NHS South West London
Integrated Care Board

SWL Integrated Care Board Meeting

28 January 2026 - Agenda

Time: 11.30 – 13.00

Venue: Rooms 2.1/2.2, 120 The Broadway, Wimbledon, SW19 1RH

Date of next meeting: Wednesday, 29 April 2026

Introduction

11.30: 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 15 October 2025

1.4 Action Log

Standing Items

11.35: Item 2: Decisions Made in Other Meetings

Ben Luscombe

Information

11.40: Item 3: Cyber Assurance and Activities

Martin Ellis

11.50: Item 4: Board Assurance Framework

Ben Luscombe

12.00: Item 5: Board Member Lead Roles

Ben Luscombe

NHS South West London
Integrated Care Board

12.05: Item 6. Emergency Preparedness, Resilience and Response (EPRR) Board Assurance Update 2025/26

Lisa Haywood

12.10: Item 7: Board Committee Updates and Reports

Item 7.1: Finance and Planning Committee Update – Dinah McLannahan
Item 7.2: Month 8 Finance Report – Dinah McLannahan
Item 7.3: Quality & Performance Oversight Committee Update – Masood Ahmed
Item 7.4: Quality Report – Fergus Keegan
Item 7.5: Performance Report – Suzanne Bates
Item 7.6: Audit & Risk Committee Update – Bob Alexander
Item 7.7: Remuneration Committee Update – Ben Luscombe

12.30: Item 8: SWL Workforce Update

Lorissa Page

12.40: Item 9: Organisation Report

Katie Fisher

12.45: Item 10: Any Other Business/Meeting Close

12.50: Item 11: Public Questions

Chair

Members of the public are invited to ask questions relating to items on the agenda. Priority will be given to those questions received in writing in advance of the meeting.

Employee	Role	Interest Type	Interest Category	Interest Description (Abbreviated)	Provider	Date Arose	Date Ended	Date Update
Andreas Kirsch		To Follow						
Anne Rainsberry	SWLNEN02 Non- Executive Member	Declarations of Interest – Other	Non-Financial Professional	I am an Non-Executive Director of the LAS	London Ambulance Service	01/01/2025		26/05/2025
Ben Luscombe	SWLCA01 Director of Corporate Affairs	Nil Declaration				21/05/2025		
Charlotte Gawne	SWLEMT04 Exe Dir of Stakeholder Partnership Engagemt&Comms	Nil Declaration				09/04/2025		
Dinah McLannahan	Chief Finance Officer	To Follow						
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	Wife is a partner in a GP practice	Richmond	15/11/2021		03/04/2025
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 H	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 Loc	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 Fo	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 a	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 Part	01/04/2024		24/04/2025
Masood Ahmed	SWLNEN03 Non- Executive Member	Outside Employment		Director	Amadeus Health and Medical Lt	01/04/2024		24/04/2025

Masood Ahmed	SWLNEN03 Non- Executive Member	Outside Employment		Charity Trustee	Great Ormond Street Hospital C	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	SWLWSCL01 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	SWLWSCL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Convenor, Wandsworth Borough Committee	SWL ICS	01/06/2022		25/04/2025
Nicola Jones	SWLWSCL01 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	SWLWSCL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Partner Brocklebank Partners which holds contracts fo	Brocklebank Partners	07/12/2022		25/04/2025
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Shareholdings and other ownership interests		24 ordinary	My Personal Therapeutics (Trad	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 Camb	01/04/2024		22/04/2025
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Outside Employment		Early stage startup advisory and investment	Harbr	01/04/2024		22/04/2025
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Shareholdings and other ownership interests		9 preferred	Anathem ltd	01/04/2024		22/04/2025
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Declarations of Interest – Other	Financial	Advisor	Lutra Health	01/04/2024		22/04/2025
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Outside Employment		The medical travel company	TMTC	01/04/2024		22/04/2025
Robert Alexander	SWLNEN05 Non- Executive Member	Outside Employment		Vice Chair	Imperial College Healthcare NHS	01/11/2024		
Robert Alexander	SWLNEN05 Non- Executive Member	Outside Employment		Non Executive Director	London North West University H	01/11/2024		
Robert Alexander	SWLNEN05 Non- Executive Member	Outside Employment		Non Executive Director	London Ambulance Service NHS	01/11/2024		
Robert Alexander	SWLNEN05 Non- Executive Member	Outside Employment		Trust representative Trustee	Imperial Health Chariity	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 Healt	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 L	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		

NHS South West London
Integrated Care Board

Minutes – NHS SWL Integrated Care Board

Minutes of a meeting of the NHS SWL Integrated Care Board held in public on Wednesday 15 October 2025 at 10.45 a.m. on Microsoft Teams

Members

Chair
Anne Rainsberry

Non-Executive Members
Dr Masood Ahmed, Non Executive Member, SWL ICB
Jamal Butt, Non Executive Member, SWL ICB
Bob Alexander, Associate Non Executive Member

Executive Members
Katie Fisher, Chief Executive Officer, SWL ICB
Helen Jameson, Chief Finance Officer, SWL ICB
Jonathan Bates, Chief Operating Officer, SWL ICB
Fergus Keegan, Deputy Chief Nursing Officer

Partner Members
Dr Nicola Jones, Partner Member, Primary Medical Services
Jo Farrar, Partner Member, Community Services
Vanessa Ford, Partner Member, Mental Health Services
Cllr Andreas Kirsch, Partner Member, Local Authorities

Non Voting Attendees
Omar Daniel, Associate Non Executive Member

In attendance
Ben Luscombe, Director of Corporate Affairs
Maureen Glover, Corporate Governance Manager

Apologies
No apologies were received.

1 Welcome and Apologies

1.1 Anne Rainsberry (AR) welcomed everyone to the meeting. There were no apologies and the meeting was quorate.

1.2 It was noted that Mike Bell had stepped down as Chair of the SWL ICB to take a new role as Chair of both North Central and North West London ICBs and AR is acting as Chair whilst a process is undertaken to confirm substantive arrangements.

1.3 Fergus Keegan (FK) was welcomed to his first ICB Board meeting. Fergus is deputising for Elaine Clancy who has taken up a secondment opportunity with St George's, Epsom and St Helier Hospital Group.

1.4 The Board was advised that this was Helen Jameson's last Board meeting in public. Helen would be leaving the ICB in January 2026 to take up a role with the Royal National Orthopaedic Hospital. Helen was thanked for her significant contribution to the Board and the ICS system more generally and was wished every success in her new venture.

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 28 May 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.

The Board **noted** the decisions made in its SWL ICB Part 2 meetings on 21 May, 18 June and 24 September 2025.

3 Annual Review of SWL ICB Committee Terms of Reference

3.1 Ben Luscombe (BL) presented the report.

The Board **approved** the Terms of Reference having received recommendation from the Finance & Planning Committee, Audit & Risk Committee and Remuneration Committee.

4 Planning Framework Update

4.1 Jonathan Bates (JBa) presented the report.

4.2 In response to AR, JBa spoke about the importance of engaging with local patient groups and the wider public, emphasising that feedback from service users plays a vital role in shaping the organisation's approach as it assumes its strategic commissioning responsibilities. Engagement is carried out through various channels, including social media, and Healthwatch is routinely involved in discussions with the ICB. The ICB's Commissioning Intentions and plans are shared with Healthwatch to ensure that patient and public representatives are well informed and able to contribute meaningfully. Cllr Andreas Kirsch (AK) highlighted the Local Authority's interest in being actively involved in Neighbourhood Health plans, stressing the importance of collaborative working to align priorities and deliver the best possible outcomes for residents, patients, and service users.

4.3. There was also a discussion regarding the delegation of additional functions, particularly Specialised Commissioning, and its place within the current planning round. JBa clarified that the delegation of Specialised Commissioning took effect in April 2025 for a large number of services nationally and now falls under the ICB's remit. He noted that several other services might be suitable for future delegation and

others were likely to remain national services. JBa stressed the importance of a coordinated approach across the capital to ensure this was done effectively. Additional services have been proposed for transfer to ICBs, however, careful consideration of the appropriate footprint and associated financial implications would be essential. Vanessa Ford (VF) emphasised the importance of ensuring that highly specialised mental health services were not overlooked in delegation decisions, particularly given the historical challenges in funding pathways. It was noted that if further delegation was anticipated early notification would be beneficial to support planning and risk management.

The Board **noted** the report.

5 Board Committee Updates and Reports

Finance & Planning Committee Update

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

Month 5 Finance Report

5.2 HJ presented the M5 Finance Report; the SWL NHS Infrastructure Strategy; and SWL Green Plan progress update 2025/26.

5.3 HJ responded to AR's question regarding the best assessment of recurrent versus non recurrent funding, acknowledging the importance of improving this process in the current year given the potential financial pressure it may place on 2026/27. While it remains difficult to provide a definitive range at this stage, HJ noted that organisations had historically taken a prudent approach in identifying the benefits of non-recurrent rather than recurrent. The value of applying a "check and challenge" process was noted and Chief Executives across the system were currently reviewing this issue to determine which elements could be sustained on an ongoing basis subject to appropriate assurance.

5.4 Bob Alexander (BA) provided feedback from the most recent Finance Recovery Group meeting, where he had requested a formal assurance process to assess the balance between recurrent and non-recurrent funding. This assurance was expected to be presented at the November meeting for further discussion. The importance of interpreting forthcoming planning guidance, particularly metrics related to efficiency and productivity, was noted. This would represent a system-wide challenge and early engagement would be essential

5.4 Jo Farrar (JF) provided an update on Kingston's financial position. He reported that there had been a slight slippage in the in-year delivery of planned schemes and the financial gap identified at the start of the year had not been fully closed. JF noted that the organisation was under financial pressure and had, at its own discretion, initiated a turnaround process, bringing in additional resource to focus on key areas. While some of these areas were non-financial in nature, it was acknowledged that improvements, particularly in Urgent and Emergency Care (UEC) could yield positive financial outcomes. Efforts were being directed towards addressing the underlying financial run rate. The importance of minimising reliance on non-recurrent measures; ensuring clarity of the exit strategy; and the financial position being carried forward into 2026/27 were noted.

5.5 AR noted that the financial position would need to be revisited in Month 9, following the release of national planning guidance, when it would be important to clarify the specific requirements, review the financial allocation, and provide an assessment of what was expected to be carried forward from the current year into 2026/27 to enable a clearer understanding of the scale and scope of the task ahead.

5.6 AK said he would welcome the opportunity to engage collectively with the NHS on the Green Plan.

5.7 HJ responded to Nicola Jones (NJ) comment about the possibility of including additional information on inhalers in the report. It was noted that pilot programmes were currently underway in General Practice and further details would be incorporated into the next report once sufficient data had been collected.

Quality & Performance Oversight Committee Update

5.3 Dr Masood Ahmed (MA) presented the report and gave an overview of the key issues discussed at the Quality & Performance Oversight Committee on 6 August 2025.

Quality Report

5.4 Fergus Keegan (FK) presented the report.

5.5 Vanessa Ford raised concerns on behalf of St George's Mental Health Trust and South London and Maudsley NHS, regarding the SWL ICS decision to disinvest in suicide prevention, emphasising the potential negative impact on quality and safety for the population. Katie Fisher acknowledged the issue, noting that similar concerns had been raised by Local Authority Chief Executives and SWL Directors of Public Health. It was noted that the disinvestment was an in-year decision due to financial constraints and would be reconsidered as part of the 2026/27 planning process.

Performance Report

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

5.6 In response to AR's question about what was driving the increase in non-elective activity above plan, JBa noted that there was a complex array of contributing factors behind this. Overall activity levels were broadly in line with plan, except for the period October to December last year, when peaks in infection rates significantly influenced trends. A range of initiatives is currently underway to support winter service delivery, including investment in primary care, with the aim of ensuring that emergency department attendances are appropriately managed.

Audit & Risk Committee Update

5.6 Bob Alexander (BA) presented the report and gave an overview of the key issues discussed at the Audit & Risk Committee on 10 June 2025.

5.7 BA noted that it remained a concern that a high number of late contract agreements were being received, as well as too many single tender waivers. This was an issue that management was actively working to address, and some improvements had already been observed. The Chair of the Audit Committee noted he would expect to see a further reduction during 2026/27.

Remuneration Committee Update

5.8. AR presented the report and gave an overview of the key issues discussed at the Remuneration Committee meeting on 23 May 2025 and also decisions that were made outside of Committee on 18 June and 15 September 2025.

6. Workforce Update

6.1 Lorissa Page (LP) presented the report.

6.2 In response to MA, LP noted that more people were choosing to stay within the organisation, which reflects positively on the efforts to strengthen staff engagement and retention. She highlighted the importance of managing relationships effectively and the value of regular one-to-one conversations, which have helped foster a culture of recognition and support.

6.3 LP responded to JBu noting that, while there had not been an increase in internal grievances, ongoing team discussions and consistent engagement had played a key role in maintaining a positive working environment. These improvements were largely contingent on how well teams collaborate, and while there was still work to be done, it was often the small, everyday actions that made the biggest difference.

6.4 Vanessa Ford (VF) expressed appreciation for the work and acknowledged the critical role staff play in working across organisational boundaries. VF also acknowledged the support the system provides to staff during challenging times demonstrating a collaborative approach across the system.

6.5 The discussion recognised the value of this collective effort and considered how further work could be undertaken to build the skills and capabilities required for strategic commissioning. This was viewed as a positive step towards investing in the future of the organisation.

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

7. Organisation Report

7.1 Katie Fisher (KF) presented the report noting the positive things that were happening in SWL.

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

8. Any Other Business

8.1 There was no other business and the meeting was closed.

9 Public Questions

9.1 Two written questions from Alyssa Chase-Vilchez, Executive Officer Healthwatch:

- In the 2026/27 Financial Plan paper it says that Equality Impact Assessments will be undertaken to inform decision making (page 54). What insights from patients and communities will the ICB use to inform these Equality Impact Assessments? Who will be responsible for performing these Assessments?

- Similarly, referring to the Equality and Quality Impact Assessment (EQIA) in the 'Quality & Performance Oversight Committee Update' (page 105), it says that "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 was 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." Our question is whether people with lived experience of health inequalities are involved in developing these mitigation strategies, and/or are involved in providing oversight of these assessments.

9.2 Helen Jameson and Fergus Keegan responded to the questions.

9.3 All organisations in the NHS are expected to have savings programmes every year as there is an efficiency requirement built into the allocation. As standard they are required to complete EQIAs or QIAs to ensure that the impact of any decisions are understood before anything is enacted. The types of schemes could include: savings due to discounts; how teams are structured; reducing estate cost or changes to commissioning services. Therefore, the appropriateness and level of detail of EQIAs and QIAs will reflect the type of savings we are looking at and it is really key to ensure they are reviewed and approved by the clinical and leadership teams.

9.4 In addition to the work that our providers do when they are producing their own cost improvement plans within SWL, when it is an ICB led change, such as our efficiency programme, insights from the clinical team are supplemented with other research and reviews providing a wider evidence base. This could include, for example, regional or national intelligence of impacts on protected characteristics. We use publicly available data to support this assessment. The ICB does not currently engage in direct involvement of people with lived experience of health inequalities in our internal process. The governance and assurance are primarily clinical and managerial in nature. There is a sign-off process which involves the Clinical and programme senior leadership. Clinicians are closer to their patients and therefore ensure that the process puts the patients and service users at the heart of the assessments. The impact assessments are reported through the Quality Operations Management Group (QOMG), Quality & Performance Oversight Committee (QPOC) with membership from a **Patient Safety Partner with lived experience**, and the ICB Board. This supports good decision-making by helping decision-makers understand how their activities affect different people. Whilst people with lived experience are not directly involved in writing, signing off, or overseeing EQIAs, the ICB's EQIA forms ensure that their perspectives inform the process indirectly, through community engagement, service engagement and Patient experience data.

Next meeting in public: Wednesday 28 January 2025: MS Teams

ICB Board - Part 1 Action Log - 19.01.26

NHS South West London
Integrated Care Board

Date of Meeting	Reference	Agenda Item	Action	Responsible Officer	Target Completion Date	Update	Status
ALL ACTIONS ARE CLOSED							

NHS South West London
Integrated Care Board

Decisions made in other meetings

Agenda item: 2

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

Paper type: Information

Date of meeting: Wednesday, 28 January 2026

Date Published: Wednesday, 21 January 2026

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.

The following items were discussed during Part 2 Board meetings on the following dates:

15 October 2025

- Support for the draft 2026/27 Commissioning Intentions.
- Approval of the 2025/26 Section 75 Agreements and values.
- Approval of modifications to Provider Selection Regime direct Award A contracts for NHS Acute and Mental Health Services in SWL.
- Approval of awarding/modification of NHS standard contracts of Provider Selection Regime direct Award A contracts for NHS Acute and Mental Health Services out of SWL.

11 November 2025

- Approval of proposals for the future collaboration of NHS South East London ICB and NHS South West London ICB,

26 November 2025

- Approval of the updated Scheme of Reservation and Delegation as recommended by the Audit & Risk Committee.
- Approval of the revised Terms of Reference for the Remuneration Committee.

17 December 2025

- Approval of the Board Assurance scores for submission to NHS England.

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

NHS South West London
Integrated Care Board

Recommendation

The Board is asked to:

- Note the decisions made at the Part 2 meetings of the Board.

NHS South West London
Integrated Care Board

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

NHS South West London
Integrated Care Board

Cyber Assurance & Activities

Agenda item: 3

Report by: Martin Ellis

Paper type: Information

Date of meeting: Wednesday, 28 January 2026

Date Published: Wednesday, 21 January 2026

Purpose

To update the Board on the current cyber assurance position across South West London (SWL) ICB and providers, outline findings from the RSM internal audit, and provide an overview of system-wide cyber improvement activities.

Executive summary

This paper provides a summary of the current cyber assurance position across SWL ICB and the system, highlighting progress in strengthening governance, resilience, and alignment with provider organisations. It also outlines the findings of the recent RSM Internal Audit, which rated SWL as highly compliant for cyber governance and assurance.

As the Board will recognise, we are currently in a transition phase, as we move toward implementation of the ICB blueprint. As such existing responsibilities remain unchanged. Digital teams leading cyber activities will continue to operate under current accountabilities until new arrangements are formally implemented.

The paper further notes that the ICB Digital team secured over £1m in NHSE cyber funding for 2025/26 to support providers in enhancing system-wide capabilities and delivering the SWL Cyber Strategy.

These activities collectively demonstrate the ICB's continued commitment to maintaining a robust cyber posture and supporting providers in meeting national expectations and Cyber Assessment Framework (CAF) maturity requirements.

Key Issues for the Board to be aware of

- **Funding Secured:** Over £1m of cyber funding has been secured and allocated to support provider cyber activities this year, enabling uplift in local capabilities, resilience and threat mitigation.
- **Board Cyber Training**: Current Board members have not completed ICB specific Board level cyber training, given the current cyber threat level and compliance requirements this gap must be mitigated.

NHS South West London
Integrated Care Board

Recommendation

The Board is asked to:

- Note the content of the report and progress made in delivering our Cyber Assurance priorities.
- Continue to support system-wide engagement through the Cyber Assurance Group.
- Note the ongoing implementation of SWL's Cyber Strategy and associated provider activity plans.

NHS South West London
Integrated Care Board

Governance and Supporting Documentation

Conflicts of interest
N/A.

Corporate objectives
This document will impact on the following Board objectives:

- 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
This document links to the following Board risks:

- 149—The interruption to Clinical & Operational systems as a result of Cyber attack.

Mitigations
Actions taken to reduce any risks identified:

- Implementation of the SWL Cyber Strategy and roadmap.
- Regular reporting via the Cyber Assurance Group (CAG) and annual system cyber risk exercises.
- Allocation of >£1m cyber funding to increase provider capability and resilience.

Financial/resource implications
- No financial constraints identified

Green/Sustainability Implications
- Supports longer-term sustainability of digital infrastructure across SWL.

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
No material equality impacts identified.

Patient and public engagement and communication
N/A.

Previous committees/groups

Committee name	Date	Outcome
ICB SMT	11 December 2025	Approved

NHS South West London
Integrated Care Board

Final date for approval

Supporting documents

- SWL Cyber assurance update

Author

Yash Manipatruni

NHS
South West London

SWL ICB Board Cyber Assurance

January 2026

Yash Manipatruni
Nimesh Patel

ICB & Dual Cyber Responsibilities

NHS South West London

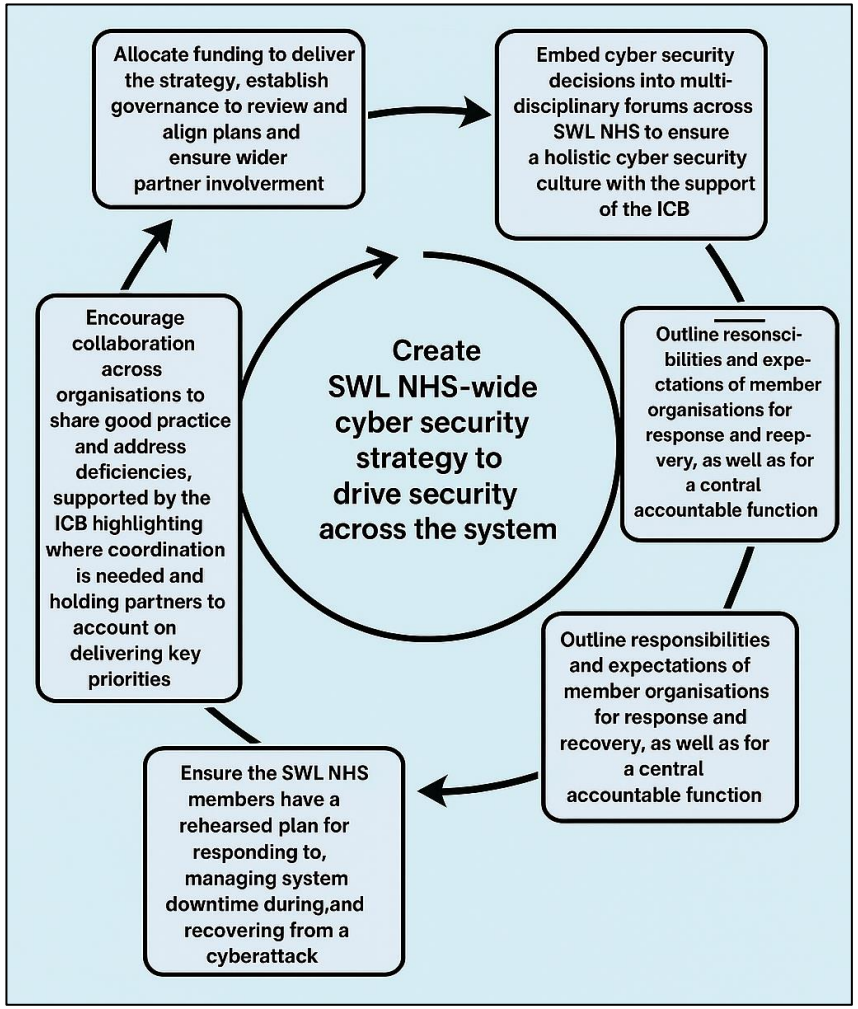
Responsibility 1: System (SWL) Cyber Oversight

Strategic Vision:

The South-West London Integrated Care Board (SWL ICB) aims to establish a robust, resilient, and secure digital ecosystem. This Digital strategy integrates cybersecurity into all digital initiatives, safeguarding patient data, maintaining the integrity and availability of critical systems, and strengthening public trust (the strategy was approved in March 2025).

Expected Outcomes:

- ✓ Clear accountability across governance levels.
- ✓ Centralised visibility and proactive management of critical systems and suppliers.
- ✓ Enhanced user awareness and a skilled cybersecurity workforce.
- ✓ Consistent cybersecurity controls.
- ✓ Unified capabilities in threat detection and incident response.



ICB & Dual Cyber Responsibilities

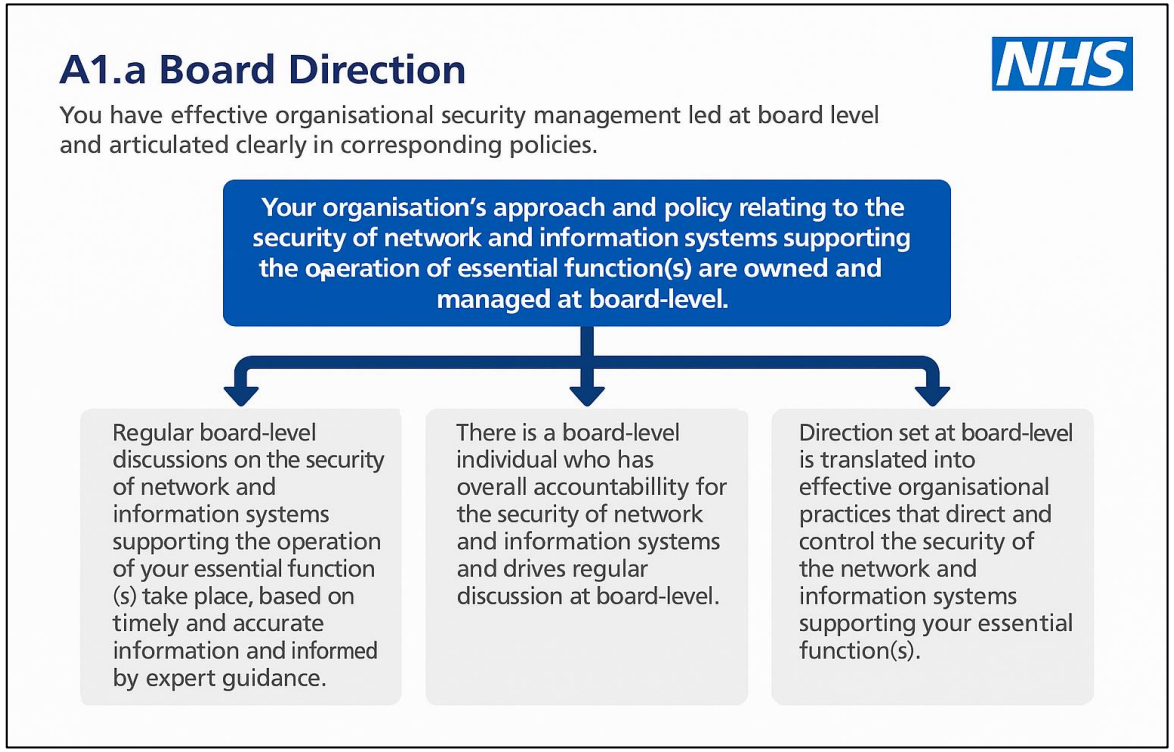
NHS South West London

Responsibility 2: Corporate and GPIT Operational Cyber Assurance

A mature cyber culture:

As IT providers of operational services for both Corporate and General Practice within SWL, the board have responsibilities around Cyber in delivering these services.

Per the NHSE directive for ICBs the NHS Data Security and Protection Toolkit (DSPT) has transitioned this financial year from using the NDG's 10 data security standards to the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its underpinning assessment mechanism. This image on the right shows keys principles that shall need to be owned at board level.



NHS
South West London

Responsibility 1- SWL System Oversight

Cyber Security Across SWL

NHS South West London

SWL developed its **ICB Cyber Strategy** that was recently approved with a focus on **6 Key Strategic Objectives:**

1. Strengthening Governance

To strengthen the function of the Integrated Care Board (ICB) and the respective boards of NHS provider organisations by better aligning accountability, oversight, and coordination with knowledge and executive cyber awareness, and responsibilities.

2. Managing Cyber Risk

To develop a broader approach across SWL ICB to manage Cyber risks. This is focused in creating greater transparency of the overall risk position and what is required to remediate it.

3. Understanding Critical Systems & Suppliers

To develop a significantly better knowledge of systems and suppliers that are critical to the delivery of essential services in SWL ICB. This also includes gaining better grasp on the impact and dependencies in the event of these systems and suppliers becoming unavailable for prolonged periods due to cyber incident.

4. Prevention & Resilience

To develop stronger control structures and systems to prevent cyber attacks and to implement processes that increase resilience across the ICB. It is inevitable that the ICB will succumb to some form of cyber attack, but it needs to be able to resist the complete shutdown and loss of its critical systems.

5. Detecting & Responding to Threats & Incidents

To develop detection and response capabilities for the ICB. This aims to deliver a centralised approach to monitoring and detection of cyber threats and co-ordinating incident response across our critical systems and services, supported by NHS England centralised services and other partner organisations.

6. Embedding Cyber Awareness & Culture

To obtain and retain cyber talents and ways to develop the cyber security workforce. This includes training on specific cyber security skills alongside the synchronised training and awareness of end users in the ICB around the risks of cyber threats.

Key Priorities for 2025 - 2026

NHS South West London

1. Strengthening Governance

a) Implement robust governance structures, ensuring board-level accountability.

b) Establish a Cyber Assurance Committee for independent oversight.

2. Managing Cyber Risk

a) Introduce a unified risk management framework across SWL ICB.

b) Improve transparency and consistency in cyber risk reporting and mitigation.

3. Understanding Critical Systems & Suppliers

a) Create a centralised inventory of critical systems and suppliers.

b) Conduct comprehensive impact analyses to improve incident response planning.

4. Prevention & Resilience

a) Deploy foundational cybersecurity controls uniformly across all NHS providers.

b) Standardise resilience benchmarking and strengthen business continuity capabilities.

5. Detecting & Responding to Threats & Incidents

a) Develop a centralised monitoring and detection capability.

b) Implement standard incident response protocols across SWL ICB, enhancing collaborative response capabilities through regular simulation exercises.

6. Embedding Cyber Awareness & Culture

a) Launch comprehensive, standardised cyber training programs.

b) Conduct regular awareness campaigns to maintain high levels of cybersecurity consciousness among all employees.

6. SWL ICB Cyber Audit Outcome Review

NHS South West London

RSM undertakes cyber security audit for many NHS organisations (Providers, ICB's etc.). RSM recently completed a review of cybersecurity governance at South-West London Integrated Care Board (ICB) as part of the approved 2024/25 Internal Audit Plan. RSM scored SWL highly as being compliant on cyber security posture.

RSM Audit Outcome Report Conclusion:-

Internal audit opinion:

Taking account of the issues identified, the board can take substantial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.

Conclusion: South West London ICB demonstrates a strong and proactive approach to managing cyber security risks across its constituent organisations. The development of a comprehensive and well-aligned Cyber Security Strategy, coupled with a clearly defined and multi-layered governance framework, provides a satisfactory structure for oversight and accountability. Furthermore, the evident commitment to collaboration across teams and the proactive development and testing of incident response capabilities indicate a mature level of preparedness. However, the strength of the established strategy, governance, and collaborative practices provides substantial assurance that the SWL ICB is effectively managing its cyber security governance across the ICS.

7. Cyber Risk Reduction Funding FY2025-2026

NHS South West London

SWL ICB was instrumental in working collaboratively with our partner hospital organisations to secure capital and revenue funding in FY2025-26, totalling **£1,068,000** allocated to key cyber schemes, listed on the tables below.

Capital Funding Initiatives:

Cyber Schemes	EPSOM & ST HELLIER HOSPITAL	SWL STG MENTAL HEALTH	ST GEORGES UNIVERSITY HOSPITAL	ROYAL MARSDEN HOSPITAL	KINGSTON AND RICHMOND HOSPITAL	Total Amount (Incl. Vat)
Starters and Leavers Process	£0	£0	£50,000	£0	£0	£50,000
Strong MFA - User authentication	£0	£0	£20,000	£0	£0	£20,000
Improving Privileged Access Management and 3rd Party Secure remote access	£0	£121,000	£0	£0	£0	£121,000
Critical communications during incident management	£80,000	£0	£0	£0	£0	£80,000
Procure Specops Secure Service Desk	£0	£0	£0	£46,000	£0	£46,000
Procure Red Sift OnDMARC	£0	£0	£0	£37,000	£0	£37,000
Medical Device Security by deploying additional firewalls	£0	£0	£0	£0	£160,000	£160,000
	£80,000	£121,000	£70,000	£83,000	£160,000	£514,000

Revenue Funding Initiatives:

Cyber Schemes	KINGSTON HOSPITAL / HRCH	CROYDON HEALTH SERVICE	EPSOM & ST HELLIER HOSPITAL	SWL STG MENTAL HEALTH	ST GEORGES UNIVERSITY HOSPITAL	ROYAL MARSDEN HOSPITAL	Total Amount (Incl. Vat)
Cyber Strategy	£10,000	£0	£10,000	£10,000	£10,000	£10,000	£50,000
Privilege Access Management (PAM)	£50,000	£60,000	£50,000	£0	£50,000	£0	£210,000
Vulnerability Management	£0	£0	£0	£0	£0	£34,000	£34,000
Secure Endpoint Configuration	£0	£0	£0	£30,000	£0	£0	£30,000
SpecOps (Password Mgt)	30,000						£30,000
Web Filtering Solution	£80,000	£0	£0	£0	£0	£0	£80,000
Cyber Risk Management	£0	£0	£0	£60,000	£0	£0	£60,000
Business Continuity	£0	£0	£0	£60,000	£0	£0	£60,000
	£148,000	£58,000	£68,000	£160,000	£68,000	£52,000	£554,000

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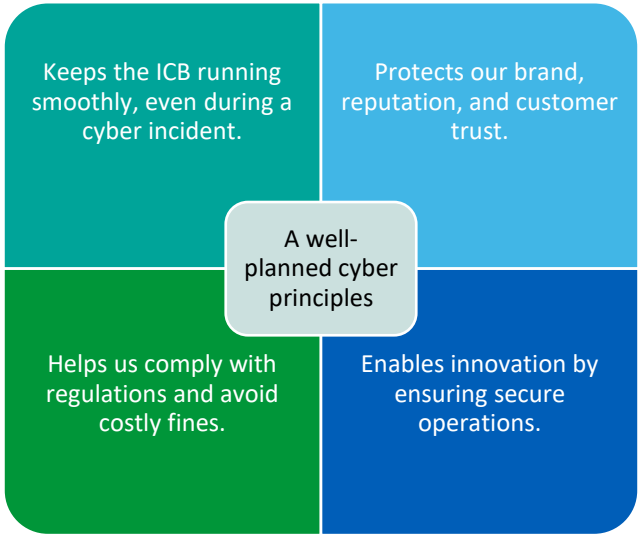
Responsibility 2 – Primary Care and Corporate IT Cyber Operational Compliance

Protecting the ICB in the Digital World

NHS South West London

Cyber security is how individuals and organisations **reduce the risk of cyber attack**. Its core function is to protect the devices we all use and the services we access - both online and at work - from theft or damage. It's also about protecting the vast amounts of data we access from cyber attacks or compromise, which could disrupt businesses and cause financial loss or reputational damage.

Cyber security is **not just an IT issue**—it's a business priority.



The Boards Role

Taking a proactive approach to cyber security ensures the ICB remains resilient. Simple safeguards and strategic investments will help protect our future.

Our Cyber Operational Objectives (refer to appendix for detailed objectives):

Cyber Security Training for SWL ICB Board

NHS South West London

Cyber threats targeting the NHS are increasing in scale, sophistication, and impact. Recent incidents across health and care have disrupted clinical services, compromised sensitive patient data, and created significant financial and operational pressures. As system leaders, Board members play a critical role in ensuring effective cyber governance.

The ICB IT team request that the ICB Board (or Board member responsible for Cyber) agree to support and complete the NHSE centrally provided board level cyber training (bespoke to SWL ICB) by April 2026 with the following benefits:

- Access to experienced and NCSC assured board-level executive trainers, able to draw on experience and insights from across public and private sectors
- Best practice advice with tailored context to support the NHS and your own organisation's strategy and plans
- Advice and support on actions a Board can take to minimise the impact both on patient care and the organisation's reputation, finance and operations
- Training delivered by executive trainers who understand the challenges boards face both strategically and tactically

Top Trending Operational Cyber Risks

NHS South West London

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Third-Party Remote Access (RSK 223)

- **Description:** Due to the numerous 3rd party suppliers being used locally in General Practice there are a number of different support connection requests being made to connect to the SWL ICB/GPIT network.
- **Impact:** Depending on the remote application being used (by the supplier for remote support) users could inadvertently install web-based applications on the device, giving third-party access to our network.
- **Controls:** We have Sophos which blocks all known URLs (whitelisted), but this does not cover all requirements and solutions in use by third-parties
- **Remediation:** Longer term solution has been agreed with the use of Datto, it is estimated this will be in place by the end of the 25/26 FY.

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Personal Devices Connected to the Local LAN (RSK 065)

- **Description:** There are no technical controls to prevent someone connecting their personal device/laptop to the local office LAN.
- **Impact:** The lack of tools and policy to prevent or allow (but manage) personal devices, (phones and laptops) creates a potential data security/loss risk as polices to enforce encryption and device security (pin code) cannot be enforced.
- **Remediation:** Implementation of Network Access Control tooling (NAC) via approved Capital funding will see this risk reduce within the next 18 months.

Cyber KPI Dashboard

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	Target**	GP Estate	ICB / Corporate
Server Patch Status	99%	92% ⇩	97% ⇨
Server OS Supported	98%	100% ⇨	97% ⇨
Server Primary AV Compliance	98%	98% ⇩	100% ⇨
DT/LT Patch Status 30 Days*	95%	77% ⇩	75% ⇩
DT/LT Patch Status 60 Days*	98%	90% ⇧	91% ⇩
Endpoint OS Supported	95%	100% ⇨	100% ⇨
Endpoint Primary AV Compliance	98%	100% ⇧	100% ⇧
Laptop Encryption	99%	99% ⇧	100% ⇧
Desktop Encryption	98%	100% ⇧	100% ⇧

Downwards trend since last month ⇩

No change from last month ⇨

Upwards trend since last month ⇧

*Based on the % of active devices patched at the time of reporting. As devices are active/turned on, then they are patched.

**Targets are based on previous years DSPT/NHSE targets.

Windows 11

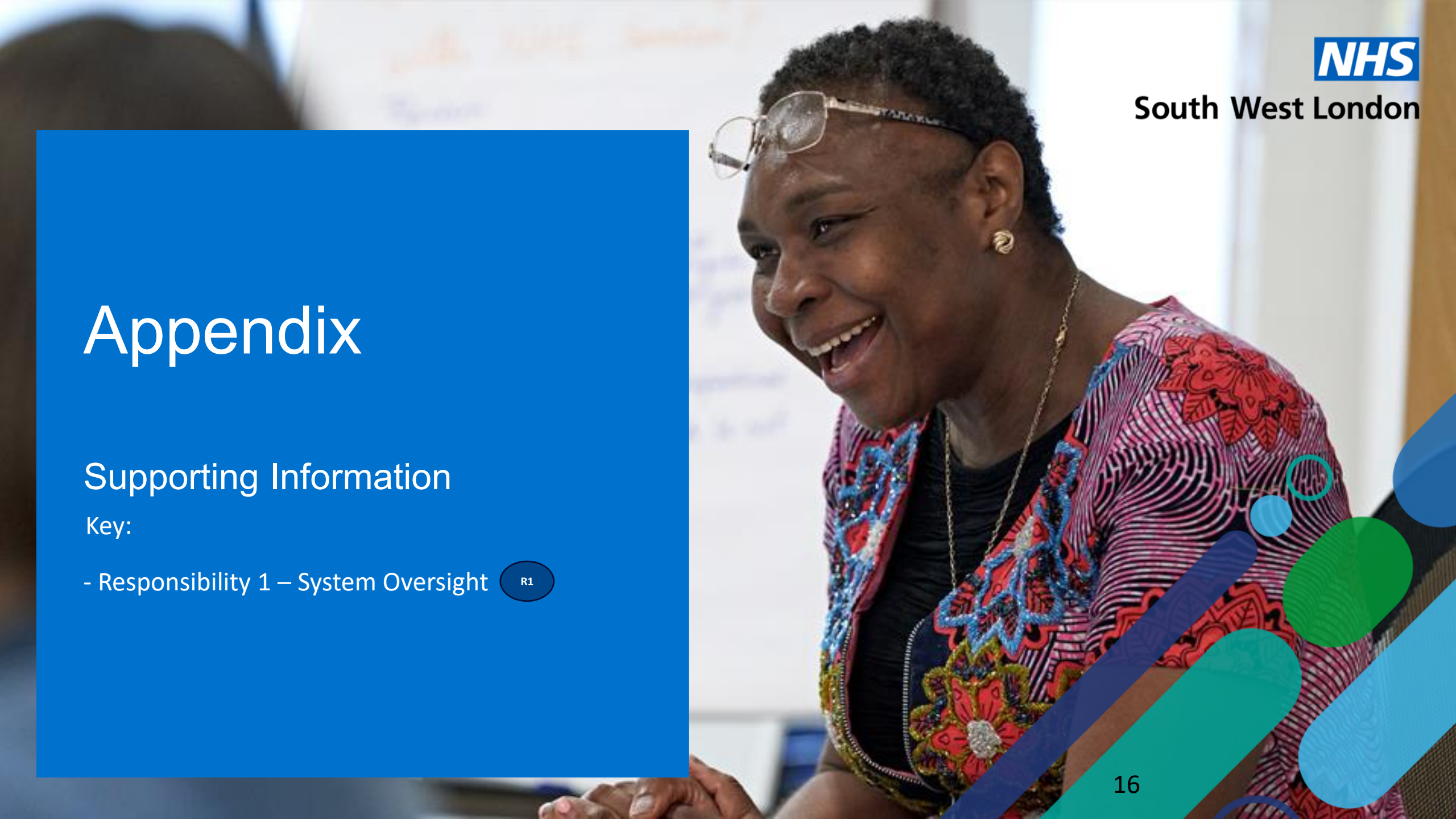
NHS South West London

Like most Trusts/Organisations, the ICB IT team carefully planned for the upgrade of Windows 11 to both GPIT and Corporate end user devices.

This upgrade was required due to Microsoft stopping formal support and security updates on the Windows 10 operating system (by the 14th October 2025). Below is the current snapshot of the Windows 11 upgrade status:

Corp Laptop Upgraded to Windows 11	GP Desktop Upgraded to Windows 11	GP Laptop Upgraded to Windows 11
98%	100%	76%*

- All Windows 10 devices have been disabled on the network to prevent any security/cyber risk.
- Laptops that do not support Windows 11 and have not connected online in the past six months (starting from April 2025) will no longer qualify for replacement or refresh in the future (specifically for GPIT).
- *ICB IT have purchased a small number of extended support licenses where some Windows 10 devices remain active (agreed exception) and where there is a current technical blocker to upgrade to Windows 11 as mitigation. These devices will continue to be patched and supported via Microsoft.



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Appendix

Supporting Information

Key:

- Responsibility 1 – System Oversight R1

SWL ICB Cyber Policies, Standards & Guidelines R1

NHS South West London

To support the governance & mgmt. of cyber security across SWL ICS (ensuring alignment with best practice/standards), helping to achieve our SWL ICS Cyber Strategy objectives, we have developed **SWL ICB Cyber Policies, Standards & Guidelines**:

SWL ICB Cyber Policies

- **Asset Management** - guidance for robust & comprehensive IT asset mgmt by addressing asset Identification, access control etc.
- **Authentication and Access Management** - comprehensive guidance for verifying the identities of users & controlling access to resources e.g. privileged User Accounts, password mgmt etc.
- **Cyber Incident Management** - an effective framework for robust cyber security incident mgmt, addressing Incident Readiness, incident handling etc.
- **Email Security** - guidance for safe & secure usage of organisational email systems
- **Supply Chain Management** - detailed guidance for cyber supply chain risk mgmt e.g. roles and responsibilities
- **Training and Awareness** - an effective framework for robust delivery of cyber security training & improving awareness of cyber risks, incidents & issues
- **Cloud Security** - guidance for securely storing & processing data in the cloud, & utilising cloud platforms to build and host services
- **Device Hardening** - define the approach to device hardening by addressing operating System & Application Hardening, endpoint Protection etc.
- **Remote Working** - usage of IT assets owned & issued by respective SWL ICS organisations; the usage of personal devices & managing risks associated with working remotely e.g. lost or stolen devices.

SWL ICB Cyber Standards & Guidelines

- **Networks** - Focuses on securing the SWL ICS network infrastructure, services & data flows. Ensures all network components (on-prem'/cloud/hybrid) are designed, implemented & managed according to the sensitivity & criticality of the systems they support.
- **Remote Working** - Focuses on securing remote access to SWL ICS systems, applications & data. Ensures only authorised individuals can connect to ICB's resources from external environments & authentication mechanisms are appropriate.
- **Access and Authentication** - Focuses on managing user access & authentication across all systems, applications & data repositories within the SWL ICS. ensures that access to sensitive & critical information is restricted to authorised individuals & authentication mechanisms are proportionate

NHS South West London
Integrated Care Board

Board Assurance Framework

Agenda item: 4

Report by: Ben Luscombe

Paper type: discussion/information

Date of meeting: Wednesday, 28 January 2026

Date Published: Wednesday, 21 January 2026

Purpose

The Board Assurance Framework enables the Board to identify, understand and discuss the principal risks to achieving the ICB's strategic objectives.

This paper clearly sets out those risks, notes the organisations controls in place to mitigate these risks, how the Board can take assurance on the management of these risks and any outstanding areas in our controls and assurances.

The Board is asked to note the overall BAF position.

Executive summary

The Board Assurance Framework (BAF) provides the basis for the Board to assess the risks to achieving its corporate objectives. It uses principal risks to achieve those objectives as the foundation for assessment and considers the current level of control alongside the level of assurance that can be placed against those controls.

The organisations Corporate Objectives are:

- To develop a clinically led Strategic Plan: We will develop, and start to implement, a clinically led Strategic Plan which will meet the needs of our populations and return the system to financial balance
- Redesign the ICB to become a Strategic Commissioner: We will redesign the ICB to become a strategic commissioner and deliver the national model for ICBs
- 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

The ICB has established a new Risk Leadership Group chaired by the Chief Executive. The purpose of the Group is to strengthen strategic risk oversight, ensure alignment between the Board Assurance Framework and the emerging strategic commissioning model, and maintain clear accountability for risk ownership and mitigation. The Group brings together Executive Directors and Subject Matter Experts to review the most significant risks to delivery of the ICB's strategic objectives, oversee the development of future risk themes, and support the

refresh of the Board Assurance Framework and Corporate Risk Register ahead of the 2025 planning cycle.

Over the past weeks, the group has been revising the ICB's BAF to ensure that it takes into account the changing role of ICBs within the NHS system and our move toward the ICB Blueprint and properly differentiates between the key risks to our strategic objectives and operational risks.

As the Board will note, this review of the BAF includes a new template. The template is intended to set out more clearly for the Board the key risks to delivering our corporate objectives, the controls that we have in place to mitigate these risks and any gaps in our assurance. We would welcome the Board's feedback on both the template itself and the content of the risks themselves

Following its initial review, three existing risks have been removed from BAF level (where they are no longer judged to be principal strategic risks) but remain on the Corporate Risk Register to ensure they continue to be actively managed. See list below.

The Group will meet monthly, with outputs reported into SMT, the Audit Committee and the public Board in line with established governance arrangements.

The BAF is a living document and is continuously evolving and we are constantly working with our committees to ensure we are capturing and accurately reflecting our ICB risk profile.

An NHS standard risk scoring matrix (CASU 2002) has been used to determine the impact and likelihood of adverse events scales. The scale is scored from 1-25 (with one being the least severe and 25 being the most).

Recommendation

The Board is asked to:

- Note the overall BAF position.

NHS South West London
Integrated Care Board

Governance and Supporting Documentation

Conflicts of interest
No specific issues or information giving rise to conflicts of interest are highlighted in this paper.

Some members responsible for raising risks from localities within SWL ICB have joint roles with provider organisations

Corporate objectives
Identifying risks is essential to delivering all the ICB's objectives

Risks
A summary of ICB risks is listed on the risk register.

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
Quality Oversite Committee (QOC)	10/12/2025	
Risk leadership Group	06/01/2026	
Audit and Risk Committee	27/01/2026	

Final date for approval
N/A

NHS South West London
Integrated Care Board

Supporting documents

BAF Risk Reporting - Board - January 2026

Lead director
Ben Luscombe, Director of Corporate Affairs

Authors
Ben Luscombe, Director of Corporate Affairs

Leigh Whitbread, Lead Corporate Affairs & Risk Manager

Strategic Objective at Risk	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
Risk Title	**Urgent & Emergency Care – BAF 002**
Managing Oversight / Reporting Committee	**UEC Board**
Executive Risk Lead	Jonathan Bates
Next Review Date	28/02/2026

Residual Risk Score
20
Level of Assurance
Medium

Risk Statement	Controls In Place	Controls in Development
There is a risk that the ICS is unable to deliver a consistently safe, timely and/or affordable urgent and emergency care pathway which could lead to harm, poorer outcomes, delayed care and failure to meet national performance standards, undermining delivery of the 2025/26 Operating Plan. **Causes:** • Poorly designed, fragmented pathways with multiple handoffs and delays. • Poorly designed/ maintained estate footprints. • Flow constraints delaying discharge, causing ED crowding and ambulance delay. • Workforce fragility across the pathway. • System interdependencies and constrained capacity. • Rising and variable demand.	**Strategic Governance & Oversight** System-wide Urgent & Emergency Care (UEC) Board * and a dedicated Program Board providing strategic direction, accountability and formal oversight of delivery across SWL. Four Local Delivery Boards operating as place-based governance structures ensuring local issues are escalated rapidly and aligned to system priorities. Monthly performance triangulation between quality, workforce, finance and operational leads to maintaining a system view of risks. **Whole-Pathway Improvement Infrastructure** Two-year SWL UEC Improvement Plan (2024) focused on Access, Flow and Workforce led by three clinical SROs and two clinical leads providing clinical ownership and accountability for	Current work is not yet yielding sufficient change, resulting in continued corridor care, 12-hour and ambulance delays. Further work is required to: **Establish a Systemwide UEC Safety Oversight Framework** • Define system-wide safety expectations for corridor care, ambulance handover delays and 12-hour breaches. • Set minimum assurance standards for mandatory provider reporting. • Use commissioning levers including contracts, quality schedules and incentives to drive compliance.

• Demographic pressure (aging population, frailty and increasing complexity. • Seasonal surges (heat waves, respiratory illness, infection spikes. **Impact of the risk:** • Increased patient harm from long waits. • Poor performance against national standards. • Reduced psychological safety for staff impacting on productivity. • Damage to relationships and reduced trust. • Reputational damage, loss of public confidence. • Provider overspending.	pathway redesign. **Performance Monitoring, Data & Insight** UEC dashboard in place tracking 4-hour performance, ambulance handovers, 12-hour DTA breaches, length of stay and mental health waits. Monthly reporting to the UEC Board, including ED demand profiles, bed occupancy and discharge timeliness. Regular deep dives into sites experiencing deteriorations, supported by the UEC Team. **Access** Integrated Care Co-ordination Hub pilot in place to support LAS crews with decision-making to reduce conveyances to ED, keeping more patients at home/in the community **Workforce Mitigations** Clinical network established to input into service planning and triangulate data. **Flow & Discharge Improvements** • Operationalisation of system-wide discharge improvement actions including daily multi-agency discharge events. • Mature system co-ordination center (SCC) providing co-ordination across the ICS Standardised escalation models linking acute trust with community and social care partners. • Deployment of trusted assessor models to speed up discharge processes.	**System-Level UEC Safety Intelligence Function** • Analyse population-level safety trends including deterioration, inequalities impacts and recurrent harms. • Ensure capacity within the ICB to independently review, challenge and interpret patient safety intelligence. **Use Contracts to Drive Safety Improvement** • Integrate UEC safety requirements into acute and mental health provider contracts. • Deploy contractual levers where sustained breaches occur. • Commission upstream pathways to reduce avoidable ED attendances and waits. **Commission Improvements to Capacity and Flow Outside Hospital** • Enhance community urgent crisis response and virtual ward services. • Develop additional mental health crisis alternatives to ED attendance. **CLSP** • Work is required to align and prioritise the initial findings from the CLSP into the UEC work program.

Sources of Assurance (Lines of Defence)

First Line (Management & Operations):	Second Line (Oversight):	Third Line (Internal Audit):	Gaps in Control & Assurance
• Provider-level operational and clinical oversight and governance. • Local policies, SOPs, and standardised procedures. • Safety huddles, site visits, improvement events. • Local improvement programmes e.g. each acute trust has its own Flow Board.	• System Control Centre providing daily oversight and support of the system. • SWL UEC Board meets four-weekly, reviews performance and is a point of escalation for the system. • Local UEC Boards overseeing local performance and working collaboratively with partners to address issues impacting negatively on UEC services. • Monthly Integrated Board Report to the ICB Board that includes updates on UEC performance against the national targets.	• NHSE Regional & National oversight which includes formal tiering of trusts requiring support, support from (Get it Right First Time) GIRFT and improvement support from NHSE on specific programme priorities. • National, published reporting on performance against the national targets. • Collaborative working with Quality on specific areas e.g. harm and 12 hour waits in EDs. • Active participation in NHSE oversight and programme meetings and London UEC Board.	Although significant operational data exists on discharge activity, it is not presented in a commissioning-useful currency. Current reporting describes service usage but does not quantify the commissioned discharge capacity available (e.g., number of discharge packages or pathways purchased per day, or expected run-rate). This limits the ICB's ability to assess whether commissioned discharge services are sufficient, sustainable or delivering expected throughput, restricting system-level assurance on flow and discharge performance. Work is in progress to address and enable the UEC team to model.

Risk Score	Consequence	Likelihood	Score
Inherent Risk Score	5	5	25
Residual Risk Score	4	5	20
Target Risk Score	3	3	9
Risk Appetite			**TBA**

Risk Score Movement	**None**	**Last Review Date**	16/01/2026
Overall Level of Control Assurance		**Medium**	

Strategic Objective at Risk	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
Risk Title	**Oversight of contractual delivery (access, outcomes and constitutional standards) BAF 003**
Managing Oversight / Reporting Committee	Quality Oversight Performance Committee (QPOC)
Executive Risk Lead	Jonathan Bates
Next Review Date	28/02/2026

Residual Risk Score
16
Level of Assurance
Medium

Risk Statement	Controls In Place	Controls in Development
There is a risk that the ICB's existing processes are insufficient to ensure comprehensive oversight / management of additional responsibilities, as a strategic commissioner; in particular, performance against contracts which will be more outcomes focused, in addition to national and Medium-Term plan priorities. This applies to all commissioned services, e.g. Primary Care, Integrated Care, Community, Mental Health, Acute, Specialised. **Impact of the risk:** • Increased patient harm from long waits. • Poor performance against national standards. • Reputational damage, loss of public confidence. • Provider overspending • Missing early warning signals of rising tide risks	• Quarterly ICB triangulation is undertaken through the identification of key risks, informed by finance, contracts, planning, quality, and oversight teams. • Focus meetings drawing on formalised delivery agreements with Place Based Systems, Cancer Alliance and Acute Provider Collaborative were established to coordinate priorities and identify emerging issues for management. • Senior Responsible Officers (SROs) attend Senior Management Team monthly. • ICB leads routinely attend system-wide Programme Board and sub-groups for oversight of performance delivery. • Assurance to the ICB board is via the Integrated Board Report for Performance, Quality Report, Operating Plan report. • Transformation Teams / Commissioners attend monthly Regional Transformation Programmes to	As we shift to strategic commissioning, the ICB is in the process of establishing a cycle of Quality-Performance meetings and Finance-Contracting-BI meetings with providers in order to manage performance against agreed contractual outcomes. A Multi-disciplinary Team (MDT) approach is required to build a comprehensive view across all priorities and articulate meaningful challenge around contractual performance. The first meeting to discuss Finance-Contracting-BI MDT working was held 7th January 2026, and the Quality-Performance discussion is scheduled for 23rd February.

• Inability to respond as strategic commissioner to emerging risks in a timely manner Addressing this risk is required under organisational objective 2 and mitigates risk to objective 3, delivery of our Medium-Term Plan.	assure NHSE and benefit from regulator and peer insight. • Senior COO Directorate representation at Elective, Outpatient, UEC, Diagnostic Transformation Boards and clinical networks. • From Q2 of 2025/26 the London Region took on greater responsibilities for Elective Performance Management under the Model Region Blueprint, leading to fortnightly meetings with the ICB and our Acute providers, to oversee elective national priorities.	

Sources of Assurance (Lines of Defence)

First Line (Management & Operations):	Second Line (Oversight):	Third Line (Internal Audit):	Gaps in Control & Assurance
• Provider-level operational and clinical oversight and governance. • Local policies, SOPs, and standardised procedures. • Transformation programmes boards. • Operational dashboards and local risk registers.	**Weekly forums:** • SWL Elective, Performance and Transformation group. • Alignment with NHS England Regional team on performance and planning priorities. **Monthly forums:** • SWL UEC Board meets four-weekly, reviews performance and is a point of escalation for the system • Diagnostics Transformation Board, review performance and transformation • Outpatient Transformation Board reviews performance, productivity and service change • South London Mental Health Partnership Delivery Group. • RMP Focus Group **Reporting:** Monthly ICB Performance Report to the ICB Board	• NHSE Regional & National oversight which includes formal tiering of trusts requiring support, support from (Get it Right First Time) GIRFT and improvement support from NHSE on specific programme priorities • National, published reporting on performance against the national targets • Active participation in NHSE oversight and programme meetings • Internal audits of governance, provider performance, and system-wide performance oversight	Second line oversight (i.e. ICB oversight) is currently fragmented. The Planning and Oversight teams are challenged in forming an accurate, comprehensive, accurate view of performance due to the lack of MDT working across Quality, Finance, Commissioning and Contracting teams. A shadow form of MDT contractual management governance needs to be in place by 1st April to manage contractual delivery until the future ICB structure is implemented.

Risk Score	Consequence	Likelihood	Score
Inherent Risk Score	4	5	20
Residual Risk Score	4	4	16
Target Risk Score	3	2	6
Risk Appetite			**TBA**

Risk Score Movement	**None**	**Last Review Date**	16/01/2026
Overall Level of Control Assurance		**Medium**	

Strategic Objective at Risk	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
Risk Title	**Interruption to Clinical & Operational Systems due to a Cyber Attack BAF 004**
Managing Oversight / Reporting Committee	ICB Digital Board
Executive Risk Lead	Martin Ellis
Next Review Date	28/02/2026

Residual Risk Score
16
Level of Assurance
Medium

Risk Statement	Controls In Place	Controls in Development
There is a risk that persistent cyber-attacks on South West London Integrated Care System services could lead to data breaches and disruption to critical clinical and operational systems. This could negatively impact patient care, cause financial loss, and result in regulatory non-compliance and reputational damage. The risk is heightened by inconsistent cyber maturity, limited visibility of digital assets, variable access controls, and uneven incident response capabilities across organisations. While the ICB coordinates system-wide cyber assurance, accountability for cyber security remains with individual providers, creating potential gaps in control. Work is underway to implement the ICS cyber strategy and improve system-wide cyber resilience.	• Completed a system-wide cyber baseline assessment to establish current risk position. • Established joint governance and appointed an ICS cyber lead to coordinate risk reduction. • Approved and launched the SWL ICS Cyber Strategy and implementation roadmap. • Delivered key cyber foundations including MFA review, incident exercises, and shared standards. • Submitted bids for further cyber improvement funding to NHS England.	• Modernise the cyber-risk management, incident response and asset management practices. • Standardise cyber training and promote awareness across the ICS. • Support risk remediation and monitor cyber compliance across the ICS. • Secure cyber funding and allocated to providers as per the cyber risk exposure to mitigate cyber risk.

Sources of Assurance (Lines of Defence)

First Line (Management & Operations):	Second Line (Oversight):	Third Line (Internal Audit):	Gaps in Control & Assurance
• A system wide SWL ICS Cyber Assurance Group, brings together provider cyber leads to provide regular updates on their cyber risk position and progress against agreed actions.	• The ICB Digital and Cyber Team provides assurance to the Digital Board through regular cyber updates, highlighting current risk positions, emerging concerns, and progress on mitigation actions outlined in the risk register. This ensures board-level visibility of cyber posture and ongoing efforts to reduce system-wide risk.	• An independent cyber audit is undertaken by external auditors to review system-wide cyber activities, assess the effectiveness of the Cyber Assurance Group actions, and evaluate overall cyber controls. • Audit findings, recommendations, and escalations are reported to the Digital Board, where they are reviewed and agreed actions are monitored to completion.	• Assurance gaps are identified through reviews and audits, addressed through targeted support and corrective actions, and tracked through the Cyber Assurance Group with escalation to the Digital Board where needed.

Risk Score	Consequence	Likelihood	Score
Inherent Risk Score	5	4	20
Residual Risk Score	4	4	16
Target Risk Score	3	2	6
Risk Appetite			**TBA**

Risk Score Movement	**None**	**Last Review Date**	16/01/2026
Overall Level of Control Assurance		**Medium**	

Strategic Objective at Risk	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
Risk Title	**System Quality Oversight BAF 008**
Managing Oversight / Reporting Committee	Audit & Risk Committee
Executive Risk Lead	Fergus Keegan
Next Review Date	28/02/2026

Residual Risk Score
16
Level of Assurance
Medium

Risk Statement	Controls In Place	Controls in Development
There is a risk that the quality, safety and experience of care across South West London deteriorates, leading to avoidable patient harm, widening inequalities, staff moral injury and loss of public confidence, during the ICB's transition and organisational redesign. This risk arises from shifting quality oversight and accountability arrangements between NHS England (Region), providers and the ICB, while the future operating model is not yet fully embedded, also compounded by ongoing operational, financial and workforce pressures, efficiency programmes and service reconfiguration, increasing the likelihood that emerging quality and safety risks are not consistently identified, escalated or mitigated. **Causes** • Transition from previous ICB system convenor and direct oversight arrangements to a strategic	• Continued work with commissioning, contracting and procurement teams to embed quality, safeguarding and inequalities requirements within provider contracts. • Ongoing focus on staff wellbeing, psychological safety and leadership support within providers and the ICB during the transition period. • Committee and Board-level deep dives into high-risk areas (e.g. urgent and emergency care, mental health, maternity), explicitly linking quality, safety, finance and health inequalities. • Continued supportive engagement by the ICB CNO Directorate, including peer review, site visits, learning events, advice and guidance, and support for CQC inspection readiness.	• Clear handover process of functions and responsibilities once clarity of process has been agreed by region. • A defined transitional quality assurance framework, clarifying the ICB's interim role in system oversight, escalation and assurance while national and regional arrangements mature. • Ongoing alignment with NHS England (Region) on respective roles in quality surveillance, escalation and intervention, including agreed thresholds for action. • Ongoing assurance of provider EQIAs relating to planning rounds, large-scale efficiency programmes, service change and bed closures.

commissioning and assurance model, with interim ambiguity in quality oversight, escalation and intervention responsibilities. • Sustained system-wide operational, financial and workforce pressures, including mandated cost reductions, provider efficiency programmes, service reconfiguration and bed or ward closures. • Reduced organisational capacity and morale within provider and ICB clinical leadership teams as roles, functions, structures and expectations change. • Pressures on urgent and emergency care flow, elective recovery, diagnostics and mental health services, increasing the risk of harm. • Delays in discharge and constrained social care capacity impacting patient flow & safety • Leadership turnover, instability or fragmentation within system governance arrangements during transition. **Impacts** • Risk to the ICB's ability to demonstrate effective discharge of its statutory quality duties while operating within a changing assurance model. Increased risk of patient harm, avoidable safety incidents and poor patient experience leading to adverse outcomes due to service pressure, fragmentation or gaps in quality assurance during transition. • Staff burnout, low morale, moral injury and reduced psychological safety, particularly where service pressures intersect with organisational uncertainty. • Increased likelihood of regulatory scrutiny, NHSE scrutiny, adverse CQC ratings or intervention if quality governance is perceived as insufficiently robust.		

Sources of Assurance (Lines of Defence)

First Line (Management & Operations):	Second Line (Oversight):	Third Line (Internal Audit):	Gaps in Control & Assurance
• Provider-level governance and clinical oversight. • Local policies, SOPs, and standardised procedures • Staff training, competency frameworks, and incident reporting. • Operational dashboards and local risk registers. • Safety huddles, site visits, learning events.	• ICB Quality and Patient Safety team oversight. • Risk management and escalation processes clinical governance committees and system-level safety meetings. • Alignment with NHS England on quality surveillance and thresholds for action. • Committee and Board deep dives into high-risk areas.	• Internal audits of clinical governance, provider performance, and system-wide quality oversight • Audit of escalation and assurance pathways during transition • Reviews of high-risk service areas (urgent care, mental health, maternity).	• Assurance on interim ICB quality role not yet fully confirmed. • External assurance is evolving during organisational redesign. • Not all transition-related quality risks are fully visible to external regulator.

Risk Score	Consequence	Likelihood	Score
Inherent Risk Score	5	4	20
Residual Risk Score	4	4	16
Target Risk Score	3	3	9
Risk Appetite			**TBA**

Risk Score Movement	**None**	**Last Review Date**	16/01/2026
Overall Level of Control Assurance		**Medium**	

Strategic Objective at Risk	Develop a clinically led Strategic Plan: We will develop, and start to implement, a clinically-led Strategic Plan which will meet the needs of our populations and return the system to financial balance	**Level Of Assurance** **Medium**
Strategic Objective at Risk	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	**Current Risk Score** **16Error!**
Risk Title	**Failure to secure and align system estates and infrastructure to deliver the Clinically Led Strategic Plan and strategic commissioner objectives BAF 009**	
Managing Oversight / Reporting Committee	Audit & Risk Committee	
Executive Risk Lead	Dinah McLannahan	
Next Review Date	28/02/2026	

Risk Statement	Controls In Place	Controls in Development
There is a risk that the ICB is not equipped to, or does not, maintain strategic oversight, planning and coordination of the system-wide infrastructure. If the ICB and partner organisations fail to work together, we will be unable to optimise existing estate resources, all of which will impact the system's financial efficiency and capacity to effectively deliver services to the population. **Causes** • Capital allocations insufficient against system backlog • Fragmented ownership of estate across multiple providers and landlords • Weak alignment between clinical strategy, digital and infrastructure plans • Capacity constraints in system estates function • National policy changes (e.g. RAAC, CDC mandates) displacing local priorities **Impacts** • Unsafe or non-compliant estate. • Inability to deliver clinical strategy and productivity requirements. • Lost capital opportunities. • Increased revenue costs and backlog maintenance. • Failure to meet Net Zero and digital enablement commitments.	• Expert team in place to ensure strategy aligns with agreed clinical models and neighbourhood delivery. • System-wide engagement with partners to support coordinated investment aligned to the clinically led strategy and neighbourhood developments. • Engagement with regional and national teams to understand new processes and funding opportunities and support access to system infrastructure development. • Liaison with Place leads is embedded during neighbourhood development to ensure estates and infrastructure considerations enable service delivery.	• SWL 10-year Infrastructure Strategy (approved in July 2024) provides a baseline, however, this strategy will need to adapt as new models of delivery are formed. • More detailed work with One Public Estate to explore opportunities across the wider public sector to better configure the colocation of services to serve the local population's needs. • Work with regional and national teams to develop priority pipeline and secure funding for system infrastructure investment. • Ongoing assessment of risks caused by adverse weather and longer-term impacts of climate change and make progress on developing adaptation plans across SWL organisations. Ensuring that RAAC issues and appropriate remediation plans are identified.

Sources of Assurance (Lines of Defence)

First Line (Management & Operations):	Second Line (Oversight):	Third Line (Internal Audit):	Gaps in Control & Assurance
• Skilled team with specialist skills in estates and infrastructure. overseeing Infrastructure Strategy and capital prioritisation process • Regular team meetings and weekly updates in 1:1s. • Capital and backlog monitoring through PAM data, RAAC returns and local risk registers. • Business case development aligned to clinical strategy, Net Zero and digital enablement standards. • System Financial Recovery Group consideration of revenue consequences of estate decisions. • Evidence: capital pipeline, PAM submissions, local estates risk registers, business case gateway approvals.	• Independent challenge within the ICB/system. • ICB Infrastructure / Capital Governance Group scrutiny of prioritisation, affordability and alignment to strategy. • Finance & Planning Committee oversight of capital and revenue consequences. • Board seminars reviewing transformation dependencies on estate and digital. • Evidence: committee minutes, internal audit opinions, capital affordability assessments.	• Internal audit reviews of capital governance, estates compliance and benefits realisation.	• NHSE regional assurance of capital plans, RAAC and CDC programmes. • External audit VFM commentary on capital governance and asset management. • CQC assessments referencing environment and safety compliance. • National estates metrics (PAM, ERIC, Net Zero reporting). • OPE and local authority scrutiny of joint estate schemes. • Evidence: NHSE feedback letters, external audit reports, ERIC benchmarking, CQC reports.

Risk Score	Consequence	Likelihood	Score
Inherent Risk Score	4	4	20
Residual Risk Score	3	4	16
Target Risk Score	3	3	9
Risk Appetite			**TBA**

Risk Score Movement	**None**	**Last Review Date**	16/012/2025
Overall Level of Control Assurance		**Medium**	

Strategic Objective at Risk	Develop a clinically led Strategic Plan: We will develop, and start to implement, a clinically-led Strategic Plan which will meet the needs of our populations and return the system to financial balance
Strategic Objective at Risk	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
Risk Title	**Failure of the ICB to discharge its statutory responsibility to oversee and secure a financially sustainable health and care system. BAF 001**
Managing Oversight / Reporting Committee	Audit & Risk Committee
Executive Risk Lead	Dinah McLannahan
Next Review Date	28/02/2026

Residual Risk Score
16
Level of Assurance
Medium

Risk Statement	Controls In Place	Controls in Development
There is a risk that the ICB is unable to ensure that the system operates within available resources and delivers a credible medium-term financial plan. **Causes** • Demand and acuity growth above planning assumptions (elective, urgent care, CHC, mental health). • Insufficient productivity and efficiency delivery across providers and primary care. • Cost pressures from pay awards, drugs, estates, digital and PFI. • Fragmented decision-making and weak	• CLSP in place with “Do Something” model reflecting a financially sustainable position for the SWL system. • Comprehensive ICB planning and budget-setting process to prioritise resources appropriately, including an agreed savings programme to support delivery of financial balance while minimising running costs. • Finance & Planning Committee oversight of the reported financial position and required mitigations, with clear accountability through budget holders and the Senior Management Team (including Place leads).	• Further work required on CLSP financial model and assumptions to ensure alignment of the ICB’s medium term financial plan with system provider partners • Benefits realisation and transformation impact not yet fully independently validated at system level. • Reliance on non-recurrent measures and slippage risk within elements of the savings programme. • Variable productivity and cost improvement delivery across system partners, with limited levers in primary care and social care interfaces.

alignment of incentives across partners. • Insufficient grip over system cost drivers (agency, length of stay, OOA placements) • Delays to transformation programmes and capital constraints. • Data quality and analytical capability insufficient to support system decisions. • Ongoing financial pressure across the system. • Significant change within ICB teams **Impacts** • A failure to address health inequalities and improve the health of our population. • System deficit and breach of NHS financial duties. • Regulatory escalation and loss of autonomy. • Reduced ability to invest in prevention and service transformation. • Cash flow pressures and increased borrowing. • Deterioration in access standards and quality of care. • Reputational damage with partners and the public. • Workforce instability and industrial relations risk. • Reduced flexibility to invest in priority areas. • Increased focus on short-term financial management.	• Robust monthly financial reporting to the Senior Management Team and Finance & Planning Committee, with the ICB Board reviewing the financial position at each meeting. • Quarterly NHSE assurance meetings and CFO participation in regional ICB forums to ensure local assumptions and approaches align with regional and national expectations. • Establishment of a system-wide Financial Recovery Group overseeing in-year delivery of efficiencies and productivity improvements, reporting to the Finance & Planning Committee. • Board seminars to oversee the wider service transformation required to deliver the savings programme and enable medium-term financial sustainability.	• Ongoing exposure to demand growth and acuity exceeding planning assumptions, particularly in urgent care and continuing healthcare. • Lack of a system-wide forum to oversee delivery of transformative plans and realisation of benefits, management of risks and co-ordination of plans in relation to productivity improvement, reducing costs within Urgent and Emergency Care Pathways, and modelling future population need and optimal service configuration within the financial envelope.

Sources of Assurance (Lines of Defence)

First Line (Management & Operations):	Second Line (Oversight):	Third Line (Internal Audit):	Gaps in Control & Assurance
• ICB and system partners operating within the agreed financial plan and savings programme, with named SROs for each workstream. • Monthly budget holder accountability meetings and recovery actions to manage run-rate. • System Financial Recovery Group driving in-year efficiency and productivity delivery across providers and Place. • Demand management controls (CHC, prescribing, UEC pathways) to mitigate cost growth. • Workforce controls including agency reduction and establishment management. **Evidence**: monthly finance reports, CIP trackers, workforce dashboards, CHC panels, recovery plans.	• Finance & Planning Committee scrutiny of forecast, risks, mitigations and savings delivery. • ICB Board review of financial position at each meeting and oversight of transformation impact. • System Oversight / Recovery Group challenge on provider performance and productivity. • PMO assurance on benefits realisation and non-recurrent reliance. **Evidence**: committee minutes, deep dives, internal audit opinions, PMO assurance reports, risk registers.	• Internal audit reviews of financial governance, savings governance and budgetary control. **Evidence**: internal audit opinions	• Comprehensive governance and reporting arrangements are in place, aligned to national requirements; however, effectiveness is dependent on partner delivery and strength of system levers. • Monthly monitoring and recovery structures are established, but delivery is focused on 2526 plan delivery and is exposed to demand volatility, productivity variation and reliance on non-recurrent actions. • The framework provides reasonable oversight, yet further assurance is required on a detailed delivery plan for the CLSP, benefits realisation and triangulation with all partner financial and savings plans, recurrent efficiency delivery and management of system-wide cost drivers.

Risk Score	Consequence	Likelihood	Score
Inherent Risk Score	5	4	25
Residual Risk Score	5	4	16
Target Risk Score	3	4	9
Risk Appetite			**TBA**

Risk Score Movement	**None**	**Last Review Date**	16/01/2026
Overall Level of Control Assurance		**Medium**	

Risk scoring movement

Risk			Risk Score			Scoring Movement	Level of Assurance	Rationale for change to score/controls/assurance & commentary
Ref	Description	Risk owner	Inherent	Residual	Target			
BAF001	Failure of the ICB to discharge its statutory responsibility to oversee and secure a financially sustainable health and care system.	CFO	25	16	9	↔	Medium	
BAF002	Urgent & Emergency Care	COO	25	20	9	↔	Medium	
BAF003	Oversight of contractual delivery (access, outcomes and constitutional standards)	COO	20	16	6	↔	Medium	
BAF008	System quality oversight	CNO	20	16	9	↔	Medium	
BAF004	Interruption to clinical and operational systems as a result of a cyber attack	CMO	20	16	6	↔	Medium	
BAF009	Infrastructure Capability across SWL	CFO	20	16	9	↔	Medium	

Summary Assurance Map

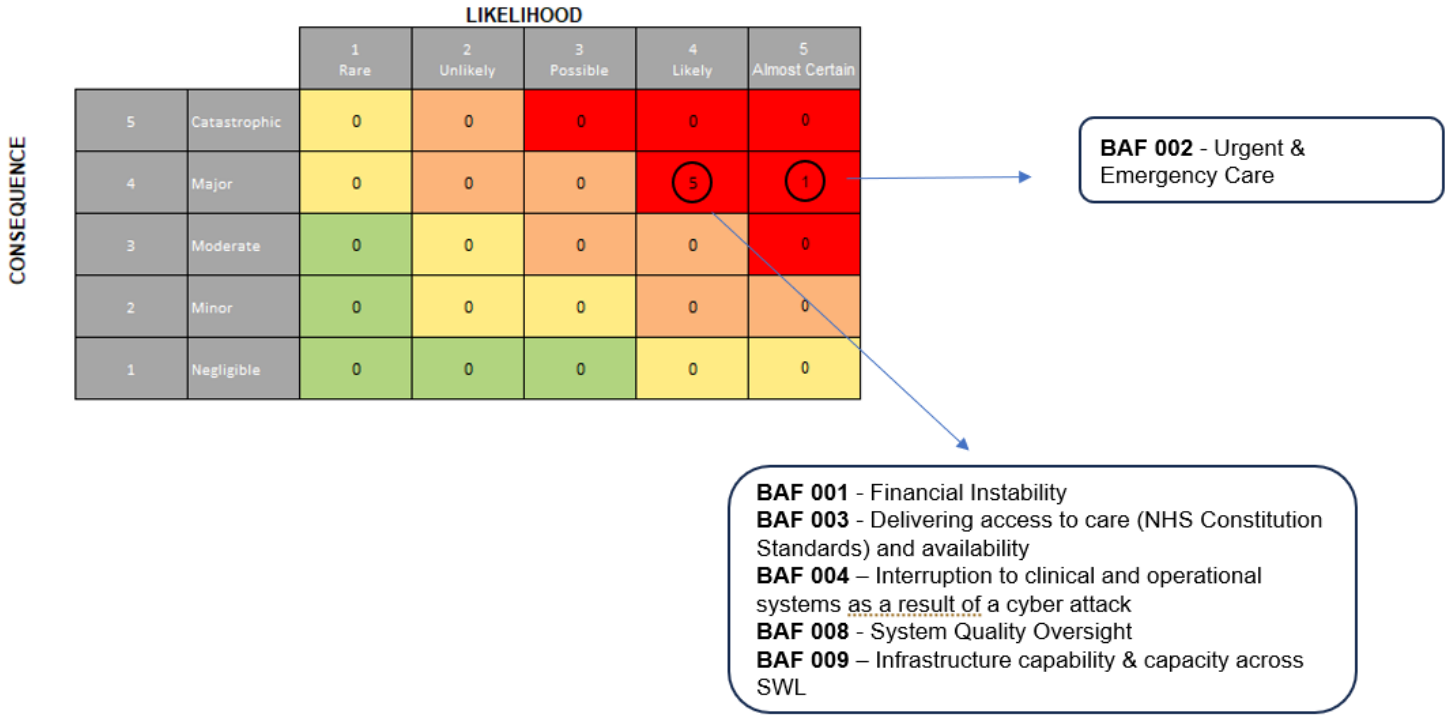
Risk Reference	Risk Type	Current Score	1st Line of Defence	2nd Line of Defence	3rd Line of Defence	Reviewed Assurance level
BAF001	Finance	**16**	Medium	Medium	Medium	Medium
BAF002	Performance	**20**	Medium	Medium	Medium	Medium
BAF003	Performance	**16**	Medium	Medium	Medium	Medium
BAF008	Quality	**16**	Medium	Medium	Medium	Medium
BAF004	Reputational	**16**	Medium	Medium	Medium	Medium
BAF009	Finance	**16**	Medium	Medium	Medium	Medium

All assurances currently meet Medium Status.

Strength of assurance

HIGH	MEDIUM	LOW
• Full assurance provided over the effectiveness of controls. • Assurance across all lines, positive assurance on all lines and within 3 years	• Some assurances in place or controls are still maturing so effectiveness cannot be fully assessed at this time. • Assurance across all lines within last 3 years	• Assurance indicates poor effectiveness of controls. • Assurance across 1st line of defence only • Assurance older than 3 years

BAF Risk Summary Heat Map



NHS South West London
Integrated Care Board

Board Member Lead Roles

Agenda item: 5

Report by: Ben Luscombe

Paper type: For information

Date of meeting: Wednesday, 28 January 2026

Date Published: Wednesday, 21 January 2026.

Purpose

To update the Board on the current provisions for South West London ICB Executive and Non-Executive lead roles to meet both Statutory Requirements and National Guidelines.

Executive summary

As a statutory NHS body under the Health and Care Act 2022, the ICB must meet its legal duties. The ICB Model constitution, National guidance and Acts of Parliament combine to create specific lead roles and responsibilities to be undertaken by Board members.

Additionally, during consideration of the Health and Care Act 2022, a commitment was given to Parliament that every integrated care board (ICB) would identify members of its board, with voting rights at meetings, who would have explicit responsibility for certain population groups and functions.

These leadership requirements were created with the intention to secure visible and effective board-level leadership for addressing issues faced by certain groups and to ensure that statutory duties receive sufficient focus.

Key Issues for the Board to be aware of

- The current arrangements for South West London ICB are listed below.
- The agreement to 'cluster' and form joint leadership and joint teams with South East London ICB may impact these in the future.

Model Constitution	
Deputy Chair	Anne Rainsberry
Senior Non-Executive Member	TBC

National Guidance	
Executive Lead for Children and Young People	Elaine Clancy delegated to deputy Fergus Keegan
Executive lead for children and young people with SEND	Elaine Clancy delegated to deputy Fergus Keegan
Executive lead for learning disability and autism	Jonathan Bates
Executive lead for Down syndrome	Jonathan Bates
Board Member with experience of Mental Health	Vanessa Ford
Caldicott Guardian	Elaine Clancy delegated to deputy Fergus Keegan
Conflicts of Interest Guardian	Bob Alexander
NEM with responsibility for Freedom to Speak Up	Anne Rainsberry
Executive with responsibility for Freedom to Speak Up	Katie Fisher
Freedom to Speak up Guardian	Ben Luscombe

Statutory Roles	
Senior Information Risk Owner	Katie Fisher, delegated to deputy Ben Luscombe
Executive lead for safeguarding	Elaine Clancy delegated to deputy Fergus Keegan
Accountable Emergency Officer	Jonathan Bates

Recommendation

The Board is asked to:

- Note the contents of the paper.

NHS South West London
Integrated Care Board

Governance and Supporting Documentation

Conflicts of interest
None

Corporate objectives
N/A

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

Supporting documents

Lead director
Ben Luscombe, Director of Corporate Affairs

Author
Steve Crocker, Deputy Director of Corporate Affairs

NHS South West London
Integrated Care Board

Emergency Preparedness, Resilience and Response (EPRR) Board Assurance Update 2025/26

Agenda item: 6

Report by: Jonathan Bates

Paper type: For information

Date of meeting: Wednesday, 28 January 2026

Date Published: Wednesday, 21 January 2026

Purpose

This paper is presented to provide the Board with assurance regarding South West London Integrated Care Board's compliance with the NHS England Emergency Preparedness, Resilience and Response (EPRR) Core Standards for 2025/26. It summarises the outcome of the annual EPRR assurance process, including areas of good practice and identified challenges, and asks the Board to note the assurance outcome and continue to support the delivery of the EPRR work programme to maintain and strengthen system resilience.

Executive summary

South West London Integrated Care Board (SWL ICB) is a designated Category 1 Responder under the Civil Contingencies Act 2004 and is required to provide assurance on its arrangements for emergency preparedness, resilience and response (EPRR). This paper provides an update on the outcome of the 2025/26 NHS England EPRR Core Standards assurance process, building on previous annual assurance reports considered by the Board. Following submission of the annual self-assessment and a formal assurance meeting with NHS England – London, SWL ICB has been assessed as fully compliant with the EPRR Core Standards. The paper summarises key areas of good practice, highlights ongoing risks and challenges, and outlines next steps to maintain and strengthen system resilience.

Key Issues for the Board to be aware of

1. **Full EPRR compliance achieved** – SWL ICB has been assessed as fully compliant with the EPRR Core Standards for 2025/26, demonstrating effective system leadership and incident coordination.
2. **EPRR capacity and resourcing pressures** – Ongoing capacity constraints remain a risk, impacting the pace of plan reviews and delivery of training and exercising.
3. **Growing system resilience risks** – Cyber preparedness and supply chain resilience continue to present increasing system-wide risks, requiring sustained focus and oversight.

NHS South West London
Integrated Care Board

Recommendation

The Board is asked to:

- **Note** the 2025/26 Emergency Preparedness, Resilience and Response (EPRR) assurance position of full compliance with the NHS England EPRR Core Standards.
- **Continue to support** delivery of the EPRR work programme, including actions to address capacity, cyber preparedness and system exercising, to maintain and strengthen system resilience.

NHS South West London
Integrated Care Board

Governance and Supporting Documentation

Conflicts of interest
None identified.

Corporate objectives
This document will impact on the following Board objectives:

- **Improving population health outcomes** and reducing inequalities by ensuring the system is prepared to respond effectively to emergencies, protecting patient safety and maintaining continuity of care for South West London's communities, including the most vulnerable.
- **Enhancing productivity, value for money and system sustainability** through coordinated, well-governed EPRR arrangements that support efficient use of resources, strengthen digital and cyber resilience, and enable partners to plan and respond collectively to disruptive events.
- **Supporting broader social and economic development** by fostering strong partnerships across health and care organisations, enabling collaborative planning, workforce development, and system-wide preparedness that underpins resilient, high-quality services across South West London.

Risks
This document links to the following Board risks:

- Rising cyber security threats – as EPRR includes cyber incident preparedness, the paper highlights ongoing work to strengthen cyber resilience across the system.
- Ensuring effective service delivery and system resilience – capacity pressures, supply chain risks, and emergency preparedness directly affect the ICB's ability to maintain safe, continuous services, particularly during periods of high demand.
- System-wide integration and governance challenges – effective EPRR arrangements rely on coordinated system-wide planning, testing, and response, linking directly to risks around integration and operational alignment.

Mitigations
Actions taken to reduce any risks identified:

- Prioritisation of the EPRR work programme to address capacity pressures, including completion of outstanding plan reviews and assurance actions.
- Strengthening of cyber resilience through implementation of a Cyber Security Annex to the Incident Response Plan.
- Maintenance of a joint EPRR and System Coordination Centre model and active system-wide engagement to support coordinated incident response and service continuity.

Financial/resource implications
None

NHS South West London
Integrated Care Board

Green/Sustainability Implications

- Collaborative working between the Adaptation & Sustainability and EPRR leads ensures that emergency preparedness and response arrangements support delivery of the SWL Green Plan and NHS carbon reduction targets. This includes aligning climate adaptation risks (such as heatwaves, flooding and severe weather) with EPRR planning, enabling proactive, system-wide responses that protect services and reduce avoidable reactive activity and associated carbon impact.

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

Not applicable

Final date for approval

Not applicable

Supporting documents

Emergency Preparedness, Resilience and Response (EPRR)
Board Assurance Update 2025/26

Author

Emma Duffy – Deputy Director of System Oversight & Emergency Planning – SWL ICB

NHS South West London
Integrated Care Board

Emergency Preparedness, Resilience and Response (EPRR) Board Assurance Update 2025/26

Executive Summary

South West London Integrated Care Board (SWL ICB) is a designated Category 1 Responder under the Civil Contingencies Act 2004 and is required to provide assurance on its ability to plan for, respond to and recover from emergencies.

For 2025/26, SWL ICB has been assessed by NHS England – London as **fully compliant** with the Emergency Preparedness, Resilience and Response (EPRR) Core Standards. This assurance position follows submission of the annual self-assessment in September 2025 and a formal assurance meeting held in December 2025, and has been agreed by the Accountable Emergency Officer.

NHS England – London identified several areas of strong practice, including effective system leadership, high levels of engagement with partner organisations, development of a Cyber Security Annex to the Incident Response Plan, and a resilient and cost-effective joint EPRR and System Coordination Centre model. The ICB's oversight and coordination of incidents across the system and the continued development of the SWL EPRR community were also highlighted as strengths.

The assurance process recognised ongoing challenges relating to EPRR capacity and resourcing, which have impacted the pace of plan reviews and the ability to deliver training and exercising at the desired level. Wider system risks associated with cyber preparedness and supply chain resilience were also noted. Mitigating actions are in place, and outstanding actions are expected to be completed within the current financial year.

The Board is asked to note the overall assurance outcome of full compliance, the key areas of

strength and challenge, and to continue to support the delivery of the EPRR work programme to maintain and strengthen system resilience.

2025/26 Assurance Outcome

SWL ICB submitted its EPRR Core Standards self-assessment in September 2025. This was followed by a face-to-face assurance meeting with NHS England – London in December 2025.

NHS England – London confirmed that SWL ICB is fully compliant with the EPRR Core Standards. This assurance position has been agreed by the Accountable Emergency Officer and will be reported nationally in line with the established process.

Key Areas of Positive Practice

NHS England – London highlighted several areas of notable practice, including:

- Strong system leadership and engagement with partner organisations
- Development of a Cyber Security Annex to the Incident Response Plan, improving oversight of emerging IT and cyber risks
- A joint EPRR and System Coordination Centre (SCC) operating model that is safe, resilient and cost effective
- Effective oversight and coordination of incidents across the SWL system
- Continued development and strengthening of the SWL EPRR professional network

Risks and Challenges

The assurance discussion also recognised a number of ongoing challenges, including:

- Capacity and resourcing pressures within EPRR teams, impacting the pace of plan reviews
- Reduced ability to undertake training and exercising due to wider system pressures
- System-wide risks relating to cyber preparedness and supply chain resilience

Mitigating actions are in place, and outstanding plan reviews and assurance activities are expected to be completed within the current financial year:

• Capacity and resourcing pressures within EPRR teams, impacting the pace of plan reviews

• Maintenance of a joint EPRR and System Coordination Centre model and active system-wide engagement to support coordinated incident response and service continuity.

• Strengthening of cyber resilience through implementation of a Cyber Security Annex to the Incident Response Plan.

System Overview

Across the SWL system, all NHS organisations have submitted either fully or substantially compliant EPRR returns. Strong engagement across the SWL EPRR community has supported open assurance discussions and continuous improvement.

Specific improvement was noted in organisations that have strengthened local emergency planning capacity during the year, contributing positively to system resilience.

Organisation	Acute providers	Specialist providers	Community	Mental health	Integrated Care Boards	Full / Substantial / Partial / Non		Change ↔ ↑ ↓
						2024/ 2025	2025/ 2026	
Croydon Health Services NHS Trust	X					Substantial	Substantial	↔
Epsom and St Helier University Hospitals	X					Substantial	Substantial	↔

Kingston and Richmond NHS FT	X					Full	Substantial	↓
South West London and St George's Mental Health Trust				X		Substantial	Substantial	↔
South West London ICB					X	Full	Full	↔
St George's Hospitals NHS FT	X					Full	Substantial	↓
Your Healthcare			X			Full	Full	↔
The Royal Marsden NHS Foundation Trust		X				Substantial	Substantial	↔

Next Steps

The Board is asked to:

- Note the 2025/26 EPRR assurance outcome of full compliance
- Note the key strengths and challenges identified through the assurance process
- Support continued system focus on EPRR resourcing, cyber preparedness and exercising

SWL ICB will continue to monitor progress against its EPRR work programme and provide further updates as required.

NHS South West London
Integrated Care Board

Finance and Planning Committee update

Agenda item: 7.1

Report by: Jamal Butt, Non Executive Member SWL

Paper type: Information

Date of meeting: Wednesday, 28 January 2026

Date Published: Wednesday, 21 January 2026

Purpose

To provide the Board with an overview of the key issues discussed at the Finance and Planning Committee at its November and December meetings.

Executive summary

The Finance and Planning Committee has met twice since the last update to the ICB Board, on 26 November and 17 December 2025. The meeting was quorate and chaired by Jamal Butt. The following items were discussed:

26 November 2025

ICB Business

All age Continuing Healthcare review

- The Committee was updated on Continuing Healthcare, noting that expenditure had remained stable. The Committee discussed the continued focus on collaboration with local authorities and maintaining robust eligibility processes to sustain performance and cost control.
- The Committee discussed the current position for appeals and actions being taken to address the backlog.

Medium Term Operational Plan

- The paper presented to the Committee provided clarity on:
    - Performance expectations, national requirements for the current planning period and translation into local implications.
    - Financial allocations (revenue and capital).
    - Linkages to the strategic plan.
    - Commissioning intentions and resource allocation.
- The Committee discussed the opportunities and challenges and the timeframes where this will be discussed at Board.

ICB 2025/26 M6 finance report

- The M6 report was taken as read and a verbal update on the ICS M7 finance position was presented.
- The Committee noted that the overall position remains unchanged from M06, on plan year to date and the forecast remains aligned with expectations. Efficiency target delivery is on track with a small overachievement, which is being used to offset cost pressures.

ICS Business

Update from Financial Recovery Group

- The Committee was updated on the Financial Recovery Group meeting from October. The focus of that meeting was the risk inherent in the outturn position. In particular, the Group discussed system-related efficiencies that have not progressed and mitigations to address this.

ICS 2025/26 M6 delivery against the operational plan

- The Committee received the report, noting continued pressure in urgent care across the system and some slippage in planned care performance.
- The Committee noted that St George's, Epsom and St Helier Hospital Group (GESH) are under Tier 1 scrutiny, reflecting the highest level of scrutiny with fortnightly meetings with national and regional teams. Kingston Hospital (KHT) is in Tier 2 which involves a lower level of scrutiny.

ICS 2025/26 M6 finance report

- The M6 report was taken as read and a verbal update on the ICS M7 finance position was presented.
- The Committee noted that M7 remains on plan. The RoNDA (Risk of Non Delivery Assessment) score remains at 1.8 which is critical for maintaining deficit support funding for the cash position.
- Capital Departmental Expenditure Limited (CDEL) for SWL is on track, nationally a reforecasting exercise is underway due to slippage.

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.

17 December 2025

ICB Business

Prescribing update

- The Committee was updated on primary care prescribing performance, financial outcomes and delivery of efficiency initiatives. The Committee noted that SWL's primary care drug spend remains below the England average although there is variation between localities, with successful delivery in the five year savings plan.

- The Committee discussed the work underway to identify under-prescribing areas and the link to higher hospital admissions.
- The Committee noted the continued pressure on drugs prices nationally.

Medium Term Operational Plan

- The Committee focused on the finance planning update, noting ongoing financial pressures, including limited growth for mental health, inflationary impacts on acute budgets, and low tariff uplifts, alongside hospice funding challenges and constraints on contract reductions due to deficit support funding. These factors require significant productivity improvements, efficiency savings, and careful balancing of investment to maintain service stability and meet performance targets within available funding.
- The Committee agreed that a balanced, system-wide approach is essential to avoid destabilising providers.

ICB 2025/26 M7 finance report

- The M7 report was taken as read and a verbal update on the ICS M8 finance position was presented. Overall position remains on track with improvements noted in the primary care position and Continuing Healthcare. The Committee noted risks in relation to the Attention Deficit Hyperactivity Disorder (ADHD) cost pressures and high cost placements.

ICS Business

Update from Financial Recovery Group

- The Committee was updated on the Financial Recovery Group meeting from December and noted the key system risks and mitigating actions and approach to delivering financial balance in-year.

ICS 2025/26 M7 finance report

- The Committee took the month 7 report as read and received a verbal update on the M8 position. The Financial position at month 8 remains broadly on track with efficiencies being delivered.
- The RoNDA score has deteriorated from 1.8 to 2.0, critical for maintaining funding for cash position and year end delivery. Despite the slight adverse movement, a score of less than 2.5 should not impact on DSF flowing to the system.

Other

- The Committee reviewed business cases and contract awards in line with the ICB governance arrangements and responsibilities of the Committee.
- The Committee agreed the process and survey questions that it will use to undertake the annual review of the Committee's Terms of Reference.

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Recommendation

The Board is asked to:

- Note the Committee report.

NHS South West London
Integrated Care Board

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	25 November 2025 17 December 2025	

Final date for approval
N/A

Supporting documents
- None

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Author
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NHS
South West London

SWL NHS Finance Report M8

January 2026

Contents

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The ICB internal position

ICB Financial Overview

NHS South West London

Key Messages:

- The ICB position as at 30th November 2025 is in line with plan (£1.0m deficit) and is forecasting 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. This overperformance is being used to mitigate cost pressures highlighted in this report.
- Acute services are forecasting an adverse variance of £5.8m, which is predominantly due to an overspend at Month 8 on ISP spend (£4.9m forecast adverse).
- Mental health services are showing an adverse YTD variance of £3.5m and forecast variance of £5.6m, predominantly driven by continuing pressures on Right to Choose assessments (£4.5m forecast above plan) and placements (£2.9m forecast above plan).
- AACHC are reporting a favourable YTD variance of £0.5m, and a favourable forecast variance of £1.0m due to underspend on children's continuing care budgets.
- The forecast underspend of £1.3m within primary care is predominantly due to a projected annual underspend of £0.6m against the Dental, Ophthalmic and Pharmacy (DOP) budgets. There has also been an improvement in prescribing with a favourable trend in the last two months.
- The ICB did not meet the NHS England cash target due to continuing implementation issues with ISFE2, however the closing balance reduced to 4.75% of drawdown (M7 10.09%) with an expectation of returning to the target in December.

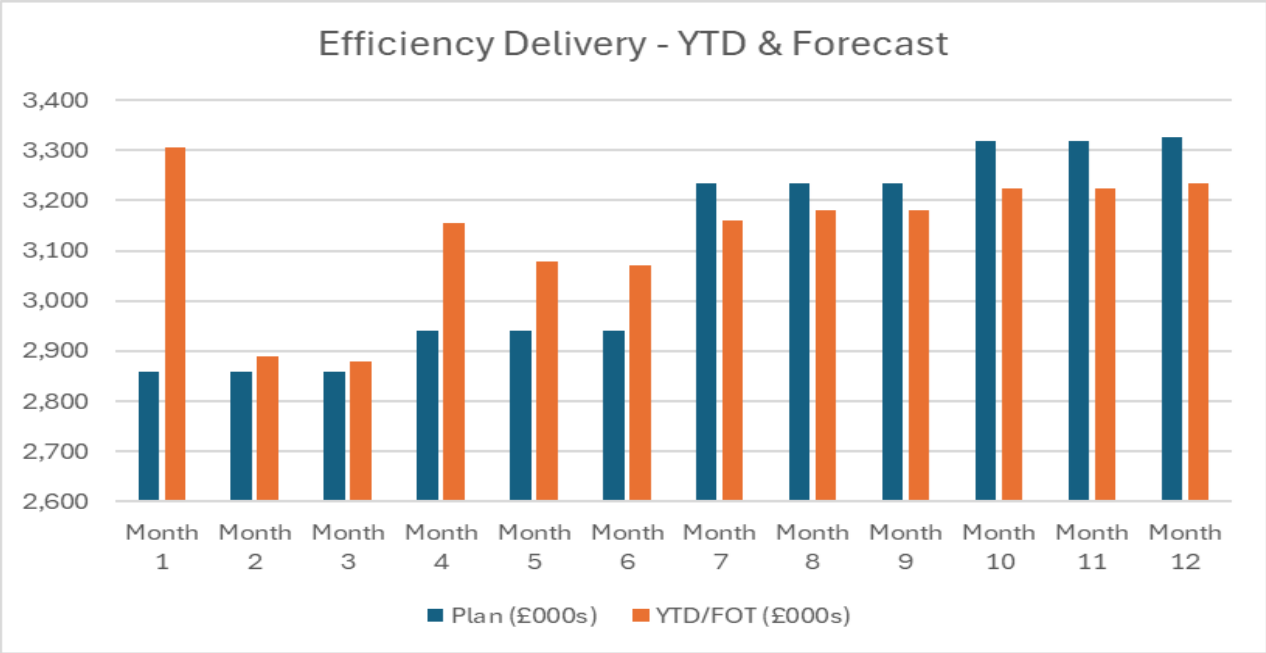
ICB High Level Financial Position

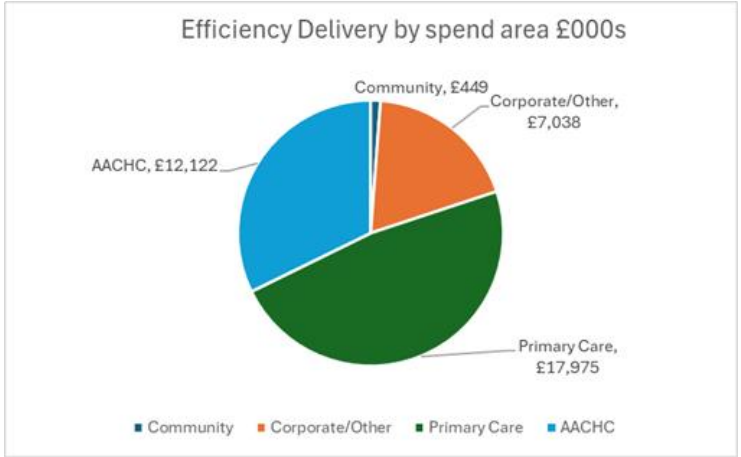
NHS South West London

Target	Measure	Month 8 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 4.94%	Achieved
Running Costs	ICB running costs not to exceed £25.7m	Forecast spend £23.3m	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 4.75% of drawdown limit	Not 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)	**£2,854,851**			**£4,330,043**				
Expenditure:								
Acute Services (NHS & non-NHS)	£1,372,301	£1,376,967	-£4,666	£2,052,479	£2,058,270	-£5,792	-£5,792	£0
Specialist Commissioning	£324,378	£324,378	£0	£501,986	£501,986	£0	£0	£0
Community Health Services	£198,156	£197,352	£805	£297,047	£296,838	£209	£355	-£146
All Age Continuing Healthcare	£117,113	£116,564	£549	£175,669	£174,686	£983	-£9	£993
Corporate & Other	£58,558	£54,680	£3,878	£123,293	£114,311	£8,982	£12,313	-£3,331
Mental Health	£268,260	£271,772	-£3,512	£401,612	£407,259	-£5,646	-£5,646	£0
Primary Care (Incl Prescribing & Delegated)	£516,935	£514,814	£2,121	£777,957	£776,662	£1,295	-£1,208	£2,503
Total Expenditure:	**£2,855,701**	**£2,856,527**	**-£825**	**£4,330,043**	**£4,330,012**	**£31**	**£12**	**£19**
Surplus/(Deficit)	**-£850**			**£0**				

SWL ICB efficiency plan





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. This mitigates overspends highlighted in this report.
- £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.
- There has been an increase in prescribing expenditure but early indications are these are outside of the areas targeted for savings. Where drivers are within our control we will develop mitigations
- Key priorities for the next month (January):
    - Continue to meet monthly with an in-year focus on delivery and the development of pipeline schemes into confirmed schemes for 2026/27 and beyond.

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The SWL NHS system revenue position

SWL NHS system revenue position

NHS South West London

Financial position:

- The SWL system has **a YTD deficit of £59.6m, which is in line with the plan** (small favourable variance of £0.1m is due to rounding).
- The system is forecasting to meet the breakeven plan for the year.
- There are risks to this plan and a system wide risk reviews are regularly 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' (2.0) this month compared to '2' (1.8) 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 Q4 deficit funding, subject to NHSE sign off.

Workforce:

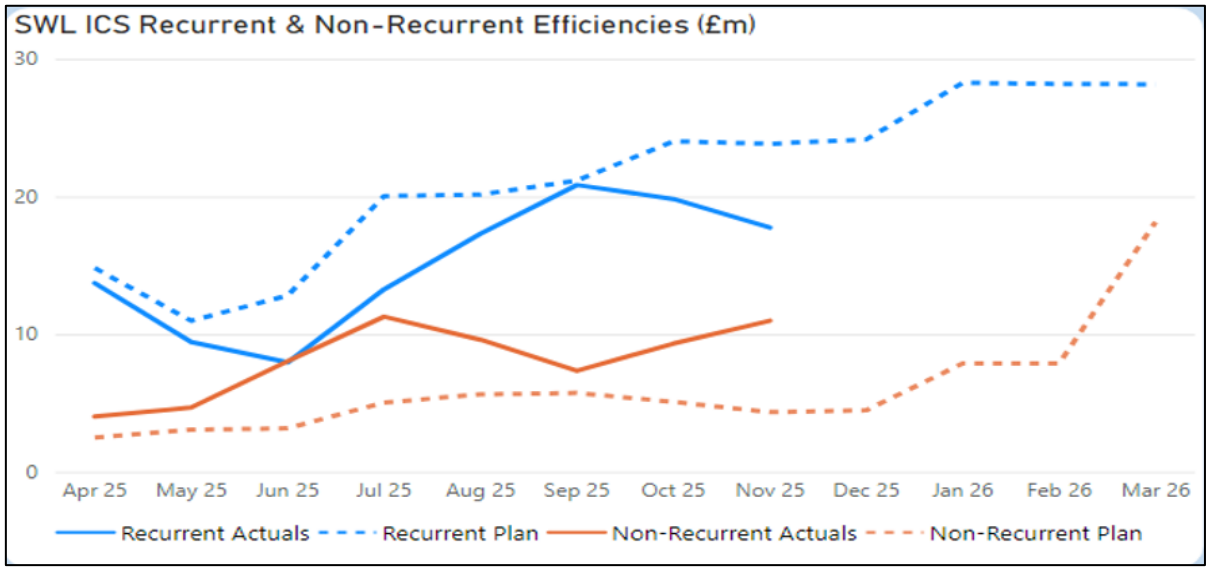
- The 2025/26 efficiency plan assumes an 1,509 decrease in WTEs.
- Actual WTEs have increased by 26 from last month, with the **adverse variance to plan now 1,090. Significant reductions phased in the last three months were not met.**
- ESH, SGH and CHS account for the majority of the adverse variance to plan YTD. RMH, SWLSG and KRT are slightly adverse to 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 7.5%.

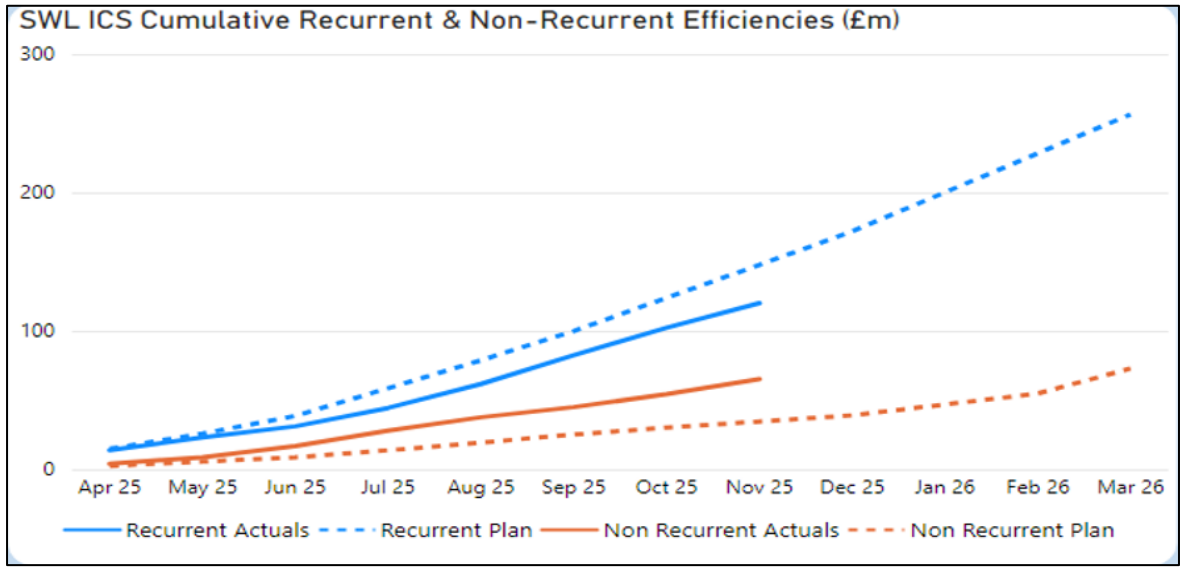
Financial performance (£m)	Month 8		
	YTD Plan	YTD Actual	YTD Variance
CHS	-8.5	-8.5	0.0
ESHT	-16.1	-16.1	0.0
KRFT	-18.5	-18.4	0.0
SGH	-14.7	-14.7	0.0
SWL StG	0.1	0.2	0.0
RMH	-1.2	-1.2	0.0
Trusts Total	**-58.9**	**-58.8**	**0.1**
ICB	-0.9	-0.8	0.0
SWL System	**-59.7**	**-59.6**	**0.1**

Financial performance (£m)	Month 8 - 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.
- £185.3m of efficiency has been delivered. Efficiency delivery is £3.0m ahead of the **plan year to date** (£2.5m ahead of on plan last month), **with recurrent efficiency £27.7m adverse** (£21.6m adverse last month). The majority of the overall favourable variance comes from ICB and RMH.
- £288m of efficiency is fully identified (£283m last month), so an improvement, but this still means that remaining 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.

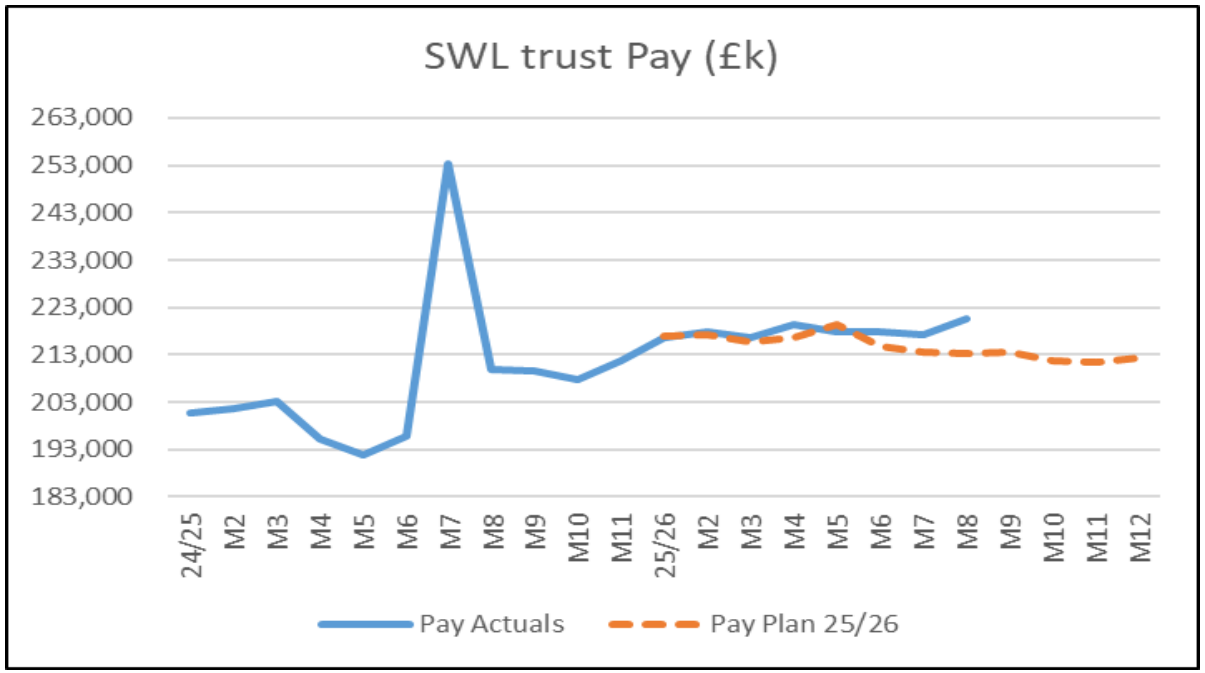


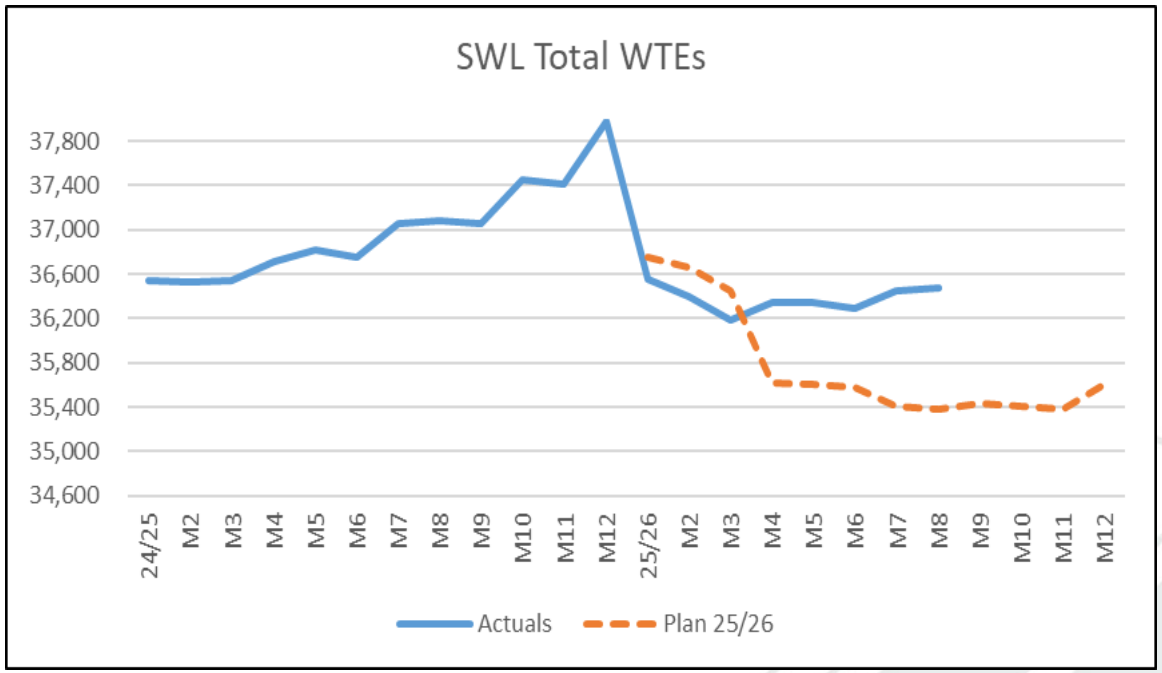


SWL NHS system workforce

NHS South West London

- Trust total pay costs are adverse to plan YTD by £16.5m (£9.3m 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 WTEs have increased by 26 from last month, with the **adverse variance to plan now 1,090. Significant reductions phased in the last three months were not met.** 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. All trust are showing an adverse position to plan.

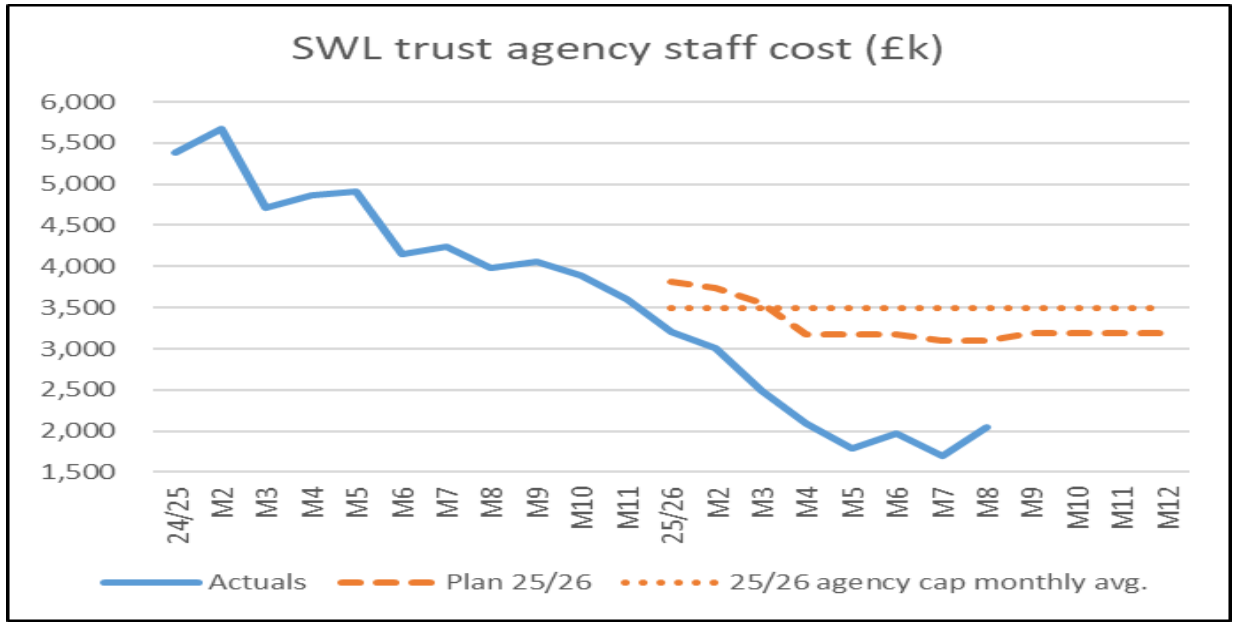


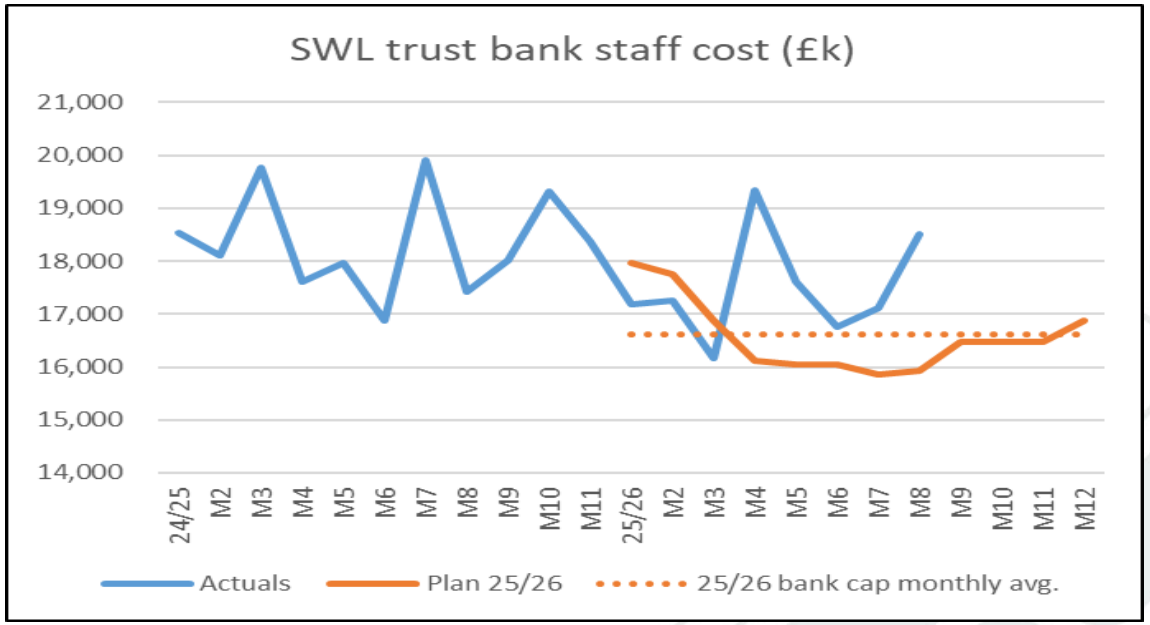


SWL NHS system workforce – temporary staffing

South West London

- The SWL system agency cost cap is £41.8m for 2025/26 and plans have been set totalling £39.6m, £2.2m below the cap.
  - The current FOT is £32.5m, **which is £9.3m below the NHSE agency cost cap.**
- The SWL system bank cost cap is £199.2m for 2025/26 and plans have been set totalling £198.9m, £0.7m below the cap.
  - The current FOT is £213.8m, **which is £14.6m 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 fell across the 2025 calendar year, as new controls kicked in. However, costs increased in M4 and M8 in part due to industrial action.

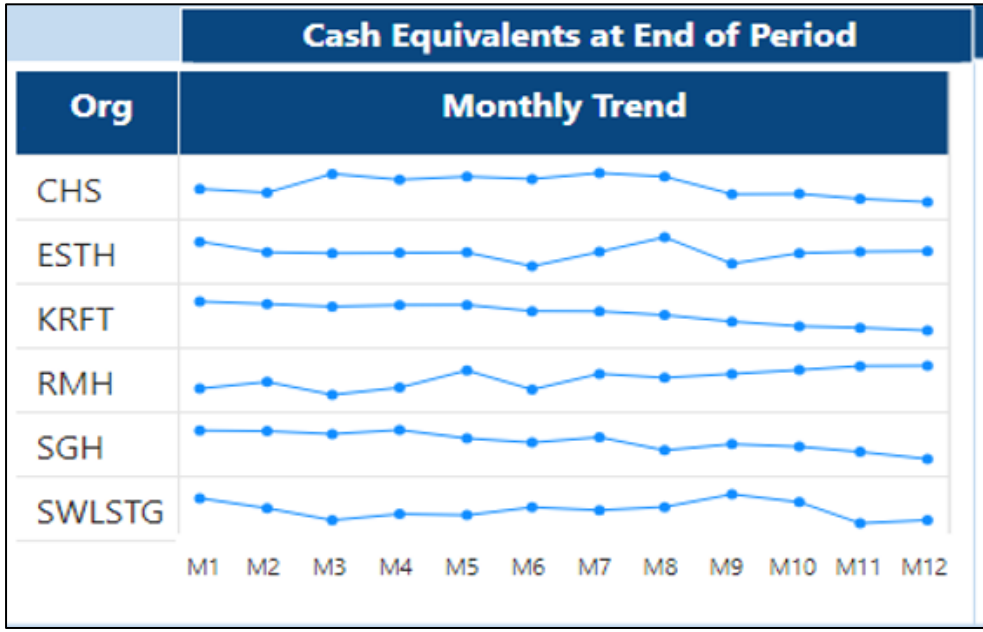




SWL NHS system cash

NHS South West London

- Cash reporting requirements in the trust monthly returns increased in 2025/26, giving 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 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, subject to receipt of deficit support funding.
- Current cash operating days are lowest at SGH at M12 (11.6). No other trust is forecast to fall below 15 days.



Operating Expenditure Days											
M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
31.2	27.6	27.0	22.3	26.3	23.2	29.1	25.4	26.2	27.4	17.7	16.8
25.1	21.1	20.0	21.2	21.8	14.2	21.6	26.8	16.4	22.6	21.1	25.7
37.9	38.1	35.4	37.5	38.2	32.9	33.9	30.7	30.7	28.4	24.7	29.2
67.0	71.7	68.5	67.4	78.1	61.4	72.8	70.2	78.9	75.2	73.0	80.1
22.8	22.8	20.8	24.6	19.5	17.1	19.5	13.8	17.4	17.0	13.1	11.6
59.8	58.7	47.6	51.9	51.2	54.3	53.9	53.8	65.6	60.8	43.4	49.9

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The SWL system capital position

SWL NHS system capital position

Forecast Outturn

£m	SWL CDEL				National CDEL				Total CDEL			
Org	Allocation	FOT	Variance	RAG	Allocation	FOT	Variance	RAG	Allocation	FOT	Variance	RAG
CHS	15.0	15.0	0.0	G	14.8	14.8	0.0	G	29.8	29.8	0.0	G
ESHT	12.3	12.3	0.0	G	16.4	16.4	0.0	G	28.8	28.8	0.0	G
KRFT	7.2	7.2	0.0	G	13.5	13.5	0.0	G	20.7	20.7	0.0	G
SGH	39.9	39.9	0.0	G	14.6	12.6	-2.0	R	54.5	52.6	-2.0	A
SWL StG	75.9	52.4	-23.5	R	8.6	5.9	-2.7	R	84.5	58.3	-26.2	R
RMH	26.5	26.5	0.0	G	8.8	7.8	-1.0	R	35.3	34.3	-1.0	G
Subtotal	***176.8***	***153.3***	***-23.5***	***R***	***76.8***	***71.1***	***-5.7***	***A***	***253.7***	***224.4***	***-29.2***	***R***
ICB	3.4	3.4	0.0	G	2.5	1.7	-0.8	R	5.9	5.1	-0.8	R
ICS Total	***180.2***	***156.7***	***-23.5***	***R***	***79.4***	***72.9***	***-6.5***	***A***	***259.6***	***229.6***	***-30.0***	***R***

YTD Spend Compared to Total Allocation

	SWL CDEL		National CDEL		Total CDEL	
Org	YTD Actual £m	% of Total Allocation	YTD Actual £m	% of Total Allocation	YTD Actual £m	% of Total Allocation
CHS	6.8	45.4%	7.0	47.3%	13.8	46.3%
ESTH	3.0	24.5%	8.1	49.2%	11.1	38.6%
KRFT	4.8	67.3%	3.4	25.0%	8.2	39.7%
SGH	13.2	33.0%	1.7	11.8%	14.9	27.3%
SWLSTG	26.9	35.5%	4.5	52.4%	31.5	37.2%
RMH	6.4	24.1%	0.4	4.9%	6.8	19.3%
Subtotal	***61.2***	***34.6%***	***25.2***	***32.8%***	***86.4***	***34.0%***
ICB	0.7	21.8%	0.2	6.8%	0.9	15.4%
Subtotal	***0.7***	***21.8%***	***0.2***	***6.8%***	***0.9***	***15.4%***
ICS Total	***61.9***	***34.4%***	***25.3***	***31.9%***	***87.3***	***33.6%***

M8 position

- Forecast outturn is in line with the overall planned SWL allocation. Overall spend is phased into the final four months of the year. Trusts are confident that they can deliver by year end.
- The position includes planned underspends:
  - The changes in the national capital framework from 2026/27 means that the timing of CDEL availability for the SWLStG Tolworth redevelopment can no longer be managed at system level. A request to transfer £23.5m CDEL credits generated from SWLStG asset sales to 2026/27 has been submitted to DHSC/HMT, in order to avoid disadvantaging other SWL providers under the upcoming changes. SWL needs to accordingly underspend in 2025/26 by this amount to transact this transfer. This has been reflected at M8 in anticipation of the DHSC/HMT decision.
  - The national CDEL forecast reflects slippage agreed with NHSE as part of a mid-year national reforecasting exercise; NHSE has confirmed that it will provide 2026/27 funding to complete schemes.
- There is slippage within the SWL Utilisation and Modernisation programme (ICB national CDEL; programme business case approved September 2025) due to ongoing NHSE governance processes to sign off individual primary care estates schemes within it. The forecast will be kept under review as NHSE processes are navigated, however there is some risk of further slippage.

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Summary

Summary of financial position

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The Board is asked to:

- Note the ICB month 8 position.
- Note the ICS revenue month 8 position.
- Note the ICS capital position at month 8.
- Review the format of the report and confirm if it would like any further updates to the information provided.

NHS South West London
Integrated Care Board

SWL NHS Finance Report M8

Agenda item: 7.2

Report by: Dinah McLannahan, Chief Finance Officer

Paper type: information

Date of meeting: Wednesday, 28 January 2026

Date Published: Wednesday, 21 January 2026

Purpose

This report is brought to the Board to:

1. Provide an update as at month 8 on the ICB financial position against its internal budget.

2. Provide an update as at month 8 on the South West London (SWL) NHS system financial position, including capital spend.

Executive summary

The ICB position as at 30 November 2025 is in line with plan (£1.0m deficit) and is forecasting to deliver a breakeven position as planned.

The ICB 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. This overperformance is being used to mitigate cost pressures highlighted in the report.

The SWL system has a YTD deficit of £59.6m, which is in line with the plan. The system is forecasting to meet the breakeven plan for the year.

There are risks to this plan and system wide risk reviews are regularly reported to the Financial Recovery Group (FRG). The most significant risks concern delivery of the efficiency plan and associated workforce reductions, with Epsom and 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' (2.0) this month compared to '2' (1.8) 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 Q4 deficit funding, subject to NHSE sign off.

The ICS capital forecast outturn is in line with the overall planned SWL allocation. The position includes planned underspends of £5.7m relating to slippage on national schemes as agreed with NHSE as well as the mechanism to transfer £23.5m South West London and St George's Mental Health Trust (SWLSG) asset sale credits to 2026/27 in order to avoid disadvantaging other SWL

providers under the upcoming changes in the national capital framework. HM Treasury approval on the latter is awaited.

Spend is phased into the final four months of the year. Trusts are confident that they can deliver by year end however there is some risk of slippage within the primary care capital programme.

Key Issues for the Board to be aware of

- The ICB position at M8 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 £59.6m, which is in line with the plan. The system is forecasting to meet the breakeven plan for the year albeit with risk.
- Capital forecast outturn is in line with the overall planned SWL allocation at M8; which includes planned underspends to transfer capital budgets into 2026/27.

Recommendation

The Board is asked to:

- Note the ICB month 8 position.
- Note the ICS revenue month 8 position.
- Note the ICS capital position at month 8.
- Review the format of the report and confirm if it would like any further updates to the information provided.

NHS South West London
Integrated Care Board

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
SMT	8 January	Noted

Final date for approval
N/A

Supporting documents
SWL Finance Report M8 2025/26

NHS South West London
Integrated Care Board

Lead director

Dinah McLannahan

Authors

Joanna Watson
Neil McDowell
Piya Patel

NHS South West London
Integrated Care Board

Quality & Performance Oversight Committee Update

Agenda item 7.3

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

Paper type: For information

Date of meeting: Wednesday, 28 January 2026

Date Published: Wednesday, 21 January 2026

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 10 December 2025.

Executive Summary

The Quality and Performance Oversight Committee has met once since the last update to the ICB Board, on 10 December 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 highlighting areas of improvement and ongoing challenges as detailed in the report.

There was discussion around London Ambulance Service (LAS) 60 minute handover delays, particularly at Croydon Health Services (CHS). The Committee identified opportunities to work with the clinical strategy team and UEC Board to analyse ambulance breach data and determine immediate actions within the hospital, as well as longer-term preventative measures in the community to moderate demand.

The Committee **noted** the performance report.

SWL Elective Recovery (Surgical specialities) for Children and Young People (CYP)

The Committee noted an update on SWL Elective Recovery for Children and Young People. There were discussions about opportunities to utilise Independent Sector (IS) capacity for Dental and Ear, Nose and Throat (ENT) services given the long waiting times.

The Committee **noted** the update.

SWL ICB Quality Report

The Committee received the SWL ICB Quality Report noting the highlighted key risks and challenges as detailed within the report.

The Committee also received an update on the Patient Safety Incident Reporting Framework (PSIRF), highlighting the findings of the System Quality Reviews undertaken across the four Acute Trusts between October 2024 and June 2025. All four Acute Trusts have fully adopted PSIRF and have governance and oversight arrangements in place. An assurance process designed by SWL ICB, which included visits, has been implemented with all four Acute Trusts, the Royal Marsden Hospital and The Royal Hospital for neurodisabiltiy (RHND), with feedback provided. A visit to the Mental Health Trust is planned for 2026.

There were also discussions around the implementation of PSIRF in Primary Care, noting the need to be mindful of capacity and resources given the volume of patients seen in Primary Care.

The Committee **noted** the report and PSIRF update.

Medical Needs in Schools

The Committee noted an update outlining SWL's approach to meeting the medical needs in school's requirement. It was noted that going forward the new packages will provide a consistent, fair, and equitable approach to help reduce inequalities across SWL.

The Committee was assured that this process is designed to meet the physical health needs of children and young people in mainstream schools.

The Committee **noted** the update.

Triangulated Risk Report

The Committee noted the triangulated view of risks and issues across SWL Providers, including emerging risks.

It was noted that the ICB takes a system-wide perspective, whereas individual Trusts tend to focus on their own organisational view and may not fully appreciate the wider impact of risks and issues across the system, which will be crucial to the ICB as a strategic commissioner.

There was a suggestion to consider how the report should be used to identify issues which can be addressed at a system level from a strategic commissioning perspective, including Primary Care and Community services, to ensure oversight of the impact of risks and issues across the whole system.

The Committee **noted** the report.

Digital Innovation and the opportunities for quality and performance

The Committee received a presentation outlining the potential benefits and opportunities that digital innovation can bring to improving quality and performance, alongside examples of pathway redesign. Following the presentation, and recognising these opportunities, it was agreed to convene a small group to work with Organisational Development (OD) to develop initial propositions aligned to the clinical strategy objectives, to test this technology in SWL. This will be brought back to QPOC and considered at a future Board Seminar.

The Committee **noted** the report.

Recommendation

The Board is asked to:

- Note the Quality and Performance Oversight Committee report.

NHS South West London
Integrated Care Board

Governance and Supporting Documentation

Conflicts of interest
None.

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

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

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

Financial/resource implications
Balancing system efficiency across SWL without compromising patient safety and quality.

Green/Sustainability Implications
Not Applicable.

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
An EIA has been considered and is not needed for this report. However, EIAs are being completed as part of the process in identifying system efficiency.

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

Previous committees/groups

Committee name	Date	Outcome
SWL Quality & Performance Committee (QPOC)	10 December 2025	Noted

Final date for approval
Not applicable

Lead Director
Fergus Keegan, Interim Chief Nursing Officer

Author
Gurvinder Chana, Senior Programme Manager

NHS South West London
Integrated Care Board

SWL System Quality Report

Agenda item: Item 7.4

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

Paper type: For discussion/information

Date of meeting: Wednesday, 28 January 2026

Date Published: Wednesday, 21 January 2026

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 November 2025, and Quality and Performance Oversight Committee (QPOC) held in December 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 September to mid-November 2025 unless stated otherwise.

- **Operational pressures across SWL:** Operational pressures continue across emergency departments. All trusts have developed winter plans aimed at maintaining patient safety and operational resilience while supporting financial stability. A common feature of most winter plans is tight control of the inpatient bed base, mitigations to prevent emergency department overcrowding and corridor care as well as a continuing focus on optimising inpatient flow and reducing length of stay, alongside close collaboration with system partners to manage demand effectively.

- **Infection Prevention and Control (IPC):** The UK Health Security Agency (UKHSA) has issued an alert on influenza circulating in the community with earlier than usual onset of activity in the 2025 to 2026 season. There is a new strain predominating associated with higher morbidity and mortality, particularly in the elderly. SWL maintains the highest influenza and COVID vaccination uptake in London, with improved care home coverage.

- **Children and Adolescent Mental Health Services (CAMHS) pressures:** Significant pressures remain regarding access and workforce capacity. Inherited caseloads in Kingston

and Richmond have increased the waiting list by 1,800 service users, with wait times reaching up to 4 years.

- **Equality and Quality Impact Assessment (EQIA) Update:** Governance was strengthened in March 2025, requiring clinical lead and executive sign-off at Place and ICB levels, with assurance to QOMG, QPOC and the Board. By end of October 2025, 45 EQIAs had been submitted, and support continues as the process embeds.
- **Special Educational Needs and Disability (SEND) challenges:** Staffing capacity challenges are impacting statutory assessments, and delays in the SEND database are impacting health data analysis.
- **Care Quality Commission (CQC) ratings for care homes**: 92% of SWL's 328 care homes are rated 'Good' or 'Outstanding'. There are currently no homes with an 'Inadequate' rating.
- **Care Quality Commission (CQC) visit to Croydon Hospital Services (CHS):** The CQC conducted an unannounced inspection of CHS maternity in late 2025, noting positive staff engagement but identifying several areas for improvement.
- **Patient Safety Incident Response Framework (PSIRF) Quality Learning Reviews:** The ICB completed PSIRF review visits across all four acute trusts (October 2024–July 2025). The ICB will continue supporting providers in line with the PSIRF oversight approach and regional/national best practice.
- **System Quality Improvement Update:** Slide 12 summarises progress across three ICB-led workstreams—System Continuous Improvement Collaborative, System 'Show and Tell' events and System Learning Reviews—supporting a system-wide culture of continuous improvement and movement towards a learning health system.
- **Primary Care Patient Safety Strategy:** Ongoing work to raise awareness includes a SWL-led session in September 2025 with materials circulated to practices, updates to the SWL GP intranet page, and rollout of the national Maturity Matrix. Compliance and Learning from Patient Safety Events (LFPSE) registration data will be collected through the annual electronic declaration process from October 2025.

Recommendation

The Board is asked to:

- Be assured that the exceptions and mitigations highlighted within the report have been presented and discussed at the Quality Operational Management Group (QOMG) in November and QPOC in December 2025.
- Be assured that there has been a recent review of the system quality risk to identify potential transitional and transfer implications from the ICB to NHS England for oversight of quality as we transition to become a strategic commissioner.
- Be assured that the CNO directorate is embedding a culture of assessing the impact of quality and equity through the commissioning and decommissioning of services across the ICB.

- Be assured that SWL continues to embed improvement and learning across the system through its communities of practices and peer learning networks.

NHS South West London
Integrated Care Board

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 is 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)	20 October and 17 November 2025	Internal directorate review and assurance
Senior Management Team (SMT)	January 2026	Noted

Supporting documents
Quality Report

NHS South West London
Integrated Care Board

Lead Director
June Okochi, Director of Quality

Author
Hazel Nyamajiyah, Head of Quality

NHS
South West London

SWL System Quality Report

South West London (SWL) Integrated Care Board (ICB)

Board Meeting

28 January 2025

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

Introduction

NHS South West London

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

- It identifies emerging and ongoing quality risks impacting on patient safety and experience, updates on improvement work and assurance that risks and challenges are being mitigated.
- The report covers the period of September to mid-November 2025 unless stated otherwise.

The 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 the SWL 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 November and at the Quality and Performance Oversight Committee (QPOC) in December 2025.

Executive Summary: Challenges (1/2)

NHS South West London

- **Operational pressures across SWL:** Operational pressures continue across emergency departments. All trusts have developed winter plans aimed at maintaining patient safety and operational resilience while supporting financial stability. A common feature of most winter plans is tight control of the inpatient bed base, mitigations to prevent emergency department (ED) overcrowding and corridor care as well as a continuing focus on optimising inpatient flow and reducing length of stay, alongside close collaboration with system partners to manage demand effectively.

- **Never Events (NE):** Since April 2025, Nine NEs have been recorded across SWL, the second highest compared to other London ICBs. One NE was reported by Kingston and Richmond Foundation Trust (KRFT) for a retained foreign object in October 2025. SWL ICB continues to share learning from NEs at system patient safety groups, Local Maternity and Neonatal System (LMNS) safety incident meetings and other relevant system groups. The regional team has invited the ICB and SWL providers to share improvement work on learning from NEs at the December 2025 regional patient safety group. (See slide 8 for NE activity).

- **Epsom and St Helier (ESTH) interstitial lung disease (ILD) harm review update**: The Trust has undertaken a retrospective review into the concerns relating to an individual respiratory consultants' management of patients with ILD. The ILD harm review was led by the Royal College of Physicians (RCP) and has now been completed. Update to the October 2025 GESH quality committee shared that the trust has received the draft report from the RCP for factual checking. The likely date for the Trust to discuss and publish a final report in the Group Public Board on 8 January 2026. In the meantime, the Trust will discharge duty of candour were indicated and ensure continuation of appropriate safety actions in response to the report's recommendations.

- **Infection Prevention and Control (IPC):** UK Health Security Agency (UKHSA) has issued an alert on influenza circulating in the community with earlier than usual onset of activity in the 2025 to 2026 season. There is a new flu strain predominating associated with higher morbidity and mortality, particularly in the elderly. SWL maintains the highest influenza and COVID vaccination uptake in London, with improved care home coverage. (See slide 9 for full IPC summary). System efforts are being made by each partner to mitigate and control infection spread,

- **St Georges Epsom and St Helier Group (GESH) Venous Thromboembolism (VTE) Risk Assessment Compliance:** Compliance within 14 hours of admission has fallen sharply across both sites, particularly at SGH, following a change in NICE guidance to start the clock at the "decision to admit," which is inconsistently recorded and often defaults to ED arrival. The group is considering whether to continue with this approach (aligning with NICE but reducing reported compliance) or revert to using ward admission (more consistent but less reflective of early risk). Recommendations have been taken forward for improvement actions by the Trust's quality committee.

- **South West London St George's Mental Health Trust Children and Adolescent Mental Health Services (CAMHS):** CAMHS continues to experience significant pressures across access, quality, and workforce capacity, though there is evidence of local improvement through strengthened governance, targeted estate upgrades, and greater co-production with young people and families. Key risks remain around waiting times, safety for complex young people, and inconsistent neurodevelopmental pathways. The Trust has flagged concerns regarding inheriting CAMHS Neurodevelopmental Team (NDT) waiting list. The service has recently inherited caseloads from Kingston and Richmond adding another 1800 service users, pushing the wait time to up to 4 years. There have been 3 significant incidents reported in the first week of October 2025 around the risky behaviours of young people on the waiting list.

Executive Summary: Challenges (2/2)

NHS South West London

❑ **Special Educational Needs and Disability (SEND) Update:**

- **Staffing:** Staffing capacity remains a significant challenge, affecting the ability to provide assurance and maintain delivery standards. Providers, including therapy and paediatric services, have raised concerns about their capacity to meet statutory assessment and provision requirements.
- **SEND database**: Progress on the SWL SEND database has been delayed, impacting the ability to compile and analyse health data required in preparation for the SEND inspection. There is currently no systematic mechanism for collating this information.

❑ **All Age Continuing Healthcare (AACHC) update**

- **Performance:** SWL maintained a Tier 1 status and is achieving national assurance standards (top London ICB) for timely initial assessments and eliminating long waits for assessment.
- **Workforce:** All clinical vacancies approved for recruitment, with agency roles extended to Dec 2025. A new NHS Professionals (NHSP) staff bank will reduce agency dependency. Pay costs have fallen, with a positive year-end forecast.
- **Finance:** The service is on track to exceed its 2025/26 efficiency target through strengthened review processes and cost controls. No efficiency targets relate to children's services.
- Some children and young people (CYP) assessments (new or previously incomplete) have led to changes in care packages. The ICB acknowledges the resulting family anxiety and working on improving communication and transparency around decisions. Any care reductions include a managed transition, close monitoring, and referrals to appropriate services if needs change. Decisions are based on clinical need, not cost, with family input and Local Authority representation at panel reviews. Current care packages remain in place during complaints or appeals. An independent review, supported by NHS England, is in final draft, to assure consistency with the national framework.

❑ **Regulatory activity update**

- **CHS**: CQC undertook an unannounced inspection of maternity services on 30 September and 1 October 2025. Positive feedback on staff engagement; exceptional Day Assessment Unit (DAU) midwife; patient feedback; and clean environment. Some areas for improvement include management of in person triage and telephone line; review the DAU clinical pathway and staffing level; nursing/midwifery and obstetric staffing and skill mix; baby abduction risk and security; elective caesarean section capacity; safety checks of equipment and ambient; fridge and freezer temperatures. While waiting for the final CQC report, the trust are progressing the areas for improvement.
- **SGH**: Following the two warning notices, the Trust has continued to implement its action plans and is making significant progress. Maternity services remain on the Maternity Safety Support Programme (MSSP) and are also showing signs of improvement. The ICB will carry out a series of quality visits in Nov 2025 to review progress against CQC action plans for Emergency Department (ED), Surgery and Maternity.
- **Care homes**: There are a total of 328 care homes registered across SWL. Of these 89% are rated Good and 3% are rated Outstanding. The number of care homes rated 'Requires Improvement' has reduced (from 20 to 18) since the last update in May 2025.There are no homes in SWL with an 'Inadequate' rating, (see slide 11). Collaborative support and improvement work for care homes continues led by transformation team working with local authorities.

- **Make a Difference Quality Alerts (MkAD) Q1 and Q2 2025/6:** 847 MkAD quality alerts were raised across SWL in the first half of 2025/26, 394 in Q1 and 453 in Q2, an increasing trend compared to the two previous quarters. Top 5 themes have remained the same as previous quarters: referral processes (25%), discharge (20%), care and treatment (16%), communication (13%), and medication (12%). Work continues to encourage reporting and improvement work. See slide 8 for further details.

Executive Summary: Improvements

NHS South West London

- **Patient Safety Incident Response Framework (PSIRF) Quality Learning Reviews:** The ICB carried out PSIRF review visits for all four acute trusts between Oct 2024 to July 2025. The ICB will continue to support providers on the identified areas of improvement in line with our current PSIRF oversight approach and embed learning from best practice shared regionally and nationally.

- **System Quality Improvement Update:** ICB has led three workstreams to support continuous Improvement (System Continuous Improvement Collaborative, System 'Show and Tell' events and System Learning Reviews for PSIRF). This is part of the ICB ongoing wider ambition to embed a system-wide culture of continuous improvement, make steps towards becoming learning health system with partners to improve population outcomes (see slide 12).

- **Equality and Quality Impact Assessment (EQIA) Update:** EQIA governance was revised in March 2025 to strengthen accountability, requiring clinical lead and executive sign-off at Place and ICB level, alongside regular assurance to QOMG, QPOC, and the Board. As of end of October 2025, 45 EQIA have been submitted. Work continues to support place and SWL teams as this process develops. An ICB internal audit has been completed in Dec 2025 and the recommendations will be shared with QPOC in a future meeting.

- **Primary Care Patient Safety Strategy:** The following work is ongoing in Primary Care to raise awareness of the Primary Care Patient Safety Strategy (see slide 10 for summary).
  - Quality team led a SWL session in September 2025, awareness materials have been created and shared across SWL general practices.
  - Update and refresh of the SWL GP team net web page on patient safety resources is in progress.
  - The national team has released a maturity matrix for practices to assess their position on the commitments of the patient safety strategy. In addition, data on compliance with the strategy and LFPSE registration will be collected through the General Practice Annual Electronic Self-Declaration (eDEC) which starts in October of each year.

- **ESTH Urgent and Emergency Care Transformation Programme for 2025/26:** The Trust has launched this Programme to support admission avoidance, reduce inpatient admissions, and minimise the number of patients being cared for in TES. It also seeks to reduce length of stay through improved inpatient and ward-based processes, including collaborative working with external stakeholders for complex discharge planning.

- **SGH Cancer Patient Experience Survey :** The Trust has demonstrated strong progress in the National Cancer Patient Experience Survey 2024 (published July 2025). Seven scores surpassed the national expected range, reflecting areas of exceptional care delivery. No scores fell below the expected range.

Recommendations

NHS South West London

The 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 being prioritised. Quality and equality impact assessments are being undertaken across the ICB and providers to assess, quantify and mitigate patient safety and equity risks.
- Work is ongoing to develop a transitional framework for oversight of quality as we transition to become a strategic commissioner – the pace of this process will be dependent on the steer of NHS England (Region).
- 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 both the Quality Operational Management Group (QOMG) in November and at QPOC in December, 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 risks have been refined and updated based on the transitional landscape of the system and its oversight function.
- Be assured that improvements and learning are happening at Place and organisational level.

NHS
South West London

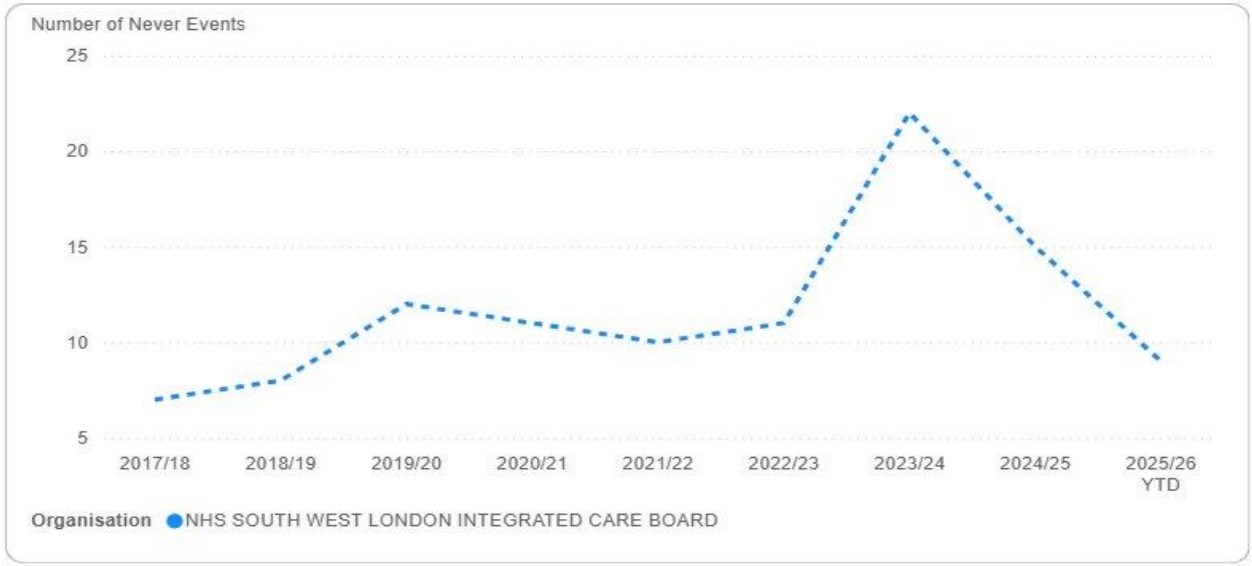
Appendices

Never Events and Make A Difference Alerts

NHS South West London

Never Events

Graph 1:SWL Never Events reported 2017/18 to October 2025/26
NE are preventable safety incidents that should not occur in healthcare if guidance and procedures are properly followed.



Never Events (NE)

- KRFT reported 1 NE in October 2025 for a retained foreign object.
- A total of 9 NE have been reported in 2025/ 26 - St George's Hospital - 5, ESTH – 2, CHS – 1, KRFT – 1.
- NE themes are retained foreign object (4), wrong site surgery (3), mis-selection of high strength midazolam (1), and administration of medication by the wrong route (1)
- **Ongoing Trust Initiatives include** reviewing strength of 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

Make a Difference Alerts

Table 1: MkAD Alerts Themes April – Sept 2025
MkAD alerts are an early warning system of safety concerns across SWL used by our system partners .

Theme	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	TOTAL
Referral process	30	41	37	30	42	28	**208**
Discharge	13	41	33	35	18	33	**173**
Care & Treatment	21	22	24	22	19	26	**134**
Communcation	12	17	19	16	21	22	**107**
Medication (inc. blood products)	25	10	11	17	8	30	**101**
Service Delivery	9	7	10	28	23	18	**95**
Support service	1	3	1	2	2	1	**10**
Information governance	2			1		2	**5**
Appointment issues		1			1	1	**3**
Patient Care		1			2		**3**
Safeguarding	1			2			**3**
Complaints handling	1				1		**2**
Staff related concern					2		**2**
Assessments	1						**1**
TOTAL	**116**	**143**	**135**	**153**	**139**	**161**	**847**

MkAD Summary

- A total of 847 MkAD quality alerts were raised across SWL in the first six months of 2025/26 – 394 in Q1 and 453 in Q2, an increasing trend compared to the previous two quarters.
- Highest reported themes are referral process (25%) discharge (20%), care & treatment (16%); communication concern (13%); and medication (12%). Quality improvement is a key outcome of the MkAD process, and the Quality Team collaborates with colleagues across the ICB to flag concerns.

SWL Infection Prevention Control Report, December 2025

Table 1: SWL Acute Trust Healthcare Associated Infection Surveillance April – September 2025 (accessed 8 Oct 2025), NHSE set thresholds for 2025/6

	Croydon HS	E&SH	Kingston FT	SGH	RMH
MRSA	0	3	3	1	0
MSSA	13	12	8	18	1
CDI	9/23	37/63	17/29	25/43	11/40
E-coli	19/55	37/57	37/51	63/109	29/51
Pseud A	5/9	8/8	9/5	16/22	9/21
Klebsiella	13/24	17/25	10/17	30/62	12/29

Table 2: London ICBs Surveillance, April – September 2025 (accessed 8 Oct 2025)

	C-difficile	MRSA	MSSA	E-coli	Pseud A	Klebsiella sp.
SWL	148/251	13	121	474/828	54/100	151/279
SEL	136/261	24	145	489/947	63/124	201/378
NEL	168/270	29	190	722/1,210	85/152	258/413
NCL	163/250	13	134	502/806	53/109	189/326
NWL	182/338	23	149	763/1,351	92/180	206/455

IPC Exception Summary

South West London

Outbreaks and Communicable Diseases

- Flu: UKHSA has issued an alert on influenza circulating in the community with earlier than usual onset of activity in the 2025 to 2026 season, and with a new strain predominating associated with higher morbidity and mortality, particularly in the elderly. SWL maintains the highest influenza and COVID vaccination uptake in London ICSs, with improved care home coverage.
- COVID-19 & Norovirus: Seasonal increase across providers. COVID-19 outbreak at Teddington Memorial Hospital led to temporary ward closure (now reopened).
- Measles: There were rising cases in Croydon, but this is now tapering off after targeted comms, community engagement and vaccine catch up clinics. London levels have not increased despite the schools reopening after the holidays.

Healthcare-Associated Infections (HCAIs)

- MRSA: St George's SCBU (3 cases, Aug 2025) and PICU (2 cases, Sept 2025) outbreaks contained; audits ongoing/stepped down.
- C. difficile: Increased incidence across SWL; enhanced controls and improved discharge communication implemented.
- iGAS: Ongoing cluster at Kingston Care Home; one active case. IMT meetings continue to manage complexity.
- Environmental Risk - Elevated Legionella and Pseudomonas in St Helier maternity and neonatal units. External microbiology support from GSTT in place; review report pending.

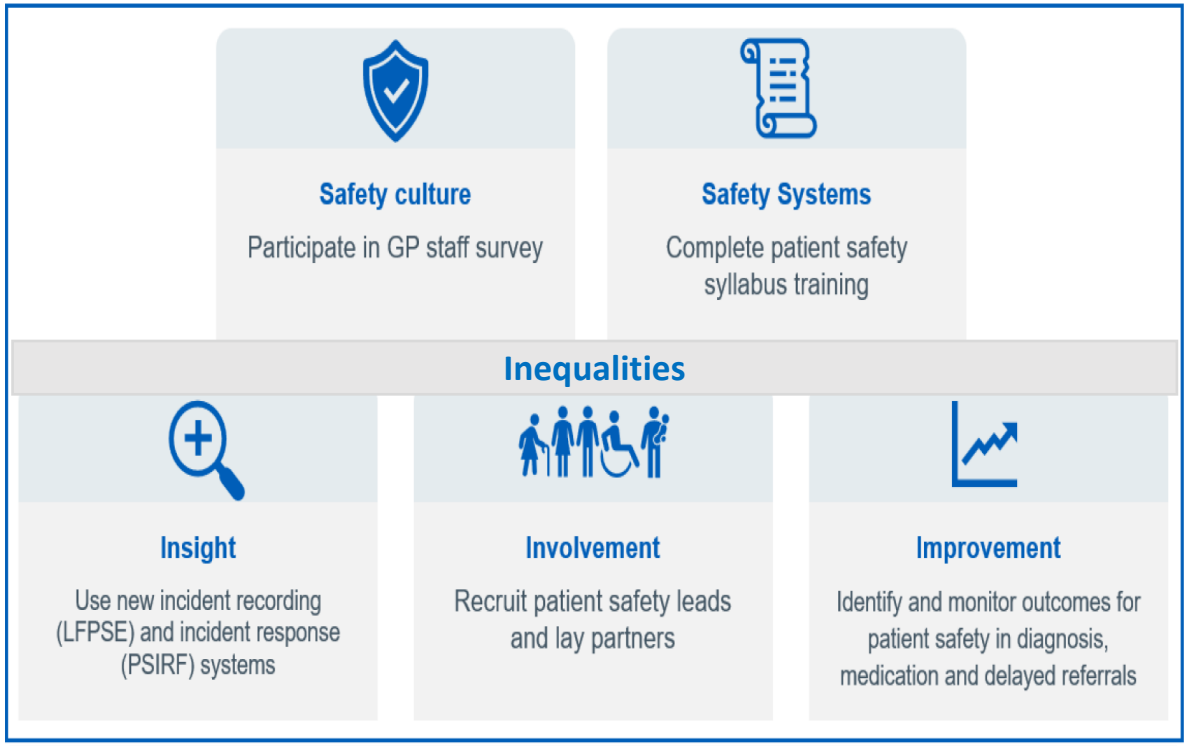
System Improvement and Governance

- New online ARI outbreak reporting tool for Care Homes launching across London.
- Pan-London Catheter Passport due to be launched on 17 November 2025.
- NHSE's IPC in ICBs Good Practice Document published alongside draft model blueprint.
- World Antimicrobial Awareness Week (WAAW)18–25 November with webinars and events being rolled out through November. https://www.events.england.nhs.uk/world-amr-awareness-week-2025.

Primary Care Patient Safety Strategy

The following is summary of the Primary Care Patient Safety Strategy Commitments

NHS South West London



https://www.england.nhs.uk/publication/primary-care-patient-safety-strategy/

1) **Safety Culture**: All general practice staff to complete the general practice NHS **Staff Survey** (survey details). ICB to ensure practices have access to **Freedom to speak up guardian(FTSU)**

2) **Safety Systems**: All general practice staff to complete patient safety **Training levels 1&2**. NHS Patient Safety Syllabus training - elearning for healthcare. ICB to ensure **Digital Safety Officer (DSO)** provide effective digital, implementation support and training to primary care as detailed in the GPIT operating model. ICBs to procure safe digital products for general practice that meet **quality assured standards** (including DCB0129)

3) **Insight :** All general practices to use the new incident recording (learn from patient safety events service, **LFPSE** and register for an administrator account or to connect their local risk management system) and Patient Safety Incident Response Framework **(PSIRF**) systems with support from ICB's.

4) **Involvement:** General Practices (or PCN) to identify/ recruit **Patient Safety Leads** and **Patient Safety Partners**(PSP), enable them to have training and to have support from ICB Patient Safety Specialist

5) **Improvement:** General practices (with support from ICB's) to pilot approaches and share good practice for locally-derived patient **safety improvements relating to the 3 patient safety themes** (diagnosis, medication and referral).

6) **Inequalities:** Practices to create environment collaboratively crafted, created and nurtured so everybody can flourish. Although no specific action is stated in strategy at present , there is recommended good practice

CQC rating for SWL Care Homes

South West London

Latest CQC rating summary by SWL Borough – October 2025

Locality	Outstanding	Good	Requires improvement	Inadequate	Not inspected	Grand Total
NHS Croydon	2	106	12	0	3	123
NHS Kingston	3	28	3	0	2	36
NHS Merton	1	35	1	0	1	38
NHS Richmond	1	39	1	0	0	41
NHS Sutton	2	61	1	0	1	65
NHS Wandsworth	1	24	0	0	0	25
	10 (3.1%)	**293 (89.3%)**	**18 (5.5%)**	**0 (0%)**	**7 (2.1%)**	**328**

Overall Summary

- There are a total of 328 care homes included in this update. Of these 89% are rated good and 3% are rated outstanding.
- The number of 'requires improvement' homes has reduced (from 20 to 18) as more homes have moved into the 'good' category since the last update in May 2025.
- There are no homes in SWL with an 'inadequate' rating, an improvement from 1 care home to 0.
- Croydon has 123 care homes, significantly higher than the average of 55 care homes per borough for SWL.

SWL Quality Improvement Update

NHS South West London

The following is an update on three key workstreams led by the quality team at system level to support Continuous Improvement . This is part of the ICB ongoing wider ambition to embed a system-wide culture of continuous improvement, make steps towards becoming learning health system with partners to improve population outcomes.

System Continuous Improvement Collaborative (CIC)

- System CIC was launched in May 2024. It brings together QI system leaders and teams together.
- Purpose: To share learning, co-develop solutions to challenges and build a common improvement culture and language. It supports alignment on national initiatives like NHS IMPACT and PSIRF

System 'Show and Tell' Visits

- A direct outcome of the CIC, these are provider-based peer learning visits.
- Purpose: Allows partners to see frontline improvement in action and learn directly from staff. Visits to SWL StG MHT, CLCH and Royal Marsden have been inspiring and helped accelerate the spread of best practices. Future planned visit for Kingston and Richmond Foundation Trust (KRFT in December 2025)

System Quality Learning Review Visit for (PSIRF)

- A supportive "critical friends" Learning review visit.
- Purpose: To identify and share good practice and assess system maturity. The initial focus has been on embedding the patient safety incident response framework (PSIRF)

Key Outcomes and Impact

- Stronger partnerships: Shifting the system from isolated improvement efforts to a coordinated, cross-sector learning community.
- Tangible Learning: Identified cross-cutting improvement themes, shared best practices, and highlighted areas for system-wide focus.
- Cultural Shift: Actively building the culture, capability and conditions for sustainable change, with overwhelmingly positive feedback from participants.

NHS South West London
Integrated Care Board

ICB Performance report – December 2025

Agenda item: 7.5

Report by: Jonathan Bates, Chief Operating Officer

Paper type: For information

Date of meeting: Wednesday, 28 January 2026

Date published: Wednesday, 21 January 2026

Purpose

The purpose of this report is to provide Committee 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 October and November 2025, using nationally published and local data.

Key Issues for the Committee to be aware of

Key areas where SWL has seen improvements in performance:

- **All types A&E performance was 74.2% in November, and preliminary December data shows a further increase to 74.9%**; although all types attendances decreased in December, emergency admissions increased. There are indications that the Winter Plan measures taken are having a positive impact, in particular the Integrated Care Coordination hubs and the SWL Frailty Line.
- **There were 515 incomplete patients waiting over 65 weeks in October;** following a national drive to eliminate 65-week waits by December, SWL preliminary data shows that there were **only 50 x 65-week waits at the end of December**; this was the anticipated number of patients who would not commit to appointments/treatments close to Christmas and New Year. NHS England are now leading a 'Quarter 4 sprint' to reduce 52-week waits to within 1% of the overall waiting list. All trusts have bid for additional funding to support this.
- **The performance against cancer standards is improving** due to a recovery plan, supported by Royal Marsden (RM) Partners cancer alliance. Performance against the Faster Diagnosis Standard improved significantly to 74.8% in October, and patients over 62-days have decreased, just above plan in December.

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Key issues for the Committee to be aware of:

- **Diagnostics carried out within 6 weeks** has continued to decline since February 2025, with action plans in place or being developed; SWL reported a performance of 79.2% in October against the national standard of 99%. However, provisional data shows an improvement to 80.9% in November. Non-Obstetric Ultrasound (NOUS) and Echocardiography at CHS is being mitigated with insourcing, along with the opening of the New Addington Community Diagnostic Centre currently scheduled for October. Epsom and St Helier Hospital Trust (ESHT) has been impacted by its Cerner information system implementation and the temporary reduction in capacity in endoscopy; additional capacity has been generated through weekend working while a recovery plan is developed and implemented.
- **Since May, non-elective spells have been significantly above both this year's plan and last year's levels.** This may be impacting elective activity volumes, which have been tracking below plan by up to 12% since May. **SWL reported 2,412 patients waiting 12 hours for admission in the Emergency Department in November**; this was the second highest in London and fifth highest nationally. The SWL UEC programme are developing operational daily discharge targets to improve inpatient flow and drive down breaches.
- **The Talking Therapies reliable recovery has further deteriorated from last month** resulting in a performance of 46% against a 48% target. Recent audits across SWL sites have identified actions that can be taken forward to ensure best practice is embedded to support improvement in patient recovery and performance.

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.

NHS South West London
Integrated Care Board

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). 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 (MHIST) commenced with a system engagement session in September. The diagnostic phase was completed in early November and the write up plus recommendations will be shared by MHIST in early December. This will provide significant focus and improvement support for the mental health UEC pathway.

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Financial/resource implications
Compliance with constitutional standards, will have financial and resource implications

Green/Sustainability Implications
N/A

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

Patient and public engagement and communication
N/A

Previous committees/groups

Committee name	Date	Outcome

Final date for approval
N/A

Supporting documents
Attached ICB Performance Report

Lead director
Jonathan Bates

Author
Suzanne Bates

South West London Integrated Board Report

December 2025

NHS South West London

DATE REFRESHED : 23-12-2025

SRO: Jonathan Bates

Commentary on Data

NHS South West London
Integrated Care Board

- The South West London (South West London) Integrated Board report presents the latest published and unpublished data assessing delivery against the NHS Constitutional standards and locally agreed on metrics. These metrics relate to acute, mental health, community and primary care services and other significant borough/Place level indicators.
- Data is sourced through official national publications via NHS England, NHS Digital and local providers. Some data is validated data published one month or more in arrears. However, much of the data is unvalidated (and more timely) but may be incomplete or subject to change post-validation. Therefore, the data presented in this report may differ from data in other reports for the same indicator (dependent on when the data was collected).
- The report contains current operating plan trajectories.
- This is the current iteration of the Integrated Care Board Performance Report and the number of indicators will continue to be reviewed and refined as work progresses to develop reporting within the Integrated Care Board (ICB).
- Data Quality Issues:
    - NHS England has suspended the collection and publication of the Monthly Referral Return (MRR) data until further notice, therefore GP and other specific referrals for first consultant-led outpatient appointment. These charts will be replaced in the September Report.
    - From April, the Out of Area Placements Mental Health measure changed nationally to count the number patients rather than bed days, the data from April has not been published. The data will be updated when nationally available.
    - Data on 45-minute handovers is from London Ambulance Service and has not been validated by South West London Trusts.
    - 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

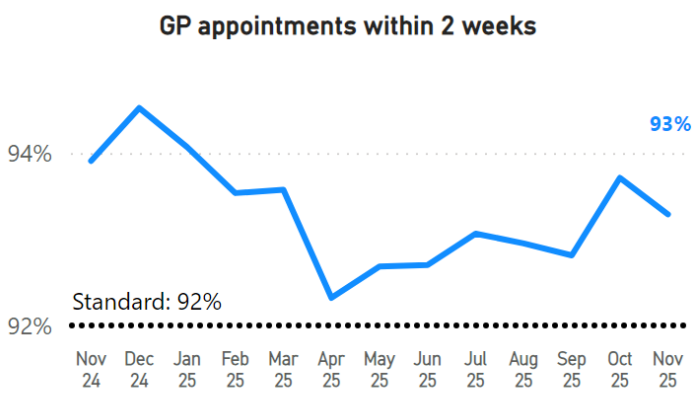
Key Findings

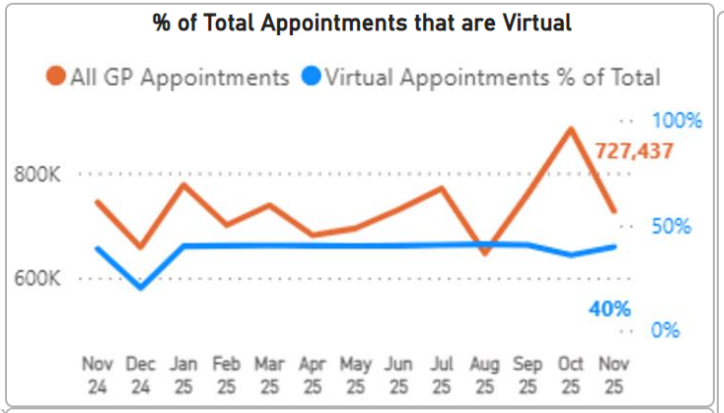
NHS South West London
Integrated Care Board

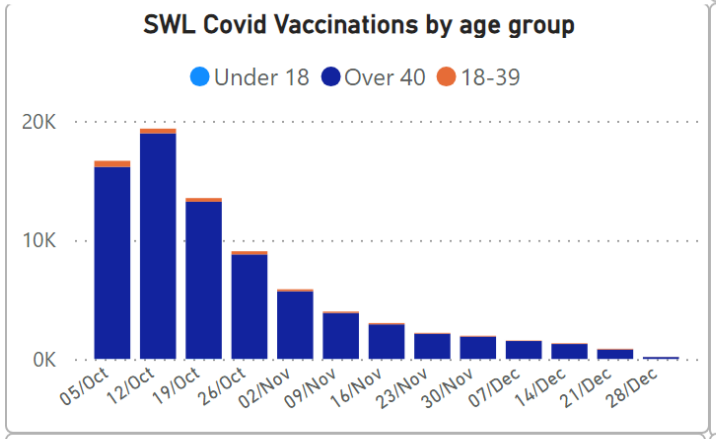
- **Appointments in general practice** decreased in November in line with the planned trajectory. The system continues to meet the standard of 92% of **GP appointments seen within 2 weeks**. The covid winter programme began on 1st October for all cohorts, and current uptake is the highest in London. Childhood Immunisation rates for both 4-in-1 and 6-in-1 vaccinations are also above the London average.
- **Services contributing to A&E avoidance are performing well**. The latest **urgent community response (UCR) 2-hour performance** was 82%, against the national standard of 70%. SWL has the highest number of UCR referrals in London for October. **The volume of 111 calls increased in November; abandoned 111 calls increased to 1.5%, still comfortably within the <3% target**. The system has invested in a range of initiatives to reduce front end pressures. In addition, an **Integrated Care Coordination Hub initiative** launched in August providing clinical advice to crews to manage patients safely in community settings and reduce conveyances to A&E; this is starting to have an impact across SWL.
- November saw **a decrease in A&E attendances** and **A&E (all types) performance increased by 0.6 percentage points to 74.2%,** below plan for the month. Trust performance ranged from 70.5% at Kingston to 80.3% at St George's. **SWL's aggregate performance was the second lowest in London,** 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;** 2,412 patients waited over 12 hours from 'decision to admit' to admission in November. SWL had the second highest number of 12-hour breaches in London, and the fifth highest nationally. To reduce the time to treatment and discharge, the system is focusing on its Continuous Flow programmes and the utilisation of virtual wards; virtual ward occupancy was the highest in London for September.
- **Unvalidated figures show that in November, there were 202 x 12-hour breaches in emergency departments for patients awaiting a mental health bed**, a decrease of 12 since October. An intensive programme is underway with the national Mental Health Intensive Support Team (MHIST) and provider and ICB colleagues. The write up of the diagnostic work, including recommendations, is due in January and will provide significant focus and improvement support for the mental health UEC pathway.
- **SWL continues to perform well against cancer metrics, despite a slight decline in performance in line with the national trend.** On the 28-Day faster diagnostic standard, SWL performance was 74.8%, an increase on the previous month but still below the 77% standard; Royal Marsden Partners are supporting trusts in recovery. 31-day performance remains third highest nationally and performance against the 62-day was one of the highest in London at 71.9%, against the standard of 85%. The number of patients waiting over 62 days has decreased but remains above the planned trajectory due to a number of challenged pathways, however, mitigations are resulting in improvement in line with recovery plans.
- **Long waiters on RTT pathways continue to increase.** The volume of 52-week waits decreased by 170 pathways in October to 3,800. Dermatology accounted for the highest number of breaches, mainly at Epsom and St. Helier; insourcing has increased capacity and is targeting the longest waiters. Provisional data for December shows SWL providers ended the month with 50 x 65-week waits; as anticipated, this was the number of patients who did not want to commit to December appointments/treatments close to Christmas and New Year. All trusts are working toward a March ambition of reducing their 52-week waits to <1% of their overall waiting list. NHS England are leading a 'Quarter 4 sprint' and supplying further funding, for which the trusts have submitted bids and trajectories for activity, RTT performance and 52-week wait volumes. **Performance against the 18-week standard for SWL providers remains relatively stable at 64% and is the highest in London.**
- **In Quarter 2, 57% 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 target for Dementia Diagnosis Rate**, and at month 7 is ahead of trajectory for **Learning Disability annual health checks. Talking therapies – Access** increased for the second consecutive month and **Talking Therapies – Reliable Recovery Rate standard was not met in October for the second consecutive month.**

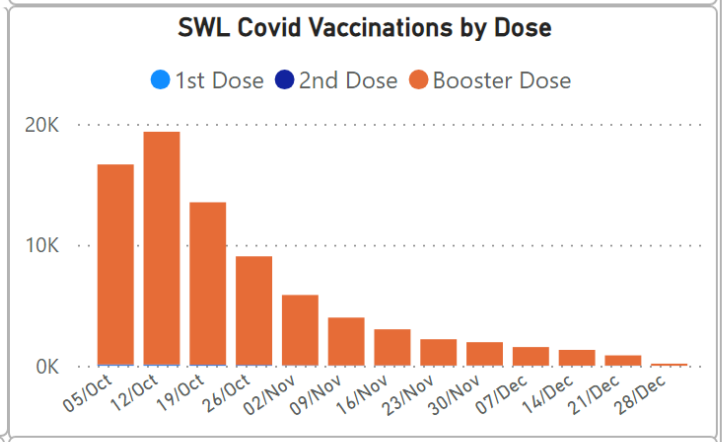
Domain: Primary Care

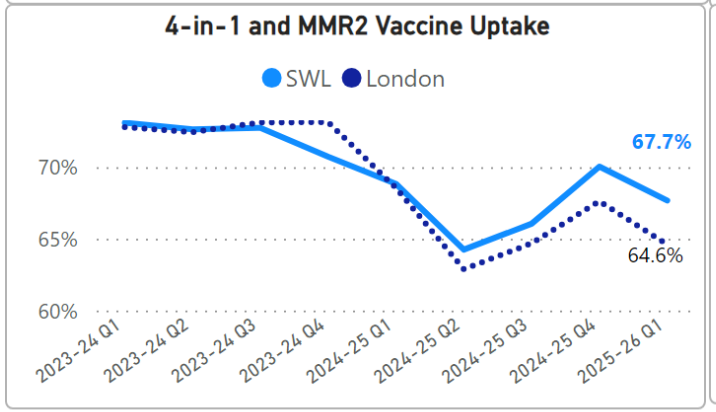
NHS South West London
Integrated Care Board

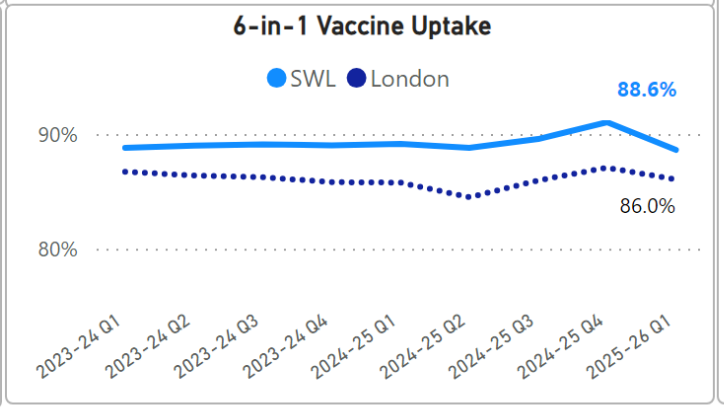












GP Appointments
727,437 appointments were delivered in November 2025, of which 40% were virtual with the remainder being a mix of F2F, home visit and other appointments. Overall, 42% of all appointments were delivered the same day. The GP appointments within 2 weeks metric looks at eight nationally defined categories, including home visits and care home visits. November performance for South West London (SWL) was 93% delivered within 14 days, including same day, above the national standard. SWL practices are now 98% compliant with the new online consultation requirements. The remaining practices are being supported to achieve this.

COVID Vaccinations
The Covid Winter programme began on 1st October for all cohorts. As of 14th December, uptake in SWL is 44.9%, the highest in London by nearly 5%. We have now exceeded the national ambition for uptake in those aged 75+ and for the immunosuppressed, and are 1% off ambition for Older Adult Care Home residents.

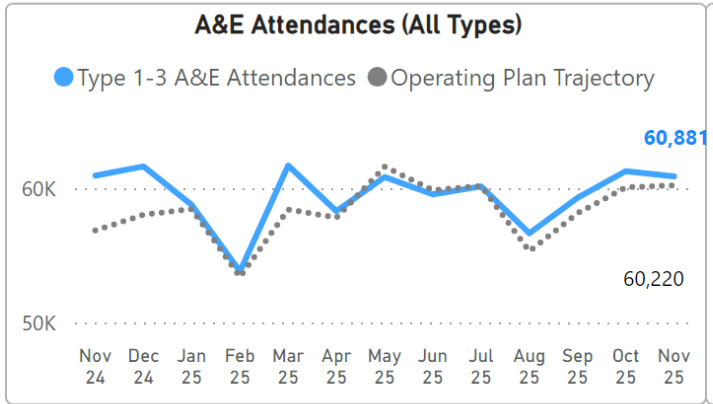
Childhood Immunisations
The 6-in-1 vaccine protects against illnesses like polio and whooping cough and is given to babies under 16 weeks old. The 4-in-1 pre-school booster helps protect against polio and tetanus, given to children aged 3 years and 4 years, before starting school. SWL uptake remains above the London average for both, but there has been a general (albeit small) decline in performance.

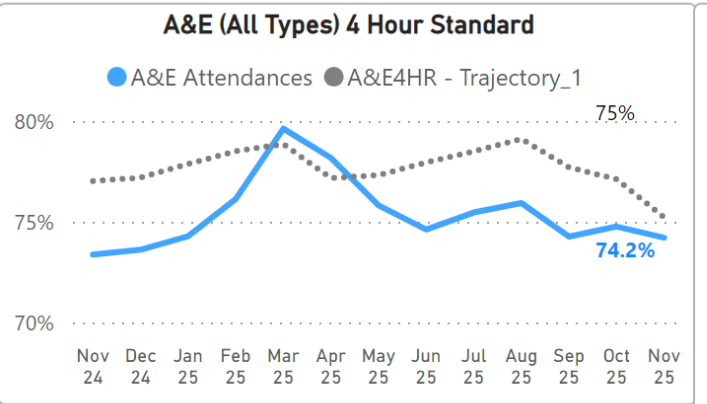
Preliminary data shows increases across individual childhood vaccinations in the most recent month:

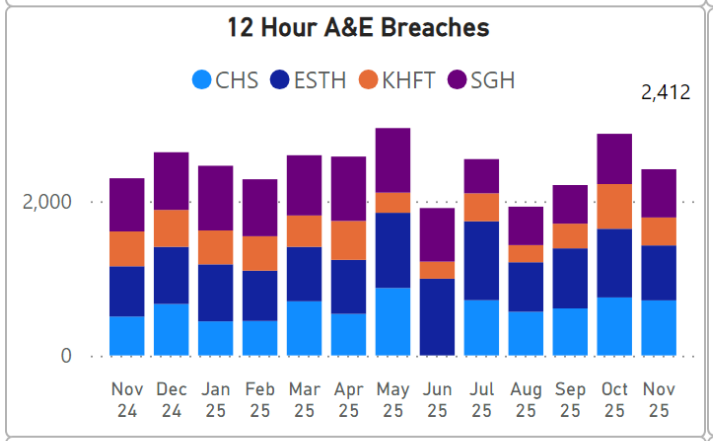
- Meningitis B vaccine uptake (93.5%) has increased by 0.2%.
- Uptake of MMR1 at age 24 months (85)% has increased by 1.5%.
- At age 5, MMR1 is 90.1% and MMR2 is 80% in SWL.
- The highest uptakes for MMR1 and MMR2 were seen in Sutton (MMR1 is 91.6% MMR2 is 82.1%) and Kingston (MMR1 is 94% MMR2 is 86.8%).

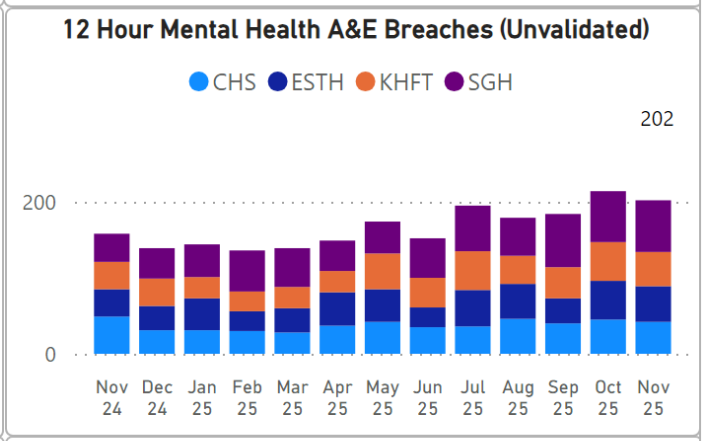
Domain: Urgent and Emergency Care

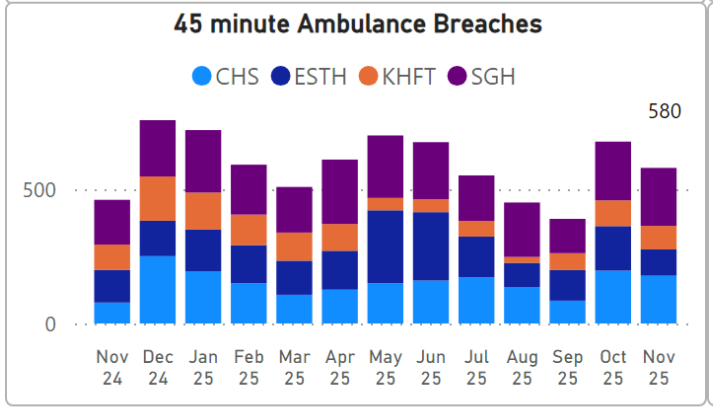
NHS South West London
Integrated Care Board

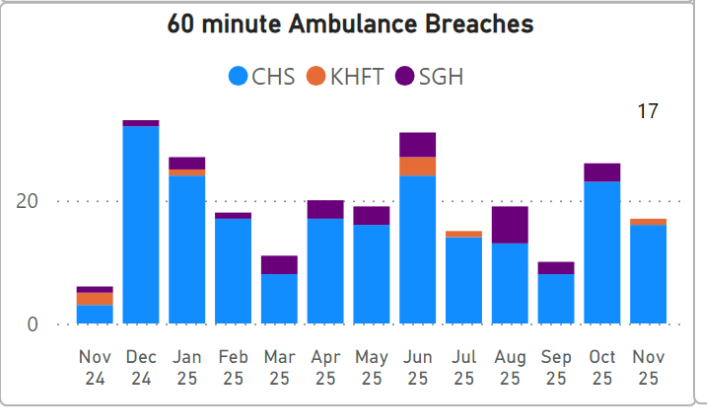












Accident & Emergency (A&E) attendances and performance
The South West London (SWL) Urgent & Emergency (UEC) Winter Plan continues to be enacted across the system, which has been particularly challenged. In line with the rest of London, pressure has been felt earlier with the rise in 'flu cases.

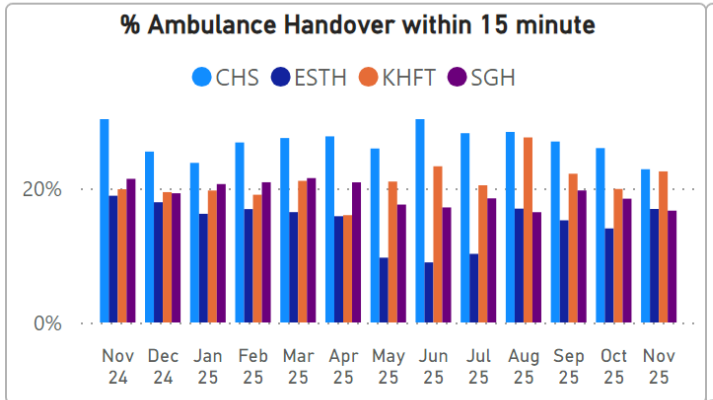
4-hour breaches
Attendances decreased slightly in November, but remained above forecast activity. 4-hour performance decreased slightly from 74.8% in October to 74.2% in November. This is just below the in-month plan of 75% with trust level performance ranging from 70,5% at Kingston (KRFT) to 80.3% at St George's hospital (SGH).

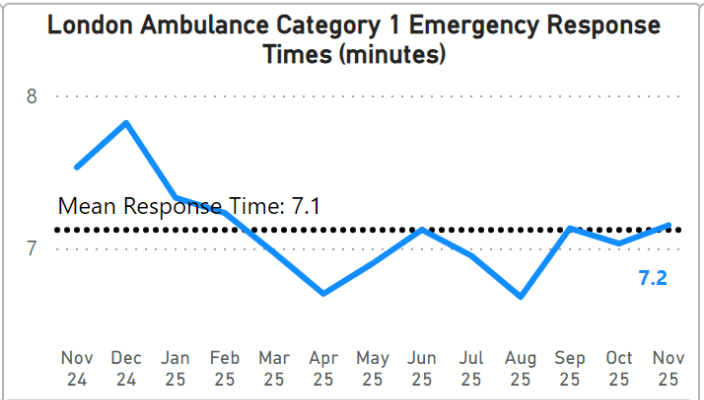
12-hour breaches
Despite the pressures, the number of patients waiting in A&E for more than 12 hours for admission, discharge or transfer decreased from 2,871 in October, to 2,412 in November. Following the work to better understand the root causes of 12-hour breaches, remedial actions are being taken forward. Mental health 12-hour waits are a key focus of the UEC improvement programme, with a trajectory to reduce mental health breaches by 10%. A programme of work is now underway across SWL with the national mental health Intensive Support Team; this will provide focussed improvement support for the mental health UEC pathway.

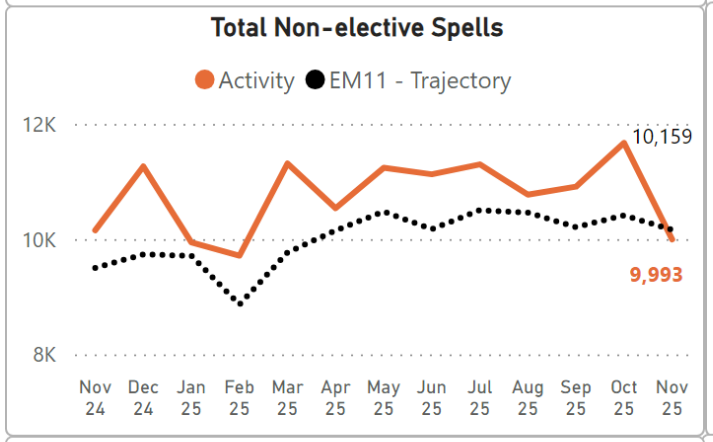
Ambulance handovers
Ambulance demand remained high in November, however, there was a decrease in both 45-minute and 60-minute handovers. Work to increase utilisation of the Acute Frailty Line pilot continued, giving London Ambulance Service (LAS) crews direct access to SWL Frailty clinicians. However it has been agreed that the functions of the service would be better managed within the Integrated Care Co-ordination (ICC) hub. The hub uses an operating model centred on an Emergency Department (ED) consultant supporting LAS crews to manage patients that could be safely cared for in the community. This model has been shown to significantly reduce conveyances to ED and is starting to have an impact in SWL. Plans to expand the model to include Mental Health, Community and Primary Care are being implemented in December.

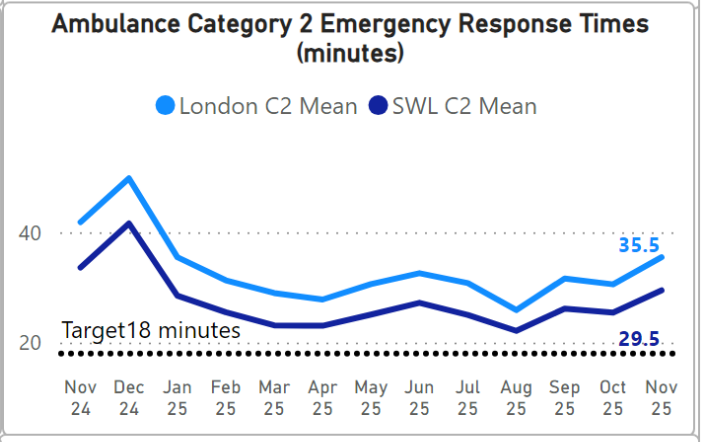
Domain: Urgent and Emergency Care

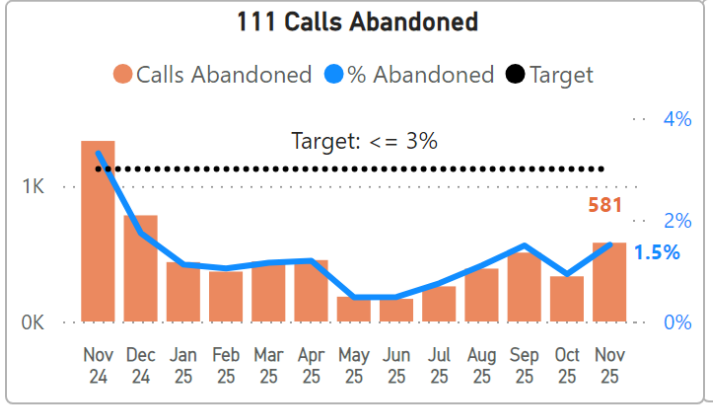
NHS South West London
Integrated Care Board

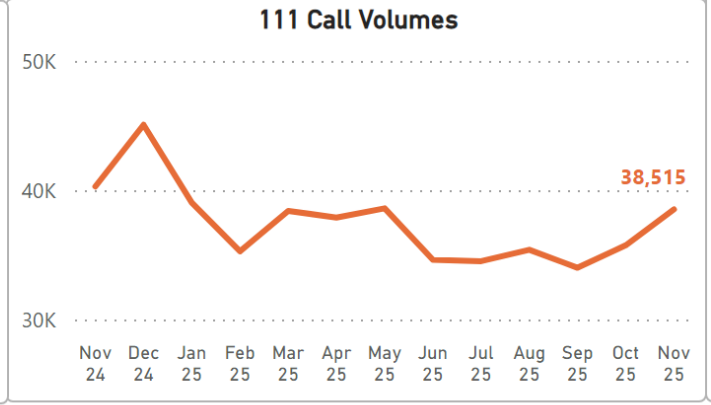












Ambulance Response Times

At SWL level, additional pressure was felt across the whole UEC pathway. LAS average response times for Category 1 in SWL increased, exceeding the 7-minute target by a small margin at 7.1 minutes. and Category 2 calls saw a significant deterioration to 29.5 minutes. However, both metrics still showed higher performance than the same period in 2024/25.

At London level, the mean response time for Category 1 worsened from 7 minutes in October to 7.2 minutes in November. Though there was a small deterioration in SWL, it still had the second best Category 1 ambulance response times across London. The mean Category 2 response for London deteriorated to 35.5 minutes November. SWL's mean Category 2 response was the best performance in London at 29.5 minutes, compliant with the 30-minute national target.

Non-elective spells

The volume of non-elective spells decreased in November, tracking just below than in the same month the previous year, and below trajectory. Non-elective admission volumes followed the same pattern as the previous year until May; from which point they exceeded 2024/25 volumes.

111 Calls

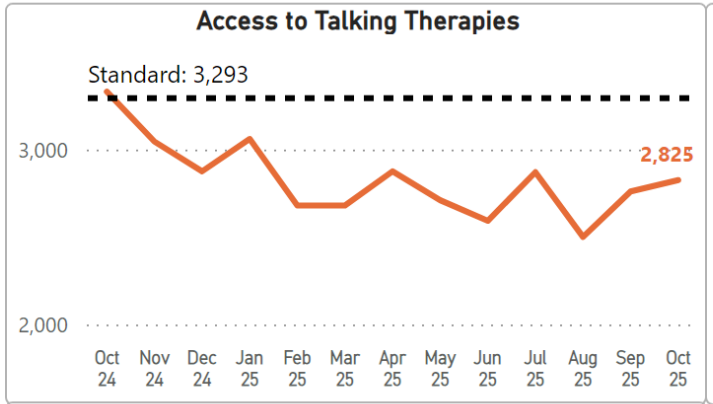
The number of calls in November show a significant increase (4,123 from October) with high levels of dental, cough, colds and respiratory related calls. The call abandonment rate is within the 3% standard. SWL continues to benchmark well when compared to the rest of London.

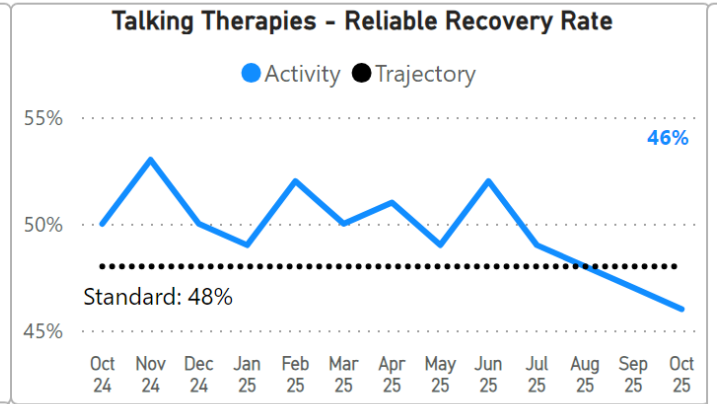
The Clinical Assessment Service (CAS) continues to process a large volume of high acuity cases. Providers have a focus on revalidating ambulance (Category 3 and 4) and A&E dispositions, all of which reduce pressure on A&E and UEC services. Additional clinical resource has been allocated to support the CAS from October 25 to support and improve performance, particularly in overnight periods.

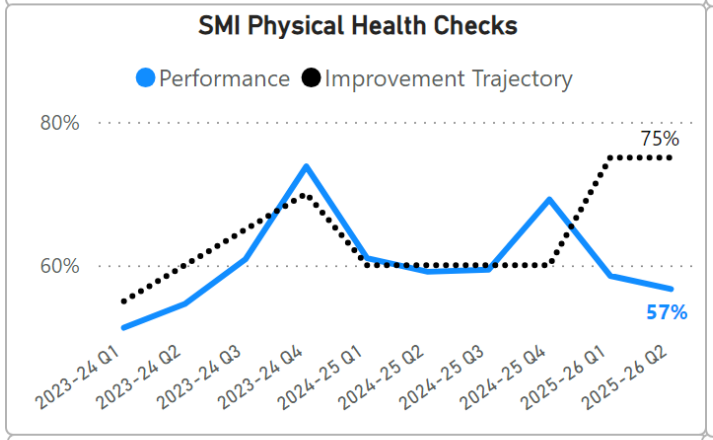
Clinical rota planning is ongoing to ensure providers match demand in volumes over the upcoming winter months.

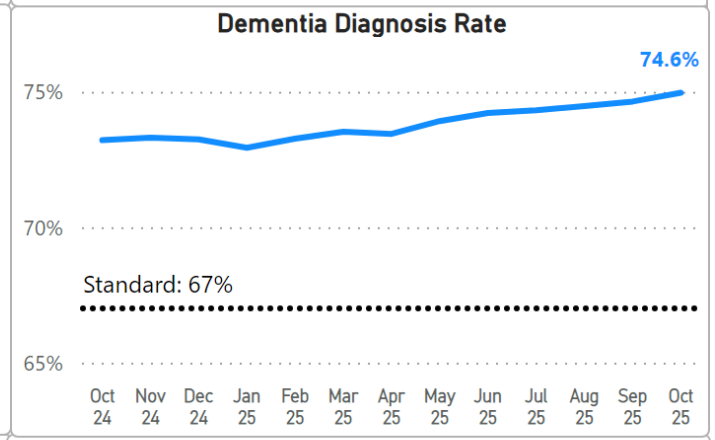
Domain: Mental Health and Learning Disabilities

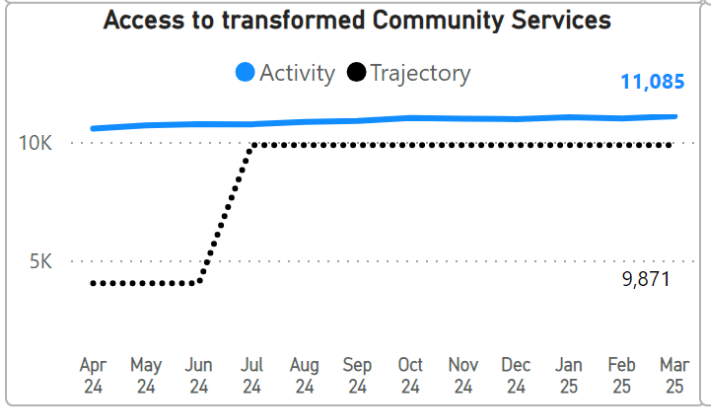
NHS South West London
Integrated Care Board

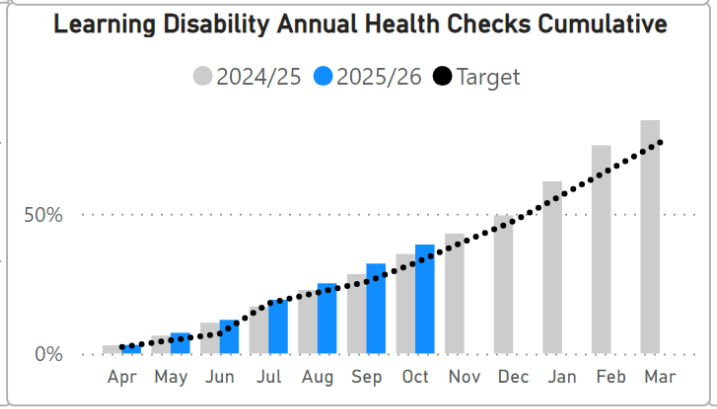












Talking Therapies (TT) – Access
Fewer referrals have been received during 2025/26 which has impacted access levels (15% year-to-date reduction). South West London (SWL) have the greatest annual variance regionally, driven in part by a pause of marketing campaigns to prioritise reducing patient waiting lists and wait times for treatments. Marketing recommenced during Quarter 2 2025/26.

Talking Therapies – Reliable Recovery Rate
At 46% for October, SWL performance is below the 48% national standard for the second time this financial year. Recent audits identified some common issues between SWL localities, which included patient discharges that may have benefitted from additional sessions and data recording issues. These issues are being addressed through an improvement plan, staff communications, and ensuring best practice that supports patient recovery.

Severe Mental Illness (SMI) Physical Health Checks
In Quarter 2, 57% of SMI patients received all six annual health checks. This was slightly below the same period last year where the SWL achieved 59%. Place-based systems continue to work towards increasing physical health checks for this vulnerable population to meet the 60% minimum requirement and 75% national standard for year-end 2025/26.

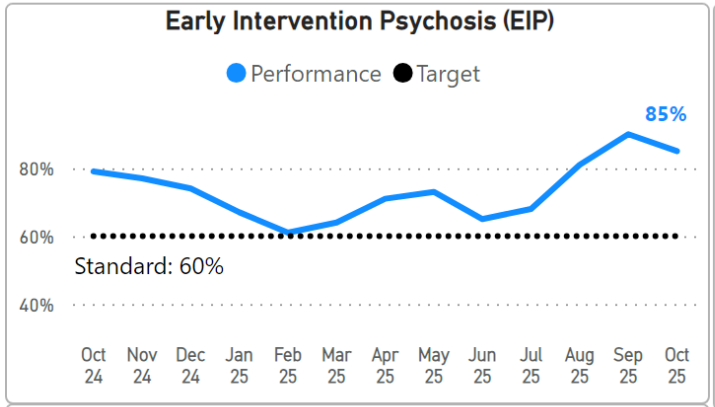
Dementia Diagnosis rate
South West London ICB continues to maintain good performance levels with the October position at 74.6%, exceeding both the national target of 66.7% and the London ambition of 70%. SWL are the highest performing system in London.

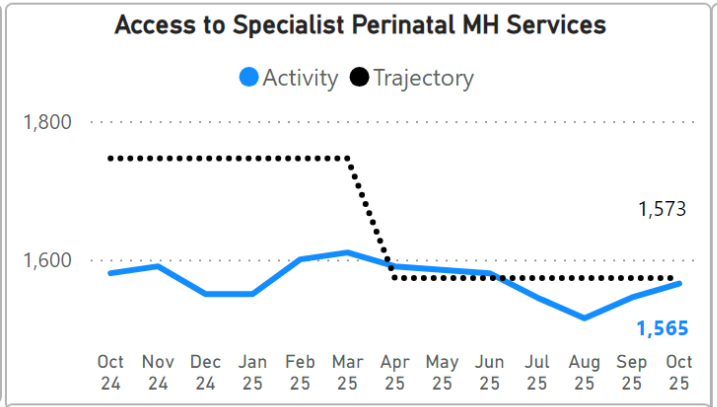
Access to transformed Community services
Transformed community mental health services provide integrated mental health support and treatment for people with any level of mental health need. This national metric has been retired for 2025/26, ongoing monitoring will now focus solely on community mental health access.

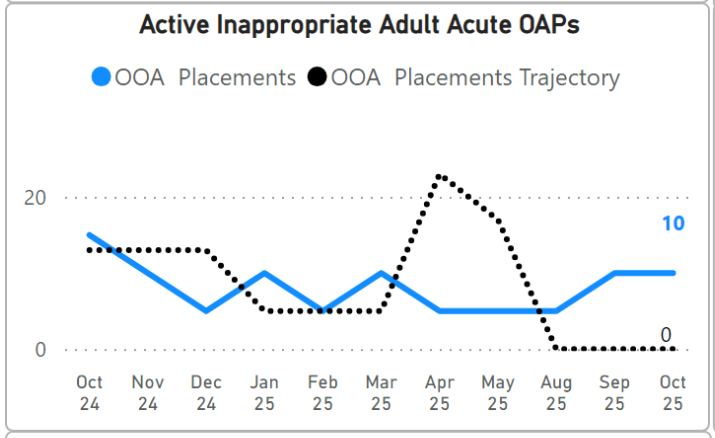
Learning Disability Annual Health Checks Cumulative
Performance remains above target in October at 39.0% against a trajectory of 32.4%. The metric is calculated cumulatively throughout the year, against the end of year target in March.

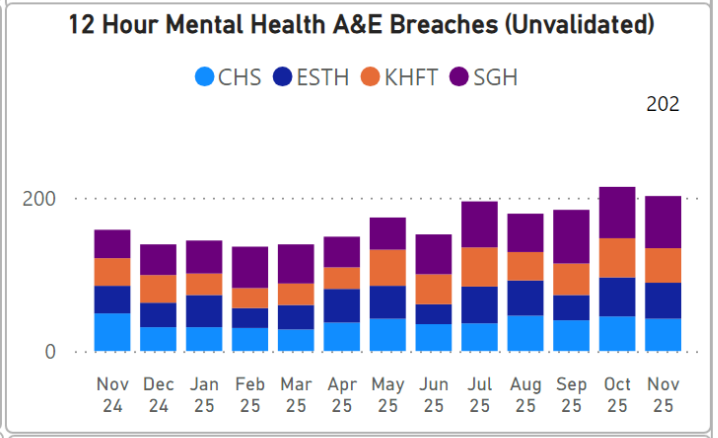
Domain: Mental Health Services

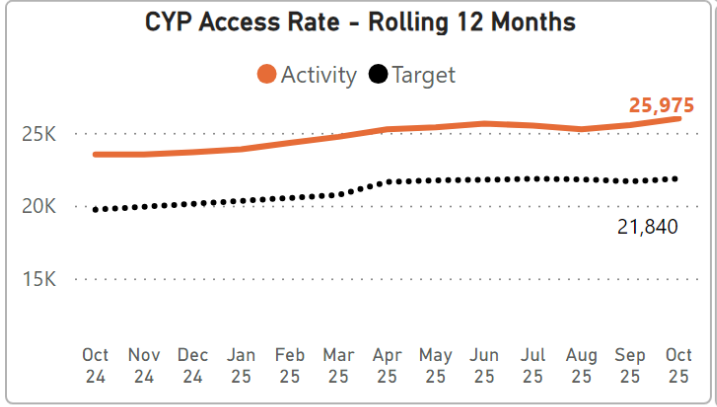
NHS South West London
Integrated Care Board

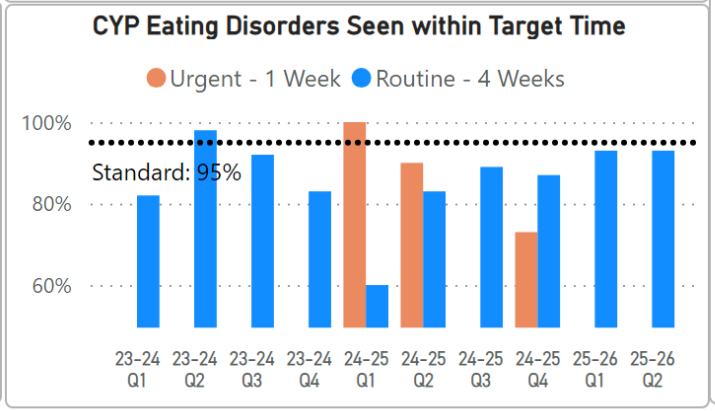












Early Intervention Psychosis (EIP)
South West London (SWL) continues to exceed both the 60% national standard and the London Region position of 73%, with performance at 85% in October.

Access to Specialist Perinatal Mental Health (MH) Services
SWL ICB performance levels improved in October but just fell short of trajectory by 8 patients. Improvement workstreams remain in place which include; dashboard enhancement with increased oversight on borough referrals; review of options for resuming pre-conception clinics; changes made to the administrative processes for booking 1st appointments and using the short notice cancellation waiting list; review of leaflet, internet info and appt letters, to better promote attendance at the 1st appointment with the service.

Inappropriate Out of Area Placements (OAP)
SWL ICB reported 10 out of area placements in October, which is off the plan to eliminate placements. 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 South West London and St George's (SWLSTG) and South London and Maudsley (SLaM).

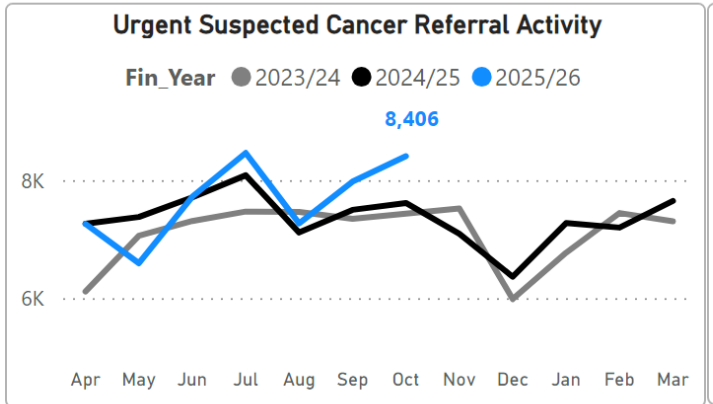
12 Hour mental health A&E Breaches (unvalidated)
The number of 12-hour breaches decreased in November. Improvement work focussed on the MH crisis pathway continues, supported by the London Section 136 hub, a network of health-based places of safety – staff can review service user history, crisis plans and ensuring individuals are directed to a suitable place of safety. The 111 MH pathway helps patients to access MH professionals earlier. A trajectory to reduce MH breaches by 10% has been set. A programme of work with the national MH Intensive Support Team has been undertaken; a final report is due in January 2026, from which an improvement plan will be developed.

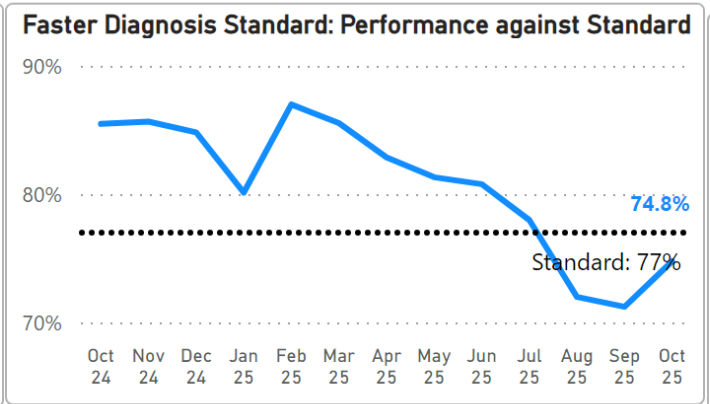
Children and Young People (CYP) Access Rate – Rolling 12 Months
Performance levels increased in October and continue to remain above plan.

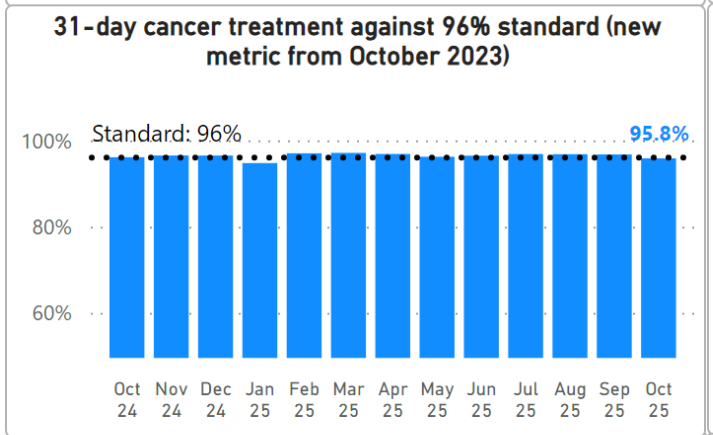
CYP eating Disorders Access
Routine case performance remained flat in Q2, remaining at the highest level since quarter 2 2023/24. Data for urgent cases has been suppressed due to low patient numbers.

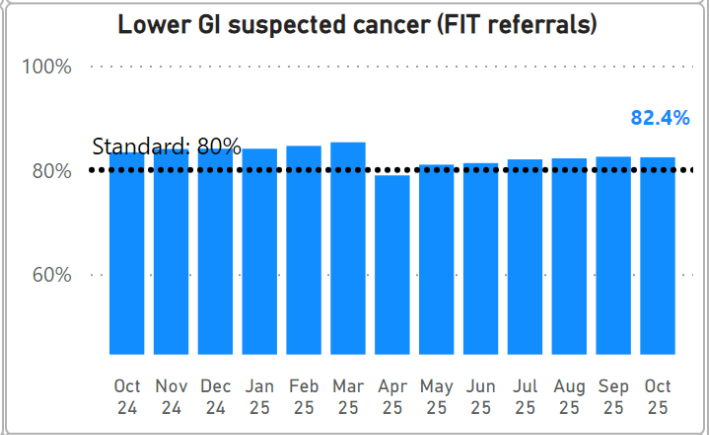
Domain: Cancer

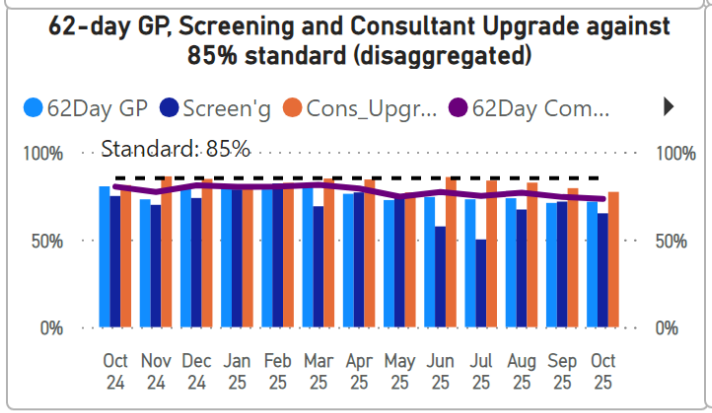
NHS South West London
Integrated Care Board

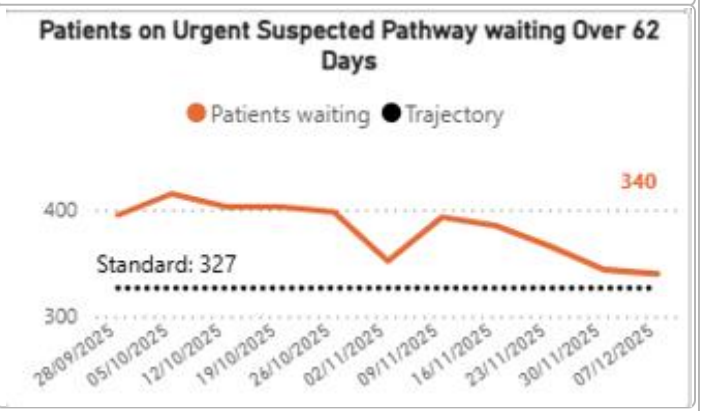












Urgent Suspected Cancer (USC) Referral Activity
Cancer referrals remain slightly higher than in previous years, particularly for skin. Due to financial constraints, trusts cannot carry out extra clinics to meet demand, and national focus is currently on reducing long waits; the national clinical cancer lead noted that this impacts cancer performance.

Faster Diagnosis Standard
The standard of 77% was only met by Royal Marsden (RMH) and Kingston (KRFT) again in October. Due to the large spike in demand (particularly for skin) over the summer, both St. Georges (SGH) and Epsom and St. Helier (ESHT) saw significant capacity challenges from staff vacancies resulting in much lower compliance. Croydon (CHS) have challenges across breast, head and neck and gastrointestinal (GI). All trusts now have plans to address capacity constraints, supported by RM Partners Cancer Alliance (RMP). A big improvement was seen for the sector in October with a return to compliance expected in November and December.

31-day cancer treatment against 96% standard
In October, the standard was narrowly missed with all trusts compliant except SGH. SWL is still one of the highest performing systems, ranking third nationally. Focus for this year will continue to be on improving gynaecology surgical performance at RMH and robotic capacity at SGH.

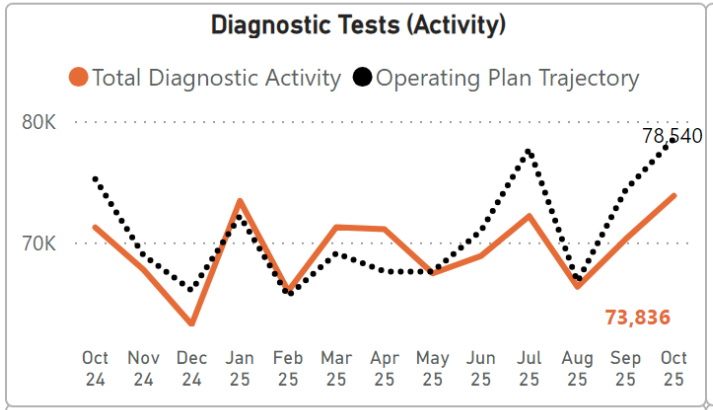
Lower GI Urgent Referrals with Faecal Immunochemical Testing (FIT)
The percentage of lower gastrointestinal USC referrals accompanied with a FIT is a 2025/26 operating plan metric. For October, the SWL aggregated position was compliant at 82.4%.

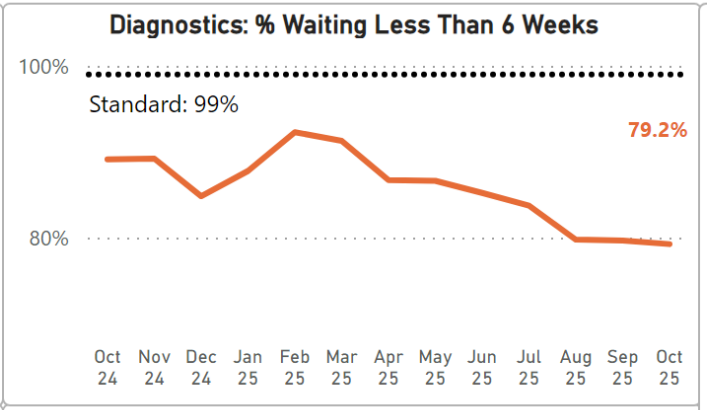
62-day GP, Screening, Consultant Upgrade against 85% standard
SWL performance dropped to 71.9%, this is below the 85% end of year target and is a result of challenges in summer as mentioned above. RMP work to improve the front end of the breast, gynae and skin pathway will have a positive impact upon 62-day performance.

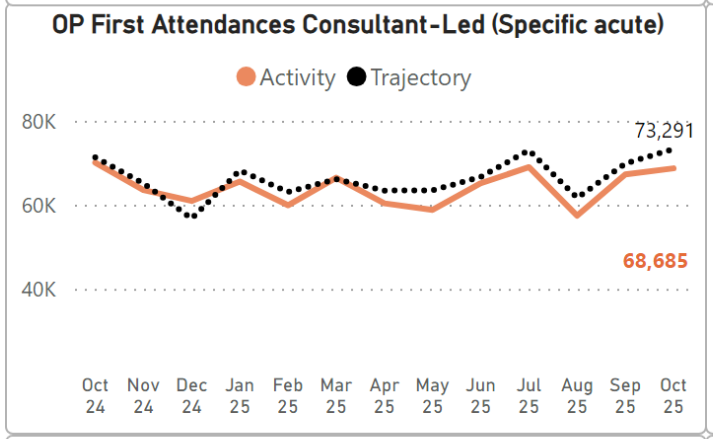
Patients on an Urgent Suspected Pathway waiting over 62 days
The number of patients waiting over 62 days has reduced to 340 patients, which remains above target. The backlog is expected to reduce once initiatives addressing front end capacity have taken affect.

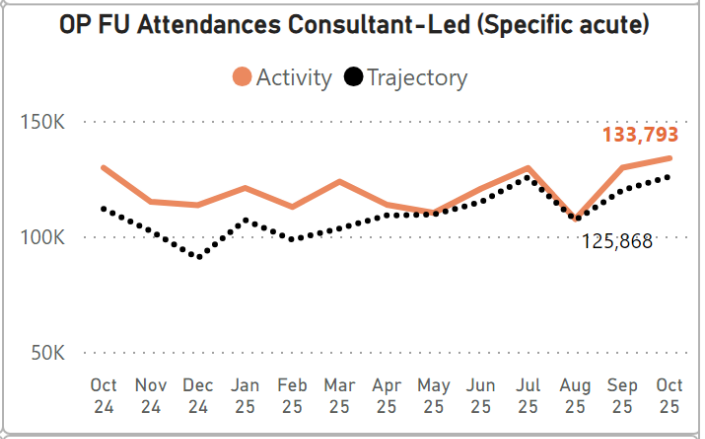
Domain: Outpatients and Diagnostics

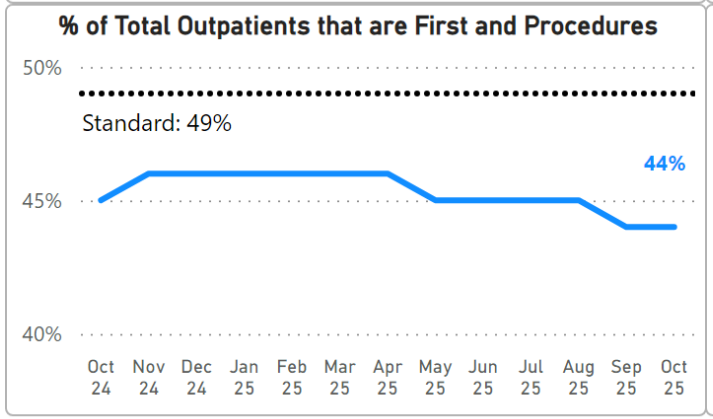
NHS South West London
Integrated Care Board

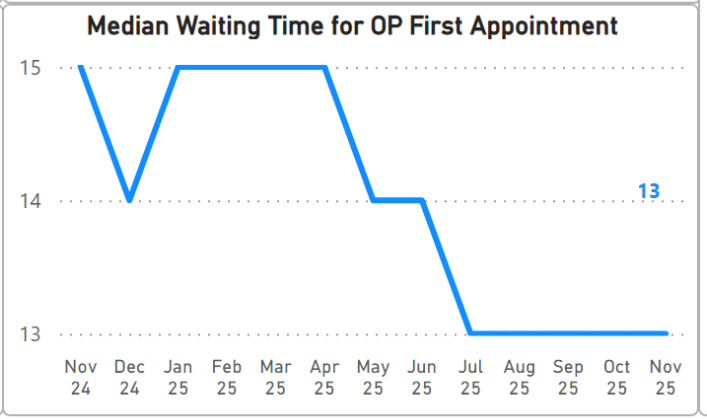












Diagnostic Activity (9 tests)
Activity remains below plan for October, with the gap to trajectory increasing for the second consecutive month. Two of the five SWL providers met their in-month plans.

% waiting less than 6 weeks (All tests)
Performance marginally decreased across South West London (SWL) providers in October, to 79.2%. The position continues to be driven by Non-Obstetric Ultrasound (NOUS) and Echocardiography at Croydon Hospital (CHS). NOUS has demonstrated an improvement during November. The opening of the New Addington community diagnostic centre is contributing to recovery. Challenges remain in Endoscopy at Epsom and St Helier (ESHT); a recovery plan has been developed, with weekend working due to recommence. Audiology Assessments and NOUS at Kingston Hospital (KRFT) have been impacted by workforce constraints. Recovery plans are to be presented at January's Diagnostics Board.

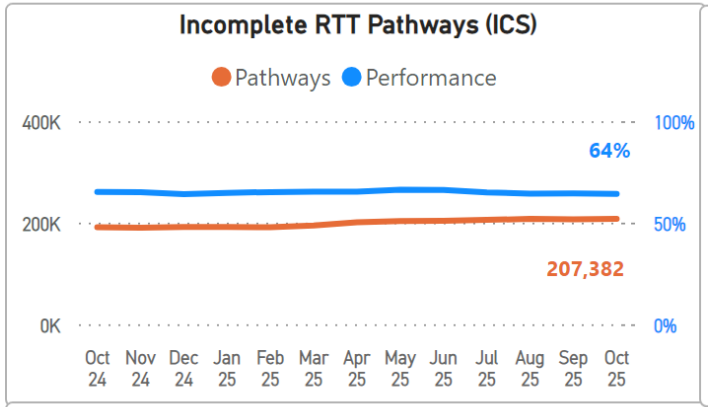
Consultant-led first outpatient attendances (Specific Acute)
Outpatient Firsts continue to track just below plan in October. At provider level, Royal Marsden Hospital (RMH) and CHS reported activity levels above their in-month plan, while KRFT are on plan. Follow-ups were above plan and continuing to performing above the year-to-date trajectory.

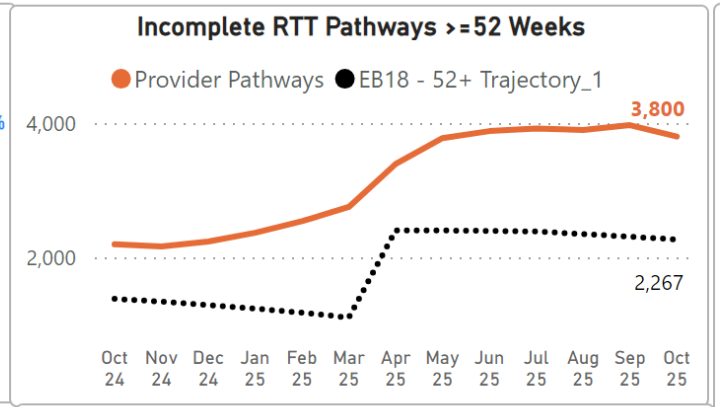
% of outpatients as firsts and procedures
SWL is reporting an aggregate achievement of 44% this month; the same as the last month but below the 49% standard. RMH performance is low due to the nature of Cancer pathways, which require a sequence of follow ups.

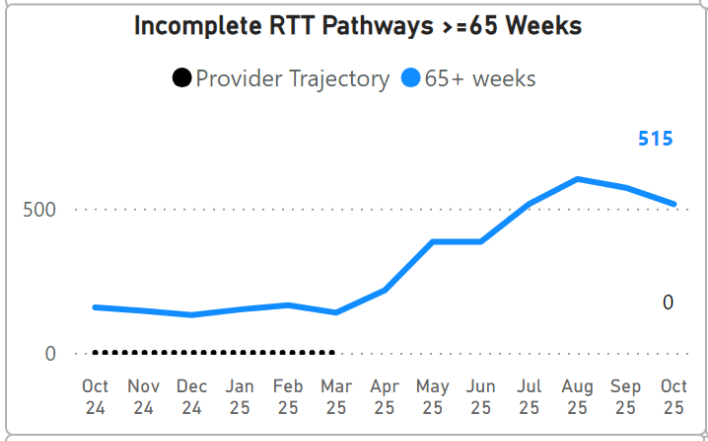
Median waiting time for outpatient (OP) first appointments
The median waiting time for high volume low complexity (HVLC) specialties remains flat at 13 weeks, having improved consistently in the past year. The Outpatient Transformation Programme oversees key improvements, including re-purposing follow-up slots for first appointments, reducing 'did not attend' (DNA) rates, increasing patient-initiated follow-up (PIFU) and implementing best practice at the front end of the elective pathway per Getting It Right First Time (GIRFT) guidelines.

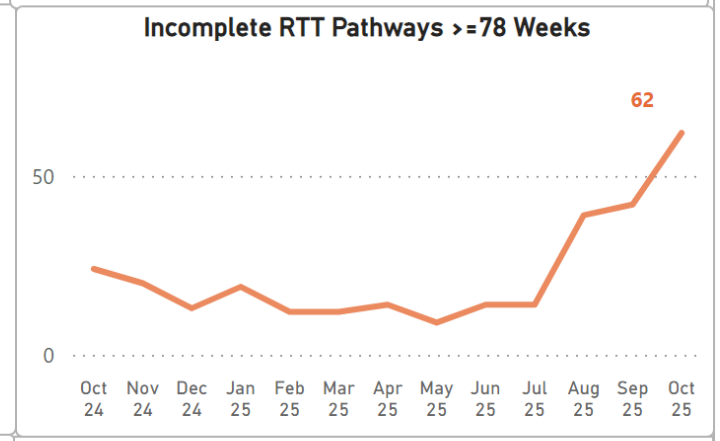
Domain: Planned Care

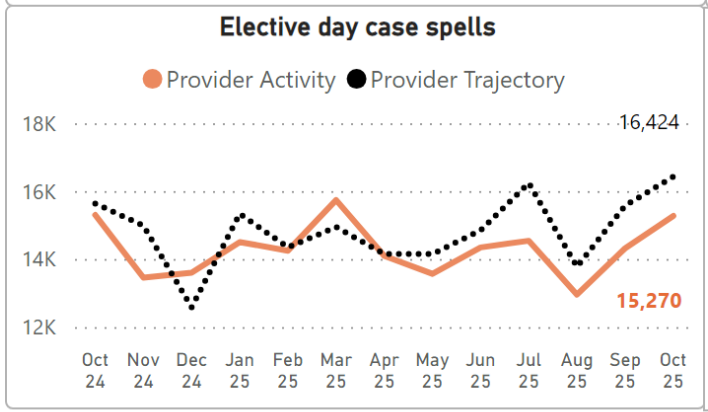
NHS South West London
Integrated Care Board

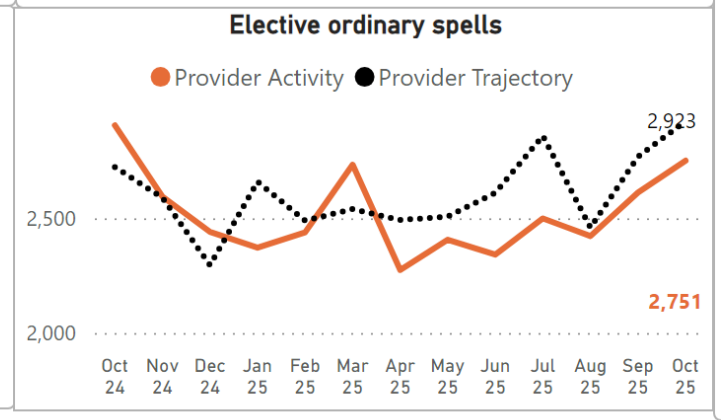












Incomplete waiting list pathways
October saw South West London (SWL) with 207,382 patients on an incomplete pathway awaiting treatment at hospital within or outside of the local geography. This represents a 3.3% growth since April. Across SWL providers, 64% of patients were waiting less than 18 weeks, maintaining the same level as the previous month. This is higher than London (62%) and the national position (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 3,800 pathways in October, a reduction of 170 on the previous month.

Dermatology has the greatest number of patients waiting over 52 weeks at 626, showing a further increase this month. Epsom and St. Helier (ESHT) account for 465. Insourcing commenced in November to increase capacity, with further resource also allocated through utilising non consultant staffing groups where appropriate. The remainder are spread between Croydon (CHS) and St George's (SGH).

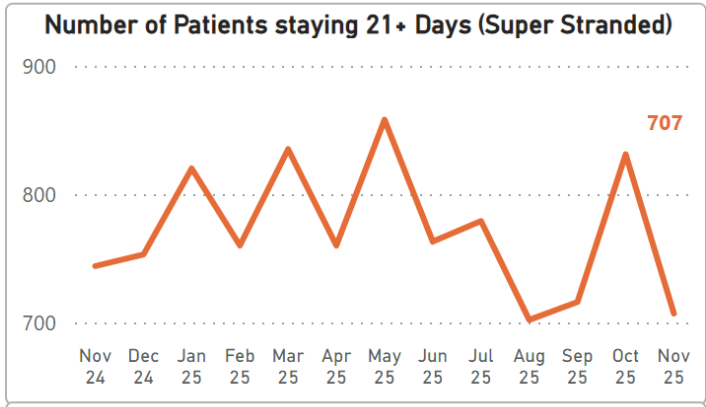
All trusts are now working toward a March ambition of reducing their 52-week waits to within 1% of their overall waiting list. NHS England are leading a 'Quarter 4 sprint' and supplying further funding, for which the trusts have submitted bids and trajectories for activity, RTT performance and 52-week wait volumes.

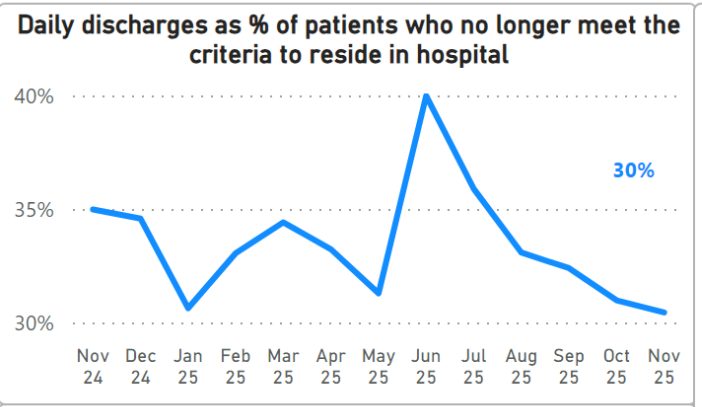
Long waiters – patients waiting over 65 weeks for treatment
The number of 65 week waits decreased by 57 to 515 in October. All trusts aimed for zero 65-week waits by the end of December, with the help of additional national funding. Provisional data for December shows SWL providers ended the month with 50x65ww; as anticipated, this was the number of patients who did not want to commit to December appointments/treatments close to Christmas and New Year.

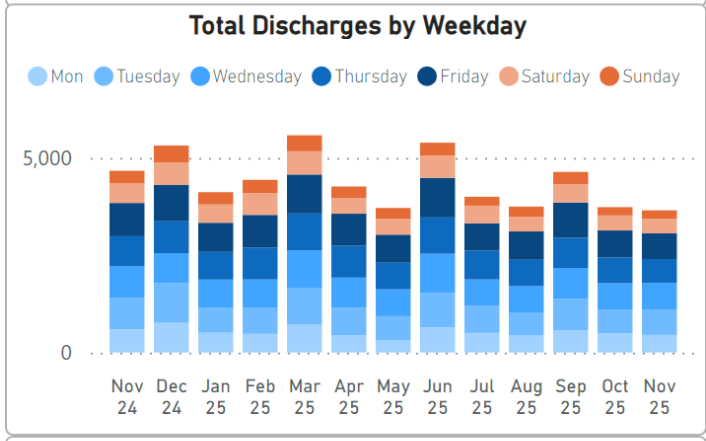
Elective day case spells & Elective ordinary spells
Activity increased across both day case and ordinary spells in October in line with the plan, however overall, elective activity is below the in-month trajectory.

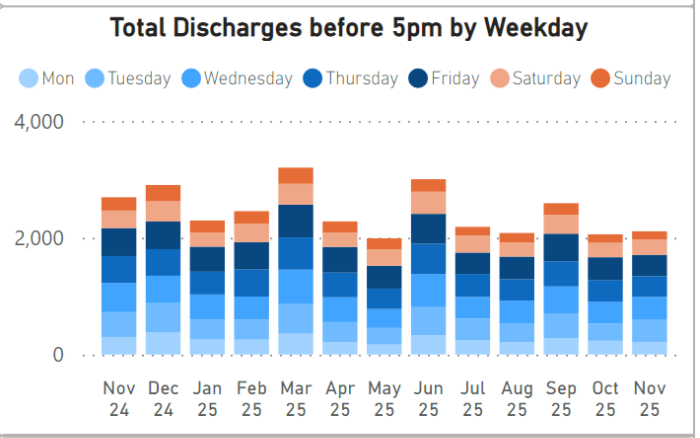
Domain: Integrated Care

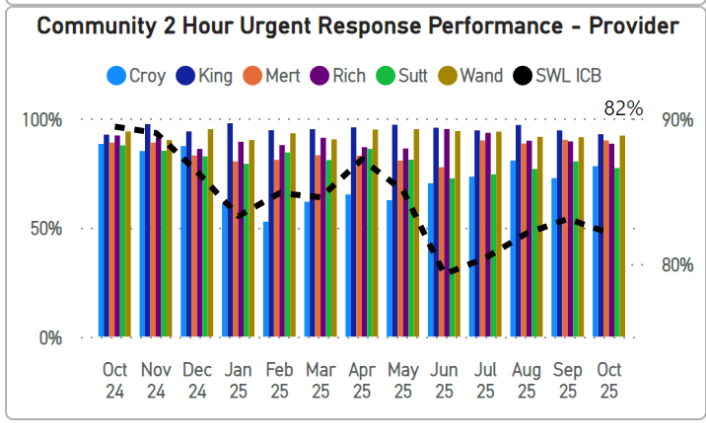
NHS South West London
Integrated Care Board

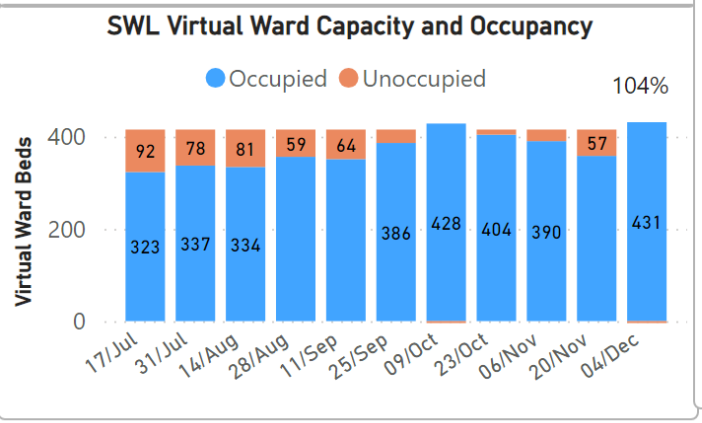












Patients with a length of stay over 21 days
The number of patients with a LoS over 21 days has decreased in November, however pressures on the system continue to increase. Regional transformation programme priorities centre around discharge data quality, local review on processes and discharge blockers.

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 November by 1%. Systems have access to SWL dashboard & information on discharge delays, which are being worked through locally. SWL programme delivery changes have been implemented.

Total discharges by weekday and before 5.00pm
Sunday and Monday consistently see fewer discharges before 5pm. Sunday is the day of the week on which services supporting discharge are at their most scaled back, and Monday's numbers reflect the challenges in getting back up to speed. Complexity of patients remains a challenge. Better Care Fund (BCF) plans have all been signed off and implemented. A review of the impact of improvement schemes is ongoing.

2 Hour Urgent Community Response (UCR)
At 82% for September, SWL continues to perform well, above the national target of 70% of cases seen within 2 hours. Complexity of patients remains high, and additional system pressures are experienced across SWL. SWL's referral rate is amongst the highest in England, and work continues on providing support to admission avoidance in SWL.

Virtual Wards (VW)
Occupancy in SWL is reported at 104% in December. Wards are all at capacity and are prioritising optimisation of available space, with a specific focus on flu and respiratory cases to support system pressures. Funding reduction will have impact on capacity. Virtual Wards are working on optimising their delivery models and ensuring data quality and consistency across SWL.

Data and sources

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.federateddataplatform.nhs.uk/workspace/carbon/ri.carbon.main.workspace.61768b8f-2cff-47cf-be86-b9bf8cabbf20/home

NHS South West London
Integrated Care Board

Audit and Risk Committee Update

Agenda item: 7.6

Report by: Bob Alexander, Non Executive Member

Paper type: For information

Date of meeting: Wednesday, 28 January 2026

Date Published: Wednesday, 21 January 2026

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 13 October 2025 when the following items were discussed:

1. Board Assurance Framework
The Committee received an update on the ongoing work by the Senior Management Team (SMT) to strengthen the ICB's risk management framework. It noted that the Corporate Risk Register was currently under review and that the revised register would be presented to the relevant committees and at the next meeting of the Audit and Risk Committee.

2. Strategic Risk Deep Dive: Performance
The Committee received a presentation on the deep-dive review of performance risks within the Board Assurance Framework (BAF). It noted the underlying causes and impacts of each risk, the mitigations already implemented, and the further actions required. The Committee concluded that, given the current financial and workforce challenges, the risk scores appropriately reflect the level of risk and that the mitigation actions in place are suitable and proportionate.

3. External Audit Progress and Sector Report
The Committee received the External Audit Progress and Sector Report.

4. Internal Audit Progress Report
The Committee received the report, noting that three final internal audit reports had been issued since the previous meeting as follows:

- Cyber Assessment Framework (CAF) – substantial assurance
- Recruitment (IR35) and Consultants – reasonable assurance
- Contract Management – GP Core Contracts – substantial assurance

5. Local Counter Fraud Service (LCFS) Progress Report, LCFS Reactive Benchmarking and Failure to Prevent Fraud Briefing Document

The Committee received the Progress Report and the Reactive Benchmarking Report, noting the new Failure to Prevent Fraud Offence which came into effect on 1 September 2025.

6. Annual Freedom to Speak Up Guardian Report

The Committee received the report and noted the update on arrangements the ICB had implemented over the past year, as well as the number and key themes of Speaking Up concerns raised during 2024/25.

7. ISFE2 Update

The Committee received an update on the implementation of the new ledger ISFE2 on 1 October 2025.

8. 2025/26 Annual Accounts Update

The Committee received the report and noted the key changes to accounting treatments and policies for 2025/26, along with anticipated timelines for submission of the draft and final accounts.

9. Single Tender Waivers, Non-Compliant PSR approvals for Q1 and Q2 (2025/26)

The Committee received the report, noting that the increase in Single Tender Waivers in Q1 compared to the same period last year was due, in part to strategic decisions made in Q4 that were reported to the Finance and Planning Committee in Q1 2025/26.

10. Any Other Business

On behalf of the Committee, the Chair expressed sincere thanks to Helen Jameson for her significant contribution, as she prepared to step down from her role with the ICB at the end of December, and wished her well in her new role.

Recommendation

The Board is asked to:

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

NHS South West London
Integrated Care Board

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
Dinah McLannahan, Chief Finance Officer

Author
Maureen Glover, Corporate Governance Manager

NHS South West London
Integrated Care Board

Remuneration Committee Update

Agenda item: 7.7

Report by: Jamal Butt, Non Executive Member

Paper type: Information

Date of meeting: Wednesday, 28 January 2026

Date Published: Wednesday, 21 January 2026

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

At its meeting on 26 November 2025, the Committee considered and approved the SWL ICB Voluntary Redundancy Scheme

The following decisions were made outside of Committee:

1 October
The Committee approved the payment of an acting-up allowance to the current Deputy Chief Nurse for undertaking additional responsibilities of the Chief Officer for Quality and Innovation during the incumbent's external secondment.

24 October
The Committee approved submission of a paper to NHSE, for final confirmation, prior to issuing any redundancy notices relating to the Executive restructure.

25 November
The Committee recommended the revised Remuneration Committee Terms of Reference to the ICB Board for approval.

Recommendation

The Board is asked to:

- Note the update from the Committee.

NHS South West London
Integrated Care Board

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
Jamal Butt, Non Executive Member.

Author
Maureen Glover, Corporate Governance Manager

NHS South West London
Integrated Care Board

SWL Workforce Update

Agenda item: 8

Report by: Lorissa Page

Paper type: Information

Date of meeting: Wednesday, 28 January 2026

Date Published: Wednesday, 21 January 2026

Purpose
The purpose of this paper is to provide assurance to the Board that appropriate and robust consideration is being given to workforce matters across South West London during a period of significant system and organisational change. The paper outlines the current workforce position, key risks and pressures, and the priority areas for workforce transformation required to support the ICB's transition to a strategic commissioning role and the delivery of future models of care.

Executive summary
South West London is undergoing substantial workforce change driven by national reform, financial pressures and the ICB's mandated transition to a strategic commissioning and system leadership role, including a reduction of approximately 58% of the ICB workforce and service clustering with South East London ICB. At the same time, the wider system must continue to respond to operational pressures, workforce shortages and widening inequalities.

Headline workforce metrics across SWL remain broadly stable, with turnover at 9.6%, vacancy rates at 8.04% and sickness absence in line with national levels. However, these metrics mask underlying fragility arising from sustained uncertainty, constrained capacity, workforce reductions and cumulative change fatigue. Medium-term workforce plans anticipate a further 2.3% reduction in substantive staffing by March 2028, with significant reductions in infrastructure and medical roles, alongside expectations of continued efficiencies.

The paper identifies a set of system-wide priority areas for workforce transformation, including future workforce demand, culture, leadership and capability, staff experience and wellbeing, workforce supply, data integration and inclusion. It also sets out how inclusive attraction, anchor institution commitments and system-led workforce planning can address structural workforce shortages and inequalities.

Without deliberate system-level alignment, there is a risk that workforce reductions undermine the capability required to deliver community-based, digital and preventative care. The paper concludes that sustained system leadership, improved workforce intelligence and a strong focus on culture, inclusion and staff experience are essential to delivering a resilient and sustainable workforce for South West London.

NHS South West London
Integrated Care Board

Key Issues for the Board to be aware of:

Scale of change and growing capacity risk

- The mandated 58% reduction in the ICB workforce, alongside significant system restructuring, represents a material and growing risk to organisational capacity, staff morale and the system's ability to lead and deliver transformation.
  Significant reference: Introduction; "The changing shape of the ICB".

Hidden workforce fragility beneath stable metrics

- While turnover, vacancy and sickness rates appear stable, they mask underlying workforce fragility**,** driven by sustained uncertainty, change fatigue, leadership capacity pressures and London labour market challenges. This increases the risk of disengagement and reduced productivity if not actively mitigated.
  Significant reference: "Our workforce"; Lord Darzi review commentary.

Alignment, data and inclusion risks impacting future delivery

- Medium-term workforce plans are not yet fully aligned to system priorities or the three national shifts, compounded by fragmented workforce data and persistent inequalities in access and progression. This limits effective assurance, informed decision-making and the system's ability to deliver future models of care.
  Significant reference: "Priority Areas for Workforce Transformation"; Data integration and Workforce Inclusion sections.

Recommendation

The Board is asked to:

- Note the contents of this report, including the key priority areas of workforce and transformation moving forward. Additionally, noting that alternate approaches (focused solely on short-term workforce reductions) were considered but would risk undermining the capacity required to deliver future care models and long-term sustainability.
- Note that we will continue to work with our system partners to align workforce planning, leadership capability, inclusion and workforce intelligence.

NHS South West London
Integrated Care Board

Governance and Supporting Documentation

Conflicts of interest
No actual or potential conflicts of interest have been identified in relation to this paper. The content relates to system-wide workforce assurance and strategic priorities rather than individual roles or decisions. Should any conflicts arise during discussion, these will be managed in line with standard governance processes, including declaration and appropriate mitigation.

Corporate 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
This document links to the following Board-level risks:

- Workforce capacity and transformation risk – workforce reductions and constrained capacity may limit the system's ability to deliver strategic transformation and future care models.
- Workforce engagement, wellbeing and equality risk – sustained uncertainty and change may increase disengagement, burnout and exacerbate existing workforce inequalities if not actively managed

Mitigations

- Establishing clear priority areas for workforce transformation**,** providing a consistent framework for assurance, planning and delivery.
- Maintaining a strong focus **on** culture, leadership capability, staff experience, inclusion and wellbeing**,** alongside continued engagement and support for staff during organisational change.
- Improving workforce data quality and intelligence to enable earlier identification of risk and targeted intervention.

Financial/resource implications

- The paper is framed within existing financial constraints and recognises the need to deliver workforce transformation without additional unfunded growth.
- Focus is placed on system alignment, workforce efficiencies, improved planning and reduced duplication, rather than new resource commitments.
- Investment decisions will continue to be prioritised through established planning and governance processes

Green/Sustainability Implications
Increased use of digital working, flexible employment models and integrated system approaches contributes to reduced carbon impact and supports NHS net-zero ambitions.

NHS South West London
Integrated Care Board

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
An Equality Impact Assessment is not required for this paper, as it provides strategic workforce assurance rather than proposing a specific policy or service change. However, **equality considerations are integral to the proposals**, with a strong focus on workforce inclusion, equitable access to employment and progression, and alignment with the Equality Act 2010 and Public Sector Equality Duty. Ongoing monitoring of workforce equality data and targeted mitigations will continue as part of delivery.

Patient and public engagement and communication
The Workforce Transformation Team will continue to engage with colleagues on workforce matters to develop evidence-based interventions and provide robust reporting.

Previous committees/groups

Committee name	Date	Outcome
People Delivery Board	22 January 2026	N/A

Final date for approval

N/A

Supporting documents

- Annex 1- SWL ICB Workforce Report

Authors
Lorissa Page
Heather Gough

NHS
South West London

SWL ICB Board Workforce Update

Lorissa Page - Chief People Officer

January 2026

NHS
South West London

Our System Staff

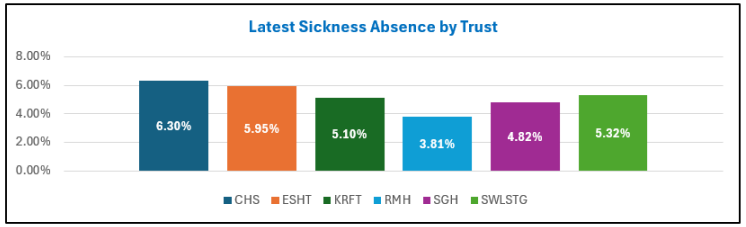
Workforce Summary (System) – M8 Nov

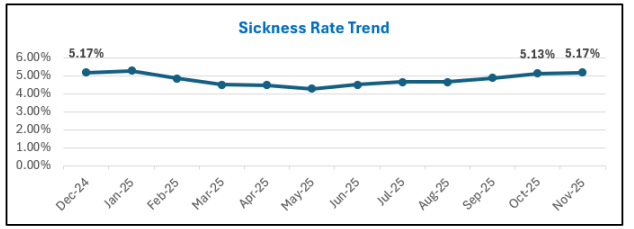
NHS South West London

	Sep 2025	Oct 2025	Nov 2025
Staff in Post (FTE)	33065.83	33060.08	33091.82
Turnover (%)	9.6%	9.7%	9.6%
Sickness Rate (%)	4.9%	5.1%	5.2%
Vacancy Rate (%)	8.1%	8.3%	8.0%

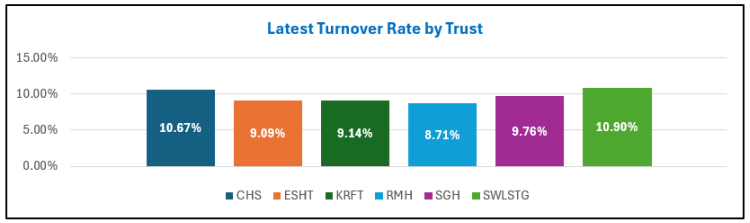
- SWL System-wide turnover remains consistent at 9.6%, compared with 8.9% across the NHS overall and 9.7% in London.
- All trusts are in-line with the system level with Croydon and SWL & St Georges only slightly higher at 10.7% and 10.9% respectively.
- Turnover is showing a steady month-on-month reduction across the system in all trusts with an improvement from 11.6% in Nov 2024 to 9.6% in Nov 2025.
- Turnover at staff group level varies between 4.9% for Medical Staff and 12.6% for AHPs. At 24.7% of leavers,
- Retirement represents the largest number of staff leaving.
- Voluntary leavers are most commonly due to relocation, work–life balance or to undertake education or training as reasons for leaving.
- The accuracy of this analysis is limited by poor data quality, with 16% of leavers recorded as "Other/Not Known". Improving leaver processing and data capture across the system is a key priority to support more effective workforce monitoring.
- Given the current uncertainty across the NHS and tighter restrictions within workforce planning it is anticipated that turnover may reduce further or remain fairly fixed as staff choose to remain in post.
- Currently at 8.04%, Vacancy Rates have remained consistent across the system overall and within trusts.
- Vacancy levels are also impacted by additional internal approval stages and the introduction of the Triple Lock process. As a result, fewer roles are being advertised, which has implications for workforce capacity and planning.
- Overall sickness absence remains consistent with previous 12 month trends at 5.2%, comparing favourably with 5.3% nationally and 4.7% across London
- Seasonal increases linked to colds and flu are evident during winter months but have not led to a sustained rise in overall sickness levels.

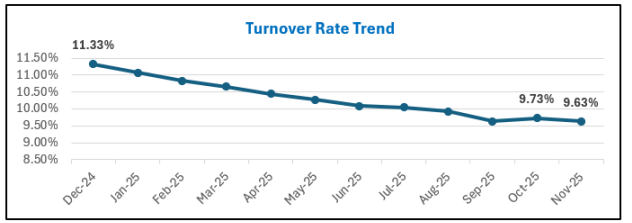
Sickness Absence: 5.17%



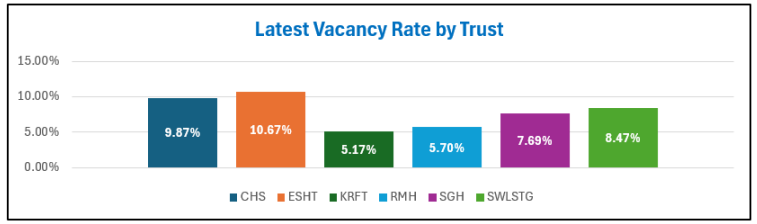


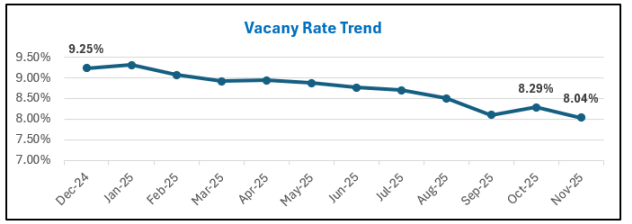
Turnover Rate: 9.63%



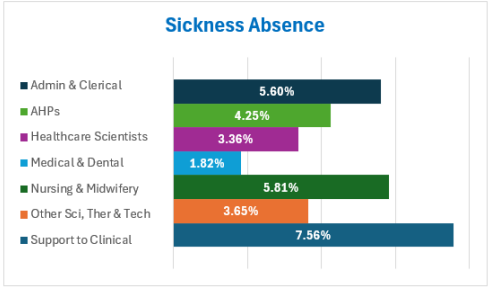


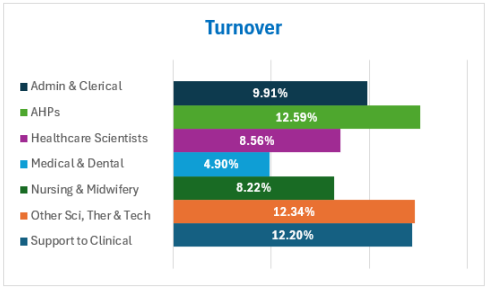
Vacancy Rate: 8.04%

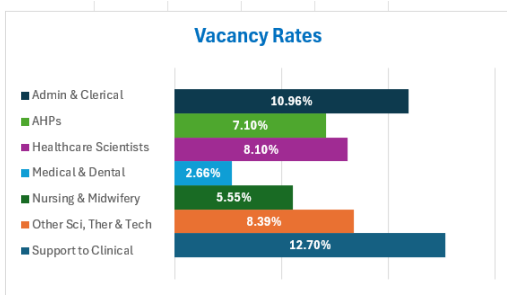




Absence Data Source – Trust provided Turnover Data Source – Trust provided Vacancy Data Source – PWR Submissions



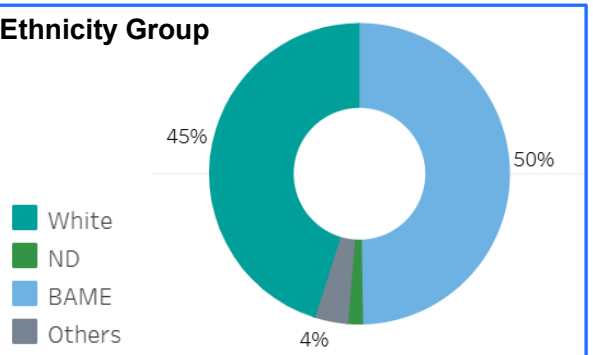




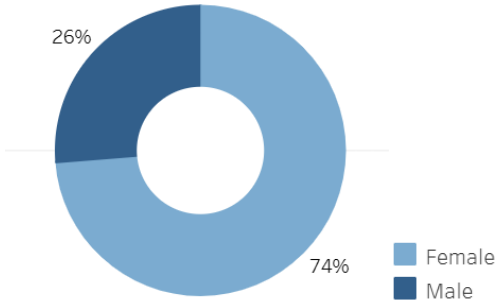
SWL Equality & Diversity (system)

NHS South West London

Ethnicity Group

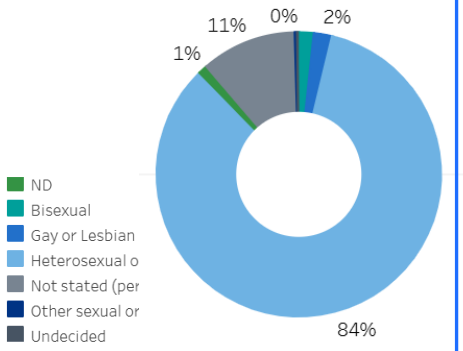


Gender

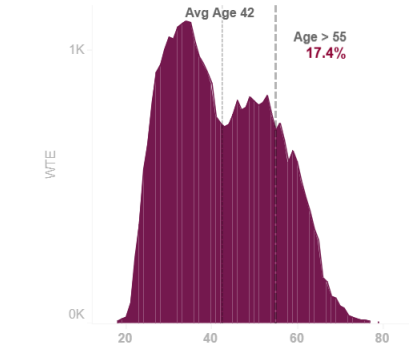


- The ethnicity profile of SWL System staff broadly reflects the wider London population.
- Gender representation is in line with London averages, though there is ongoing recognition of the need to attract more men into NHS roles.
- SWL has an average staff age of 42, with 17% of staff aged over 55. This aligns with both London and national NHS trends.
- Disability declaration stands at 6%, consistent with London ICB benchmarks but slightly lower than the national NHS 8%.
- Sexual orientation and religious belief data are particularly affected by non-disclosure and, in the case of sexual orientation, by outdated national workforce system categories.

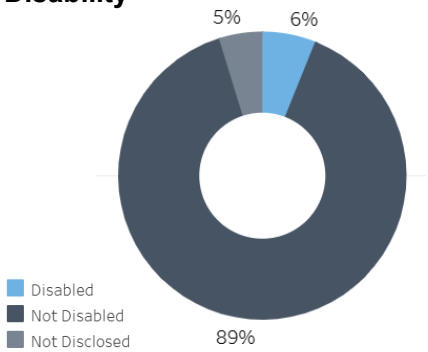
Sexual Orientation



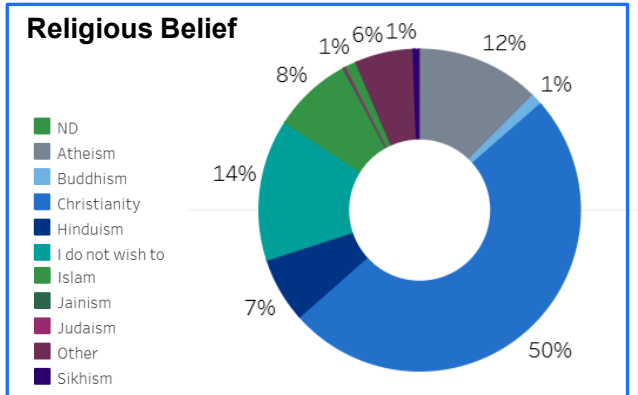
Age Distribution



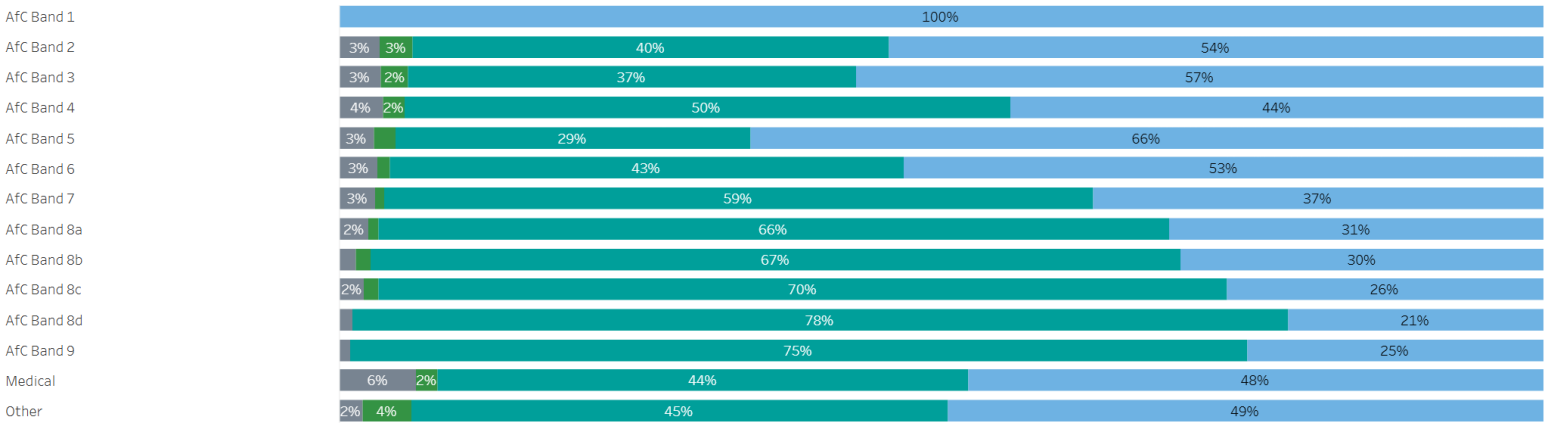
Disability



Religious Belief



Ethnicity Group by Band



NHS
South West London

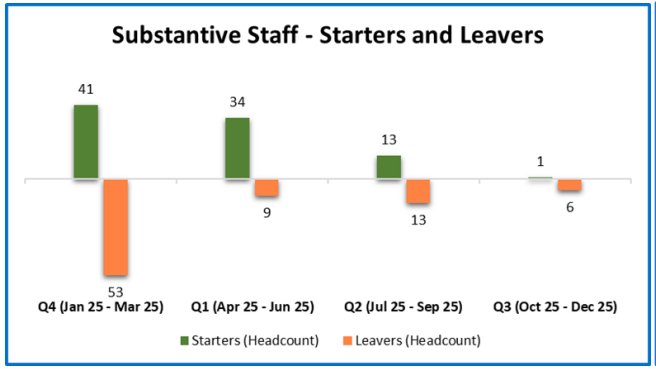
Our ICB Staff

Workforce Summary

NHS
South West London

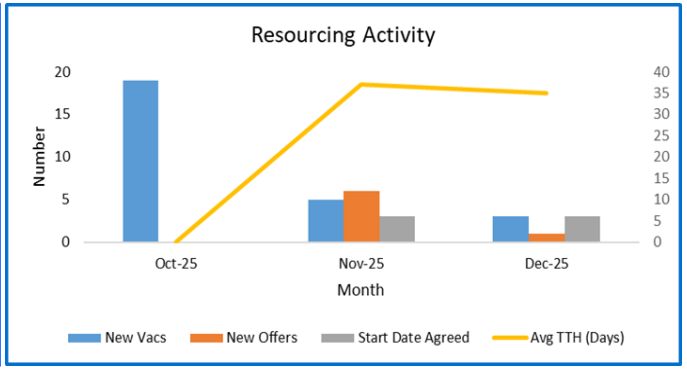
Description	Oct 2025	Nov 2025	Dec 2025
Staff in Post (Headcount) [i]	679	678	676
Staff in Post (FTE)	623.3	621.3	619.2
Turnover Rate (%) [ii]	15.1%	14.4%	12.6%
Establishment (FTE)	767.3	765.8	765.8
Vacancy Rate (%) [iii]	18.8%	18.9%	19.1%
Vacant FTE	144.1	144.6	146.6
Sickness Absence (%) [iv]	3.03%	3.02%	2.99%

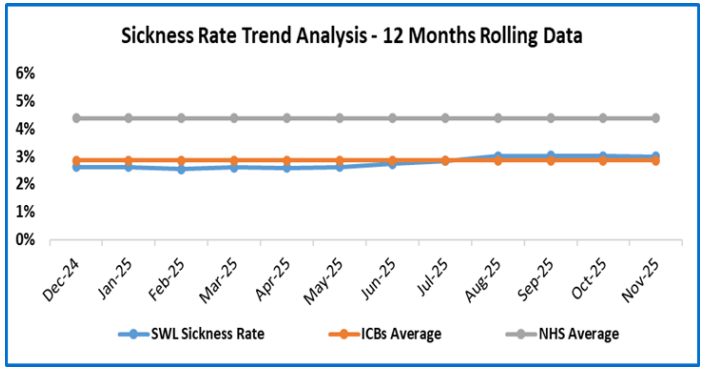
- At 12.6% Turnover rates for the SWL ICB are still high compared to 8.9% in the NHS overall, 9.7% in London and 9.4% within ICBs nationally.
- The high level of redundancies within the 12 month period (Q4 2025) will be significantly impacting turnover levels and will continue to do so until Q1 2026. 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, improve work/life balance or relocate.
- 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 2.99% compared to National and Regional benchmarks.



Q3 – Leaving Reasons

- ❑ 67% Other/Not Known
- ❑ 17% End of Work Requirement
- ❑ 16% End of Fixed Term Contract





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.

Sickness Rate

NHS South West London

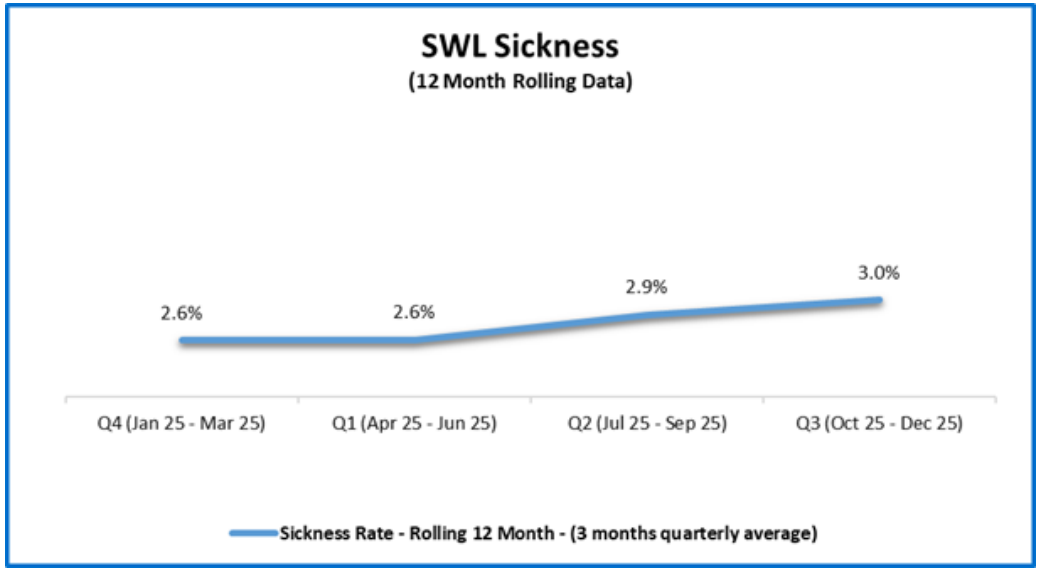
Top 5 Reasons for Sickness – 12 Month Rolling (Combined Data)

Absence Reason	FTE Days Lost
S10 Anxiety/stress/depression/other psychiatric illnesses	1,782
S13 Cold, Cough, Flu - Influenza	703
S17 Benign and malignant tumours, cancers	651
S28 Injury, fracture	444
S25 Gastrointestinal problems	335
Grand Total	**3,915**

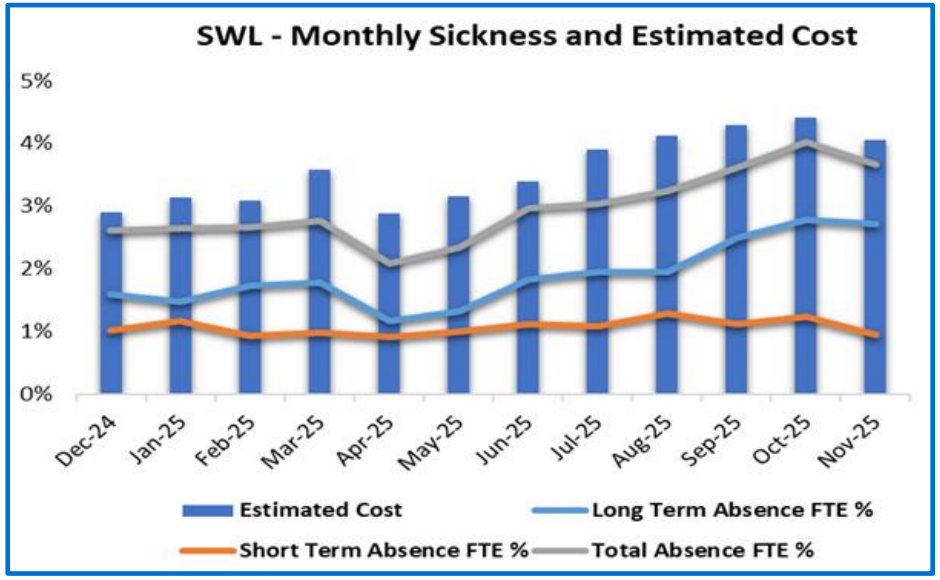
Sickness Summary

- At 2.99% in-month ICB sickness remains consistently low compared to national NHS rates at 5.3% and 4.7% in London.
- ICBs Nationally are at 3.6% with other London ICBs at 3.2%.
- By comparison, Providers within the SWL region are at 5.2%.
- Mental Health reasons represent 36% of the ICBs current sickness.
- This is in line with overall NHS National levels of MH at 27% and 39% in ICBs nationally.
- As expected, we can see a seasonal increase in sickness levels due to higher instances of Colds & Flu in winter months.

12 Months Rolling Sickness Data by Quarter

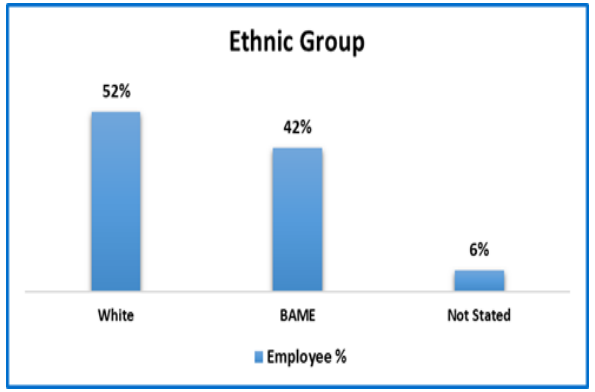


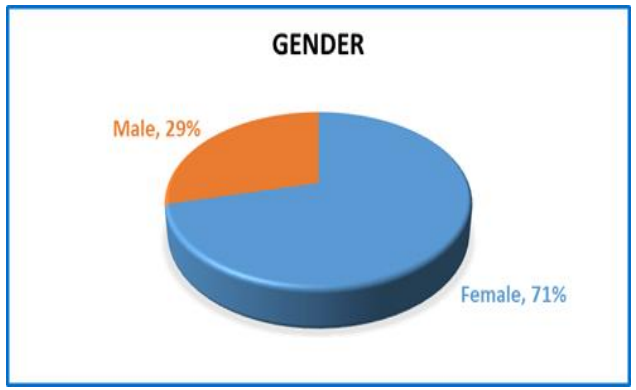
Monthly Sickness Trend

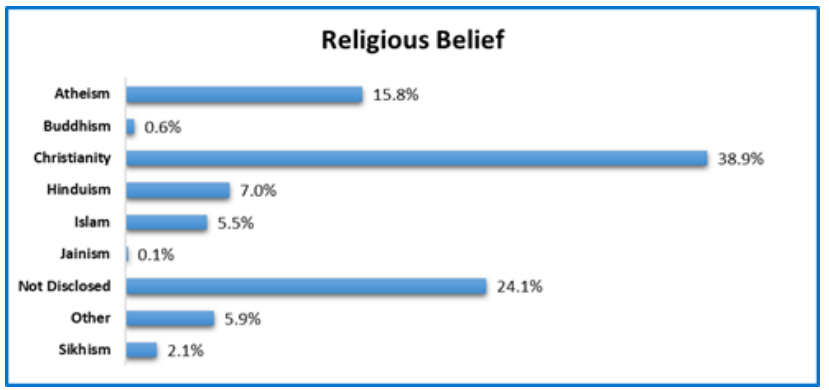


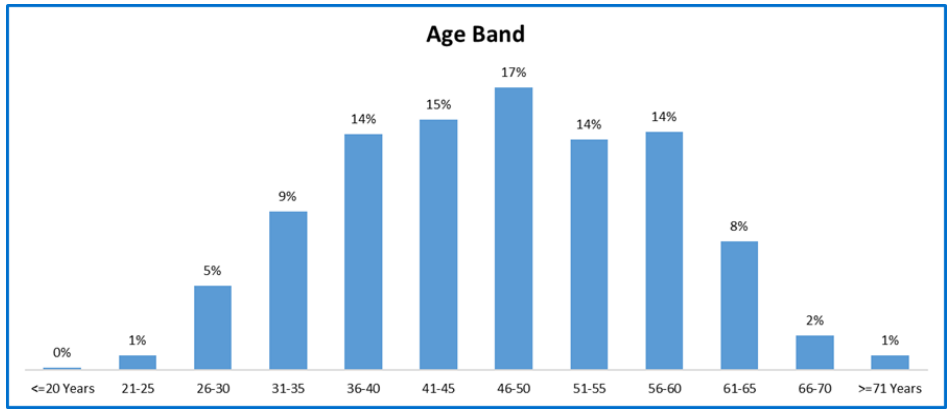
SWL ICB Equality & Diversity

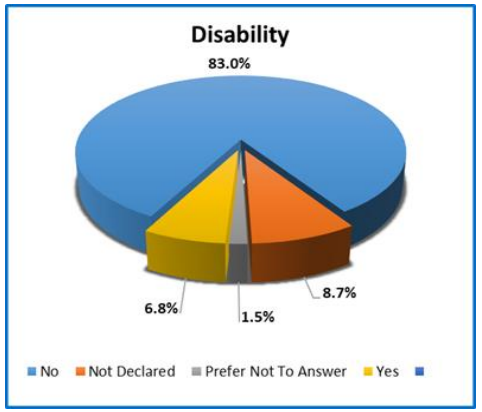
South West London

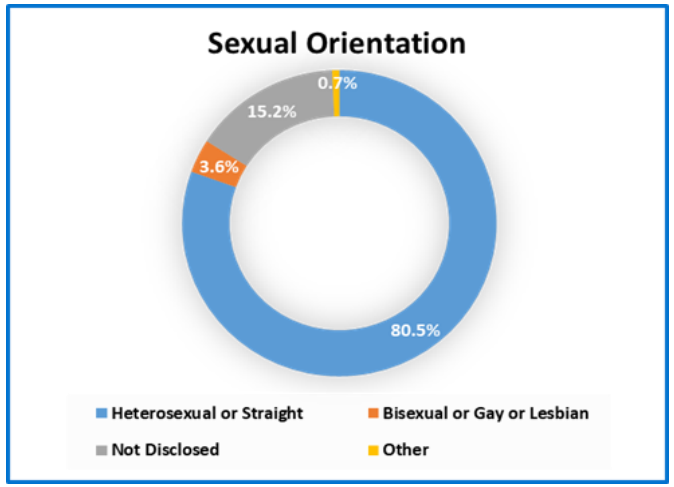


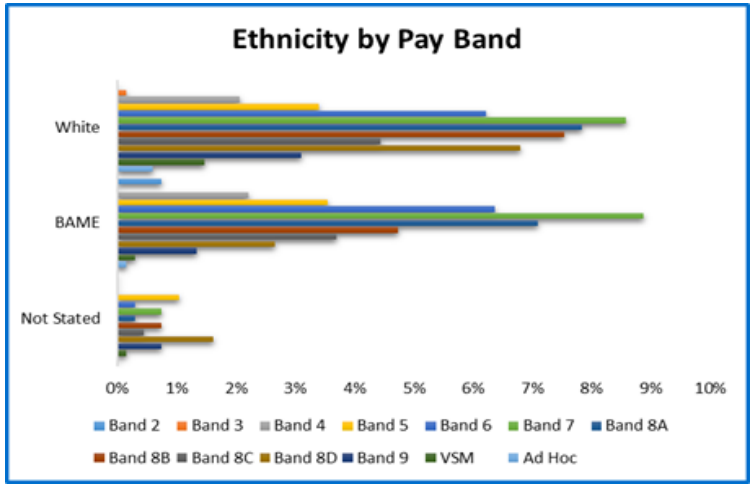












- ICB Ethnicity Group split in line with London Region.
- Not Stated levels would, ideally, be reduced to improve the effectiveness of reporting.
- Gender split is in line with London.
- Ongoing acknowledgement that more Males could be attracted to join roles within the NHS.
- At 24.1%, unfortunately, the high number of Not Disclosed significantly skews the effectiveness of Religious Belief data.
- The ICB has an average age of 46 and 24% of staff above 55.
- This does align with other London ICBs and is consistent in predominantly Admin & Management roles (nationally 27.4% are over 55 in the NHS).
- 6.8% 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.

NHS
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SWL ICS EDI Initiatives:

EDI - *Where We Are on Our EDI Journey*

NHS South West London

SWL ICS Equality Diversity Inclusion Initiatives

Ask Aunty App (Pilot Initiatives)

Epsom and St Helier's, St George's hospitals, SWL ICS, and Surrey Heartland ICS have come together to develop and deliver a new mobile application called **'Ask Aunty'** to support international nurses, doctors, midwives and, therapists, registered to get the best support and access to internal and external personal, pastoral, culture, psychological worth and emotional wellbeing support.

Future System Leaders Programme

The programme is open to all staff working at Band 8C who aspire to progress to Band 8D and Band 9/director level roles within 12-24 months.

There will be 20 spaces across the system for cohort one, and at least 60% - 70% of those spaces will be reserved for staff from Black, Asian and ethnic minority backgrounds.

Anti-Racism Framework

Development of a framework which aspires to ensure that SWL ICB and ICS are anti-racist organisations. Collaborating with Flair Impact to focus on the racial impacts and conducting a deep dive into data.

Resolution Framework (5D Review)

Collaboratively working alongside TCM Group to address the issues surrounding the high number of Black and Asian and Ethnic Minority staff going through the disciplinary process, by using 5D Review and increasing the mediation offering.

Disability Advice Line (Pilot Initiatives)

The Disability Advice Line (DAL) is a helpline that aims to support and engage potential staff with disabilities and long-term health conditions. The service will offer information and guidance on disability-related issues to managers, other key stakeholders, existing staff and perspective staff

Maintaining Equality, Diversity and Inclusion During Organisational Change

- The ICS EDI initiatives have concluded and will not be recommissioned due to funding constraints, with no alternative provision currently planned.
- In response to the current financial and operational context, the ICB has intentionally reshaped its approach to Equality, Diversity and Inclusion.
- While the delivery model has changed, the organisation's commitment to fairness, inclusion and equity remains unchanged.
- The ICB is prioritising statutory compliance, embedding equality within core governance and change processes, and focusing on high-impact, sustainable activity.
- This approach ensures the ICB continues to meet its legal obligations and support its workforce during a period of significant organisational transition.
- The EDI Programme Director continues to provide support and guidance to colleagues across the system.

NHS
South West London

SWL Workforce Landscape:
2026 onwards

SWL Workforce Landscape: 2026 and beyond

NHS South West London

Three shifts of NHS transformation and reform

1. Hospital to Community
2. Analogue to Digital
3. Treating sickness to prevention

Three strategies that will guide the transformation

1. 10-Year Plan
   Targeted workforce strategy expected Spring 2026
2. Neighbourhood Health
3. SWL Clinical Strategy

Example Workforce implications

- **Developing digital confidence of staff**
- **Modern quality Leadership**

- **Integrated working**
- **Upskilled multi-function Workforce**

- **Redesigning or adapting service delivery**
- **Optimising deployment**

Additional considerations for SWL

- Aging Workforce
- Fragmented data landscape
- Nursing and AHP pipeline
- Reducing headcount & reduced vacancies
- Digital integration
- Creating pathways for equitable hiring
- Reduction in ICB Workforce capability
- Reduced productivity

Workforce focus required to deliver

- Culture Change
- Skills, Capability & Role Development
- Staff Experience
- Data Integration & Data Sharing
- Future Workforce Demand
- Workforce Availability & Supply

NHS
South West London

SWL Response to the Inclusive Talent Strategy

The issue

- People from **disadvantaged backgrounds**, including Black, Asian and minority ethnic communities, are **less likely to access NHS jobs, progression, and stable employment**
- These inequalities sit alongside **persistent workforce shortages**, limiting both fairness and supply

What we have already done

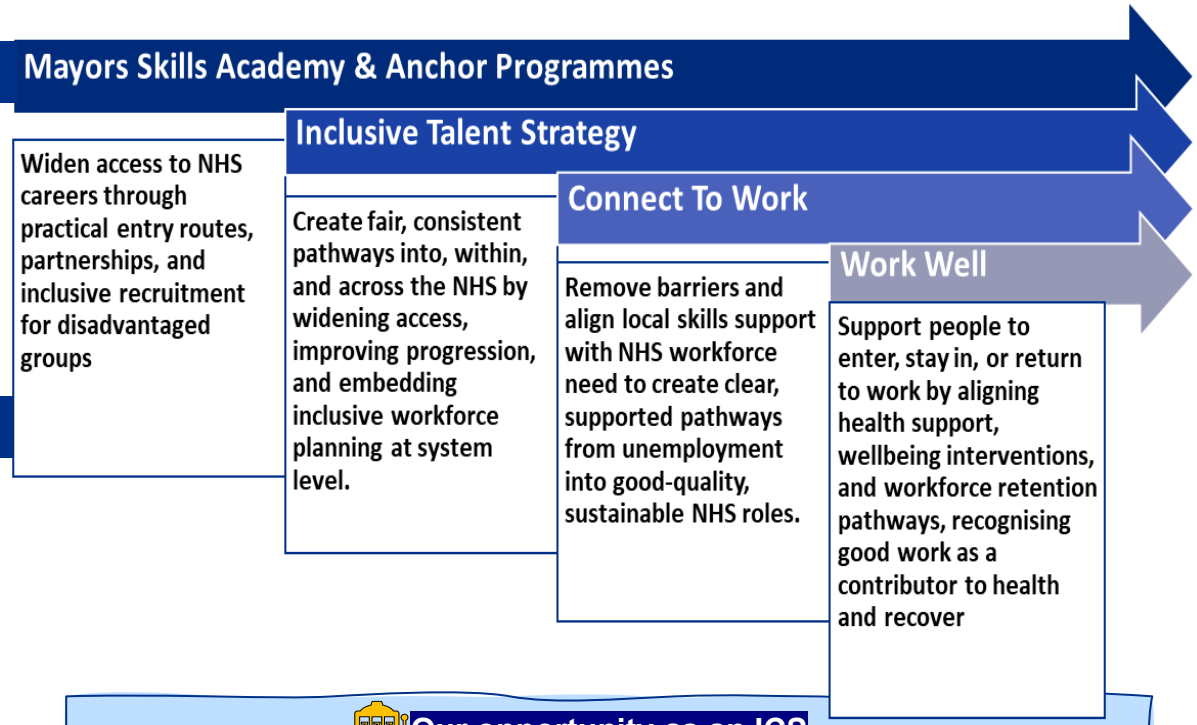
Over the last **three years**, SWL has used the **Mayor's Skills Academy and Anchor Institution roles** to:

- widen participation in NHS careers
- create accessible entry routes and high-quality work experience
- strengthen links between employers, education, and communities

This has established a **strong, practical foundation** for inclusive workforce growth

Why this matters now

- National policy (Inclusive Talent, Connect to Work, WorkWell) now **formally backs this approach**
- The focus has shifted from pilot activity to **system responsibility for widening participation and retention**



Our opportunity as an ICS

- Build on proven foundations and **embed inclusive talent as core business**
- Scale what works, secure consistent system buy-in, and sustain impact
- Strengthen workforce supply **by improving access, progression, and retention**, not just filling vacancies

SWL Workforce

1. Introduction

This paper intends to provide assurance that the right considerations are being made for Workforce in South-West London.

The changing shape of the ICB:

- Following announcements in March 2025, SWL ICB has a mandate to reduce the workforce by approximately 58%, alongside redesigning structures to serve as a strategic commissioner. To best meet (i) patient and care needs and (ii) financial balance, SWL ICB will cluster selected services with South-East London ICB (SEL).
- Having announced a voluntary redundancy scheme in December 2025, we are in the process of identifying self-elected redundancies. With a full consultation planned to begin in Q1 2026, 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, we've introduced listening sessions, development opportunities and wellbeing support as we operate in a transition-state toward the new purpose and identity of the ICB.

During this ICB transformation, we remain cognisant of our commitment to broader SWL workforce challenges. Our system is entering into a period of profound and sustained change, driven by national reform, local system strategy and increasing operational pressure. Workforce implications must therefore be considered not only in terms of operational delivery, but also culture, leadership, capability and staff experience. This section provides assurance that SWL recognises the scale and complexity of the workforce transformation required to deliver new models of care and to fulfil the ICB's future role as a strategic commissioner and system leader.

2. The SWL system:

Alongside this change in remit and focus, additional national reform is proposed shaped by three long-term shifts:

- from hospital to community,
- from analogue to digital, and
- from sickness to prevention.

Locally, these shifts are reflected in the NHS 10-Year Plan (with a workforce report due Spring 2026), the development of neighbourhood health, and SWL's clinical strategy. Collectively, these strategies signal a left shift in care, increased digitisation, and a stronger emphasis on prevention and community-based delivery. They also imply a rebalancing of workforce roles, skills and leadership away from traditional organisational boundaries towards place-based and neighbourhood models. For the workforce, this represents a fundamental change in where care is delivered, how staff work, and the skills, behaviours and leadership required. Success will depend on a workforce that is digitally confident, able to work across organisational and professional boundaries, and supported by leaders capable of operating across place and system boundaries rather than within single institutions. Enablers such as integrated IT, improved data sharing, clearer role design and more flexible employment models will be critical to achieving this transformation at pace and scale.

3. Our workforce:

- System-wide turnover remains steady at 9.6%, compared with 8.9% across the NHS overall and 9.7% in London. Individual trusts largely mirror this, with Croydon and SWL & St George's slightly higher at 10.7% and 10.9% respectively. Turnover has steadily declined month-on-month, improving from 11.6% in November 2024 to 9.6% in November 2025. By staff group, turnover varies from 4.9% among medical staff to 12.6% for allied health professionals, with retirement accounting for the largest proportion of leavers (24.7%). Voluntary departures are most commonly due to relocation, work–life balance, or pursuing education and training, though 16% of leaver reasons are recorded as "Other/Not Known," highlighting gaps in data capture. Strengthening leaver processing and improving workforce data quality remain key priorities to enable effective monitoring and intervention.
- Vacancy rates have remained consistent at 8.04% across the system, influenced by additional internal approvals and the Triple Lock process, which limits the number of roles advertised and affects workforce capacity. Sickness absence is stable at 5.2%, comparing favourably with 5.3% nationally and 4.7% across London. Seasonal increases linked to colds and flu are evident but have not led to sustained rises.
- The ethnicity profile of SWL staff broadly reflects London's population, while gender representation aligns with city averages, with ongoing efforts to attract more men into NHS roles. Staff have an average age of 42, with 17% over 55, reflecting national and London trends. Disability declaration stands at 6%, consistent with London ICB benchmarks but slightly below the national NHS average of 8%. Data on sexual orientation and religious belief are limited by non-disclosure and outdated workforce system categories, indicating further opportunities to improve demographic reporting and inclusivity monitoring.
- Given current NHS uncertainty and tighter workforce planning restrictions, turnover is expected to remain relatively stable as staff opt to stay in post. These metrics provide a foundation to assess the scale of transformation required and inform initiatives to support retention, wellbeing, and equitable access to career development across SWL

Medium-term planning submissions across SWL anticipate a 2.3% reduction in substantive staffing by March 2028, alongside an expectation that recurrent workforce efficiencies are delivered, given that opportunities to reduce temporary staffing have largely been realised. These plans reflect the financial context but are not yet fully aligned to system priorities or the three national shifts. Without deliberate system-level alignment, there is a risk that workforce reductions constrain the very transformation capability required to deliver new care models and long-term sustainability.

Transformation is also being pursued at a time when the workforce is already under strain. Findings from Lord Darzi's NHS review remain highly relevant, with rising sickness absence and declining productivity indicating that the workforce does not have unlimited capacity to absorb further change without deliberate investment and support. While sickness absence within SWL remains broadly in line with national levels, the scale and pace of change, combined with ongoing uncertainty, increases the risk of disengagement, reduced discretionary effort and burnout if not actively mitigated.

Additional pressures include an ageing workforce, a fragmented workforce data landscape, constrained headcount and vacancy controls within operational plans, the need to create more equitable routes into employment and progression, and the cumulative impact of repeated system reform. The cost of living and working in London also continues to affect attraction and retention, with colleagues choosing to leave SWL or the NHS altogether in search of higher

pay or lower living costs. Workforce transformation must therefore address both future requirements and the current reality of change fatigue, affordability pressures and reduced wellbeing.

4. Priority Areas for Workforce Transformation

Through alignment of national shifts, system strategies and local workforce risks, SWL has identified the following priority areas from a workforce and organisational development perspective. These areas provide a consistent framework for assurance, prioritisation and delivery across the system:

- **Future workforce demand**: Strategic workforce planning must anticipate change rather than respond once pressures emerge. The 2026/27 Multi-Year Plan sets out continued reductions in substantive staffing, including a decrease of 463 WTE (-1.4%) in Year 1 and 279 WTE (-0.9%) in Year 2. The greatest impact is on infrastructure roles (-2.8% / -224 WTE in Year 1; -1.6% / -130 WTE in Year 2), followed by medical staff (-2.5% / -115 WTE). In contrast, support-to-clinical roles increase by 92 WTE (1.7%), indicating an intended shift in skill mix. Nursing staffing is planned to reduce across both years, while Bank and Agency staffing is expected to reduce by a further 632 WTE (-17.4%) in Year 1, which will only be achievable if sickness absence reduces and retention and wellbeing improve.

- **Culture:** Culture sits at the centre of successful transformation. Evidence consistently shows that culture shapes how individuals experience change, whether they feel safe to adapt and innovate, and how effectively they collaborate across organisational boundaries. In the context of neighbourhood working and system reform, a focus on shared purpose, inclusive behaviours and psychological safety is essential. This also supports retention within an ageing workforce and mitigates change fatigue during periods of structural and financial change.

- **Skills, capability and leadership**: The shift to community-based, digital and preventative care requires different skills, clearer role design and stronger system leadership. This includes building digital confidence, developing leaders who can operate across organisations and places, and creating sustainable and engaging career pathways. Initial medium-term plans indicate an expected reduction of approximately 350 WTE infrastructure roles by March 2028, increasing the importance of targeted investment in leadership capability to ensure sufficient capacity to lead, manage and deliver transformation.

- **Staff experience and wellbeing**: Workforce experience is treated as a strategic lever rather than a by-product of transformation. Lord Darzi's findings underline the direct link between experience, wellbeing and productivity. While turnover across SWL trusts has reduced by 1.7% in the past 12 months (to 9.63%), intelligence suggests this may reflect limited opportunities to move roles rather than improved satisfaction. This reinforces the need for proactive management of workload, role clarity, wellbeing and engagement, particularly where vacancy controls and workforce reductions increase the risk of overload.

- **Workforce availability and supply:** The system must be able to attract, recruit and retain people within a constrained labour market. Across SWL, there is a growing imbalance between the number of nursing and AHP graduates and the availability of entry-level posts, driven by financial recovery plans, ward closures and frozen

vacancies. System partners have agreed to take a collective approach, looking beyond hospitals into primary care, community, social care and the voluntary sector to create employment opportunities, protect future supply and reduce competition between organisations.

- **Data integration and workforce intelligence:** A fragmented workforce data landscape limits insight into productivity, skill mix, diversity and alignment to future demand. Improving the quality and integration of workforce data enables more informed decision-making, reduces inefficiency caused by duplication and poor visibility, and supports a population health management approach. There is also a need for more granular people analytics, including data on role, banding, place, sector, absence, demographic, turnover and reasons for leaving, to better understand colleague experience and address inequalities.
- **Workforce Inclusion and EDI**: Having high ambition in this area, SWL ICB delivered high-impact programmes that have continued despite reduced capacity: the Ask Aunty programme, supporting internationally recruited staff, has scaled nationally with £250k funding and HSJ recognition, and the Disability Advice Line improved reasonable adjustment practice and recovered £70k before closure, with learning retained across the system. Equality remains integral to change management, governance, and assurance, with workforce equality monitored through staff survey data and workforce intelligence and aligned to the Equality Act 2010 and Public Sector Equality Duty. These measures ensure that inclusion is not a standalone agenda but embedded across transformation, talent management, and workforce planning.

Taken together, these priorities define the workforce conditions required to deliver the future system. Delivering them depends not only on how the existing workforce is supported and developed, but also on how the system attracts, grows and retains talent in a highly constrained labour market, and how effectively it addresses the structural inequalities that continue to shape access to NHS careers and progression.

5. Accessibility and Attraction:

Across England, NHS vacancy rates remained at approximately 6.7% in mid-2025, with over 100,000 vacancies nationally and the highest regional rate in London at around 7.7%, particularly in nursing and allied roles. Despite this, many roles are not advertised due to efficiency requirements. At the same time, evidence from the NHS Workforce Race Equality Standard continues to show disparities in appointment rates and progression, with White applicants significantly more likely to be appointed than Black, Asian and minority ethnic candidates in the majority of trusts, and lower perceived access to progression among BME staff.

Since 2021, SWL has used the Mayor's Skills Academy Health Hub framework to respond to these challenges by widening participation in NHS careers, offering practical training and work experience, and strengthening partnerships with further education, higher education and community organisations. This has underpinned programmes such as project-based work experience, clinical simulation placements, a system-wide skills audit and targeted employability support for disadvantaged groups, moving the system from short-term recruitment activity towards longer-term pipeline development.

In parallel, the NHS Anchor Institution Programme has reshaped expectations of how large public sector organisations support local communities. Anchor commitments focus on fair

work, development and progression, recruiting from local neighbourhoods, improving access for those furthest from the labour market and paying the London Living Wage. Together, these approaches have reinforced the ICB's role in aligning workforce strategy with wider social and economic objectives.

National policy has further reinforced this direction through initiatives such as Inclusive Talent, Connect to Work and WorkWell, which bring together skills, employment, workforce wellbeing and population health. These frameworks position employment as a system responsibility and emphasise good work as a mechanism for improving health outcomes, reducing inequalities and supporting workforce sustainability.

In response, SWL has moved towards a connected, system-wide approach that aligns skills, anchor commitments and workforce planning into a single framework. This approach focuses on widening access to NHS careers, strengthening progression and retention, and ensuring education and training supply aligns to future service models and population need.

Key elements include accessible entry routes through project-based work experience, apprenticeships and targeted recruitment for groups such as care leavers and refugees; high-quality training pathways co-designed with colleges, universities and providers; progression and retention support through mentoring and inclusive leadership development; and strong employer–education partnerships to ensure training reflects service need and future models of care. A clear focus on outcomes, including job starts, retention and improved representation will enable the system to demonstrate impact and value for money.

The current workforce context presents ICSs with an opportunity to move beyond short-term vacancy management and address the structural causes of workforce shortage and inequality. Through its system leadership role, the ICB can align workforce planning to population need, redesign roles and skill mix, strengthen inclusive talent pipelines, improve workforce intelligence and secure more consistent partner engagement around shared priorities.

Taken together, this approach ensures that future workforce transformation and inclusive talent development are not treated as separate agendas, but as mutually reinforcing components of a single system strategy. This positions SWL ICB to lead a more resilient, inclusive and sustainable workforce agenda that supports service delivery, financial sustainability and the long-term health of the communities it serves.

6. Conclusion

South West London is undergoing significant workforce change driven by national reform, financial pressures and the ICB's transition to a strategic commissioning role, alongside ongoing operational demands and widening inequalities. While headline workforce metrics remain broadly stable, they mask underlying strain from uncertainty, constrained capacity and change fatigue. Planned staffing reductions and recruitment controls risk limiting transformation capability unless matched by deliberate, system-wide focus on culture, leadership, skills, staff experience and workforce intelligence.

The identified priority areas provide a clear framework to align workforce planning, inclusion, data integration and wellbeing with the shift towards community-based, digital and preventative care.

NHS South West London
Integrated Care Board

Organisation Report

Agenda Item: 9

Report by: Katie Fisher, CEO SWL ICB

Paper type: Information

Date of meeting: Wednesday, 28 January 2026

Date published: Wednesday, 21 January 2026

Purpose

The report is an organisation report update.

Executive summary

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:

1. Winter

1.1 Focus on Flu

Flu cases are rising earlier than usual this year and nationally we are seeing higher levels than at this time last winter. This in turn also has an impact on our hospitals as the number of flu patients in hospital beds in the first week of December was more than 50% higher than the same period last year. To help keep people well and out of hospital, it is even more important than those who are eligible know how and where to get vaccinated so they can make informed choices. To help make sure flu vaccination information reaches our core20 communities in the way that works best for them we are:

- Sharing trusted flu messages through WhatsApp as voice notes in community languages, alongside a British Sign Language video on social media.
- Distributing leaflets in English and community languages through our voluntary and community sector networks.

1.2 Integrated Care Co-ordination hub

The Integrated Care Co-ordination hub links London Ambulance crews with SWL emergency consultants and opened on 10 November 2025. It takes calls from ambulance crews who believe a patient may be able to stay at home with support or use an alternative to A&E. It also reviews people waiting for an ambulance and identifies those who can be safely supported elsewhere, helping avoid unnecessary trips to A&E. This supports faster care and helps reduce pressure on emergency departments over the winter period, while making sure people can get help closer to home whenever possible.

2. National Guidance & Updates

2.1 NHS England Medium-Term Planning Framework 2026/27–2028/29

NHS England has published the Medium-Term Planning Framework 2026/27–2028/29, which builds on the 2026/27 planning guidance. The framework replaces the annual planning cycle, giving ICBs greater strategic control, encouraging closer provider collaboration and offering more freedom to organisations that perform well.

The Framework focuses on:

- Delivery and Value for Money – stronger financial discipline and productivity targets.
- Prevention and Neighbourhood Health – joining up services locally to keep people well for longer.
- Digital-First Care – using technology to improve access and efficiency.
- Workforce and Quality – improving leadership, staff experience and patient safety.

The framework also confirms that:

- ICBs will act as strategic commissioners, focusing on outcomes and prevention.
- Neighbourhood Health will become the main model for joining up services locally through integrated neighbourhood teams.
- Integrated Health Organisations (IHOs) will be new contract models that allow existing providers to work together and manage local services and budgets.

2.2 Strategic Commissioning Framework

On 4 November, NHS England published the Strategic Commissioning Framework, setting out what ICBs need to do to become effective strategic commissioners. It is the next step in the national journey that began with the Model ICB Blueprint (May 2025) and builds on the approach introduced through the Medium Term Planning Framework. Together, they set out how ICBs will plan, commission and deliver services under the new NHS Operating Model. The framework gives clear detail on what strategic commissioning means in practice and the timeline for ICBs to adopt it.

3. Planning

The approach to operational planning has changed for 2026/27 to reflect the changes to the NHS as set out in the Model ICB. A three year funding envelope has been shared with ICBs to enable the development of medium term planning to support delivery of the three shifts in the 10 year plan: hospital to community, analogue to digital and sickness to prevention. ICBs were required to develop commissioning intentions to reflect our strategy which were shared with providers at the end of September. SWL's clinical strategy remains in development and as such our commissioning priorities align to the early opportunities identified in our strategy.

SWL ICB has reviewed its financial allocation to ensure that it can invest in priorities to deliver the 10 year plan in alignment with our developing strategy. The system's current deficit has restricted the extent to which the ICB can invest in transformation in 2026/27 compared to other systems with smaller deficits, but we have worked to maximise this opportunity within our resources with our approach to planning for 2026/27. To ensure the provider positions are not destabilised the ICB has applied the non-recurrent financial support as per national guidance. Immediate investment priorities are likely to include the development of our frailty model in each of our SWL places, implementation of new patient pathways for planned care and increasing our focus on prevention.

From an operational perspective the ICB intends to commission activity to deliver the operational targets set for 2026/27 and we continue to work with our providers to finalise our plans for these. These include:

- Improving performance for planned care, in particular reducing our overall waiting list size (providers are asked to deliver at least a 7% Referral to Treatment Target improvement)
- Delivering 85% 4 hour waiting time standards in A&E and reducing 12 hour waits.
- Delivering cancer standards for 28 day faster diagnosis standard, 31 and 62 day cancer performance
- Improving access to GPs including same day appointments
- Ensuring that a minimum of 80% of community activity is delivered within 18 weeks
- Expanding MH coverage in schools (to achieve 100% by 2029)
- Delivering on talking therapies targets and improving on our Individual Placement Support performance.

Despite financial pressures the ICB intends to set a financially compliant plan and draft numbers support this intention. Alongside our medium term planning submission, we are developing a medium term financial framework, aligned to the clinical strategy, which will set out our longer term approach to financial sustainability including moving away from block contracts and towards resource allocation and payment for outcomes and improvement.

We continue to work towards finalising our plans to the NHSE February deadline. Once plans have been finalised and supported by NHSE, we will share them with local stakeholders.

4. Exploring closer collaboration with South East London (SEL) ICB

Following recent discussions, SWL and SEL Boards have approved entering a **clustering arrangement** to strengthen delivery of the Model ICB Blueprint and the 10-Year Health Plan. Key elements include:

Shared leadership:

- A single ICB Chair (appointed by NHS England)
- A single ICB Chief Executive (appointed by the Chair with NHS England agreement)
- A single, shared executive team led by the Chief Executive

Both ICBs will remain separate organisations and will not merge, recognising the distinct challenges and provider landscapes in each area. Work is underway to identify functions and services that could be shared, with joint structures designed to support delivery across South London.

5. Chief Finance Officer Appointment

We are pleased to announce that Dinah McLannahan joined NHS South West London ICB as Chief Finance Officer in December 2025 on a 12-month secondment taking over from Helen Jameson whose last day was Friday 19 December. Dinah brings over 25 years of NHS finance experience across acute, mental health, community and system roles.

6. Responding to industrial action in South West London

During recent resident doctors' strikes we worked together across the system to minimise disruption, reduce pressure on our services, and reassure our local communities. In November, resident doctors, formally known as junior doctors, took industrial action for five consecutive days. Our South West London Co-ordination Centre worked closely with hospitals, primary care and social care to help

mitigate any disruption. NHS staff worked to keep services open for patients, while also competing with additional pressures including Storm Claudia and an early rise in flu cases.

7. Personalised Care Awards – SWL Success

Congratulations to the SWL teams who were honoured at the Personalised Care Awards for driving person-centred care and digital innovation.

- Universal Care Plan Programme Team – Living in a Digital Age Award
  Recognised for creating a single, digital personalised care and support plan accessible in real time by health and care professionals. The award highlights the innovative blended care-plan template, ensuring what matters to the person is central, with flexibility to add condition-specific details.
- Dynamic Support Team (SWL St George's Mental Health Trust) – Shared Decision Making Award.
  For intensive autism-informed support for autistic children and young people.
- Kingston and Richmond Proactive Anticipatory Care Team (SWL ICB and partners) – Collaborative Working Award
  For exemplary partnership working across health, social care and voluntary sectors.

These achievements demonstrate leadership in digital innovation, collaborative care, and empowering individuals in their health planning**.**

8. Other

7.1 Supporting our Veteran Communities

On Wednesday 5 November 2025, King Charles III visited Chatfield Health Care in Battersea to meet with veterans and staff to highlight the importance of supporting these communities. This practice is accredited as Armed Forces Veteran Friendly, with staff trained to understand and treat health issues that commonly affect veterans, such as hearing disorders, musculoskeletal conditions and mental health needs. Wandsworth Primary Care Network (PCN) later became the first PCN to have full accreditation. Accompanied by GP partners Dr Waqaar Shah and GP and veteran Dr Shane Barker, His Majesty spoke to former armed forces personnel about their experiences and the vital help they receive through the tailored programme at Chatfield.

7.2 South London Listens Health Assembly

Nearly 1000 South Londoners joined NHS leaders, local authority partners, and community groups at St Georges Cathedral in Southwark on Tuesday 21 October 2025 for the South London Listens Health Assembly – an event focused on tackling the wider factors that shape residents' health and wellbeing. Throughout the evening NHS and local authority leaders joined community representatives on stage to share pledges on working together to help address deep-rooted health inequalities we see across our communities.

Assembly focus areas were:

- Key programmes to improve mental health and social isolation.
- Making care accessible for all, particularly vulnerable and migrant communities.
- Economic wellbeing and fair wages.
- Addressing poor housing as a root cause of poor health.

NHS South West London
Integrated Care Board

Recommendation

The Board is asked to:

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

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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

NHS South West London
Integrated Care Board

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