

SWL Integrated Care Board Meeting

29 April 2026 - Agenda

Time: 11.30 – 13.00

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

Date of next meeting: Wednesday 15 July 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 28 January 2026

1.4 Action Log

Standing Items

11.35: Item 2: Decisions Made in Other Meetings

Ben Luscombe

Decision

11.40: Item 3: Publication of SWL NHS Capital Resource Use Plans
2026/27

Dinah McLannahan

Information

11.50: Item 4: Green Plan Annual Report 2025/26

Dinah McLannahan

12.00: Item 5: Board Assurance Framework

Ben Luscombe

12.10: Item 6: Board Committee Updates and Reports

Item 6.1: Finance and Planning Committee Update – Jamal Butt

Item 6.2: Month 11 Finance Report – Dinah McLannahan

Item 6.3: Quality & Performance Oversight Committee Update – Masood Ahmed

Item 6.4: Quality Report – Elaine Clancy

Item 6.5: Performance Report – Jonathan Bates

Item 6.6: Audit & Risk Committee Update – Bob Alexander

Item 6.7: Remuneration Committee Update – Jamal Butt

12.40: Item 7: Organisation Report

Andrew Bland

12.45: Item 8: Any Other Business/Meeting Close

Chair

12.50: Item 9: 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.

SWL ICB Board Declarations of Interest as at 13.03.26

Employee	Role	Interest Type	Interest Category	Interest Description (Abbreviated)	Provider	Date Arose	Date Ended	Date Updated
Andreas Kirsch	Partner Member - Local Authorises	To follow						
Andrew Bland	SWL ICB Chief Executive Officer	Declaration of Interest - Other	Indirect	Partner is an NHS Head of Primary Care for Ealing (a part of North West London ICB)	Primary Care for Ealing (a part of North West London ICB)	01/04/2022		10/02/2026
Anne Rainsberry	SWLNEN01 Independent Non Executive Chair	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		
Dinah McLannahan	Chief Finance Officer	Declarations of Interest – Other	Financial	Treasurer - Minis and Juniors section	Old Halesonians Rugby Football Club	01/04/2025		
Dinah McLannahan	Chief Finance Officer	Declarations of Interest – Other	Non-Financial Professional	Independent Trustee	Your Trust Charity, West Midlands	01/04/2025		
Elaine Clancy	SWLEMT05 Chief Nursing Officer	Declarations of Interest – Other	Non-Financial Personal	School Governor- Langley Park School for Girls	Langley Park School for Girls	01/04/2023		02/04/2025
Elaine Clancy	SWLEMT05 Chief Nursing Officer	Declarations of Interest – Other	Non-Financial Personal	Trustee for the 1930 Fund for District Nurses	1930 Fund for District Nurses	01/04/2023		02/04/2025
Elaine Clancy	SWLEMT05 Chief Nursing Officer	Declarations of Interest – Other	Non-Financial Professional	on secondment to GESH NHS Healthcare Trust	GESH NHS Trust	15/09/2025		
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 sciences.	Cambridge University	01/11/2024		07/04/2025
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Venture Partner	Plutus Investment Group	01/11/2024		07/04/2025
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Non Executive Director -Out Patient Dispensary NHS Hospitals Sussex.	Pharm@Sea Ltd	01/11/2024		07/04/2025
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Non executive Director -Start up Health Tech	William Oak Diagnostics Ltd	01/11/2024		07/04/2025
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Non Executive Director -Wellness Company	Well02 Ltd	01/11/2024		07/04/2025
Jo Farrar	Chief Executive of Kingston Hospital and Hounslow and Richmond Community Healthcare NHS Trust, Kingston and Richmond Place Executive Lead	Declarations of Interest – Other	Non-Financial Personal	My girlfriend is a Programme Manager for the Local Authorities' Transforming Adult Social Care Programme.	Wandsworth and Richmond Local Authorities	23/10/2024		15/04/2025
Jo Farrar	Chief Executive of Kingston Hospital and Hounslow and Richmond Community Healthcare NHS Trust, Kingston and Richmond Place Executive Lead	Declarations of Interest – Other	Financial	CEO of Kingston and Richmond NHS Foundation Trust	Kingston and Richmond NHS Foundation Trust	01/11/2024		15/04/2025
Jonathan Bates	SWLEMT07 Chief Operations Officer	Declarations of Interest – Other	Non-Financial Personal	Spouse provides primary care consultancy and interim support to a range of organisations.	Primary care consultancy	01/10/2020		10/04/2025
Masood Ahmed	SWLNEN03 Non- Executive Member	Outside Employment		Non-Executive Director	Coventry and Warwickshire Partnership NHS Trust	01/04/2024		24/04/2025
Masood Ahmed	SWLNEN03 Non- Executive Member	Outside Employment		Director	Amadeus Health and Medical Ltd	01/04/2024		24/04/2025
Masood Ahmed	SWLNEN03 Non- Executive Member	Outside Employment		Charity Trustee	Great Ormond Street Hospital Charity	01/04/2024		24/04/2025
Masood Ahmed	SWLNEN03 Non- Executive Member	Outside Employment		Board Advisor	Vitvio	01/04/2024		24/04/2025
Masood Ahmed	SWLNEN03 Non- Executive Member	Outside Employment		Editorial Board Member	Integrated Care Journal	01/04/2024		24/04/2025
Nicola Jones	SWLWSC01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	My practices are part of Wandsworth GP Federation (previously BHCIC)	Battersea Healthcare	17/12/2021		25/04/2025

SWL ICB Board Declarations of Interest as at 13.03.26

Nicola Jones	SWLWSC101 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	SWLWSC101 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Partner Brocklebank Partners which holds contracts for Brocklebank Practice, St Paul's Cottage Surgery (both PMS) and The Haider Practice (GMS)	Brocklebank Partners	07/12/2022		25/04/2025
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Shareholdings and other ownership interests		24 ordinary	My Personal Therapeutics (Trading as Vivan Therapeutics)	01/04/2024		22/04/2025
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Declarations of Interest – Other	Non-Financial Professional	Advise and mentor Cambridge spin outs	Founders at University of Cambridge	01/04/2024		22/04/2025
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Outside Employment		Early stage startup advisory and investment	Harbr	01/04/2024		22/04/2025
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Shareholdings and other ownership interests		9 preferred	Anathem Ltd	01/04/2024		22/04/2025
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Declarations of Interest – Other	Financial	Advisor	Lutra Health	01/04/2024		22/04/2025
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Outside Employment		The medical travel company	TMTC	01/04/2024		22/04/2025
Robert Alexander	SWLNEN05 Non- Executive Member	Outside Employment		Vice Chair	Imperial College Healthcare NHS Trust	01/11/2024		
Robert Alexander	SWLNEN05 Non- Executive Member	Outside Employment		Non Executive Director	London North West University Healthcare NHS Trust	01/11/2024		
Robert Alexander	SWLNEN05 Non- Executive Member	Outside Employment		Non Executive Director	London Ambulance Service NHS Trust	01/11/2024		
Robert Alexander	SWLNEN05 Non- Executive Member	Outside Employment		Trust representative Trustee	Imperial Health Charity	01/11/2024		
Robert Alexander	SWLNEN05 Non- Executive Member	Outside Employment		Trustee	London Ambulance Charity	01/11/2024		
Robert Alexander	SWLNEN05 Non- Executive Member	Outside Employment		Advisory role	CHKS Ltd	01/04/2025		
Robert Alexander	SWLNEN05 Non- Executive Member	Outside Employment		Strategic advice on health sector matters and infrastructure/capital developments particularly	Health Spaces Ltd	01/04/2025		
Sir Richard Douglas CB	SWL ICB Chair	Outside Employment	Financial	Senior Counsel for Evoke Incisive, a healthcare policy and communications consultancy	Evoke Incisive	01/04/2016		10/02/2026
Sir Richard Douglas CB	SWL ICB Chair	Trustee	Non-financial professional interest	Trustee, Place2Be, an organisation providing mental health support in schools	Place2Be	01/07/2022		10/02/2026
Sir Richard Douglas CB	SWL ICB Chair	Declaration of Interest - Other	Non-financial professional interest	Trustee Demelza Hospice Care for Children, non-remunerated	Demelza Hospice	01/09/2022		10/02/2026
Sir Richard Douglas CB	SWL ICB Chair	Outside Employment	Financial	Non-executive member, Department of Health and Social Care Board	Department of Health and Social Care	01/04/2024		10/02/2026
Vanessa Ford	Chief Executive, SWL and St George's Mental Health NHS Trust	Declarations of Interest – Other	Financial	Chief Executive SWL & St Georges Mental Health NHS Trust and a CEO member of the South London Mental Health and Community Partnership (SLP) since August 2019.	SWL & St Georges Mental Health NHS Trust	03/04/2023		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 -Merton Lead CEO for MH strategy London region	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

Minutes – NHS SWL Integrated Care Board

Minutes of a meeting of the NHS SWL Integrated Care Board held in public on Wednesday 28 January 2026 at 11.30 in 120 The Broadway, Wimbledon, SW19 1RH

Members

Chair

Anne Rainsberry

Non-Executive Members

Dr Masood Ahmed, Non Executive Member, SWL ICB

Bob Alexander, Associate Non Executive Member

Executive Members

Katie Fisher, Chief Executive Officer, SWL ICB

Dinah McLannahan, Chief Finance Officer, SWL ICB

Elaine Clancy, Chief Nursing Officer

Partner Members

Dr Nicola Jones, Partner Member, Primary Medical Services

Jo Farrar, Partner Member, Community 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

Jamal Butt, Non Executive Member, SWL ICB

Jonathan Bates, Chief Operating Officer, SWL ICB

Vanessa Ford, Partner Member, Mental Health Services

1 Welcome and Apologies

- 1.1 Anne Rainsberry (AR) welcomed everyone to the meeting. The apologies were noted as above and the meeting was quorate.

1.1 Declaration of Interests

- 1.1.1 A register of declared interests was included in the meeting pack. Elaine Clancy noted that she had submitted a declaration in respect of her role at St George's, Epsom and St Helier, and that this was not currently reflected in the Declaration of Interests report. The Board acknowledged the omission and agreed that the report would be updated accordingly. There were no further declarations relating to items on the agenda and the Board noted the register as a full and accurate record of all declared interests.

1.2 Minutes, Action Log and Matters Arising

Minutes

1.2.1 The Board **approved** the minutes of the meeting held on 15 October 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 15 October, 11 November, 26 November and 17 December 2025.

3 Cyber Assurance and Activities

3.1 Martin Ellis (ME) presented the report and provided an update on cyber assurance, highlighting the establishment of a cyber assurance group, successful completion of the Windows 11 migration, and ongoing efforts to manage third-party risks, with board members raising questions about future responsibilities and primary care assurance.

3.2 There was a discussion about the transition of cyber responsibilities as the ICB moves into a strategic commissioner role, clarifying that current accountabilities would remain with the ICB until any legislative changes occur.

3.3 Martin described: the challenges of securing a diffuse primary care workforce; the importance of restricting access to personal devices; ongoing efforts to upgrade laptops, with 25% still pending upgrades; and outlined the process for remote upgrades and risk mitigation.

The Board **noted**:

- The content of the report and progress made in delivering the ICB's Cyber Assurance priorities
- Continued to support system-wide engagement through the Cyber Assurance Group.
- The on-going implementation of SWL's Cyber Strategy and associated provider activity.

4 Board Assurance Framework

4.1 BL presented the report and described the new format of the Board Assurance Framework (BAF), which now provides clearer risk descriptions, causes, impacts, and sources of assurance.

4.2 Bob Alexander (BA) reported that the BAF had been considered in detail at the recent Audit Committee meeting. The Committee had expressed confidence in the revised format of the BAF and recognised it as a live document that would continue to evolve. The Committee discussed the transition of certain risks as the ICB's role changed, emphasising the importance of a clearly articulated and well-managed handover of risks to new owners. Members highlighted the need to ensure that no risks were lost or diluted during this transition period and that the future governance structure provides clear accountability. It was noted that this would represent both a

closing-down and creation phase, requiring careful management to ensure continuity, visibility, and effective oversight of strategic risks.

- 4.3 AR emphasised that strategic risks should now be taken through their respective Committees for detailed review and oversight. It was agreed that, at the next Board meeting, Committee Chairs would begin to provide commentary on the risks within their remit, ensuring clearer ownership and strengthened assurance.

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

5. Board Member Lead Roles

- 5.1 BL presented the report which provided an update the Board on the current provisions for SWL ICB Executive and Non-Executive lead roles to meet both Statutory Requirements and National Guidelines.

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

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

- 6.1 Lisa Haywood (LH) presented the report highlighting the ICB's full compliance with EPRR core standards, including the addition of an EDI standard, and discussed ongoing risks related to cyber, supply chain, and severe weather, with Board members querying provider variation and mechanisms for embedding learning from exercises.
- 6.2 The Board received an update on the mechanisms in place to capture, triangulate and embed learning from emergency planning exercises and the way this learning was applied to real-life incidents. Members were assured that a structured, system-wide approach was operating effectively. Three system-level exercises had been delivered this year, with key learning fed back into provider Trusts and incorporated into local EPRR development and training packages. The Board noted that triangulating learning from both exercises and real incidents strengthens assurance that lessons were being effectively embedded across the system, supporting operational preparedness and informed senior leadership oversight.
- 6.3 The Board discussed the future direction of system resilience functions and the anticipated level of organisational performance. It was noted that the expectation was for no deterioration in standards, and ideally continued improvement, although members recognised the increasing complexity of the operating environment and the growing challenges this presents, particularly in relation to cyber security and supply chain resilience.
- 6.4 Members highlighted that the system was becoming significantly more adept at understanding and managing cyber risks, and that as the ICB transitions into a commissioning organisation, further expertise would continue to develop in both commissioning and supply-chain management.
- 6.5 The Board also noted that this position forms part of a wider national debate regarding the emerging ICB blueprint and the potential separation or reconfiguration of SCC and EPRR functions across ICSs. Several national iterations had proposed different models; however, local assurance was provided that the intention within SWL was to retain these functions in-house. The current model operates effectively, supports a strong system response, and remains fit for purpose. Members were reassured that, unless there was a future legislative change the ICB would continue to retain category one responder status.

6.6 It was confirmed that, locally, the intention was to retain EPRR and associated System Emergency Coordination functions in-house, reflecting the strength and effectiveness of the current operating model. The system continued to perform well, and there was confidence that maintaining these functions within the ICB provides the most robust and resilient approach. The Board further noted that, although future legislative change remain possible, the working assumption was that no change would be required to current arrangements. The ICB would continue to build on the strengths already in place and ensure continuity of resilience, leadership and operational capability.

The Board:

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

7 Board Committee Updates and Reports

Finance & Planning Committee Update

7.1 Dinah McLannahan presented the Finance & Planning Committee update and gave an overview of the key issues discussed at its meetings on 26 November 2025 and 17 December 2025

Month 8 Finance Report

7.2 DM presented the M6 Finance Report

7.3 BA noted that the Finance Report had been reviewed at the Finance Recovery Group (FRG) on 26 January. He highlighted that, as the organisation approached the end of the financial year, the focus was firmly on the identification and mitigation of remaining risks. BA acknowledged the significant effort across organisations to reach the current position. The system had clear mitigation plans in place to ensure delivery against the commitments set out at the start of the financial year, albeit in some cases through different approaches than originally planned. BA also reflected on the challenges for 2026/27 driven in part by the non-recurrent measures that supported the position in the current year.

7.4 The Board was informed that a further FRG meeting would take place towards the end of the financial year as a formal close-out session, providing assurance and confidence to system partners and stakeholders that the ICB was on track to deliver the planned financial outturn.

Quality & Performance Oversight Committee Update

7.5 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

7.6 Elaine Clancy (EC) presented the report.

7.7 The Board noted the increasing demand in referrals, which must form a core component of the work underway through the Clinically Led Strategic Plan (CLSP). It was noted that patients were waiting too long in secondary care and that some cases

presenting at lower levels of acuity could be managed through alternative pathways. This work was integral to understanding rising demand, associated cost pressures, and opportunities for redesign.

- 7.8 The Board also discussed the implications of *Right to Choose*, which may direct activity to providers where there was less assurance regarding quality and adherence to required specifications. It was noted that holding providers to account in such circumstances increases the burden on the system and reinforces the need for robust quality oversight.
- 7.9 During discussion, members emphasised the importance of gaining clear assurance on how clinical risk was being managed for children and young people on extended waiting lists, particularly in light of the inherited waiting list from an external supplier. The Board was informed that work was underway to review each patient on the list and explore options to secure additional resources to address the backlog.
- 7.10 In parallel, Child and Adolescent Mental Health Services (CAMHS) had implemented a “waiting well” approach, proactively contacting children, parents and guardians to assess ongoing needs, provide signposting to interim support, and reprioritise cases where urgency has changed.
- 7.11 Specific reference was made to the national challenges in ADHD pathways. The Board noted that Surrey and Borders Partnership NHS Foundation Trust had been recognised nationally for innovative practice in this area, and the team would be engaging with them to understand their approach.
- 7.12 It was further noted that children on waiting lists remain heavily reliant on support from their GPs, yet this dependency was not routinely visible in formal reporting. The Board acknowledged the importance of understanding this wider system impact.

Performance Report

- 7.13 Suzanne Bates (SB) presented the report, highlighting three areas of success and challenge.
- 7.14 The Board sought clarification on activity trends, noting that while attendances had reduced, non-elective admissions had increased and remained above plan for the year. It was queried whether this rise reflected increased bed availability or higher acuity. Members were reminded that the system was operating with significantly fewer beds this year following reductions made in Quarter 1, meaning the trend was not attributable to conversion rates. Instead, the increase in admissions was driven by higher patient acuity, consistent with the national picture.
- 7.15 The Board noted that although measures had been put in place to support admission avoidance in recent months a greater proportion of younger, more acutely unwell patients requiring inpatient care had been seen. This pattern mirrors national pressures associated with an early surge of flu, the combined impact of flu, COVID-19 and RSV, and differences in vaccination uptake. These factors have contributed to pronounced operational pressures, with even small numbers of complex cases presenting challenges for patient flow and discharge.

Audit & Risk Committee Update

- 7.16 Bob Alexander (BA) presented the report and gave an overview of the key issues discussed at the Audit & Risk Committee on 13 October 2025.

- 7.17 BA provided an update on the subsequent Audit Committee Meeting held on 27 January noting: the BAF was moving in the right direction but there was more work to do in relation to the functional change moving forward; a deep dive regarding the learning for development of the technical aspects of contract management; an update from external audit and the new relationship to build with the new external audit partner; and most of the internal audit assurances were coming through as good to very good.

Remuneration Committee Update

- 5.8. BL presented the report which provided an overview of the decisions made outside of formal Remuneration Committee meetings.

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

8 Workforce Update

- 8.1 Lorissa Page (LP) presented the report.
- 8.2 The Board discussed the continuing rise in mental-health-related sickness absence, noting that approximately one-third of all staff sickness was attributable to mental health conditions. Members sought assurance on the support available for affected staff.
- 8.3 It was reported that significant work had taken place over recent years to strengthen workforce wellbeing support across the system. Mental health support clinics, initially established during the COVID-19 response in Kingston, Croydon and St George's and accessible to all NHS, primary care and social care staff, had demonstrated benefit in preventing long-term sickness. However, these clinics will come to an end in March following the conclusion of national and ICB-funded programmes. Chief People Officers across provider organisations were now prioritising local approaches to support staff who were off sick, but the Board recognised that the withdrawal of system-wide clinics may lead to a changing picture of demand and risk over the coming year.
- 8.4 Members raised concerns about broader workforce pressures, including the impact of industrial action, reduced discretionary effort and general workforce fatigue. It was agreed that the system must consider how best to support staff in the absence of the previous mental health programmes.
- 8.5 The Board also discussed the importance of strengthening staff engagement metrics as a reliable indicator of organisational health, underpinning both patient outcomes and workforce wellbeing. Members highlighted the potential value of incorporating engagement measures into a future balanced scorecard for strategic commissioning.
- 8.6 A discussion followed on workforce productivity, noting that while staffing levels increased significantly during the COVID period, activity, when adjusted for complexity, has not risen at the same rate. Members agreed there was merit in examining workforce productivity more systematically, drawing on national weighted productivity measures already developed for acute services and emerging for mental health. This should be undertaken in a way that reflects the complexity of patient acuity, diagnostic constraints and the operational challenges facing providers, rather than relying on simplistic volume-based metrics.
- 8.7 The Board recognised that a psychologically safe and supportive working environment was vital to staff retention, reduced sickness, and improved patient outcomes.

Members agreed that further work would be required to refine metrics, strengthen oversight, and ensure the system was positioned to support its workforce effectively.

The Board **noted** the update.

9 Organisation Report

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

The Board **noted**:

- 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.
- That the ICB would continue to work with its system partners to align workforce planning, leadership capability, inclusion and workforce intelligence.

10 Any Other Business

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

11 Public Questions

11.1 No questions were received.

Next meeting in public: Wednesday 29 April 2026

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

Decisions made in other meetings

Agenda item: 2

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

Paper type: Information

Date of meeting: Wednesday, 29 April 2026

Date Published: Wednesday, 22 April 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:

28 January 2026

- Approved the procurement outcome report for the Community Eyecare Service and the Single Point of Referral and the award of the contract to the winning bidders.
- Agreed to delegate responsibility for the sign off of the Board assurance statement to the SWL Chair.
- Approved the proposed South West and South East Clustering arrangements – Shared Executive Team Structure.

18 March 2026

- Approved the SWL ICB Financial Plan 2026/27, noting the risks contained within it.

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

Recommendation

The Board is asked to:

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

Publication of the SWL NHS Capital Resource Use Plans 2026/27

Agenda item: 3

Report by: Dinah McLannahan, CFO

Paper type: Decision

Date of meeting: Wednesday, 29 April 2026

Date Published: Wednesday, 22 April 2026

Purpose

The ICB has a statutory responsibility to publish a joint capital resource use plan for the system and give a copy to the integrated care partnership, any relevant health and wellbeing boards and NHS England. System envelopes have been removed and replaced with individual trust allocations, however legislation has not yet been amended, and the requirement remains in place for 2026/27.

NHSE requests that published capital plans are shared within 6 weeks of final financial plans being submitted. The draft publication, setting out the use of ICB and provider NHS Capital Departmental Expenditure Limit (CDEL) allocations for the coming year, has been endorsed by the SWL Capital Investment Group (SWL CIG) and the ICB Senior Management Team (SMT).

The Board is asked to consider and approve the 2026/27 NHS capital plan for publication on the ICB website.

Executive summary

The National Health Service Act 2006, as amended by the Health and Care Act 2022 (the amended 2006 Act), requires ICBs and their partner trusts to:

- Prepare a plan setting out their planned capital resource use before the start of each financial year (by 1 April).
- Publish the plan and give a copy to the integrated care partnership for the relevant ICB's area, any relevant health and wellbeing boards and NHS England.

Reforms in the national capital framework have been enacted with the removal of the system capital envelope however legislative changes have not, and as such, the above statutory duty remains in effect until new legislation is passed by Parliament and the duty under the current Act is either changed or abolished. This may be the last year that there is a requirement to publish the planned use of NHS capital budgets (referred to as "CDEL", Capital Departmental Expenditure Limit).

The draft publication attached sets out the use of CDEL budgets in 2026/27 and aligns to the financial plans that have been submitted by the ICB and trusts to NHSE. It does not need to include future

years and excludes capital grants and donated assets from external charitable sources as these are external to DHSC CDEL budgets.

The publication highlights that the focus for 2026/27 NHS capital investment is in-year delivery of in-progress schemes (specifically, the ongoing redevelopment of Tolworth and Barnes Hospitals as part of SWL and St George's Mental Health NHS Trust's Estates Modernisation Programme Phase II) and critical infrastructure improvements. The collective capital plans are aligned to national and local objectives, the SWL NHS Infrastructure Strategy (approved July 2024) and the medium-term financial plan in that they focus on keeping services safe, enabling continuity of service and making improvements in patient care.

Key Issues for the Board to be aware of

- In 2026/27, the system envelope has been replaced by individual provider capital allocations and a small £5m ICB strategic capital fund. The ICB is currently undertaking work to determine the deployment of this new £5m strategic capital fund to support 3 shifts underpinning the 10 Year Health Plan (hospital to community, analogue to digital, sickness to prevention), the SWL Clinically Led Strategic Plan and other system issues.
- Not all funding sources are secured; £86m is subject to ongoing NHSE approval processes. These proposals were supported in principle by the ICB SMT in January 2026 when NHSE asked the ICB to consider commissioner support for the proposed prioritisation of regional capital allocations. Confirmation of ICB support will be subject to alignment with SWL Clinically Led Strategic Plan priorities as well as business cases demonstrating value for money and setting out affordable plans that have given adequate consideration to a range of solutions.

Recommendation

The Board is asked to:

- Consider and approve the draft 2026/27 NHS capital plan publication.

Governance and Supporting Documentation

Conflicts of interest

n/a

Corporate objectives

Achieving financial balance and remaining within allocated resources.

Risks

- There is significant risk that capital investment adversely impacts the recurrent run rate, increasing the requirement for cash releasing savings.
- There is a risk that the balance is not struck between legacy large-scale investments and critical infrastructure
- There is a risk that the system overcommits itself against unknown future capital allocations.

Mitigations

- Clear prioritisation frameworks to balance risk and decision-making, including safety and affordability considerations.
- Close ties with revenue planning
- Robust business case processes with the appropriate forums for scrutiny and consideration.
- Trust and ICB executive scrutiny and leadership.
- Continued long term focus to capital planning

Financial/resource implications

Within the report

Green/Sustainability Implications

2026/27 plans include investment in decarbonisation and investment that avoids the need to further expanding the estates footprint.

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
Capital Investment Group	March 2026	Inputs received and draft publication endorsed
Senior Management Team	April 2026	Draft endorsed

Final date for approval

29 April 2026



NHS South West London
Integrated Care Board

Supporting documents

SWL NHS capital plan 2026/27

Lead director

Dinah McLannahan, CFO

Author

Piya Patel, Director of ICS Investment and Projects

2026/27 SWL NHS Capital Resource Use Plans

DRAFT



Introduction

Capital expenditure generally relates to long-term investments in building and maintaining NHS land and facilities, IT and medical equipment such as MRI or CT scanners. The funding arrangements for such capital expenditure in the NHS are changing. System capital budgets that were allocated to integrated care boards (ICBs) to distribute based on system priorities have been removed. Instead, trusts will receive individual provider capital allocations. NHS England (NHSE) will continue to hold ringfenced primary care capital allocations for ICBs and national capital funds for specific Government priorities.

Under the Health and Care Act 2022, ICBs and their partner NHS trusts are required to produce and publish annual NHS joint capital resource use plans on direction from the Secretary of State. The plans are intended to ensure there is transparency for local residents, patients, NHS health workers and other NHS stakeholders on how NHS capital funding provided to ICBs is being prioritised and spent to achieve the ICB's strategic aims.

This document sets out NHS capital plans for 2026/27 across NHS South West London and SWL NHS trusts in line with the commitment to provide stakeholders with this transparency. The ICB and its partner NHS trusts are responsible for reporting on NHS capital budgets throughout the year, ensuring stakeholders and the wider public have continued visibility of plans, including any key revisions that are made during the year due to timing of funding, approvals and any new national initiatives. Stakeholders can access a full year view via organisational annual reports at the end of the financial year.

Context and scope: NHS capital funding sources and alternative sources

HM Treasury (HMT) sets the Department of Health and Social Care (DHSC) a limit for how much capital investment it can make. The department and the NHS are legally obliged not to spend above this limit. This obligation is passed down to ICBs and trusts who have a financial duty to ensure that allocated NHS capital budgets are not overspent.

There are five key routes for ICBs and trusts to access NHS capital, which are covered in this publication:

- 1. NHS capital budgets for trusts.** The use of these allocations is determined by the recipient trusts. Trust allocations are calculated by NHSE using a standard formula and NHS trust data, which is largely based on the depreciation of NHS trust assets. As a result, the use of the capital budget mostly focuses on the replacement and maintenance of NHS trust assets with some flexibility to target additional investment.
- 2. An annual budget ringfenced for the ICB by NHSE for primary care.** This budget is held and managed centrally by NHSE, and the system and its partners submit applications to access these funds which, if successful, can only be used for these specific projects. The budget may be spent on estates works which are eligible under the Act and replacement IT for general practices.
- 3. An annual budget ringfenced for the ICB by NHSE for strategic investment.** This is a new budget this financial year and is held centrally by NHSE until the ICB determines its use. It will be subsequently managed accordingly in line with capital rules for trusts and primary care.
- 4. Further capital allocations from centrally held programme budgets by NHSE.** Sometimes, opportunities arise for trusts and primary care to access further capital funding within the financial year (in addition to the allocated NHS trust and primary care budgets), which allows it to spend more on its infrastructure and equipment. Such budgets are held centrally by NHSE for national priorities. This funding may not be known when NHS capital plans are formed at the beginning of the year, but organisations will ensure that significant in-year revisions to plans are transparent.
- 5. Capital receipts generated by NHS trusts through asset disposals.** NHS trusts can generate cash income but also additional NHS capital budgets via asset sales, for example selling disused land for residential development. These capital receipts can currently be reinvested in improving healthcare facilities for the population in the year that they arise or a future year with NHSE's agreement.

Some property developments relating to community and primary care facilities are outside of this plan as the capital is made and owned by other parts of the NHS (e.g. NHS Property Services) or because third party developers provide the upfront investment and then are reimbursed through rent charged over the subsequent lease term.

The ICB and its partner NHS trusts can also seek access to external capital funding via charitable sources, capital grants from outside the DHSC and local authorities (section 106 funding and community infrastructure levy support). We are very grateful for this additional support to enable the NHS to improve its facilities and support its local populations.

2026/27 Capital Plan

The table below sets out 2026/27 capital plans across the ICB and its partner NHS trusts and reflects the planned capital expenditure across the SWL NHS system.

Organisation type	Plan component	ICB £'000	Croydon Health Services £'000	Epsom and St Helier Hospitals £'000	Kingston and Richmond £'000	St George's Hospital £'000	SWL & St George's Mental Health £'000	The Royal Marsden £'000	TOTAL 2026/27 Plan £'000
Provider	Capital budget for NHS trusts		20,489	28,052	18,275	37,192	56,685	29,864	190,557
	Subtotal NHS capital budget for trusts	-	20,489	28,052	18,275	37,192	56,685	29,864	190,557
ICB	Capital budget for primary care maintenance and IT	3,125							3,125
ICB	Capital budget for ICB strategic investment	4,995							4,995
	Subtotal SWL system capital envelopes	8,120	20,489	28,052	18,275	37,192	56,685	29,864	198,677
Provider	National programme funding: Estates Safety, Upgrades, New Hospitals Programme	0	2,120	3,700	12,900	225	0	18,638	37,583
Provider	National programme funding: Constitutional Standards (UEC, Diagnostics, MHLDA, Community, Primary Care)	1,934	3,730	19,527	8,209	11,450	5,311	0	48,227
	Total NHS capital budgets	10,054	26,339	51,279	39,384	48,867	61,996	48,502	284,487

Plans are aligned to ICB priorities in that they support continuity of service and the improvement in the quality of service. Planned investment enables:

- day-to-day operations to continue through the investment by trusts in the backlog maintenance of their buildings and in the replacement of ageing equipment, ensuring that patients are kept safe
- modernisation of the mental health estate, ensuring that mental health services are delivered from within fit-for-purpose facilities
- improvements in IT infrastructure and cyber security
- financial recovery of the system partners
- the replacement IT and improvement of GP practices
- progress against sustainability and net zero targets.

The components of these plans are set out in the sections below.

Capital budget for NHS trusts

The 2026/27 plan for NHS trusts is indicatively £190.6m. Trusts will manage to this budget for the year, in line with their financial duty to ensure that the NHS capital budget is not overspent.

The budget includes capital receipts of £55.4m generated from asset sales in prior years to reinvest in the modernisation of the mental health estate at the Tolworth Hospital site. The timing of these receipts was earlier than the planned expenditure so in line with NHS guidance and with Government approval the budget was transferred to 2026/27 to ensure it is available to fund the new build.

SWL NHS trusts, like all trusts, have backlog maintenance to tackle alongside operational pressures to ensure buildings and services remain safe. Therefore, the majority of the capital budget (70%) for NHS trusts relates to backlog maintenance and other critical investment in estates, IT and medical equipment (including leases) and supports operational delivery. The remaining 30% largely relates to strategic investment in the multi-year programmes which also address maintenance and replacement of assets but on a larger, more strategic scale.

Larger-scale schemes progressing in 2026/27:

- Redevelopment of the Tolworth and Barnes Hospital sites, which are part of Phase II of the modernisation of the mental health estate programme in SWL; this is a multi-year programme that is expected to complete by 2027/28.

Capital budget for primary care maintenance and IT

This budget is set by NHSE and is for the investment in primary care for replacement IT and minor estates works in GP practices. The 2026/27 capital budget for primary care provided by NHSE is £3.1m.

The ICB has worked with primary care partners to ensure that investment is targeted in the appropriate areas. The NHS Premises Costs Directions 2024 under the Act provide for a range of eligible circumstances where a general practice contractor may seek non-recurrent financial assistance for works. NHSE has also opened the application process for ICBs to submit their general practice IT proposals (on behalf of primary care) to replace IT equipment and network

infrastructure. The ICB will work closely with NHSE to complete its review processes for such costs as soon as possible in 2026/27.

The buildings and the structures that support primary care health services in our local communities need to be safe, modern and fit for the purpose of caring for patients. Recognising the complex ownership model in primary care, and that the capital budget allocated to primary care nationally is comparatively small and the ability to meet the requirements of commercial developers is currently limited, the ICB is giving focus to priorities and how transformational investment can be targeted in line with the SWL NHS Infrastructure Strategy.

ICB Strategic Capital

This budget is set by NHSE and is for strategic investment directed by the ICB. It is subject to the NHS capital investment rules for primary care and trusts. Plans for the use of this fund are in development in light of the changing ICB model and focus, and are expected to be determined by Q2 to enable in-year delivery.

National programme funding: Upgrades and New Hospitals Programme

The plan relates to estates safety works across Trust sites, proposed by SWL NHS trusts and awaiting NHSE decision. Funding, if secured, will support the acceleration of investment in fire safety works, asbestos removal, decarbonisation, cladding upgrades and power supply upgrades. Confirmation of funding is subject to NHSE approval and business case processes.

In prior years, this element of the plan included expenditure towards a brand new Specialist Emergency Care Hospital (SECH) in Sutton and redevelopment of the existing hospitals on the Epsom and St Helier sites under the New Hospitals Programme. The Government announced in January 2025 that the scheme was part of Wave 2 of the New Hospitals Programme, whereby construction would not start until 2032 to 2034 and as such, no plans are included in 2026/27 for the new hospital.

National programme funding: Constitutional Standards

The plan relates to constitutional standards schemes, proposed by SWL NHS trusts and awaiting NHSE decision. Funding, if secured, will support:

- improvements in diagnostic activity through equipment replacements and upgrades
- upgrades to improve the efficiency of urgent and emergency care estate
- seed funding to further develop mental health service provision in the community

- improvement in the utilisation and modernisation of the primary care estate.

Confirmation of funding is subject to NHSE approval and business case processes.

Risks

The ICB and its partner NHS trusts follow risk-based approaches to prioritise expenditure within available capital budgets. Organisations have limited budgets in which to ensure that services and environments are safe and fit-for-purpose for patients, staff and the public, so careful consideration is given to where the need for investment is. This might include balancing investment, for instance, between backlog maintenance, replacing old and ageing medical scanners, investment in cyber security and major estates developments.

The key risks for SWL NHS organisations to monitor and manage throughout 2026/27 are expected to include:

- Not being able to deliver to the timelines built into the plan, for instance, due to underestimating the timelines required for business case approval processes. If these processes take longer than anticipated, this can impact the phasing of expenditure and estimated prices and the ICB and trusts may need to reprioritise the schemes in their plans.
- If approval processes do not lead to anticipated outcomes, the ICB and trusts may need to reprioritise the schemes in plans.
- If the planned asset sales are held up and the assumed funding level generated from them is lower than planned there is a risk that plans would need to be reprofiled until the capital receipts are confirmed.
- If funding levels from NHSE for primary care and neighbourhoods are insufficient, our ambitions to increase levels of care in the community away from an acute setting and improve access for patients may not be deliverable.
- Rising inflation has been a significant risk that has materially changed estimated costs and there is risk that the ICB and trusts will no longer be able to afford all of the schemes it previously anticipated.

- The system infrastructure includes estate which is managed by PFI providers; there are risks that changes to the buildings or in the PFI contract arrangements are not affordable for the health system.

The ICB and SWL NHS trusts will continue to carefully monitor these risks throughout the year and regular reports will be taken to relevant Committee and Board meetings. The ICB and SWL NHS trusts have close working relationships with NHSE and DHSC colleagues and will continue to keep an open dialogue with colleagues as they progress through 2026/27 to gain support and approval for planned schemes.

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Green Plan Annual Report 2025/26

Agenda Item: 4

Report by: Dinah McLannahan, Chief Finance Officer

Paper type: Information

Date of meeting: Wednesday, 29 April 2026

Date Published: Wednesday, 22 April 2026

Purpose

This paper provides the Board with the full year progress update for 2025/26 against the SWL NHS Green Plan 2025-29, in line the agreed reporting cycle to the ICB Board which aligns with NHSE reporting requirements for the green plan. It also supports the mandatory TFCF (Task Force on Climate-related Financial Disclosures) reporting required as part of the ICB's Annual Report and Accounts.

The paper sets out:

- Key delivery highlights over the past 12 months against agreed workstreams and targets.
- A review of system-wide risks.
- Key areas of focus for 2026/27.

The Board is also asked to note the potential impact that the changed ICB role may have in relation to capacity and system leadership, and the way that the ICB moves forward with the green agenda.

Executive summary

The 2025-29 South West London NHS Green Plan was approved by the ICB Board in March 2025, to support the continuation of SWL NHS's journey towards net zero. The plan was developed in alignment with the Greener NHS national programme and the national target of net zero emissions by 2040, and built upon our previous 2023-25 SWL NHS Green Plan. It is aligned to the SWL NHS Infrastructure Strategy and the three key shifts in the Government's 10-year health plan ("analogue to digital", "hospital to home" and "treatment to prevention"). Extensive stakeholder engagement shaped the updated plan, ensuring a collaborative and forward-looking approach.

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

There has been strong progress against workstreams, notably:

- All Trusts have refreshed their green plans, which supports local action in line with the SWL NHS Green Plan, strengthens system coordination and enables clearer monitoring of progress.
- Circa £32m of additional capital funding was secured in 2025/26 to support estates decarbonisation and energy efficiency initiatives.

- 647 staff accessed sustainability training across the system, significantly exceeding the target of 200 and reflecting growing staff engagement in sustainability initiatives.
- Sustainability teams across the system delivered 37 projects to improve the sustainability of healthcare services, including sustainable theatre practices, “gloves off” campaigns and reductions in single-use items.

Activities have set in motion an estimated 5,478 tCO₂e per annum reduction as well as a financial co-benefit of £2.3m in annual revenue savings, reflecting the continued commitment of partners across the system to the green agenda. We continue to be on a journey with regards to how we can measure success and show that we are making a difference.

Variation in delivery does exist across organisations with further progress required in some areas. Considering this and the next steps in the 2025-29 SWL NHS Green Plan, the SWL Green Plan Delivery Group has identified the following key priority areas for Year 2:

- Adaptation: completing climate risk assessments and developing resilience plans.
- Energy efficiency: identifying cost-effective opportunities through better use of data and technology.
- Decarbonisation investment: ensuring that green is a consideration in planned investments and being business-case ready to secure funding should future funding opportunities arise.
- Waste: improving data and reducing waste, including food waste.
- Procurement: increasing ambition on supplier sustainability.

As the NHS landscape and structures evolve, the ICB and partner organisations will continue to work towards delivering against Greener NHS Net Zero targets and meeting their statutory reporting requirements.

It remains clear that the climate crisis is a health crisis and a driver of health inequalities, and therefore we need to remain committed to reducing emissions and improving health outcomes through a greener, more sustainable NHS.

Key Issues and things the Board needs to know:

The climate crisis is a health crisis and a driver of health inequalities requiring a whole-system response, and therefore the ICB ought to continue to have an interest and play a role in the green agenda. The system is on a journey towards embedding sustainability in everything it does, and the role that the ICB has taken to date as a system leader and coordinator may need to reduce or evolve. There needs to be focus during 2026/27 on the impact of the changing ICB model on how the system delivers its duties with respect to sustainability.

Recommendation

The Board is asked to:

- Note progress and performance against Year 1 Green Plan targets and the identified priorities for 2026/27
- Note the potential impact that the changed ICB role may have in relation to capacity and system leadership.

Governance and Supporting Documentation

Conflicts of interest

N/A

Corporate objectives

Tackling the green agenda in line with the NHS's commitment to continue to reduce carbon emissions:

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

Risks

- Climate change will increase demand on already stretched health services
- Failure to act will exacerbate negative health outcomes and health inequalities
- Failure to adapt to climate risk will leave the health service and the most vulnerable at risk of poor outcomes.

Mitigations

- Embed climate resilience and prevention into system planning
- Developing a system-wide adaptation approach
- Delivering the Green Plan to reduce long-term risk

Financial/resource implications

Many net zero activities such as waste reduction can deliver financial and productivity co-benefits. For estates decarbonisation and adaptation, significant upfront capital investment is required for some items, with benefits realised over the longer term. Any such investments will be subject to affordability considerations and appropriate governance processes.

Green/Sustainability Implications

Delivering against the SWL NHS Green Plan directly supports the delivery of our net zero commitments.

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

N/A.

Patient and public engagement and communication

The development of the Green Plan sought patient feedback. Ongoing engagement with stakeholders has taken place through meetings (e.g. SWL Estates Group, Green Delivery Plan), and consulting with regional and pan London Greener NHS Leads.

Previous committees/groups

Committee name	Date	Outcome
SWL Green Plan Delivery Group	10 March 2026	Feedback and input provided, supported with amendments
SMT	16 March 2026	Progress update noted



Final date for approval

29 April 2026

Supporting documents

SWL Green Plan Annual Report 2025/26

Lead director

Dinah McLannahan, Chief Finance Officer

Authors

Piya Patel, Director of ICS Investment and Projects
Sarah McInnes, Head of Sustainability

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

South West London Green Plan Annual Report 2025/26

April 2026

Executive Summary

- Strong progress has been delivered against Year 1 of the 2025-29 SWL NHS Green Plan, with organisations collectively achieving 14 of 17 targets. Activities have set in motion an estimated **5,478 tCO2e per annum reduction and £2.3m in annual revenue savings**, reflecting the continued commitment of partners across the system to the green agenda.
- This report sets out the key achievements across the system in 2025/26, building on the interim report shared with the Board in September 2025. Notable highlights include:
 - **Investing in green infrastructure:** c.£32m of additional capital funding was secured in 2025/26 to support estates decarbonisation and energy efficiency initiatives.
 - **Expanding sustainability training:** 647 staff accessed sustainability training across the system, significantly exceeding the target of 200 and reflecting growing staff engagement in sustainability initiatives.
 - **“Care without carbon” initiatives:** Sustainability teams across the system delivered 37 projects to improve the sustainability of healthcare services, including sustainable theatre practices, “gloves off” campaigns and reductions in single-use items. These projects are estimated to deliver c.1,125 tCO2e savings where impact has been measured.
 - **Trust Green Plans refreshed:** All trusts have now approved updated Green Plans aligned with the **South West London ICS Green Plan (2025–2029)**, strengthening system coordination and enabling clearer monitoring of progress.
- Variation in delivery does exist across organisations with further progress required in some areas. Considering this and the next steps in the 2025-29 SWL NHS Green Plan, the SWL Green Plan Delivery Group has identified a number of priority areas for Year 2 including: adaptation, energy efficiency, decarbonisation and other investment, waste and procurement.
- The Board should note that **the way that the ICB supports the system to deliver its duties with respect to sustainability may be impacted by the changes in the ICB model** and the role that the ICB plays as a system leader and coordinator may need to reduce or evolve. Regardless of structural changes, system partners will however **continue to deliver against Greener NHS net zero targets and meet their statutory reporting requirements.**
- **The Board is asked to:**
 - **Note progress and performance against Year 1 Green Plan targets and the identified priorities for 2026/27**
 - **Note the potential impact that the changed ICB role may have in relation to capacity and system leadership.**

Key Highlights in 2025/26

In 2025/26, we have put schemes in train with **carbon savings of circa 5,478 tCO₂e per annum**, the equivalent of driving 14 million miles in an average petrol car or charging 443 million smart phones.

Activities are also expected to deliver an **estimated £2.3m of annual revenue savings** once actions are complete.

Workforce and Leadership



Sustainability training for a greater number of staff in 2025/26 (647 staff).



Primary care training and education event on sustainable inhaler prescribing held by Battersea PCN for its staff in November 2025.



SGH ICU sustainability projects delivering 130 tCO₂e reductions and £121k in cost savings annually.



KRFT Gloves Off campaign (SUS QI project) reduced usage by 329,600 gloves and saved 8569kgCO₂e.



Expansion of EV capacity at SGH by 12 22kWh chargers and plans to introduce new EV pool cars (est. by June 2026).

NZ Pathways

Transport

Estates



£2.9m investment in **solar panel installations** at KRFT, SWLStG, SGH and RMH.



£14.1m funding secured to support decarbonisation at CHS across 26/27-28/29 to de-steam its London Wing and save 2,410 tCO₂e p.a.



£11m additional funds across various estates safety schemes across trusts to **improve energy efficiency through replacement plant/fabric and insulation.**



Improved uptake of GPs prescribing low-carbon preventer inhalers, increasing from 41 (Nov 2024–Jan 2025 baseline) to 91 (Aug–Oct 2025)



RMH and SWLStG sent 20% or less waste for incineration, which has both financial and carbon benefits.

Medicines

Waste

Food



CHS has been trialling different suppliers to support **digitisation of food ordering** and to be fully embedded by April 2026



ICB end-of-life cycle management resulted in a total of **5,510 devices** have been collected, delivering **1,198 tCO₂e carbon savings.**



3-year mobile phone cluster contract signed across 5 SWL organisations, saving £422k p.a.

Digital

Procurement



Comparing 24/25 to 25/26, **Level 1 Evergreen status has increased by 38.09%** across procurements managed by SWL Procurement Partnership (SWLPP).

Adaptation



Adaptation SROs identified by **CHS, KRFT, GESH, SWLStG and RMH.**

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

Workstream	Year 1 Targets	RAG	Summary
Workforce and Leadership	<ul style="list-style-type: none"> Deliver sustainability training across the system with target attendee numbers – Y1 200 	G	<ul style="list-style-type: none"> 647 members of staff have been trained on sustainability across SWL, (GESH trained 346 members of staff while Kingston trained 200 members of staff) ICB supported a “Sustainability Research Café” with Kingston University and Kingston Hospital which sought the views of community, faculty staff and students on climate related harms in healthcare. Primary Care: In November, Battersea PCN held a training and education event for their staff on sustainable inhaler prescribing. The Acorn Practice have also held education sessions with their GPs and Clinician’s to improve sustainable inhaler prescribing.
Net Zero Pathways	<ul style="list-style-type: none"> 270tCO2e removed per annum through pathway re-design, SUSQI or other transformation in Y1 5 SUS QI projects in place across the system in Y1. 	G	<ul style="list-style-type: none"> KRFT, RMH, SWLStG and GESH initiated 37 projects to improve the sustainability of services, delivering circa 1,125 tCO2e in carbon savings. Work will continue into 2026/27 to improve measurement. KRFT piloted a “Gloves Off campaign” across 3 wards. Observational data showed 58% reduction in unnecessary glove use. 329,600 fewer gloves were ordered across two of the three wards (April-Nov 2025 compared to April- Nov 2024). This saved £8,196 and 8,569kgCO2e. The full adoption of SMART theatres at GESH delivered energy savings of £393k per year and 254tCO2e, (exceeding the original estimate of £340k savings and 226tCO2e). SGH ICU sustainability projects delivered £121k savings and 130tCO2e reductions annually. RMH delivered several net zero initiatives including “Gloves Off campaign”, reusable gowns, bring-your-own container discounts, a disposable cup-free campaign, and trials for soft plastic and blister pack recycling. SWLStG strengthened SUSQI delivery by embedding a lead within the QI team.
Digital	<ul style="list-style-type: none"> Deliver carbon savings from end-of-life management of phones – aiming for a 10% reduction in Year 1. Establish a baseline for number of devices, assets and networks in the system by April 2026. 	G	<ul style="list-style-type: none"> ICB and Primary Care End-of-Life Cycle Management: A total of 5,510 devices have been collected, delivering 1,198 tCO2e carbon savings. Mobile phone cluster contract agreed for five SWL organisations. Expected to deliver £422k annual savings (£1.26m over three years). The supporting audit identified additional potential savings of £350k or 178 tCO2e, with organisations receiving managed dashboards to track delivery and ESHT opting for a managed service to realise the benefits. System-wide digital baseline established covering 41,884 end-user devices and 8,045 network devices (ICB, GESH, SWLStG, CHS, RMH, KRFT). Opportunities for standardised procurement and coordinated network upgrades are reducing emissions, energy use and duplication, therefore supporting net zero targets, value for money and system resilience. Employee Purchase Scheme (EPS) launched by SWL ICB in April 2025. c.14 orders have been processed to date, saving approximately £1,400 in disposal costs while extending device lifecycles and delivering additional social value.

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

Workstream	Year 1 Targets	RAG	Summary
Estates	<ul style="list-style-type: none"> Reduce tCO2e emissions per m2 by 10% Reduce energy consumption per m2 by 10% Increase the percentage of buildings covered by SMART metering for electricity, gas and water from the baseline by 10% each year. 	G	<ul style="list-style-type: none"> Reductions in energy emissions (SWLStG 10%, RMH 2%, KRFT 12%, Croydon 10%) and reductions in energy consumption (SWLStG 10%, RMH 3%, KRFT 12%, Croydon 10%). GESH is working to improve availability of data. c.£32m additional capital funds secured across the system in 2025/26 that support energy efficiency and decarbonisation, including: <ul style="list-style-type: none"> £6.5m to continue the replacement of KRFT’s combined heat and power plant, expected to save 2,500 tCO₂e (previously reported). £11m across various estates safety schemes across trusts which also improve energy efficiency through replacement plant/fabric and insulation. £2.9m for solar panel installations across SWLStG, SGH, RMH and KRFT sites. £10.3m (with a further £3.8m in 2027/28-28/29) to de-steam its London Wing, install air source and water source heat pumps, and to upgrade windows and ventilation, reducing emissions by 25% (2,410 tCO₂e) and saving £1m per year. £208k for renewable energy retrofit, reducing electricity costs by £20k per year and emissions by 17 tCO₂e. SMART metering coverage has increased across the estate (e.g. KRFT 80% coverage, RMH 16%), with the aim to improve energy monitoring and support future reductions in consumption. A feasibility study for a heat network at RMH has also been completed, and a costed proposal is under consideration.
Waste	<ul style="list-style-type: none"> Incineration: 20% Alternative Waste: 40% Offensive Waste: 40% 	A/G	<ul style="list-style-type: none"> Performance has been variable with RMH and SWLStG achieving all three measures, KRFT and GESH achieving two and CHS achieving one. To support future progress, KRFT has commissioned a new service from April 2026, including increased management presence, on-site sorting for recyclable materials, a training programme and KPIs for sustainability objectives. RMH similarly has introduced enhanced digital measurement systems to support more accurate and consistent data to benchmark performance. CHS is working towards increasing visibility of waste data through a dashboard that will support monitoring against targets.
Food	<ul style="list-style-type: none"> Reduce food waste by 10% each year Food sourcing: Reduce Carbon footprint of menu by 10% each year. 	A/G	<ul style="list-style-type: none"> Food Waste: Performance has been variable with reductions of 33% at ESHT, 46% at SGH and 10% at SWLStG and RMH. CHS and KRFT however were unable to provide data at year end. Food Sourcing: Only SWLStG has been able to report a 10% reduction in 2025/26. Some trusts had already achieved significant reductions in previous years and have found it difficult to achieve further reductions. The SWL Green Plan Delivery Group will reassess next steps in Year 2 of the green plan. CHS has been trialling different suppliers to support digitisation of food ordering (to embed by April 2026) and KRFT has a new service provider and specification to strengthen food waste. RMH also has plans to strengthen delivery via a new contractor.

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

Workstream	Year 1 Targets	RAG	Summary
Medicines	<ul style="list-style-type: none"> 6% emission reduction from inhalers 10% tCO2e reduction from nitrous oxide use 	G	<ul style="list-style-type: none"> 169 of 170 practices participated in a Local Incentive Scheme to reduce inhaler emissions while improving prescribing quality. Practices meeting the low-carbon preventer target increased from 41 to 92 (Nov 2024–Jan 2025 baseline to Aug–Oct 2025). Inhaler emissions fell by 11 tCO2e between April and October. Significant progress has been made in reducing nitrous oxide emissions. RMH has eliminated manifold emissions. KRFT and CHS reduced emissions by c.15% and 10% respectively (combined c.277 tCO2e/year). ESHT closed manifolds in September and expects an 11% reduction (~480 tCO2e) by March 2026. At SGH, 3 of 4 manifolds are now closed, with c.277 tCO2e savings expected from 2026/27. KRFT secured £30k funding to decommission manifolds, is monitoring Entonox use to reduce waste, and is exploring an MDI inhaler recycling hub alongside a medicines pen recycling scheme. Medicines waste reduction initiatives at SWLStG has resulted in £104k worth of medicines returned to stock for reuse from April 2025 to Dec 2025.
Travel and Transport	<ul style="list-style-type: none"> In Year 1, 15% percent of our owned or leased fleet is electric, 20% in Year 2 and 30% in Y3. 	A/G	<ul style="list-style-type: none"> Good progress against the system fleet target, though further improvement is needed (Marsden 66.7%, KHFT 100%, Croydon 20%, SWLStG 15%). SGH has expanded EV capacity by 12 22kWh chargers and new EV pool cars are anticipated to arrive by June 2026. ESHT plans include installing additional EV charging infrastructure in 2026/27. GESH completed a staff and patient travel survey, with a strategy due by year-end. SWLStG has also completed its first travel survey and will embed travel questions in future staff surveys. GESH continues to promote active travel through an e-bike expense scheme and 20p per mile reimbursement for personal bike use, alongside Green Days, salary-sacrifice schemes, and communications. SWLStG, with Wandsworth Council, runs a bike refurbishment scheme at Springfield, redistributing bikes to support staff and community wellbeing.
Procurement	<ul style="list-style-type: none"> To increase the number of suppliers achieving Evergreen status “level 1” by 30%. 	G	<ul style="list-style-type: none"> SWLPP has increased the proportion of suppliers achieving Evergreen level 1 by 38.09%, meeting NHS baseline sustainability requirements. NWLPP (serving RMH) reports 37.5% of suppliers at level 1. SWLStG has achieved a 30% increase through in-house procurement.
Adaptation	<ul style="list-style-type: none"> System-wide risk assessment completed in Year 1. 	A/G	<ul style="list-style-type: none"> Progress has been made towards the adaptation target, though further work is required. Climate Change Risk Assessment undertaken by GESH (Adaptation & Resilience Strategy and action plan to follow). KRFT and RMH on track for completion by year end. CHS is progressing, with completion planned for in 2026/27. SWLStG is facing data challenges and is working with the NHSE programme team for support. Adaptation SROs have been appointed at CHS, KRFT, GESH, SWLStG and RMH

Risks and mitigations

A stocktake of system-wide risks and mitigations has been undertaken at the end of the first year of the SWL NHS Green Plan 2025-29. Three additional risks have been included(*) following review with the SWL Green Plan Delivery Group. Risks will continue to be actively managed to ensure delivery and compliance with statutory and national requirements. The changes to the ICB model may mean that responses to these risks may need to be managed differently in the future.

	Risk Area	Risk Summary	Key Mitigations / Actions	Lead
Strategic Risks	Climate change (health impacts)*	Increasing demand due to air pollution, extreme weather, mental health impacts, and disease risk/future pandemics	<ul style="list-style-type: none"> Board-level oversight of Green Plan delivery Embed climate risk in planning and decision making NHS Climate Risk Assessment Tool to prioritise action 	System Boards
	Funding constraints	Short-term and uncertain funding limits long-term planning and delivery	<ul style="list-style-type: none"> Maintain investment-ready pipeline Align plans to funding opportunities Secure external funding and partnerships 	Finance / Sustainability / Estates / Operational teams
	Competing priorities	Operational pressures limit focus on long-term sustainability	<ul style="list-style-type: none"> Embed sustainability in core business processes Align with operational priorities Leadership engagement and training 	Executive teams
Operational Risks	Infrastructure resilience*	Climate events (flooding, overheating, fire) disrupt services	<ul style="list-style-type: none"> Develop and Implement adaptation plans Prioritise high-risk sites/services Integrate into capital planning 	Estates/ Digital /Sustainability / EPRR teams
	Workforce wellbeing & safety*	Climate impacts affect staff safety, wellbeing, and performance	<ul style="list-style-type: none"> Implement workforce adaptation measures Align workforce planning to demand Align retrofit programmes to areas of greatest risk 	Workforce / HR / Estates teams
	Aging estate	Older buildings are inefficient, vulnerable, and costly to retrofit	<ul style="list-style-type: none"> Targeted retrofit programmes & innovation Optimise estate footprint Ensure BREEAM standards for new builds 	Estates / Operational teams
Enablers for Delivery	Resourcing capacity	Limited dedicated resource slows delivery	<ul style="list-style-type: none"> Shared system delivery models Pool expertise across organisations Targeted bids for additional resource 	Sustainability teams
	Knowledge & skills	Limited expertise in a rapidly evolving field	<ul style="list-style-type: none"> System-wide training programme (with uptake targets) Network of experts/champions Embed in professional development 	Workforce / Sustainability teams
	Behaviour change	Resistance to change limits progress across key areas (clinical, travel, estates)	<ul style="list-style-type: none"> Targeted behaviour change programmes Communications and engagement campaigns Align incentives and policies 	Sustainability / Communications teams / Public Health

Next steps

- Whilst there is some variability across system partners, overall there has been **strong performance against Year 1 targets** in the 2025-29 SWL NHS Green Plan, with 14 of 17 targets met, demonstrating the commitment of teams across the system.
- Organisations may have different areas that they need to accelerate in 2026/27, however the overall **key priorities for Year 2** identified by the SWL Green Plan Delivery Group:
 - Adaptation: completing climate risk assessments and developing resilience plans
 - Energy efficiency: identifying cost-effective opportunities through better use of data and technology
 - Decarbonisation investment: ensuring that green is a consideration in planned investments and being business-case ready to secure funding should future funding opportunities arise.
 - Waste: improving data and reducing waste, including food waste.
 - Procurement: increasing ambition on supplier sustainability.
- There also **needs to be focus during 2026/27 on the impact of the changing ICB model** (with the shift towards strategic commissioning and a reduced workforce) on how the system delivers its duties with respect to sustainability. For instance, the approach taken to date with respect to system leadership and coordination may need to reduce or evolve, and how the ICB uses its commissioning levers to incentivise decarbonisation and other activities to address climate risk may be an area of consideration.
- Regardless of the structural changes, system partners will **continue to work towards delivering against Greener NHS Net Zero targets and meeting their statutory reporting requirements.**
- It remains clear that the **climate crisis is a health crisis and a driver of health inequalities, and therefore remains a key issue for the NHS requiring a whole-system response.** We need to remain committed to reducing emissions and improving health outcomes through a greener, more sustainable NHS.



Board Assurance Framework

Agenda item: 5

Report by: Ben Luscombe

Paper type: discussion/information

Date of meeting: Wednesday, 29 April 2026

Date Published: Wednesday, 22 April 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 organisational 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 principal risks to achieving its corporate objectives. It aligns those risks to each objective and sets out the controls in place, alongside the level of assurance that can be taken from those controls.

The organisation's corporate objectives are:

- To develop a clinically led Strategic Plan that meets the needs of our population and supports a return to financial balance.
- To redesign the ICB to operate as a Strategic Commissioner in line with the national model.
- To focus on priority work that delivers the most impact, including delivery of the 2025/26 operating and financial plan and oversight of system performance, quality and safety.

All principal risks have been reviewed this cycle and remain appropriate to the current operating environment. There have been no material changes to risk scores or the overall risk profile, reflecting a broadly stable position with no significant shift in risk exposure or the effectiveness of controls.

However, a number of risks continue to be monitored closely, particularly in the context of the ongoing consultation and wider organisational transition. Work is also ongoing to identify and assess any emerging risks linked to this transition and their potential impact on the BAF.

All risks remain at a medium level of assurance, with controls and assurance in place across all three lines of defence. This indicates that core arrangements are functioning, although some controls and oversight arrangements continue to develop, particularly as new structures and ways of working are established.

The key areas of focus remain consistent with previous reporting and include urgent and emergency care performance, oversight of contractual delivery, system quality oversight, financial sustainability, cyber resilience and estates.

The Risk Leadership Group remains the primary forum for strategic risk oversight and will continue to meet monthly, with outputs reported through the Senior Management Team, Audit Committee and Board. Governance arrangements will continue to evolve in line with the organisation's future structure.

The BAF is a live document and will continue to be refined through established governance routes to ensure it accurately reflects the organisation's risk profile.

An NHS standard risk scoring matrix (CASU 2002) has been used to determine the impact and likelihood of risks, scored on a scale of 1 to 25.

Key Issues for the Board to be aware of

- The overall BAF risk profile remains stable, with no material changes to risk scores in this reporting cycle.
- All principal risks remain at a medium level of assurance, indicating controls are in place but some arrangements continue to develop.
- A number of risks continue to be closely monitored in relation to the ongoing consultation and organisational transition.
- Work is ongoing to identify and assess emerging risks associated with the transition programme.
- Key risk areas remain consistent, including urgent and emergency care performance, financial sustainability, system quality oversight, cyber resilience and estates.

Recommendation

The Board is asked to:

- Note the identified risks to delivery of the organisation's corporate objectives and the mitigation in place to lessen these risks.
- Provide any feedback related to the content of the risks or the new BAF template.
- Note the Risk Scoring Movement table reflects the change in score from the previous reporting cycle.
- Note the Summary Assurance Map reflects the assurances for each risk.

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 Oversight Committee (QOC)	08/04/2026	
Audit and Risk Committee	24/03/2026	
Risk leadership Group	06/01/2026	

Final date for approval

N/A

Supporting documents

BAF Risk Reporting - Board - April 2026

Lead director

Ben Luscombe, Director of Corporate Affairs

Authors

Ben Luscombe, Director of Corporate Affairs

Leigh Whitbread, Lead Corporate Affairs & Risk Manager



NHS South West London
Integrated Care Board

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 – <u>BAF 002</u>
Managing Oversight / Reporting Committee	UEC Board
Executive Risk Lead	Jonathan Bates
Next Review Date	30/06/2026

Residual Risk Score
20
Level of Assurance
Medium

Risk Statement	Controls In Place	Controls in Development
<p>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.</p> <p>Causes:</p> <ul style="list-style-type: none"> • 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. 	<p>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.</p> <p>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</p>	<p>Current work is not yet yielding sufficient change, resulting in continued corridor care, 12-hour and ambulance delays. Further work is required to:</p> <p>Establish a Systemwide UEC Safety Oversight Framework</p> <ul style="list-style-type: none"> • 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.

<ul style="list-style-type: none"> Demographic pressure (aging population, frailty and increasing complexity). Seasonal surges (heat waves, respiratory illness, infection spikes). <p>Impact of the risk:</p> <ul style="list-style-type: none"> 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. 	<p>pathway redesign.</p> <p>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.</p> <p>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</p> <p>Workforce Mitigations Clinical network established to input into service planning and triangulate data.</p> <p>Flow & Discharge Improvements</p> <ul style="list-style-type: none"> Support the frailty investment case for year one of the programme, with robust outcome-based service specifications & clear milestones for delivery. Operationalisation of system-wide discharge improvement actions including daily multi-agency discharge events. Mature system co-ordination centre (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. 	<p>System-Level UEC Safety Intelligence Function</p> <ul style="list-style-type: none"> 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. <p>Use Contracts to Drive Safety Improvement</p> <ul style="list-style-type: none"> 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. <p>Commission frailty investment case to support the left shift and decompress ED's</p> <ul style="list-style-type: none"> Enhance community urgent crisis response and virtual ward services. Develop additional mental health crisis alternatives to ED attendance. <p>CLSP</p> <ul style="list-style-type: none"> Work is required to align and prioritise the initial findings from the CLSP into the UEC work program.
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Sources of Assurance (Lines of Defence)

First Line (Management & Operations)	Second Line (Oversight)	Third Line (Internal Audit)	Gaps in Control & Assurance
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<p>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.</p>

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	15/04/2026
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) – <u>BAF 003</u>
Managing Oversight / Reporting Committee	Quality Oversight Performance Committee (QPOC)
Executive Risk Lead	Jonathan Bates
Next Review Date	30/06/2026

Residual Risk Score
16
Level of Assurance
Medium

Risk Statement	Controls In Place	Controls in Development
<p>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.</p> <p>This applies to all commissioned services, e.g. Primary Care, Integrated Care, Community, Mental Health, Acute, Specialised.</p> <p>Impact of the risk:</p> <ul style="list-style-type: none"> • Increased patient harm from long waits. • Poor performance against national standards. • Reputational damage, loss of public confidence. • Provider overspending 	<ul style="list-style-type: none"> • 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 	<p>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.</p> <p>A Multi-disciplinary Team (MDT) approach is required to build a comprehensive view across all priorities and articulate meaningful challenge around contractual performance. Work is underway to develop MDT working, aligned to the proposed structures set out in the ICB staff consultation.</p> <p>Work has also commenced to consider the recommendations from NHSE’s “the insightful ICB</p>

<ul style="list-style-type: none"> • Missing early warning signals of rising tide risks • Inability to respond as strategic commissioner to emerging risks in a timely manner <p>Addressing this risk is required under organisational objective 2 and mitigates risk to objective 3, delivery of our Medium-Term Plan.</p>	<p>monthly Regional Transformation Programmes to assure NHSE and benefit from regulator and peer insight.</p> <ul style="list-style-type: none"> • 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. 	<p>Board” to ensure that we are optimising the use information to spot early warning signs of quality, performance or financial issues across the system</p>
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Sources of Assurance (Lines of Defence)

First Line (Management & Operations)	Second Line (Oversight)	Third Line (Internal Audit)	Gaps in Control & Assurance
<ul style="list-style-type: none"> • Provider-level operational and clinical oversight and governance. • Local policies, SOPs, and standardised procedures. • Transformation programmes boards. • Operational dashboards and local risk registers. 	<p>Weekly forums:</p> <ul style="list-style-type: none"> • SWL Elective, Performance and Transformation group. • Alignment with NHS England Regional team on performance and planning priorities. <p>Monthly forums:</p> <ul style="list-style-type: none"> • 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 <p>Reporting: Monthly ICB Performance Report to the ICB Board</p>	<ul style="list-style-type: none"> • 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 	<p>Second line oversight (i.e. ICB oversight) is currently fragmented.</p> <p>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.</p> <p>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.</p>

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	14/04/2026
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 – <u>BAF 004</u>
Managing Oversight / Reporting Committee	ICB Digital Board
Executive Risk Lead	Martin Ellis
Next Review Date	30/06/2026

Residual Risk Score
16
Level of Assurance
Medium

Risk Statement	Controls In Place	Controls in Development
<p>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.</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	09/04/2026
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 – <u>BAF 008</u>
Managing Oversight / Reporting Committee	Audit & Risk Committee
Executive Risk Lead	Fergus Keegan
Next Review Date	30/06/2026

Residual Risk Score
16
Level of Assurance
Medium

Risk Statement	Controls In Place	Controls in Development
<p>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 as the future operating model is not yet fully embedded. This is also compounded by ongoing operational, financial and workforce pressures, efficiency programmes, increasing the likelihood that emerging safety risks are not consistently identified, escalated or mitigated.</p> <p>Causes</p> <ul style="list-style-type: none"> Transition from previous ICB system convenor and direct oversight arrangements to a strategic 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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.

<p>commissioning and assurance model, with interim ambiguity in quality oversight, escalation and intervention responsibilities.</p> <ul style="list-style-type: none"> • Sustained system-wide operational, financial and workforce pressures, including mandated cost reductions, provider efficiency programmes, 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. <p>Impacts</p> <ul style="list-style-type: none"> • 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. 		
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Sources of Assurance (Lines of Defence)

First Line (Management & Operations)	Second Line (Oversight)	Third Line (Internal Audit)	Gaps in Control & Assurance
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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). 	<ul style="list-style-type: none"> • 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	09/04/2026
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
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 to secure and align system estates and infrastructure to deliver the Clinically Led Strategic Plan and strategic commissioner objectives – <u>BAF 009</u>
Managing Oversight / Reporting Committee	Audit & Risk Committee
Executive Risk Lead	Dinah McLannahan
Next Review Date	30/06/2026

Current Risk Score 16
Level Of Assurance Medium

Risk Statement	Controls In Place	Controls in Development
<p>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.</p> <p>Causes</p> <ul style="list-style-type: none"> • 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 <p>Impacts</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Internal audit reviews of capital governance, estates compliance and benefits realisation. 	<ul style="list-style-type: none"> • 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	14/04/2026
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
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 – <u>BAF 001</u>
Managing Oversight / Reporting Committee	Audit & Risk Committee
Executive Risk Lead	Dinah McLannahan
Next Review Date	30/06/2026

Residual Risk Score
20
Level of Assurance
Medium

Risk Statement	Controls In Place	Controls in Development
<p>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.</p> <p>Causes</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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). 	<ul style="list-style-type: none"> • 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. • Resourcing and delivery plan for CLSP in development. • Reliance on non-recurrent measures and slippage risk within elements of the savings programme. Recommendations from SWL FRG will be taken forward to address and

<p>alignment of incentives across partners.</p> <ul style="list-style-type: none"> • 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 <p>Impacts</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<p>improve</p> <ul style="list-style-type: none"> • Variable productivity and cost improvement delivery across system partners, with limited levers in primary care and social care interfaces. System wide work will work to address this. • Ongoing exposure to demand growth and acuity exceeding planning assumptions, particularly in urgent care and continuing healthcare – business cases from transformation fund should directly address this • 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.
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Sources of Assurance (Lines of Defence)

First Line (Management & Operations)	Second Line (Oversight)	Third Line (Internal Audit)	Gaps in Control & Assurance
<ul style="list-style-type: none"> 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. <p>Evidence: monthly finance reports, CIP trackers, workforce dashboards, CHC panels, recovery plans.</p>	<ul style="list-style-type: none"> 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. <p>Evidence: committee minutes, deep dives, internal audit opinions, PMO assurance reports, risk registers.</p>	<ul style="list-style-type: none"> Internal audit reviews of financial governance, savings governance and budgetary control. <p>Evidence: internal audit opinions</p>	<ul style="list-style-type: none"> 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 partners 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	20
Target Risk Score	3	4	9
Risk Appetite			TBA

Risk Score Movement	None	Last Review Date	14/04/2026
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

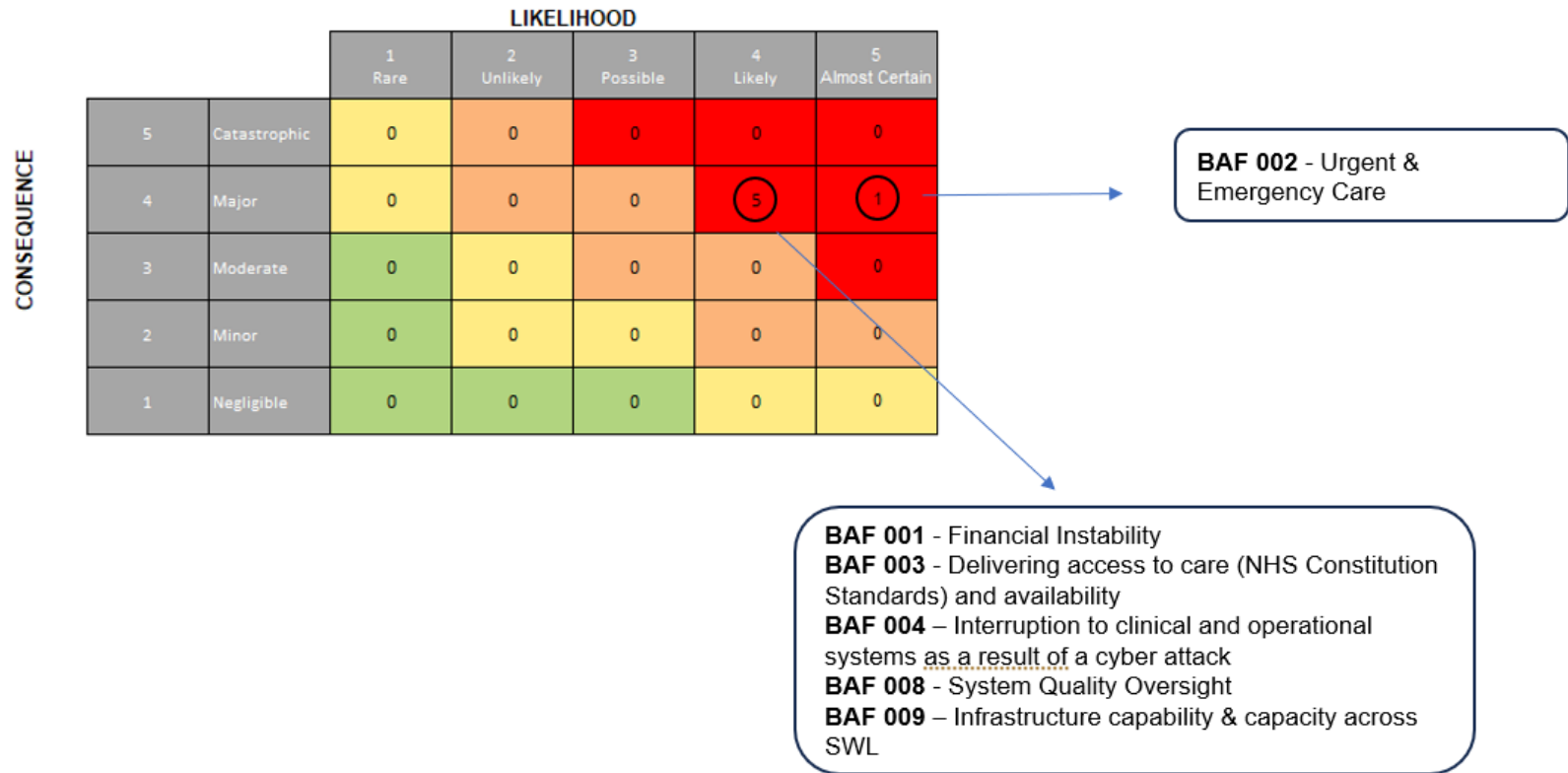
Risk Reference	Risk Type	Current Score	1 st Line of Defence	2 nd Line of Defence	3 rd Line of Defence	Reviewed Assurance level
BAF001	Finance	16	Medium	Medium	Medium	Medium
BAF002	Performance	20	Medium	Medium	Medium	Medium
BAF003	Performance	16	Medium	Medium	Medium	Medium
BAF008	Quality	16	Medium	Medium	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
<ul style="list-style-type: none"> • Full assurance provided over the effectiveness of controls. • Assurance across all lines, positive assurance on all lines and within 3 years 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Assurance indicates poor effectiveness of controls. • Assurance across 1st line of defence only • Assurance older than 3 years

BAF Risk Summary Heat Map



Finance and Planning Committee update

Agenda item: 6.1

Report by: Jamal Butt, Non Executive Member

Paper type: Information

Date of meeting: Wednesday, 29 April 2026

Date Published: Wednesday, 22 April 2026

Purpose

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

Executive summary

The Finance and Planning Committee has met once since the last update to the ICB Board, on 25 February 2026. The meeting was quorate and chaired by Jamal Butt. The following items were discussed:

ICS Business

Infrastructure strategy interim update

- The Committee was updated on the development of the Infrastructure strategy, noting that the full update will be shared with SWL ICB Board at a future meeting.
- It was confirmed that the infrastructure strategy aligns with the Clinically Led Strategic Plan and the Neighbourhood and Primary Care strategies.
- The Committee discussed the financial risk in relation to the void space at Queen Mary's Hospital and noted the work ongoing to address these void costs.

ICB Business

Medium Term Operational Plan

- The Committee received an update on the development of the medium-term operational plan for SWL ICB. This included headlines from SWL's draft submission to NHSE (financial and operational) and key risks to delivery.
- The paper also set out investment priorities for SWL for 2026/27 and how these are aligned to SWL's Clinically Led Strategic Plan (CLSP). The Committee discussed the expected return on investment in the business cases that had been developed.

SWL ICB Financial Plan 2026/27

- The draft ICB Financial Plan was shared with the Committee. This had been developed in line with the previously agreed budget setting paper approved in late summer 2025, further refined following publication of the Medium-Term planning guidance.
- The ICB plan delivers a break-even position.
- The Committee noted the update and recommended the plan to progress for approval at the ICB Board in March.

Review of Board Assurance Framework – estate and infrastructure risk

- The paper provided the Committee with an overview of the Estate and Infrastructure Board Assurance Framework risk. This set out the drivers of this risk and the actions being taken in line with the Joint Forward Plan and SWL NHS Infrastructure strategy to mitigate the risk.
- The Committee noted the report.

Review of Board Assurance Framework – financial sustainability risk

- The paper provided the Committee with an overview of the Financial Sustainability Board Assurance Framework risk. This set out the drivers of the risk and actions taken to date to mitigate the risk.
- The Committee noted the importance of maintaining awareness of the financial sustainability risk and discussed the need for continued vigilance as the ICB evolved into its role as a strategic commissioner.

ICB 2025/26 M10 finance report

- The M10 finance report was shared with the Committee. This set out that the ICB is on track to deliver a break-even position for 2025/26, in line with plan.
- The Committee noted risks in relation to the 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 January and noted the key system risks and mitigating actions and approach to delivering financial balance in-year.
- The Committee noted that the group would hold its final meeting in March, having been established to oversee risk mitigation for delivery of the 2025/26 plan.

ICS 2025/26 M10 finance report

- The Committee took the month 9 report as read and received a verbal update on the M10 position. The Financial position at month 10 remains broadly on track with efficiencies being delivered.
- The Committee discussed the continued reliance on non-recurrent efficiencies to replace recurrent CIP, creating pressure in 2026/27 plans.

Operational plan 2025/26 – month 9 update

- The paper summarised the operational performance of the SWL Integrated Care System at M9.
- The system remained under pressure in M9, in particular with respect to planned care and cancer metrics. The Committee noted that recovery actions were in place to address this in line with national requirements.

Other

- The Committee reviewed business cases and contract awards in line with the ICB governance arrangements and responsibilities of the Committee.
- The Committee was updated on the results from its annual effectiveness review. No immediate changes were proposed to the Terms of Reference since this was already being taken forward through the wider governance review.

Recommendation

The Board is asked to:

- Note the Committee report.

Governance and Supporting Documentation

Conflicts of interest

N/A

Corporate objectives

- Delivering the financial plan
- Delivering the ICS operational plan

Risks

None as a result of this paper

Mitigations

None as a result of this paper

Financial/resource implications

None as a result of this paper

Green/Sustainability Implications

None as a result of this paper

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

None as a result of this paper

Patient and public engagement and communication

N/A

Previous committees/groups

Committee name	Date	Outcome
Finance and Planning Committee	25 February 2026	

Final date for approval

N/A

Supporting documents

None

Lead director

Dinah McLannahan, SWL ICB

Author

Kath Cawley, Director of Planning, SWL ICB

SWL NHS Finance Report M11

Agenda item: 6.2

Report by: Dinah McLannahan, CFO

Paper type: information

Date of meeting: Wednesday, 29 April 2026

Date Published: Wednesday, 22 April 2026

Purpose

This report is brought to the Board to:

1. Provide an update as at month 11 on the ICB financial position against its internal budget.
2. Provide an update as at month 11 on the South West London (SWL) NHS system financial position, including capital spend.

Executive summary

The ICB position as at 28 February 2026 is in line with plan (£0.5m 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 YTD plan, mainly due to the rates rebate scheme delivering ahead of plan.

The SWL system has a YTD deficit of £33.8m, which is £1.6m favourable to plan. The system is forecasting to deliver a £1.5m surplus for the year, due to favourable performance at Royal Marsden Hospital (RMH).

Against NHSE's Risk of Non Delivery Assessment (RoNDA) metrics, SWL scored '2' (2.0) this month compared to '2' (2.0) last month. On the framework, '1' indicates lowest risk and '4' indicates highest risk, with scores rounded to the nearest whole number.

Whilst a number of material risks to the system control total have been presented and discussed throughout the year, including efficiency delivery, these risks have largely been mitigated as we now move into month 12 and the end of the financial year.

The overall forecast outturn capital position is a £3.0m (circa 1%) underspend against planned allocations. Good progress has been made in M11 towards completing the capital projects and Trusts are confident that delivery is on track in line with forecast outturn by year end.

Key Issues for the Board to be aware of

- The ICB position at M11 is a deficit of £0.5m in line with the profiled plan, and a forecast outturn (FOT) to deliver a breakeven position as planned.
- The SWL system has a YTD deficit of £33.8m, which is £1.6m favourable to plan. The system is forecasting to deliver a £1.5m surplus for the year, due to favourable performance at RMH.
- The overall forecast outturn capital position is a £3.0m (circa 1%) underspend against planned allocations; trusts are confident that delivery is on track by year end.

Recommendation

The Board is asked to:

1. Note the ICB month 11 position.
2. Note the ICS revenue month 11 position.
3. Note the ICS capital position at month 11.

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.
- Financial Recovery Board management and oversight of financial position.
- Finance and Planning Committee will scrutinise the ICB's financial performance.
- Each SWL NHS organisation's 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
FRG	23 March 2026	Noted

Final date for approval

N/A

Supporting documents

SWL Finance Report M11 2025/26



NHS South West London
Integrated Care Board

Lead director

Dinah McLannahan

Authors

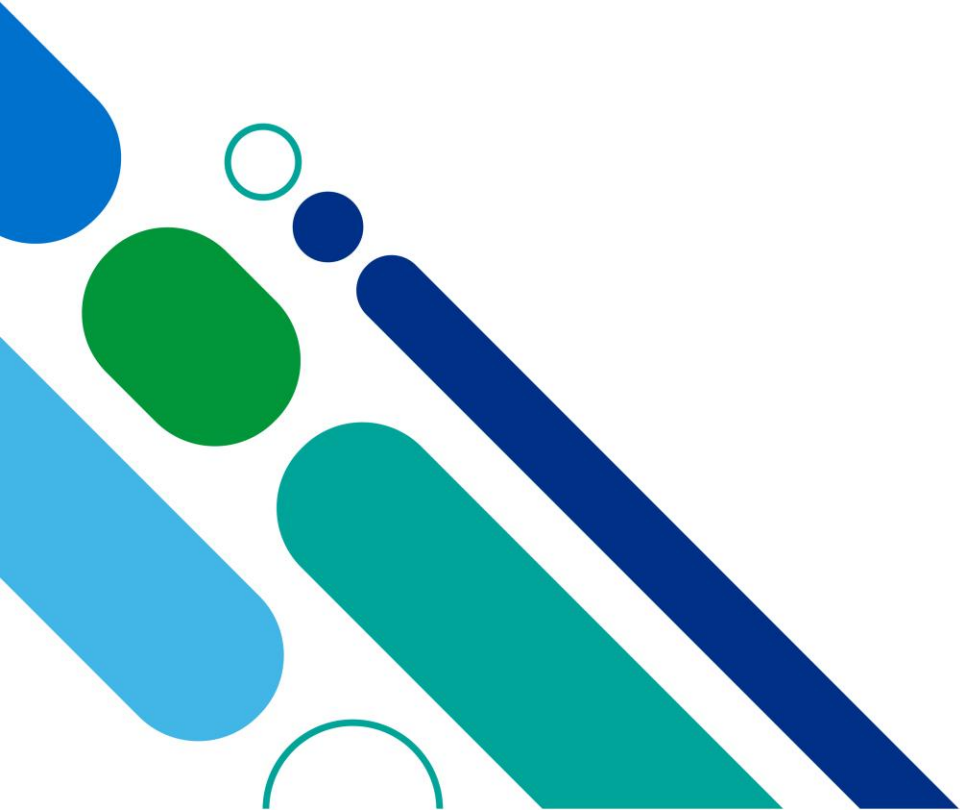
Joanna Watson

Neil McDowell

Piya Patel

SWL NHS Finance Report M11

April 2026



Contents

- ICB internal position at month 11
- SWL NHS system revenue position at month 11
- SWL NHS system capital position at month 11
- Summary



The ICB internal position



Key Messages:

- The ICB position as at 28th February 2026 is in line with plan (£0.5m 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 £6.8m, which is predominantly due to an overspend at Month 11 on ISP spend (£4.9m forecast adverse).
- Mental health services are showing an adverse YTD variance of £8.5m and forecast variance of £9.5m, predominantly driven by continuing pressures on Right to Choose assessments (£6.9m forecast above plan) and placements (£4.1m forecast above plan).
- AACHC are reporting a favourable YTD variance of £1.0m, and a favourable forecast variance of £1.0m due to underspend on children's continuing care budgets.
- The forecast underspend of £5.6m within primary care is predominantly due to a projected annual underspend of £1.6m against the Dental, Ophthalmic and Pharmacy (DOP) budgets. There has also been an improvement in prescribing with a favourable trend in the last three months, with an underspend of £2.2m forecast by year end.

ICB High Level Financial Position



South West London

Target	Measure	Month 11 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 4.97%	Achieved
Running Costs	ICB running costs not to exceed £49.6m	Forecast spend £47.9m	Achieved
Better payments practice code	Paying 95% of invoices within 30 days	99% invoice paid within 30 days	Achieved
Cash Balance	Cash in bank at month end within the 1.25% draw down limit	Cash 0.84% of drawdown limit	Achieved

Allocation and Expenditure	YTD Budget £000s	YTD Actual £000s	YTD Variance £000s	Annual Budget £000s	Forecast Outturn £000s	Forecast Variance £000s	Previous Month Forecast Variance £000s	Movement from last month £000s
Total Allocation (Income)	£4,011,614			£4,426,923				

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
Acute Services (NHS & non-NHS)	£1,937,634	£1,944,229	-£6,595	£2,120,558	£2,127,308	-£6,750	-£7,249	£500
Specialist Commissioning	£448,314	£448,314	£0	£502,086	£502,086	£0	£0	£0
Community Health Services	£270,452	£268,602	£1,850	£295,008	£293,537	£1,472	£1,073	£398
All Age Continuing Healthcare	£167,128	£166,185	£943	£182,090	£181,090	£999	£989	£10
Corporate & Other	£104,537	£97,472	£7,065	£141,927	£133,799	£8,128	£10,828	-£2,700
Mental Health	£369,763	£378,292	-£8,528	£403,151	£412,614	-£9,463	-£8,947	-£516
Primary Care (Incl Prescribing & Delegated)	£714,032	£708,988	£5,044	£782,103	£776,462	£5,641	£3,331	£2,310
Total Expenditure:	£4,011,861	£4,012,082	-£222	£4,426,923	£4,426,897	£26	£24	£3

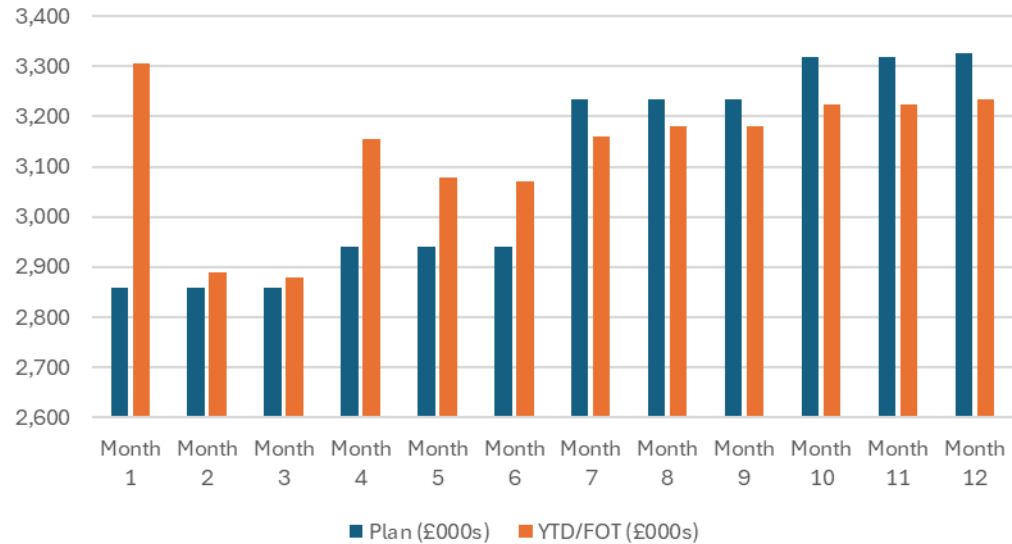
Surplus/(Deficit)	-£247	£0
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SWL ICB efficiency plan

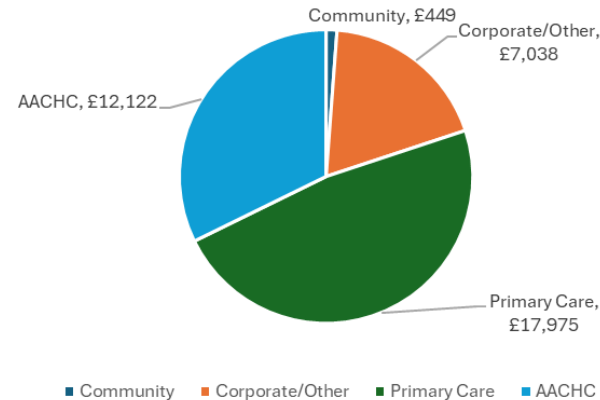


South West London

Efficiency Delivery - YTD & Forecast



Efficiency Delivery by spend area £000s



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.

The SWL NHS system revenue position



SWL NHS system revenue position



South West London

Financial position:

- The SWL system has a **YTD deficit of £33.8m, which is £1.6m favourable to plan.**
- The system is forecasting to deliver a **£1.5m surplus for the year**, due to favourable performance at RMH.
- Against NHSE's Risk of Non Delivery Assessment (RoNDA) metrics, SWL scored '2' (2.0) this month compared to '2' (2.0) last month. On the framework, '1' indicates lowest risk and '4' indicates highest risk, with scores rounded to the nearest whole number.
- Whilst a number of material risks to the control total existed throughout the year, including efficiency delivery, these risks have largely been mitigated as we now move into month 12 and the end of the year.

Workforce:

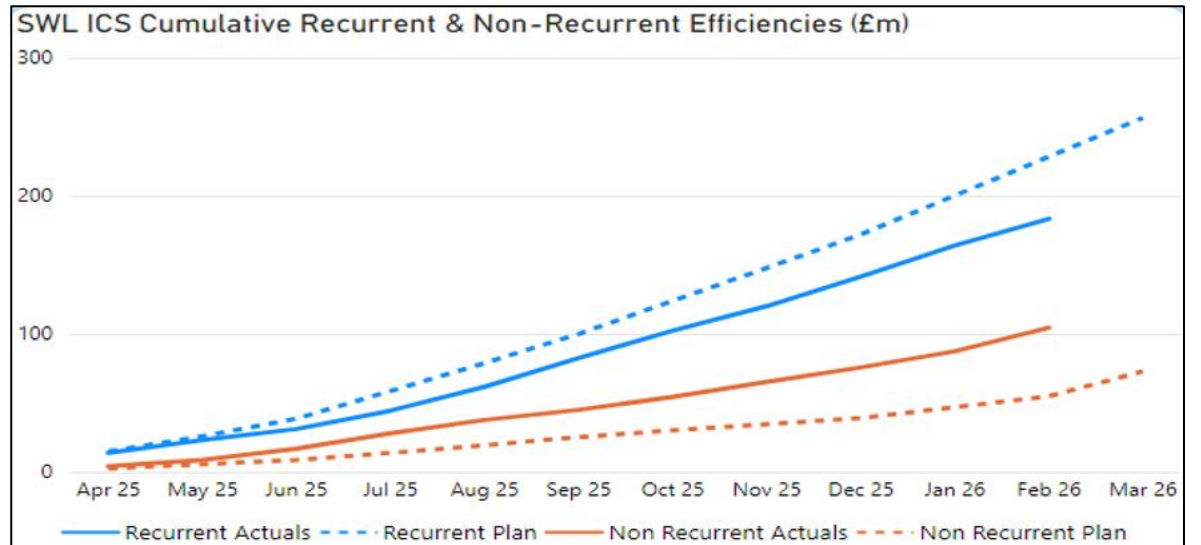
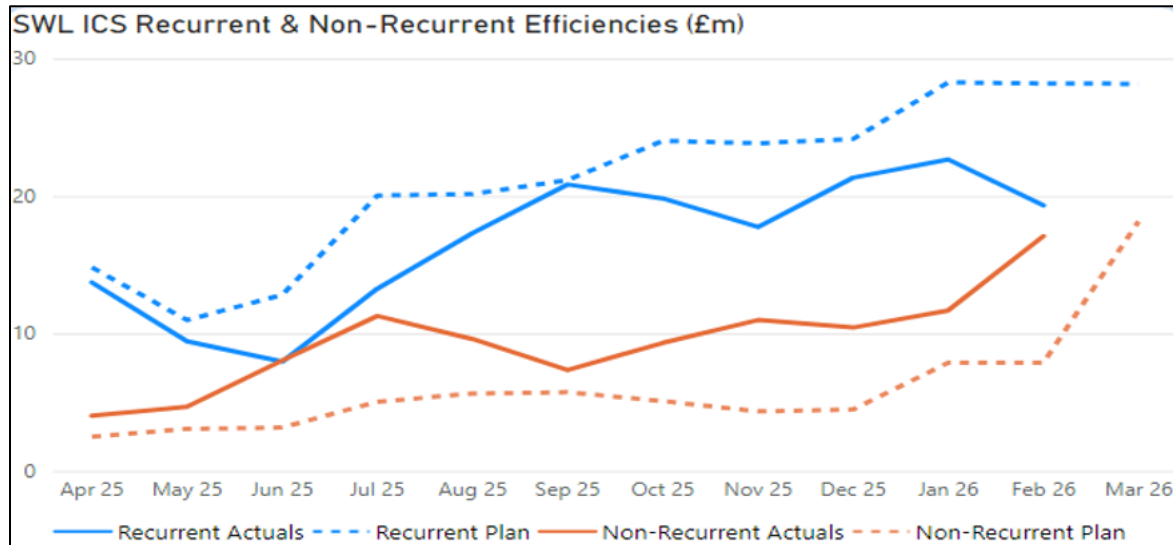
- The 2025/26 efficiency plan assumes an 1,498 decrease in WTEs.
- Actual WTEs have decreased by 58 from last month, with the **adverse variance to plan now 1,116. Significant reductions phased in the last three months were not met.** Whilst some pay efficiencies have been delivered, these largely focused on price. Overall efficiency plans have been met, with pay scheme shortfalls offset by non-pay, largely non-recurrent measures.
- ESH, SGH, CHS and KRT account for the majority of the adverse variance to plan YTD. RMH are slightly adverse to plan, whereas SWLSTG is slight favourable 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 7.7%.

Financial performance (£m)	Month 11		
	YTD Plan	YTD Actual	YTD Variance
CHS	-6.1	-6.1	-0.0
ESHT	-12.5	-12.5	0.0
KRFT	-8.6	-8.7	-0.0
SGH	-8.1	-8.1	0.0
SWL StG	0.2	0.2	0.0
RMH	0.0	1.7	1.7
Trusts Total	-35.2	-33.6	1.6
ICB	-0.2	-0.2	0.0
SWL System	-35.4	-33.8	1.6

Financial performance (£m)	Month 11 - 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	7.0	1.5
Trusts Total	0.0	1.5	1.5
ICB	0.0	0.0	0.0
SWL System	0.0	1.5	1.5

Efficiency – 2025/26 planned CIPs

- To deliver the breakeven plan, total efficiency across the system of £329m is required for the year.
- £287.7m of efficiency has been delivered. Efficiency delivery is £4.7m ahead of the **plan year to date** (£4.4m ahead of of plan last month), **with recurrent efficiency £45.0m adverse** (£36.1m adverse last month). The majority of the favourable variance comes from ICB and RMH.
- All trusts are behind plan on recurrent efficiency, which will create additional pressure on the recurrent exit position going into 2026/27
- The plan submitted has significant increases in efficiency phased from M4 and M10, as shown by the graph below.



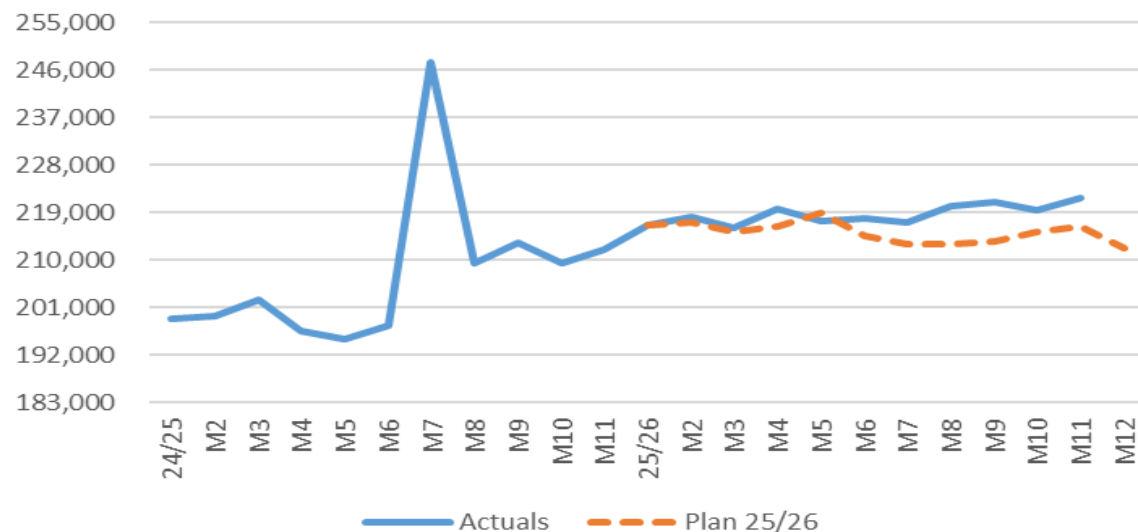
SWL NHS system workforce



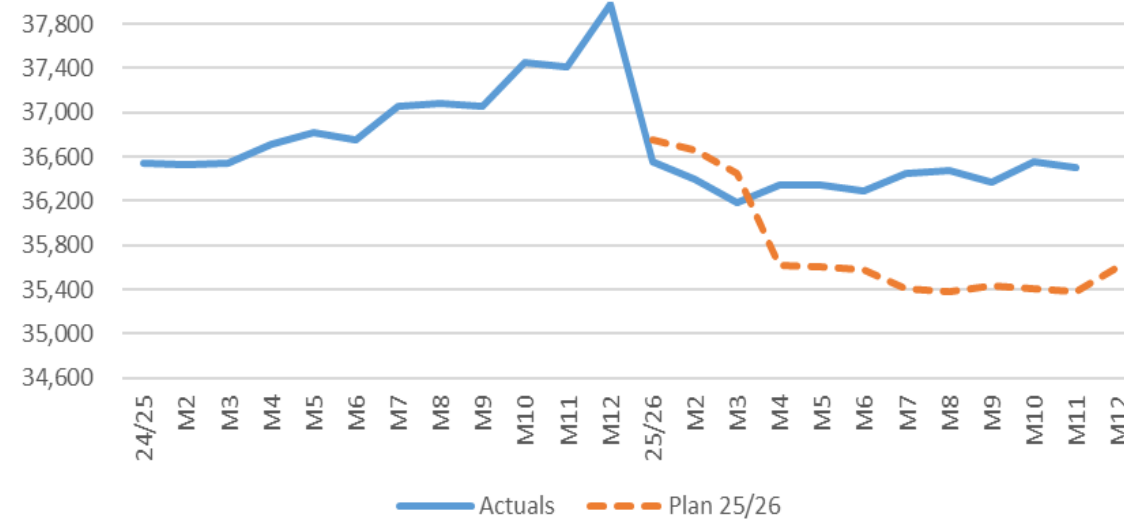
South West London

- Trust total pay costs are **adverse to plan YTD by £30.8m (£27.4m 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, and in year service changes that are funded.
- 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 decreased by 58 from last month, with the **adverse variance to plan now 1,116**. **Ambitious workforce reductions phased in the second half of the year have not met**. All trust are showing an adverse position to plan.

SWL trust pay (£k)



SWL Total WTEs

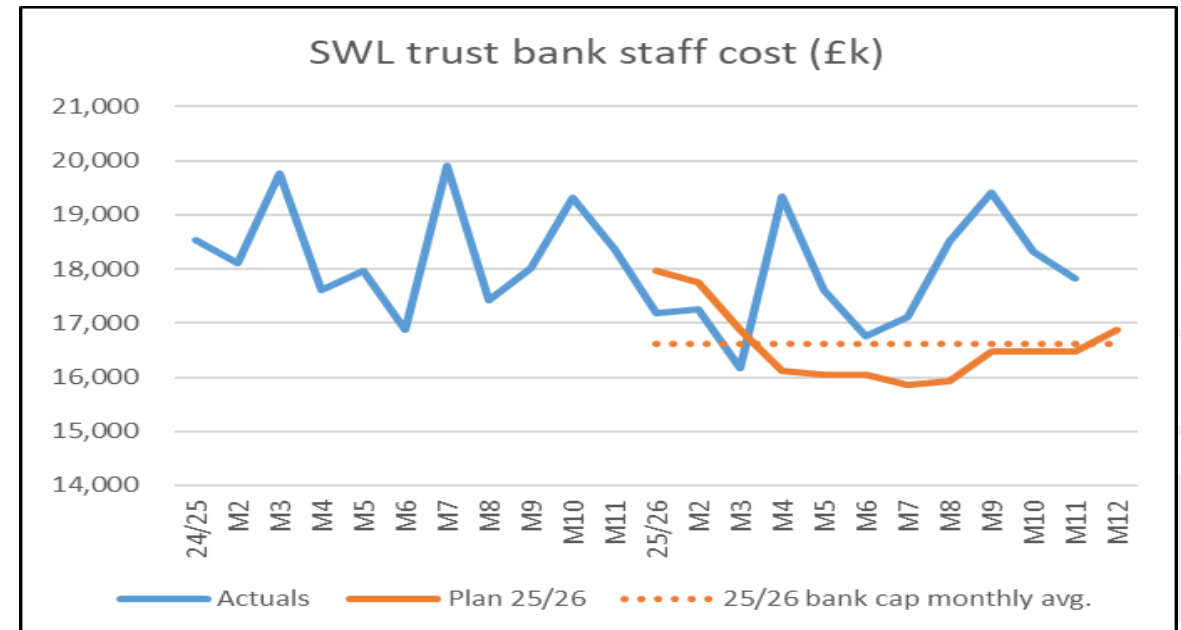
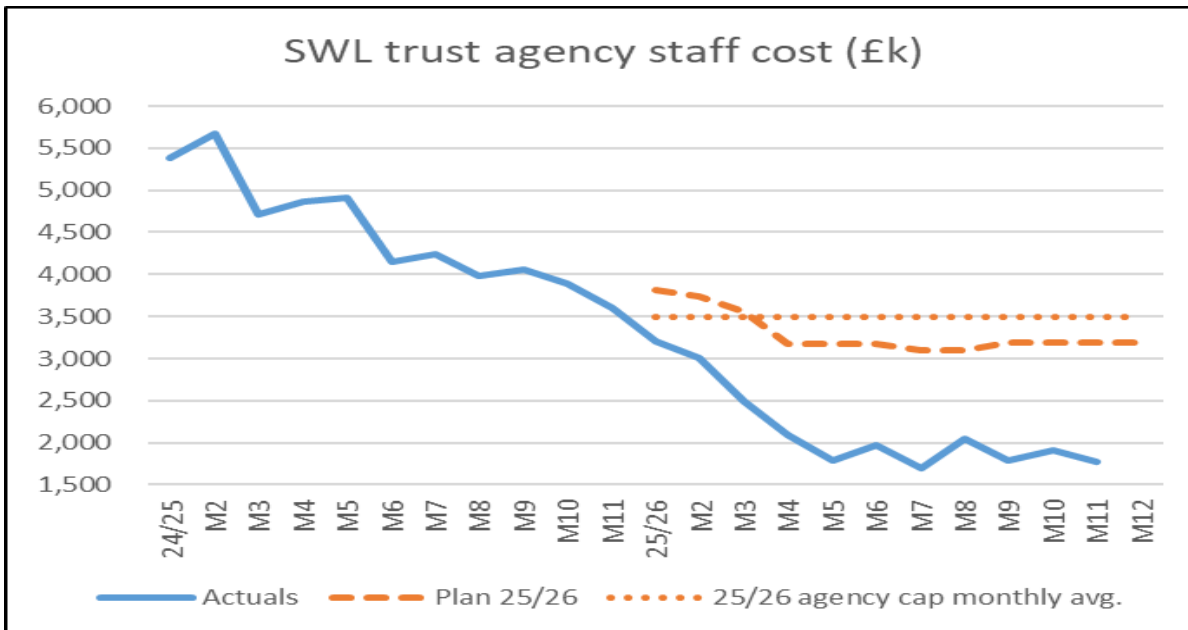


SWL NHS system workforce – temporary staffing



South West London

- The SWL system agency cap is £41.8m for 2025/26 and plans have been set totalling £39.6m, £2.2m below the cap.
 - The current FOT is £28.8m, **which is £13.0m below the NHSE agency cost cap.**
 - Agency costs have fallen consistently over the last two years, from over £5m a month in Q1 2024/25 to below £2m a month now.
- The SWL system bank cap is £199.2m for 2025/26 and plans have been set totalling £198.9m, £0.3m below the cap.
 - Bank spend has fluctuated over the last year, with **spikes partially driven by periods of industrial action.**
 - The current FOT is £214.6m, **which is £15.4m 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.



SWL NHS system cash



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.
- Current cash operating days are forecast to be lowest at SGH (20.4 at M12), however, still well over the 10 days that would initiate the SWL cash action plan.

Org	Cash Equivalents at End of Period												Operating Expenditure Days											
	Monthly Trend												M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
CHS													31.2	27.6	27.0	22.3	26.3	23.2	29.1	25.4	23.5	30.2	25.7	28.1
ESTH													25.1	21.1	20.0	21.2	21.8	14.2	21.6	26.8	13.8	14.8	27.2	27.6
KRFT													37.9	38.1	35.4	37.5	38.2	32.9	33.9	30.7	33.6	33.2	37.6	29.5
RMH													67.0	71.7	68.5	67.4	78.1	61.4	72.8	70.2	70.0	67.1	58.3	86.1
SGH													22.8	22.8	20.8	24.6	19.5	17.1	19.5	13.8	16.5	17.4	24.0	20.4
SWLSTG													59.8	58.7	47.6	51.9	51.2	54.3	53.9	53.8	58.5	57.6	47.4	52.5

The SWL system capital position



SWL NHS system capital position



Forecast Outturn												
£m	SWL CDEL				National CDEL				Total CDEL			
Org	Allocation	FOT	Variance	RAG1	Allocation	FOT	Variance	RAG	Allocation	FOT	Variance	RAG
CHS	15.6	15.6	0.0	G	16.4	16.4	0.0	G	32.0	32.0	0.0	G
ESTH	24.7	24.7	0.0	G	18.9	18.9	0.0	G	43.6	43.6	0.0	G
KRFT	8.6	8.6	0.0	G	15.5	15.5	0.0	G	24.0	24.0	0.0	G
SGH	31.5	30.0	-1.6	R	13.9	13.9	0.0	G	45.4	43.9	-1.6	A
SWLSTG	52.5	52.5	0.0	G	6.0	6.0	0.0	G	58.5	58.5	0.0	G
RMH	29.0	29.0	0.0	G	9.6	9.6	0.0	G	38.6	38.6	0.0	G
Subtotal	161.8	160.2	-1.6	R	80.4	80.4	0.0	G	242.2	240.6	-1.6	G
ICB	3.4	3.4	0.0	G	2.5	1.1	-1.4	R	5.9	4.5	-1.4	R
Subtotal	3.4	3.4	0.0	G	2.5	1.1	-1.4	R	5.9	4.5	-1.4	R
ICS Total	165.2	163.6	-1.6	R	82.9	81.5	-1.4	G	248.1	245.1	-3.0	G

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	13.7	87.9%	11.1	67.5%	24.8	77.5%
ESTH	9.3	37.7%	12.7	67.1%	22.0	50.4%
KRFT	5.7	66.9%	5.9	38.1%	11.6	48.4%
SGH	19.6	62.0%	4.2	30.2%	23.7	52.3%
SWLSTG	45.3	86.4%	4.6	77.0%	50.0	85.4%
RMH	16.4	56.6%	5.3	55.0%	21.7	56.2%
Subtotal	110.0	68.0%	43.8	54.5%	153.8	63.5%
ICB	2.0	60.4%	0.3	12.6%	2.4	40.0%
Subtotal	2.0	60.4%	0.3	12.6%	2.4	40.0%
ICS Total	112.1	67.8%	44.1	53.2%	156.2	63.0%

M11 position

- The overall forecast outturn position is a £3.0m (c.1%) underspend against planned allocations.
- Good progress has been made in M11 towards completing the capital projects and Trusts are confident that delivery is on track in line with the M11 forecast outturn by year end.
- Where there is risk of small underspends within nationally-funded projects, trusts are working to quantify and minimise this.

SWL CDEL

- The £1.6m underspend in SGH relates to a new lease planned to start in March for a SWL Pathology development. The underspend has arisen due to the clarification of the lease calculation and treatment of dilapidations.

National CDEL

- Allocations have been adjusted to reflect additional funding for Histopathology (£0.1m), Maternity (0.8m), and Cancer Diagnostics (£1.5m)
- ICB National CDEL is forecasting a £1.4m underspend in relation to a £1.9m underspend in the SWL primary care estates programme as previously reported (driven in part to NHSE governance requirements), offset by a £0.5m reserve for unforeseen land remedial works for the Coulsdon build project (approved in the prior year). Remaining primary care estates projects in the 25/26 revised plan are proceeding at pace. Final approval of the additional allocation for Coulsdon project is expected imminently and to be transacted in M12.

Summary



Summary of financial position

The Board is asked to:

- Note the ICB month 11 position.
- Note the ICS revenue month 11 position.
- Note the ICS capital position at month 11.



Quality and Performance Oversight Committee Update

Agenda item 6.3

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

Paper type: For information

Date of meeting: Wednesday, 29 April 2026

Date Published: Wednesday, 22 April 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 11 February and 8 April 2026.

Executive Summary

The Quality and Performance Oversight Committee has met twice since the last update to the ICB Board, on 11 February and 8 April 2026. 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 and received assurance that risks remain stable with no material changes in scores or new risks identified. While risks remain broadly unchanged in scoring, underlying system pressures persist

Key strategic risks continue to relate to:

- Urgent and Emergency Care delivery pressures.
- Planned care access and waiting times.
- System-wide quality oversight capacity in the context of operational and workforce pressures.

The Committee emphasised the importance of continued monitoring in light of organisational transition and system demand. The Committee noted that stability in scores does not necessarily reflect improvement in risk position.

South West London (SWL) ICB Performance Report

The Committee noted the SWL ICB Performance Report, highlighting:

- Ongoing system pressures in urgent and emergency care, cancer performance, and elective pathways.
- Recovery plans in place with early signs of improvement in some areas.
- Continued focus on flow, discharge optimisation, and integrated care models.

SWL ICB Quality Report

The Committee received the SWL ICB Quality Report and noted:

- Key system risks relating to quality, safety, and operational pressures.
- Positive progress in areas such as PSIRF implementation and system learning. Further work is required to demonstrate consistent system-wide learning and measurable impact on patient safety.
- The need to strengthen reporting on impact and shared learning across the system.

Safeguarding Adults, Safeguarding Children and Children Looked After Q1 & Q2 Report

The Committee received and noted the Q1 and Q2 updates.

Key discussion points included:

- Concern regarding the impact of organisational change on safeguarding capacity.
- The need to clearly articulate any gaps against statutory requirements.
- The importance of a defined recovery plan with clear constraints and mitigations.

The Committee emphasised the importance of maintaining statutory compliance and safeguarding assurance during transition and the impact of organisational change on capacity and emphasised the need for clarity on any gap between statutory requirements and current delivery capability. The Committee has sought to strengthen focus on risk, inequalities, and system-wide learning, but notes that organisational transition and resource constraints continue to present challenges to delivery.

Primary Care Update

The Committee received a Primary Care update and noted:

- Continued resilience of general practice across SWL, with 98% of practices rated Good by CQC.
- Strong contribution of primary care to neighbourhood health model development.
- Improvements in access, digital adoption (NHS App, online consultations, cloud telephony), and contractual compliance.
- Positive engagement with practices to address variation and share best practice.

However, the Committee noted emerging risks:

- Significant concern regarding the impact of further resource reductions on primary care contracting capacity.
- Ongoing pressures linked to deprivation, workforce constraints, and demand complexity.

While performance remains strong overall, the Committee noted emerging risks to sustainability, particularly relating to workforce pressures, deprivation, and reduced commissioning capacity.

Integrated Medicines Optimisation Committee (IMOC) Annual Report 2025/26

The Committee received and approved the IMOC Annual Report, noting:

- Strengthened system-wide approach to medicines optimisation, including formulary alignment and pathway development.
- Improved equity of access through the SWL formulary and guideline standardisation.
- Establishment of new governance structures, including sub-committees for Quality & Safety, Formulary & Pathways, and Medicines Value.
- Continued focus on productivity and financial oversight, with medicines expenditure identified as a key system risk.

The Committee noted the importance of medicines optimisation in improving outcomes, reducing variation, and delivering value for money.

SWL Clinical Negligence Scheme for Trusts (CNST) Maternity Update

The Committee received the CNST Maternity Update and noted:

- Full compliance achieved across all SWL maternity units with CNST requirements.
- Continued delivery of the Maternity Incentive Scheme (MIS) Year 7 standards.
- Strong system oversight through the Local Maternity and Neonatal System (LMNS).
- Ongoing focus on safety actions including governance, workforce, training, and service user engagement.

The Committee welcomed the positive assurance and sustained improvement in maternity safety but noted the importance of maintaining assurance given wider workforce and service pressures.

Recommendation

The Board is asked to:

- Note the Quality and Performance Oversight Committee report.

Governance and Supporting Documentation

Conflicts of interest

None.

Corporate objectives

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

Risks

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

Mitigations

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

Financial/resource implications

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

Green/Sustainability Implications

Not Applicable.

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

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

Patient and public engagement and communication

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

Previous committees/groups

Committee name	Date	Outcome
SWL Quality & Performance Committee (QPOC)	11 February 2026	Noted
SWL Quality & Performance Committee (QPOC)	8 April 2026	Noted

Final date for approval

Not applicable

Lead Director

Fergus Keegan, Interim Chief Nursing Officer

Author

Gurvinder Chana, Senior Programme Manager

SWL System Quality Report

Agenda item: 6.4

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

Paper type: For discussion/information

Date of meeting: Wednesday, 29 April 2026

Date Published: Wednesday, 22 April 2026

Purpose

The purpose of the report is to:

- To provide the ICB 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) January 2026 and February 2026 and Quality and Performance Oversight Committee (QPOC) in April.
- To provide the ICB 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 ICB 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 January to February 2026 unless stated otherwise.

Key Issues for the Board to be aware of

Patient safety maintained despite sustained system pressure

- Ongoing operational, workforce and winter pressures across urgent care, inpatient and community services.
- No deterioration in significant harm, with risks actively managed through robust system governance and escalation.

Key quality risks remain actively managed

- Continued infection risks (norovirus, measles) and antimicrobial resistance as emerging system concerns.
- Never Events (18 year to date (YTD)) and specific service issues (e.g. Interstitial Lung Disease (ILD) review, Care Quality Commission (CQC) actions) remain under close oversight with improvement actions in place.

Strong and improving system quality, particularly in primary care

- Primary care remains a key area of strength, with 98% of GP practices rated Good and no Inadequate ratings.
- Positive patient experience (Friends and Family Test (FTT)) and proactive regulatory engagement support high baseline quality and safety.

Demonstrable progress in system-wide quality improvement

- Embedding of a learning culture (Patient Safety Incident Response Framework (PSIRF), Continuous Improvement Collaborative) and stronger safety governance.
- Improved elective/cancer performance and full maternity safety compliance alongside strengthened Equality Impact Assessment (EQIA) decision-making.

Recommendation

ICB Board is asked to:

- Acknowledge the ongoing risks relating to operational pressure, infection prevention (including measles and norovirus), antimicrobial resistance, and Never Events.
- Note high performance in primary care (CQC ratings and patient experience).
- Recognise progress in elective recovery, maternity safety (Clinical Negligence Scheme for Trusts (CNST) compliance), and system-wide learning culture.
- Note the content of the quality report and be assured that risks are being managed through the appropriate governance and escalation arrangements between providers and the ICB's CNO directorate. The Board Assurance Framework (BAF) has been recently updated to capture the transition of the ICB, the pressures in the system and the management change impact.
- Note patient safety is maintained despite sustained system pressure. The system continues to operate under significant operational and winter pressures, particularly in emergency care, infection outbreaks and workforce constraints. However, there has been no increase in significant harm, PSIRF is well embedded across trusts, and risks are being actively managed through robust system governance, escalation via QOMG, and ICB oversight.
- Note the system demonstrates tangible progress in embedding a learning culture, continuous improvement, strengthening safety governance, improving elective and cancer outcomes, achieving full maternity safety compliance, and enhancing risk-informed decision-making through strengthened EQIA processes.
- Support the continuation of system-wide mitigation plans and oversight.

Governance and Supporting Documentation

Conflicts of interest

None

Corporate objectives

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

Risks

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

Mitigations

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

Financial/resource implications

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

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

An EIA has been considered and is not needed for this report. However, EIAs are being completed as part of the process in identifying system efficiencies and where significant change in service delivery or care pathways impact patients and staff.

Patient and public engagement and communication

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

Previous committees/groups

Committee name	Date	Outcome
SWL ICB Quality Operational Management Group (QOMG)	January and February 2026	Internal directorate review and assurance
Senior Management Team (SMT)	March 2026	Noting
Quality and Performance Oversight Committee (QPOC)	April 2026	Assurance



NHS South West London
Integrated Care Board

Supporting documents

Quality Report

Lead Director

June Okochi, Director of Quality

SWL System Quality Report

ICB Board

April 2026

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

A decorative graphic in the bottom-left corner consisting of several overlapping shapes in shades of blue, green, and teal, including circles, ovals, and elongated rounded rectangles.

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

- It identifies emerging and ongoing quality risks impacting on patient safety and experience, update on improvement work and assurance that risks and challenges are being mitigated.
- The report covers the period of **January 2026 to February 2026** unless stated otherwise.

The ICB Board is asked to:

- Note the quality report, highlighting the use of increased data and metrics to support the oversight of patient safety, patient experience, and clinical effectiveness for SWL's population.
- Note the content of the quality report and be assured that risks are being managed through appropriate governance and escalation arrangements between providers and the ICB.
- Be assured that the exceptions highlighted within the report were presented and discussed at the Quality Operational Management Group (QOMG) in February 2026 and March 2026 and Quality and Performance Oversight Committee (QPOC) in April.

Executive Summary - Challenges



- ❑ **Operational pressures across SWL:** Operational pressures continue across urgent and emergency care, inpatient services and community services driven by sustained demand, workforce pressures and system transition. Providers continue to implement their plans focused on maintaining patient safety, managing bed capacity, reducing length of stay and improving flow, alongside close collaboration with system partners to manage demand effectively to support safe delivery of services during continued financial and operational challenge.
- ❑ **Infection Prevention and Control (IPC):** Outbreaks and clusters activity continue to be at normal seasonal levels.
 - **Noro-virus** continues to be reported in both the acute hospitals and the community. Outbreaks are impacting on acute beds with some bays and ward closures.
 - Confirmed **measles** cases are rising, particularly in London. In the 4 weeks from 6th January to 3rd February there were 52 confirmed cases of measles, 84.6% (44) of which were in North Central London. For the period 5th February- 5th March 2026 there has been 8 confirmed cases in SWL..
 - **Antimicrobial resistance** remains a significant emerging risk and is included on the national risk register, with a system assurance report planned for Board review. Work continues through the SWL Healthcare acquired infections (HCAI) and antimicrobial resistance reduction plan and pan-London outbreak response arrangements.
- ❑ **Epsom and St Helier (ESTH) Interstitial Lung Disease (ILD) harm review update:** In 2025, the Trust undertook 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. The trust has received the draft report from the RCP for factual checking and is in consultation with the relevant individuals ahead of publication which is expected imminently. In the meantime, the Trust is continuing with appropriate safety actions in response to the report recommendations.
- ❑ **Continuing CQC Activity in SWL:** Regulatory oversight continues across the system. Key highlights as follows;
 - **Croydon Health Services (CHS):** Remains subject to a Section 29A Warning Notice following CQC inspection in October 2025 for Maternity Services.. Trust has been liaising with the CQC ahead of final report publication re accuracy of inspection feedback. Trust has commenced improvement actions.
 - **St George's University Hospitals NHS Foundation Trust (StG) :** Continues to progress actions linked to previous regulatory review, including maternity, emergency care and surgery. CQC have recently noted improvement updates with SGH's ED services.
 - **Epsom & St Helier Hospitals (ESTH):** Trust is awaiting CQC feedback from planned inspection carried out in Dec 2025.
 - **South London and Maudsley NHS Foundation Trust (SLAM):** Final report for the five areas inspected in 2025 have been published, ratings listed below. Trust continue to work on improvement actions
 - Forensic inpatient ward: **Good**
 - Community Adults of working age Mental Health teams-including pharmacies: **Requires Improvement**
 - Acute Adult working age pathways and **Psychiatric Intensive Care Unit (PICU)** including pharmacies: **Requires Improvement**
 - Crisis Services, Home Treatment Teams (HTT), and Hospital-Based Prescribing and Outpatient Services (HbPOS), including community and hospital pharmacies: **Requires Improvement.**"
 - Well Led: **Requires Improvement**
- ❑ **Never Events (NE):** A total of 18 NE's have been recorded for the 2025/26 year-to-date (including 4 new declarations in February and March 2026 across ESTH, and SGH). Main themes for all NEs this year continue to be wrong site surgery, medication error and retained foreign body. Providers continue to implement improvement actions focused on human factors, training and compliance with safety standards.

Primary Care- Improvement



South West London

South West London

CQC inspections

- Quarterly meetings continue to be held with CQC, Primary Care Team, Place & Quality Leads to discuss any practice concerns or issues. The next meeting is scheduled on 5th March 2026, and the last meeting was held on 4th December 2025.
- 11 practices have been inspected and rated *Overall Good*: Central Surgery (K), Francis Grove Surgery (M), Central Medical Centre (M), Colliers Wood Surgery (M), Hampton Wick Surgery (R), Wallington Family Practice (S), Morden Hall Medical Practice (M), Beeches Surgery (S), Merton Medical practice (M), Paradise Road Surgery (R) Southfields Surgery (W).
- The following practices have been inspected, and reports are due imminently: Kingston Health Centre (K), Mitcham Family Practice (M), Langley Medical Practice (K).
- There are currently two practices due an inspection in Q4 25/26.

SWL ICB currently has a total of 170 practices, with 98% of practices across SWL rated Overall Good.

CQC overall ratings by borough:

Date: 03.02.26

Borough	Outstanding	Good	RI	Inadequate	Totals
Croydon	0	45	0	0	45
Kingston	0	20	0	0	20
Merton	1	19	1	0	21
Richmond	0	25	0	0	25
Sutton	0	20	1	0	21
Wandsworth	0	38	0	0	38
Totals	1	167	2	0	170

London ICB overall ratings 18/3/26

ICB	Outstanding	Good	Requires Improvement	Inadequate	Totals
NCL	1.2%	93%	4.6%	1.2%	173
NEL	1.4%	91.6%	5.5%	1.5%	253
NWL	1%	93%	6%	0%	335
SEL	0%	93%	7%	0%	186
SWL	0.5%	98%	1.5%	0%	170

- The Care Quality Commission (CQC) profile for primary care in South West London is strong and improving, with 98% of GP practices rated Good overall and no practices rated Inadequate, providing high assurance on baseline quality and safety.
- Performance is consistently strong across all boroughs, with only a very small number of practices rated *Requires Improvement* (approx. 1.5%), indicating limited and well-contained quality concerns.
- Regulatory engagement is proactive and well established, with regular quarterly meetings between the ICB, Primary Care, Place and CQC to identify and manage emerging risks early.
- Recent inspection activity is positive, with 11 practices newly rated *Good* and additional inspections completed with reports pending, suggesting continued stability in ratings.
- Compared to other London systems, SWL demonstrates top-performing assurance (highest % Good ratings), positioning primary care as a key area of system strength and reliability.

Executive Summary - Improvements



- ❑ **System-wide shift to a learning culture and continuous improvement:** Establishment of a System Continuous Improvement Collaborative and peer “show & tell” visits is strengthening cross-provider learning and spreading best practice. Early evidence of cultural shift toward shared learning, QI capability and system-wide collaboration.
- ❑ **Strengthened patient safety learning and governance (PSIRF & insights):** Regular system “insights meetings” and PSIRF-aligned learning are improving how incidents are reviewed and shared across organisations. Increased focus on demonstrating impact of learning, not just reporting incidents.
- ❑ **Measurable improvement in elective and cancer performance (reducing harm from delays):** Sustained compliance with the Cancer Faster Diagnosis Standard (83.1%). Reduction in long waits (52+ weeks and 65 weeks) with system-wide recovery plans in place.
- ❑ **Patient experience in primary care :** Friends and Family Test (FFT) feedback in primary care shows generally positive patient experience, with the majority of respondents likely to recommend their GP practice. Practices are increasingly using FFT free-text feedback to identify themes (e.g. access, responsiveness, communication) and implement targeted improvements.
 - Growing evidence of closing the feedback loop, with changes made in response to patient insight (e.g. appointment systems, telephone access, and patient communication).
 - Primary care is demonstrating improving access and a more responsive, insight-driven approach to patient experience, supporting safer and more person-centred care

- ❑ **GESH Group Enhanced Quality Surveillance Update:** On 2 February, the NHSE regional Chief Nursing Officer (CNO), Chief Medical Officer (CMO), and the ICB Acting CNO met with the GESH Executive team to review progress on improvement plans in the Emergency Department, Maternity, and Elective Services. They were sufficiently assured by the progress reported particularly in relation to culture, leadership, and actions to support service delivery. It was agreed that oversight would return to routine monitoring for quality and safety.
- ❑ **Significant improvement in maternity safety with full CNST compliance**
 - 100% compliance across all 10 national maternity safety actions (CNST Year 7) for all SWL Trusts
 - Improvements include:
 - Stronger governance and reporting
 - Workforce planning tools (e.g. acuity-based staffing)
 - Enhanced incident reporting and learning systems
- ❑ **Strengthened quality governance through EQIA**
 - Revised Equality & Quality Impact Assessment (EQIA) process with:
 - Mandatory clinical and executive sign-off
 - Evidence of decisions being reconsidered where risks identified
 - Improved quality and completeness of submissions and full completion of internal audit actions.

Recommendations

The ICB Board is asked to:

- Note the content of the quality report and be assured that risks are being managed through the appropriate governance and escalation arrangements between providers and the ICB's CNO directorate. The BAF has been recently updated to capture the transition of the ICB, the pressures in the system and the management change impact.
- Patient safety is maintained despite sustained system pressure: The system continues to operate under significant operational and winter pressures, particularly in emergency care, infection outbreaks and workforce constraints. However, there has been no increase in significant harm, PSIRF is well embedded across trusts, and risks are being actively managed through robust system governance, escalation via QOMG, and ICB oversight.
- The system demonstrates tangible progress in embedding a learning culture, continuous improvement, strengthening safety governance, improving elective and cancer outcomes, achieving full maternity safety compliance, and enhancing risk-informed decision-making through strengthened EQIA processes.

Appendices

PSIIs and NE

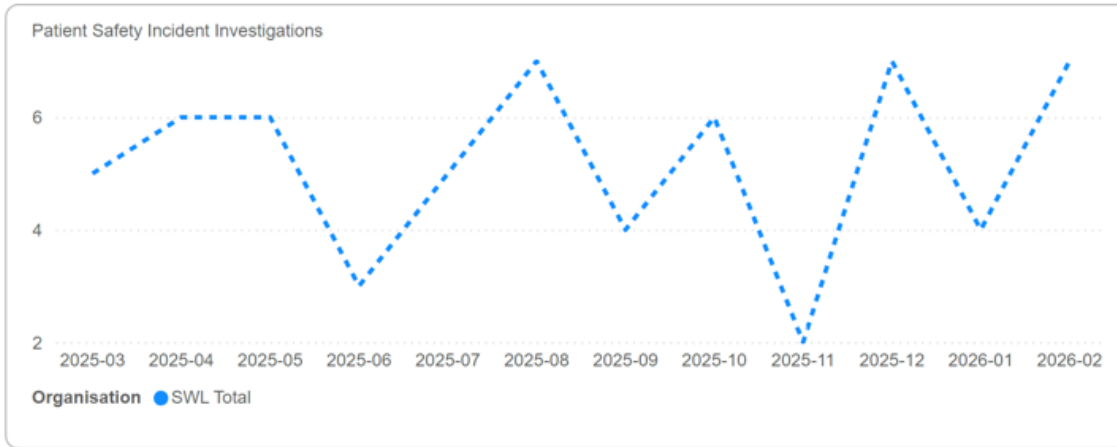


South West London

Patient Safety Incident Investigations (PSII)

Graph 1: SWL Patient Safety Incident Investigations Jan 2025 to March 2026

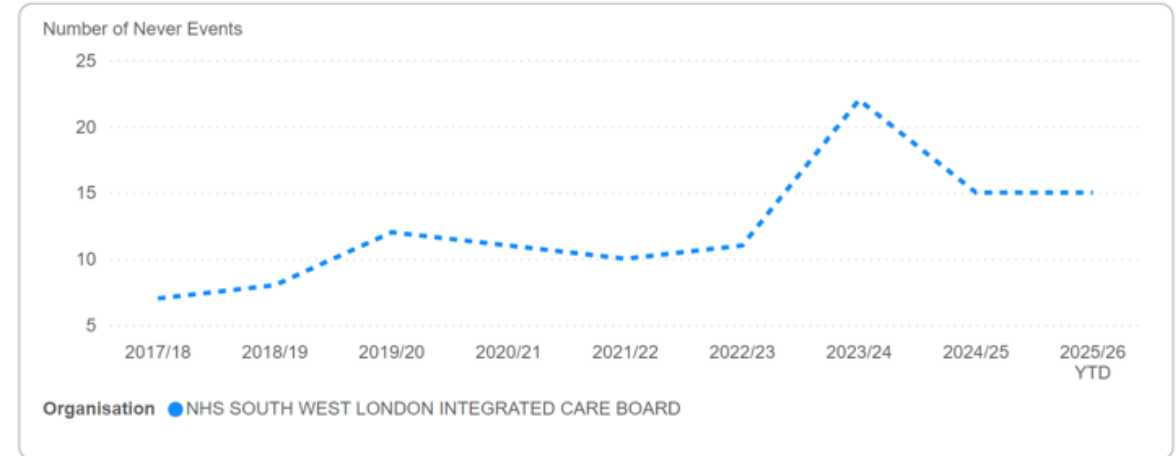
A PSII is a system-based learning response under PSIRF. It is the most comprehensive type of learning response carried out where causal factors are not understood or for nationally mandated safety incidents.



Never Events (NE)

Graph 2: SWL Never Events reported 2017/18 to March 2026

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



Patient Safety Incident Investigations (PSII)

- 62 PSII recorded across SWL from April 2025 to March 2026. Number of PSII recorded fluctuates monthly. Recurring themes (excluding NE themes) include:
 - Significant delays in diagnosis and treatment
 - Unexpected deaths
 - High-risk medication errors
 - Mental health patient safety risks in acute settings, including violence/aggression and suicide attempts.

What are our plans to improve?

- PSII numbers should align with patient safety incidents response plan(PSIRP)
- ICB continue to support providers through their internal patient safety incidents meetings and system meetings and continue reviewing updated provider PSIRPs in line with national guidance cycle.

Never Events (NE)

A total of 18 Never Events have been recorded for the 2025/26 year-to-date, including 4 new declarations in Feb and March 2026 across ESTH, and SGH. Main themes for all NEs this year continue to be wrong site surgery, medication error and retained foreign body.

What are our plans to improve:

ICB continues to support trusts in their on-going system actions to reduce NE's. Ongoing Trust Initiatives include:

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

SWL Infection Prevention Control Report March 2026



Summary

South West London

- **Outbreaks and clusters:** Activity continues to be at normal seasonal levels. Noro virus continues to be reported in both the acute hospitals and the community. Outbreaks are impacting on acute beds with some bays and ward closures.
- **Measles:** Cases of confirmed measles are rising particularly in London. In the 4 weeks from 6th January to 3rd February there were 52 confirmed cases of measles 84.6% (44) of which were in North Central London. The borough with the largest number of cases is Enfield (29) with outbreaks and clusters mainly in Primary schools amongst un or partially vaccinated children. For SWL in the period 5th February to 5th March there has been 8 confirmed cases.
- **MMR vaccination** is an evergreen offer meaning it will be continued to be offered to unvaccinated eligible people no matter their age, and clinicians should promote and offer vaccination as national guidelines.
- **Avian Influenza** : A dead mute swan found in Kingston has tested positive to Avian influenza. The current risk to humans is assessed as low and advisory posters have been positioned at key points along the river.
- **HCAI(Tables below):**The thresholds for 2025/26 were set by NHSE for Trusts and ICB's. Due to the increasing trends seen nationally, the approach for each trust and sub-ICB is, a 10% decrease on their 2025/26 thresholds or a 10% decrease on their 24/25 rates depending on which is lower. The tables below show the current surveillance for the London ICB's and the SW London acute Trusts for this financial year. The ICB cases are all infections identified by blood culture both community and healthcare associated. The Trust cases show only healthcare associated cases. These are RAG rated against the NHSE set thresholds for 2025/26. A SWL HCAI and Multi drug resistant organism reduction plan is in place and a SWL working party with key partners to identify key risks, themes and cause of infection to focus improvement work.

London ICB surveillance April 2025 – January 2026 (accessed 24/02/26)

Table 2	C-difficile	MRSA	MSSA	E-coli	Pseud A	Klebsiella sp.
SWL	239/251	25	239	797/828	94/100	265/279
SEL	243/261	44	308	939/947	125/124	394/378
NEL	242/270	39	314	1143/1,210	138/152	441/413
NCL	280/250	21	220	839/806	95/109	314/326
NWL	297/338	43	283	1,309/1,351	158/180	384/455

SWL Acute Trust HCAI's: April 2025 – January 2026 data accessed 24.02.26

	Croydon HS	E&SH	Kingston FT	SGH	RMH
MRSA	1	4	5	2	0
MSSA	17	22	15	30	5
CDI	17/23	51/63	32/29	44/43	34/40
E-coli	26/55	58/57	61/51	100/109	53/51
Pseud A	8/9	11/8	14/5	26/22	19/21
Klebsiella	23/24	29/25	18/17	51/62	25/29

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's ongoing wider ambition to embed a system-wide culture of continuous improvement, make steps towards becoming a 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, Royal Marsden, KRFT, GESH have been inspiring and helped accelerate the spread of best practices. Future planned visit for South London and Maudsley (SLAM) in April 2026.

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.

SWL CQC Update (1)



Hospital	Emergency Department (ED)	Maternity	Surgery	Overall Trust CQC Ratings
St George's University Hospitals NHS Foundation Trust (StG)	Requires improvement (August 2025)	Requires improvement (August 2025)	Requires improvement (August 2025)	Requires improvement (August 2025)
Kingston Hospital	Good (August 2018)	Good (Dec 2022)	Good (July 2016)	Good (Dec 2022)
St Helier Hospital	Requires improvement (Sep 2019) (awaiting outcome of Dec 2025 Inspection)	Requires improvement (Feb 2024) (awaiting outcome of Dec 2025 Inspection)	Good (Sep 2019)	Good (Sept 2019)
Epsom Hospital	Requires improvement (Sep 2019) (awaiting outcome of Dec 2025 Inspection)	Requires improvement (Feb 2024) (awaiting outcome of Dec 2025 Inspection)	Good (May 2018)	Good (August 2023)
Croydon University Hospital NHS Trust (CHS)	Requires improvement (Jul 2025)	Good (Feb 2023) (awaiting outcome of Oct 2025 Inspection)	Good (Feb 2018)	Requires improvement (July 2025)

CQC Activity update in ED, Maternity and Surgery

- **CHS:** Remains subject to a Section 29A Warning Notice following CQC inspection of maternity services in October 2025. Trust is finalising feedback to CQC ahead of report publication. Trust has commenced improvement actions.
- **ESTH:** Had a planned CQC inspections on 2nd and 3rd December 2025 for ED and maternity services. Awaiting final report.
- **StG :** Continues to progress actions linked to previous regulatory review, including maternity, emergency care and surgery . They also remain under the Maternity Safety Support Programme (MSSP)
- Royal Marsden Hospital (RMH), South West London and St George's Mental Health NHS Trust (SWL StG) and Central London Community Healthcare NHS Trust (CLCH) currently maintain good and outstanding ratings.

	Safe	Effective	Caring	Responsive	Well -led	Overall
RMH 2019	Good	Outstanding	Outstanding	Good	Outstanding	Outstanding
SWLStG 2019	Good	Good	Good	Good	Good	Good
CLCH 2024	Good	Good	Good	Good	Good	Good

SWL CQC updates (2) – SLAM



South West London

SLAM CQC Status Update of a March 2026

Date of inspection	Area of inspection	Status – Final report Rating
10-12 th June	Community Adults of working age Mental Health teams-including pharmacies	Requires Improvement
10-12 th June	Crisis, HTT and HbPOS, including pharmacies	Requires Improvement
17-19 th June	Forensic inpatient ward	Good
17 th June – 3 rd July	Acute Adult working age pathways and PICU including pharmacies	Requires Improvement
August-October	Well Led	Requires Improvement

Summary

- Following various Inspections from the CQC in 2025, SLAM received the following concerns and warning notices :
 1. 24th June 2025: Section 31 Health and Social Care Act 2008 for management of waiting list in Lambeth SPA .
 2. 8th July 2025: Section 29A of the Health and Social Care Act 2008 for delays in carrying out MHA assessments.
 3. 9th July 2025: Section 31 Health and Social Care Act 2008 for safety of patients detained in health-based place of safety (HBPOS).

- For concerns raised under Section 31 Health and Social Care Act 2008, Action plans were submitted to CQC, and regular updates are provided and CQC were satisfied CQC.
- For concerns raised under Section 29 A of the Health and Social Care Act 2008 the Trust made representations which was successful and Section 29a stood down by CQC.

March 2026 Update

- The Trust carried out some immediate actions post inspection activity.
- Teams are currently finalising the associated action plans to address the findings and recommendations with the submission to CQC due 19th March 2026 for the Clinical pathways and the 3rd April for the Well Led action plan. The CNO and CMO will review and discuss final action plan with Chair of Quality Committee before submission on the 19th March 2026.
- Regular monitoring and meetings are being held with the CQC to provide updates and ensure progress is tracked effectively for both:
 - Lambeth SPA waiting lists
 - Safety of detained patients in HBPOS (Health Based Place of Safety)

ICB Performance report – February 2026

Agenda item: 6.5

Report by: Jonathan Bates, Chief Commissioning Officer

Paper type: For information

Date of meeting: Wednesday, 29 April 2026

Date published: Wednesday, 22 April 2026

Purpose

The purpose of this report is to provide the SWL ICB Board 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 December 2025 and January 2026, using nationally published and local data.

Key Issues for the Committee to be aware of

Key areas where SWL has seen improvements in performance:

- Performance against the cancer **Faster Diagnosis Standard continues to be compliant for the second consecutive month with an outcome of 83.1% in December; third nationally.** The 77% standard was met by all SWL trusts, and Royal Marsden Partners cancer alliance continue to support trusts to deliver recovery plans.
- **SWL providers have the fewest patients waiting over 52 weeks for routine treatment compared to other London systems**, with 2,788 pathways in December, a reduction of 396 on the previous month. The number of 65 week waits decreased by 237 to 51 in December. All providers have plans to reduce 52- week waiters in all specialties as part of the National quarter 4 performance sprint initiative. Furthermore, all trusts are working toward a March target 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 are now implementing actions from approved bids

Key issues for the Committee to be aware of:

- **A&E (all types) performance decreased by 1.9 percentage points to 73%**, below the 75% plan for the month. The number of 12-hour breaches remain high and increased to 3,091 in January; Mental Health (MH) breaches rose slightly from 128 to 151 over the month also. **SWL had the second highest volume of 12-hour breaches in London, and the sixth highest nationally.** However, Trusts have largely been successful in achieving the planned reduction in their bed base. Winter funding has been released to Providers to support with improvement work.
- **Diagnostics carried out within 6 weeks** has continued to decline since February 2025, with action plans in place or being developed; **SWL reported a slight decline in December to 79.2%** the second highest performance in London. Non-Obstetric Ultrasound (NOUS) and Endoscopy at CHS is being mitigated with in and outsourcing along with the utilisation of the New Addington Community Diagnostic Centre from November 2025. Echocardiography and Endoscopy at ESHT are being mitigated with locum and waiting list validation respectively.
- **In Quarter 3 only 58% of Severe Mental Illness patients who received all six annual health checks** against an improvement trajectory of 75%; performance has been non-compliant since Q1 2025-2026. 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, with a seasonal upward trend expected by quarter 4.

Recommendation

The Board is asked to:

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

Governance and Supporting Documentation

Conflicts of interest

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

Corporate objectives

This document will impact on the following 2025/26 Board objectives:

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

Risks

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

This document links to the following Board risks:

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

Mitigations

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

Actions taken to reduce any risks identified:

- For long waiting elective patients: Increased capacity, focus on productivity by APC-led elective care programmes, mutual aid, transformation led by clinical networks. Quarter 4 sprint funding by NHS England.
- 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. The Integrated Care Coordination hub (ICC) bases multidisciplinary professions in London Ambulance Service offices, enabling them to work with paramedics to treat patients at home and/or refer them on to the right community service, 40% of whom avoid A&E.
- 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 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) is underway. This will provide significant focus and improvement support for the mental health UEC pathway.

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

Gayathri Sivapalan

South West London Integrated Board Report

February 2026

DATE REFRESHED : 27-02-2026

SRO: Jonathan Bates



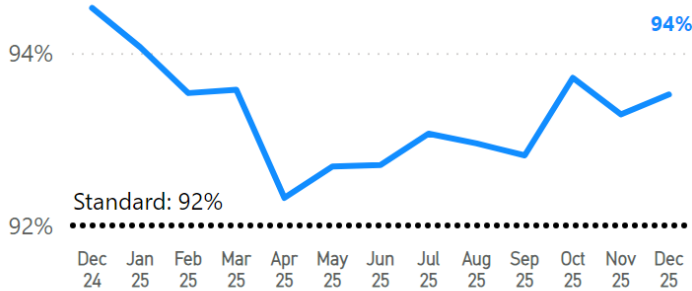
South West London



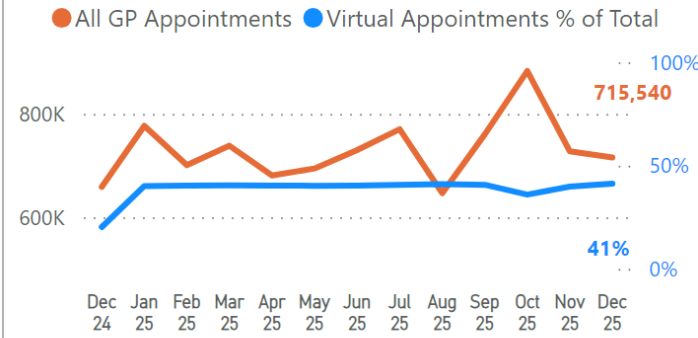
- The South West London (South West London) Integrated Board report presents published and unpublished data assessing delivery against the NHS Constitutional standards and locally agreed on metrics. These metrics relate to acute, mental health, community and primary care services and other significant 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:
 - From April 2025, the Out of Area Placements Mental Health measure changed nationally to count the number patients rather than bed days.
 - 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.
 - 2-hour Urgent Community Response (UCR) data, of February 2025, saw a change to the inclusion criteria for UCR referrals has been applied in that they no longer require a linked care contact unless being assessed for 2hr achievement. Referral counts are now higher

- **Appointments in general practice** decreased in December 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 ended on the 31 January 2026, and planning for the Spring programme has begun. Childhood Immunisation rates for Q2, 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 85%, against the national standard of 70%. SWL continues to have the highest number of UCR referrals in London for December. **The volume of 111 calls decreased in January by 5.5%; abandoned 111 calls decreased to 0.9%, well 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** ran a phase 1 pilot from October and provides clinical advice to crews to manage patients safely in community settings and reduce conveyances to A&E; helping 161 patients in January to avoid A&E attendance as the pilot continues; on average, the ICC saw 400 patients in January.
- December saw a **small decrease in A&E attendances** and **A&E (all types) performance decreased by 1.9 percentage points to 73%**, below plan for the month. Trust performance ranged from 69.7% at Kingston to 76.1% 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 performance.** All provider continue to work towards the 78% target for the end of the financial year.
- **Emergency care pressures are on the admitted non-elective pathway, due to inpatient flow;** 3,091 patients waited over 12 hours from 'decision to admit' to admission in January. SWL had the second highest volume of 12-hour breaches in London, and the sixth 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 and joint first nationally for January.
- **Unvalidated figures show that in January, there were 151 x 12-hour breaches in emergency departments for patients awaiting a mental health bed**, an increase of 23 since December. An intensive programme is underway with the national Mental Health Intensive Support Team (MHIST) and provider and ICB colleagues. The January write up of the diagnostic work, including recommendations, has provided significant focus and improvement support for the mental health UEC pathway.
- **SWL has seen an improvement in cancer performance.** On the 28-Day faster diagnostic standard, SWL performance improved to 83.1% an increase on the previous month and above the 77% standard; with compliant performance reported at all SWL Trusts. 31-day performance increased in December to third in London and performance against the 62-day also improved to 78%, against the standard of 85% and was benchmarked at second in London. The number of patients waiting over 62 days has decreased and is below the planned trajectory of 327.
- **Long waiters on RTT pathways have started to decrease.** The volume of 52-week waits decreased by 396 pathways in December to 2,788. Dermatology accounted for the highest number of breaches, mainly at Epsom and St. Helier; insourcing has increased capacity and is targeting the longest waiters. All trusts continue to work towards 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 63% and is the highest in London.**
- **In Quarter 3, 58% 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 9 is ahead of trajectory for **Learning Disability annual health checks.** **Talking therapies – Access** decreased for the third consecutive month and **Talking Therapies – Reliable Recovery Rate** standard decreased to below the 48% target with performance at 47% in December.

GP appointments within 2 weeks



% of Total Appointments that are Virtual



GP Appointments

715,540 appointments were delivered in December 2025, of which 46% were virtual with the remainder being a mix of face to face, home visit and other appointments. Overall, 47% 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. December performance for South West London (SWL) was 92%. SWL practices are now 99% compliant with the new online consultation requirements. The remaining practices are being supported to achieve this.

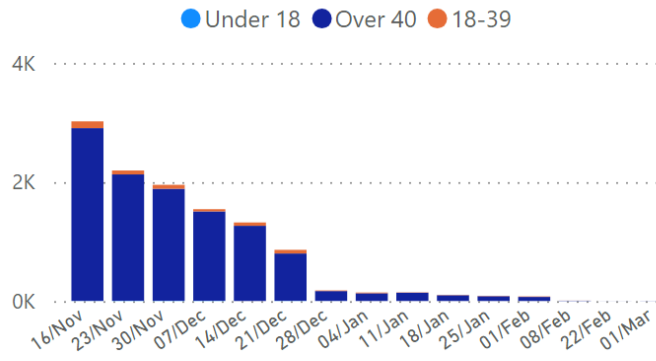
COVID Vaccinations

The Covid Winter programme ended on January 31st 2026. Planning has now started for the Spring 2026 season. To date 88 GP Practices and 167 community pharmacies have signed up to participate. The South London Immunisation team will continue with outreach activity working in collaboration with voluntary sector and patient groups.

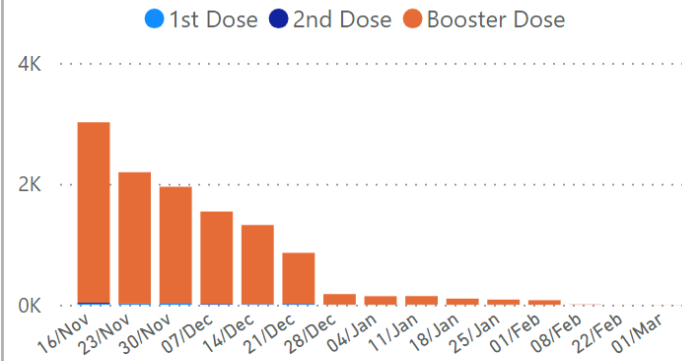
Childhood Immunisations

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.

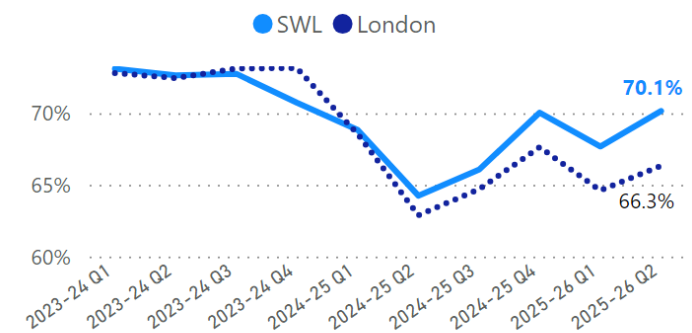
SWL Covid Vaccinations by age group



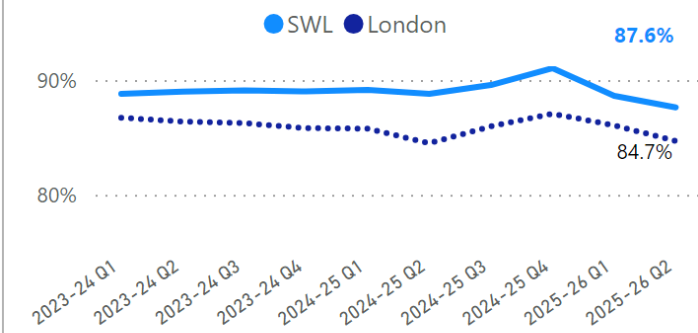
SWL Covid Vaccinations by Dose



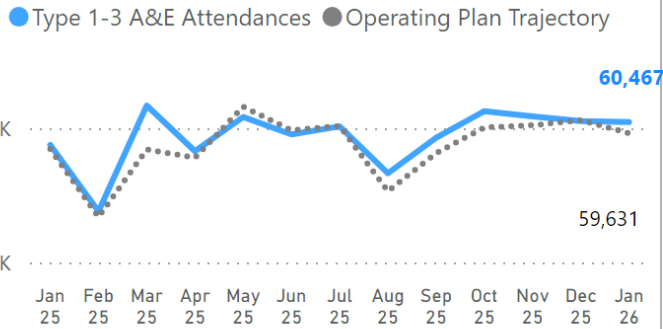
4-in-1 and MMR2 Vaccine Uptake



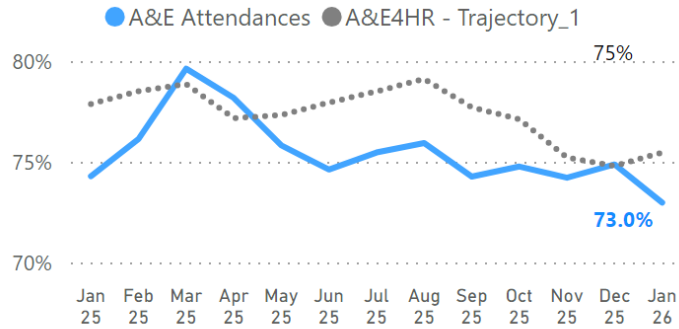
6-in-1 Vaccine Uptake



A&E Attendances (All Types)



A&E (All Types) 4 Hour Standard



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 with in hospital patient flow impacting all parts of the pathway. There has been continued triggering of Business Continuity Incidents in the acute trusts to fully focus on getting services back to safe and stable positions.

4-hour breaches

Attendances remained high in January and above expected seasonal demand, contributing to a deterioration in 4-hour performance from 74.9% in December to 73% in January. The ICB has released winter funding monies to support improvement work.

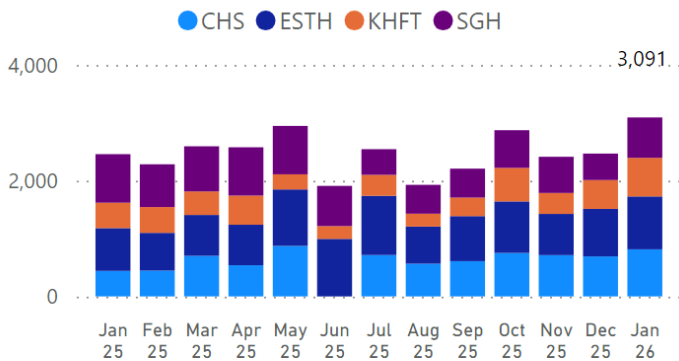
12-hour breaches

The number of 12-hour breaches remain high and overall increased in January, whereas Mental Health (MH) breaches rose slightly from 128 to 151 over the month. Following 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%. Get It Right First Time (GIRFT) completed a comprehensive assessment of Mental Health UEC services across SWL, and a set of High Impact Changes were identified which are being considered for implementation.

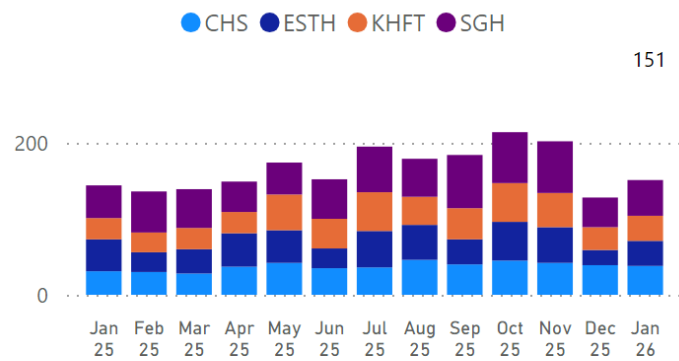
Ambulance handovers

Ambulance demand remained high in January, with a slight increase in both 45-minute and 60-minute handovers. Average handover time continued to increase in January, due to pressures in ED and flow. The Integrated Care Co-ordination (ICC) hub which uses an operating model centred on an Emergency Department (ED) consultant supporting London Ambulance Service (LAS) crews to manage patients that could be safely cared for in the community, has been progressing well with Urgent Community Response (UCR) nurses in the Multidisciplinary Team (MDT). This model has been shown to significantly reduce conveyances to ED and is starting to have a positive impact in SWL. Plans are being implemented in February to expand the opening times to 7 days a week and include Primary Care.

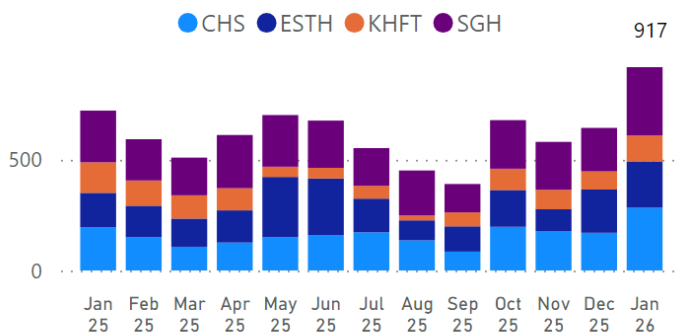
12 Hour A&E Breaches



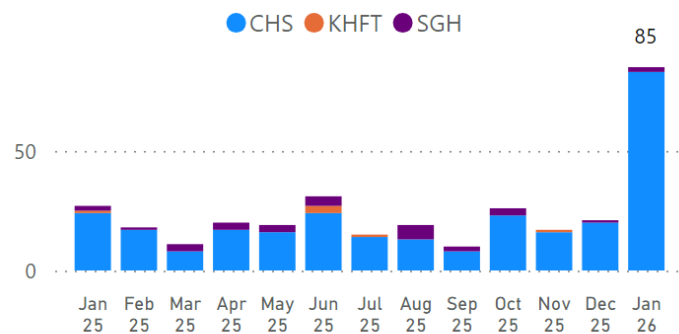
12 Hour Mental Health A&E Breaches (Unvalidated)



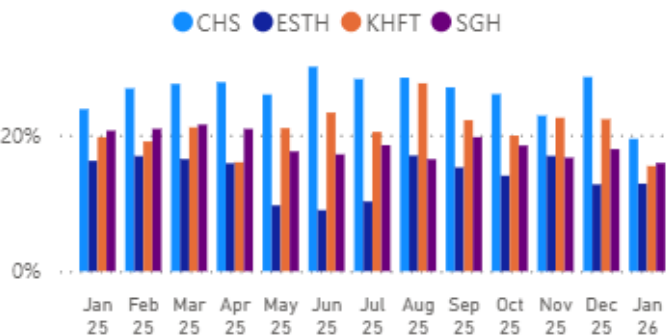
45 minute Ambulance Breaches



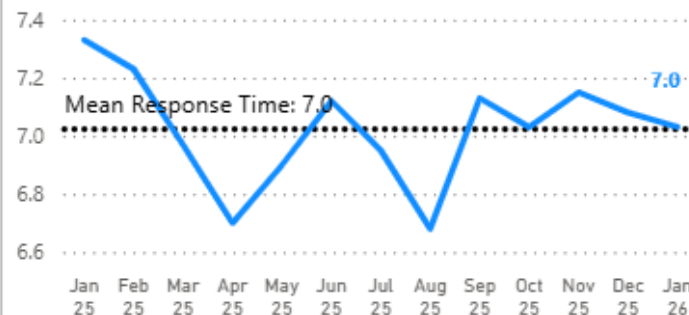
60 minute Ambulance Breaches



% Ambulance Handover within 15 minute



London Ambulance Category 1 Emergency Response Times (minutes)

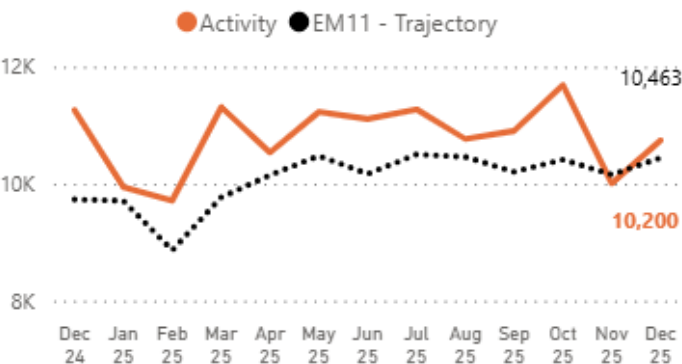


Ambulance Response Times

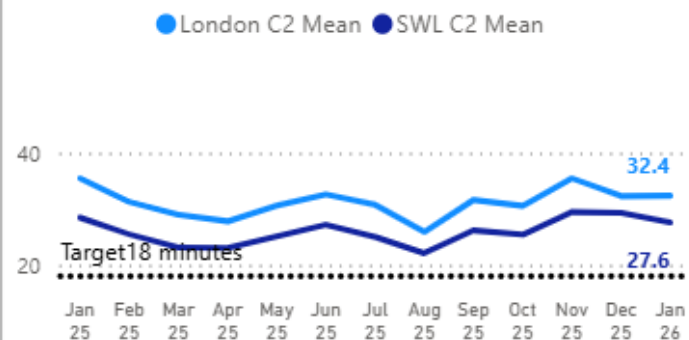
Ambulance conveyance numbers remained high but consistent in SWL.

At London level, the mean response time for Category 1 improved slightly from 7.2 minutes in November to 7.1 in December. There was an improvement in SWL, with the second-best Category 1 ambulance response times across London and below the 7-minute target. The mean Category 2 response for London improved from 32.3 in December to 31.5 in January. SWL's mean Category 2 response was again the best performance in London at 27.2 minutes, compliant with the 30-minute average national target.

Total Non-elective Spells



Ambulance Category 2 Emergency Response Times (minutes)



Non-elective spells

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

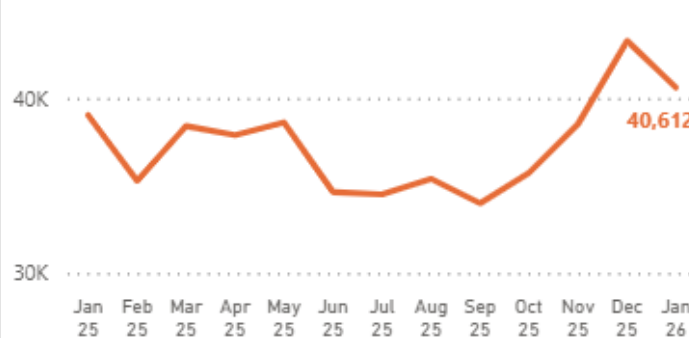
111 Calls

The number of calls in January declined by 2,357 compared to December; a 5.5% reduction. The majority of calls have been related to chest and upper back pain, breathing problems, cold and flu, coughs and vomiting. The call abandonment rate was well within the 3% standard at 0.9%. SWL continues to benchmark well when compared to the rest of London.

111 Calls Abandoned

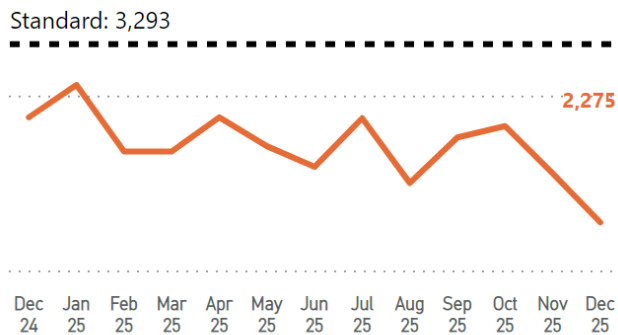


111 Call Volumes

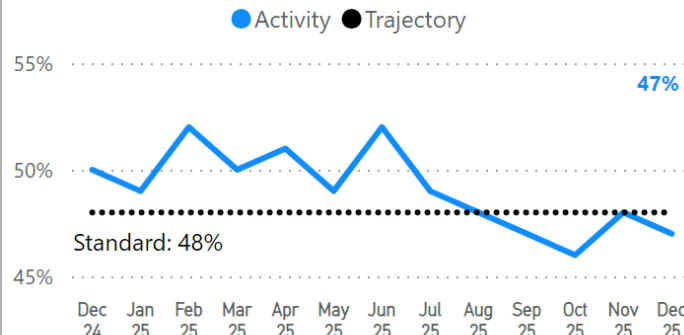


The Clinical Assessment Service (CAS) continues to process a large volume of high acuity cases. Providers have a focus on revalidating ambulance (Category 3 and 4) and A&E dispositions, all of which help reduce pressure on A&E and other UEC services. Additional clinical resource was allocated to support the CAS from October 2025 to support and improve performance, particularly in overnight periods. Clinical rota planning is ongoing to ensure providers match demand in volumes over the upcoming months.

Access to Talking Therapies



Talking Therapies - Reliable Recovery Rate



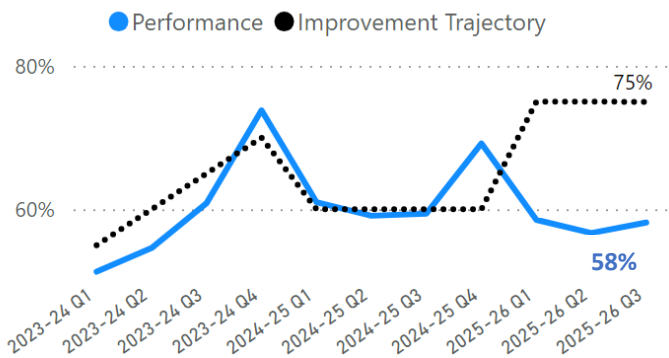
Talking Therapies (TT) – Access

Fewer referrals have been received during 2025/26 which continues to impact 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.

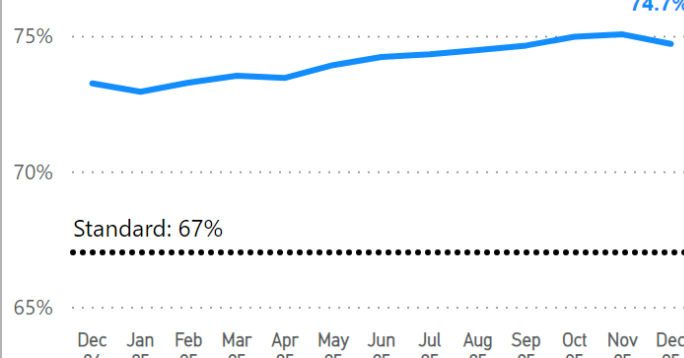
Talking Therapies – Reliable Recovery Rate

Performance did not meet the national standard in December, despite this non-compliant position SWL performance holds the best joint regional position. Recent audits identified some common issues between SWL localities, which included patient discharges that may have benefited from additional sessions as well as data recording issues. These issues continue to be addressed through an improvement plan, staff communications, and ensuring best practice that supports patient recovery.

SMI Physical Health Checks



Dementia Diagnosis Rate



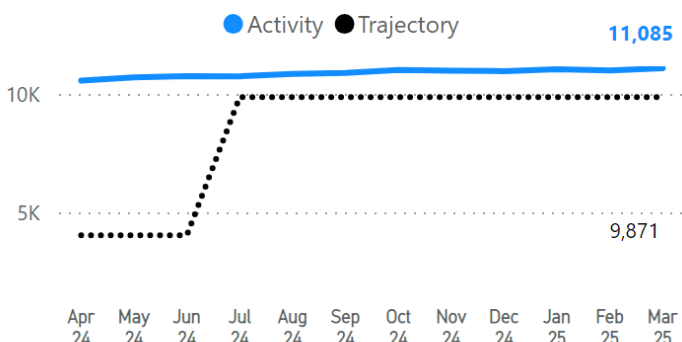
Severe Mental Illness (SMI) Physical Health Checks

In Quarter 3, 58% 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.

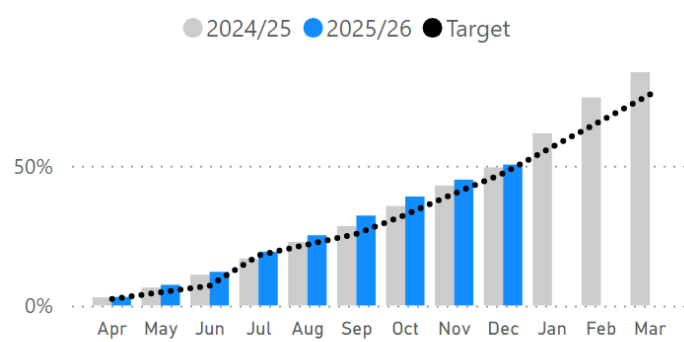
Dementia Diagnosis rate

South West London ICB continues to maintain good performance levels with the December position at 74.7%, exceeding both the national target of 66.7% and the London ambition of 70%. SWL remain the highest performing system in London.

Access to transformed Community Services



Learning Disability Annual Health Checks Cumulative



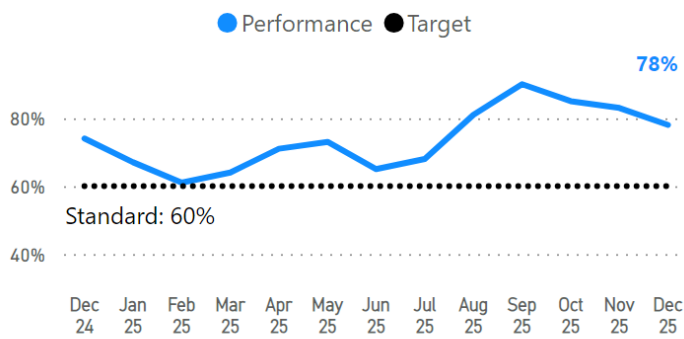
Access to transformed Community services

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

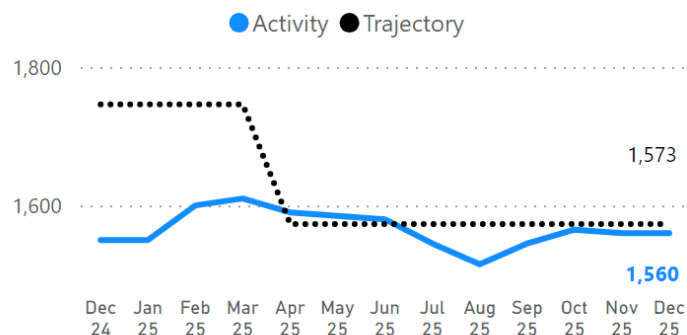
Learning Disability Annual Health Checks Cumulative

Performance remains above target in December.

Early Intervention Psychosis (EIP)



Access to Specialist Perinatal MH Services



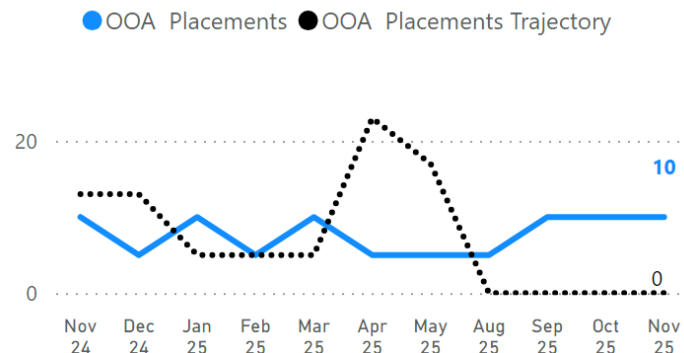
Early Intervention Psychosis (EIP)

South West London (SWL) continues to exceed both the 60% national standard and the London Region position of 75%.

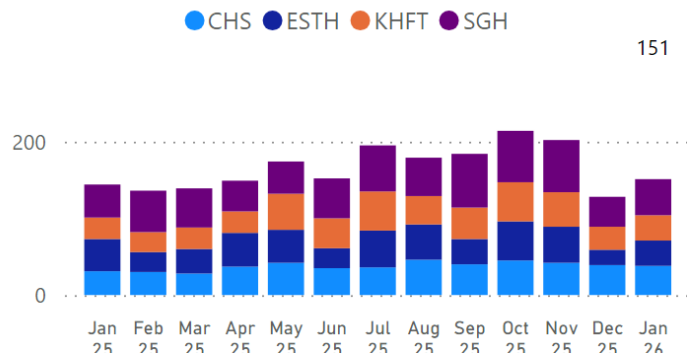
Access to Specialist Perinatal Mental Health (MH) Services

SWL ICB performance levels continue to be marginally below plan in December. Improvement workstreams remain in place which include; dashboard enhancement with increased oversight on borough referrals; review of options for resuming pre-conception clinics; administrative processes improvements for booking 1st appointments and short notice cancellation waiting list utilization to better promote attendance at the 1st appointment with the service.

Active Inappropriate Adult Acute OAPs



12 Hour Mental Health A&E Breaches (Unvalidated)



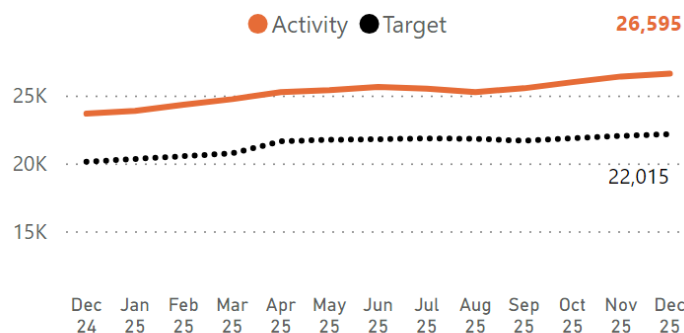
Inappropriate Out of Area Placements (OAP)

SWL ICB reported 10 out of area placements in November, which is above 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).

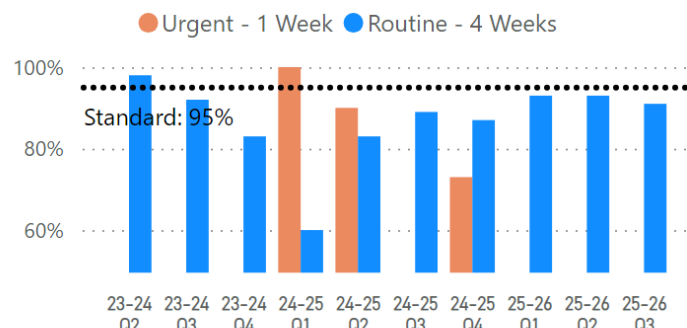
12 Hour mental health A&E Breaches (unvalidated)

The number of 12-hour breaches decreased in December. Improvement work focused 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, from which an improvement plan is being developed.

CYP Access Rate - Rolling 12 Months



CYP Eating Disorders Seen within Target Time



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

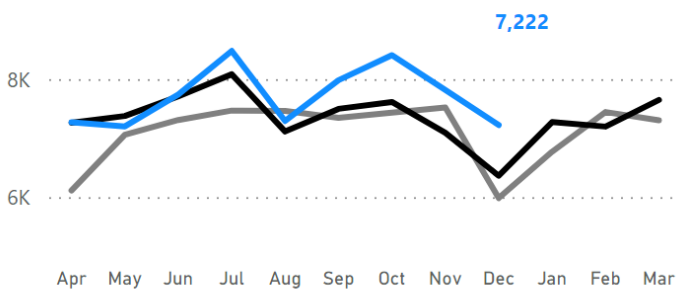
Good performance levels continue to be achieved in December which remain above plan. Work remains ongoing to ensure the accuracy of reporting

CYP eating Disorders Access

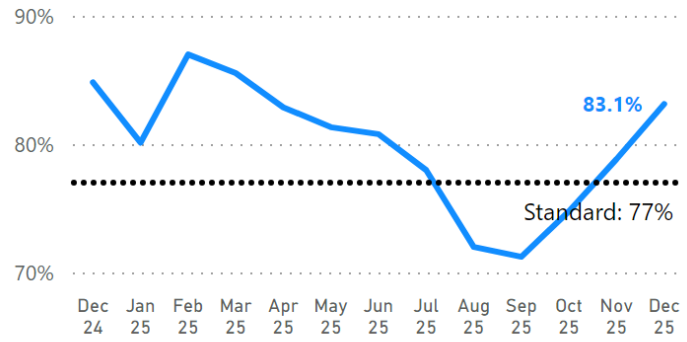
Routine case performance achieved 91% for Quarter 3, placing SWL as the highest performing system in London. Data for urgent cases has been suppressed due to low patient numbers.

Urgent Suspected Cancer Referral Activity

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



Faster Diagnosis Standard: Performance against Standard



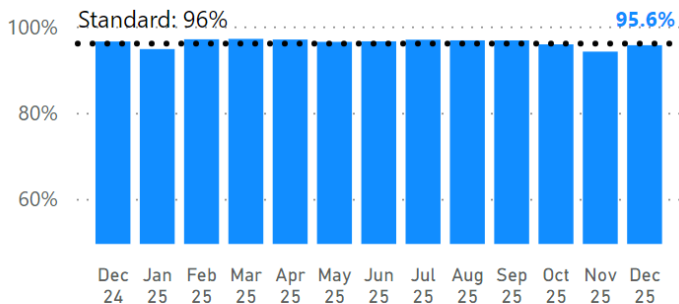
Urgent Suspected Cancer (USC) Referral Activity

Cancer referrals remain higher than in previous years, particularly for the Skin pathway and in quarter 3, the lower GI pathway. Due to financial constraints, Trusts cannot carry out extra clinics to meet demand and where the national focus is currently on reducing long waits, cancer performance metrics continue to be impacted.

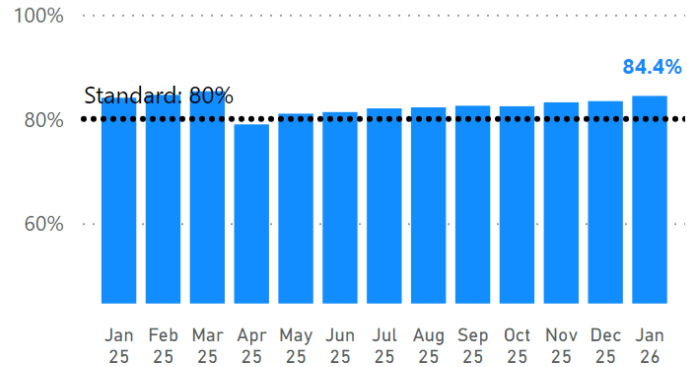
Faster Diagnosis Standard

Performance was much improved from November to third nationally at 83.1% and the standard of 77% was met by all Trusts. This was a result of the Q3 recovery plans coming to fruition at ESTH, SGH and CUH – particularly for their skin backlogs. January's Performance will likely decline with the impact of Christmas capacity and patient choice before this returns to compliance in February and March.

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



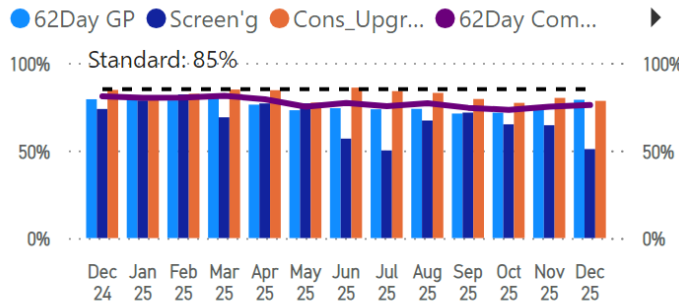
Lower GI suspected cancer (FIT referrals)



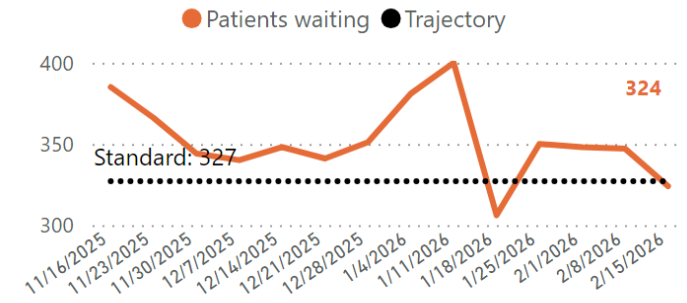
31-day cancer treatment against 96% standard

In December, the standard was missed by 0.4; with SGH and RMH reporting non-compliant positions. SGH continue to clear the skin backlog and have longer-term issues within the Lung pathway, for which mutual aid with Imperial Hospital started in December. RMH have capacity challenges across a number of areas and are resolving through a longer-term capacity improvement project.

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



Patients on Urgent Suspected Pathway waiting Over 62 Days



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 January, the SWL aggregated position was compliant at 84.4%.

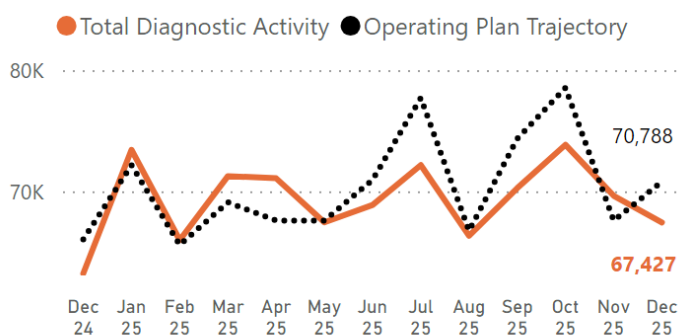
62-day GP, Screening, Consultant Upgrade against 85% standard

SWL performance improved to 78.1% and is above the 75% NHSE expectation for end of year. RM Partners work to improve the front end of the Breast, Gynaecology and Skin pathway will have a positive impact upon future 62-day performance.

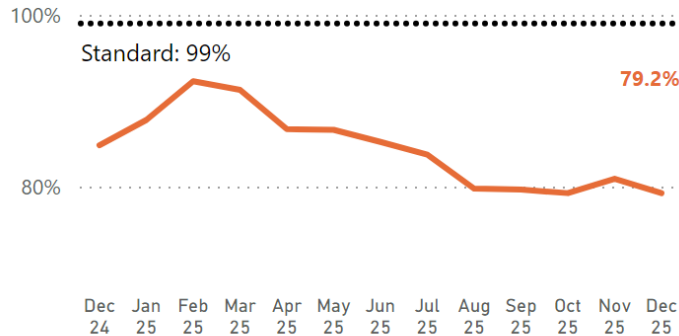
Patients on an Urgent Suspected Pathway waiting over 62 days

The number of patients waiting over 62 days decreased to 324 patients, which is just below the 327 target. The backlog is expected to reduce further once initiatives addressing front end capacity have taken affect.

Diagnostic Tests (Activity)



Diagnostics: % Waiting Less Than 6 Weeks



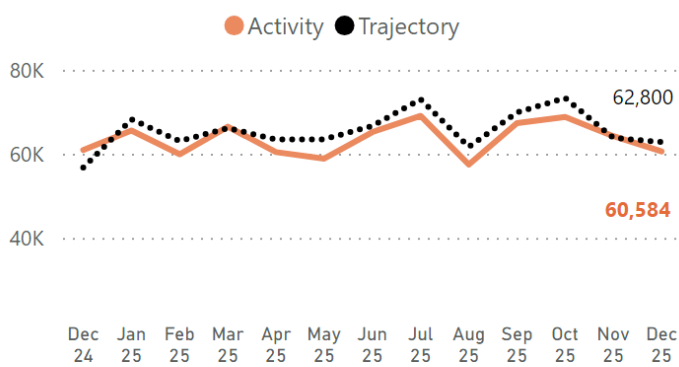
Diagnostic Activity (9 tests)

Activity decreased to below plan in December. Only Kingston Hospital (KRFT) and Royal Marsden Hospital (RMH) exceeded their in-month plans.

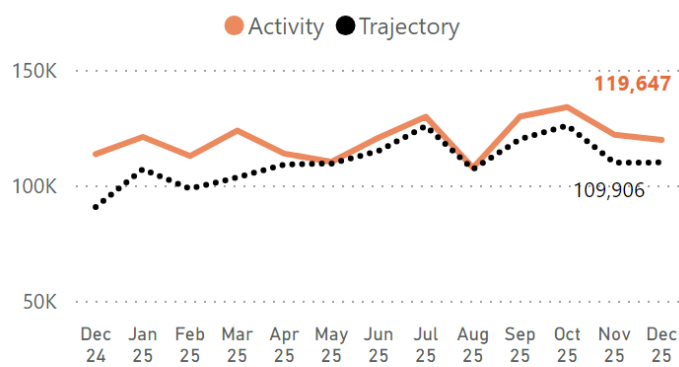
% waiting less than 6 weeks (All tests)

Performance marginally decreased across South West London (SWL) providers in December, to 79.2%; the second highest in London. The position continues to be driven by Non-Obstetric Ultrasound (NOUS), which saw an improvement in December and Echocardiography at Croydon Hospital (CHS). The newly opened New Addington community diagnostic centre continues to contribute to recovery. Challenges remain in Endoscopy at CHS and Epsom and St Helier (ESHT). Audiology Assessments and NOUS at KRFT have been impacted by workforce constraints. Recovery plans have been presented at February's Diagnostics Board, with performance improvement expected in January performance.

OP First Attendances Consultant-Led (Specific acute)



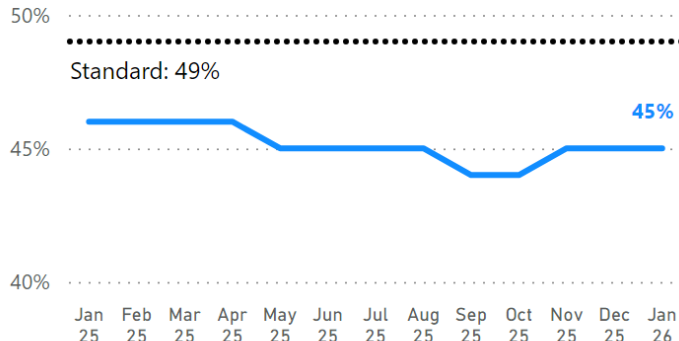
OP FU Attendances Consultant-Led (Specific acute)



Consultant-led first outpatient attendances (Specific Acute)

Outpatient Firsts track just below plan in December. At provider level, RMH, CHS and St George's Hospital reported activity levels meeting their in-month plan. Follow-ups were above plan and continuing to performing above the year-to-date trajectory.

% of Total Outpatients that are First and Procedures



Median Waiting Time for OP First Appointment

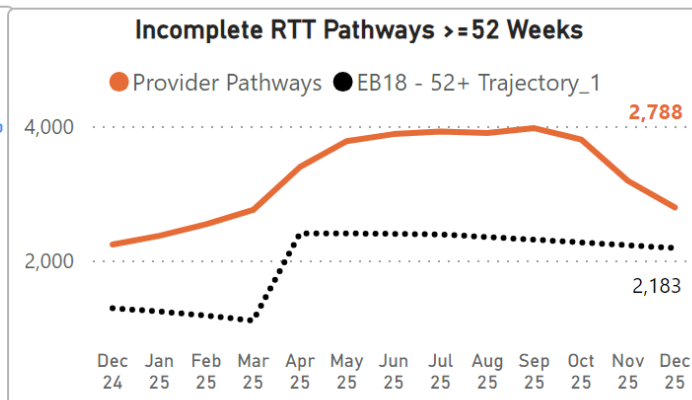
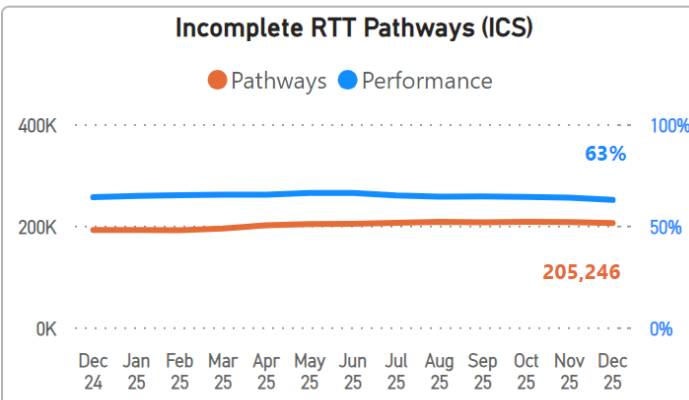


% of outpatients as firsts and procedures

SWL is reporting an aggregate achievement of 45% this month; similar to the previous three months 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.

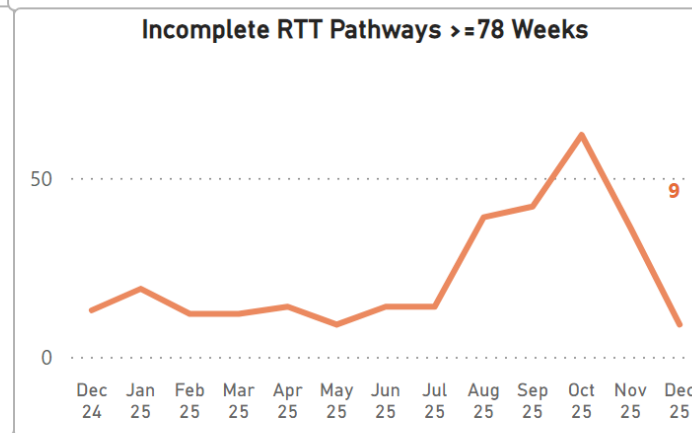
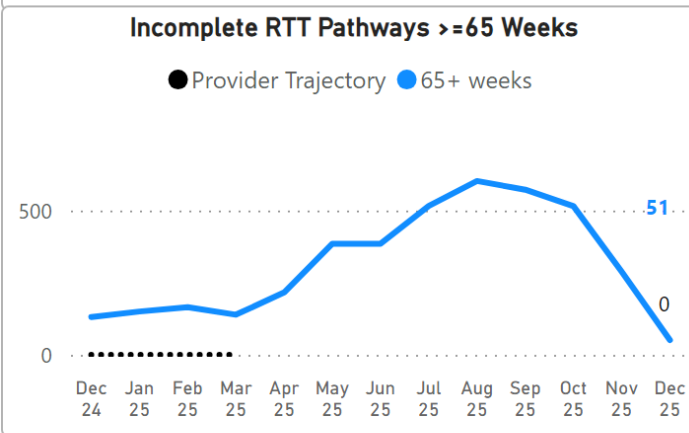


Incomplete waiting list pathways

November saw South West London (SWL) with 205,246 patients on an incomplete pathway awaiting treatment at hospital within or outside of the local geography. This represents a 2.2% growth since April 2025. Across SWL providers, 63% of patients were waiting less than 18 weeks, maintaining a similar level as the previous month (64%). This is the second highest position in London and higher than the national position (62%).

Long waiters – patients waiting over 52 weeks for treatment

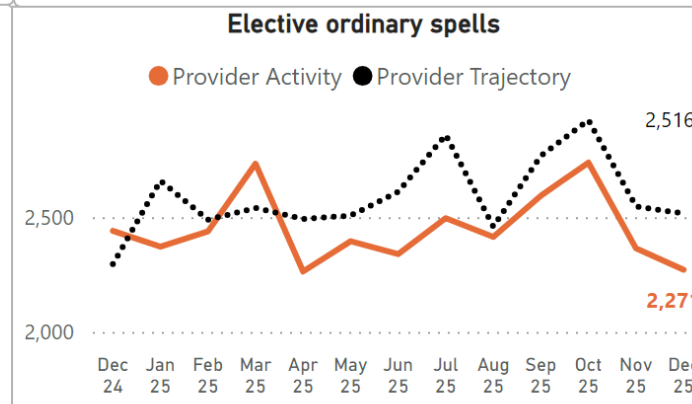
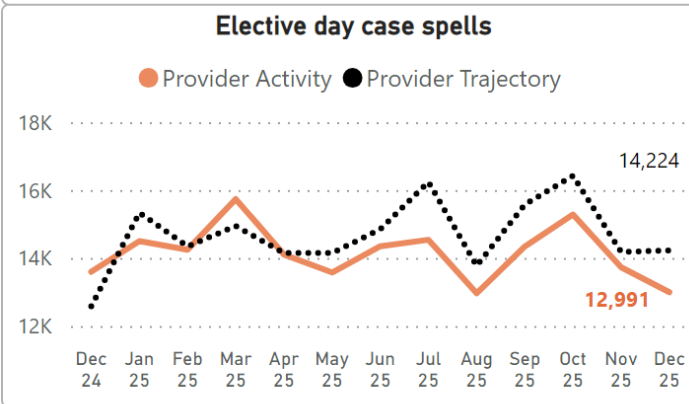
SWL providers have the fewest patients waiting over 52 weeks compared to other London systems, with 2,788 pathways in December, a reduction of 396 on the previous month.



Gynaecology had the greatest number of patients waiting over 52 weeks at 322, showing a reduction of 67 in-month. Epsom and St. Helier (ESHT) account for 112. The remainder are spread between Croydon (CHS), St George's (SGH) and fewer at Kingston and Richmond (KRFT). All providers have plans to reduce 52-week waiters in all specialties as part of the National quarter 4 performance sprint initiative. Furthermore, all trusts are working toward a March target 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 are now implementing actions from approved bids.

Long waiters – patients waiting over 65 weeks for treatment

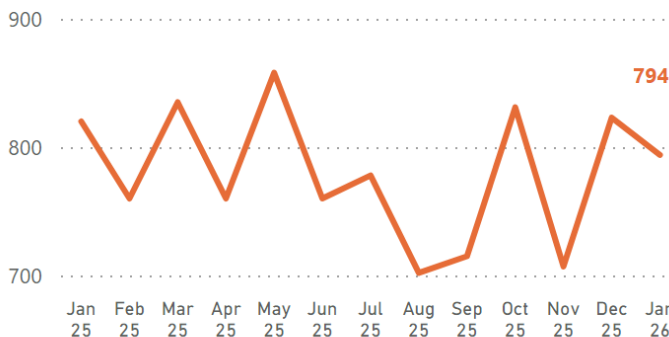
The number of 65 week waits decreased by 237 to 51 in December. All trusts aimed for zero 65-week waits by the end of December, with the help of additional national funding. SWL providers continue their progress to reducing long waiters to <1% of their total PTL by the end of March as agreed with NHSE London and the ICB. Additional funding has been provided to support this aim.



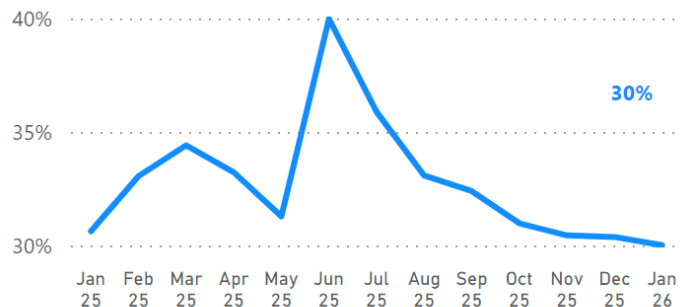
Elective day case spells & Elective ordinary spells

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

Number of Patients staying 21+ Days (Super Stranded)



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



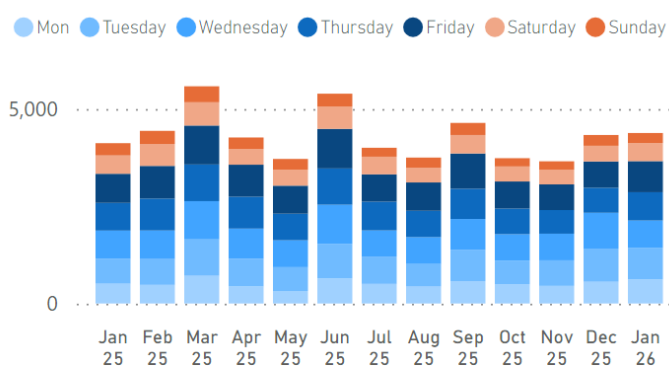
Patients with a length of stay over 21 days

The number of patients with a Length of Stay (LoS) over 21 days has decreased in November, however pressures on the system continue to increase. Regional transformation programme priorities focus on discharge data quality, local review on processes and discharge blockers.

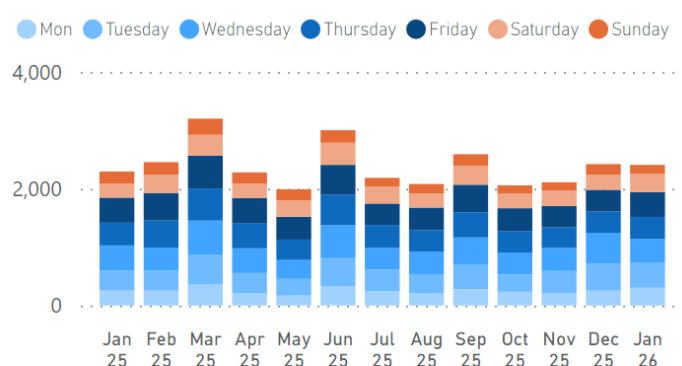
Proportion of patients discharged who no longer meet the criteria to reside

The proportion of patients discharged who no longer met the criteria to reside (CTR) decreased in January. System pressures and winter surge might be the main reasons for this, with pressures being unexpectedly high. Systems have access to SWL dashboard & information on discharge delays, which are being worked through locally.

Total Discharges by Weekday



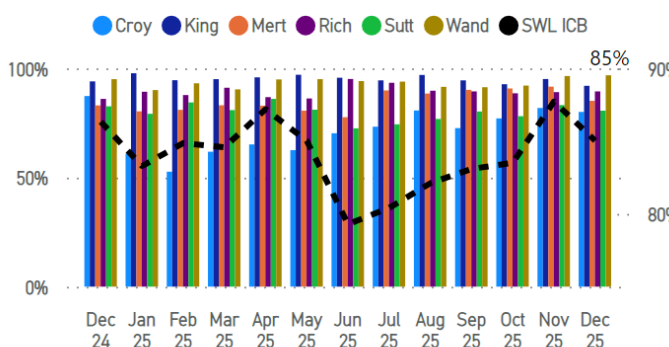
Total Discharges before 5pm by Weekday



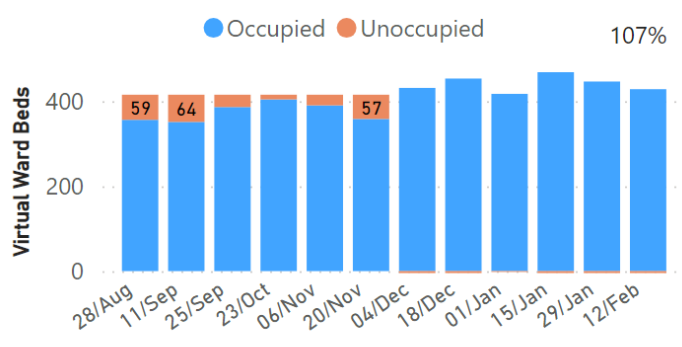
Total discharges by weekday and before 5.00pm

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.

Community 2 Hour Urgent Response Performance - Provider



SWL Virtual Ward Capacity and Occupancy



2 Hour Urgent Community Response (UCR)

At 85% for December, 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. Work ongoing to streamline referrals into UCR.

Virtual Wards (VW)

Occupancy in SWL is reported at 107% in January, which has raised some concerns regarding capacity within the services. Wards are at or near capacity and are prioritising optimisation of available space. 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	https://susi.sharepoint.com/sites/CentralPerformanceAnalytics/SitePages/Mental%20Health.aspx#mental-health-services-monthly-statistics
Mental Health	CYP access rate	National: NHS Digital	https://susi.sharepoint.com/sites/CentralPerformanceAnalytics/SitePages/Mental%20Health.aspx#mental-health-services-monthly-statistics
Mental Health	CYP eating disorders	National: NHS Digital	https://susi.sharepoint.com/sites/CentralPerformanceAnalytics/SitePages/Mental%20Health.aspx#mental-health-services-monthly-statistics
Cancer	Urgent suspected cancer referrals	National: NHS England	Cancer (sharepoint.com)
Cancer	Faster diagnosis standard (FDS)	National: NHS England	Cancer (sharepoint.com)
Cancer	31-day cancer treatment	National: NHS England	Cancer (sharepoint.com)
Cancer	Lower GI suspected cancer (FIT referrals)	National: NHS Futures	https://future.nhs.uk/connect.ti/canc/view?objectId=16647600
Cancer	62-day GP, screening and consultant upgrade	National: NHS England	Cancer (sharepoint.com)
Cancer	62-day patients waiting	National: NHS England	NHS England Cancer_PTL_Analysis Week Ending 25 Aug 2024.xlsm (sharepoint.com)
OP and diagnostics	Diagnostic tests (Activity)	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/monthly-diagnostics-data-2024-25/
OP and diagnostics	Diagnostics: % waiting less than 6 weeks	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/monthly-diagnostics-data-2024-25/
OP and diagnostics	OP first attendances consultant led (Specific Acute)	National: NHS Digital	SUS+
OP and diagnostics	OP FU attendances consultant led (Specific Acute)	National: NHS Digital	SUS+
OP and diagnostics	% of total outpatients that are first and procedure	National: NHS Digital	SUS+
OP and diagnostics	Median waiting time for OP first appointment	National: NHS Digital	SUS+
Planned care	Incomplete RTT pathways (ICS)	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/
Planned care	Incomplete RTT pathways >=52 Weeks	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/
Planned care	Incomplete RTT pathways >=65 Weeks	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/
Planned care	Incomplete RTT pathways >=78 Weeks	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/
Planned care	Elective day case spells	National: NHS Digital	SUS+
Planned care	Elective ordinary spells	National: NHS Digital	SUS+
Integrated care	21+ day super stranded patients	National: NHS Digital	SUS+
Integrated care	% discharges of patients no longer meeting CTR (daily avge)	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/acute-discharge-situation-report/
Integrated care	Total discharges by weekday	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/acute-discharge-situation-report/
Integrated care	Total discharges before 5pm	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/acute-discharge-situation-report/
Integrated care	Community urgent 2hr response	National: NHS England	https://www.england.nhs.uk/statistics/statistical-work-areas/2-hour-urgent-community-response/
Integrated care	VW occupancy and capacity	National: FDP	https://england.federateddataplatform.nhs.uk/workspace/carbon/ri.carbon.main.workspace.61768b8f-2cff-47cf-be86-b9bf8cabbf20/home

Audit and Risk Committee Update

Agenda item: 6.6

Report by: Bob Alexander, Non Executive Member

Paper type: For information

Date of meeting: Wednesday, 29 April 2026

Date Published: Wednesday, 22 April 2026

Purpose

To provide the Board with updates from the Audit and Risk Committee meetings held on 27 January and 24 March 2026.

Executive summary

These updates reflect the discussion, agreement and actions at the meetings held on 27 January 2026 and 24 March 2026 and are brought to the Board to provide an update on the progress and work of the Committee.

Key Issues for the Board to be aware of

The Committee met on 27 January 2026. The following items were discussed:

Risk Management Framework and BAF

The Committee received an update on the work by the Senior Management Team to refresh the Board Assurance Framework. It noted that it would be important as part of Model ICB transition and implementation and the governance and oversight of such, to map changes to risk ownership as well changes to the risks themselves.

Strategic Risk Deep Dive: Quality

The Committee received a presentation on the deep-dive review of quality risks within the Board Assurance Framework (BAF). The Committee discussed the need for a clear distinction in accountability between the ICB and NHSE during the transition, particularly for statutory responsibilities. The importance of maintaining a robust freedom-to-speak-up culture during organisational change was highlighted. Members agreed that further refinement of quality risk oversight will be needed as responsibilities shift, governance structures evolve, and joint working with SEL ICB develops. 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.

Committee Effectiveness Survey

The Committee agreed the questions and the approach for the annual effectiveness review of the Committee.

External Audit Progress and Sector Report

The Committee received the External Audit Progress and Sector Report. The ICB has a new audit team for 2526 and will meet with the Chair as part of their introduction to the ICB. There was a discussion on the role of the committee in relation to clarifying roles, risks and responsibilities during transition and the importance of prioritising essential work. Auditors confirmed that the committee had adopted an appropriate approach.

Internal Audit Progress Report

Three final reports had been issued since the last meeting, all providing positive assurance.

Given new ledger related challenges, the Committee supported an additional audit focusing on accounts payable to review risks arising from workarounds during the ledger transition. The Committee noted that the remaining audits on Risk and the Data Security Protection Toolkit (DSPT) will be completed before year end. Early indications suggest a broadly positive Head of Internal Audit Opinion, with a draft due in March. The strong performance in the DSPT benchmark was highlighted, with the SWL ICB scoring highly compared with peers.

Local Counter Fraud Specialist Progress Report and Single Tender Waiver benchmarking report

Two reports had been finalised since the last meeting: Conflicts of Interest, showing improved compliance at 97% and Personal Health Budgets. Work is ongoing on the Fraud and Bribery Framework pending national guidance on the new “failure to prevent fraud” requirement. In relation to Single Tender Waiver benchmarking, the report compared the ICB with 60 NHS organisations. In comparison with others SWL ICB has achieved a significant reduction in both the number and value of waivers. The Committee recognised the progress made to date.

SWL ICB Draft Annual Report 2025/26

The approach and timescale for the 2025/26 Annual Report was agreed.

SWL ICB Annual Accounts 2025/26 Update

The Committee received updates on proposed accounting policies and treatments for the annual accounts and noted the timetable.

Freedom to Speak Up Guardian Update

The Committee received the verbal update and noted the number of concerns raised and received assurance on actions underway.

Single Tender Waiver and Non-Compliant PSR approvals

The Committee received the quarterly update and noted the number of STWs related to delivery of a strategic procurement pipeline. During discussion the Committee agreed that reporting needs to be strengthened, with clearer explanations for each waiver, reduced

reliance on the “other” category, and sufficient detail to distinguish planned strategic waivers from those arising from planning deficits.

Draft Committee Work Plan for 2026/27

The Committee received a draft workplan for 2026/27 accepting that the workplan may be revised during the year in response to changing roles and responsibilities.

The Committee met on 24 March 2026. The following items were discussed:

Board Assurance Framework (BAF)

The Committee received an update on the BAF, including the transition of risks into the new organisational arrangements, noting a need to avoid gaps during the shift to new statutory frameworks. The Committee emphasised the importance of mapping which risks would transfer, which would remain, and which might cease, ensuring these movements were documented. Consideration was given to the potential need for alignment with South East London, particularly where cross system risks might evolve. Members discussed the importance of distinguishing between policy requirements and statutory responsibilities during transition.

Strategic Risk Deep Dive: Cyber Security

The Committee received a presentation on the deep-dive review of the Cyber Security risk within the Board Assurance Framework (BAF). A system wide cyber assurance model had been implemented and independently reviewed, with the ICB assessed as highly compliant relative to peers. The Committee discussed the cyber KPI dashboard, with questions raised about patching performance. It was clarified that poor patching results were largely due to unused devices rather than active non-compliance. Assurance was received on tabletop exercises that had taken place and further testing planned to incorporate business continuity and operational impacts. Transition related cyber responsibilities will be added to the risk register.

Committee effectiveness survey findings

The findings of the annual effectiveness review were presented. It was noted that four responses had been received, indicating that the Committee was functioning effectively with appropriate membership and alignment to the Board. The Committee discussed the impact of upcoming governance changes linked to the ICB clustering with South East London. It was agreed that the Terms of Reference review would be paused until new governance arrangements were confirmed. Key observations included strong capability in risk management and wider variation in cyber risk capability, reinforcing the recommendation for Board cyber training.

External Audit Progress and Sector Report

The plan for the year was summarised, and materiality thresholds outlined. No risks of significant weakness had been identified at this stage. Financial sustainability and governance arrangements would be monitored closely given organisational changes. Members highlighted

the need for clarity in the value for money assessment, particularly distinguishing between the ICB as strategic commissioner, and provider level sustainability. The Committee was in agreement with the plan.

Internal Audit Progress Report and work plan for 2026/27

Two final audits are nearing completion. Accounts payable testing indicated that the ICB had managed the new ledger system effectively despite national challenges. The workplan for 2026/27 was presented, designed to reflect ongoing and transitional risks arising from the move toward a model ICB. The Committee agreed the plan, noting a potential requirement to flex the plan as required to respond to transition related risks.

Head of Internal Audit Opinion (Draft)

A positive draft internal audit opinion was presented, expected to remain at the second highest assurance level. Members noted strong performance in implementing audit recommendations.

Local Counter Fraud Specialist Progress (LCFS) Report and LCFS work Plan for 2026/27

A joint review of accounts payable was underway, Section 12 mental health assessment work would be undertaken independently, and multiple fraudulent payment attempts targeting primary care had been detected but prevented. The Committee agreed with the plan, with a request to compare risk themes with South East London.

SWL ICB Draft Annual Report 2025/26

The first draft of the report was presented, meeting statutory requirements but with a more concise approach. Comments were invited and completion of the report is ongoing throughout the year end timetable.

SWL ICB Annual Accounts 2025/26 Update

The Committee noted that the ISFE2 new ledger programme had been formally closed by NHSE. Risks identified throughout the project continue to be monitored. The Committee received an update on accounting policies, provisions and the status of the ledger system. The financial statements would be prepared on a going concern basis.

Freedom to Speak Up Guardian Update

The Committee received the verbal update and noted the number of concerns raised and received assurance on actions underway. The impact of organisational change could be seen through FTSU activity.

Draft Committee Work Plan for 2026/27

The Committee received a draft workplan for 2026/27 accepting that the workplan may be revised during the year in response to changing roles and responsibilities. The next meeting (9 June 2026) will focus on 2025/26 year-end business only, with a new meeting to be arranged in July to deal with other business including new governance related to clustering and model ICB implementation.

Recommendation

The Board is asked to:

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

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

Dinah McLannahan, Chief Finance Officer

Remuneration Committee Update

Agenda item: 6.7

Report by: Jamal Butt, Non Executive Member

Paper type: Information

Date of meeting: Wednesday, 29 April 2026

Date Published: Wednesday, 22 April 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

The Committee met on 19 March 2026 and discussed the following:

- Approval of the remuneration for the Chief Executive Officer and Interim Chief Financial Officer.
- Approval of the final list of voluntary redundancy outcomes; associated redundancy and termination payments; and confirmed all payments complied with national guidance, ICB policies, Standing Orders and Scheme of Reservation and Delegation.

The following decisions were made outside of Committee:

10 February 2026

Approval of a second SWL ICB Voluntary Redundancy Scheme.

30 March 2026

Approval of compulsory redundancy payments for two individuals on fixed term contracts.

Recommendation

The Board is asked to:

- Note the update from the Committee.

Governance and Supporting Documentation

Conflicts of interest

N/A

Corporate objectives

This document will impact on the following Board objective:

- Overall delivery of the ICB's objectives.

Risks

N/A.

Mitigations

N/A.

Financial/resource implications

N/A.

Green/Sustainability Implications

N/A.

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

N/A.

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

N/A.

Patient and public engagement and communication

N/A.

Previous committees/groups

Committee name	Date	Outcome

Final date for approval

N/A.

Supporting documents

N/A.

Lead director

Jamal Butt, Non Executive Member.

Author

Maureen Glover, Corporate Governance Manager

Organisation Report

Agenda Item: 7

Report by: Andrew Bland, CEO SWL ICB

Paper type: Information

Date of meeting: Wednesday, 29 April 2026

Date published: Wednesday, 22 April 2026

Purpose

To provide an overview and update to the Board on specific issues.

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. NHS Change

Launch of Staff Consultation

South West London (SWL) Integrated Care Board (ICB) has commenced a formal staff consultation on proposed new organisational structures and headcount reductions. The proposed new structures are intended to support the delivery of the ICB's evolving roles and responsibilities as a strategic commissioner, while ensuring the organisation operates within the future resources available to it. The consultation also reflects the agreed clustering arrangements, proposing a model whereby some functional teams will operate on a shared basis across the ICBs, others will remain separate, and some will adopt a hybrid approach. SWL ICB and South East London (SEL) ICB are undertaking the consultation concurrently and in an aligned manner. The consultation closes on 27 April 2026, after which a management response and implementation plan will be progressed.

This represents a complex and large-scale change programme for SWL ICB and, given the scale of proposed reductions, will have a significant impact on staff. Two rounds of voluntary redundancy have been offered, both of which have now closed. The first round has been approved by NHS England, and settlement agreements will be issued to affected staff shortly. At the time of writing, the second round of voluntary redundancy has yet to receive approval from the Remuneration Committee and NHS England.

2. National Guidance & Updates

The London Neighbourhood Health Delivery Programme – an update on delivery one year on

The national Neighbourhood health framework and associated Fit for the future: towards population health delivery models, published in March 2026, starts to set out a potential end-state for a national neighbourhood operating model, clinical priorities, system architecture, strategic commissioning, and contractual arrangements.

We are in a process of moving from a set of service “silos” which have delivered significant benefits over many decades, but which increasingly failed to adapt to individual needs (and failing most often for those communities already most in need); to a shared approach which will improve population health and wider socio-economic outcomes for our whole population.

To do this, we will need to reduce activity in the places where we spend most public money today, and where people do not want to be – including in a hospital bed – if there is a better alternative; and open up access and support from a range of different professional and volunteers, which means re-investing in our voluntary and community sector as well as primary care and other services. This is our shared responsibility, in responding to specific guidance, national priorities and our accountability to all Londoners.

The National Cancer Plan

The National Cancer Plan, published on World Cancer Day, sets out a bold, long-term approach to improving cancer outcomes, experience and equity over the next decade. Shaped by lived experience, the Plan focuses on earlier diagnosis, improved performance, better quality of life and reducing inequalities, embedding the three shifts and new care model from the 10 Year Health Plan into cancer pathways. The central ambition is that by 2035, three in four people diagnosed with cancer will be cancer-free, or living well with cancer after five years, delivering the fastest improvement in cancer survival this century.

The Winter Integrated Care Co-ordination (ICC) hubs

The SWL ICC hub has been live to London Ambulance Service (LAS) since November 2025, supporting LAS staff to keep more patients at home by providing coordinated clinical advice and rapid access to community-based alternatives to hospital conveyance, supported by senior clinical decision-making, including local Emergency Department (ED) consultants. Working closely with LAS and system partners, the hub will continue to identify and support patients who can be safely managed at home, within community pathways, reducing unnecessary ED attendances and admissions, and also by utilising acute services outside of ED where this is appropriate. Feedback from LAS has been outstandingly positive.

Up to the end of March 2026, the SWL ICC Hub managed almost 2000 cases and helped at least 900 patients avoid ED ambulance conveyance through advice, guidance or onward referral. On this basis, we estimate an opportunity to avoid up to 1,253 admissions during 2026/27.

The hub has recently moved to a seven-day service with positive results and is looking to further extend the opening hours from 8am – 6pm to 8am – 8pm in line with demand. Urgent Community Response Nurses joined the ICC in December 2025, and GPs have come on board in March, with plans to integrate Frailty support into the team. The pilot phase will continue until September 2026 with ongoing evaluation and oversight by the SWL UEC Board.

Work is underway with partners to explore how the ICC hub aligns with the Clinical Assessment Service (CAS), NHS 111, Integrated Neighbourhood Teams, place-based partnerships and provider organisations, supporting the left shift to a more joined-up and sustainable model of care across SWL.

Next Steps on Planning and Priorities for 2026/27

- Following discussions at SWL ICB Board Seminars between September 2025 and March 2026, SWL ICB has submitted its final medium term operational plans to NHSE alongside provider organisations who also made individual submissions. The ICB worked closely with providers to ensure alignment across finance, operational and performance trajectories.
- Submitted plans set out:
 - Compliant trajectories for the majority of operational targets. Key exceptions relate to the re-profiling of trajectory to deliver elective waitlist reductions, whilst ensuring that the March 2029 targets are met. In addition, the ICB has submitted a non-compliant trajectory for Individual Placement Support and is continuing to work to strengthen performance against this target. For Talking Therapies the ICB expects to be compliant from Year 2 onwards.
 - A financially balanced plan that achieves the Mental Health Investment Standard and remains within the Running Cost Allocation.
 - That the ICB is currently undertaking work to determine the deployment of the new £5m strategic capital fund to support 3 shifts underpinning the 10 Year Health Plan, the SWL Clinically-Led Strategic Plan and other system issues
- SWL ICB has identified a £20m investment fund to support delivery of the 10 year plan and Clinically-Led Strategic Plan. Business cases have been discussed through multi-disciplinary committees and support for these have been confirmed; further work is now underway to refine the outcome measures and measurable KPIs prior to final approval.
- NHSE has formally accepted our plans, noting the non-compliant targets set out above and subject to actions to continue to work with our providers to ensure that performance standards are achieved.
- Following final planning submissions, work is underway to translate the agreed operational and financial plans into contracts with NHS providers and relevant independent sector organisations in line with nationally agreed timescales.

Jim Mackey, Chief Executive of NHS England wrote to all NHS and ICB Chief Executives on the 1 April asking them to clearly set out a strategic commissioning narrative to describe how we will realise and maximise the opportunities of the multi-year planning process and the benefits of the 10-year plan. The letter specifically asks ICBs to set out:

- What strategic commissioning means in our local system and how we intend to develop this over the next 3 years.
- How we intend to develop neighbourhood care, what our strategic ambition is and how this links to our key challenges.
- Whether there are changes that need enacting by NHS England to financial flows and/or payment systems to help deliver this and, specifically, what these changes are.
- Whether there is anything further NHS England need to do to help accelerate the pace of change locally, including getting out the way where necessary.

A copy of the letter is attached to this report, and we have been asked to respond by 15 May.

Appointments

We are pleased to confirm the following appointments:

- Richard Douglas has been appointed by the Secretary of State as joint Chair for SEL and SWL ICBs. Richard is looking forward to realising the opportunities of the two organisations working more closely together to deliver the Model ICB Blueprint the ambitions set out in the 10-year Health Plan and our priorities for local people.
- Andrew Bland has been appointed as the single shared Chief Executive for SEL and SWL ICBs. Andrew has served as CE of SEL ICB since its inception in 2022 and has held senior healthcare leadership roles across the capital for more than 18 years.
- Elaine Clancy has been appointed as Chief Nurse and Quality Officer across both SEL and SWL. Elaine has more than 30 years' experience in the NHS and is currently Chief Nurse for SWL ICB. She has also been seconded as Group Chief Nurse at St George's, Epsom and St Helier University Hospital Group since September 2025.
- Ranjeet Kaile has been appointed as Director of Communications and Engagement across both SEL and SWL ICBs and South London and Maudsley NHS Foundation Trust. Ranjeet has over 25 years of communication and engagement experience working in the NHS local, and central government, including 10 years at Board level.

3. Other

SW London Community leaders' event on 18 March 2026

In March, we brought together over 80 community and voluntary sector organisations from across our six boroughs for a listening event focused on community insight and neighbourhood working. The event was led by Dr Anne Rainsberry, Vice Chair SWL ICB and Dr Andrew Murray, Chief Clinical Transformation Officer, SWL ICB, and the session was built on January 2025 engagement linked to the 10 Year Health Plan and included examples from Kingston and Croydon to show how services are starting to work differently at neighbourhood level.

Most of the session was spent in table discussions, where Place Leads supported conversations on what people are seeing and hearing in their communities and how we can strengthen neighbourhood teams, build more partnerships with VCSE organisations, and work better together to deliver joined-up care. Across the discussions, there was a clear call for more equal partnership with VCSE organisations, better visibility of services, and a focus on turning insight into action.

Resident Doctors Strike 7 April

The resident doctors held a strike on 7 April. Thank you to everyone who helped to maintain operational performance through a difficult time.

Recommendation

The Board is asked to:

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

Governance and Supporting Documentation

Conflicts of interest

N/A

Corporate objectives

This document will impact on the following Board objectives:

- Overall delivery of the ICB's objectives.

Risks

N/A

Mitigations

N/A

Financial/resource implications

N/A

Green/Sustainability Implications

N/A

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

N/A

Patient and public engagement and communication

N/A

Previous committees/groups

N/A

Committee name	Date	Outcome

Final date for approval

N/A

Supporting documents

N/A



NHS South West London
Integrated Care Board

Lead director

Andrew Bland, Chief Executive Officer

Author

Maureen Glover, Corporate Governance Manager

To:

- ICB chief executives
- Trust chief executives

cc.

- Regional directors

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

1 April 2026

Dear colleagues,

As we get to the end of the year it's worth taking a moment to reflect on your leadership response to the challenges we've faced over the last year – dealing with the £4.5 billion deficit, embracing the broader financial reset, completely changing the operating model and genuinely creating a renewed sense of ambition about what we can achieve, together.

The fact that we are now within a cat's whisker of delivering our key operational imperatives on RTT and UEC, having landed the money in 2025/26, and navigated IA and winter is pretty extraordinary. It was also genuinely encouraging to see this reflected in last week's British Social Attitudes survey which showed that, while we still have a long way to go, our patients have seen and felt a big improvement this year after two terrible years. So, well done for everything you have done, and continue to do, and I hope you can take pride in this.

Looking forward, we now have plans that work in aggregate on the key metrics for 2026/27 and outline plans for the two following years. Regional teams will continue to refine these with you over the coming weeks and, through the new Intensive Recovery Programme, start working with colleagues with the most stubborn challenges to develop sustainable solutions to these long-standing problems.

What we absolutely need to avoid is the risk that, while we are rightly focused on making 2026/27 a success, we miss maximising the opportunity the multi-year planning process gives us to stretch ourselves over the medium term and really bring the benefits of the 10 Year Health Plan to life.

So, to enhance and augment the plans that you have submitted, we would like you to build out your strategic commissioning narratives to describe better how, as commissioners and providers, you intend to do this together, with particular emphasis on:

- what strategic commissioning means in your local system and how you intend to develop this over the next 3 years
- how you intend to develop neighbourhood care, what your strategic ambition is and how this links to your key challenges
- whether you would like us to agree changes to financial flows and/or payment systems to help deliver this and, specifically, what these changes are
- whether there is anything further we need to do at the centre to help accelerate the pace of change locally, including getting out the way where necessary

The key in all of this is to maintain the momentum, energy and discipline on delivery we've generated in the last year and equally apply it to shaping a more sustainable future model.

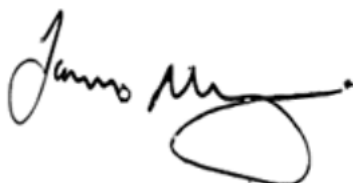
To help with this, we've been working through some key priorities that will support the next set of "big leaps", such as a full reset of outpatient care and bringing scheduling and appointments into urgent care. I've attached an overview of these areas in Annex A and we'll have a chance to talk them through at the regional roadshows in the second half of April.

We would like each ICB to provide us, via regional teams, a single document to summarise the above, by Friday 15 May. In doing so, we expect all local partners to work together to ensure a strong degree of alignment and clear identification of gaps and barriers that can be worked through together, and how you intend to do so.

Hopefully, all this makes sense. As always, get in touch with your Regional Director or any of us here at the centre if you need to.

Finally, and seriously, thanks for all you have done this last year and for your support and challenge throughout. The progress made is starting to be visible and palpable for our patients, so I hope you can take confidence from all of this to continue building a service we can be proud of in the future.

Thanks and keep going...

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

Sir Jim Mackey

Chief Executive Officer

NHS England

Annex A

Building on stronger foundations

Eight key areas where, collectively, we can make a big difference this year and beyond:

1. **Outpatient transformation** – shifting away from traditional outpatient models through a major expansion of Advice and Guidance and a reduction in unnecessary follow-ups.
2. **A step-change in reducing hospital bed-days for highest-risk cohorts** – with neighbourhoods playing a central role in implementing proactive care models for high-risk groups.
3. **Scheduling and access reform for urgent care** – making it easier for patients to book urgent care appointments in GP practices, urgent treatment centres, or other appropriate settings, reducing avoidable ED attendances.
4. **Technology-enabled productivity improvements** – expanding the deployment of Ambient Voice Technology and a suite of tools to improve theatre utilisation, discharge flow, RTT validation, community waiting lists, Advice and Guidance, electronic prescribing in all trusts, and crisis response.

Nationally, we will be taking action to support these and related improvement efforts, including:

5. **The NHS App** – accelerating efforts to expand the role of the App as the digital front door into the NHS, supporting more convenient and effective triage and navigation for patients.
6. **Payment reform** – realigning the payment system to the service changes you are seeking to deliver, including new payment models for urgent and emergency care.
7. **Quality** – putting quality back at the heart of everything we do, including the publication of a new quality strategy, the development of modern service frameworks focused on mental health, sepsis, cardiovascular disease and frailty, and testing new delivery models for secondary prevention to tackle variations in the uptake of high-impact CVD and diabetes interventions.
8. **Capability building and a focus on our people** – launching the new Leadership College, which will be the most radical change to leadership development and talent management that the NHS has seen in over a decade.