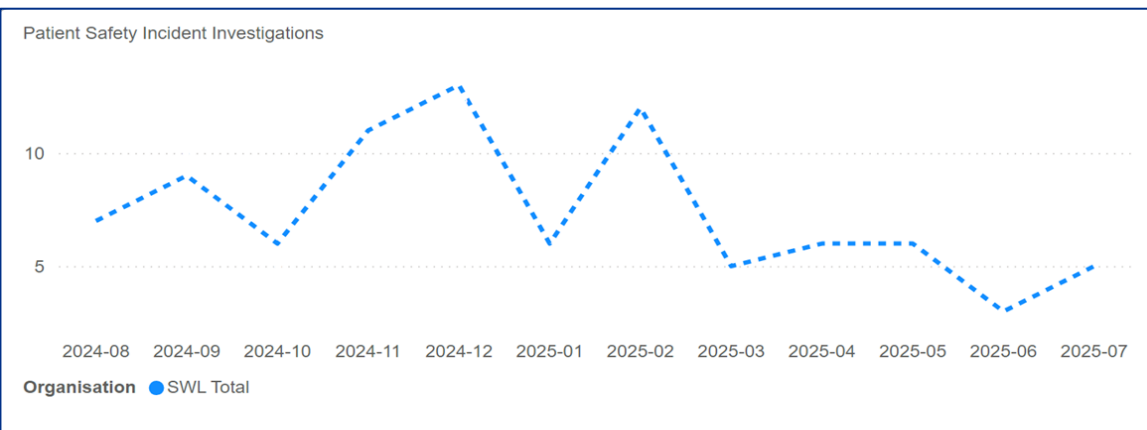
- Note that as the system continues to face significant financial challenges, the pressure and demand on providers and the ICB continues to be significant and the focus on safety and quality of care is been prioritised. Quality and equality impact assessments are being undertaken across the ICB and providers to assess, quantify and mitigate patient safety and equity risks.
- 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's CNO directorate.
- Be assured that the exceptions highlighted within the report were presented and discussed at the Quality Operational Management Group (QOMG) in August and September 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. The system quality risk has been refined and updated based on the current challenges in healthcare.
- Be assured that improvements are happening at Place and organisational level to improve patient safety and overall quality of care.

PSIIs and NE

Patient Safety Incident Investigations (PSII)

Graph 1: SWL Patient Safety Incident Investigations Jul 2023 to August 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)

- 33 PSIIs recorded across SWL from April 2025 to August 2025. Number of PSIIs recorded fluctuates monthly. Recurring themes (excluding NE themes) include:
 - Significant delays in diagnosis and treatment
 - Unexpected deaths
 - High-risk medication errors
 - Mental health patient safety risks in acute settings, including violence/aggression and suicide attempts

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?

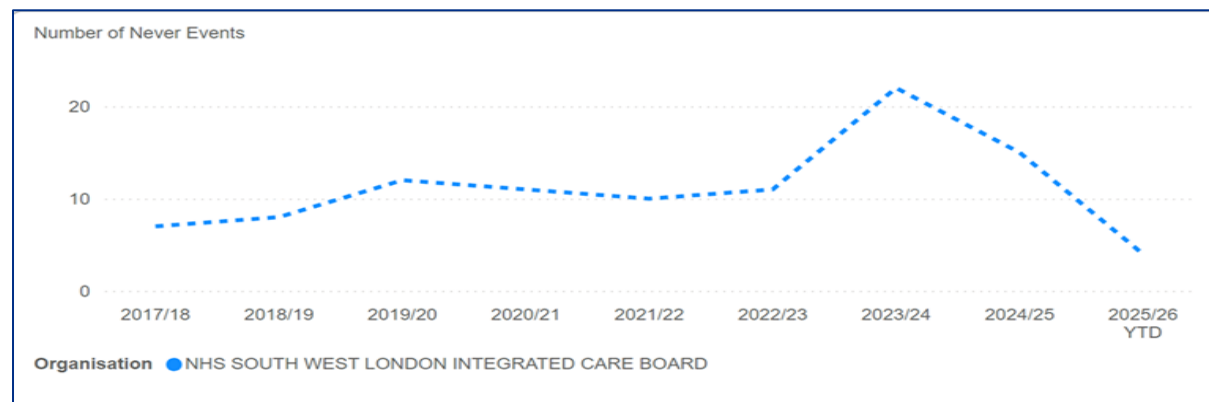
- ICB is aligning provider PSII numbers with their original PSIRP and supporting them in the next PSIRP review cycle.

ICB will be reviewing updated provider PSIRPs.

Never Events (NE)

Graph 2: SWL Never Events reported 2017/18 to August 2025

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



Never Events (NE)

- A total of 8 NE have been reported in 2025/26, 5 from St George's Hospital, 2 from Epsom and St Helier and one from Croydon Health Services.
- NE themes are retained foreign object (3), wrong site surgery (3), Mis-selection of high strength midazolam (1), and administration of medication by the wrong route (1)

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

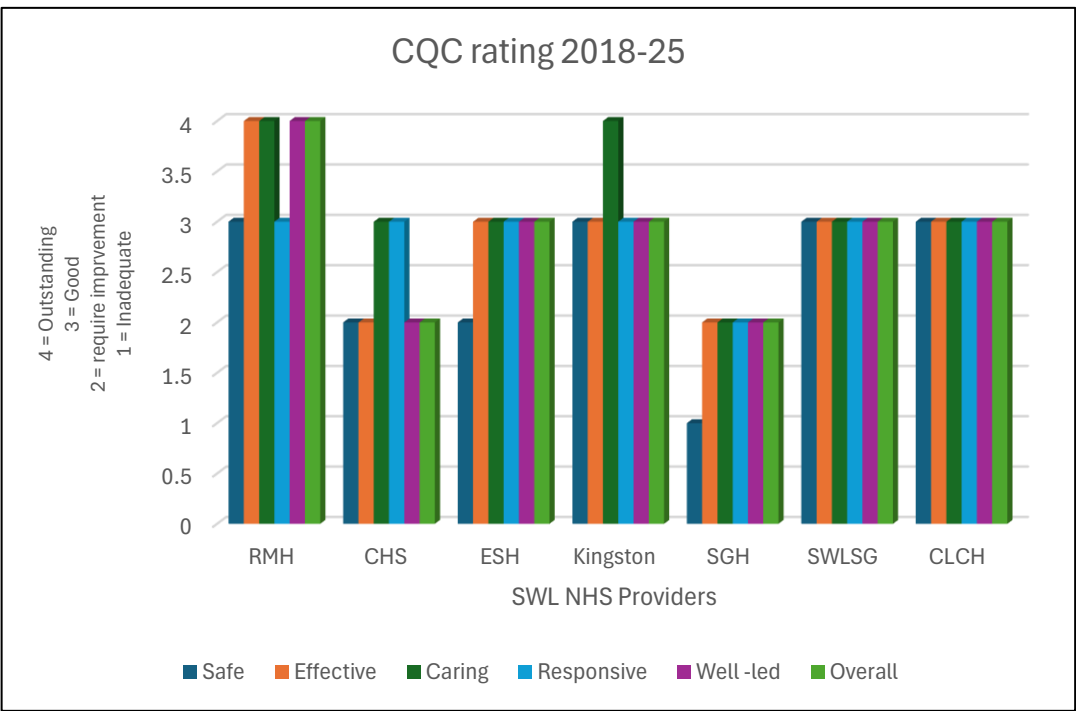
What are our plans to improve? Action Taken: As part of the PSIRF review process, the ICB has sent recommendations to GESH aimed at: Reducing the frequency of NE. Strengthening safety actions and controls and Improving the robustness of learning responses,

Ongoing Trust Initiatives include:

- SGH is now reviewing their improvement actions following a NE.
- 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

CQC rating update (NHS providers)

Up to date overall CQC rating of SWL NHS providers inspections between 2018-2025



	Safe	Effective	Caring	Responsive	Well -led	Overall
RMH	Good	Outstanding	Outstanding	Good	Outstanding	Outstanding
2019						
CHS – 07/2025	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
ESH	Requires improvement	Good	Good	Good	Good	Good
09/2019						
Kingston- 12/2022	Good	Good	Outstanding	Good	Good	Good
SGH- 08/2025	Inadequate	Requires improvement	Requires Improvement	Requires improvement	Requires improvement	Requires improvement
SWLSGH	Good	Good	Good	Good	Good	Good
12/2019						
CLCH	Good	Good	Good	Good	Good	Good
2024						

Overall Summary and Key Trends

The analysis shows a clear disparity in the performance of NHS providers in South West London between 2018 and 2025. While some providers like RMH and KRFT are performing exceptionally well, with some "Outstanding" ratings, others like CHS and SGH have significant challenges, consistently rating as "Requires improvement" across all key areas.

Majority of the providers, however, such as ESH, SWLSGH, and CLCH, have a stable performance with an overall "Good" rating, though even some of these have specific areas to work on, such as ESH's "Safe" rating. The data highlights the need for targeted interventions and support for providers that are consistently underperforming, while also celebrating the success of those that have achieved high standards.

SWL Infection Prevention Control Report

Sept 2025



South West London

IPC Exception Report – SW London ICB (Sept 2025)

Key Issues / Risks

- Outbreaks: Covid & Norovirus (low seasonal levels). Influenza minimal.
- C. difficile: Outbreak at St George’s (7 nosocomial cases; ribotypes 002/015). Actions: case reviews, PISA audits, MDT improvement plan, enhanced cleaning, HPV disinfection planned.
- CPE: Emerging outbreaks at Royal Marsden (E.coli NDM & Enterobacter IMP). IMT convened, enhanced IPC.
- iGAS: Kingston care home cluster closed; focus on wound care & resident screening.
- PPE: YHC staff not yet fit tested for FFP3; risk escalated.
- Sharps Safety: No OH service for post-exposure – escalated.
- Water Safety: Nelson HC clear of Legionella; ongoing issues at St Helier; 1 case Legionnaires in Wandsworth care home.
- Measles: Cases rising (Croydon 15, Wandsworth 2, Sutton 1). Vaccination drive & comms in place.
- Winter Planning: Need to vaccinate +30k patients vs last year (9.7k 65+, 13k children, 6.2k at risk, 1k HCW). Covid eligibility updated (75+, care homes, immunosuppressed).
- Improvement Work: London-wide Digital Catheter Passport roll-out to reduce CAUTIs & GNBSIs.
- A SWL HCAI and Multi drug resistant organism reduction plan is in place and a SWL working party with key partners to identify key risks, themes and cause of infection to focus improvement work.

April – August 2025 (accessed 3/9/25)

Table 2	C- difficile	MRSA	MSSA	E-coli	Pseud A	Klebsiella sp.
SWL	115/251	10	105	375/828	45/100	119/279
SEL	138/261	22	114	391/947	49/124	156/378
NEL	135/270	25	143	586/1,210	64/152	203/413
NCL	118/250	11	104	385/806	38/109	114/326
NWL	138/338	18	108	580/1,351	70/180	150/455

The NHSE set thresholds for 2025/6

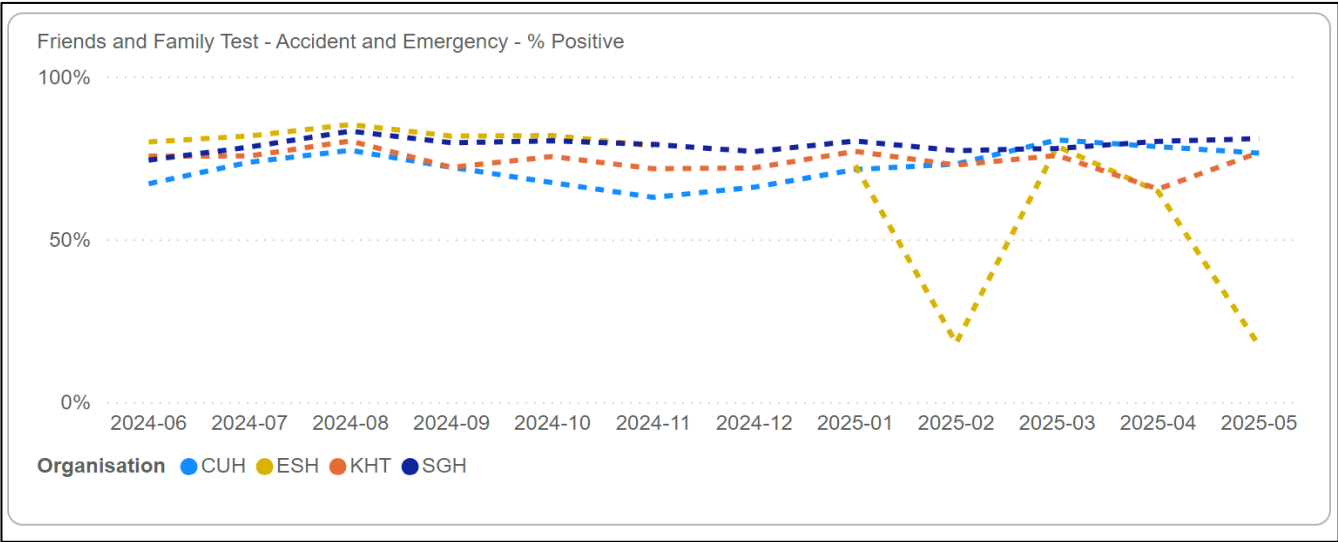
	Croydon HS	E&SH	Kingston FT	SGH	RMH
MRSA	0	3	1	1	0
MSSA	14	10	8	15	1
CDI	8/23	31/63	17/29	25/43	11/40
E-coli	16/55	31/57	28/51	61/109	26/51
Pseud A	4/9	7/8	9/5	13/22	4/21
Klebsiella	11/24	15/25	7/17	25/62	11/29

Patient experience – Friends and Family Test



South West London

Friends and Family Test – SWL Accident and Emergency, June 2024 – May 2025

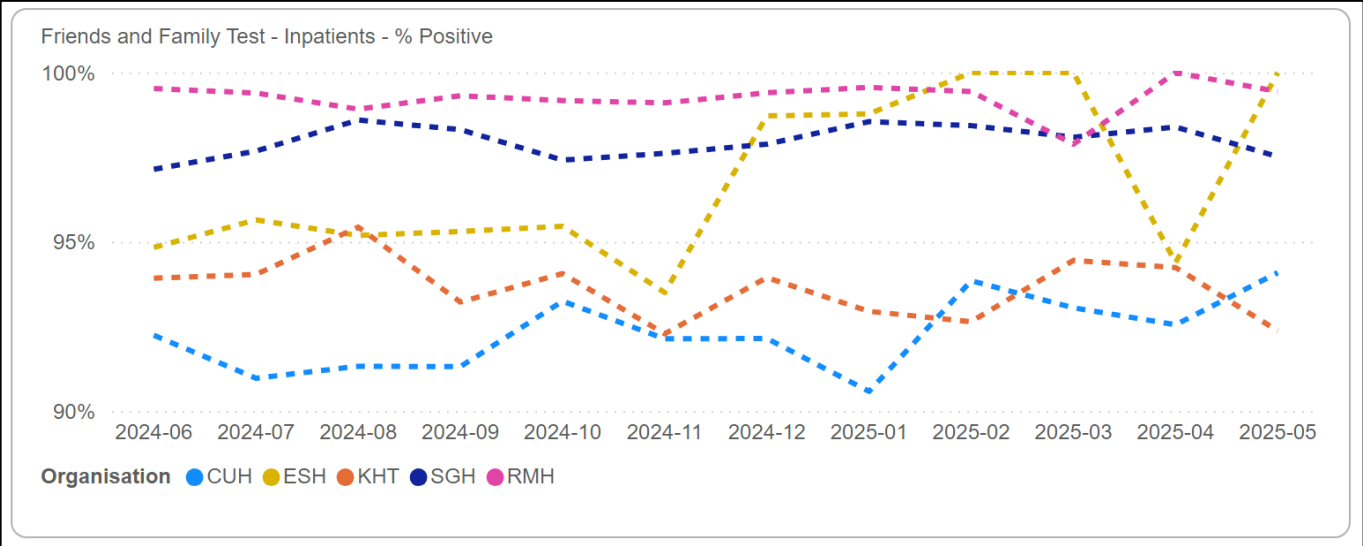


Friends and Family Test (FFTs)

Accident and Emergency: FFT for Urgent &Emergency Care(UEC) performance remains below the 95% target. Fluctuation observed between Jan 2025 and May 2025, with slight drop at KRFT in April 25 and significant drop at ESH between Feb 2025 and May 2025. SGH showed a slightly improving trend by May 2025 while CHS slight drop by May 2025.

Inpatient: RMH and SGH have good performance, and ESH has shown significant improvement by May Dec 2025 with a drop in April. CHS and KRFT have % recommended above 90% but lower than other SWL providers. Inpatient satisfaction is significantly higher and more stable than A&E

Friends and Family Test – SWL Inpatients, June 2024 – May 2025



What does good look like?

For UEC : National threshold for those who would recommend our UECs should be above 95%.

For Inpatients : National threshold for those who would recommend our inpatient areas should be above between 98-100%.

What are our plans to improve?Trusts across SWL are working with their patient experience teams to ensure areas of feedback from patients and carers are being progressed as part of their quality priorities for 2025/26. ICB will continue supporting the Trusts through internal Trust meeting and system groups.

ICB Performance report – August 2025

Agenda item: 5.5

Report by: Jonathan Bates, Chief Operating Officer

Paper type: For information

Date of meeting: Wednesday, 15 October 2025

Date published: Wednesday, 8 October 2025

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 June and July 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:

- **45 and 60-minute ambulance handover breaches** reduced in July, with 552 and 15 respectively. Provisional August data shows 45-minute breaches improved for a third consecutive month and 60-minute breaches remaining below the June position.
- **Early intervention in psychosis** has improved for the third consecutive month. Most recent published data is for May, with 73% of people presenting with psychosis for the first time receiving treatment within two weeks, against the 60% standard. SWL ranked second against the other London ICBs in May.
- **Inappropriate out of area placements for mental health** remain less than 5 for May, below the trajectory of 17 for the month. Provisional data for June indicates 0 inappropriate out of area placements at the end of that month.

Key issues for the Board to be aware of:

- **12-hour breaches in acute Emergency Departments, including mental health (MH) breaches, remains high.** SWL consistently benchmarks in the worst decile, nationally, for physical health 12 hour breaches. System plans for reducing these numbers centre around two key areas; reducing demand on A&E, where alternative urgent care services exist and improving flow through the urgent and emergency care system. Flow may be further challenged by planned bed and workforce reductions this year. For MH breaches, an

improvement trajectory has been set with work being supported by the national Intensive Support Team due to commence in October.

- **52 week waits for elective treatment** increased in June albeit at a slower rate. The total stands at 3,881 in June. SWL providers, having reviewed the key challenges driving this position have developed mitigations at specialty level. Improvement actions exist at both Trust and system level with the Acute Provider Collaborative (APC) identifying opportunities to reduce long waits through system collaboration. This includes identifying regional funding to support outpatient transformation.
- **Diagnostic carried out within 6 weeks** saw a reduction in June with 85.2% against the national standard of 99%. Audiology and endoscopy are the two most challenged modalities at Croydon (CHS) and Epsom and St Helier (ESHT) sites respectively. Croydon have managed to reduce their backlog through quarter 1 but have more to recover their plan. ESHT has been impacted by its Cerner implementation and the temporary reduction in capacity.

Recommendation

The Board is asked to:

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

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 2025/26 Board objectives:

- Objective 3. Focus on priority work that delivers the most impact: We will deliver our 2025/26 operating and financial plan as well as oversee system performance, quality and safety standards.

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 A&E avoidance and 12-hour A&E breaches, the Consultant Connect pilot went live early in 2025; this is a clinician hotline for London Ambulance Service (LAS) paramedics to get clinical advice, avoiding conveyances to ED where possible (particularly for elderly and frail patients, who make up c.80% of 12-hour waits in ED). The SWL ICC (Integrated Co-ordinated Care Hub) is being established before Winter; the hub (including a clinician) will be based at London Ambulance Service offices, and the clinician will have access to the ambulance stack to redirect conveyances away from ED where clinically appropriate. In July, the SWL UEC Programme did mapping of pathway flows to understand where the delays are, and to form more effective mitigating plans.
- 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. A programme of work with the national Mental Health Intensive Support Team is due to start in SWL in October/November.

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	25 September 2025	Discussed and noted
QPOC	8 October 2025	

Final date for approval

N/A

Supporting documents

Attached ICB Performance Report – August 2025

Lead director

Jonathan Bates

Author

Suzanne Bates

South West London Integrated Board Report

August 2025

DATE REFRESHED : 18-08-2025

SRO: Jonathan Bates



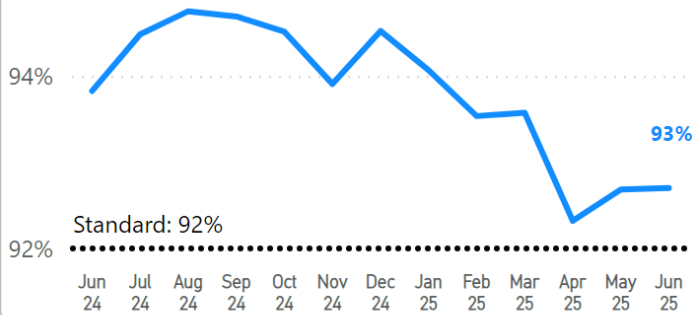
South West London



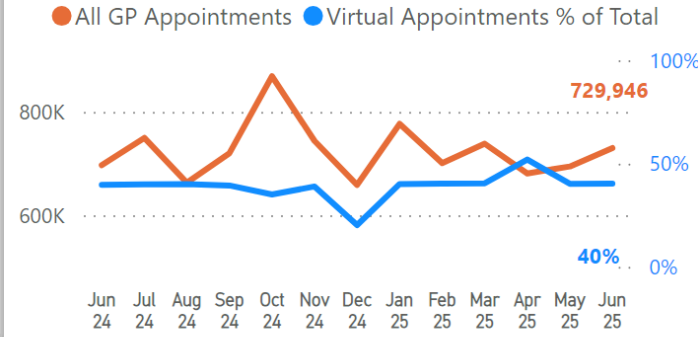
- The South West London (South West London) Integrated Board report presents the latest published and unpublished data assessing delivery against the NHS Constitutional standards and locally agreed on metrics. These metrics relate to acute, mental health, community and primary care services and other 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 of 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.
 - 12 hour breaches in A&E reported for Croydon Health Services (CHS) in June 2025 saw a data quality issue, reporting 0. CHS has independently confirmed this should have been 668, down from 873 in May 2025.
 - Cover data for childhood immunisations was not picked up in the automated process, therefore, charts for 4-in-1 and 6-in-1 have not been updated for Q3 data. However, Q3 data is quoted in the commentary.
 - 2 hour Urgent Community Response (UCR) data, of February 2025, saw a change to the inclusion criteria for UCR referrals has been applied in that they no longer require a linked care contact unless being assessed for 2hr achievement. Referral counts are now higher

- **Appointments in general practice** increased in June, volumes were below the operating plan trajectory for the month by 3.3%. The system continues to meet the standard of 92% of **GP appointments seen within 2 weeks**. The spring **covid vaccination programme** ended in June with an overall uptake of 42.2%, the highest in London, Planning has now commenced for the winter campaign focussing on areas with low uptake. Childhood Immunisation rates for both 4-in-1 and 6-in-1 vaccinations are above the London average.
- **Services contributing to A&E avoidance are performing well.** The latest **urgent community response (UCR) 2-hour performance** is 85%, against the national standard of 70%. SWL has the highest number of UCR referrals in London for June. **The volume of 111 calls** remained stable in July but remain above plan, **abandoned 111 calls** were 0.8% 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, along with additional therapy and pharmacy services. The **Consultant Connect service went live 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. **The SWL ICC (Integrated Co-ordinated Care Hub) is being established before Winter**; the hub (including a clinician) will be based at London Ambulance Service offices, and the clinician will have access to the ambulance stack to redirect conveyances away from ED where clinically appropriate.
- July saw **an increase in A&E attendances** while SWL **A&E (all types) performance improved 0.9% to 75.5%**, below the local trajectory for the month. Trust performance ranged from 74.2% at Epsom & St. Helier to 78.6% at St George's. **SWL's aggregate performance was below the national average** although type 1 performance is second highest of the London ICBs, **strengthened by a relatively good non-admitted non-elective performance**.
- **Emergency care pressures are on the admitted non-elective pathway, due to inpatient flow**; 2,543 patients waited over 12 hours from 'decision to admit' to admission in July. Although this represents a decrease of 34 since June, SWL had the highest number of 12-hour breaches in London and the second 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 the second highest in London for July with 78%.
- **Unvalidated figures show that in July, there were 195 x 12-hour breaches in emergency departments for patients awaiting a mental health bed**, rising to the highest level in the last 12 months. 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 long compared to the national position. A programme of work with the national Mental Health Intensive Support Team will provide significant support and is due to commence in October.
- **SWL continues to be a positive outlier for cancer performance.** On the 28-Day faster diagnostic standard, SWL performance was 80.8%, the highest in London, above the 77% standard and third highest nationally. Performance against the 62-day remains the highest in London at 75.5% for SWL, against the standard of 85%, the number of patients waiting over 62 days is within the trajectory.
- **Long waiters on RTT pathways continue to increase**, with the volume of 52 week waits growing to by 100 pathways in June to 3,881, with increases seen at four out of five providers. Dermatology accounts for the highest number of breaches, mainly at Epsom & St. Helier, Croydon, and St Georges hospitals, with smaller pockets at other providers. Local mitigations include waiting list validation and cleansing being deployed, and system solutions are being explored for Dermatology as well as Gynae and Gastroenterology. **Performance against the 18 week standard for SWL providers remains stable at 66% and is the highest in London.**
- **In Quarter 1, 59% of Severe Mental Illness patients received all six annual health checks**, place-based systems continue to work towards meeting the 75% national standard by year-end. Operationally, work in Primary Care continues to proactively contact patients for their annual health checks. SWL continues to meet the current targets for **Talking Therapies – Reliable Recovery Rate and Dementia Diagnosis Rate**, and at month 3 is ahead of trajectory for **Learning Disability annual health checks**.

GP appointments within 2 weeks



% of Total Appointments that are Virtual



GP Appointments

729,946 appointments were delivered in June 2025, of which 58% were face-to-face consultations, 45% 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. June performance for South West London (SWL) was 93% delivered within 14 days, including same day. The 2025/26 Capacity and Access Improvement Plan was launched in July with PCNs beginning to submit their plans.

COVID Vaccinations

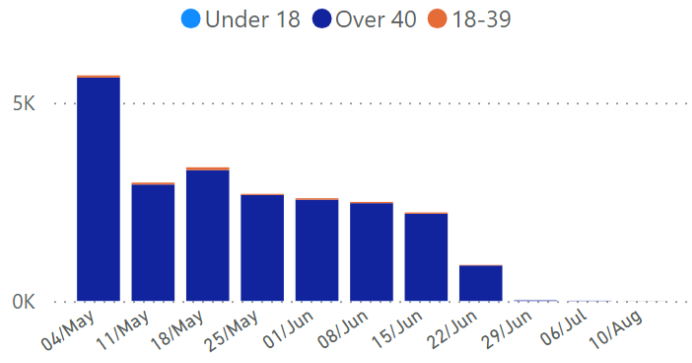
Planning for the Winter campaign has now commenced. There are over 187 covid vaccination sites participating in this campaign.

Costed plans are under development for outreach with a focus on areas of low uptake across Croydon, Merton and Wandsworth. Work continues with local authorities and voluntary sector organisations to disseminate information and support communities to make informed choices about vaccination. This preparatory work will have an emphasis on immunosuppressed patients, where nationally uptake has been low.

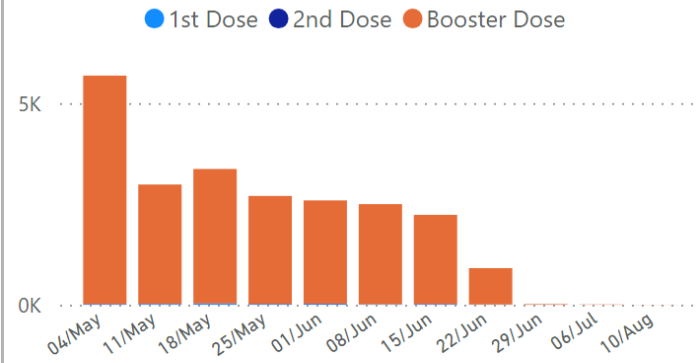
Childhood Immunisations

The 6-in-1 vaccine protects against illnesses like polio and whooping cough and is given to babies under 16 weeks old. 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. In SWL, both 4-in-1 and 6-in-1 vaccinations were above the London rates in the last reported quarter at 66.0% and 89.6%, respectively.

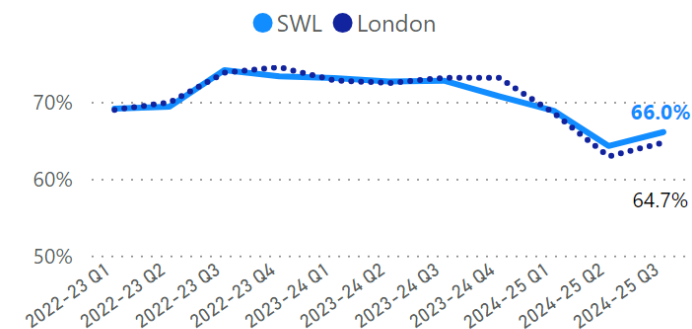
SWL Covid Vaccinations by age group



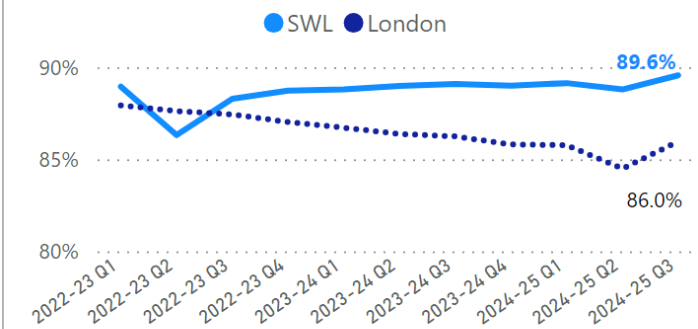
SWL Covid Vaccinations by Dose



4-in-1 and MMR2 Vaccine Uptake

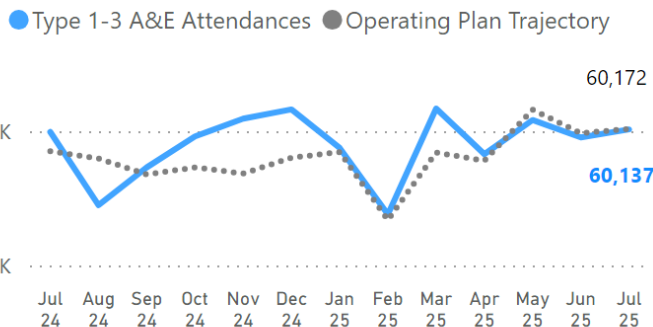


6-in-1 Vaccine Uptake

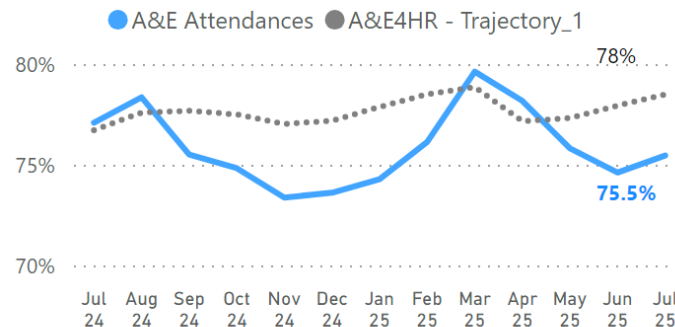


Domain: Urgent and Emergency Care

A&E Attendances (All Types)



A&E (All Types) 4 Hour Standard

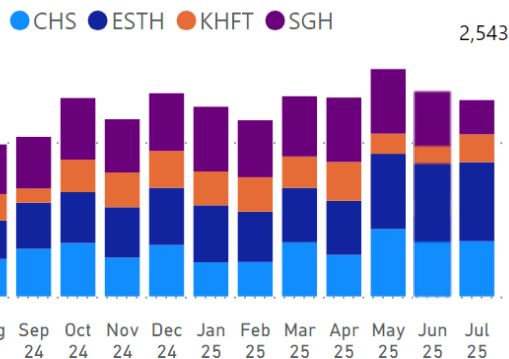


A dedicated Programme Board has started meeting every four weeks to oversee delivery of the South West London (SWL) Urgent and Emergency Care (UEC) two-year plan. This contains three core workstreams: access, workforce, discharge and flow.

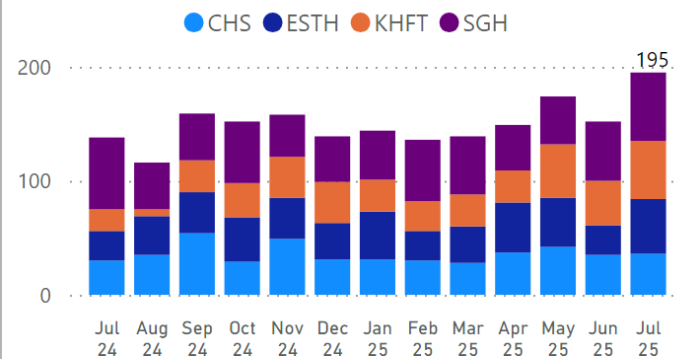
Accident & Emergency (A&E) attendances and performance

Attendances rose slightly in July, aligned with forecast demand. Despite this, performance improved overall against the 4-hour target, from 74.6% in June to 75.5% in July but remains below the monthly plan of 78%. Performance at trust level ranged from 74.2% at Epsom & St. Helier (ESHT) to 78.6% at St George's (SGH). Following the rollout of the Cerner electronic patient record system in June, performance at ESHT recovered in July from 65.4% the previous month.

12 Hour A&E Breaches



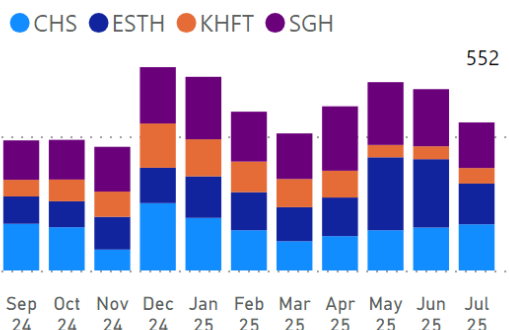
12 Hour Mental Health A&E Breaches (Unvalidated)



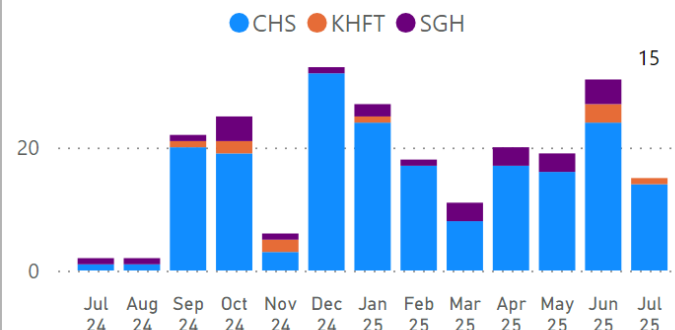
12-hour breaches

The number of patients remaining in A&E for more than 12 hours for admission, discharge or transfer decreased slightly from 2,577 in June to 2,543 in July. Work to understand the root causes of 12 hour breaches and identify remedial actions has been undertaken. The Mental Health cohort 12 hours waits increased in July. An improvement trajectory to reduce Mental Health (MH) breaches by 10% has been set to give added focus to transformation activities. A programme of work with the national MH Intensive Support Team will provide significant support and is due to commence in October.

45 minute Ambulance Breaches



60 minute Ambulance Breaches



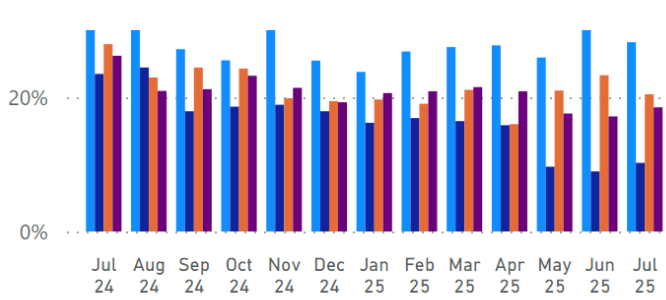
Ambulance handovers

Ambulance conveyances rose in July while both 45 and 60-minute breaches reduced. Work to increase utilisation of the Acute Frailty Line pilot continues with London Ambulance Service (LAS) crews having direct access to SWL Frailty clinicians. This cohort has been identified as being a key area to improve both patient experience and overall performance, avoiding conveyances. A dedicated working group with LAS meets fortnightly to progress this work. Additionally, an Integrated Care Co-ordination hub set up in collaboration with LAS soft-launched on 21 August, with an Emergency Department (ED) consultant supporting crews to manage patients that could be safely cared for in the community. This model has been shown to significantly reduce conveyances to ED in other parts of the country and London.

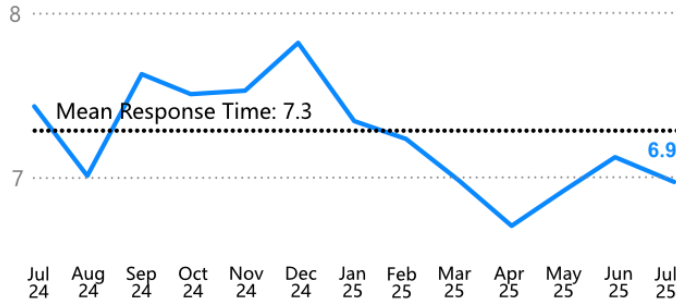
Domain: Urgent and Emergency Care

% Ambulance Handover within 15 minute

● CHS ● ESTH ● KHFT ● SGH



London Ambulance Category 1 Emergency Response Times (minutes)



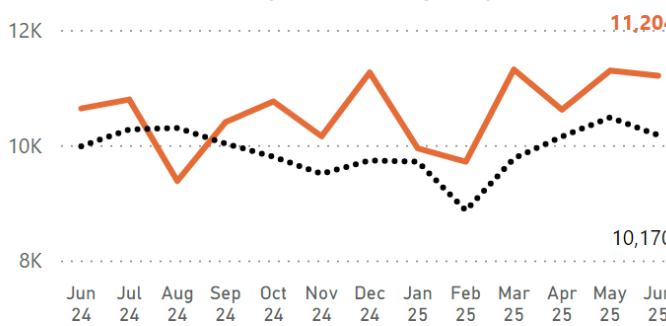
Ambulance Response Times

The mean response time for Category 1 for London improved from 7.1 minutes in June to 6.9 in July, within the target of 7.3 minutes. South West London (SWL) performance remained reasonably steady and within target. SWL has the third best category 1 ambulance response times across London's Integrated Care Systems (ICSs).

The mean Category 2 response for London improved from 32:33 in June to 30:46 in July. SWL waits reduced from 27.2 minutes in June to 25:02 in July which was the best performance across London.

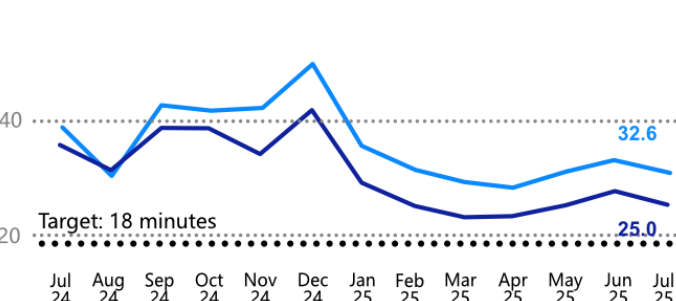
Total Non-elective Spells

● Activity ● EM11 - Trajectory



Ambulance Category 2 Emergency Response Times (minutes)

● London C2 Mean ● SWL C2 Mean



Non-elective spells

Non-elective spells reduced slightly in June. Activity levels, continue to be above trajectory, as they have been since September 2024.

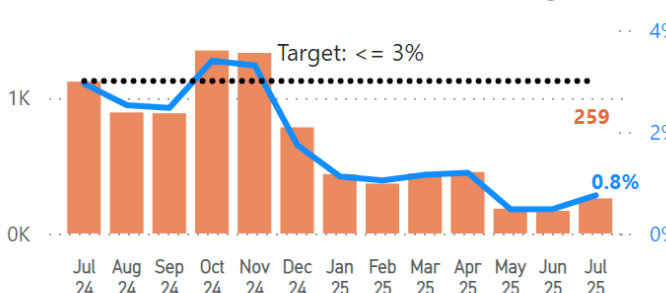
111 Calls

Call Volumes remain consistent during the summer months. As a system, we are compliant with the 3% national target for abandonment rate with 0.8% in July.

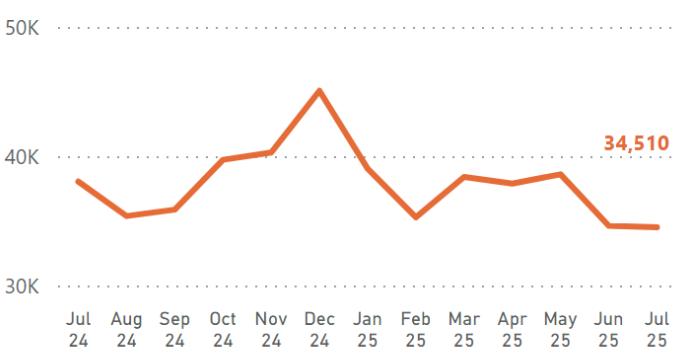
The Clinical Assessment Service (CAS) continues to process a large volume of high acuity cases, with 82% of cases at 1 hour or less and 94% of cases at 2 hour or less for contact and speak to primary care. Of these, 17.3% are referred to own GP.

111 Calls Abandoned

● Calls Abandoned ● % Abandoned ● Target

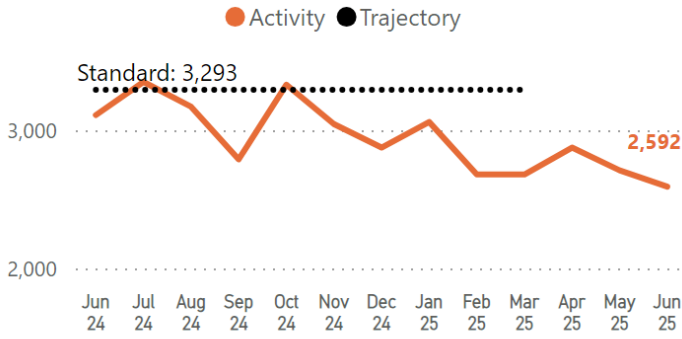


111 Call Volumes

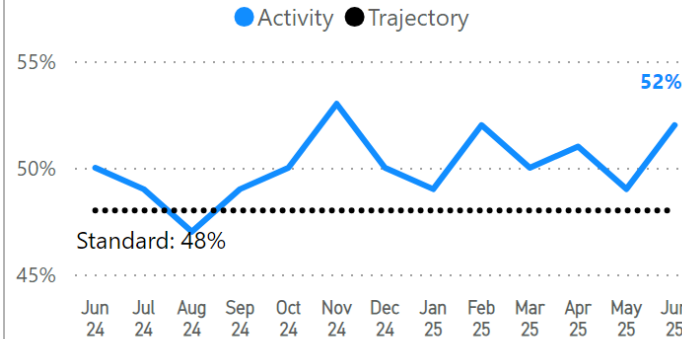


Domain: Mental Health and Learning Disabilities

Access to Talking Therapies



Talking Therapies - Reliable Recovery Rate



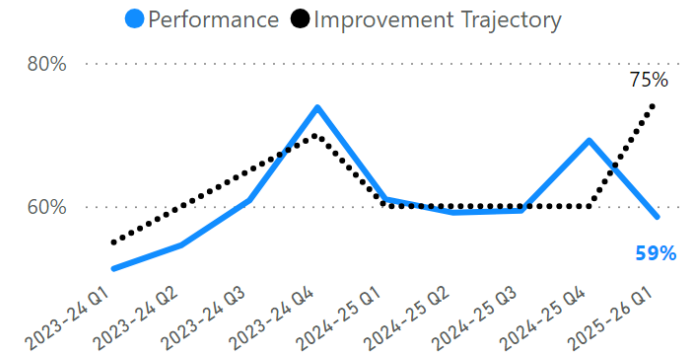
Talking Therapies - Access

Access numbers in June continue to decline, compared to the same period last year there has been a 12% decrease. The 2025/26 Operating Plan guidance prioritises completion of patient treatment and improving recovery over access. Through the annual planning process, the balance of priorities will be reviewed and locally agreed with associated actions. The June 2025 position is 'provisional' due to a data submission issue at SWLStG which is being investigated.

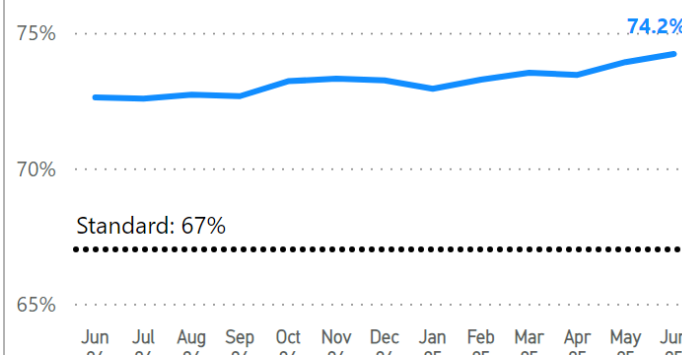
Talking Therapies - Reliable Recovery Rate

At 52% for June South West London ICB (SWL) continues to exceed both the 48% national standard and London Region performance of 47%. SWL are the highest performing ICB in London for the month.

SMI Physical Health Checks



Dementia Diagnosis Rate



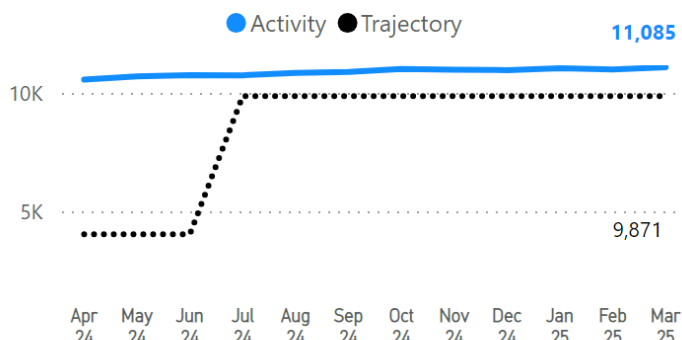
Severe Mental Illness (SMI) Physical Health Checks

In Quarter 1, 59% of SMI patients received all six annual health checks, this was slightly below the same period last year where the ICB achieved 61%. Place-based systems continue to work towards meeting the 75% national standard by year-end, increasing physical health checks for this vulnerable population.

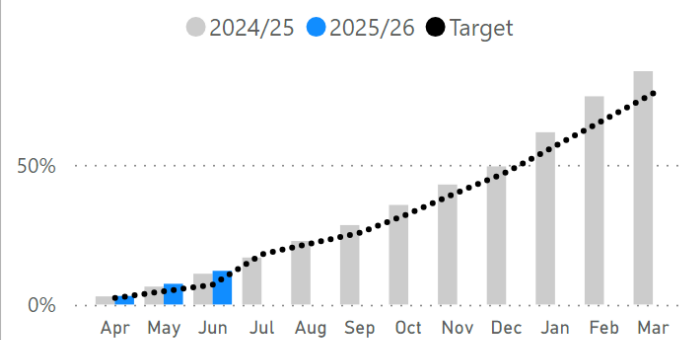
Dementia Diagnosis rate

South West London ICB continues to maintain good performance levels with the Jun-25 position at 74.2%, exceeding both the national target of 66.7% and the London ambition of 70%. SWL are the highest performing ICB in London for the month and third best nationally.

Access to transformed Community Services



Learning Disability Annual Health Checks Cumulative



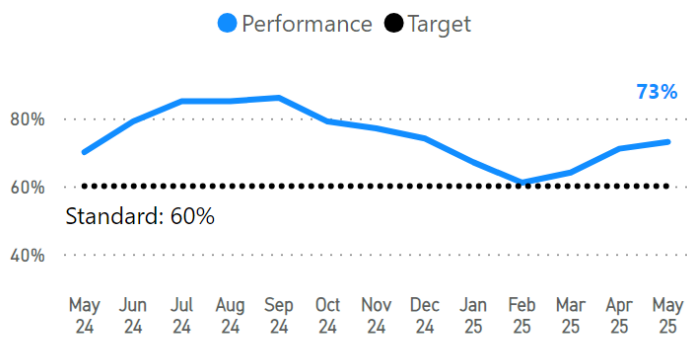
Access to transformed Community services

Transformed community mental health services provide integrated mental health support and treatment for people with any level of mental health need, as part of their community.

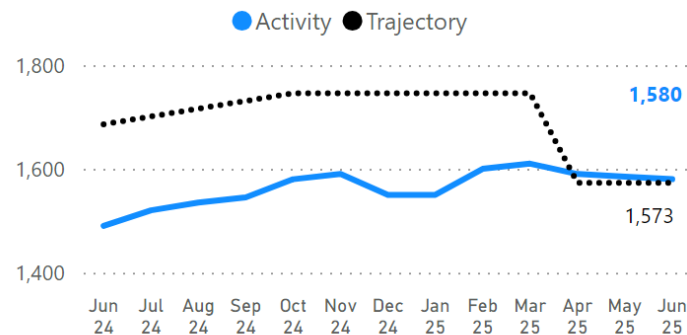
Learning Disability Annual Health Checks Cumulative

June's performance is above the 7.1% plan for the month at 12.0%. This is also ahead of the position in month 3 2024/25. The metric is calculated cumulatively throughout the year, against the end of year target in March.

Early Intervention Psychosis (EIP)



Access to Specialist Perinatal MH Services



Early Intervention Psychosis (EIP)

South West London ICB (SWL) continues to exceed both the 60% national standard and London Region performance of 67%, with performance in May at 73%. SWL are the second highest performing ICB in London for the month. 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

The trend in access to this service continues to show increase over the past twelve months. For June, SWL was above the revised plan for 2025/26. This plan reflects better the demand based on the birth rate in SWL, along with constraints of current service capacity.

Inappropriate Out of Area Placements (OAP)

Out of area placements in May remain within plan. 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)

The number of 12-hour breaches increased in June. Improvement work focussed on the MH crisis pathway continues, supported by the London Section 136 hub, a network of health-based places of safety. Staff can review service user history, crisis plans and ensuring individuals are directed to a suitable place of safety; 111 MH pathway which helps patients to access MH professionals earlier.

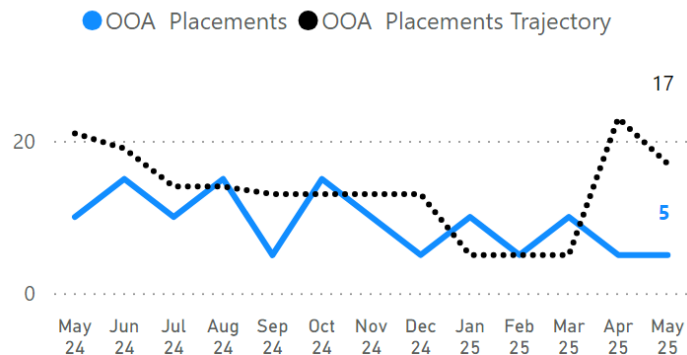
Children and Young People (CYP) Access Rate – Rolling 12 Months

Performance levels remain within plan and continue to improve. Compared to the same period last year there has been an 11% increase in access.

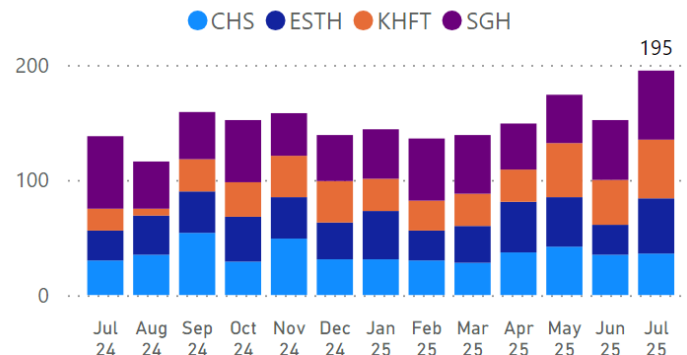
CYP eating Disorders Access (latest published data Q4 2024/25)

Performance at South London and Maudsley's (SLaM), covering Croydon and South East London has driven SWL's underperformance.

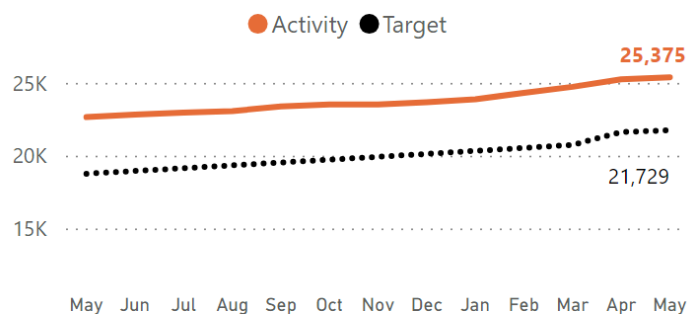
Active Inappropriate Adult Acute OAPs



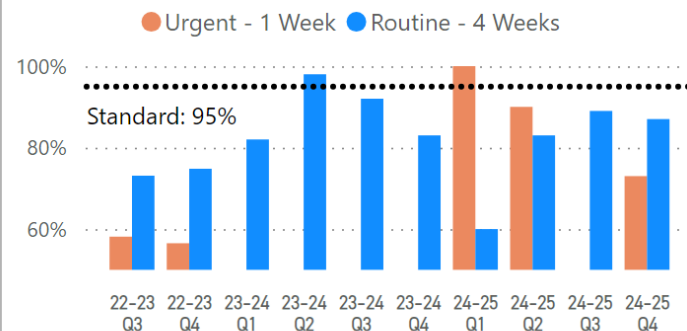
12 Hour Mental Health A&E Breaches (Unvalidated)



CYP Access Rate - Rolling 12 Months

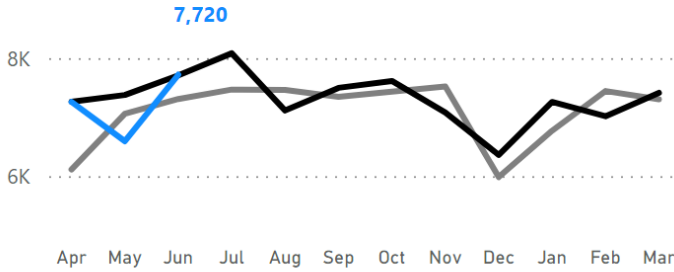


CYP Eating Disorders Seen within Target Time

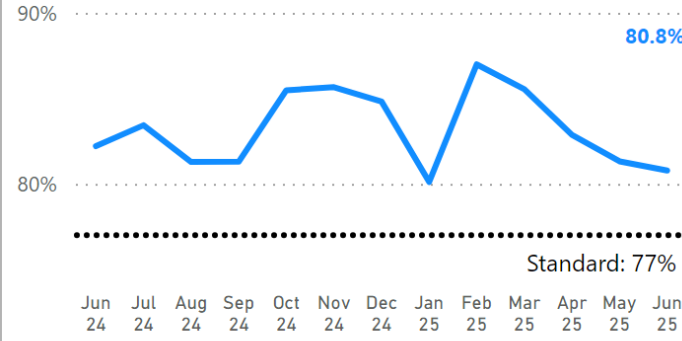


Urgent Suspected Cancer Referral Activity

Fin_Year ● 2023/24 ● 2024/25 ● 2025/26



Faster Diagnosis Standard: Performance against Standard



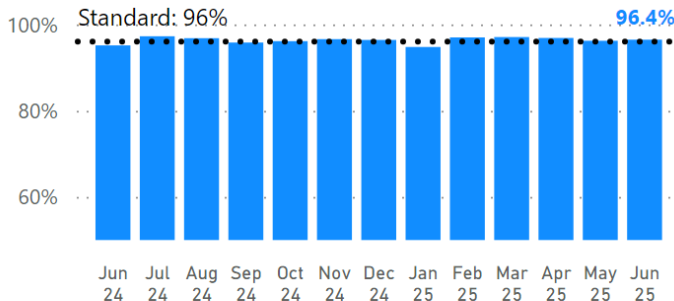
Urgent Suspected Cancer (USC) Referral Activity

Referrals are in line with previous years. A reporting issue due to Cerner go-live at Epsom & St Helier (ESHT) affecting Urgent Suspected Cancer referral uploads in May has now been rectified for June. South West London (SWL) services saw 75% of patients seen within 2 weeks.

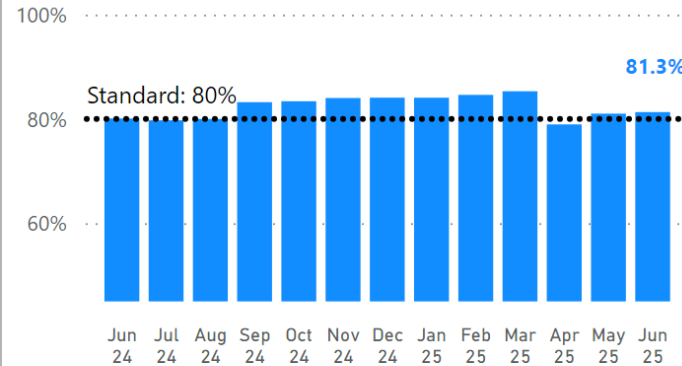
Faster Diagnosis Standard

The Faster Diagnosis Standard of 77% was met by all SWL trusts except St. Georges Hospital (SGH) who are challenged across both Breast and Skin. The focus this year is in tele-dermatology at ESHT, head and neck pathways at SGH and Croydon (CHS), then gynaecology at all trusts. Implementation of demand reducing initiatives and breast pain clinics are a priority for 2025/26. SWL performance at 80.8% was the sixth highest nationally.

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



Lower GI suspected cancer (FIT referrals)



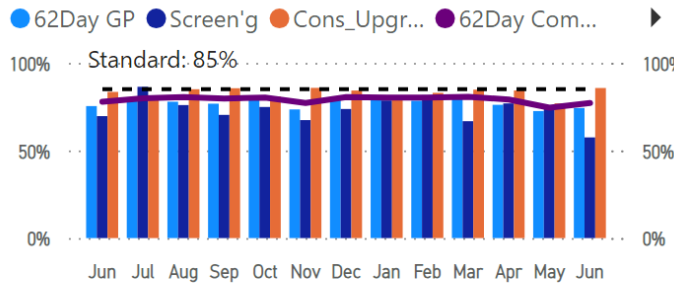
31-day cancer treatment against 96% standard

In June, the standard was met with all trusts compliant except CHS. SWL is still one of the highest performing systems nationally. Focus for this year will be on improving gynae surgical performance at Royal Marsden (RMH) and robotic capacity at SGH.

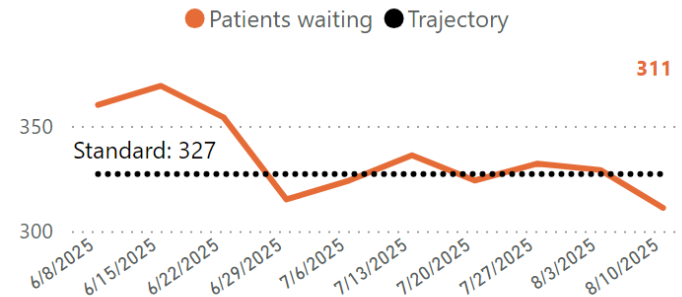
Lower GI Urgent Referrals with Faecal Immunochemical Testing (FIT)

The percentage of lower gastrointestinal (GI) USC referrals accompanied with a FIT is a 2025/26 operating plan metric. For June, the SWL aggregated position was compliant with 81%.

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

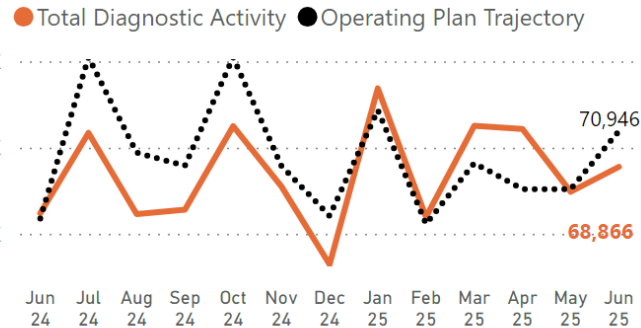
Whilst SWL is one of the highest performing systems nationally at 75.5%, this is still below the 85% target. RM Partners Cancer Alliance are undertaking audits and are working on improvements to inter-trust referral (ITR) pathways in head and neck, gynaecology and GI challenged pathways. Improvement work in lung and breast secondary diagnostics is being planned.

Patients on an Urgent Suspected Pathway waiting over 62 days

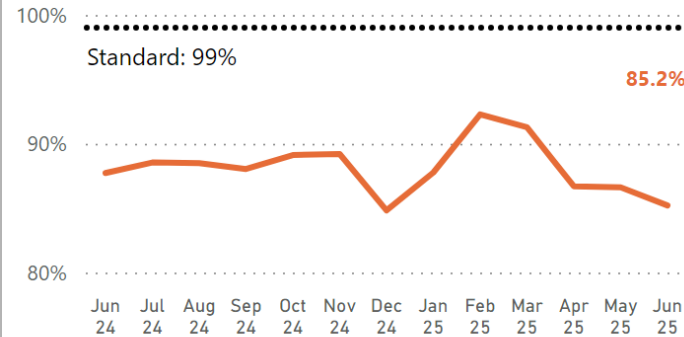
The number of patients waiting over 62 days has decreased to 311 in August, within the local target.

Domain: Outpatients and Diagnostics

Diagnostic Tests (Activity)



Diagnostics: % Waiting Less Than 6 Weeks



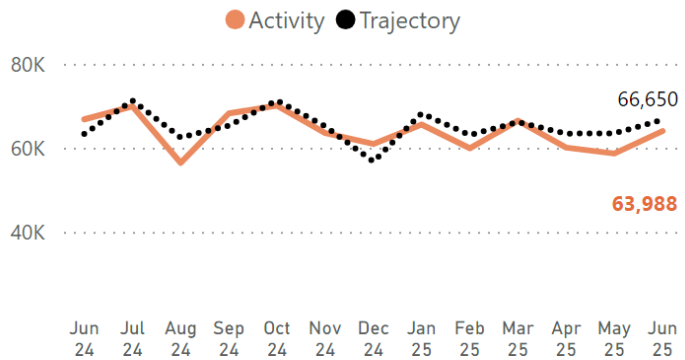
Diagnostic Activity (9 tests)

Activity fell below plan in June, having been above plan for the first 2 months of Quarter 1. At provider level, most trusts in South West London (SWL) remain above plan, the exceptions being Croydon Hospital (CHS) and Epsom & St Helier (ESHT).

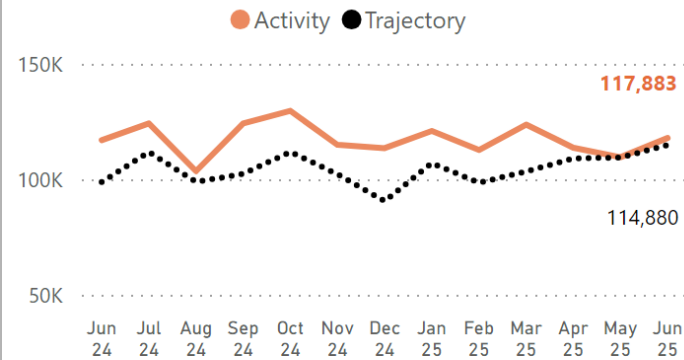
% waiting less than 6 weeks (All tests)

In June, SWL providers achieved 85.2%, representing a continued divergence from the national standard. Audiology remains significantly challenged across SWL despite performance improving by +10% since Month 2. Local issues persist to affect the modality, particularly reporting at ESHT and capacity at CHS. Endoscopy has been greatly impacted by under reported activity at ESHT, while capacity was expected to improve from May 2025. There is no current plan to recover lost capacity due to Cerner implementation and temporary reduction in capacity. CHS had significantly reduced their backlog throughout Quarter 1. Even so, it reported performance below plan (-5%). Significant recruitment challenges and budget reduction limiting insourcing has been a major contributing factor.

OP First Attendances Consultant-Led (Specific acute)



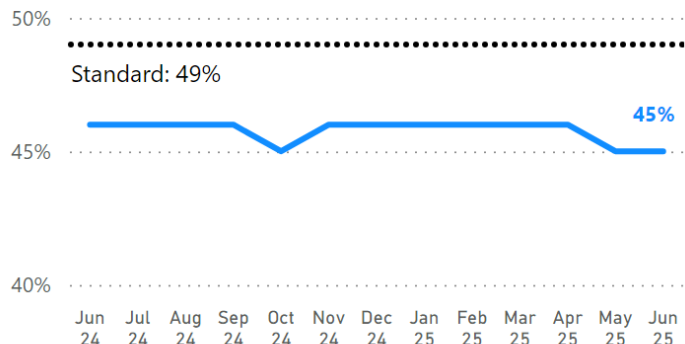
OP FU Attendances Consultant-Led (Specific acute)



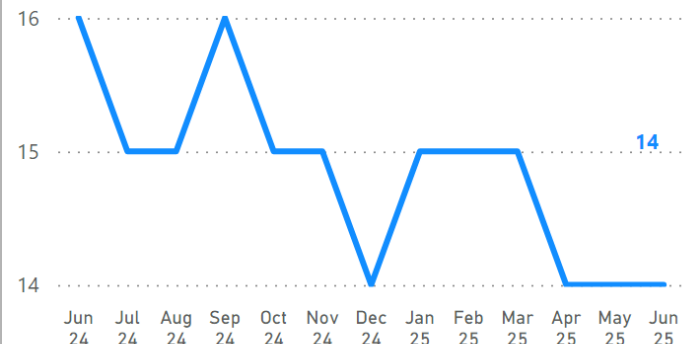
Consultant-led first outpatient attendances (Specific Acute)

Outpatient Firsts are 4% under the year-to-date (YTD) 2025/26 plan. This position is impacted by data quality issues at ESHT meaning the SWL position is understated. Outpatient Procedures are 6% under the YTD plan, being impacted by the same data quality issues.

% of Total Outpatients that are First and Procedures



Median Waiting Time for OP First Appointment



% of outpatients as firsts and procedures

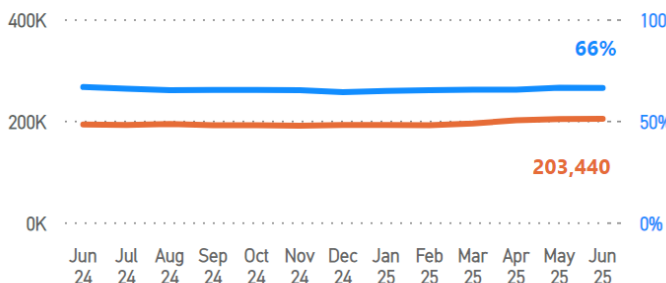
SWL collectively reported an achievement of 45% for Quarter 1. The Royal Marsden (RMH) achievement (12% for Quarter 1) is impacting on the overall SWL position, as the nature of the clinical pathways related to Cancer care require a sequence of follow ups.

Median waiting time for outpatient (OP) first appointments

The median waiting time for high volume low complexity (HVLC) specialties is currently at 14 weeks, having improved consistently 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).

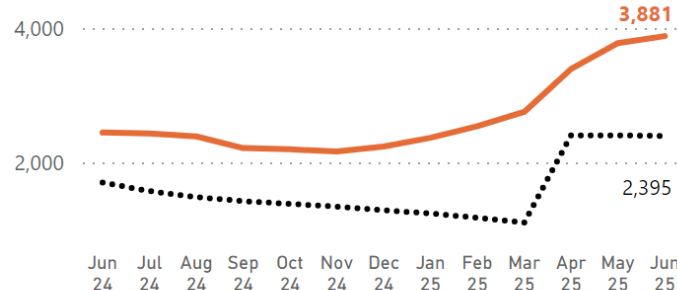
Incomplete RTT Pathways (ICS)

Pathways Performance



Incomplete RTT Pathways >=52 Weeks

Provider Pathways EB18 - 52+ Trajectory_1



Incomplete waiting list pathways

In June, South West London (SWL) had 203,440 patients on an incomplete pathway awaiting treatment at hospital within or outside of the local geography. This is a stable position following the increases seen last month due to the Epsom & St. Helier Hospital (ESHT) migration to the Cerner electronic patient record system and Kingston (KRFT) including triaged referral assessment service (RAS) pathways in their patient tracking list. Across SWL, 66% of patients were waiting less than 18 weeks, again this position remains stable and continues to track higher than the London and National positions of 62%.

Long waiters – patients waiting over 52 weeks for treatment

SWL providers have the fewest patients waiting over 52 weeks compared to other London systems, with 3,881 pathways in June, although this number has been rising since November. June saw another increase by c.100 pathways. Dermatology has the greatest number of patients waiting over 52 weeks (655), with nearly half of these at ESH and the remainder spread between CHS and St. George's (SGH). Of the SWL total 52-week total almost half are at SGH. Improvement actions at SGH are being reviewed, across specialties, to reduce long waits. CHS are increasing capacity for a number of key specialties through insourcing from August. Where appropriate, a system approach will be taken in specialties where waiters are spread across SWL providers. An example of this is the single point of referral for Ear, Nose and Throat (ENT) services.

Long waiters – patients waiting over 65 and 78 weeks for treatment

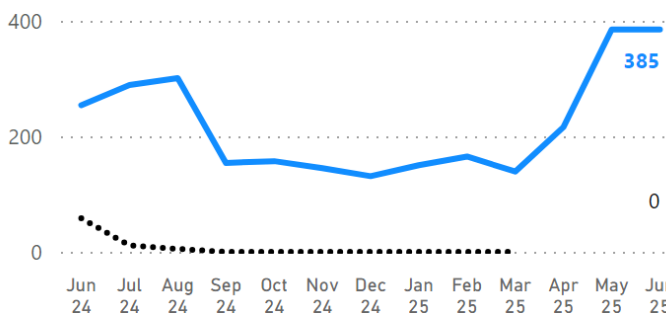
The number of 65 week waits remained at 385 in June. SGH continue to have the greatest proportion of these (180), followed by ESTH (108) and CHS (96). 78 week breaches increased in June to 14 with the highest number (7) at CHS.

Elective day case spells & Elective ordinary spells

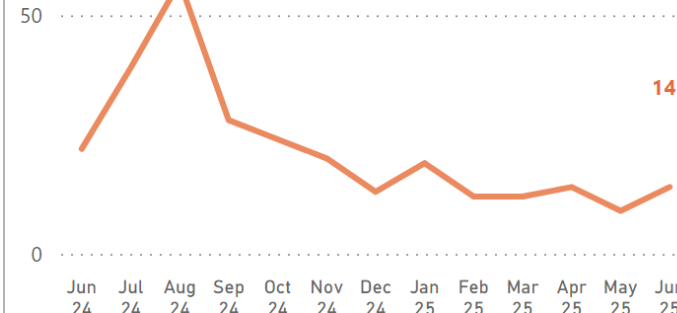
Overall Elective activity is below the year-to-date (YTD) plan by 4% with both day case and ordinary spells reporting similar levels of variance. This is impacted by data quality issues at ESH, following the migration to the Cerner system. KRFT are reporting performance under YTD plan for both day case and ordinary spells. The SWL position is partially offset by over-performance at SGH, particularly in day case which is 3% above its respective YTD plan.

Incomplete RTT Pathways >=65 Weeks

Provider Trajectory 65+ weeks

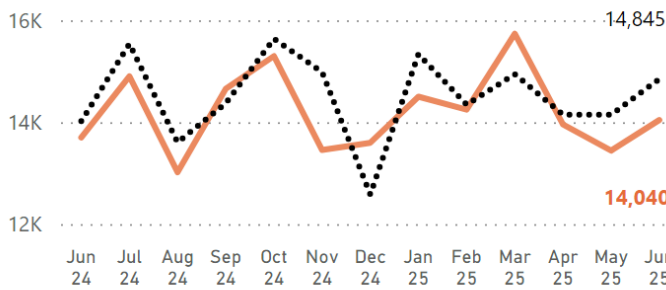


Incomplete RTT Pathways >=78 Weeks



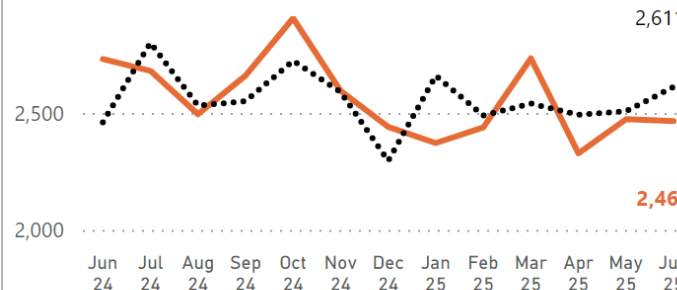
Elective day case spells

Provider Activity Provider Trajectory

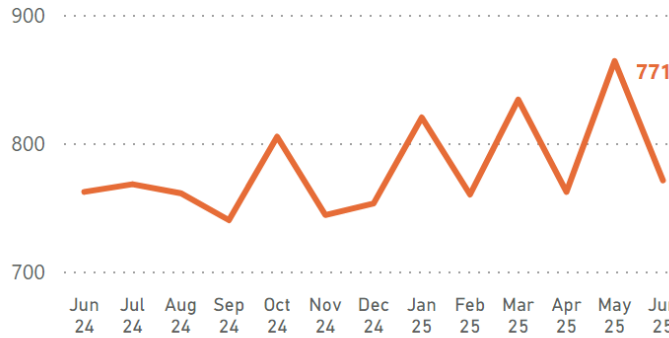


Elective ordinary spells

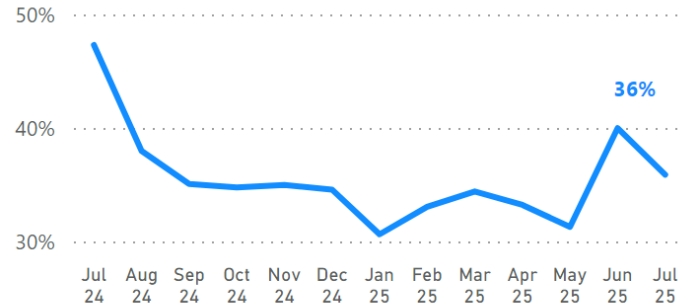
Provider Activity Provider Trajectory



Number of Patients staying 21+ Days (Super Stranded)



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



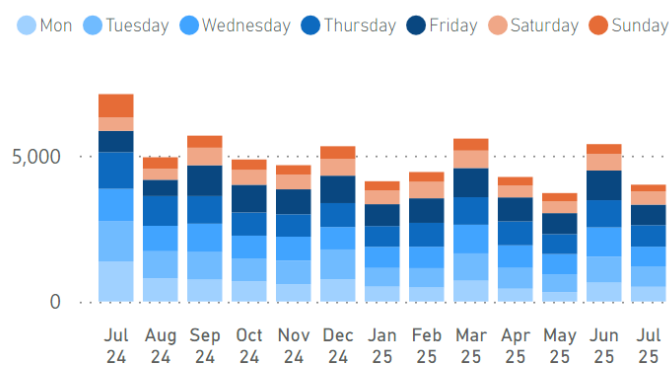
Patients with a length of stay (LoS) over 21 days

The number of patients with a LoS over 21 days decreased in June, with fluctuating longer term trend since September. Regional transformation programme priorities centre around discharge data quality as this is central to making data-led operational change.

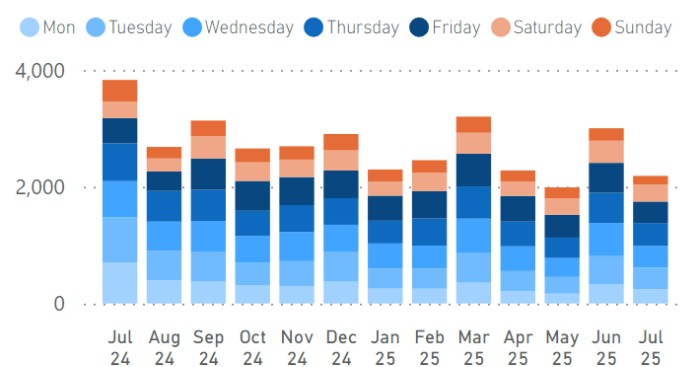
Proportion of patients discharged who no longer meet the criteria to reside

The proportion of patients discharged who no longer met the criteria to reside (CTR) decreased in July. Exploration of reasons for discharge delays continue with both acute and out of hospital system partners, using analysis of Discharge Ready Date to enrich data.

Total Discharges by Weekday



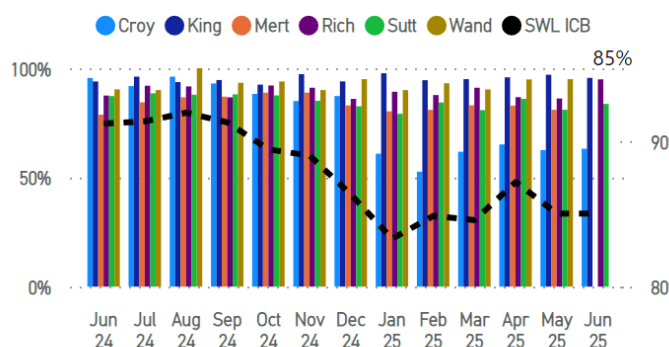
Total Discharges before 5pm by Weekday



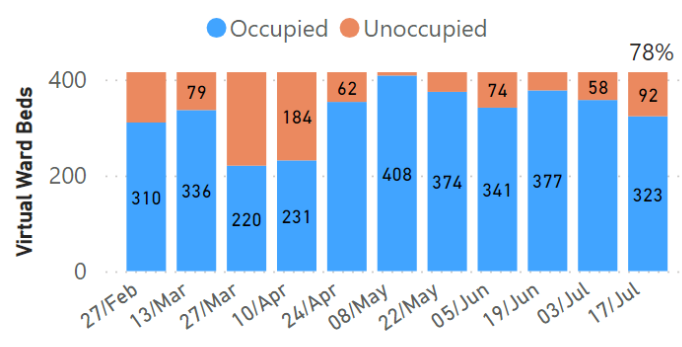
Total discharges by weekday and before 5.00pm

Discharges before 5pm decreased in July. Complexity of patients remains a challenge. Better Care Fund (BCF) plans are in the process of being signed-off by regional and national teams, with plans aligning to best practice and lessons learned from previous years.

Community 2 Hour Urgent Response Performance - Provider



SWL Virtual Ward Capacity and Occupancy



Virtual Wards (VW)

Occupancy in SWL is reported at 78% in July, with Kingston and Richmond and Sutton exceeding the 80% target. London overall has a 63% occupancy. Virtual Wards are working on optimising their delivery models and ensuring data quality and consistency across SWL to maximise patient outcomes. Total beds remain at 415. The new remote monitoring solution for virtual wards and care homes was rolled out on 1st July 2025, utilisation levels remain stable.

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	Mental Health (sharepoint.com)
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: 5.6

Report by: Bob Alexander, Non Executive Director

Paper type: For information

Date of meeting: Wednesday, 15 October 2025

Date Published: Wednesday, 8 October 2025

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 10 June 2025 and the following items were discussed:

1. Terms of Reference and Committee Effectiveness Review

The Committee discussed the Committee effectiveness survey, the results of which showed that the previously highlighted weakness in providing health service advice had reduced. The Committee agreed that the Terms of Reference were reflective of the Committee's purpose and that the Committee had the appropriate membership and representation and no gaps had been highlighted in its activities. Subject to one amendment the Committee approved and recommended the Terms of Reference to the ICB Board for formal approval.

2. Internal Audit Progress Report

The Committee noted that two audits for 2024/25 had been completed:

- Risk Management and Governance – with reasonable assurance
- Cyber Security Assurance – with substantial assurance

For 2025/26 the Data Security and Protection Toolkit (DSPT) review had been completed with substantial assurance.

The Committee noted the Internal Audit Progress Report.

3. Local Counter Fraud Specialist Annual Report 2024/25 and reactive updates (June 2025)

The Committee received the report, noting the Economic Crime and Corporate Transparency Act 2023 (ECCTA) is due to be introduced to the NHS in April 2025 to hold organisations accountable if they failed to prevent fraud. Guidance is awaited from the NHS CFA as to how this would be mitigated in the NHS. As we become more aware of what the requirements will be for the public sector, we will amend their counter fraud workplan accordingly.

4. Information Governance Annual Report 2024/25

The Committee received the report, noting the progress that had been made and the assurance that had been provided through the Information Governance structures and framework.

5. Update on the New Financial Ledger for ICBs (ISFE2)

The Committee received the report, noting the potential go live of the new ledger (ISFE2) on 1 October 2025 and that a SWL Programme Board had been established to oversee the implementation which included Internal Audit representation. A post-implementation update report on the local impact would be taken to the next Audit & Risk Committee meeting.

6. Single Tender Waivers and Non-Compliant Contracts

The Committee received the report and discussed potential procurement risks during organisational transition and the need to ensure robust compliance.

7. Freedom to Speak Up (FTSU)

The Committee noted that there were no ongoing FTSU cases and that the FTSU Annual Report for 2024/25 would be presented to the next meeting.

8. SWL ICB Draft Annual Report 2024/25

The Committee received the report and agreed and recommended the SWL ICB Annual Report 2024/25 to the ICB Board to formally approve.

9. SWL ICB Annual Accounts 2024/25

The Committee received the report and noted that the ICB had met its statutory targets for 2024/25 and the draft and final accounts were in line with the national submission timetable. The Committee agreed and recommended the SWL ICB Annual Accounts to the ICB Board to formally approve.

10. Internal Audit Annual Report including the Head of Internal Audit Opinion

The Committee received the report, noting that the Head of Internal Audit Opinion overall was positive, but further enhancements to the framework of risk management, governance and internal control had been identified.

11. External Audit Findings Report and Annual Auditors Report (Value for Money)

The Committee received the report which highlighted that no significant weakness had been identified in the ICB's value for money assessment.

12. Letter of Representation

The Committee recommended the Letter of Representation to the ICB Board.

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

Maureen Glover, Corporate Governance Manager

Remuneration Committee Update

Agenda item: 5.7

Report by: Anne Rainsberry, Non Executive Member

Paper type: Information

Date of meeting: Wednesday, 15 October 2025

Date Published: Wednesday, 8 October 2025

Purpose

To provide the Board with an update from the Remuneration Committee, as a Committee of the Board.

Executive summary

The update reflects the discussion, agreement and actions taken by the Remuneration Committee and is brought to the Board to provide an update on the progress and work of the Committee.

Key Issues for the Board to be aware of

The Committee met on 23 May 2025 and discussed the following:

- The Committee agreed that the revised Remuneration Committee Terms of Reference should be recommended to the Board for approval.
- Proposed measures to strengthen Clinical Leadership in the ICB were agreed.
- The position with the ICB Cost Reduction Programme was noted.
- Approved business cases related to the ICB's restructuring programme.

The following decisions were made outside of Committee:

- 18 June 2025: Agreement of proposed pay award for Agenda for Change members of staff.
- 18 June 2025: Agreement of proposed pay award for Very Senior Managers, noting details of the potential bonus payments and recruitment premia for paying bonuses to VSMs who have shown exceptional performance.
- 15 September 2025: Recommendation to TUPE one member of staff to North Central London ICB.

Recommendation

The Board is asked to:

- Note the update from the Committee.

Governance and Supporting Documentation

Conflicts of interest

N/A

Corporate objectives

This document will impact on the following Board objective:

- Overall delivery of the ICB's objectives.

Risks

N/A.

Mitigations

N/A.

Financial/resource implications

N/A.

Green/Sustainability Implications

N/A.

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

N/A.

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

N/A.

Patient and public engagement and communication

N/A.

Previous committees/groups

Committee name	Date	Outcome

Final date for approval

N/A.

Supporting documents

N/A.

Lead director

Anne Rainsberry, Non Executive Member.

Author

Maureen Glover, Corporate Governance Manager

Workforce Update

Agenda item: 6

Report by: Lorissa Page

Paper type: Discussion

Date of meeting: Wednesday, 15 October 2025

Date Published: Wednesday, 8 October 2025

Purpose

We want to ensure that South West London (SWL) ICB is a great place to work. Following the announcement of upcoming change, we are conscious that this can be unsettling and stressful for ICB colleagues. This paper outlines how we are supporting staff through this period and provides a Workforce overview for board members.

Executive summary

This is an information/ discussion focused paper. We share an overview of our key challenges and workforce metrics, alongside how we are (i) listening to our staff (ii) considering wellbeing of staff (iii) considering development of staff and (iv) how we honour a diverse workforce.

Key Issues for the Board to be aware of

Conscious that the model ICB omits any localised transformative workforce support within the ICB, we want to ensure that we are setting our workforce up for success and embedding the right support now to ensure continuity as we transition to our new model.

Recommendation

The Board is asked to:

- Note and discuss the content of this report

Governance and Supporting Documentation

Conflicts of interest

N/A

Corporate objectives

- The condition of our workforce impacts ability to deliver against all 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

- Workforce Update Report

Authors

Lorissa Page – Chief People Officer

Heather Gough – Deputy Chief People Officer

SWL ICB Board Workforce Update

Lorissa Page - Chief People Officer

October 2025

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

We are critically dependant on our people and the way they work. Going forward we will need to work in a more integrated and adaptable way, making sure that our people are supported to have flexible careers, a better work-life balance, and that we have the right people with the right skills to deliver the (i) changing needs of our populations (ii) the changing needs of the ICB's strategy and objectives.

Our Challenges

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

- **The changing shape of the ICB** – Following announcements in March 2025, the ICB has a mandate to reduce the size of the workforce by approximately 58%. With a consultation initially planned to start in August 2025, the size and complexity of the challenge resulted in timeline delays and structure uncertainty. Our workforce continues to deliver the ICB's core BAU service, while managing anticipation of the pending organisational change. Conscious that this has been destabilising for ICB colleagues, it is key that we cultivate ways to help our workforce remain connected with our broader mission and new strategic objectives, while operating in a transition-state toward the new purpose and identity of the ICB.

Alongside the changing shape of the ICB, we remain cognisant of broader workforce challenges. In line with the new vision of the ICB, we want to ensure the workforce is set up for success to (i) deliver effectively against a clinically-led strategic plan (ii) return our system to financial balance.

- **Culture of the ICB** – Embedding the right Values and Behaviours to ensure how we deliver against our strategy is as important as what we deliver.
- **Diversity and equality** – We are not yet representative of the communities we serve and, nationally, we are all witnessing rising racism, Islamophobia and polarisation around immigration. We have a commitment to create a safe and inclusive environment for our colleagues.
- **Colleague Development** – Colleagues with opportunities to learn and grow are 2.9x more likely to remain engaged at work, with up to 24% job performance improvement. We need to ensure we are identifying the right learning and training opportunities for the future success of our workforce.
- **Wellbeing of our staff** – Ongoing change and reductions in workforce can lead to decreased job satisfaction, role/ responsibility conflict, quality reduction, decreased productivity and burnout. Sickness absence within the ICB currently remains in line with national levels, however, we need to remain focused on how to make SWL a great place to work.
- **The cost of living and working in London** - People choosing to leave South-West London and/or the NHS to increase their salaries or move to less expensive areas to help meet the rising cost of living.
- **Operational Planning for 26/27** - Continue to work collaboratively with partners and providers to ensure integrated workforce planning at system level while delivering challenging financial efficiency targets. We will need to establish new ways of working which support strategic commissioning, as the current ICB oversight and assurance role transitions to NHS England.

Our Staff

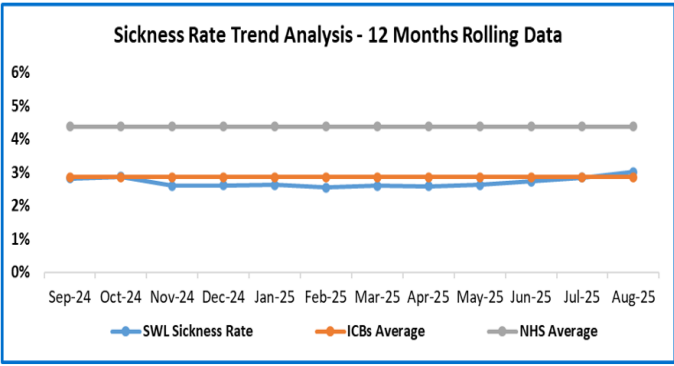
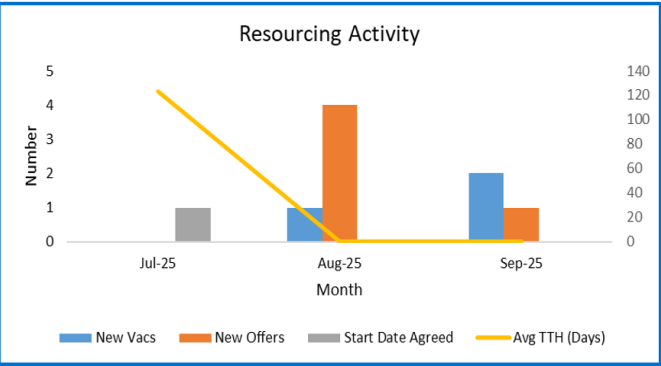
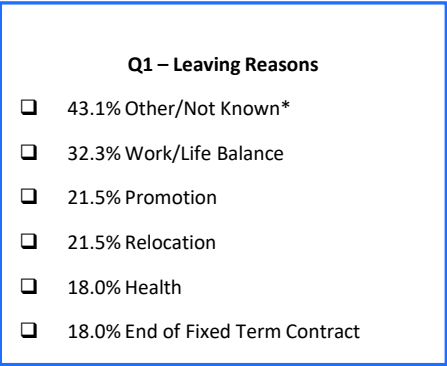
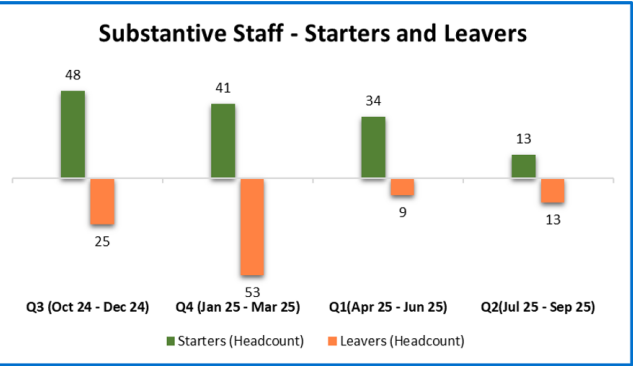
Workforce Summary



South West London

Description	Jul 2025	Aug 2025	Sep 2025
Staff in Post (Headcount) [i]	689	687	685
Staff in Post (FTE)	632.1	630.9	629.6
Turnover Rate (%) [ii]	16.0%	15.5%	14.6%
Establishment (FTE)	767.4	767.2	767.2
Vacancy Rate (%) [iii]	17.6%	17.8%	17.9%
Vacant FTE	135.3	136.3	137.6
Sickness Absence (%) [iv]	2.73%	2.84%	3.01%

- At 14.6% Turnover rates for the ICB are high compared to 9.1% in the NHS overall, 10.1% in London and 9.8% within ICBs nationally.
- The high level of redundancies within the 12 month period will be significantly impacting turnover levels and will continue to do so until Q1 2026. In the meantime, the ICB is seeing a steady reduction month-on-month.
- Over the last 12 months, those leaving voluntarily are mainly due to seek promotion or improve work/life balance.
- We are currently not accurately capturing the reasons for leaving as many are being recorded as Other/Unknown* which impacts the effectiveness of our reporting. This needs to be rectified with attention to improving leaver processing and data quality.
- Due to the current level of uncertainty within the ICB and broader NHS, we would expect to see Turnover reduce over the coming months as staff remain in post.
- Following recent national guidance requiring all ICBs to reduce management and running costs by 50% we have seen a decline in new vacancy requests.
- The decline in the number of vacancies advertised is also due to additional approval levels internally plus the new Triple Lock process.
- Sickness levels remain low at 3.01% compared to National and Regional benchmarks.



Notes

[i] Staff in Post headcount and FTE information includes only substantive employees

[ii] Turnover rate is 12 month rolling based on whole time equivalent (WTE)

[iii] Vacancy rate may be inaccurate and require establishment cleanse.

[iv] Sickness rate is 12 month rolling and a month in arrears.

Listening to our staff

You Said. Here's What We Did.

Organisational change

Over the last six months, it has been a priority to listen to workforce feedback and design initiatives that both respond to concerns and deliver meaningful actions.

You said

Learnings from the last restructure

Regular engagement re. the change

A place to record key information / data points

Anonymous questions

Agreement of what activity can/will stop (to free up capacity as we move to new ICB functions – critical for morale & effectiveness)

Key messages for partners

Teams to be involved in mapping of their current functions / a place to share opinions

Topics at All Staff Briefings



We did

Held a series of Listening Events in April where **383 staff** shared perspectives on the Management Cost Savings Programme restructure. Identified what worked well, challenges experienced, and actions needed to create a culture that thrives during change.

Weekly CEO-led All Staff Briefings (recordings on intranet)
Follow-up email from Katie every Friday

Dedicated intranet site with regularly updated FAQs on NHS changes
Katie's Friday messages
Weekly email Update and monthly Team Talk

Anonymous questions form

Corporate objectives
Values and behaviours

Key messages developed to support partner conversations

Strategic commissioning workshops
Additional workshops (e.g., Children & Young People)

CFO-led ICB financials presentation
Workforce updates
More to come: Clinically-led Strategy, Neighbourhood Health

You Said. Here's What We Did.

Wellbeing and development

Supporting the health and wellbeing of our staff continues to be a priority, alongside providing a variety of learning and development opportunities.

You said

Updated structures

Line manager support

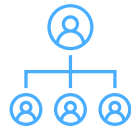
Health & wellbeing support

Learning & development offers

Staff survey

Wellbeing and recognition event

We did



Published in June

Revised Appraisals process - Working Well Review (simpler approach to prepare staff for change) and 1:1 conversation guide



New Champion Health Employee Assistance Programme

Refreshed Health & Wellbeing Network (new champions trained)

New Wellbeing Drop-In Sessions (from Oct)

Webinars delivered: financial wellbeing & pensions

Coaching & mentoring programme

Inclusivity training for middle managers

NHS Elect membership re-established

Upcoming L&D survey to guide further tailored interventions

Career support: CV writing, interview skills

Secondment opportunities (Weekly Bulletin)

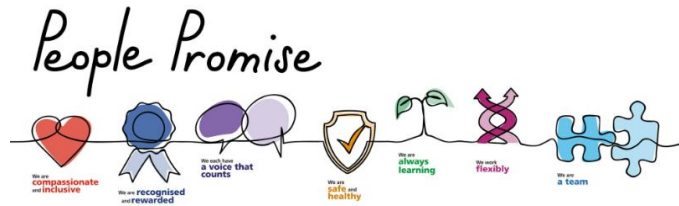


Launching **6th Oct** – **only ICB in London to deliver this**



To be explored in the All Staff Briefing on 2nd October

Staff Survey



NHS Staff Survey Opens **Monday 6th October** and closes on **Friday 28th November**

The Annual **NHS Staff Survey** is one of the largest workforce surveys in the world. The survey is shaped by the seven principles of the People Promise. This year, given the broader context of change, we enabled colleagues to choose whether they wanted to participate. To honour the majority voice of our workforce, we open the survey on 6th October.

It covers topics such as:

- **Workplace culture** (bullying, discrimination, teamwork).
- **Engagement & morale** (whether staff feel motivated, valued, or listened to).
- **Health & wellbeing** (stress levels, access to support).
- **Leadership & management** (how supported staff feel by managers and senior leaders).



The results are used by:

- **Trusts & NHS organisations** → to improve working conditions.
- **NHS England & regulators** → to monitor staff experience and safety
- **Researchers & policymakers** → to track trends across the NHS workforce

We expect to receive results of the staff survey in March 2026.

Given the current environment, we aim to run additional Pulse surveys between now and March 2026 to ensure we remain in touch with how the organisation is feeling.

Our 2024 Staff Survey Results

Highlights...

- Strong results in Croydon Place, Clinical Leads, and Stakeholder & Partnership Engagement, especially for teamwork, inclusivity, and recognition.
- **Flexible working** and **teamwork** consistently scored highest (e.g., Croydon Place 7.97 vs 6.81 org avg).
- **63%** said patients/service users is **organisation's top priority**
- **95%** of the organisation has not seen any errors/near misses/incidents that could have hurt staff/patients/service users

Areas for Improvement...

- Compassionate and inclusive culture
- Safety and raising concern culture
- Positive action taken for health and wellbeing

Focus on...

- Staff feel well supported in inclusivity and compassion.
- **Flexible working** and **team cohesion** stand out as strong supports to build on.
- **Morale** is a common weakness across several areas.



637 staff were invited to complete the 2024 staff survey

74% (470 people) of the organisation completed the 2024 staff survey

SWL positive score rank 24 compared to other ICB's

Wellbeing of our staff

Sickness Rate and Cost Analysis

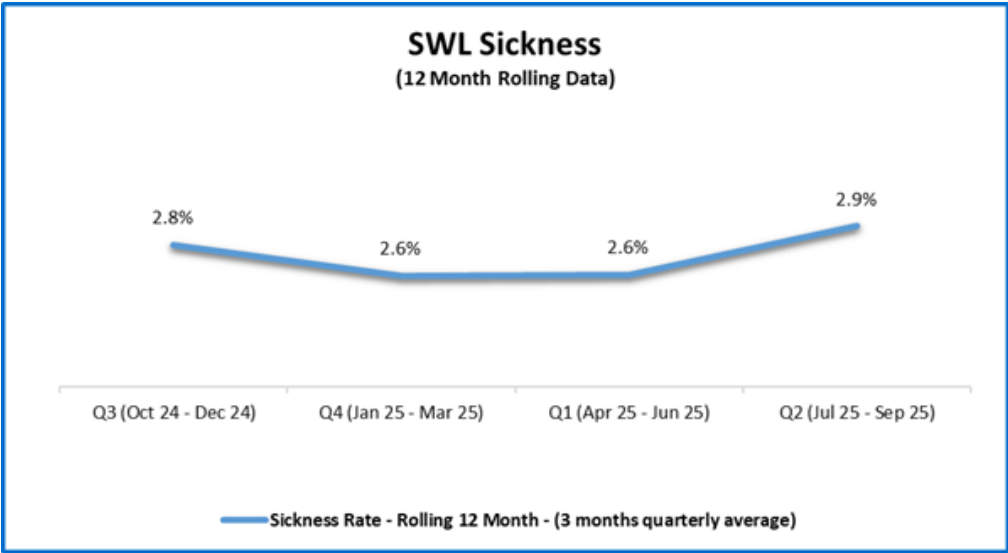
Top 5 Reasons for Sickness – 12 Month Rolling (Combined Data)

Absence Reason	FTE Days Lost
S10 Anxiety/stress/depression/other psychiatric illnesses	1,893
S26 Genitourinary & gynaecological disorders	448
S13 Cold, Cough, Flu - Influenza	645
S17 Benign and malignant tumours, cancers	555
S25 Gastrointestinal problems	341
Grand Total	3,882

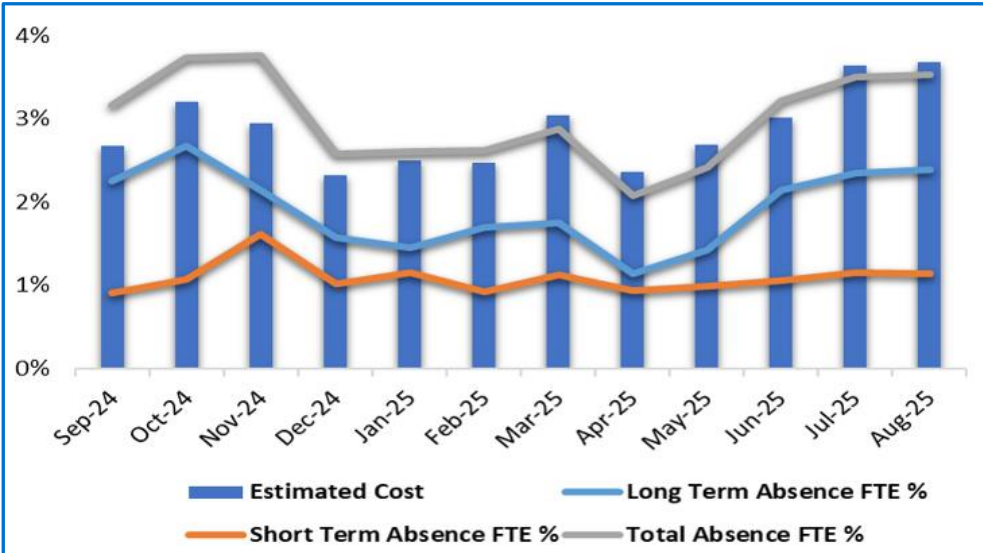
Sickness Summary

- At 3.01% in-month ICB sickness remains consistently low compared to national NHS rates at 5.1% and 4.6% in London.
- ICBs Nationally are at 3.6% with other London ICBs at 3.1%.
- By comparison, Providers within the SWL region are at 4.5%.
- Mental Health reasons represent 35% of the ICBs current sickness.
- This is in line with overall NHS National levels of MH at 30% and 40% in ICBs nationally.
- We will expect to see a seasonal increase in sickness levels over the next quarter due to higher instances of Colds & Flu.

12 Months Rolling Sickness Data by Quarter



Monthly Sickness Trend



Wellbeing Update and Available Support

Since 2020, the ICB has actively championed a wellbeing culture in response to staff survey feedback. This led to the creation of a dedicated Staff Health and Wellbeing Network, which designs and delivers a range of initiatives to support staff welfare. Below is a list of internal and systemwide wellbeing resources available to SWL ICB Staff

Ongoing services for colleagues within the ICB

We have a range of consistent interventions for ICB colleagues

Employee assistance programme

CHAMPION
HEALTH

Occupational Health



PAM Wellness

Health and Wellbeing Network and Champions



Financial Wellbeing

Financial Wellness

NHS England wellbeing resources and apps



Targeted system-wide services (ICB accessible) active now, ending March 2026

- SWL Mental Health hub
- Mental Health resilience course



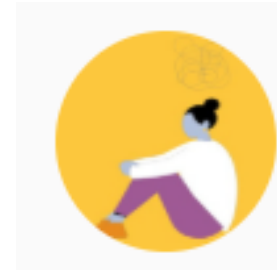
Futi Talk



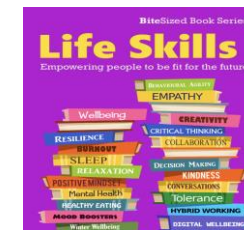
Menopause Training Module



Womens 1:2:1 consultation



Bitesize Health & Wellbeing booklets



MSK and nutrition service



What next?

- The ongoing services within the ICB are our core baseline offer for colleagues
- The targeted system-wide interventions and designed within the ICB, however, are accessible for both the ICB and SWL system-wide colleagues.
- Considering the targeted interventions were implemented following an analysis of workforce sickness data, we need to ensure that we provide continuity for those using the services once they come to an end. The interventions target: (i) mental health (ii) promoting and supporting long-term physical health

Development of our staff

Working Well Review

What is the working well Review?

A structured short-form appraisal conversation between SWL ICB staff & their line managers.

The working well review is a response to:

- (i) 2024 staff survey results
- (ii) The announcement of the upcoming organisational change

What does a Working Well review prompt you to discuss?

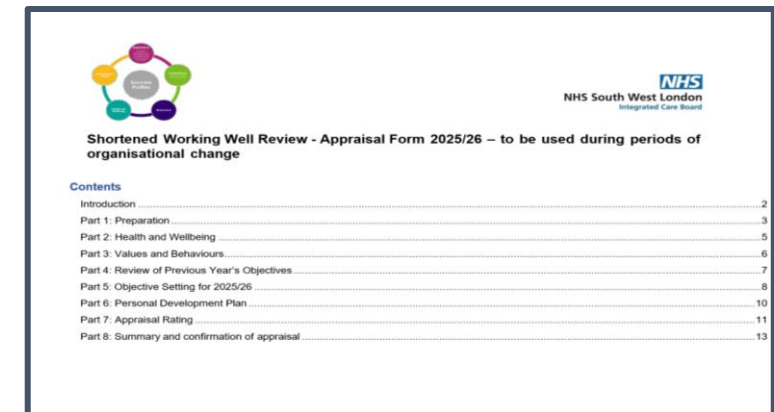
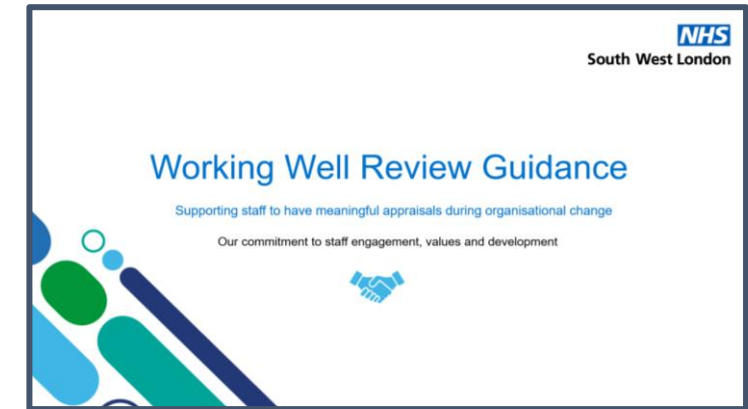
- Health & Wellbeing
- Values & Behaviours
- Objectives
- Personal development plan

Why did we introduce the Working Well Review?

- We want staff to feel valued, supported, and equipped to do their best work
- We are recognising the need for staff to learn, develop and grow
- We recognise that staff deserve the opportunity to have this protected time and we create a platform/ tool to stimulate development conversations
- We want staff to feel grounded amongst the uncertainty of organisational change/ transitions

What was the uptake?

- The Working well review framework was launched in July with staff being asked to complete reviews by 30 September 2025. As of 1 October, the final submission rate is 61%, with 415 reviews received out of 682 expected, showing over 50% participation across all directorates.



Working Well Review

The Working Well Review was well received by staff



Lorissa Page
Chief People Officer

The approach is intentionally concise and focused to ensure discussions look at our new corporate objectives. It's also an opportunity to focus on you, your achievements and challenges, and to discuss your development needs.



Tomas Ince
Senior Clinical
Transformation Manager, UCP

Completing the Working Well reviews has been a valuable process. The document is easy to use and having staff draft reflections in advance helps focus discussions and make them more meaningful. I look forward to seeing this approach integrated into our wider workforce systems.



June Okochi
Director of Quality
(Sutton and Croydon Place)

It's been a challenging year with many changes, but the Working Well Review Appraisal has given us valuable space to reflect on individual achievements and future aspirations in line with the ICB's evolving priorities. Most importantly, it's been a meaningful way to say thank you and recognise the incredible work of the team – I couldn't have achieved my goals without them.



Jemma Brunton
Senior Manager for Primary
Care & Community
Development and Delivery
(Croydon)

With 30 years in the NHS as both a line manager and employee, I'm very familiar with development plans and appraisals. Although I'm new to the organisation and we're in a period of change, this review is a valuable opportunity for my manager and me to focus on my role, strengths, and future priorities.



Charity Kanotangudza
Designated Nurse for Children
Looked after (Croydon)

This has been the most useful appraisal I've had since joining the organisation in 2022. I'm fortunate to have a great manager who supports my growth and gives regular, constructive feedback. Preparing for the appraisal made me realise how much I've achieved and I felt proud reflecting on it.

Despite a set completion date, we encourage conversations to be ongoing between line managers and colleagues beyond the working well review.

Learning & Development Survey



South West London

The ICB is committed to providing a variety of learning and development opportunities to support our people to perform the best they can, work well together and develop their careers



Staff Learning and Development Survey

This survey is designed to understand your future development goals and preferences for learning. The results will help us to meet needs identified through Personal Development Plans, which will have been updated in your recent Working Well Review. The entire workforce has been encouraged to complete their Working Well Review. However, even if you haven't yet completed your Working Well Review, we still want to hear from you.

As well as thinking about your development within the ICB, we also ask about how the organisation can best support you through the upcoming change and set you up for ongoing success in your career.

We expect the survey will take around five minutes to complete. There is an open question at the end where you can add any information not captured elsewhere.

We will use the results of this survey to develop offers that meet the needs of our staff wherever possible. Please be aware that the ICB is currently unable to fund formal qualifications outside the apprenticeship levy.

How we will use the data collected
Our analysis and reporting will use only aggregated data; your individual responses will not be identifiable.

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

* Required

About you

Please tell us about your role - this will help us to develop and target learning and development offers more effectively. As a reminder, analysis and reporting will use aggregated data - your individual responses will not be identifiable.

1. Your team / function

☐ Executive Management Team



Survey opens on Thursday 2nd October and closes on Friday 17th October

Current Learning offers in SWL ICB

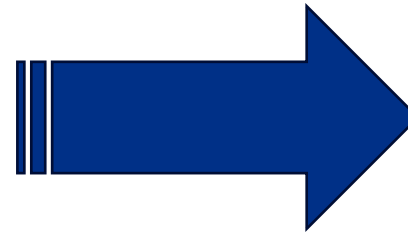


South West London

Analysis of the Learning & Development survey results will enable us to understand how to (i) meet the learning needs of ICB staff and (ii) identify opportunities to upskill and develop colleagues. Alongside interventions that we may deploy as result of the survey, we also currently have the following platforms available:

1	NHS Elect	A trusted partner since 2019, we currently have 684 staff registered – an increase of 518 colleagues since 2022	In 2025 we signed up to 128 online courses , compared to 31 in 2022	Top 4 webinars joined: • Maximising the impact of your CV • Confidence and killing it, • Business cases • Interview skills	Top 4 topics downloaded: • Comms & Engagement • Quality Improvement and Service Improvement • Career Planning • Coaching
2	Broader L&D offers	NHS Learning Hub and library services	NHS Leadership Learning zone and NHS Leadership Academy	• Coaching through NHS Leadership Academy • NHS SWL Mentorship programme	Skills Development Network for professionals in finance, procurement, digital, estates, and facilities
		Project Management through NHS Elect, offering a technical qualification	Digital Learning: Self-directed tools for <u>Microsoft training on NHS Digital Learning Solutions</u> for I.T basics	Free Learning Offers Access to platforms like <u>Future Learn</u> for free short online courses, <u>Open University- opening learning</u> for free courses across 8 different subjects and <u>Ted Talks</u> , explore a wide range of topics explore a wide range of topics from learning from expert speakers	
3	Apprenticeships	Current ICB Staff on Apprenticeships 8 staff members are enrolled in Level 7 Apprenticeship including topics such as: Senior leadership, System thinking and Health intelligence.		Upcoming ICB staff (<i>starting Sept/ Oct 2025</i>) 4 staff members will begin apprenticeships covering Level 6 & 7 Apprenticeship in Senior Leadership and Chartered Manager.	

Investing in Mentors to support career development



23 of 60 Mentors trained were from the ICB

13 of the 40 Mentees supported were from the ICB

Community of practice developed to future proof the group

Embedding Inclusivity Through Leadership Development



The best thing I got from the course is my group - a community of leaders with the same journey to inclusive leadership.

I have enjoyed listening to the different team presentation. It would be great to know how or if recommendations will be taken forward

Have enjoyed and learnt immensely. Great opportunity for self reflection and a fresh approach. Learnt from my colleagues attending and other members insight and experience was also invaluable

The inclusive leadership course was insightful and highly relevant to today's diverse and dynamic workplace environment. It provided practical strategies and framework that can be applied immediately.

- Recognised that one of the barriers to offering meaningful work experience is the level of readiness and inclusivity among line managers.
- Identified a need to equip middle managers with the skills to create supportive, inclusive environments for new and aspiring entrants to the NHS.
- In response, co-designed the **Inclusive Leadership Development Programme for Middle Managers** in partnership with the **University of Roehampton**.

The programme focuses on:

- Addressing bias and barriers in recruitment and development
- Creating psychologically safe, learning-friendly workplaces
- Supporting community-based recruitment and social mobility
- Building confidence to lead and mentor individuals from diverse backgrounds

Study leave consistency in application was an issue, some learners received more time than others.

38 out of 60 people from the ICB have completed this course. **Feedback has been overwhelmingly positive – but what happens going forward?**

Targeted Recruitment: Supporting Care Leavers into ICB Roles

Developed a dedicated pathway to support care leavers into NHS employment, removing traditional recruitment barriers.

- Worked outside of standard NHS Jobs and Trac processes by designing a **simplified application route** using Microsoft Forms.
- Promoted the opportunity through trusted local networks and partners working directly with care-experienced young people.
- Successfully recruited **four care leavers** into entry-level NHS roles.
- Each individual was **aligned with a mentor** and received **tailored support** throughout onboarding.
- Designed and delivered a **bespoke induction programme** to ensure a positive, supported transition into the workplace.
- This approach forms part of our wider commitment to inclusive recruitment and supporting underrepresented groups into NHS careers.
- All have been supported with next steps careers wise either within the ICS or beyond

Beyond recruitment: We have not only recruited care leavers into NHS roles but also created an environment where they can develop, grow, and explore new opportunities.

Holistic support: Each participant receives more than entry-level employment, with access to mentoring, skills development, and defined career progression pathways.

Empowerment and sustainability: This approach enables care leavers to identify future opportunities, build long-term careers, and thrive both within the NHS and beyond.

Real outcomes: Participants have progressed into university courses, apprenticeships, and secondments—most of which are within Southwest London - showcasing the impact of this model.

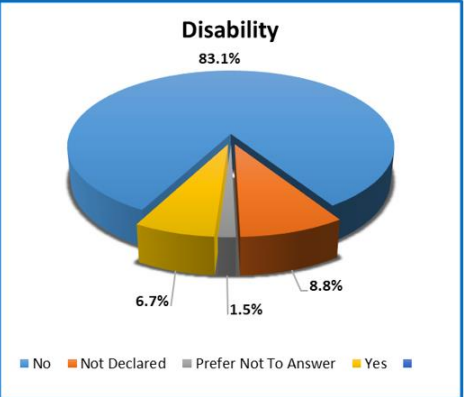
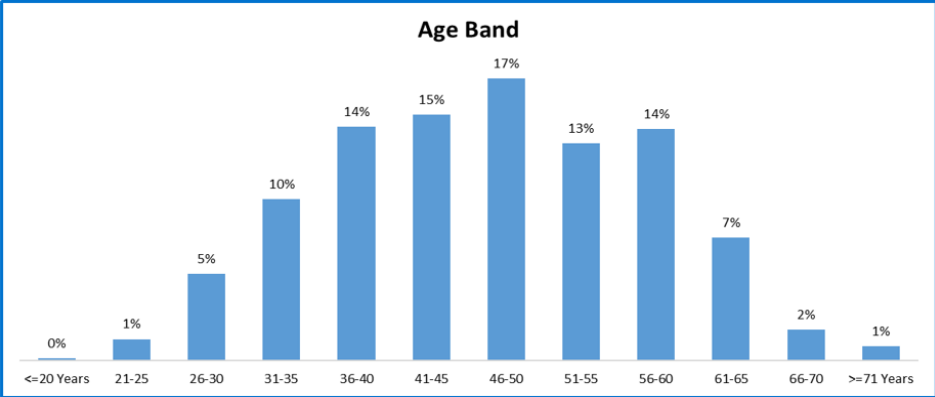
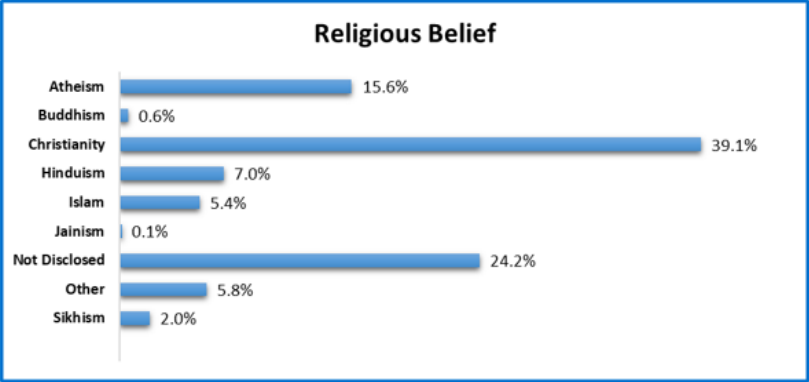
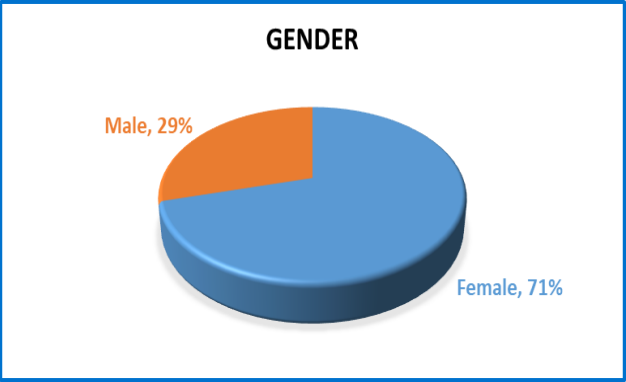
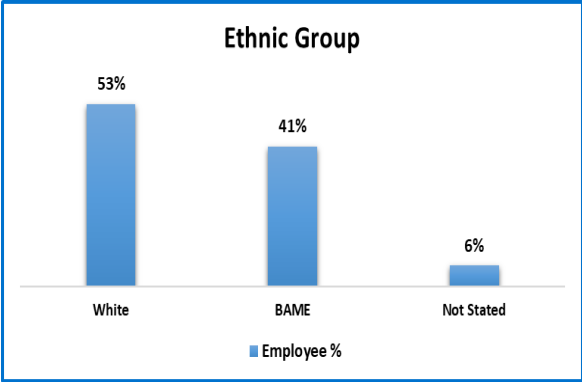
Shared our approach via a four-part webinar developed with Roehampton University



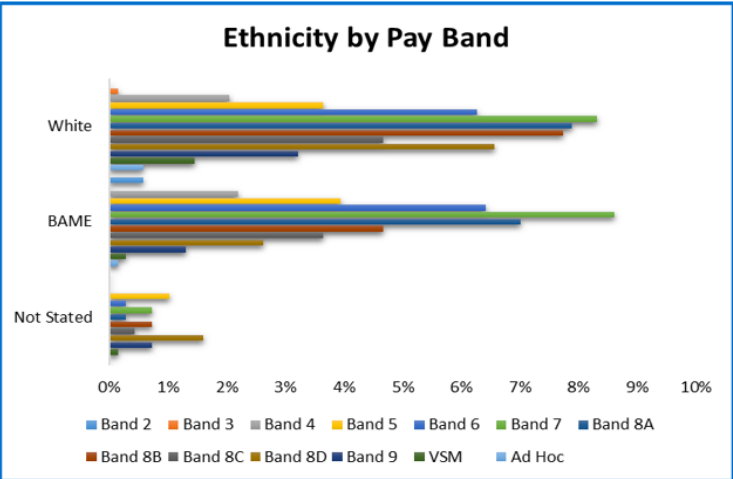
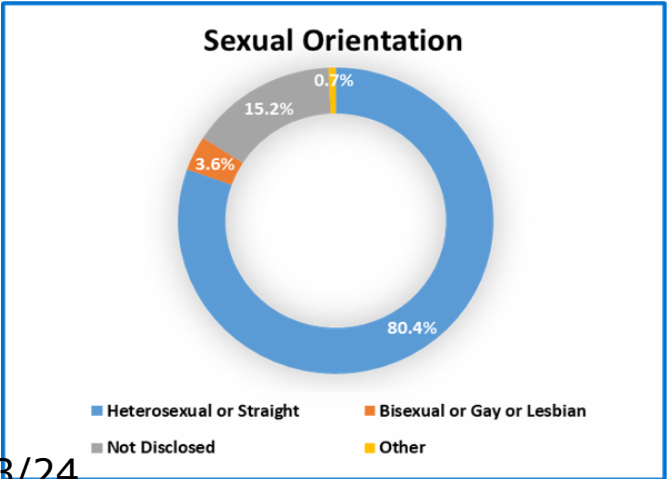
The Webinars follow the DESA Model

- **Discover** addresses the main topics covered in the webinar. It also sets out important concepts and theory.
- **Explore** case examples, videos or research tasks. Activities in this section build on what you have learned in the Discover section.
- **Share** activities, undertake practice sessions, engage in discussions, review materials/resources to improve and develop your knowledge and understanding.
- **Apply** what you learn to practice, developing your skills and confidence.

Honouring A Diverse Workforce



- ICB Ethnicity split exactly in line with London Region.
- Not Stated levels would, ideally, be reduced to improve the effectiveness of reporting.
- Gender split is in line with London.
- Ongoing acknowledgement that more Males could be attracted to join roles within the NHS.
- At 24.2%, unfortunately, the high number of Not Disclosed significantly skews the effectiveness of Religious Belief data.
- The ICB has an average age of 46 and 23.5% of staff above 55.
- This does align with other London ICBs and is consistent in predominantly Admin & Management roles (nationally 27.1% are over 55 in the NHS).
- 6.7% of ICB staff declaring a disability aligns with London.
- Sexual Orientation data, again, is impacted by high numbers of non-disclosure.
- Sexual Orientation categorisation available in National NHS Workforce Systems is also out-dated but out of the control of the ICB.
- The data shows that the Ethnicity Split by Pay Band is fairly balanced up to and including band 7.



EDI- Proposed six-month listening Series for staff

As an organisation, we recognise the ongoing challenges in wider society, including reports of racism, harassment, and intimidation across the NHS.

To respond, we are proposing a six-month Listening Series for staff, focused on inclusion, wellbeing, and organisational change. This comes at a critical moment: nationally, we are witnessing rising racism, Islamophobia, and polarisation around immigration, while locally the ICB will be navigating management changes in the next financial year. Together, these factors create uncertainty and can affect how safe and supported colleagues feel at work. This programme is about caring for our people now. These Listening Series will aim to create psychological safety for colleagues to share experiences and ideas, helping shape the ICB's future wellbeing and inclusion offer.

Approach

Sessions will run every 2–4 weeks, over six months, using a blend of in-person and virtual formats (60–90 minutes each).

The programme will be co-designed with staff to ensure relevance and trust. Staff will help shape the final titles, framing and facilitation style.

Each session will be supported by trained facilitators, with wellbeing professionals present or available to provide support if conversations are triggering. Anonymous participation tools will also be offered.

Outputs and Accountability

A “You Said, We Heard” update will follow each event to show transparency and action.

At the end of the series, staff-led recommendations will be brought back to the workforce (not sure that's right, department any more) including specific proposals to enhance our Inclusion offer

Findings will be integrated into both our Inclusion work and the management change planning.

Working themes (to be finalised together)

- Racism
- LGBT+ experiences
- Disability and accessibility
- Gender equity
- Intersexuality and representation
- Inclusion and belonging
- Managing change and uncertainty
- Wellbeing and mental health
- Ethnicity
- ICB inclusion Calendar

Organisation Report

Agenda Item: 7

Report by: Katie Fisher, CEO SWL ICB

Paper type: Information

Date of meeting: Wednesday, 15 October 2025

Date published: Wednesday, 8 October 2025

Purpose

The report is an organisation report update.

Executive summary

1. This report provides an operational update from the South West London Integrated Care Board (SWL ICB), regarding matters of interest to members of the Board that are not noted in other papers.

Key Issues for the Board to be aware of:

Board Member Announcements

2. It was announced at the end August that Mike Bell, Chair of SWL ICB had been appointed to a new role as Chair of both North Central and North West London ICBs. Mike left his position as SWL ICB Chair immediately and will be well placed to guide the two organisations through their recently announced merger programmes.
3. Dr Anne Rainsberry, will be acting Chair for South West London ICB, whilst a process is undertaken to confirm substantive arrangements which will be led by NHS England.
4. It was also confirmed in September that Katie Fisher had been re-appointed by SWL ICB, through the mandated NHSE process, in her role as SWL CEO.
5. Helen Jameson, our Chief Finance Officer, will be leaving SWL ICB in January 2026 to take up the role of Chief Finance Officer and Deputy Chief Executive Officer at the Royal National Orthopaedic Hospital NHS Foundation Trust. Interim arrangements to cover the SWL Chief Finance Officer role will be announced in due course.
6. Elaine Clancy, our Chief Nursing Officer (CNO), has taken up a secondment opportunity to support George's, Epsom and St Helier Hospitals Group (GESH) as Group Chief Nursing Officer on an interim basis while the group recruits to the permanent role. Fergus Keegan, Deputy CNO, will be acting up into the CNO role until Elaine returns.

Upholding our values in challenging times

7. NHS leaders in London have written to staff following recent events to reaffirm their commitment to ensuring the NHS is a place of safety, dignity and respect for all.

The recent attacks in Manchester and the rise in racist rhetoric across the country have been deeply unsettling.

NHS leaders in London have issued a letter reaffirming our shared commitment to ensuring the NHS remains a place of safety, dignity and respect for all.

The letter, Upholding Our Values and Leadership in Challenging Times, acknowledges the impact these events may have on colleagues and sets out how we can continue to stand together against hate and division.

ICB National Assessment

8. Each year, NHS England formally assesses how every ICB in England has performed. It looks at how well we have met national priorities, delivered our statutory duties, and worked with partners in the wider health and care system. The assessment is based on our Annual Report, performance data, and feedback from local and national partners. Dame Caroline Clarke's letter to Katie Fisher is attached to this report, the key points of which are highlighted below.

Highlights

- Recognised for strong leadership, clear priorities and good partnership working
- ICB Governance supports improvement, learning and shared decision making
- Children and Young People mental health access met national ambition (only ICB in London to do so)
- UEC and cancer performance above national targets
- GP access improved through investment in digital tools
- Praised for action on tackling health inequalities, Voluntary, Community and Social Enterprise (VCSE) and outreach work
- Green Plan progress and anchor institution work recognised
- Research and evaluation networks established and growing
- Financial target met and most planned savings delivered

Challenges

- Elective and diagnostic performance remained under pressure in 2024/25. South West London performed well on 18-week waits and had one of the lowest numbers of very long waiters in London — but 52-week waits have been rising while other areas are seeing bigger improvements
- Hospital productivity is still below pre-Covid levels. However, South West London has been recognised for strong clinical productivity, with national praise for the work led by our local clinicians
- Although we met our financial target this year, we still face a significant system financial deficit

Building on our progress in the second half of 2025/26

9. A letter from Sir James Mackey, Chief Executive Officer, NHS England is attached to this report. The letter notes the excellent progress the ICB has made since April 2025, sets out the priorities for the remainder of 2025/26 and looks ahead to 2026/27. Key areas of focus in the letter are: the need to maintain financial discipline; deliver our priorities, the mid-year review process; resilience during winter; leadership and our people; and looking ahead to 2026/27.

Moving toward the model ICB

10. NHS England recently published its Model Region blueprint, setting out the core functions that regions are expected to undertake going forward and their relationships with ICBs. You can read the full document here [Model Region Blueprint v1.0](#). As an organisation, we are continuing to work with our Regional colleagues to implement the Governments ambitions, as set out in both the Model ICB Blue Print and the 10 Year plan, Given the proposed changes to ICBs and the uncertainty these have created we have included a more detailed ICB workforce report as part of the papers for this meeting.

Neighbourhood Health

11. The Wave 1 National Neighbourhood Health Implementation Programme (NNHIP) began after a selection process on 9 September 2025. While all boroughs in SW London are developing Neighbourhood Health and Care (NH&C), this first wave of the national accelerator programme will cover 43 sites across England. In SW London, Croydon has been selected as one of these first accelerator sites. Millions of people in 43 places across the country are set to benefit from improved care closer to home, as the government begins to roll out new neighbourhood health services. Each of the 43 areas will be allocated a programme lead who will work with existing local services to set up or embed new integrated neighbourhood ways of working. Neighbourhood health will benefit patients by providing end-to-end care and tailored support, helping to avoid unnecessary trips to hospital, prevent complications and avoid the frustration of being passed around the system.

NHS England's National Frailty Discovery Collaborative

12. South West London is one of seven systems taking part in NHS England's National Frailty Discovery Collaborative and is the only system in London participating. The aim of the collaborative is to improve care for older people living with frailty and test new models of 'frailty-attuned' care. The ICB was selected on the basis of its strong frailty model of care, established frailty network, and close links between urgent and emergency care and Place based programmes of work. Through the SW London frailty network, clinically led by Dr Towhid Imam, consultant geriatrician at Croydon University Hospital and national clinical lead for frailty, Kingston and Richmond were recommended to represent South West London as the local test Place. This was endorsed by the SWL UEC Programme Board. Kingston and Richmond were chosen because of their well-developed frailty programme, strong proactive care programme and effective use of data – putting them in a good position to shape national policy. The programme focuses on helping people stay independent and well at home, improving outcomes and reducing unnecessary hospital stays. This builds on our integrated frailty model, which already helps people access alternatives to hospital admission such as urgent community response, Same Day Emergency Care (SDEC) and virtual wards. Kingston and Richmond are leading the pilot and

developing the new frailty model with health, social care and voluntary sector partners. The work links closely with our Neighbourhood Health approach and shows how we are delivering the NHS 10-Year Plan's three shifts. Learning and innovation will be shared across all South West London boroughs, including through the Urgent and Emergency Care Programme Board.

You and Your General Practice

13. NHS England has produced *You and Your General Practice*, a guide to help patients understand what to expect from their general practice and how to get the best from the General Practice team. It also explains how patients can give feedback or raise concerns with their general practice, Healthwatch, or the ICB. *You and Your General Practice* can be read here [NHS England » You and your general practice – English](#)

Black History Month

14. October is Black History Month, with this year's theme '[Standing firm in power and pride](#)'. It is a time to recognise and celebrate the strength, resilience, and vital contributions of Black colleagues across the NHS and wider society. In SWL ICB we will be:
- Sharing stories and reflections from colleagues in our October staff updates and inviting people to contribute their own stories.
 - Highlighting the contributions of Black people who have shaped history.
 - Spotlighting how we are improving care for Black communities.
 - Displaying full-colour posters around the 120 Broadway office, each themed around a different pillar of Black British history. Each poster includes a QR code linking to a audio story, bringing the featured individuals to life with context and emotion.
 - Signposting resources for all staff to support learning and awareness.
 - Reaffirming our commitment to dignity, equity and zero tolerance of racism and discrimination.

Recognising our Teams – SWL programme shortlisted in HSJ Awards

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

SWL Community Pharmacy Independent Prescribing Pathfinder – Nominated for "Integrated Care Initiative of the Year"

This programme was launched to expand the clinical role of community pharmacists, enabling them to independently prescribe and manage long-term conditions. It has helped alleviate GP workload and improve access to care, especially in underserved areas. Targeted initiatives under the programme currently include hypertension reviews, lipid management and women's health. This programme is an excellent example of how integrated care can deliver better health, reduce inequalities and support sustainable, inclusive growth across SWL.

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

Author

Maureen Glover, Corporate Governance Manager

Mike Bell
Chair, South West London Integrated Care Board

NHS England
London Region
10 South Colonnade
London
E14 5PU

BY EMAIL

28 July 2025

Dear Mike

2024/25 South West London Integrated Care Board annual assessment

NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. This assessment is in line with the Section 14Z59 of the NHS Act 2006 (hereafter referred to as “the Act”), as amended by the Health and Care Act 2022.

In making the assessment we have considered evidence from your annual report and accounts, and available data; as well as feedback from stakeholders, alongside the discussions that we have had with you and your colleagues throughout the year. This letter sets out the 2024/25 assessment (see Annex A) of the ICB’s performance against the objectives set by NHS England and the Secretary of State for Health and Social Care, the statutory duties (as defined in the Act) and its wider role within your Integrated Care System (ICS) across the 2024/25 financial year.

We have structured the assessment to consider your role in providing leadership and good governance within your system as well as how you have contributed to each of the four fundamental purposes of an ICS. For each section of the assessment, we have summarised those areas in which we believe your ICB is displaying good or outstanding practice and could act as a peer or an exemplar to others. We have also included any areas in which we feel further progress is required and any support or assistance being supplied by NHS England to facilitate improvement.

This has been a challenging year in many respects and in making the assessment of your performance we have sought to fairly balance the evaluation of how successfully you have delivered against the complex operating landscape in which we are working.

We are keen to continue to see progress towards a maturing system of integrated care structured around placing health and care decisions as close as possible to those people impacted by them.

I ask that you share the assessment with your leadership team and consider publishing this alongside your annual report at a public meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments in line with our statutory obligation.

I would like to take this opportunity to thank you and your team for all your work over this financial year in what remain challenging times for the health and care sector. My team and I look forward to continuing to work with the ICB in the year ahead.

Please let me know if there is anything in this letter that you would like to follow up on.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Caroline Clarke', is positioned above the printed name.

Dame Caroline Clarke DBE
Regional Director – NHS England London Region

Copy:
Katie Fisher, Chief Executive, South West London Integrated Care Board

SYSTEM LEADERSHIP AND MANAGEMENT

South West London ("SWL") Integrated Care Board ("the ICB") has provided strong leadership across the system by aligning partners around shared priorities, driving integration, and championing innovation. It has led the development of the Joint Forward Plan and Integrated Care Partnership Strategy, ensuring a unified vision across NHS, local authorities, and the voluntary sector. We note how the ICB has coordinated system-wide responses to key challenges, such as elective recovery and health inequalities, using real-time data dashboards and population health tools to target interventions. It has also led the implementation of digital transformation initiatives, including virtual wards and shared care records. Leadership has been further evidenced through the establishment of governance structures that enable collaborative decision-making at place and system levels, and through the promotion of clinical leadership and research networks.

The ICB has led and supported service transformation by aligning partners around shared priorities and embedding innovation across care pathways. Actions it has taken include the implementation of digital telephony, online consultations, and demand management tools to improve access and reduce pressure on primary care services. In mental health, the ICB expanded community-based models, achieving significant growth in access for children and young people.

We welcome the engagement and support from the ICB in the work to deliver the successful merger between Kingston NHS FT and Hounslow and Richmond Community NHS Trust, including the transfer of Hounslow community services to North West London ICB, resulting in the establishment of the new Kingston and Richmond NHS FT.

The ICB has a robust governance structure in place with the board supported by place-based partnerships and appropriate system-level committees. The structure is supported by robust risk management, performance oversight, and clear accountability. We have noted strengthened ICB quality governance. The System Quality Group ('Council') has a focus on improvement and learning at each meeting and has enabled better intelligence sharing, risk identification, escalation and agreement of actions needed. Progress continues to be made on implementing the NHS Patient Safety Strategy. Patient Safety Partners have been appointed across all SWL providers and patient safety training is incorporated into the statutory and mandatory training suite. The ICB has worked closely with their providers to transition from the NHS Serious Incident Framework to the Patient Safety Incident Response Framework (PSIRF), and we welcome the review it undertook of 'Inequalities and harm'.

Clinicians and healthcare professionals are engaged in developing strategies, leading programmes, service-redesign and providing stewardship for commissioning decisions. The ICB supports clinical leadership through nine clinical networks that operate across South West London networks, research, and education, ensuring that expert input shapes service design and delivery. These networks enable patients, professionals, and organisations to work together on large-scale, long-term quality improvement programmes.

The ICB has demonstrated its continued commitment to involving their local population over the past year. As well as significant activity to support the national change NHS engagement, there was strong evidence of involving local people in conversations about topics as varied as winter, children's therapy, and research. There is a well-established programme of work with the community and voluntary sector which supports community

outreach at a grass roots levels to hear the voices of people who do not traditionally engage with health services.

We welcome the ICB's investment in digital tools, such as the NHS App and patient portals, enabling patients to manage appointments and access information easily. Integrated Neighbourhood Teams provide personalised, joined-up care, while initiatives like social prescribing link workers and health and wellbeing coaches connect people to community resources tailored to their needs, and support individuals to develop personalised plans which cover wider determinants of health.

IMPROVING POPULATION HEALTH AND HEALTHCARE

Whilst we welcome the ICB's performance across UEC and cancer we remain concerned about performance across elective care and diagnostics and we will continue to work with the ICB to focus on developing improved performance across these two areas, whilst sustaining performance in UEC and cancer.

We are pleased that the ICB met the urgent and emergency care 4-hour target with 79.6%. Cancer performance was also strong, exceeding both the headline 62-day standard of 70% with performance of 80.6%; and the 28-day Faster Diagnosis Standard of 85.9% meeting the 24/25 objective of 77% (and exceeding the March 2026 ambition of 80%).

However, as above, performance was more challenging elsewhere. In elective care, outpatient activity rose by 5.6% and remained close to plan throughout the year, and total elective activity also grew by 7.0%. However, total activity fell 1.2% below plan and the elective PTL of the ICB's providers grew by 3.5%, finishing 46.5% above plan. Sustainable delivery of the RTT metric going forward is only achievable if the overall wait list is reduced, so it is critical that these trends are reversed going forward. We are disappointed that 18-week performance declined to 63.3%, and the ICB missed the goal to eliminate 65-week waits, ending March with 139 such cases. It is also a concern that diagnostics performance missed the 5% target, with 8.9% of patients waiting over 6 weeks and the PTL increasing by 1.7%.

We welcome that the ICB has significantly improved access to general practice by investing in digital telephony, online consultations, messaging, appointment booking, and demand/capacity tools. These measures have helped address the "8am rush" and increased the number of appointments available. SWL maintains some of the highest patient satisfaction ratings for access in the country and the highest proportion of practices rated 'outstanding' or 'good' by the CQC in London.

The ICB successfully commissioned perinatal pelvic health services, including the "Get U Better" app, despite some recruitment and space challenges. A five-year Equity and Equality Action Plan was published, and all but one trust achieved CNST compliance, with full Saving Babies' Lives Care Bundle v3 implementation. All trusts now offer 7-day bereavement services, and perinatal leaders have completed the national cultural and leadership programme.

Progress continues on Maternity Early Warning Scheme and Newborn Early Warning Track and Trigger 2 tools adoption, with paper tools in partial use. Maternity & Neonatal Voices Partnership commissioning has been strengthened through recruitment and self-assessment, though some leadership roles remain vacant. Workforce oversight and system-wide quality surveillance are in place, and the recent appointment of a digital midwife supports ongoing improvements in data and digital strategy.

We note that The ICB published three-year quality transformation plans for mental health, learning disabilities, and autism (MHLDA) and has reduced reliance on inpatient care for

both adults and children/young people. There is strong performance on annual health checks for people with a learning disability, and ongoing investment to reduce waiting times for autism diagnosis, though we note ongoing capacity challenges in delivering LeDeR reviews.

The ICB achieved 8% growth in transformed community mental health services and was the only ICB in London to meet its long-term plan ambition for children and young people's mental health access, with a 13% increase in activity. While perinatal mental health targets were not fully met, there was a 5% increase in activity. 60% of patients with severe mental illness received annual health checks, and reliable improvement and reliable recovery targets for Talking Therapies were met. Capital funding has improved patient flow and experience in Emergency Departments and we note plans for further capital investment to reduce inappropriate out of area placements.

Operational delivery of the Children and Young People's Continuing Care Framework (CYPCC) varies across borough footprints. We welcome that the ICB is reviewing and aligning governance and decision making to improve outcomes and ensure appropriate funding allocation, aligned to the Croydon model. The ICB is working as part of a wider pan-London group with LA reps to review best practice in terms of those young people under CYPCC and Chronically Sick and Disabled Persons Act, to improve practice and outcomes, through identifying areas of best practice with an intention of showcasing and maximising these across their ICB area, and the ICB has contributed to the development of guidance to support CYP with complex needs attending education settings.

We note that by bringing its clinical teams from community providers back into the ICB, under very experienced clinical leadership, the ICB has improved quality and control enabling it to consistently exceed its trajectory on the national 28-day quality standard (and making it the best performing ICB within London).

We would like to work with the ICB to understand more fully its plans to fully implement the CYP Checklist to support UEC improvement and work focussed on epilepsy and diabetes improvements for children.

We welcome that Governance for SEND has been strengthened including supporting leadership at Place, and note ongoing work focussed on improving care pathways, data, and quality of health advice for Education, Health and Care Needs Assessments.

There are robust organisational and system leadership and governance arrangements for safeguarding. The ICB is delivering all Safeguarding Accountability and Assurance Framework requirements, including statutory safeguarding duties, and has a training strategy in place.

TACKLING UNEQUAL OUTCOMES, ACCESS AND EXPERIENCE

We recognise the work SWL has done over the last year to develop the infrastructure to address health inequalities, including the explorer dashboard and the score that it generates to help target pockets of inequalities, through to the governance of the Health Equity Partnership Group reporting into the ICB itself.

The projects that the group has overseen have shown real potential in addressing inequalities and we look forward to seeing the evaluation when published. It is encouraging that the projects were supported beyond the end of the Investment Fund in March 2025.

We welcome that, working in partnership with VCSE, the health and wellbeing days you arranged for homeless people have had significant success. The days exceeded their target reach and not only offered a chance for this vulnerable group to receive vaccinations, screenings and diagnostics, but also to receive hot meals and haircuts to improve their

wellbeing. It also improved the knowledge, confidence and skills of those patients to access healthcare and to manage their health better.

We believe that maximising the potential of the national Core 20 Connectors programme through additional investment was an effective measure in a tightened financial environment and makes the most out of the learning of similar connector roles like social prescribing link workers. Recruiting from the most deprived areas and training and directing those roles on to supporting the five clinical areas of the Core 20 programme enables clinically-focused community outreach; having 200 of these volunteers is a real asset.

We welcome the Community Health and Wellbeing Workers ('Chewies') initiative, as a targeted and proactive approach to improving access to healthcare for the most vulnerable and deprived patients the SWL footprint. We hope you are able to evaluate this robustly with a view to supporting this model to spread across the ICB, (if not London as a whole).

We note the efforts to services restore inclusively by increasing access to general practice, maternity, mental health, and children's services, with a focus on digital innovation and targeted support for vulnerable groups. Preventative programmes have been accelerated, including tobacco dependency interventions, diabetes and heart disease prevention, and community health checks, particularly in deprived areas, with measurable improvements in screening, immunisation, and early intervention for those at increased risk of poor health outcomes.

The ICB has effectively developed and supported digital services by investing in high-quality digital telephony, online consultations, appointment booking, and demand management tools in primary care. These digital innovations have improved patient access, streamlined appointment systems, and reduced pressure on general practice. In maternity, the introduction of the "Get U Better" app and the appointment of a digital midwife have enhanced digital strategy and data use. The ICB's approach has enabled more responsive, accessible, and efficient services, contributing to high patient satisfaction and better health outcomes across South West London

ENHANCING PRODUCTIVITY AND VALUE FOR MONEY

The South West London system achieved its control total in 2024/25 and reported a surplus of £0.5m, including deficit support funding of £120m. The ICB reported a surplus of £3.1m against its total allocation of £3.8bn, offsetting the overall deficit reported across the providers.

The system has a significant continued underlying financial challenge, with an underlying deficit of £382.9m in 2024/25. System recovery will require a medium-term plan for financial sustainability.

The system delivered £255.5m of the £256.4m efficiency plan, with 99.6% of the planned target achieved. £118.6m (46.4%) of efficiencies were delivered non-recurrently, increasing the underlying financial challenge for 2025/26.

The system's workforce reduced by 0.2% in 2024/25, compared to a planned reduction of 4.3%. Although providers reported an underspend against the agency ceiling, total pay costs were £74.8m over-spent against the plan at year-end.

Implied acute productivity shows a deterioration of 17% compared to 2019/20, which is the worst performance in London. However, we are encouraged that productivity has improved by 2.4% when compared to 2023/24.

The system reported an under-spend of £11.8m on its £133.5m capital allocation (including IFRS 16). The underspend contributed towards offsetting overspends in other London systems, with the region reporting a compliant position for total capital spend.

SWL ICB met the requirements of the Mental Health Investment Standard, reporting a 6.8% increase in spend from 2023/24.

We welcome the action that the ICB has taken to develop a learning culture by supporting continuous improvement networks, system-wide learning frameworks, and communities of practice. We note how the ICB has actively facilitated, promoted, and embedded research, technology, and innovation across its system. It has supported research by establishing the South West London Health Research Collaborative, which brings together research leads from the ICB, NHS trusts, local authorities, and universities to deliver a regional Research Delivery Plan. This plan covers workforce development, identifying research needs, increasing public participation, evaluation, implementation of research findings, and improving access to health data. We welcome that the ICB has set up a Research Support Network and a network of evaluation ambassadors to build research capability and capacity among staff, voluntary organisations, and local communities.

HELPING THE NHS SUPPORT BROADER SOCIAL AND ECONOMIC DEVELOPMENT

We welcome that the ICB has played a significant role as an anchor institution, supporting local social and economic development through a range of initiatives. As the largest employer in the region, the ICB has focused on strengthening employment prospects and opportunities for local communities, particularly those from underrepresented groups. This has included targeted recruitment campaigns, community engagement events, and the creation of a single portal for health and care jobs across SWL. The ICB has also worked with further education colleges to support young people and adults into employment, apprenticeships, and work experience placements, and has developed programmes to upskill local residents and support care leavers into NHS roles.

We are encouraged by the progress that the ICB has made in delivering Greener NHS objectives. Its Green Plan 2023–25 set a strong commitment to net zero, with actions focused on decarbonising estates, reducing waste, and promoting sustainable procurement. Achievements have included securing £4.5 million for energy efficiency upgrades, taking actions intended to reduce emissions by over 3,000 tCO₂e and expanding sustainability training for staff. The ICB has also worked closely with local authorities and the Greater London Authority to align climate adaptation and public health strategies and has embedded sustainability into business-as-usual processes.

To support local economic development, the ICB has acted as an anchor by investing in local supply chains, supporting the London Living Wage, and incorporating social value into procurement. It has worked with voluntary and community sector partners to deliver grant-funded projects that address health inequalities and support economic participation, such as digital inclusion initiatives and health and wellbeing checks in deprived communities. The ICB's infrastructure strategy also prioritises the use of NHS estates for community benefit, including offering space to local groups and supporting regeneration projects.

We welcome that improving diversity, equality, and inclusion has been a core focus. The ICB has implemented a comprehensive Equality, Diversity and Inclusion (EDI) Improvement Plan, with measurable objectives for board members and senior leaders. Initiatives include the launch of the Disability Advice Line, anti-racism programmes, and targeted leadership development for staff from Black, Asian, and minority ethnic backgrounds. Training, policy reviews, and staff networks have further supported an inclusive culture.

To: ICB and NHS trust/foundation trust:

- chief executive officers
- chairs

cc. NHS England regional directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

18 September 2025

Dear colleagues,

Building on our progress in the second half of 2025/26

When we met on 16 September, I committed to writing out to summarise the key priorities that we discussed for the rest of this year.

Firstly, to reiterate my thanks to each of you and your teams for the tireless efforts to drive improvement and reform across the NHS on so many fronts, and at the same time as having to manage significant change. This is an unprecedented time, both in terms of the depth of the challenges we face and the scale of the actions that we need to take to address them.

As I outlined when we met, progress since April has been astonishing. To move from a predicted end year deficit of £6 billion to the system position being in balance in final plans and at Month 5, whilst at the same time, continuing to improve waiting times in electives, cancer and for emergency care, has required a herculean effort for which I am hugely grateful.

As we look to the rest of this year, the pace, ambition, and determination which you have demonstrated in the first half of the year must continue. This letter seeks to provide clarity on the expectations of all providers and every system in key areas of finance and performance, and in relation to laying the foundations for longer term reform and delivery of the 10 Year Health Plan. It explains how we will work within our new operating model to support and challenge you to deliver, guided by the new Oversight Framework.

Maintaining financial discipline

Thank you for your continued professionalism and grip, which has been instrumental in ensuring the NHS is broadly on financial plan at Month 5. We recognise that many plans are backloaded and so a continued focus is essential to maintain delivery momentum through the second half of the year.

The half-year mark is a critical point. Boards must have a clear view of actual spend, run rate, and the underlying drivers of financial performance. Where run rates are off-plan, now

is the time to act decisively and take the decisions that will enable you to manage risk and implement credible recovery trajectories.

From close working with the CEO and CFO communities, we understand that organisations falling behind are typically struggling to deliver planned efficiencies or manage unplanned workforce costs – these remain key pressure points that need decisive executive action and board support.

The mid year review process outlined below will test assumptions in plans and seek assurance that steps are being taken to maintain financial discipline to the end of the financial year.

Delivering our priorities

Following a strong start to the year, elective and UEC performance has drifted a little over the summer, and we need to take urgent action to ensure delivery returns to plan by the end of Q3. While industrial action has made a significant contribution, it is not the only factor in this drift, which insight and analysis from providers and systems shows is also being driven by higher than expected demand, financial pressures, and challenges on rates of pay.

On electives, trusts that are significantly off plan on activity, RTT and long-waits standards will be required to submit revised trajectories for return to plan by December. While maintaining their focus on 18 weeks performance and managing the size of the list, all providers are expected to eliminate their remaining 65 week waits by mid-December and meet the planning guidance requirements for 52 week waits by the end of March 2026. ICBs will be required to ensure there are plans in place to address demand growth above that assumed in activity plans, and also ensure that Advice and Guidance is optimised across their system. At a regional level, control totals will be set for waiting list size and long waits, and the leadership across the region collectively held to account for delivery of activity plans.

On UEC, we need to improve our position on 4 hours, 12 hours, and ambulance handovers ahead of winter. As part of the winter planning Board Assurance Statement (BAS) process, you will already be confirming that existing trajectories are deliverable in conjunction with winter surge. However, for those trusts consistently off-track, the key actions that sit behind the BAS will need to be submitted to NHS England and they will be tested through the mid year review process to ensure there are realistic plans in place to return to trajectory. Where aspects of the plan are reliant on community and mental health providers, we know you will be working together on your collective system response. As discussed in Tuesday's event, we all need to step up our focus on 4 hours again, and make some significant shifts in this so that we can start to impact on crowding in our EDs. This will be followed by a separate communication on next steps.

Continuing our focus on access to primary care is an important part of managing system pressures. Patients need to be able to contact their GP practice by phone, online or by walking in, and for people to have an equitable experience across these access modes. As part of dealing with the 8am scramble, from 1 October 2025 practices will be required to keep their online consultation tool open for the duration of core hours for non-urgent

appointment requests, medication queries and admin requests. ICBs should ensure practices are following these requirements.

In addition, ICBs should also continue to support community pharmacy to meet the thresholds of performance for Pharmacy First.

On dentistry, the Government's manifesto commitment is that the NHS will deliver an extra 700,000 urgent dental care appointments. ICBs should urgently ensure that all necessary capacity is commissioned to meet their share of this commitment, that local pathways are in place to effectively match capacity with demand (for example, through 111), and that contractors are delivering on their obligations.

On these key primary care priorities, NHS England will be following up with systems in the coming weeks.

Mid year review process

Led by regions, and underpinned by the Oversight Framework, NHS England will be carrying out mid-year reviews with ICBs and providers over the next 6 weeks. For a small number of systems and providers, I will personally carry out their mid year review.

These discussions will focus on where you are on our key priorities, where there might be risks that need mitigation and opportunities that could be expedited. They will focus on the range of priorities that we all share including finance, quality and performance.

You should prepare for this scrutiny, ensuring that, at organisation and system level, you are ready to articulate a clear and credible financial position for the remainder of this year which delivers operational standards.

Positively, all but one system has confirmed their expectation that they can deliver the operational performance targets set for this year within their financial envelopes, and so, through mid year reviews, we look forward to exploring assumptions.

Resilience during winter

You have been working hard to prepare for this coming winter during the summer months and testing your plans during a series of regional exercises held over the last 2 weeks. We would like to thank you for the time and consideration that you have put into this preparation.

We now have data from the UK Health Security Agency suggesting this winter we may experience circumstances similar to the moderate to severe scenario that we tested in the winter planning exercise. This means that fine tuning our plans and completing preparation is critical.

Over the next 2 weeks, plans must be tightened up and any gaps exposed during the exercise need to be closed, with Board Assurance Statement completed and returned by the end of September.

Working with the COO and EPRR communities, key areas of learning for providers and systems that we have identified include:

- the need for robust plans to maximise vaccination rates across all cohorts, including health and social care workers, and achieve our collective aim of improving frontline staff uptake by at least 5 percentage points
- having a paediatric specific plan for when respiratory viruses cause a surge in demand for primary care, 111 and A&E
- ensuring primary care access is maintained over the Christmas period
- engaging with local authorities and social care providers so that discharge capacity surges at times of peak demand
- having senior clinical decision-maker enhanced rotas in place ready to be activated.
- targeted occupancy reductions in the run-in to the Christmas period
- stepping up personal visibility and leadership, including from CEOs, CMOs, and CNOs, to help lead and support our people through a challenging winter

As we move into delivery of our winter plans, we are asking that a special focus is placed on reducing bed occupancy to below 80% ahead of the Christmas period to give ourselves the best chance of managing the early weeks of January.

During periods of pressure, OPEL escalation level action cards should be consistently applied, and critical incidents only used for short periods to get ahead of further escalation.

To support providers and commissioners, and ensure join up across the system, NHS England will commence its own national and regional operational coordination response 7 days a week from 27 October. This will use data and intelligence to maintain an overview of ambulance response times, OPEL levels, and long waiting times, moving to support when systems are not able to decompress in a timely way.

We know that this will be a challenging period, but we also know that personal leadership – in particular from chief executives, medical and nurse directors, as well as the senior operational team – makes a significant impact on flow, safety and performance. We ask that you make this a priority throughout winter, but particularly during the Christmas, new year and early January period.

Leadership and our people

We discussed on Tuesday the need for us all to step up and lead our people through this challenging period. We have specific actions in place regarding the implementation of the 10 Point Plan for Resident Doctors between now and the end of the year, but we need to redouble our efforts to be mindful of the experience of all staff, especially during periods of high demand and pressure. The best performing organisations make this an organisation wide priority and I would like us to make this more of a central focus for all of us, sitting alongside the focus on patient experience set out in Penny Dash's work and the 10 Year Health Plan.

More will follow on this but, in the meantime, please ensure that this is a central focus for your board and broader leadership team. We all know the impact that regularly walking the

floor and spending time in A&Es and other pressured areas of your organisation has on staff morale, and your ability to understand and manage services.

Looking ahead to 2026/27

As you continue to implement your plans for 2025/26, closing gaps where you have fallen behind, you also need to be shaping your strategy for the following years and how we bring the intent of the 10 Year Health Plan to life.

We shared the foundational elements of the Planning Framework over the summer, and further elements will be published in the coming weeks. Ahead of that, now is the time to begin to prepare for next year and beyond.

In particular, we encourage you to plan for the crucial local service transformations that are needed to improve outcomes and deliver your longer term plans, informed by the demand and capacity analysis that you have been doing over the summer.

Technology and digital solutions are going to be vital for longer term transformation and unlocking our productivity. Cutting back on investments in these areas to help with short term challenges will undermine longer term sustainability and improvement.

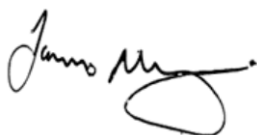
On workforce transformation, we are working with you to build the 10 year workforce plan that will enable the delivery of the 10 Year Health Plan. That will be ready in the coming months and will help us all to plan for the longer term.

Finally, and as discussed on Tuesday, you have responded so well to the challenges we faced together in the spring and you should take pride and hope from that. We all know that there is still a lot to do, and we must ensure that we can deliver our short term operational and financial imperatives while also building for the future. The spirit and energy in the room on Tuesday was very powerful, and I know from many conversations over recent weeks that you really want to engage and shape this all locally with your teams and partners.

Thanks for all you have done so far. Let's all continue to pull together to deliver what we have discussed and set out in this letter, and in the way we have worked together over these past months.

Keep going....

Yours sincerely

A handwritten signature in black ink, appearing to read 'James Mackey', with a stylized flourish at the end.

Sir James Mackey
Chief Executive Officer
NHS England