Meeting Pack

South West London Integrated Care Board

19 March 2025 - 14:00 – 16:30

120 The Broadway, Wimbledon, SW19 1RH

SWL Integrated Care Board Meeting

19 March 2025 - Agenda

Time: 14.00 – 16.30

Venue: 120 The Broadway, Wimbledon, SW19 1RH

Date of next meeting: Wednesday 21 May 2025

The ICB has four core purposes:

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience, and access.
- Enhance productivity and value for money.
- Help the NHS support broader social and economic development.

Introduction

14.00:   Item 1: Welcome - verbal update

Chair

1.1   Apologies for absence

1.2   Declarations of Interest

1.3   To approve minutes of the Board Meeting held on 15 January 2025

1.4   Action Log

Standing Items

14.05:   Item 2: Decisions Made in Other Meetings

Ben Luscombe

14.10:   Item 3: Chair's Report

Mike Bell

In Focus

14.15:   Item 4: What Matters Most to our Communities

Charlotte Gawne

For Decision

14.55:   Item 5: South West London ICB Cyber Strategy

Martin Ellis

15.05:   COMFORT BREAK

15.15:   Item 6: SWL NHS Green Plan

Helen Jameson

Items for Information

15.25:   Item 7: Board Assurance Framework

Ben Luscombe

15.35:   Item 8: ICP Update

Cllr Andreas Kirsch

15.45:   Item 9: Board Committee Updates and Reports
Item 9a: Finance and Planning Committee Update – Jamal Butt
Item 9b: Month 10 Finance Report – Helen Jameson
Item 9c: Quality & Performance Oversight Committee Update – Masood Ahmed
Item 9d: Quality Report – Elaine Clancy
Item 9e: Performance Report – Jonathan Bates
Item 9f: Audit & Risk Committee Update – Martin Spencer
Item 9g: Remuneration Committee Update – Anne Rainsberry

16.10   Item 10: Chief Executive Officer's Report

Katie Fisher – Verbal Update

16.15:   Item 11: Any Other Business

All

16.20: Item 12: Meeting Close

Chair

16.21: Item 13: Public Questions by Email

Chair

Members of the public are invited to ask questions relating to the business being conducted today. Priority will be given to those received in writing in advance of the meeting.

Employee	Role	Interest Type	Interest Category	Interest Description (Abbreviated)	Provider	Date Arose	Date Ended	Date Updated
Alyssa Chase-Vilchez	SWL Healthwatch ICS Executive Officer	Nil Declaration				19/08/2024		
Andreas Kirsch		TO FOLLOW						
Anne Rainsberry		TO FOLLOW						
Annette Pautz	SWLKPCL01 Clinical Director (Kingston)	Declarations of Interest – Other	Financial	Partner at Holmwood Corner Surgery, New Malden	Holmwood Corner Surgery	01/04/2021		02/05/2024
Annette Pautz	SWLKPCL01 Clinical Director (Kingston)	Declarations of Interest – Other	Financial	Member of Kingston General Practice Chambers Ltd	Kingston General Practice Chambers Ltd	01/04/2021		02/05/2024
Annette Pautz	SWLKPCL01 Clinical Director (Kingston)	Declarations of Interest – Other	Financial	Board Member of NMWP PCN	NMWP PCN	01/04/2021		02/05/2024
Ben Luscombe	SWLSMT002 Chief of Staff SWL	Nil Declaration				01/04/2021		16/04/2024
Cally Palmer	CEO, The Royal Marsden NHS Foundation Trust	Declarations of Interest – Other	Financial	Chief Executive The Royal Marsden NHS Foundation Trust	The Royal Marsden NHS Foundation Trust	03/04/2023		23/04/2024
Cally Palmer	CEO, The Royal Marsden NHS Foundation Trust	Declarations of Interest – Other	Financial	National Cancer Director since April 2015.	NHS England/Improvement (national)	03/04/2023		23/04/2024
Charlotte Gawne	SWLEMT04 Exe Dir of Stakeholder Partnership Engagemt&Comms	Nil Declaration				01/04/2024		
Elaine Clancy	SWLEMT05 Chief Nursing Officer	Declarations of Interest – Other	Non-Financial Pers	School Governor- Langley Park School for Girls	Langley Park School for Girls	01/04/2023		16/04/2024
Elaine Clancy	SWLEMT05 Chief Nursing Officer	Declarations of Interest – Other	Non-Financial Pers	Trustee for the 1930 Fund for District Nurses	1930 Fund for District Nurses	01/04/2023		16/04/2024
Elaine Clancy	SWLEMT05 Chief Nursing Officer	Declarations of Interest – Other	Indirect	Son is an employee of Croydon Health services	Croydon Health Services	01/07/2023		16/04/2024
Hannah Doody	Chief Executive London Borough of Merton	Nil Declaration				19/02/2025		
Helen Jameson	SWLEMT03 Chief Finance Officer	Nil Declaration				16/05/2024		
Jacqueline Totterdell	CEO, St George's University Hospitals NHS FT and Epsom and St Helier University Hospital NHS Trust	Declarations of Interest – Other	Financial	Group Chief Executive Officer of Provider Trust in SWL since August 2021.	St George's, Epsom and St Helier University Hospitals and Health Group	03/04/2023		16/04/2024
Jacqueline Totterdell	CEO, St George's University Hospitals NHS FT and Epsom and St Helier University Hospital NHS Trust	Declarations of Interest – Other	Non-Financial Prof	Trustee of this Charity	Aspergillosis Trust	01/04/2023		16/04/2024
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Cambridge University - Entrepreneur In Residence Life sciences.	Cambridge University	01/11/2024		
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Venture Partner	Plutus Investment Group	01/11/2024		
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Non Executive Director -Out Patient Dispensary NHS Hospitals Sussex.	Pharm@Sea Ltd	01/11/2024		
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Non executive Director -Start up Health Tech	William Oak Diagnostics Ltd	01/11/2024		
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Non Executive Director -Wellness Company	Well02 Ltd	01/11/2024		
James Blythe	Managing Director, Epsom and St Helier University Hospitals NHS Trust	Declarations of Interest – Other	Financial	Managing Director , Epsom and St.Helier University Hospitals Trust since February 2022.	Epsom and St.Helier University Hospitals Trust	03/04/2023		23/04/2024
James Blythe	Managing Director, Epsom and St Helier University Hospitals NHS Trust	Declarations of Interest – Other	Indirect	Spouse is a consultant doctor at Surrey & Sussex Healthcare NHS Trust since January 2022.	Surrey & Sussex Healthcare NHS Trust	03/04/2023		23/04/2024
Jeremy de Souza	DASS LB Richmond	Declarations of Interest – Other	Financial	I am employed as Executive Director of Adult Social Care and Public Health by Richmond and Wandsworth Councils	Richmond and Wandsworth Councils	14/05/2024		

Name	Position	Declaration Type	Interest Type	Description	Organisation	Date From	Date To	Date Declared
Jeremy de Souza	DASS LB Richmond	Declarations of Interest – Other	Non-Financial Prof	I am a Non-Exec Director of Achieving for Children, a Community Interest Company providing Children's Services in Kingston, Richmond and Windsor & Maidenhead.	Achieving for Children	14/05/2024		
Jo Farrar	Chief Executive of Kingston Hospital	Declarations of Interest – Other	Financial	CEO of Provider Trust since September 2019	Kingston Hospital NHS Foundation Trust	03/04/2023		01/05/2024
Jo Farrar	Chief Executive of Kingston Hospital	Declarations of Interest – Other	Financial	CEO of Provider Trust since December 2021	Hounslow and Richmond Community Healthcare NHS Trust	03/04/2023		01/05/2024
Jo Farrar	Chief Executive of Kingston Hospital	Declarations of Interest – Other	Non-Financial Pers	My girlfriend is a Programme Manager for the Local Authorities' Transforming Adult Social Care Programme.	Wandsworth and Richmond Local Authorities	23/10/2024		
John Byrne	SWLEMT06 Chief Medical Director	Nil Declaration				30/04/2024		
Jonathan Bates	SWLEMT07 Chief Operations Officer	Declarations of Interest – Other	Non-Financial Pers	Spouse provides primary care consultancy and interim support to a range of organisations.	Primary care consultancy	01/10/2020		28/05/2024
Jonathan Bates	SWLEMT07 Chief Operations Officer	Declarations of Interest – Other	Indirect	Ongoing - spouse provides primary care consultancy and interim support to a range of organisations.	Spouse	01/04/2021		28/05/2024
Karen Broughton	SWLEMT02 Deputy CEO/Exe Directo	Nil Declaration				16/04/2024		
Karl Munslow-Ong	ICB Boad	Declarations of Interest – Other	Non-Financial Pers	Wife is a GP Partner at Spring Hill Practice in Hackney	Partner is GP	02/04/2024		
Katie Fisher	Chief Executive Officer	TO FOLLOW						
Mark Creelman	MWP01 M&W Place Lead	Nil Declaration				30/07/2024		
Martin Spencer	Non-Executive Member	Declarations of Interest – Other	Financial	Non Executive Director and Chair of the Remuneration Committee at the NHS Counter Fraud Authority	NHS Counter Fraud Authority	22/08/2022	30/06/2024	26/12/2023
Martin Spencer	SWLNEN05 Non- Executive Member	Declarations of Interest – Other	Financial	Non-Exec Director and Chair of Audit and Risk Committee for Ofsted	Ofsted	22/08/2022		26/12/2023
Martin Spencer	SWLNEN05 Non- Executive Member	Declarations of Interest – Other	Financial	Non-Exec Director and Chair of Audit and Risk Committee for Achieving for Children	Achieving for Children	22/08/2022		26/12/2023
Martin Spencer	SWLNEN05 Non- Executive Member	Declarations of Interest – Other	Financial	Civil Service Commissioner	Civil Service Commission	22/08/2022		26/12/2023
Martin Spencer	SWLNEN05 Non- Executive Member	Declarations of Interest – Other	Financial	Chair of Education Skills and Funding Agency	Education Skills and Funding Agency	22/08/2022		26/12/2023
Martin Spencer	SWLNEN05 Non- Executive Member	Outside Employment		NHS ICB	NHS Hampshire and The Isle of Wight ICB	01/04/2024		
Masood Ahmed	SWLNEN03 Non- Executive Member	Outside Employment		Non-Executive Director	Coventry and Warwickshire Partnership NHS Trust	01/04/2024		
Masood Ahmed	SWLNEN03 Non- Executive Member	Outside Employment		Director	Amadeus Health and Medical Ltd	01/04/2024		
Masood Ahmed	SWLNEN03 Non- Executive Member	Outside Employment		Charity Trustee	Great Ormond Street Hospital Charity	01/04/2024		
Masood Ahmed	SWLNEN03 Non- Executive Member	Outside Employment		Board Advisor	Vitvio	01/04/2024		
Masood Ahmed	SWLNEN03 Non- Executive Member	Outside Employment		Editorial Board Member	Integrated Care Journal	01/04/2024		
Matthew Kershaw	CE and Place Based Leader for Health	Declarations of Interest – Other	Financial	Chief Executive - Position of Authority in an organisation in the field of health and social care	Croydon Health Services NHS Trust	01/10/2019		17/04/2024
Matthew Kershaw	CE and Place Based Leader for Health	Declarations of Interest – Other	Non-Financial Prof	Recently made a Visting Senior Fellow at the Fund, having previously worked full time in the Policy team - Position of Authority in an organisation in the field of health and social care	The Kings Fund	01/10/2019		17/04/2024

Matthew Kershaw	CE and Place Based Leader for Health	Declarations of Interest – Other	Non-Financial Prof	I am Chief Executive of a provider Trust in South West London and thereby am involved in delivering care that is discussed and planned and ultimately commissioned by SWL CCG.	Chief Executive of NHS provider organisation - Croydon Health Services	01/04/2021		17/04/2024
Matthew Kershaw	CE and Place Based Leader for Health	Declarations of Interest – Other	Financial	Chief Executive of a provider Trust in SWL since October 2019.	Croydon Healthcare Services NHS Trust	03/04/2023		17/04/2024
Michael Bell	SWLNEN01 Independent Non Executive Chair	Declarations of Interest – Other	Financial	Chair of Lewisham and Greenwich NHS Trust since July 2022.	Lewisham and Greenwich NHS Trust	03/05/2023		
Michael Bell	SWLNEN01 Independent Non Executive Chair	Declarations of Interest – Other	Financial	Director at MBARC Ltd (Research and consultancy company which works with central and local government and the NHS). Current clients are: •Welsh Government – Financial inclusion and Social Justice services – 2013 ongoing •NCL ICS – Primary Care development – May 2022 to 2023 •Visiba Health Care – Chair UK Advisory Board – Jan 2022 ongoing •Surrey Physio – Strategic Adviser – Feb 2023 ongoing •WA Communications – Strategic Adviser –Mar 2023 ongoing •DAC Beachcroft – Strategic Adviser – April 2020 ongoing •ZPB - Strategic Adviser – 2018 ongoing •Rinnova - Strategic Adviser –2022 ongoing •University Hospital Birmingham NHS Foundation Trust – Consultancy services – 2014 ongoing •NCL Training Hub – Ad-hoc facilitation – 2022 to 2023 •Baxter Healthcare Corporation – Chairing meeting – 2024	MBARC Ltd	29/11/2024		
Nicola Jones	SWLWSCL01 Clinical Director Primary Care	Declarations of Interest – Other	Non-Financial Prof	Joint Clinical Director, Brocklebank Primary Care Network	Brocklebank Primary Care Network	17/12/2021		01/05/2024
Nicola Jones	SWLWSCL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	My practices are part of Battersea Healthcare (BHCIC)	Battersea Healthcare	17/12/2021		01/05/2024
Nicola Jones	SWLWSCL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Managing Partner - The Haider Practice (GMS)	The Haider Practice	17/12/2021		01/05/2024
Nicola Jones	SWLWSCL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Convenor, Wandsworth Borough Committee	SWL ICS	01/06/2022		01/05/2024
Nicola Jones	SWLWSCL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Clinical Director Primary Care, SWL ICS	SWL ICS	01/06/2022		01/05/2024
Nicola Jones	SWLWSCL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Partner Brocklebank Practice and St Paul's Cottage Surgery (both PMS).	Brocklebank Practice and St Paul's Cottage Surgery	07/12/2022		01/05/2024
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Shareholdings and other ownership interests		24 ordinary	My Personal Therapeutics (Trading as Vivan Therapeutics)	01/04/2024		
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		
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Outside Employment		Early stage startup advisory and investment	Harbr	01/04/2024		
Omar Daniel	SWLNEN06 Associate Non-Executive Member	Shareholdings and other ownership interests		9 preferred	Anathem ltd	01/04/2024		

Omar Daniel	SWLNEN06 Associate Non-Executive Member	Declarations of Interest – Other	Financial	Advisor	Lutra Health	01/04/2024		
Robert Alexander	SWLNEN07 Associate Non-Executive Member	Outside Employment		Vice Chair	Imperial College Healthcare NHS Trust	01/11/2024		
Robert Alexander	SWLNEN07 Associate Non-Executive Member	Outside Employment		Non Executive Director	Community Health Partnerships Ltd	01/11/2024		
Robert Alexander	SWLNEN07 Associate Non-Executive Member	Outside Employment		Non Executive Director	London North West University Healthcare NHS Trust	01/11/2024		
Robert Alexander	SWLNEN07 Associate Non-Executive Member	Outside Employment		Non Executive Director	London Ambulance Service NHS Trust	01/11/2024		
Robert Alexander	SWLNEN07 Associate Non-Executive Member	Outside Employment		Member of Advisory Board	CHKS Ltd	01/11/2024		
Robert Alexander	SWLNEN07 Associate Non-Executive Member	Outside Employment		Trust representative Trustee	Imperial Health Chariity	01/11/2024		
Robert Alexander	SWLNEN07 Associate Non-Executive Member	Outside Employment		Trustee	London Ambulance Charity	01/11/2024		
Sara Milocco	South West London Voluntary Community and Social Enterprise Alliance Director	Nil Declaration				29/06/2023		
Shannon Katiyo	Director of Public Health, Richmond and Wandsworth Councils (Wandsworth Place ICP Representative)	Nil Declaration				19/04/2024		
Vanessa Ford	Chief Executive, SWL and St George's Mental Health NHS Trust	Declarations of Interest – Other	Financial	Chief Executive SWL & St Georges Mental Health NHS Trust and a CEO member of the South London Mental Health and Community Partnership (SLP) since August 2019.	SWL & St Georges Mental Health NHS Trust	03/04/2023		26/04/2024
Vanessa Ford	Chief Executive, SWL and St George's Mental Health NHS Trust	Declarations of Interest – Other	Non-Financial Prof	Merton Place Convenor and. SRO for Regional NHS 111 programme for Mental Health	Merton Place	03/04/2023		26/04/2024
Vanessa Ford	Chief Executive, SWL and St George's Mental Health NHS Trust	Declarations of Interest – Other	Non-Financial Prof	Mental Health Representative on the ICB	SWL ICB	03/04/2023		26/04/2024

Minutes – NHS SWL Integrated Care Board

Minutes of a meeting of the NHS SWL Integrated Care Board held in public on Wednesday 15 January 2025 at 2 p.m. at 120 The Broadway, Wimbledon, SW19 1RH

Members

Chair
Mike Bell

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

Executive Members
Sarah Blow, Chief Executive Officer, SWL ICB
Elaine Clancy, Chief Nursing Officer
Helen Jameson, Chief Finance Officer, SWL ICB
Karen Broughton, Deputy CEO/Director of People & Transformation, SWL ICB
John Byrne, Executive Medical Director, SWL ICB

Partner Members
Dame Cally Palmer, Partner Member, Specialised Services
Dr Nicola Jones, Partner Member, Primary Medical Services
Vanessa Ford, Partner Member, Mental Health Services
Jo Farrar, Partner Member, Community Services

Place Members
Dr Annette Pautz, Place Member, Kingston
Mark Creelman, Place Member, Merton
Jeremy de Souza, Place Member, Richmond
Shannon Katiyo, Place Member, Wandsworth
James Blythe, Place Member, Sutton

Non Voting Attendees
Jonathan Bates, Chief Operating Officer, SWL ICB
Charlotte Gawne, Executive Director of Stakeholder & Partnership Engagement
Hannah Doody, Local Authority Participant
Observers
Alyssa Chase-Vilchez, SWL HealthWatch Representative
Sara Milocco, SWL Voluntary Sector Representative

In attendance
Ben Luscombe, Director of Corporate Affairs
Maureen Glover, Corporate Governance Manager
Omar Daniel, Associate Non Executive Member
Susan Sinclair, Managing Director, RMP
Martin Wilkinson, Director, South London Office of Specialised Services
Lorissa Page, Chief People Officer
Melissa Berry, Director Belonging and Inclusion

Apologies
Cllr Andreas Kirsch
Jacqueline Totterdell, Partner Member, Acute Services
Matthew Kershaw, Place Member, Croydon
Martin Spencer, Non Executive Member, SWL ICB
Anne Rainsberry, Non Executive Member, SWL ICB

1   Welcome and Apologies

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

Dr Masood Ahmed, who had been appointed to the Board as a Non Executive Member and Hannah Doody, the new Local Authority participant were welcomed to their first Board meeting in public. In line with statutory guidance from NHS England (NHSE) Jamal Butt had been appointed as Deputy Chair for the Board and Anne Rainsberry as Senior Independent Director.

It was noted that this was Sarah Blow's last Board meeting in public before she retires from the ICB in March. MB thanked Sarah on behalf of the Board for her dedication and commitment to the ICB and wider ICS over the past 8 years.

1.1   Declaration of Interests

1.1.1   A register of declared interests was included in the meeting pack. There were no further declarations relating to items on the agenda and the Board noted the register as a full and accurate record of all declared interests.

1.2   Minutes, Action Log and Matters Arising

Minutes

1.2.1   The Board **approved** the minutes of the meeting held on 20 November 2024.

1.3   Action Log

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

2   Decisions Made in Other Meetings

2.1   Sarah Blow (SB) presented the report.

2.2   The Board **noted** the decisions made in the SWL ICB Part 2 meetings on 20 November and 18 December 2024.

3   Chair's Report

3.1   MB introduced the report particularly highlighting the visit he had made to the Royal Marsden's site in Sutton with NHSE's London Regional Director, Caroline Clark.

The Board **noted** the Report.

4   Workforce

4.1   Karen Broughton (KB) introduced the report supported by Lorissa Page, Chief People Officer and Melissa Berry, Director Belonging and Inclusion.

4.2   Board members discussed the report and the key points noted were: the importance of supporting people in terms of the right cultural markers within an organisation; retention of staff, particularly retaining the experience and knowledge of those people who were considering retiring; the importance of preventative support to help people remain in work; individual organisations were offering a cost of living salary advance to help the most vulnerable; the reasons for staff turnover, noting that culture and communications around leadership had not been included in the report; the benefits of working together across health and social care and how the LA could support their residents with ill health to get back to work; the strategic approach being taken which aligned to the JFP and the ICP delivery plans; and the global majority programme looking at getting more senior representation into roles and providing support going forward.

4.3   It was noted that at a future Board meeting there would be a focus on one specific aspect of workforce both from a system and organisational level.

The Board:

- **Noted** the update on the workforce transformation programme.
- **Noted** the delivery risk to some elements of the programme due to the non-recurrent nature of the funding.
- **Committed** to continuing to work at scale to collaborate and share best practice with system partners.

5.   Update on the SWL Acute Provider Collaborative

5.1   Jo Farrar (JF) introduced the report supported by Susan Sinclair (SS).

5.2   Board members discussed the report and the key points noted were: elective performance in SWL was the best in London and amongst the best in the country; the Operating Plan setting the trajectory for future performance would be brought to the Board in May; SWL was at the forefront of using the NHS app; discussions about how to support the adoption of AI in primary care over the next year were expected; the work being undertaken with regard to return on investment; how to use transformation skills and capacity of clinicians to articulate what can be delivered in productivity terms; the benefits that could be achieved for patients and clinicians by rolling out the Get You Better app; evaluation of tools to manage waiting lists; the importance of engaging with disabled people to test apps to ensure separate inequalities were not created; and how pathways could be mobilised at a system and Place level.

The Board:

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

6   Delegation of Specialised Services to SWL ICB

6.1   Jonathan Bates introduced the paper, supported by Martin Wilkinson, Director, South London Office of Specialised Services.

6.2   Board members discussed the report and the following key points were noted: although there were risks there were also significant opportunities; delegation had been signed off by the NHSE Board, but there was still a need to work through the allocations and how they would be split across London; there was a need to sort out

the reconciliation between specialised services provisions; there was a concern that as the ICB tried to become more productive and improve pathways there would be a financial risk before the opportunity gains; how to manage service development and continue to innovate patients benefits, improving survival as well as improving productivity for the NHS; there are 43 clinical networks for specialised services and consideration should be given to how to make the most of expert users; full scale change would not take place from 1 April 2025 because there would be a need to work through how to provide safe services, ensure opportunities were delivered and also manage risks; and the way forward as a commissioner was about transformation, looking at opportunities across the system and working on roles and responsibilities in a way that draws on the provider assets and expertise.

The Board:

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

7 Intensive and Assertive Community Mental Health Services

7.1 Karen Broughton (KB) presented the paper, supported by Lucie Waters.

7.2 Considering that the ICS make choices about where to invest resources and VF asked the Board to note that for most the vulnerable population with serious mental health illness there was a service capacity issue which carried a risk for individuals and also for staff working with those individuals.

7.3 Hannah Doody (HD) would like to understand more about the data set and how the LA could help in relation to the development of the action plan. This would be picked up outside of the meeting.

The Board **noted** the updates on intensive and assertive community mental health services in SWL.

8 ICP Update

8.1 Mike Bell presented the report.

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

9 Board Committee Updates and Reports

Finance & Planning Committee Update

9.1 Jamal Butt presented the Finance & Planning Committee update and gave an overview of the key issue discussed at its meeting on 7 December 2024.

Month 8 Finance Report

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

Quality & Oversight Committee Update

9.3 Dr Masood Ahmed (MA) presented the report and gave an overview of the key issues discussed at the Quality & Performance Oversight Committee on 11 December 2024.

Quality Report

9.4   Elaine Clancy (EC) presented the report and highlighted the National Paediatric Audiology Services Improvement programme.

Performance Report

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

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

10   Chief Executive Officer's Report

10.1   SB presented the report.

10.2   SB thanked colleagues for their support and said it had been a privilege to work in SWL and she hoped the ICB would continue to deliver well for the benefit of everyone in SWL.

The Board **noted** the report.

11.   Any Other Business

11.1   John Byrne noted that the ICB, in collaboration with the Health Innovation Network (HIN), had been successful in submitting a bid to the Health Foundation who were running a scheme exploring how ICBs could develop their approach to innovation of the eco system.

11.2   JF thanked SB on personally, and on behalf of his CE colleagues, for the support and advice she had provided to them. Dame Cally Palmer echoed his thanks.

12   Public Questions

12.1   Wendy Micklewright (WM) raised a number of issues regarding mental health.

Next meeting in public: Wednesday 19 March 2025: 120 The Broadway, Wimbledon, London SW19 1RH.

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, 19 March 2025

Date Published: Wednesday, 12 January 2025

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

Purpose
To ensure that all Board members are aware of decisions that have been made, by the Board, in other meetings.

Executive summary
Part 2 meetings are used to allow the Board to meet in private to discuss items that may be business or commercially sensitive and matters that are confidential in nature.

At its Part 2 meeting on 15 January 2025, the following items were brought to the Board:

- Approval of the Integrated Urgent Care (IUC) 111 Contract Extension.
- Approval of the extension of three community contracts for a period of up to 24 months to align to the new model of care programme.

The Board discussed and approved the above items.

Recommendation

The Board is asked to:

- Note the decisions made at the Part 2 of the Board on 15 January 2025.

Governance and Supporting Documentation

Conflicts of interest
N/A.

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

- Overall delivery of the ICB's objectives.

Risks
N/A.

Mitigations
N/A

Financial/resource implications
N/A

Green/Sustainability Implications
N/A

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

Patient and public engagement and communication
N/A

Previous committees/groups
N/A

Committee name	Date	Outcome

Final date for approval
N/A

Supporting documents
N/A

Lead director
Ben Luscombe, Director of Corporate Affairs, SWL ICB

Author
Maureen Glover, Corporate Governance Manager

Chair's Report

Agenda item: 3

Report by: Mike Bell, Chair

Paper type: Information

Date of meeting: Wednesday, 19 March 2025

Date published: Wednesday, 12 March 2025

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

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

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

Key Issues for the Board to be aware of

New CEO, Katie Fisher
I am so pleased to welcome Katie. Her significant experience and healthcare expertise will support us to achieve our vision of providing the highest quality care for local people and making South West London a great place to work. Katie joins an organisation with a strong history of collaboration and partnership. I am confident her leadership will help us tackle challenges, seize new opportunities, and continue to improve our NHS services, and how we work more closely together to reduce health inequalities.

Katie has joined the ICB following her tenure as Chief Executive at Ashford and St Peter's Hospitals, bringing a wealth of experience and a strong track record in healthcare leadership.

Ramadan
Ramadan is the holiest month in the Islamic calendar and marks the time when the Quran, the holy book of Islam, was first revealed to the Prophet Muhammad.

This year, it began on Friday 28 February and will conclude at sunset on Sunday 30 March. During this period, many Muslims engage in daily fasting from dawn to sunset, prayer, spiritual reflection, performing good deeds, and spending time with family and friends.

As we welcome the beginning of Ramadan, we recognise this sacred period of reflection, discipline, and generosity observed by many within our organisation and beyond. This month serves as a time for spiritual renewal and community engagement, reinforcing values of compassion, integrity, and unity—principles that resonate deeply with our organisational culture. We remain committed to fostering an environment of inclusivity and support for our colleagues during this time. Wishing all those observing a peaceful and fulfilling Ramadan.

SWL 10 Year Plan Listening event
On Wednesday 29 January, over 80 community leaders and colleagues from the voluntary sector across South West London came together in Everyday Church in Wimbledon to discuss the future of the NHS.

We kicked off a full morning of group discussions on the three shifts that form the basis of the ten year plan: moving care from hospitals to communities, making better use of technology, and focusing on preventing sickness, not just treating it. We asked the question 'what matters most to your communities?' and heard personal insights and valuable suggestions from a huge range of people.

London HIV GP Champion Showcase Event
I attended the event on 29 January, Celebrating the first Pan-London network of 16 GPs working to transform the treatment and care of people living with HIV in Primary Care.

Primary Care plays a crucial part in London's ambition of getting to zero preventable deaths, zero HIV stigma, and zero new HIV transmissions by 2030.

The aim is to work collaboratively between all care settings to support people living with HIV, reducing obstacles to treatment and care and improving health and quality of life. This approach is consistent with and supportive of London's overall HIV response, the **Evolving HIV Care Report**, the **British HIV Association Standards of Care**, and the Fuller Stocktake on integrated primary care.

The network includes 16 GPs spread across the five London integrated care systems.

Key objectives of the HIV GP champions

- Improve HIV awareness and tackle stigma in primary care

- Improve health and well-being for people living with HIV

- Improve collaborative working between primary, secondary care and HIV community organisations

- Increase testing for HIV in primary care

Visits

Princess Alice Hospice
On Thursday 20 February I visited Princess Alice Hospice, along with senior members of NHS England and Hospice UK. The purpose of the visit was to find out more about the palliative and end of life care provided by the Hospice and to discuss ways of working together to support local people facing life limiting illness.

After the tour, I joined a round-table conversation hosted by Nigel Seymour (Chief Executive of Princess Alice Hospice), along with Richard Meddings, Chair of NHS England, Duncan Burton, Chief Nursing Officer for England, and Toby Porter, CEO of Hospice UK. The group discussed ways the hospital and hospice sectors can work together to help achieve the government's ambition of shifting more health services from hospitals to the community.

Kingston Visit
Following the Board seminar last week, myself, Board members and Non-Executive Directors stayed on at Kingston and Richmond NHS Foundation Trust to hear about local priorities and patient-focused initiatives. Jo Farrar, Chief Executive, gave an overview of the Trust's key areas of focus before introducing two programmes making a real difference for patients.

Recommendation

The Board is asked to:

- Note the contents of the report

Governance and Supporting Documentation

Conflicts of interest
N/A.

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

- Overall delivery of the ICB's objectives.

Risks
N/A.

Mitigations
N/A

Financial/resource implications
N/A

Green/Sustainability Implications
N/A

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

Patient and public engagement and communication
N/A

Previous committees/groups
N/A

Committee name	Date	Outcome

Final date for approval
N/A

Supporting documents
N/A

Lead director
Mike Bell, Chair

Author
Ruth Pahtalias, Interim Business Manager

What matters most to our communities in South West London

Agenda item: 4

Report by: Charlotte Gawne, Executive Director of Stakeholder and Partnership Engagement and Communications

Paper type: Discussion

Date of meeting: Wednesday, 19 March 2025

Date published; Wednesday, 12 March 2025

Content

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

Purpose

- To share with the Board the latest analysis and insight reports from engagement with our communities across South West London, with a focus on hearing from those populations that experience health inequalities, and the poorest health outcomes.

- To explain how we work with Voluntary, Community and Social Enterprise (VCSE) partners to engage with communities, brought to life by Dr Andrew Brown, CEO of the Croydon BME Forum.

- To share with members the resources and support that are available to programme teams from the network of communications and engagement colleagues across South West London.

- To propose why this data and evidence from communities is important going forward as we look to transform NHS services in line with the government's 10 Year Plan and three shifts, and support our NHS services to become more productive.

Executive summary

The national and local context make this the right time to consider the evidence about 'what matters most to communities' as we plan the transformation of the NHS in line with the government's 10 Year Plan and three shifts, and support our NHS services to become more productive.

The paper explains how we use data about our populations across our six places to focus our engagement and hear from those communities who experience health inequalities and the poorest health outcomes. The session will also explain the different methods of engagement; this will be brought to life in the meeting by Dr Andrew Brown, Chief Executive Officer of the Croydon BME Forum who will talk to us about the 'Neurodiversity Listening Project' which is enabling the NHS to better understand and support Black neurodivergent individuals and families in Croydon.

The paper and session will highlight some key themes coming through from our communities from three key pieces of engagement work:

- South West London 10 Year Plan engagement
- Analysis of 270 engagement reports up to January 2025
- Early feedback from winter engagement activities

There are five key recommendations going forward for the Board to consider:

- Keep the culture of engagement feedback at the heart of our planning
- Make this everybody's business
- Build on the wealth of engagement insight already collected
- Ask the right questions, to the right people
- Understanding into action

Key Issues for the Board to be aware of

The full engagement reports and toolkits are on our ICS website, and advice, guidance and support are available to colleagues through the network of communication and engagement professionals across SW London.

Recommendation

The Board is asked to:

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

Governance and Supporting Documentation

Conflicts of interest
N/A

Corporate objectives
This engagement process underpins and supports the delivery of the Board's and system objectives:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

Risks
Service transformation is not as effective as it could be, and we do not spend the NHS pound in the most productive way, because we do not incorporate the 'views, wants and preferences' as well as the 'health needs' of our populations into our planning.

Financial/resource implications
Current activity all within current staffing and budget.

Patient and public engagement and communication
This paper outlines our approach to engaging people and communities, along with the high-level themes from three pieces of engagement work.

Previous committees/groups
Evidence, reports and analysis to be shared at Place and SWL meetings in the coming weeks.

Supporting documents
Attached.

Lead director
Charlotte Gawne, Executive Director of Stakeholder and Partnership Engagement and Communications

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

What matters most to our communities

Charlotte Gawne

Executive Director of Stakeholder & Partnership Engagement and Communications

What matters most to our communities?

1. The context

2. Why engagement is important now

3. The different ways we engage, with a case study

4. Sharing the new insight and intelligence

5. Recommendations and support available

The context - how this fits with 'what matters most to communities'

The Context

- NHS currently faces twin challenges:
    - managing today's pressures
    - continuing to build momentum towards long-term solutions – the three shifts (care from hospitals to community, better use of technology, preventing sickness)

- This year's planning guidance is more focused – our priorities are clear and based on what matters most to citizens* (see appendix 1)

- To balance operational priorities with the funding available, while laying the foundations for future reforms, as the NHS in SW London we will need to maximise productivity opportunities, and make sure the NHS pound is spent in the most effective and efficient way.

- To ensure we maintain a focus on patients and citizens and deliver on these priorities, we will look at data and evidence to ask and answer the right questions, so that our transformation plans meet our challenges.

How does this relate to 'what matters most to communities'?

- **Engagement activity**
  Good conversations will be needed with people, communities and staff, about what it's going to take to improve productivity, and transform the NHS around the three shifts.

- **Engagement data**
  People, communities, and patient experience and intelligence on the same footing as operational data – so we understand impact, meaning, and context.

- **Joined-up approach**
  People's experiences of health and care services are usually collected and understood at the level of individual providers. People do not live their lives in silos; they experience care and support across many different services. Gaps in care co-ordination disproportionately affect those with the greatest needs and the poorest outcomes.
  So, to be effective, it's about making sure we have conversations with people and communities that are open and start with what matters to people, rather than solely on people's views of our NHS plans.

We make better decisions when we listen to communities & service users – and spend the NHS pound wisely.

How people and communities may want to use NHS services

NHS plans without engagement

What guides us...

- NHS Act 2006, as amended by the Health and Care Act 2022, public involvement duty
(see appendices)

- Public Sector Equality Duty, IRP, application of The Gunning Principles
(see appendices)

- CQC regulatory assessment ICBs on engagement with populations with health inequalities
(see appendices)

- Our NHS legal duties and regulatory assessments - are a platform to build collaborative partnerships with a focus on what matters most to our communities

- Our success depends on working with and through communities, more than just broadcasting messages. It's about understanding how our different populations use our different services, overcoming barriers to access, and making sure we spend the NHS pound in the most effective way.

How we engage

Croydon

Population 390,800 (2021)

Languages spoken

Top 5 after English: Tamil, Polish, Gujarati, Urdu, French – next are Portuguese, Turkish

Core20 areas

Croydon North, New Addington, Fairfield – parts of Coulsdon
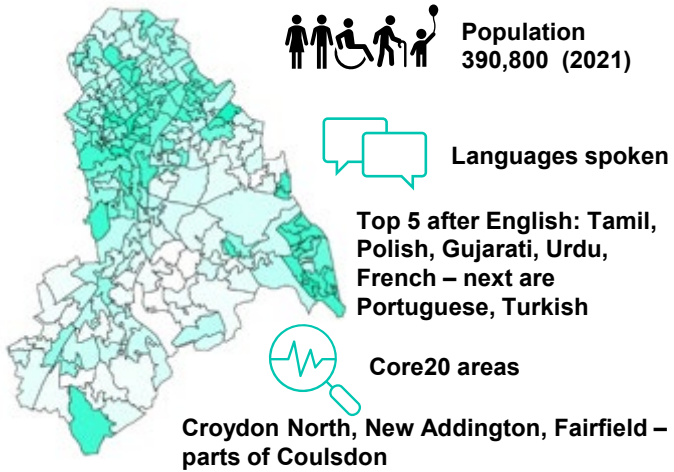
Follow the links to the data sources

Croydon Observatory Borough Profile, June 2023

Merton

Population 215,187 (2021)

Languages spoken

Top after English: Tamil, Polish, Portuguese, Urdu and Spanish.

4.69% speak a European language

Core20 areas

Pollards Hill, Figges Marsh, Lavender Fields, Cricket Green, Ravensbury - of the Core20 population 29,000 people are located in East Merton.
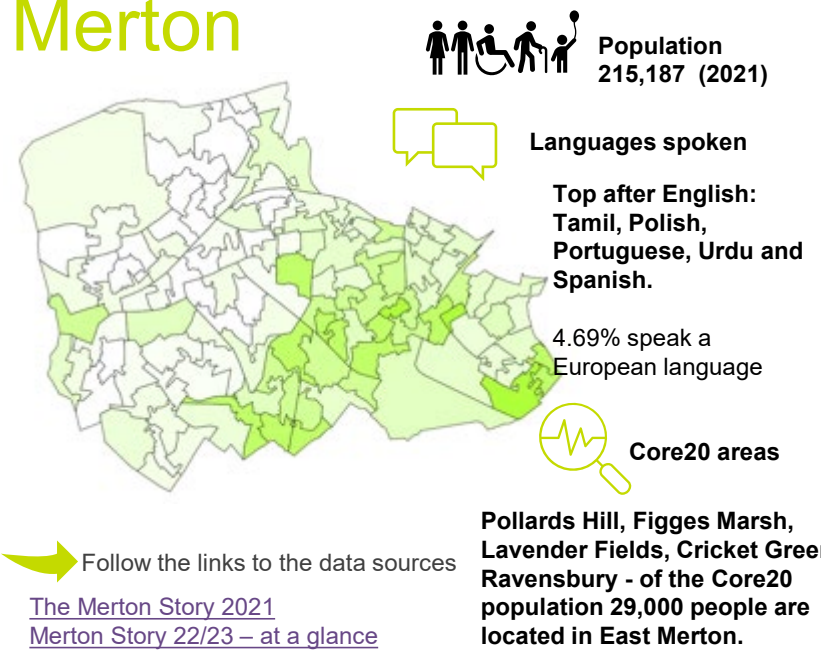
Follow the links to the data sources

The Merton Story 2021
Merton Story 22/23 – at a glance

Sutton

Population 209,517 (2021)

Languages spoken

Top 5 after English: Tamil, **Polish, Urdu, Bulgarian and Romanian.**

Over 80 languages are spoken as a first language with 17% of households having members who do not speak English as their first language.

Core20 areas

Roundshaw (Beddington), St Helier & Wandle Valley, Sutton Central – with a focus in Belmont (Shanklin)
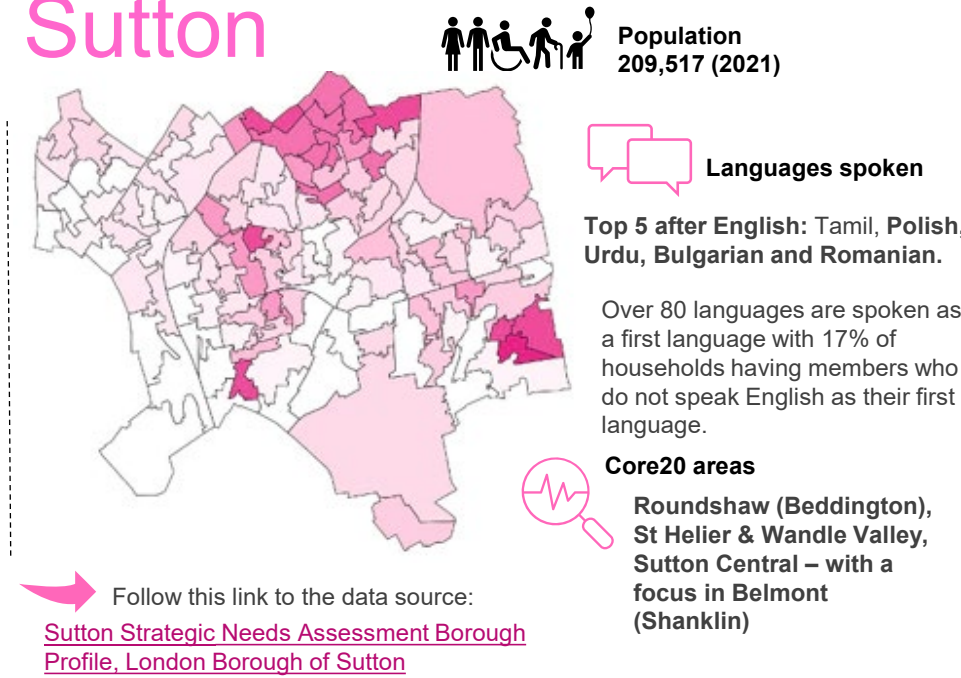
Follow this link to the data source:
Sutton Strategic Needs Assessment Borough Profile, London Borough of Sutton

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Data driven : with a clear focus on working with communities disproportionately impacted by health inequalities

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Kingston

Population 168,085 (2021)

Languages spoken

Top 5 after English: Tamil, Korean, Arabic, Polish and Bulgarian.

Core20 areas

Norbiton, Beverley and Berrylands
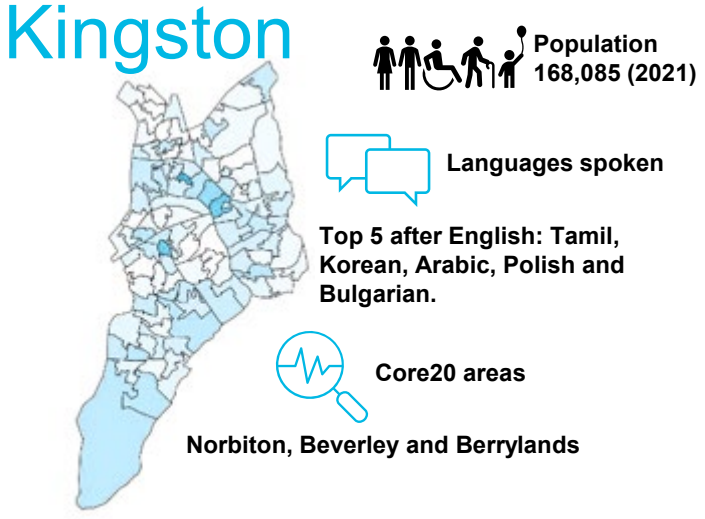
Follow the links to the data sources

JSNA Summary 2023
Refreshed Health and Care Plan 2022-2024

Richmond

Population 195,300 (2021)

Languages spoken

Top 5 after English: Spanish, Polish, Turkish, Italian and Portuguese. (Census, 2021)

Core20 areas

Ham, Petersham and Richmond Riverside
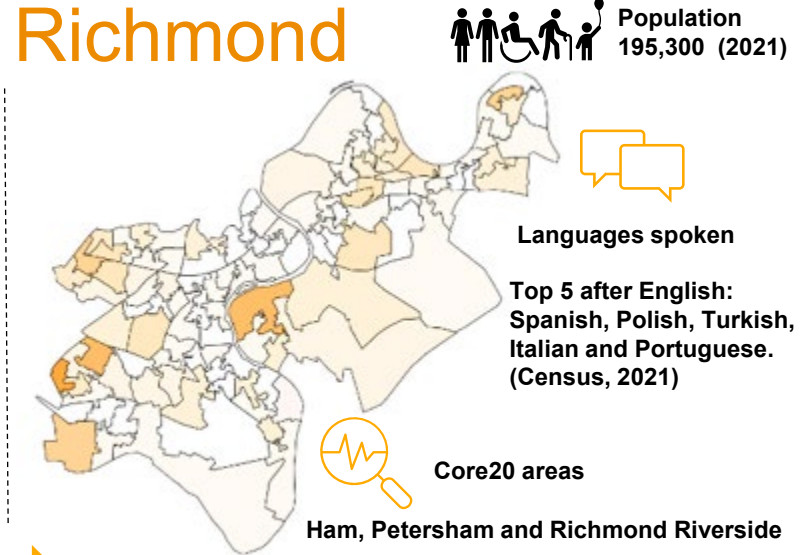
Follow the links to the data sources

Census Data 2021 Richmond upon Thames
Refreshed Health and Care Plan 2022-2024,

Wandsworth

Population 327,506 (2021)

Languages spoken

Top 5 after English: Spanish, Italian, Urdu, Portuguese and Polish.

Core20 areas

Tooting, West Hill North, Furzedown, Roehampton, Falconbrook, Shaftesbury, Queenstwon and Battersea Park
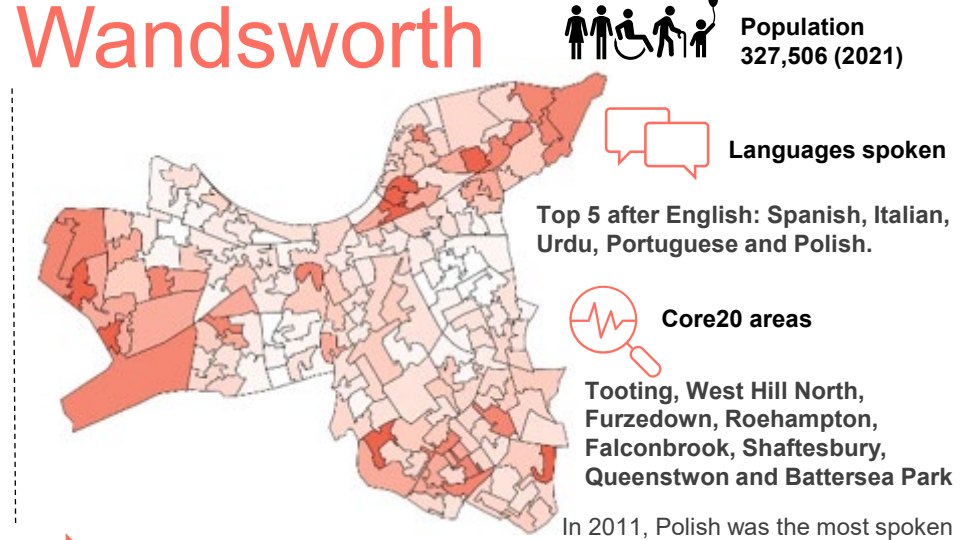
Follow this link to the data sources:
Census data 2021 Wandsworth
Wandsworth Joint Strategic Needs Assessment

In 2011, Polish was the most spoken language and is now in fifth place. The proportion of residents who cannot speak English is lower in Wandsworth than it is in Inner London.

Still learning...

People and communities

Be Creative
Use local champions

Use creative methods to extend reach particularly to communities experiencing heath inequalities and poorer health outcomes e.g. work with community champions, influencers and faith leaders, use films, media and social media

Be Connected
Find community leaders

Work with trusted leaders to speak with local people and communities

Be Bold
Go beyond traditional boundaries

Work across borough boundaries to engage with particular communities

Be Proactive
Make the first move

Go to local communities - rather than expecting them to come to you - provide translations and interpretors

Be Informed
Gather data and insight

Use population health data and insight to inform, adapt and shape our approach

Be Open
Listen and understand

Develop ongoing conversations and sustainable relationships and build on those established relationships

Be Equitable

Inclusive and innovative ways of reaching and listening to our diverse people and communities - and ways for them to get involved

We have learned from, and built on, these experiences and changed the way we work with local people, communities and our excluded groups, especially those affected by inequalities. We reviewed and discussed our approach with our partners and communities and describe our updated and responsive approach in this diagram.

Be Resourceful
Use partners' networks

Continue close partnership working with LA and NHS - share resources and contacts - coordinate not duplicate to maximise each

Be Inclusive
Create maximum impact

Co-design messages/adapt and iterate with local people to have maximum impact

Be Collaborative
Work with VCSEs

Work closely with and invest in the VCSE sector to strengthen their capacity and extend our reach

Be Representative
Reflect the population

Co-deliver engagement sessions with clinicians that reflect local populations

Be Proud
Reflect and share

Celebrate success and feedback - show the impact of everyone's contributions

Be Purposeful
Join forces

Build collaborative and resilient network of communications and engagement professionals to delivery common goals

Be Responsive
Community First

Be led by the community and their needs - ask and respond to how they would like to be engaged

The different ways we engage

What do we know already? Using existing insight	Community-led approaches	Jointly-led approaches with partners	ICB-led approaches focus groups, interviews, surveys and events	Digital and online engagement
• Drawing on existing engagement insight from partners, including NHS Trusts, Provider collabs, Healthwatch, PPGs, VCSE groups, local authorities etc • Insight from regional & national organisations: NHSE, HIN, Health Foundation, National Race & Health Observatory, Kings Fund, National Healthwatch, charities, VCSE orgs	• Grant funding programmes with organisations/ groups & activities • Funding local community and voluntary sector organisations to support engagement into diverse communities • Peer researchers • Community champions & Core20 Connectors	• SWL Healthwatch partnership • Working with our SWL Voluntary, Community Social Enterprise Alliance • Working with primary care e.g. Patient Participation Groups, Primary Care Networks • Working with provider collaboratives	• Setting up focus groups or events to understand people's experience of a particular service • Engagement activities delivered by ICB engagement leads to support service change, strategy development / health and care plans	• Using digital approaches such as Facebook groups or Next Door to reach local people. • Online surveys and digital engagement via community networks and relationships • Feedback from behaviour change and social media campaigns e.g. Pharmacy First

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A community led approach – a case study

Giving Black and Minority Ethnic People a Voice in Croydon

Dr Andrew Brown
Chief Executive Officer
Croydon BME Forum

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Taking a community-led approach to engagement

- **About the Croydon BME Forum**

- **Why our organisation can reach and engage with communities that the NHS can't**

- **An example of how we do this:**

  Neurodiversity Listening Project - Understanding and supporting Black neurodivergent individuals and families in Croydon

About Croydon BME Forum

About us

With over 20 years' experience of community engagement and advocacy, the Croydon BME Forum is the umbrella organisation for Croydon's Black and Minority Ethnic voluntary and community sector, engaging people, building capacity, and promoting equality and cohesion.   We have been working with NHS South West London since 2020 and throughout the pandemic.

Over half of Croydon's population are Black and Minority Ethnic people

EQUALITY AND COHESION

BUILDING CAPACITY

EMPOWERING COMMUNITIES

CROYDON BME FORUM

Why our organisation can reach and engage with communities the NHS can't

- **Mistrust**
  - grounded in history
  - and experiences of prejudice and discrimination

- **Deep-rooted relationships** over 20 years

- **Established community networks and knowledge** across Croydon's neighbourhoods and streets

A case study - Neurodiversity Listening Project

Understanding and supporting Black neurodivergent individuals and families in Croydon

01
Amplify voices that are often overlooked in neurodiversity research

02
Identify barriers to accessing support and diagnoses

03
Develop meaningful, **culturally appropriate recommendations**

CROYDON BME FORUM

Insights from this engagement

- **Stigma remains a major issue** – many fear being labelled as "difficult" or "lazy."

- **Healthcare providers can lack cultural competence** – can lead to misdiagnoses

- **Community networks are crucial** – many rely on word-of-mouth to navigate services.

- **Families fear that a diagnosis will lead to discrimination or exclusion** from school or work.

- **Misdiagnosis is common** – Black children are more likely to be punished rather than supported, Black men and women are more likely to be misunderstood, underdiagnosed due to gendered stereotypes, or criminalized.

- **Limited availability of Black neurodiversity professionals**

- **Mistrust in services** – many feel that mental health professionals do not understand their cultural background, there are language barriers, a lack of trust, and limited access to support

- **The impact of this engagement**

CROYDON BME FORUM

What matters most to our communities:
Top themes from our engagement and feedback

- Themes from SW London 10 Year Plan engagement
- 270 engagement reports analysis from last year
- Early feedback from winter engagement activities

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10 Year Plan: What were the views of the three shifts from our SWL communities?

South West London Listening Event

Over 80 of our voluntary sector, community and Healthwatch partners joined us for our listening event on 29 January 2025

Watch a short film from the Listening Event here.

80+ community organisations from across south west London got together to talk NHS 10-year plan
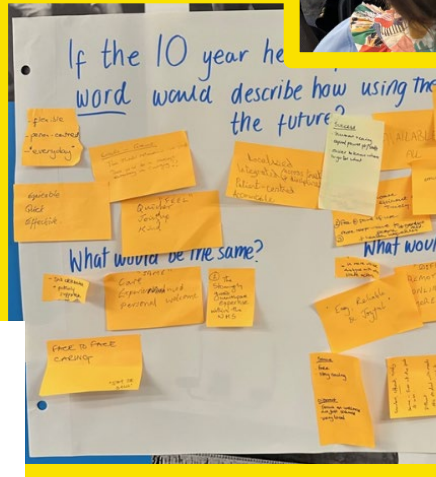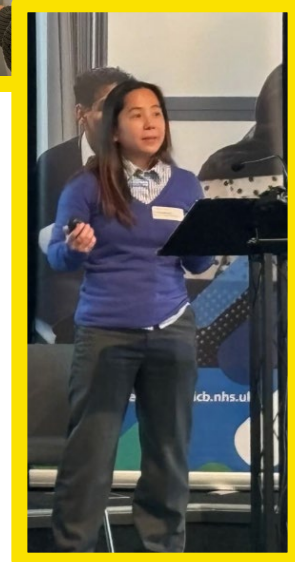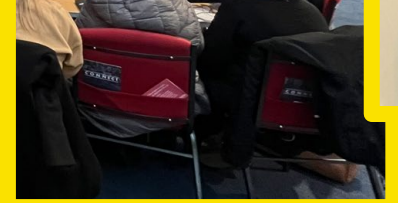
South London Listens

On Monday 20 January 2025, over 30 members of our South London Listens partnership came together to share their views on the NHS 10-year plan, hosted by Mike Bell, Chair of SWL ICB and Citizens UK.

Shift 1 - Moving care from hospitals to communities
What we heard from community leaders – January 2025

- **Support for quicker diagnosis, but feel investment is needed**

- **Service navigation and signposting are critical** – services in the community can be more complicated to navigate that when they are on a single hospital site.

- **Wider community support is key – and under threat** – the VCSE can offer additional support for people being cared for at home instead of in hospital. We heard concern about funding reductions.

- **Mixed feelings about home-based care** – there was widespread support for some of the benefits of home-based care. However, there were significant concerns about people being "sent home from hospital with no support " and there are concerns about patient safety outside of the hospital setting.

- **The impact on unpaid carers must be considered** – carers was a common theme in each of the three shift discussions – moving more care to home settings raised challenges for carers at home

- **Integration with social care services** – groups advising of a need for "oversight of the whole system" so care isn't "fragmented".

- **Concerns about staffing levels in community services** – current waiting times were raised, with concerns that perceived existing workforce shortages in healthcare could become worse with this shift

- **Focus on the elderly and how this shift works for them**

- **Understood that the NHS is under immense pressure, and mostly supported more care in the community settings. But did want to know hospitals will be there – and functioning well – if they need them**

Shift 2 - Making better use of technology
What we heard from community leaders – January 2025

- **Protecting human connection** – this is important for everyone – not just the digitally excluded

- **Single point of access, consolidate services and get the basics right** – get the basic elements of technology working well, before building on this foundation. Health apps should be joined up and accessed through a single front door

- **Digital systems must speak to each other** – two-way data sharing between different professionals working across health and care, as well as with members of community and voluntary organisations.

- **Concern about digital inequalities and accessibility for all** – some residents aren't able to access digital services through smartphones. While some may have smartphones, they don't have access to data to connect to the internet when free wi-fi isn't available. It is important not to deepen existing inequalities.

- **Perception the NHS can't do technology well – connected to data security concerns** – mistrust amongst communities for the NHS – in some cases connected directly to examples of poor digital services e.g. GP practices. Some communities are concerned their sensitive data will get into the wrong hands.

- **Digital information can empower people to take control of their own health**

- **Think about carers and family members** - making sure those supporting the care of patients could also access digital health information and are considered in the implementation of technology-enabled care.
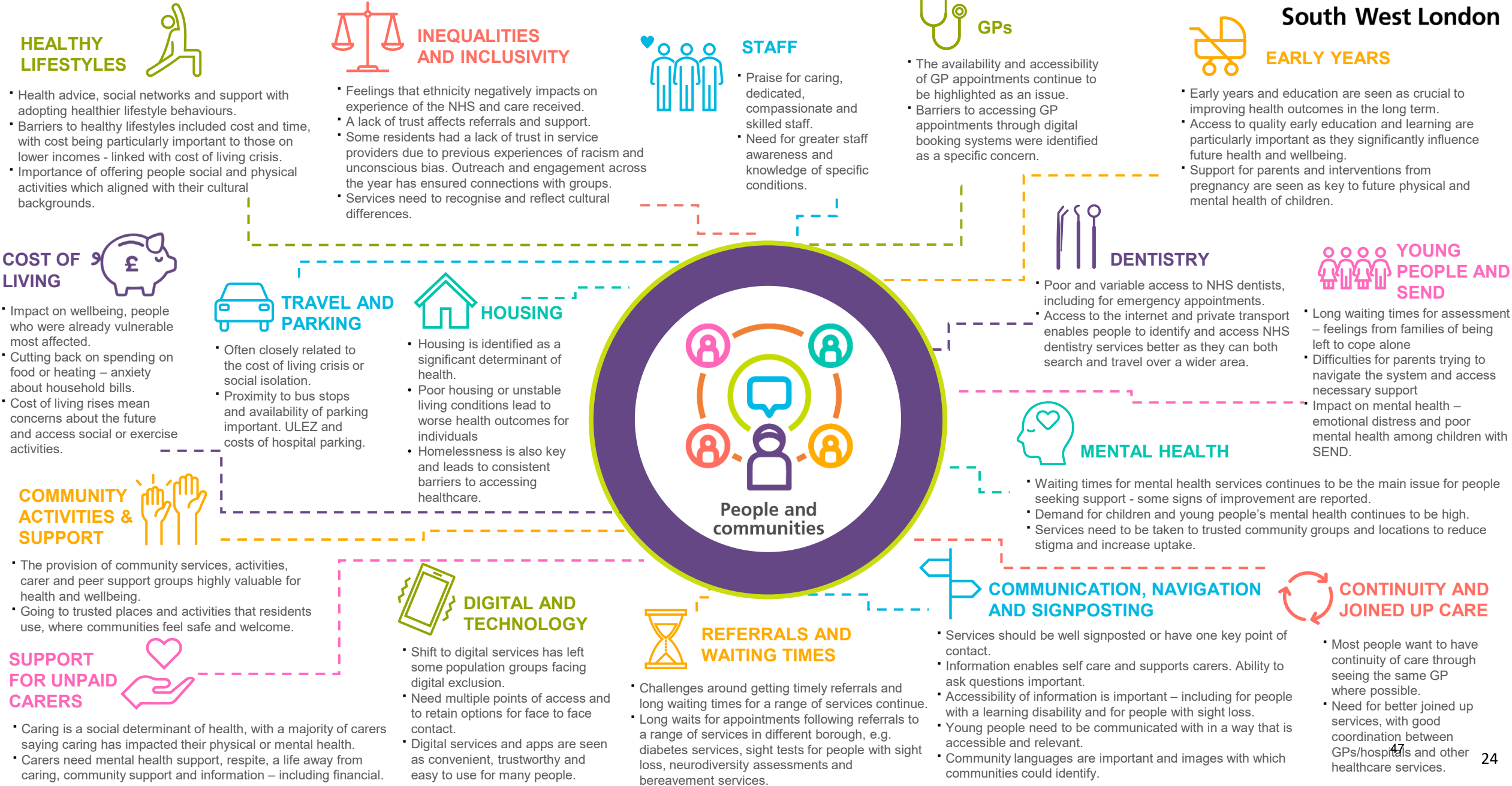
Shift 3- Focussing on preventing sickness, not just treating it
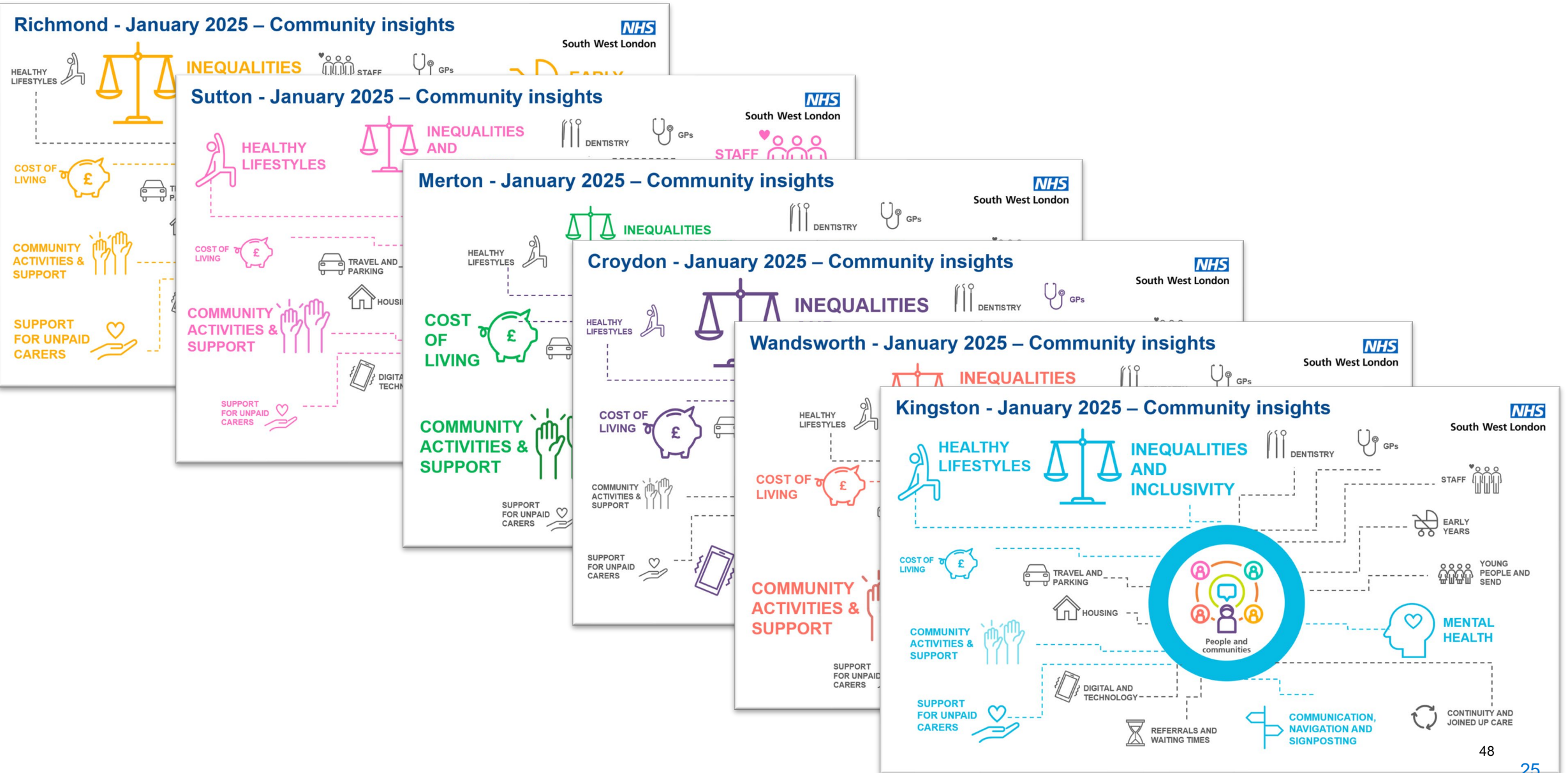## What we heard from community leaders – January 2025

- **Prevention requires a long-term strategic data-led approach -** "the NHS is too short-sighted and short-term when it comes prevention" - we heard the NHS must focus on what's worked previously and use the data available to target specific communities, over a longer time frame.

- **The power of trusted community leaders – at a neighbourhood level** – we heard about how influential community leaders are with the residents they work with. Comments encouraged the NHS to use the existing VCSE infrastructure to make in roads with communities to discuss prevention initiatives. The long-standing relationships GPs and pharmacists have with their communities was also raised – they are able to work very effectively with residents at a neighbourhood level

- **The NHS can't do this alone** – it was widely discussed that there are a wide range of statutory partners involved in elements of people's lives which affect their health – housing, schools, employment and social care. All these different agencies must work together to make a difference in prevention.

- **Poverty and prevention** – groups discussed how cost of living impacts people's ability to make health choices. It was raised that there was a strong link between poverty and poorer health outcomes.

- **Early years must be prioritised** – raised in the majority of table discussions – we heard "we should be focusing on babies in the womb, not just health checks at 40". Support for new parents on healthy lifestyles was keen as the key to preventing all future illnesses. We heard particularly frustration in this space about historic schemes which have seen funding reductions over the past decade such as children's centres.

- **Prevention activities work better when fun and culturally sensitive, rather than 'NHS people telling us what to do'** – there was lots of discussion about the types of activities which encourage local people to be physically and socially active, contributing to staying in good health.

- **Physical and mental health together** – groups discussing how prevention should be tackled in a "holistic way" and that physical and mental health are strongly linked. Any prevention initiatives should consider both in their approach.

- **Promote what's already available** – we heard lots of ideas for how existing NHS prevention programmes like health checks and cancer screening could be better communicated to local people. This included making sure the images we use to advertise services feature diverse people "use images of people that look like me".

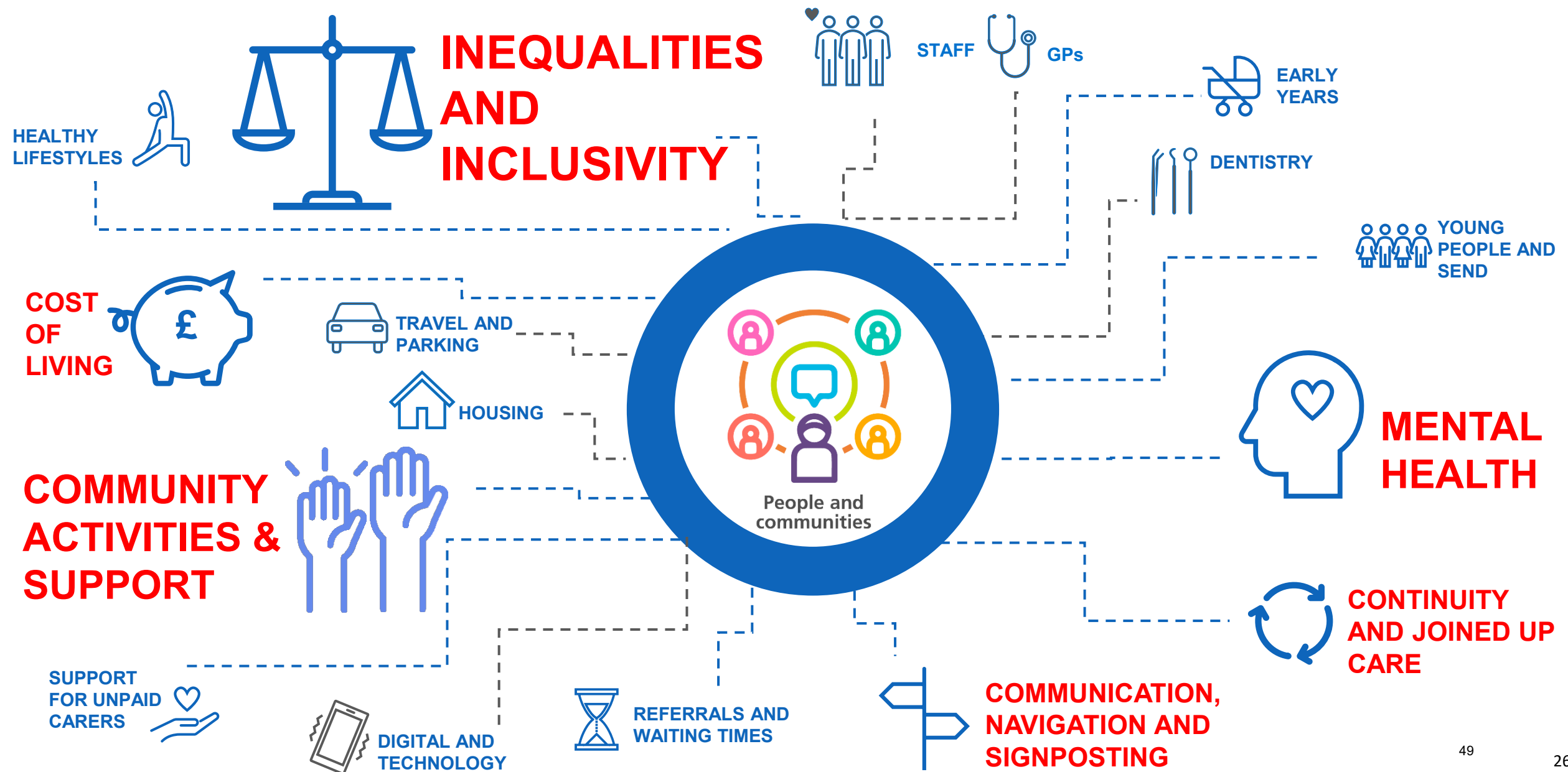# Analysis: 270 engagement reports from last year

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Up to January 2025 – What matters most to our communities – 17 themes

NHS South West London

HEALTHY LIFESTYLES
- Health advice, social networks and support with adopting healthier lifestyle behaviours.
- Barriers to healthy lifestyles included cost and time, with cost being particularly important to those on lower incomes - linked with cost of living crisis.
- Importance of offering people social and physical activities which aligned with their cultural backgrounds.

INEQUALITIES AND INCLUSIVITY
- Feelings that ethnicity negatively impacts on experience of the NHS and care received.
- A lack of trust affects referrals and support.
- Some residents had a lack of trust in service providers due to previous experiences of racism and unconscious bias. Outreach and engagement across the year has ensured connections with groups.
- Services need to recognise and reflect cultural differences.

STAFF
- Praise for caring, dedicated, compassionate and skilled staff.
- Need for greater staff awareness and knowledge of specific conditions.

GPs
- The availability and accessibility of GP appointments continue to be highlighted as an issue.
- Barriers to accessing GP appointments through digital booking systems were identified as a specific concern.

EARLY YEARS
- Early years and education are seen as crucial to improving health outcomes in the long term.
- Access to quality early education and learning are particularly important as they significantly influence future health and wellbeing.
- Support for parents and interventions from pregnancy are seen as key to future physical and mental health of children.

COST OF LIVING
- Impact on wellbeing, people who were already vulnerable most affected.
- Cutting back on spending on food or heating – anxiety about household bills.
- Cost of living rises mean concerns about the future and access social or exercise activities.

TRAVEL AND PARKING
- Often closely related to the cost of living crisis or social isolation.
- Proximity to bus stops and availability of parking important. ULEZ and costs of hospital parking.

HOUSING
- Housing is identified as a significant determinant of health.
- Poor housing or unstable living conditions lead to worse health outcomes for individuals
- Homelessness is also key and leads to consistent barriers to accessing healthcare.

DENTISTRY
- Poor and variable access to NHS dentists, including for emergency appointments.
- Access to the internet and private transport enables people to identify and access NHS dentistry services better as they can both search and travel over a wider area.

YOUNG PEOPLE AND SEND
- Long waiting times for assessment – feelings from families of being left to cope alone
- Difficulties for parents trying to navigate the system and access necessary support
- Impact on mental health – emotional distress and poor mental health among children with SEND.

People and communities

MENTAL HEALTH
- Waiting times for mental health services continues to be the main issue for people seeking support - some signs of improvement are reported.
- Demand for children and young people's mental health continues to be high.
- Services need to be taken to trusted community groups and locations to reduce stigma and increase uptake.

COMMUNITY ACTIVITIES & SUPPORT
- The provision of community services, activities, carer and peer support groups highly valuable for health and wellbeing.
- Going to trusted places and activities that residents use, where communities feel safe and welcome.

DIGITAL AND TECHNOLOGY
- Shift to digital services has left some population groups facing digital exclusion.
- Need multiple points of access and to retain options for face to face contact.
- Digital services and apps are seen as convenient, trustworthy and easy to use for many people.

REFERRALS AND WAITING TIMES
- Challenges around getting timely referrals and long waiting times for a range of services continue.
- Long waits for appointments following referrals to a range of services in different borough, e.g. diabetes services, sight tests for people with sight loss, neurodiversity assessments and bereavement services.

COMMUNICATION, NAVIGATION AND SIGNPOSTING
- Services should be well signposted or have one key point of contact.
- Information enables self care and supports carers. Ability to ask questions important.
- Accessibility of information is important – including for people with a learning disability and for people with sight loss.
- Young people need to be communicated with in a way that is accessible and relevant.
- Community languages are important and images with which communities could identify.

CONTINUITY AND JOINED UP CARE
- Most people want to have continuity of care through seeing the same GP where possible.
- Need for better joined up services, with good coordination between GPs/hospitals and other healthcare services.

SUPPORT FOR UNPAID CARERS
- Caring is a social determinant of health, with a majority of carers saying caring has impacted their physical or mental health.
- Carers need mental health support, respite, a life away from caring, community support and information – including financial.

What is most important to communities in each of our Places

What did community leaders say were the most important?

INEQUALITIES AND INCLUSIVITY

STAFF

GPs

EARLY YEARS

HEALTHY LIFESTYLES

DENTISTRY

YOUNG PEOPLE AND SEND

COST OF LIVING

TRAVEL AND PARKING

HOUSING

People and communities

MENTAL HEALTH

COMMUNITY ACTIVITIES & SUPPORT

CONTINUITY AND JOINED UP CARE

SUPPORT FOR UNPAID CARERS

DIGITAL AND TECHNOLOGY

REFERRALS AND WAITING TIMES

COMMUNICATION, NAVIGATION AND SIGNPOSTING

49

Early feedback from winter engagement events

Supporting NHS operational pressures through community engagement + hearing what matters most

NHS South West London

Good conversations about winter campaigns

Hearing feedback about 'what matters most to communities'

- **NHS app – reducing pressure on primary care**
- **Pharmacy – reducing pressure on UEC**
- **Vaccinations – reducing hospital admissions**

Data + VCSE partnerships help us engage with communities who experience health inequalities

NHS
South West London

- **Trusted – where the NHS often isn't** Through decades of hard work, many of our VCSE organisations have earned a deep-rooted trust with communities – that statutory services often simply do not have.

- **Relationships and routes** into communities that face health inequalities, have the poorest health outcomes, and often do not want to engage with the NHS.

- **Knowledge** of the needs and strengths of the people they work with, who support them to be more directly involved with NHS services

Targeting our small grants to our Core20+5 populations

Wandsworth
Queenstown (9K) Young adult to working age population (15-44). Significantly more Black & Chinese ethnicities. Barriers to housing and living environments
Latchmere (14K) Younger working age population. More Black ethnicities. Barriers to housing
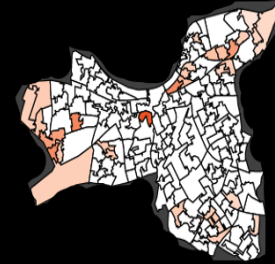
Merton
East Merton (29K) Deprivation in housing and environment. Significant school aged and older working age (44-64) population. Ethnically diverse.

Croydon
Croydon North (89K) School and working aged population. Significantly more Black & Asian ethnicities. Barriers to housing.
Addington (24k) High school aged population. Very high deprivation driven by income, employment, education and barriers to housing. Significantly White British and Black African
Croydon North (89K) School and working aged population. Significantly more Black & Asian ethnicities.
Barriers to housing.
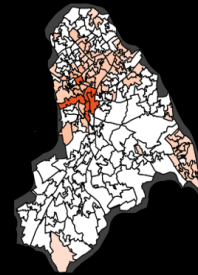
Kingston
Beverley (2K) More school and young working aged population. More of the Asian & Mixed ethnicities.
Berrylands (2K) More young working age population. More of the Arab/Middle Eastern ethnicities.

Richmond
Ham, Petersham and Richmond Riverside (2K)
Older population. Significant White British population.
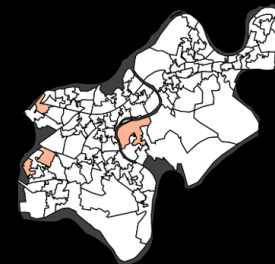
Sutton
St Helier & Wandle Valley (14K) More school & retirement aged population. Significantly more White British and Eastern European ethnicities.

Supporting NHS operational pressures
Community engagement – VCSE small grants

Winter Engagement Fund 2024/25

10,000 conversations through our engagement

115 community and voluntary organisations funded

28% More groups applied this year

45% engaged with people aged 18-65

44% engaged with people over the age of 65

64 We engaged with people from 64 ethnicities

85 shared leaflets

65 had one-to-one conversations

63 had group discussions

26 had guest speakers

As a result of activities people said they…

✓ Will share information with friends or family
✓ Feel more confident using local health and care services
✓ Would visit a pharmacy and more likely get a vaccination

We translated information into many languages, including **Urdu, Korean, Gujarati, Tamil, Polish, Spanish and Chinese**

53

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Early feedback from winter engagement activities (1)

- **Challenges with language translation and communication** – this issue was raised frequently and was referenced as a critical barrier to seeking support and being able to engage well with services.

- **Long waiting times and cancelled hospital appointments and treatment** – this was the most common feedback from conversations. There was a perception that services are "understaffed" and "under pressure"

- **GP services are valued, but difficulty getting appointments** – challenges around getting GP appointments came up regularly during community conversations – with some saying they struggled to get an appointment at all.

- **Unheard and not respected** – a range of feedback relayed these types of sentiments with some saying they felt "let down by NHS services". We heard people could feel dismissed or not taken seriously by health care professionals and administrative staff.

- **Digital-entry to services off-putting** – while we heard lots of positive comments about the NHS app, there was a strong feedback theme that people found digital access to some services extremely challenging.

Early feedback from winter engagement activities (2)

NHS
South West London

- **Support for NHS and praise for kind staff** – there were many positive comments by people about their experiences and particular individual members of staff who had been kind.

- **People feeling scared** – for particularly busy services, as well people sometimes feeling unsafe in certain settings like A&E departments.

- **Challenges accessing mental health and long waits** – we heard a wide range of feedback about mental health services – with long waits being the key recurring theme.

- **Trust in pharmacy services, but with low understanding among some groups** – there was a lot of positivity for local pharmacists amongst the communities we spoke to. General awareness of services continues to increase this year. However, knowledge could be very low where people hadn't received information previously.

- **Polarised sentiments towards vaccines** – with some regularly vaccinated and others no longer considering vaccination for a variety of reasons including many based on misinformation.

Five recommendations

Five recommendations: as we move forward to transform the NHS in SW London

NHS South West London

1. **Keep the culture of engagement feedback at the heart of our planning, as we have done before:**

   - Clinical Conference
   - Local Health and Care Plan events
   - Joint Forward Plan engagement evidence
   - Integrated Care Strategy engagement
   - Mental Health Strategy engagement
   - Cancer Collaborative engagement with low-uptake groups
   - Engagement at place level for services changes and service improvement

2. **Make this everybody's business**

   - Communications and engagement teams can provide advice and guidance; leaders and wider programme teams can research, engage and act on new or existing engagement intelligence

Five Recommendations: as we move forward to transform the NHS in SW London

NHS South West London

3. Build on what we know already

- There is a wealth of engagement insight already collected, locally, regionally and nationally. We can build on this.

4. Ask the right questions, to the right people

- Not just about individual services, who uses them and how, but about how services work together and more widely about what matters most to communities
- Making sure our engagement seeks data and insight from people with the poorest health outcomes and the greatest need.

5. Understanding into action

- Being clear about impact, it builds trust and increases engagement
- System leaders to take this learning and intelligence back into their organisations and consider how to use this feedback as they deliver and transform services.

How we can support engagement

- **Using and contributing to our Bank of Insight**
  https://www.southwestlondonics.org.uk/insights/

- **Advice and toolkits from SWL NHS communications and engagement teams, for example:**
  - how to design a survey
  - how to run a focus group
  - what are the good questions to ask around service transformation – scale, impact, groups affected
  - how to value involvement
  - how to work with the community and voluntary sector to engage particular communities
  - get in touch: charlotte.gawne@swlondon.nhs.uk

Appendices

Appendices

National priorities and success measures for 2025/26

Priority	Success measure
Reduce the time people wait for elective care	Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement[2]
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement[2]
	Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026
	Improve performance against the headline 62-day cancer standard to 75% by March 2026
	Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026
Improve A&E waiting times and ambulance response times	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25
	Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26
Improve access to general practice and urgent dental care	Improve patient experience of access to general practice as measured by the ONS Health Insights Survey
	Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more
Improve mental health and learning disability care	Reduce average length of stay in adult acute mental health beds
	Increase the number of CYP accessing services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction
Live within the budget allocated, reducing waste and improving productivity	Deliver a balanced net system financial position for 2025/26
	Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems
	Close the activity/ WTE gap against pre-Covid levels (adjusted for case mix)
Maintain our collective focus on the overall quality and safety of our services	Improve safety in maternity and neonatal services, delivering the key actions of the of the 'Three year delivery plan'
Address inequalities and shift towards prevention	Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people
	Increase the % of patients with hypertension treated according to NICE guidance, and the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance

[Framework for engaging with people and communities to address health inequalities - Care Quality Commission](#)

[Health and Care Act 2022](#) - 14Z45(2) of the 2022 Health and Care Act

[Public Sector Equality Duty: guidance for public authorities - GOV.UK](#)

[Independent Reconfiguration Panel - GOV.UK](#)

[Consultation principles: guidance - GOV.UK](#)

South West London ICB Cyber Strategy

Agenda item: 5

Report by: Martin Ellis

Paper type: Decision

Date of meeting: Wednesday, 19 March 2025

Date Published: Wednesday, 12 March 2025

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

Purpose
The purpose of this paper is for the Board to review and approve the South West London ICB Cyber Strategy 2025-30.

Executive summary
The SWL ICB Cyber Security Strategy sets out a unified and collaborative approach to managing cyber risks across all NHS provider organisations within the ICS. The Cyber Strategy sets out our long-term approach to enhancing cyber resilience across South West London NHS providers, strengthening our cyber security posture, and ensuring alignment with national guidelines.

Recognising the critical importance of protecting essential healthcare services, the strategy provides a robust framework to ensure the confidentiality, integrity, and availability of systems, data, and patient services.

The ICB Digital Team have worked collaboratively with all South West London NHS providers since September 2024 to develop a comprehensive ICB Cyber Strategy. This strategy has been co-created through a structured engagement process, including a detailed questionnaire and a series of workshops to assess the risk profile and cyber posture, and has been endorsed by the NHSE Cyber Team.

Key Issues for the Board to be aware of

The strategy aims to:

- Protect patient care and critical services through a robust and unified cyber posture.
- Enable faster recovery from cyber incidents with clear roles, streamlined processes, and coordinated responses.
- Strengthen governance and accountability by embedding cyber security into board-level priorities across SWL ICS.
- Enhance public trust by ensuring data security, i.e. protect the confidentiality of the data of the individual and enabling the confident adoption of new digital technologies.

The SWL ICB Cyber Strategy considers and aligns with:

1. Learnings from Lord Darzi's report, in relation to Digital innovation.
2. Recommendations from the What Good Looks Like framework (WGLL).
3. Department of Health and Social Care (DHSC) Cyber Strategy to 2030.
4. National Cyber Security Centre's (NCSC) Cyber Assessment Framework (CAF).
5. SWL ICS Digital Strategy.

Recommendation

The Board is asked to:

- Note the content of the paper.
- Approve the SWL ICB Cyber Strategy.

Governance and Supporting Documentation

Conflicts of interest
N/A.

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

1. Agreeing the Vision, Values, and Strategic Direction

   Cyber strategy provides clear governance and accountability for cyber security across the ICB.

   Protects patient trust by safeguarding sensitive health data, reinforcing the ICB's commitment to patient safety and confidentiality.

2. Improving Population Health and Reducing Health Inequalities

   Prevents cyber disruptions that could delay urgent care, medication management, or medical procedures, particularly for vulnerable groups.

   Reduces the risk of cybercrime targeting disadvantaged communities, ensuring fair and equitable access to healthcare resources.

3. Enhancing Productivity and Value for Money

   Reduces operational inefficiencies by improving digital resilience, minimising costly disruptions in service delivery.

   Supports safe and cost-effective digital transformation, ensuring new technologies are secure, scalable, and compliant with NHS cybersecurity standards.

4. Supporting Broader Social and Economic Development

   Protects public sector investments in IT infrastructure, reducing the financial and reputational impact of cyber incidents.

Risks
This document links to the following Board risks:

- Interruption to Clinical & Operational Systems due to Cyber Attack (RSK 149).

Mitigations
Actions taken to reduce any risks identified:

- Investment in Cybersecurity, delivered through the Cyber Roadmap.

Financial/resource implications

Financial planning and investment will be managed through the 2024-2027 Digital Transformation Investment Plan.

Green/Sustainability Implications

Aligns to the SWL ICS digital Strategy green plan

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

N/A

Patient and public engagement and communication

The following activities and reports contributed to the creation of this strategy:

- NHS South West London engagement on Section 251 (2024)
- Including Digitally Excluded Communities: Engagement Report 2024 | Healthwatch Kingston
- NHS SWL (2023) People and communities - engagement assurance group
- Clearview Research (2022) Enhanced Primary Care Hub Evaluation
- Findings from 17 recent PCN engagements on 'Enhanced Access' e.g. South West London ICS (2022) One Thornton Health Planning for Enhanced Access Service; South West London ICS (2022) Patient Feedback - Brocklebank PCN
- Healthwatch Wandsworth (2022) Experiences of Health and Social Care Services for People with Sight Loss; Healthwatch Wandsworth (2022) Digital Support for People with Learning Disabilities; London Borough of Merton (2021) Community Dementia Services Public Engagement Report

Previous committees/groups

This strategy has been reviewed and recommended for approval at the following committees/groups:

Committee name	Date	Outcome
ICB Senior Management Team	06 March 2025	Approval for submission to ICB Board
ICB Digital Board	03 March 2025	Approval for submission to Senior Management Team
ICB Cyber Assurance Group	12 February 2025	Approval for submission to Digital Board
NHSE Cyber Team	January 2025	Endorsed for approval

Final date for approval

N/A

Supporting documents

SWL ICB Cyber Strategy

Lead director

Martin Ellis, Chief Digital Information Officer

Authors

Yash Manipatruni, Deputy Director of Enterprise & Technical Architecture

NHS
South West London

South West London ICB:

Cyber Security Strategy

2025 – 2030

February 2025

Contents

Foreword

Foreword

The SWL ICB Cyber Security Strategy outlines how strengthening cyber security over the next five years will enhance the quality of care for our service users. By driving cross-system collaboration, we aim to build a collective cyber protection that leverages economies of scale, ensuring a more resilient, efficient, and unified approach to safeguarding critical services. Through shared initiatives, resource optimisation, and strategic coordination, we will enhance cyber resilience while enabling the effective deployment of advanced technologies and expertise across the ICB.

"Cybersecurity is a fundamental part of patient safety and a cultural priority for SWL ICB. Protecting our digital infrastructure means protecting lives, and this requires a business-wide commitment across all levels of our ICB. This strategy ensures that cybersecurity is embedded into our operations, promoting a culture of shared responsibility and resilience, so we can continue delivering safe, high-quality care to those who depend on us."

"As we drive digital transformation across SWL ICB, security must be embedded in everything we do. This strategy ensures that our digital initiatives are built on a strong and consistent foundation of cybersecurity, safeguarding patient data, critical systems, and the trust our communities place in us. By working collaboratively, we will create a resilient and future-proof digital healthcare ecosystem."

Dr John Byrne
Chief Medical Officer
NHS SWL Integrated Care Board

Martin Ellis
Chief Digital Information Officer NHS SWL Integrated Care Board

Executive Summary

Overview (1/3)

The SWL ICB Cyber Security Strategy sets out a unified and collaborative approach to managing cyber risks across all NHS provider organisations within South West London. Recognising the critical importance of protecting essential healthcare services, the strategy provides a robust framework to ensure the confidentiality, integrity, and availability of systems, data, and patient services.

Aligned with the **Department of Health and Social Care (DHSC) Cyber Strategy to 2030,** the strategy addresses local challenges by encouraging collaboration, standardisation, and resilience. It underscores the shared responsibility across NHS provider organisations, emphasising the principle that **"we are only as strong as our weakest link."**

This strategy was developed through a collaborative process, engaging stakeholders across the ICB to address local priorities while adhering to national requirements. It aligns with the **revised Data Security and Protection Toolkit (DSPT)**, which is now based on the **National Cyber Security Centre's Cyber Assessment Framework (NCSC CAF)**, alongside other national guidelines. The strategy is mainly informed by:

Comprehensive cyber assessments of NHS provider organisations.

Feedback from existing governance arrangements.

Lessons learned from recent cyber incidents across the NHS, along with key takeaways from our inaugural ICB-wide cyber incident simulation exercise.

Overview (2/3)

The strategy outlines six key objectives designed to improve the ICB's overall cybersecurity posture and ensure a consistent, system-wide approach:

Our First objective, Strengthening Governance focuses on the cyber function of the Integrated Care Board (ICB) and the respective boards of NHS provider organisations by better aligning accountability, oversight, and coordination with knowledge and executive cyber awareness, and responsibilities.

The second objective, Managing Risk aims to develop a broader approach across SWL ICB to manage cyber risks. This is focused on creating greater transparency of the overall risk position and what is required to remediate it.

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

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

Objective five, Detecting and Responding to Threats and Incidents seeks to develop out the detection and response capabilities for the ICB. This aims to deliver a centralised approach to monitoring and detection of cyber threats and co-ordinating incident response across our critical systems and services, supported by NHS England centralised services and other partner services.

Finally, objective six, Embedding Cyber Awareness and Culture deals with obtaining and retaining cyber talents and ways to develop the cyber security workforce. This includes training on specific cyber security skills alongside the synchronised training and awareness of end users in the ICB around the risks of cyber attacks.

Overview (3/3)

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This strategy envisions a SWL ICB where all NHS provider organisations work collaboratively to mitigate cyber risks, safeguard essential services, and respond effectively to incidents. Success will mean achieving:

- Clear accountability for cyber security across all levels of governance
- A centralised repository of critical systems and suppliers, enabling proactive risk management.
- A user base that is better aware of cyber risks, supported by a community of qualified cyber professionals.
- Consistent implementation of foundational cyber controls
- Unified threat detection and response capabilities, reducing the impact of cyber incidents.

Our aim is to achieve this mainly by:

1 Strengthening cooperation between NHS provider organisations and leveraging NHS England provided services and support.

2 Investing in skills, training, and shared resources to enhance our cybersecurity capabilities.

3 Using joint procurement and economies of scale to maximise resources and reduce costs.

4 Establish ongoing processes to track progress, ensure compliance, and adapt to emerging risks
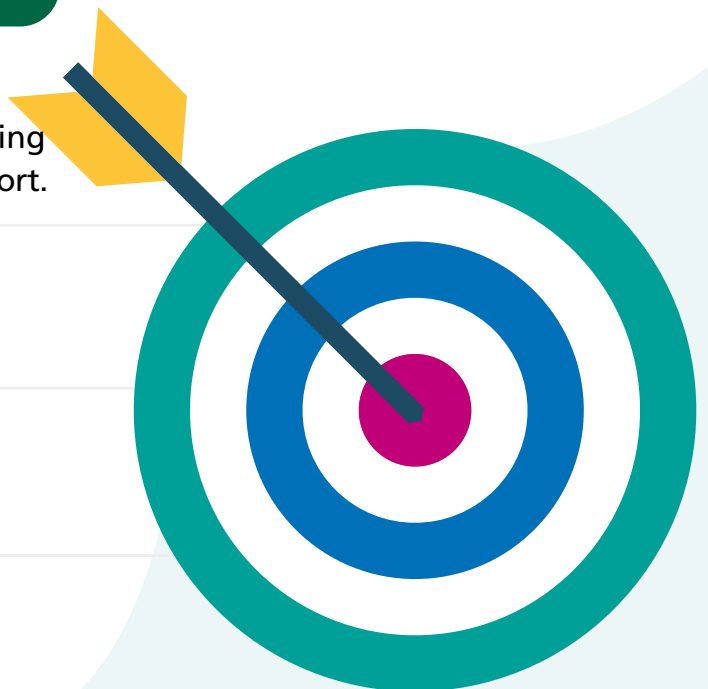
Background

Background (1/3)

About Us

South West London Integrated Care Board and the NHS provider organisations is a collaborative partnership across the footprint of 6 Local Authorities, bringing together 6 NHS Trusts, 174 GP practices, and other key stakeholders to deliver better health and care outcomes for our residents.

Covering a diverse population of approximately **1.5 million people**, we focus on ensuring equitable access to high-quality healthcare services, reducing health disparities, and improving overall population health. Our structure reflects a collective approach to integrated care. Together, we work to enhance patient care pathways, ensure financial sustainability, **and leverage technology to improve operational efficiencies.** By **coordinating** efforts across these diverse providers, we ensure that health and care services are designed around the needs of our population, **promoting innovation and resilience** in the face of **emerging challenges, including cyber threats**. This strategy underscores our commitment to **securing the digital foundations upon which we deliver essential services.**

Our Providers

Local Authorities

- Wandsworth council
- Sutton council
- Richmond council
- Merton council
- Kingston council
- Croydon council

NHS Provider Trusts

- Croydon Health Services NHS Trust
- Epsom and St Helier University Hospitals NHS Trust
- Kingston and Richmond NHS Foundation Trust
- Royal Marsden NHS Foundation Trust
- South West London and St George's Mental Health NHS Trust
- St George's University Hospitals NHS Foundation Trust

Community Providers

- Central London Community Healthcare NHS Trust
- Your Healthcare CiC

177k population
6 Primary Care Networks
25 GP Practices

306k population
9 Primary Care Networks
39 GP Practices

178k population
6 Primary Care Networks
21 GP Practices

Richmond Upon Thames

Wandsworth

Merton

Kingston Upon Thames

Sutton

Croydon

172k population
5 Primary Care Networks
20 GP Practices

178k population
4 Primary Care Networks

440k population
9 Primary Care Networks

Background (2/3)

Why we need this strategy

This strategy seeks to address the critical and evolving threats facing the NHS, ensuring that SWL ICB pursues a unified, proactive approach to safeguarding our systems, data, and patient services.

Recent cyber incidents, such as the Synnovis cyber attack, have demonstrated the devastating impact cyber threats can have on healthcare services. These events disrupt essential patient care, threaten sensitive data, and undermine trust in digital systems. This strategy acknowledges that protecting our collective services requires a cohesive, system-wide effort.

The strategy aims to:

- **Strengthen governance and accountability** by embedding cyber security into board-level priorities across SWL ICB.
- **Protect patient care and critical services** through a robust and unified cyber posture.
- **Enable faster recovery from cyber incidents** with clear roles, streamlined processes, and coordinated responses.
- **Enhance public trust** by ensuring data security and enabling the confident adoption of new digital technologies.

Through collaboration with our NHS provider organisations and partners, alignment with national direction, and proactive risk management, this strategy sets the foundation for a resilient and secure digital future across South West London ICB.

How was it created?

Strategy was developed in alignment with the responsibilities outlined in the DHSC Cyber Security Strategy to 2030, incorporating key frameworks such as the DSPT-aligned NCSC Cyber Assessment Framework (CAF), "What Good Looks Like" and other relevant frameworks. Also, locally commissioned assessments engaged stakeholders across the ICB, ensuring our strategy reflects collective needs and priorities while addressing national and regional requirements.

NHS England mandate requires every ICB to develop a cyber strategy aligned with the DHSC Cyber Strategy to 2030. **However, for South West London (SWL), this goes beyond compliance. We've recognised that building a resilient cyber future requires a proactive and cohesive approach.**

Background (3/3)

These priorities aim to protect the delivery of care across SWL ICB, ensuring a reasonable balance between security and clinical needs.

We are committed to supporting the safeguarding of digital assets used in the delivery and support of our essential services, and protecting sensitive data across our diverse networks. To achieve this, we will focus our efforts on:

1.

Aligning to the industry requirements, frameworks and standards

2.

Defining clear metrics to measure the success of the Strategy and its impact on our collective cyber security posture

3.

Maximising the value of leveraging national NHS tools and services

4.

Building an ICB-wide cyber security governance structure led by the ICB Board, with adequate resources to deliver on our objectives

5.

Promoting a risk-driven approach to mitigate the impact of cyber incidents, and improving cyber awareness and culture

These priorities were shaped through a blend of national guidance, local collaboration, and insights from locally commissioned cyber assessments. While the national direction provided a clear framework, we engaged extensively with our ICB providers through existing forums, such as the Cyber Assurance Group (CAG), Digital Infrastructure Steering Group (DISG), and the Digital Leadership Team (DLT).

Mission and Vision

Our Mission and Vision

As digital transformation accelerates across SWL ICB, ensuring a robust and resilient cyber security structures are critical to safeguarding patient services, protecting sensitive data, and maintaining public trust. This Strategy is built on a foundation of collaboration, strong leadership, and a shared responsibility for cyber resilience across all organisations.

Cyber security is not just a technology challenge, it is a cultural priority. Executive leadership plays a pivotal role in shaping a security-conscious environment, setting expectations, and embedding cyber resilience into everyday practices. By fostering a top-down commitment to security, this strategy ensures that every individual, from leadership to frontline staff, recognises their role in protecting our essential services from cyber attacks and incidents.

At the heart of this strategy are our mission and vision, guiding our approach to cyber security across the ICB.

Our Mission

To foster a collaborative and resilient cyber security culture across SWL ICB by implementing a unified governance approach, promoting secure operational practices, and embedding accountability at all levels. We are committed to safeguarding the confidentiality, integrity, and availability of critical systems, data, and patient services, while proactively mitigating risks, and preventing unauthorised access, ensuring that patient information remains safe and protected.
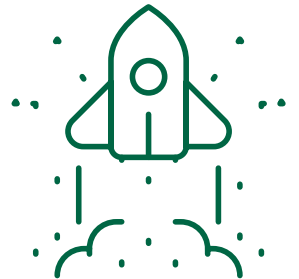
Start well **Live well** **Age well**

Our Vision

To establish a digitally secure and resilient ICB, where **leaders champion** cyber security, encouraging a culture of shared responsibility across NHS provider organisations, the ICB, and strategic partners. Through **strategic coordination and continuous engagement**, we aim to protect against cyber threats, enhance system reliability, and ensure the accessibility of our essential services.
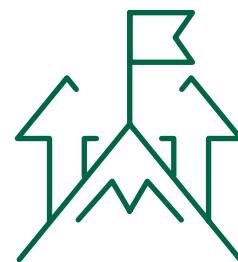
While each organisation retains responsibility for its cyber risk, SWL ICB will drive alignment, best practices, and collective resilience through transparent leadership and cross-organisational collaboration.

Together, we will strengthen cyber governance, promote a proactive security culture, and empower every individual to play their part in securing the systems that support our essential services, building a resilient and secure future for our residents.

Establishing the Strategy

Cyber Security Strategy Development

Putting the Strategy Together: A collaborative Journey

To establish a **comprehensive and effective SWL ICB Cyber Strategy,** we began by gaining an understanding of the cyber security posture across our sub region. This journey started in 2023 with a **system-wide cyber assessment** using the **CIS Critical Security Controls (CSC) Level 2** for Critical National Infrastructure (CNI), recognising the NHS as a vital part of this designation.

Understanding the Baseline

The assessment included an evaluation of existing controls aligned with frameworks such as the Data Security and Protection Toolkit (DSPT), Cyber Essentials, NCSC's 10 Steps, and NHS guidance on "What Good Looks Like." Through workshops and targeted technical sessions with SWL ICB organisations, we explored gaps and alignment across people, processes, and technology, identifying strengths and areas for improvement.

Aligning with National Frameworks

Following the national direction to align the DSPT with the NCSC Cyber Assessment Framework (CAF), we completed a CAF evaluation in 2024 of our NHS provider organisations. This step ensured that our strategy reflected national priorities and compliance requirements while maintaining relevance to local needs.

Collaborative Approach and Integration

In crafting the strategy, we reviewed local digital strategies from member organisations, integrating their priorities wherever feasible. Stakeholder collaboration through workshops, technical discussions, and inputs from existing oversight groups including SWL ICB DLT and CAG provided rich insights to meeting national requirements while supporting unique local needs.

Our thought process (1/2)

The SWL ICB Cyber Security Strategy is driven by the need to **address common systemic challenges**, build on our current progress, and **seize opportunities to strengthen resilience across** South West London. This strategy ensures a coordinated, system-wide approach to cyber security that transcends compliance, **fostering alignment between** our NHS provider **organisations** while recognising each organisation's independence.
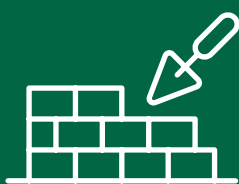
1. **What We're Building On**	**2.** **Key Challenges**	**3.** **Unlocking Economies of Scale**
4. **Existing Model**	**5.** **Tight Financial Climate**	**6.** **Strengthening Partnerships with NHS England**
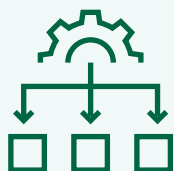
Our thought process (2/2)

Governance is siloed within IT/Digital teams, limiting its reach and effectiveness. This approach leaves gaps, as it fails to address the broader SWL ICB risks that span clinical, operational, and data management domains.

Recent cyber assessments including **CIS Critical Security Controls (CSC) level 2 and NCSC CAF** highlighted areas requiring focus for improvement including cyber governance, risk/asset management, supply chain security, data security, monitoring/incident response, recruitment/retention of skilled cyber professionals, etc

By **managing cyber security investments** and **coordinating resources** at the ICB level, we can achieve greater value while reducing duplication of effort. Leveraging our collective size enables more efficient procurement and streamlined implementation of security solutions.

Three key groups are central to driving cyber security across SWL ICB:

- SWL Digital Leadership Team – comprising CIOs and their equivalents across SWL's IT ecosystem.
- SWL Digital Infrastructure Steering Group (DISG) – comprising IT infrastructure/operation leads.
- SWL Cyber Assurance Group (CAG) – Comprising all cyber leads across SWL ICB

Like other ICBs, **SWL faces funding constraints due to broader pressures across the NHS.** These limitations impact our ability to invest in improving cyber maturity, attract skilled professionals, and deliver consistent training.

A **crucial step** in achieving the SWL ICB cyber strategy is to **maximise the use of NHS England's tools** and services in strengthening our collective security capabilities while significantly reducing costs for the ICB and its member organisations.

Objectives

Cyber Security Objectives

Building on system-wide assessments and collaborative efforts, we have established six key cyber security objectives to enhance our overall cyber resilience. These objectives were shaped through stakeholder consultations, findings from assessments, and alignment with national direction and industry good practices. They are:

Strengthening Governance

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

Managing Cyber Risk

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

Understanding Critical Systems and Suppliers

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

Prevention and Resilience

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

Detecting and Responding to Threats and Incidents

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

Embedding Cyber Awareness and Culture

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

1. Strengthening Governance

We will implement robust governance structures, policies, and standards to ensure that overall accountability for cyber security across SWL ICB rests with the ICB's **Board and the respective boards of NHS provider organisations,** with clearly defined expectations. Boards may delegate cyber responsibilities to subsidiary boards or strategic committees, ensuring strong business representation to oversee cyber security management and drive the strategy's objectives. This approach includes setting a clear risk appetite and empowering appropriately skilled individuals at all levels to make informed decisions. The detailed activities are reflected in a separate implementation plan document.

Our status at this point

Cyber security governance in SWL ICB is currently channelled through the **Digital Board**, to the **Digital Infrastructure Steering Group (DISG),** which mainly consists of IT and technical leads, and then to the **Cyber Assurance Group (CAG)**, made up of cyber leads across the ICB. This approach primarily views cyber security as a component of IT and digital infrastructure, limiting its broader relevance as an organisation-wide priority.

What outcome are we striving for?

The new governance structure will elevate cyber security to a system-wide priority, with **overall accountability held by the ICB's board and respective boards of NHS provider organisations**. The ICB Digital Board, **with representation from all key business areas**, will provide delegated ICB board oversight, ensuring comprehensive **coverage beyond technical aspects**, while a new Cyber Assurance Committee with appropriate business representation will focus on providing independent assurance **to the ICB board through the Senior Management Team (SMT)**. The existing Cyber Assurance Group will be revised into a **Cyber Technical Group (CTG)** with advisory responsibilities.

How this might be achieved?

A system-wide alliance to deliver and maintain this strategy.	Agree an inclusive cyber governance structure, and Target Operating Model (TOM)	Confirm a reporting process up to the ICB board.

2. Managing Cyber Risk

We will aim to develop a framework across SWL ICB **based on a supportive culture** to effectively manage cyber risk with the potential to cause the greatest harms. This would foster greater transparency in understanding the overall risk landscape and identifying the necessary steps for remediation. A key component of this approach is the adoption of a more robust and integrated supplier risk management framework in line with national direction. The detailed activities are reflected in a separate implementation plan document.

Our status at this point

Cyber risk management across SWL ICB is fragmented, with NHS provider organisations independently managing risks through varied approaches. This inconsistency results in non-uniform risk assessment outputs and limits the ICB's visibility of risks that could potentially disrupt the delivery of healthcare services across our sub region.

What outcome are we striving for?

SWL ICB will adopt a unified and standardised approach to cyber risk management, ensuring consistent practices across all organisations. This approach will prioritise identifying and addressing risks with the greatest potential to harm healthcare services, promoting greater system-wide visibility and resilience.

How this might be achieved?

| Adopt a unified cyber risk management framework across the ICB | Create risk management artefacts including policies, and guidance for consistency across the ICB. | Create a risk reporting process into the ICB Cyber Security Office. |

3. Understanding Critical Systems and Suppliers

Critical systems and suppliers are essential to delivering healthcare services across our ICB, yet their management is fragmented, with no centralised oversight. This lack of visibility hinders effective risk management, coordinated incident response, and cost efficiencies. By establishing a central repository of critical systems and suppliers, we can enhance resilience, improve cybersecurity, and optimise resources through better understanding and proactive management of these vital assets. The detailed activities are reflected in a separate implementation plan document.

Our status at this point

Localised Management: Currently, critical systems and suppliers are managed independently by each NHS provider organisation, resulting in fragmented records and no adequate ICB-wide visibility.

Limited Interdependency Mapping: The interdependencies between systems, services, and suppliers across the ICB are not fully understood, leading to inefficiencies and potential blind spots in risk management.

Reactive Engagement: Due to the lack of centralised visibility, the ICB struggles to proactively engage with suppliers or leverage economies of scale to manage risks or costs.

What outcome are we striving for?

Our goal is to establish comprehensive, centralised visibility of all critical systems and their suppliers, gaining a clear understanding of their role in supporting essential services and interdependencies across the ICB.

Additionally, we strive to adopt a proactive approach to managing these assets and supplier relationships, including joint procurement initiatives that leverage economies of scale while addressing the specific needs of local organisations.

How this might be achieved?

Create and maintain a centralised repository of critical systems and suppliers	Conduct an interdependency mapping exercise and Impact analysis	Develop a joined-up supplier management and engagement framework.

4. Prevention and Resilience

Cyber attacks continue to pose a significant threat to healthcare delivery, and within our ICB, our ability to prevent attacks and to **implement processes** that increase resilience varies across organisations. While some providers have robust control structures in place, others are less equipped, leaving critical gaps in our collective resilience. As the saying goes, **"we are only as strong as our weakest link."** Therefore, we aim to establish a minimum, consistent set of foundational cybersecurity controls across SWL ICB to prevent cyber attacks and minimise the impact of cyber incidents on our essential services. The detailed activities are reflected in a separate implementation plan document.

Our status at this point

Prevention and resilience capabilities vary across ICB organisations, with some providers having more advanced controls than others, creating vulnerabilities in our collective resilience.

While incident response and recovery plans exist, they lack consistency across the ICB.

What outcome are we striving for?

We aim to establish an ICB-wide baseline of prevention and resilience capabilities, ensuring all providers have effective and consistent foundational controls like endpoint protection, MFA, patch management, vulnerability management, disaster recovery and business continuity. Our goal is collective resilience, strengthened through improved collaboration, shared best practices, and reliable incident mitigation measures to safeguard our essential services.

How this might be achieved?

| Define and Implement consistent minimum standards for foundational controls. | Agree a support model for risk mitigating and compensating controls. | Establish a plan for ongoing monitoring and assurance on agreed controls. |

5. Detecting and Responding to Threats and Incidents

⑤

Detecting and responding to cyber threats is a critical component of our ICB cybersecurity strategy, distinct from prevention and resilience. While prevention focuses on reducing vulnerabilities, this objective aims to ensure we can identify and respond effectively to threats and incidents when they occur. By centralising detection capabilities and enhancing response planning, we aim to strengthen our ability to mitigate threats swiftly and collaboratively across SWL ICB, aligning with the DHSC's "Defend as One" objective. The detailed activities are reflected in a separate implementation plan document.

Our status at this point

Detection and response capabilities are currently fragmented and managed locally by individual NHS provider organisations, with varying levels of maturity and no centralised visibility across the ICS. This limits the ability to coordinate responses or identify patterns in threats that could impact multiple providers.

What outcome are we striving for?

Our goal is to establish a centralised, cost-effective system for monitoring, detecting and responding to cyber threats and incidents across the ICB. This will provide **consistent visibility, reporting, and coordination, while allowing NHS provider organisations to retain local risk ownership.** This improved capability will include robust incident response plans and playbooks, more frequent simulation exercises, and improved awareness to mitigate the impact of threats, including insider risks.

How this might be achieved?

Agree and implement SWL ICB centralised threat monitoring and response model.	Standardise and align incident response plans for effective coordination.	Confirm a plan for regular cyber simulation/tabletop exercises.

6. Embedding Cyber Awareness and Culture

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Our ambition here focuses on empowering our users to effectively respond to evolving cyber threats while promoting an approach to attracting and retaining cyber talent and strengthening the cyber security workforce by knowledge sharing and close collaboration. This involves providing targeted training on specialised cyber security skills while also promoting cyber awareness and education for all ICB employees on the risks of cyber attacks, their role in mitigating those risks, and their responsibilities in responding to and recovering from potential cyber incidents. The detailed activities are reflected in a separate implementation plan document.

Our status at this point

Cyber training and awareness across SWL ICB is managed independently by each provider, resulting in varied programmes across organisations. This includes Annual Mandatory Data Security Training, routine end-user communications, inconsistent and irregular board assurance training, as well as annual phishing and incident simulation exercises. The lack of standardisation creates inefficiencies, such as users having to repeat mandatory training when transitioning between organisations within the ICB. However, challenges persist in attracting and retaining skilled cyber resources within the NHS due to uncompetitive financial benefits and lack of incentives when compared to other industries. This disparity limits the ICB's ability to sustain a skilled workforce, further exacerbating inconsistencies in cyber training and preparedness across organisations.

What outcome are we striving for

Cyber training and awareness to be standardised across SWL ICB, ensuring consistency in content and delivery while allowing individual organisations to retain responsibility for execution. By encouraging the adoption of NHS England's Training and Awareness services, we will establish a joined-up approach, enabling seamless transitions for staff moving between organisations and promoting a unified understanding of cyber risks and responsibilities across the ICB.

How this might be achieved?

Create a cyber training and awareness policy and plan	Conduct cyber training needs assessment to identify gaps in knowledge and resource.	Create a process to track and report cyber training compliance across the ICB.

Governance and Accountability

Proposed Governance and Accountability

SWL ICB Cyber Governance

SWL ICB Board

SMT

Digital Board

Provider Organisations Cyber Governance Structures

Steering Groups

Infrastructure leads across the ICB

Cyber Assurance Committee

Membership to include clinical, digital, and other operational team leads

Cyber Security Office

NHS England

Regulatory Body

Cyber Technical Group

Cyber leads across the ICB
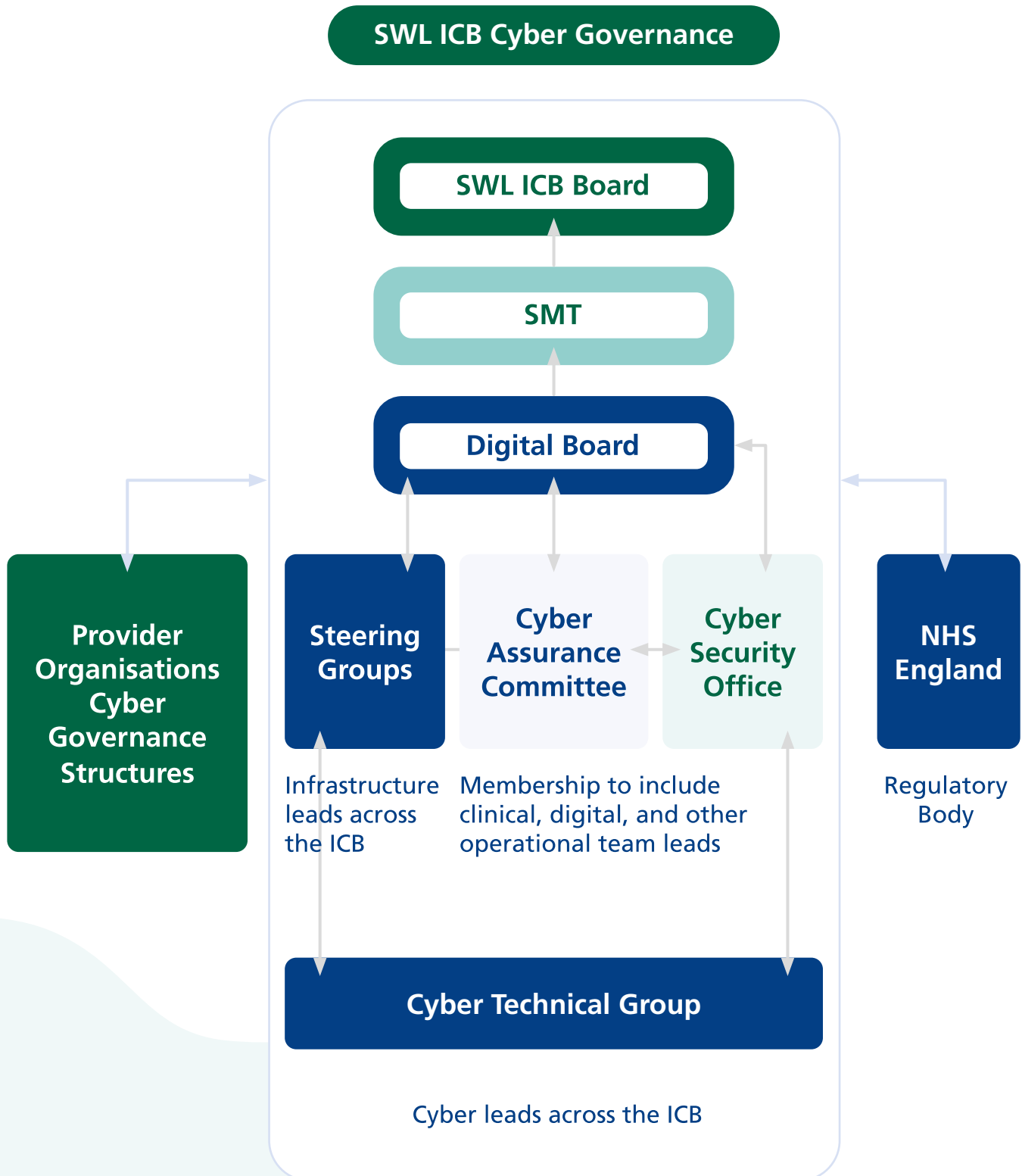
SWL ICB Cyber Security Governance

What will each group do? (1/2)

SWL ICB Cyber Security Governance framework outlines the roles and responsibilities of key groups responsible for overseeing, guiding, and implementing cyber security across the ICB. This governance structure ensures accountability, strategic alignment, and operational effectiveness in managing cyber risks and safeguarding essential services. Each group plays a distinct role in driving the success of the ICB cyber security strategy, from high-level oversight to day-to-day implementation and assurance.

ICB Board

- Has overall accountability for the strategic direction and oversight of cyber security within the ICB.
- Approves the cyber security strategy and risk management framework.
- Receives high-level reports on the ICB cyber security performance and major incidents.

Digital Board

- Provides strategic direction for digital transformation and oversees the implementation of the cyber security strategy.
- Receives reports from the Cyber Assurance Group.
- Ensures alignment of cyber security considerations with digital transformation initiatives.

Cyber assurance Committee (CAC)

- Provides independent assurance on the effectiveness of cyber security controls and risk management processes.
- Reviews and approves cyber security policies and procedures.
- Maintain close engagements with the Cyber Security Office.
- Reports into the Digital Board.

Senior Management Team (SMT)

- Responsible for the key decisions and recommendations to the board on the cyber and digital transformation strategies
- Provide executive level oversight of all the programs happening across the ICB.

What will each group do? (2/2)

Cyber Technical Group

- Provide technical advisory on cyber security to CSO and DISG
- Provide collaboration platform for cyber leads across the ICB.

Steering Groups

- Support efforts to improve cybersecurity within their respecting domains including digital infrastructure, data, clinical, etc.

NHS provider organisations

- Continue to own and manage their cyber risks just as they do now.
- Notify the ICB of local cyber risks with the potential to cause the greatest harms.
- Support and participate in all SWL cyber initiatives and activities.
- Provide assurance on the effectiveness of their security controls to the ICB.
- Adopt this strategy and demonstrate alignment of local initiatives and controls

Cyber Security Office (CSO)

- Responsible for the day-to-day implementation of cyber security strategy, controls and activities.
- Conducts risk assessments, incident response, and security monitoring.
- Provides cyber expertise and guidance to the ICB.
- Manages relationships with NHS England and other external parties

What will each role do? (3/3)

SIRO

- Ensures cyber security is integrated into the ICB/ICS overall risk management and governance framework.

Board Executive

- Champions cyber security at the ICB/ICS board, ensuring that appropriate investments to deliver this strategy are considered by the board.

CDIO

- Oversees ICB/ICS cyber security investment and budget.
- Ensures alignment of cyber security with ICB/ICS-wide business strategy and operations.
- Owns ICB/ICS-wide digital risks.

CCIO

- Leads the integration of ICB cyber security, into digital health initiatives to safeguard patient data and system integrity.
- Ensures security measures are seamlessly embedded in clinical workflows, balancing protection with operational efficiency.
- Advocates for a cybersecurity-conscious culture across all clinical strategic and operational teams.

CISO

- Leads/directs the delivery of the ICB cyber strategy, including the development of action plans, policies, standards, and guidelines.
- Oversees the Cyber Security Office and services provided to NHS provider organisation.
- Provides subject matter expertise and assurance to the board on the effectiveness of cyber security controls across the ICB.

Deputy SIRO

- Oversees data protection compliance across the ICB, collaborating with DPOs from NHS provider organisations.
- Ensures alignment of cyber security with ICB/ICS-wide business strategy and operations.
- Offers guidance on ICB-wide Data Protection Impact Assessments (DPIAs).

Chairs of Committees/Groups

- Oversees activities of respective committees/groups, ensuring initiatives align with cyber security requirements and best practices.
- Champions the adoption of cyber security best practices within their respective committees/groups.

Divisional Leads

- Oversees the management of risks (areas including cyber security risks) in their respective and provides assurance on local risk treatment measures.
- Champion the adoption of this strategy in their respective business areas and provides assurance on local controls.

Cyber Lead

- Develops and implements the organisation's cybersecurity policies, risk assessments, and compliance frameworks.
- Acts as the primary liaison between the technical security team and senior leadership, providing updates on cyber threats and mitigation plans.

Cyber Specialist

- Monitors, detects, and responds to cyber threats, ensuring the security of systems, networks, and data.
- Implements cybersecurity controls, tools, and frameworks to safeguard against evolving threats.

All Staff

- Takes personal responsibility for own security and the security of the organisation's assets under/within your management and control.
- Comply with policies, standards, and guidelines, and report risks, incidents, and breaches.
- Be a cyber champion for the organisation.
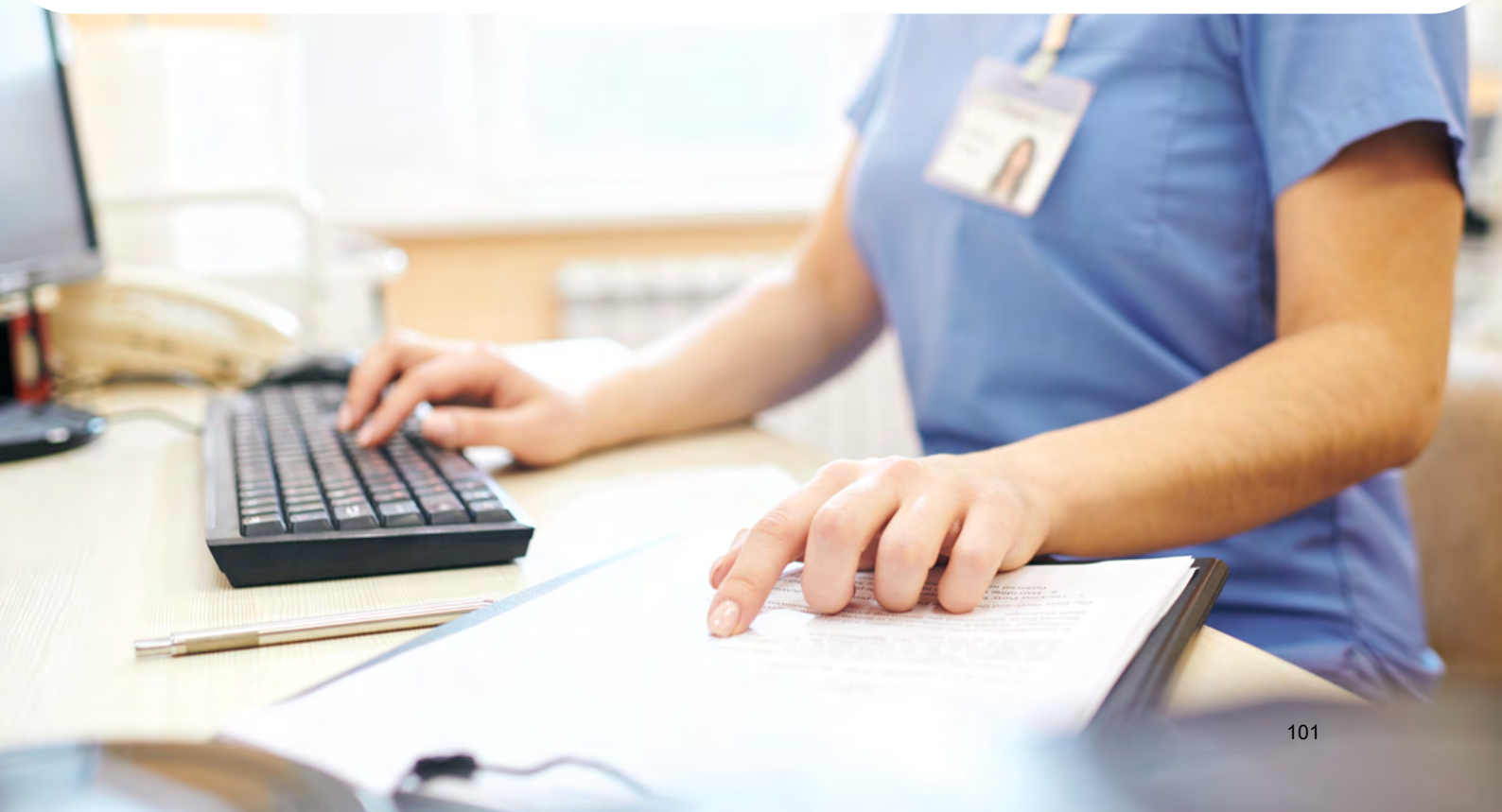
Aligning with National Direction

Alignment

Focus on greatest Risks and harms

Exemplary response and recovery

Defend as one

DHSC Cyber Security five pillars

Build secure for the future

People and culture

Our goal is to strengthen the collective cyber security posture across SWL ICB while aligning with the DHSC Cyber Security Strategy, the overarching SWL ICB mission and vision, and the objectives of the ICB Digital Strategy.

Our strategic direction for cyber security aligns with national direction (DHSC) and the NCSC Cyber Assessment Framework

Principles
A1 Governance
A2 Risk Management
A3 Asset Management
A4 Supply Chain

Principles
B1 Service Protection
Policies and Processes
B2 Identity and Access Control
B3 Data Security
B4 System Security
B5 Resilient Networks and Systems
B6 Staff Awareness
and Training

A

Managing
security
risk

B

Defending
against cyber
attack

C

Detecting
cyber security
events

D

Minimising
the impact of
incidents

Principles
C1 Security Monitoring
C2 Proactive Security
Event Discovery

Principles
D1 Response and
Recovery Planning
D2 Lessons Learned

The Cyber Assessment Framework (CAF) identifies four overall security objectives that are supported by the above 14 principles.

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Health & Social Care Cyber Security Strategy

The DHSC cyber strategy to 2030 sets out an approach to cyber resilience that will apply across health and social care systems, including adult social care, primary care, secondary care and the critical supply chain.

The aim is for all health and social care organisations to achieve cyber resilience no later than 2030. Below are its strategic pillars:

Health & Social Care Cyber Security Strategy

Five pillars, which have been developed collaboratively across the sector, will support every organisation in meeting this vision for a cyber-resilient health and social care sector, complementing one another in setting out the approach. They will enable a focus on the change's organisations and teams across health and social care can prioritise to improve cyber security over the long term.

Focus on the Greatest Risks and Harms

Mitigating the greatest risks in health systems by ensuring critical assets and services are protected. By 2030, the sector aims for enhanced risk understanding, improved threat visibility, proportionate mitigations, and robust use of NIS regulations. National, regional, and ICB teams.

Defend as One

Leveraging NHS scale and collaboration to enhance cyber resilience. By 2030, it aims for integrated sector-wide approaches, coordinated threat detection, clear risk accountability, and localised implementation of national strategies, supported by strong partnerships and shared resources.

People and Culture

Building a robust cyber security culture across health and social care. By 2030, it aims to establish cyber security as a vital profession, foster a 'just culture,' grow the workforce, and ensure all staff understand their role in cyber resilience.

Build Secure for the Future

Focus on embedding security into the health and social care system's design. By 2030, it aims for secure-by-design services, resilient supply chains, and clear, aligned standards. Collaboration, supplier engagement, and proactive governance are key.

Exemplary Response and Recovery

Focus on minimising the impact of inevitable cyber attacks through preparedness and rapid recovery. By 2030, it aims to ensure rehearsed response plans, robust incident management, and improved resilience across all levels of health and social care.

How we Align with DHSC Cyber Security Strategy

Each of the five pillars explains how we will achieve our goals. Some of these approaches fall under the responsibility of SWL ICB to lead and implement, forming an integral part of our SWL ICB Cyber Security Strategy and its associated actions.

Shared Understanding of Risks: SWL ICB will establish a unified approach to identifying and managing cyber risks across all NHS provider organisations, ensuring consistent awareness and response.

Increased Visibility of the Attack Surface: Comprehensive asset management and real-time monitoring will provide full visibility into vulnerabilities across SWL's digital estate.

Proportionate Cybersecurity Mitigations: Security measures will be prioritised and scaled based on risk assessments to protect critical systems without overextending resources.

Effective Use of NIS Regulations: SWL ICB will ensure clear understanding and proportionate application of NIS regulations to strengthen the resilience of essential health services.

Collaborative Cybersecurity Efforts: SWL ICB will strengthen partnerships among its NHS provider organisations to share data, resources, and best practices for enhanced collective cyber resilience.

Coordinated Threat Intelligence: SWL ICB will integrate with national threat intelligence networks to ensure rapid detection, response, and communication of cyber threats across the sector.

Clear Accountability for Cyber Risks: SWL ICB leadership and boards will adhere to nationally defined accountability standards, understanding their responsibility for managing local cyber risks and sector-wide impacts.

Optimal Use of Cybersecurity Services: SWL leaders and boards will actively leverage available national and regional cybersecurity services to mitigate the most significant risks to essential services.

Recognition of Cybersecurity as a Vital Profession: SWL ICB will promote cybersecurity as a critical and valued profession within the health and social care sector.

Attracting and Retaining a Diverse Workforce: SWL ICB will implement inclusive recruitment and retention strategies to build a skilled and diverse cybersecurity workforce.

Championing a Just Culture: SWL ICB will foster a 'just culture' that encourages transparency, learning, and accountability in cyber incident reporting and response.

Universal Cybersecurity Responsibility: SWL ICB will ensure all staff understand their individual roles in maintaining strong cybersecurity practices and actively contribute to safeguarding systems and data.
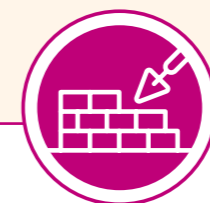
Understanding Emerging Risks: SWL ICB will proactively identify and manage emerging cyber risks through continuous monitoring and adaptive risk management strategies.

Managing Critical Supply Chain Risk: SWL ICB will strengthen supply chain security by implementing rigorous risk assessments and resilience measures across critical health and social care suppliers.

Secure by Design Services: All new services and technologies within SWL ICB will be developed and implemented with security embedded from the outset.

Clear and Aligned Standards: SWL ICB will adopt clear, well-understood security standards aligned with the Cyber Assessment Framework (CAF) to ensure effective cyber resilience.

Coordinated Incident Response: SWL ICB will align with national and regional cyber response frameworks to ensure rapid, unified action during cyber incidents.

Protected Patient Care Services: Critical healthcare systems will be prioritised and safeguarded to maintain uninterrupted patient and service user care during cyber disruptions.

Robust Recovery Plans: SWL ICB will implement tested disaster recovery and business continuity plans to quickly restore services after a cyber attack.

Continuous Communication: Clear communication channels will be established across all levels to provide timely updates and guidance during cyber incidents, reducing confusion and service disruption.

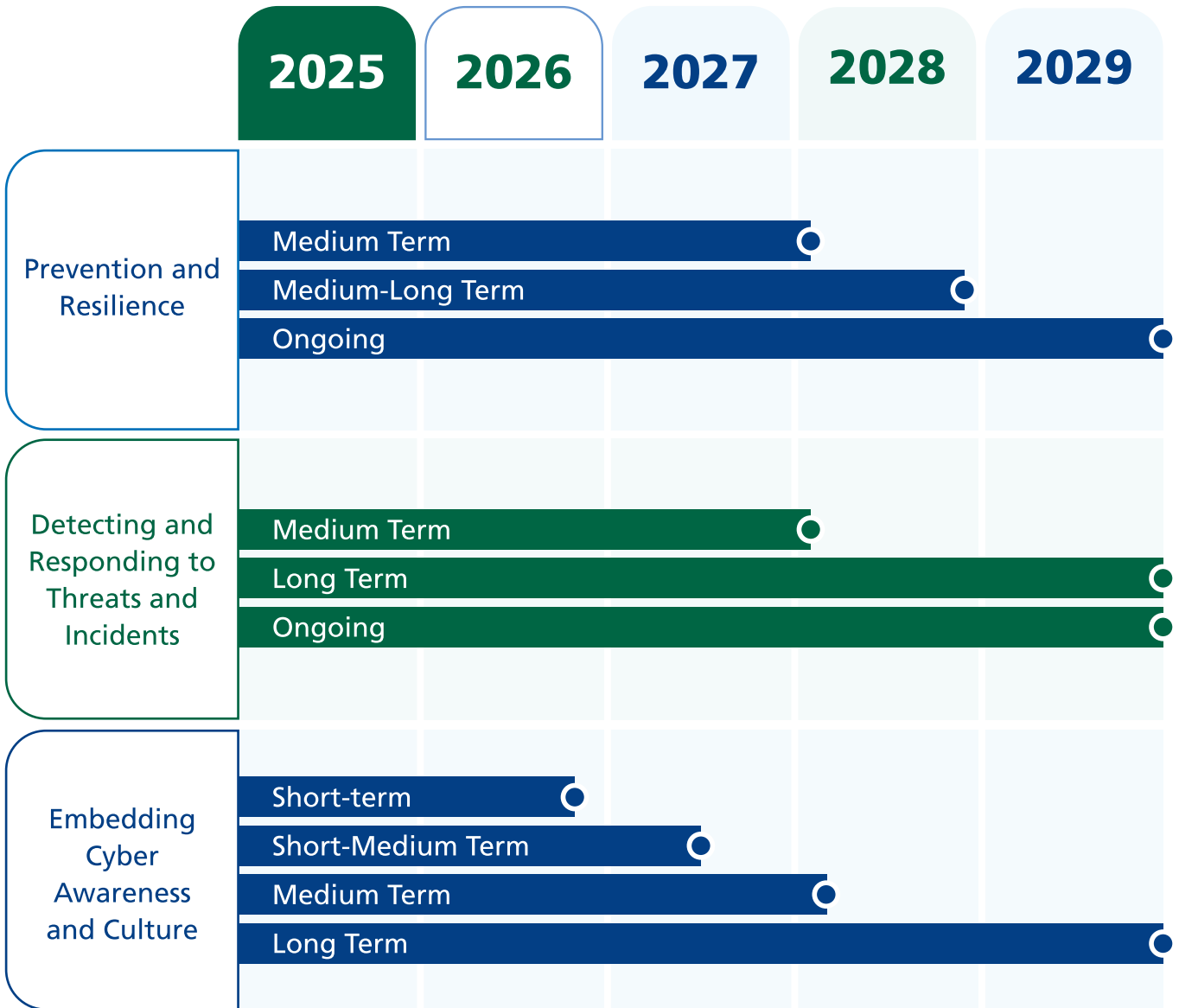# Cyber Security Frameworks Alignment

SWL ICB Strategy Objective	DSPT-CAF Objective/ Principle	DHSC Cyber Security Strategy Pillar	NIST CSF Function	What Good Looks Like
Strengthening Governance	A – Managing Risk	Focus on the Greatest Risks and Harms	Govern	Well Led
Managing Cyber Risk	A – Managing Risk	Defend As One Focus on the Greatest Risks and Harms	Identify	Safe Practice Improve Care
Understanding Critical Systems and Suppliers	A – Managing Risk	Focus on the Greatest Risks and Harms	Identify Protect	Safe Practice
Embedding Cyber Awareness and Culture	B – Preventing Against Cyber-Attack and Data Breaches	People and Culture	Protect	Support People
Prevention and Resilience	B – Preventing Against Cyber-Attack and Data Breaches D – Minimising the impact of Cyber Incidents	Build Secure for the Future	Protect Recover	Ensure Smart Foundations
Detecting and Responding to Threats and Incidents	C – Detecting Cyber Incidents D – Minimising the impact of Cyber Incidents	Defend as One Exemplary Response and Recovery	Detect Respond Recover	Safe Practice

Roadmap to Implementation

SWL Cyber Roadmap 2025-2030 (1/2)

	2025	2026	2027	2028	2029
Strengthening Governance	Immediate				
	Short-term				
	Medium Term				
	Long Term				
Managing Cyber Risk		Short-Medium Term			
		Medium Term			
	Ongoing				
Understanding Critical Systems and Suppliers	Immediate				
	Short-term				
	Short-Medium Term				
	Medium Term				
	Long Term				

SWL Cyber Roadmap 2025-2030 (2/2)

	2025	2026	2027	2028	2029
Prevention and Resilience	Medium Term			●	
	Medium-Long Term				●
	Ongoing				●
Detecting and Responding to Threats and Incidents	Medium Term			●	
	Long Term				●
	Ongoing				●
Embedding Cyber Awareness and Culture	Short-term	●			
	Short-Medium Term		●		
	Medium Term			●	
	Long Term				●

How We Measure Success

Objectives	Parameters	Our Ambition	Tracking Cycle
Strengthening Governance	Percentage of governance group meetings attended by key representatives.	90%/year	Quarterly
	Percentage of actions arising from governance meetings completed within agreed timelines.	80% YR1, 90% onwards	Quarterly
	Percentage of ICB board members and key governance group members completing cybersecurity training.	100%	Annually
Managing Cyber Risk	Percentage of organisations conducting cyber risk assessments aligned with ICB guidelines.	100%	Annually
	Percentage reduction in high-severity vulnerabilities identified through monitoring tools.	50% YR1, 75% onwards	Annually
	Percentage of critical suppliers assessed for cybersecurity risks.	100%	Annually
Embedding Cyber Awareness and Culture	Percentage of staff across all organisations completing mandatory cybersecurity training.	95%	Annually
	Percentage of positive feedback from staff surveys on cybersecurity confidence and awareness.	80% YR2, 90% onwards	Quarterly
	Percentage gaps in cyber skills, competencies and knowledge identified across the IT and/or cyber professionals across the ICB.	30%	Annually
	Number of cyber awareness campaigns launched across SWL ICB NHS provider organisations.	3 per Org per year	Annually
Understanding Critical Systems and Suppliers	Percentage of organisations contributing to the centralised inventory of critical systems and suppliers.	100% YR1, Quarterly Updates thereafter	Quarterly
	Percentage of critical systems and suppliers with interdependencies identified and documented across the ICB.	80% mapped YR1, 100% thereafter	Annually
	Percentage of critical suppliers engaged through an ICB-wide risk management and engagement framework.	100% by YR5	Annually
	Percentage of third-party suppliers with security ratings classed as high risk.	20% YR1, 10% YR2, 5% YR3, 1% thereafter	Quarterly
	Number of third-party suppliers which have had security incidents identified through formal and agreed notification processes.	To gain visibility and assurance on mitigation	Quarterly
	Number of third-party suppliers which have had security incidents identified through ICB assurance activities.	To gain visibility and assurance on mitigation	Annually
Prevention and Resilience	Percentage of organisations meeting baseline security controls (e.g MFA, patch management, secure endpoints).	90% YR1, 100% thereafter	Quarterly
	Number of ICB-wide tabletop or simulation exercises conducted annually.	1 per year, with 80% provider participation	Annually
	Percentage of organisations completing resilience benchmarking assessments annually.	100%	Annually
Detecting and Responding to Threats and Incidents	Percentage of organisations integrated into a centralised threat detection system over the strategy lifecycle.	20% YR2, 50% YR4, 80% YR5	Annually
	Number of cyber security alerts issued by NHS 'Respond to an NHS Cyber Alert' not responded to within the agreed timeframe.	0	Quarterly
	Percentage of organisations adopting the standardised ICB incident response framework.	100%	Annually

SWL Cyber Roadmap 2025-2030 (1/2)

Now that we have a clear direction for the next five years to improve collaboration among our NHS provider organisations and centralise cyber security controls and capabilities across the ICB, the following actions outline our next steps to turn these ambitions into reality and secure the necessary support to move forward.

04 Commence implementation and continually review

03 Establish and follow an agreed cadence for the review of the strategy, tracking the progress of its implementation and measuring the impact across SWL ICB.

02 Following approval and any necessary amends, publicise and socialise the Cyber Security Strategy with relevant stakeholders and communities.

01 Share the draft SWL ICB Cyber Security Strategy with senior leadership teams and the ICB Board for review and approval.

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Partnerships and Collaboration

Partnerships and Collaboration

Partnerships and Collaboration is critical for strengthening SWL ICB cyber security posture. Collaboration across our NHS provider organisations, arm-length bodies, third-party vendors, and national bodies will help drive resilience, innovation, and efficiency in our collective cyber defence.

Workforce and Community Collaboration

Staff and Leadership Engagement:

- **We will encourage collaboration between all teams including** IT/Digital, clinical, and other business operational teams to build the strong cyber-aware culture we seek.
- **Develop joint training programmes** with NHS provider organisations and professional bodies like BCS, The Chartered Institute for Cyber Security, etc.

Partnerships with National and Regional Bodies

- **We work closely with relevant government Institutions** on many fronts including coordinating cyber responses, funding, and in the development of this cyber strategy.
- **We utilise NHS England's funded tools** and resources to improve technical defences (e.g., NHS Secure Boundary and Cyber Alerts), and hope to improve uptake of these services in future.

Engagement with Third-Party Vendors

- **We will continue to engage with responsible vendors who share our values and objectives** to deliver on this cyber strategy. **This will be governed by robust policies for third-party suppliers** in line with NHS guidelines.
- **We continue to assess vendor compliance** with security standards such as, NCSC CAF, and NHS Data Security and Protection Toolkit (DSPT).

Funding Approach and Resourcing

Proposed Funding Approach

The successful implementation of our Cyber Strategy will rely on a coordinated and sustainable funding model that leverages existing resources while ensuring alignment with the objectives of this strategy.

NHS provider organisation Funding

Each NHS provider organisation will continue to fund its cyber security initiatives through current budget allocations. Providers will retain control over their local cyber security investments but will be required to demonstrate how these align with the overarching SWL ICB Cyber Strategy.

Integrated Care Board (ICB) Support

The ICB Board commits to contributing to the realisation of this strategy by allocating its statutory funding to support system-wide cyber security improvements, particularly resources required to effectively coordinate implementation of this strategy.

NHS England Funding

Funding provided by NHS England, earmarked for enhancing security across the ICB, will be centrally managed by the ICB. Decisions regarding the allocation and investment of these funds will be made collaboratively with NHS provider organisations. The ICB will establish mechanisms to ensure that these investments are consistent with the priorities and objectives outlined in the SWL ICB Cyber Strategy.

Economies of Scale and Collaborative Investments

The ICB, in collaboration with NHS provider organisations, will explore opportunities to optimise spending through shared investments. By leveraging economies of scale, SWL ICB can procure shared services, technologies, and solutions that deliver enhanced value and efficiency across all participating organisations.

Accountability and Transparency

A transparent process will be established to monitor and evaluate funding allocation, utilisation, and impact. This will ensure accountability and maximise the value of every investment toward achieving a robust and resilient cyber security posture.

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Resource Considerations (1/2)

Capacity

The success of this strategy relies heavily on ensuring sufficient cybersecurity expertise across both NHS provider organisations and the ICB to drive its delivery. SWL ICB will prioritise resourcing and empowering the proposed SWL ICB Cyber Security Office to effectively coordinate and oversee the strategy's implementation. Similarly, NHS provider organisations are expected to allocate the necessary resources to fulfill their roles in achieving the strategy's objectives. As the strategy evolves and capacity needs grow, both the ICB and NHS provider organisations will explore opportunities to allocate investments strategically, prioritising funding to address risks capable of causing the greatest harms.

Personnel

The ICB will ensure that all necessary roles, including SIRO, CDIO, CCIO,CISO, DPO, Cyber Lead, Cyber Specialist and other relevant positions listed in the roles and responsibilities, are in place. This will drive the effective delivery of the Cyber Strategy, ensuring strategic alignment and robust operational execution across the ICB while enhancing cyber security controls and providing assurance to the ICB Board and NHS England.

Talent Exchange

To leverage skills within the ICB, a volunteer scheme will be encouraged, allowing NHS provider organisations to contribute resources and time to the ICB Cyber Security Office. This approach will foster autonomy and support the delivery of the strategy. Supported by an ICB training fund, individuals seeking professional growth will have the opportunity to develop their skills in exchange for dedicating a portion of their time to the central function.

Resource Considerations (2/2)

External factors

The National Security Risk Assessment identifies hostile cyber-attacks on UK cyberspace as a Tier 1 risk, highlighting the critical importance of proactive preparation. Additionally, supply chain and supplier attacks continue to pose a significant threat to operational continuity and service delivery.

Certain external factors influencing cyber risks within the ICB remain beyond our direct control. This strategy ensures that the ICB remains resource prepared to adapt and respond effectively to such external influences, supporting dynamic risk management and resilience across the system.

These factors, categorised under the PESTLE framework, highlight areas where external shifts could impact our ability to safeguard essential services:

Political

Changes in political priorities, policies, or manifestos may alter the focus on certain activities and services, requiring agility to adapt to new directives.

Legal

Evolving legislation, regulations, and compliance requirements necessitate ongoing adjustments to maintain adherence to standards and obligations.

Economic

Funding constraints and broader economic challenges may impact resource allocation for cyber security programmes.

Social

Changes in population behaviour, demographics, and expectations can influence healthcare delivery and, in turn, the cyber risks associated with supporting systems.

Environmental

Factors such as climate change, physical infrastructure risks, and environmental policies may indirectly influence cyber preparedness and resilience.

Appendices

Acronyms

SWL:	Southwest London
NCSC:	National Cyber Security Centre
CAF:	Cyber Assessment Framework
DHSC:	Department of Health and Social Care
DISG:	Digital Infrastructure Steering Group
DLT:	Digital Leadership Team
ICS:	Integrated Care System
IG:	information Governance
NCSC:	National Cyber Security Centre
ICB:	Integrated Care Board
NHS:	National Health Service
TOM:	Target Operating Model
PESTLE:	Political, Economic, Social, Technological, Legal and Environmental
DNS:	Domain Name System
SIEM:	Security Information and Event Management
SIRO:	Senior Information Risk Owner
e.g:	Example
CISO:	Chief Information Security Officer
BCS:	British Computer Society
CAG:	Cyber Assurance Group

CIS:	Center for Internet Security
IT:	Information Technology
CSC:	Critical Security Controls
CNI:	Critical National Infrastructure
MFA:	Multi-Factor Authentication
CCIO:	chief Clinical Information Officer
TOM:	Target Operating Model
DSPT:	Data Security and Protection Toolkit
CTG:	Cyber Technical Group
CSO:	Cyber Security Office
CAC:	Cyber Assurance Committee
CDIO:	Chief Digital Information Officer
DPO:	Data Protection Officer

Glossary of Key Terms

Individuals: The recipients of Health and Care services in SWL.

Critical Systems: IT /Digital systems essential to delivering healthcare services (e.g., Electronic Patient Records, Medical Devices, etc).

Cyber Resilience: The ability to prepare for, respond to, and recover from cyber incidents while maintaining operations.

Third party suppliers: This means any organisation providing goods or services to SWL ICB.

Health and social care leaders: This means those with oversight responsibilities of health and social care organisations, from local leadership teams to boards and their directors. Health and social care leaders are responsible for the cyber risk held by their organisation and will be held accountable in line with national performance frameworks.

Foundational Controls: These represent the essential baseline cyber defenses that all SWL ICB organisations will adopt. They include:

> **Identity and Access Management** – (e.g Privileged Access Management, Password and MFA protections, Effective Account Lifecycle Management, etc
>
> **Malware Protection** – (e,g Antivirus, Extended Detection and Response (EDR), etc)
>
> **Perimeter/Gateway Protections** – Layered defence approach - (e,g Firewalls, Email/Web, DNS, etc)
>
> **Security Event Logging** – (e.g SIEM, etc.)
>
> **Vulnerability Management** – (e.g. updates/patching, etc)
>
> **Network protections** – (e.g segmentation, port and protocol controls, etc)
>
> **Data Recovery Capabilities** – (e.g Immutable Backup)
>
> **Data Protection** – (e.g. Secure encryption, integrity protections, loss prevention, least privileged/need-to-know, etc.)
>
> **Secure Configuration of IT/Digital Assets**
>
> **Assurance Exercises:** (e.g Penetration tests, simulations, etc.)

SWL NHS Green Plan

Agenda item: 6

Report by: Helen Jameson, Chief Finance Officer

Paper type: Decision

Date of meeting: Wednesday, 19 March 2025

Date Published: Wednesday, 12 March 2025

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

Purpose
In 2020, the NHS began its decarbonisation journey when NHSE launched 'Delivering a Net Zero NHS', calling for the net zero agenda to be at the centre of NHS decision-making and for the NHS to aim to be the world's first net zero national health service.

SWL has been on a journey through its 2022/23 and 2023-25 SWL NHS green plans. Having reached the conclusion of the current plan period, we have taken stock with stakeholders on where the green agenda needs to go next in order to develop a renewed vision and plan for the next three years.

We believe that decarbonisation is a core component of healthcare delivery and intrinsically linked to clinical pathway design as efficient, productive and preventative care is generally greener care. In turn, greener care is important in better enhancing patient outcomes and public health more broadly.

This paper is being brought to the Board to provide an update on the key delivery highlights over the past 12 months against the current 2023-25 green plan and for the Board to consider and approve the proposed SWL NHS Green Plan 2025-2029.

Executive summary

Looking back, SWL has made significant progress, strengthening partnerships, engaging enthusiastic staff in sustainability initiatives and increasing clinical input into the programme. There are excellent examples of clinical initiatives that also provide green benefits and momentum has picked up, however we are relatively early in our journey in sustainability considerations being 'business as usual'.

Over the last two years, progress updates have been provided to the ICB Board every six months, including a full year report against agreed actions each March, which in turn is aligned to regular reporting required by NHSE. The latest annual report for 2024/25 is attached, setting out key highlights from the past 12 months. These include:

- Strengthened partnerships, including close collaboration with the Greater London Authority (GLA) to host a Public Health Roundtable on Sustainability, bringing together health, public sector, and local authority leaders to explore the intersection of public health and climate action.
- Hosting a SWL Adaptation Workshop, convening a wide range of stakeholders in response to recommendations in the Mayor of London's Climate Resilience Report.
- Expanding sustainability training and resources, increasing access for the workforce to enhance skills and awareness.
- Securing £4.5 million in funding to reduce emissions through LED lighting upgrades, Building Management System (BMS) improvements, and enhanced sub-metering across trust sites.

It is estimated that a reduction of 3,058tCO2e savings has been set into motion through actions taken in 2024/25, recognising that we remain on the journey with regards to how we can measure success and show that we are making a difference.

We have a good foundation to build upon and are looking to continue to extend our ambition through the next green plan, ensuring that we increase momentum towards national net zero targets.

The SWL NHS Green Plan 2025-29 has been under development in recent months to support this, gathering valuable insights from an extensive range of stakeholders (the Board, ICB teams, our trusts, primary care, local authorities, the third sector, the GLA and the national and regional Greener NHS Teams) to understand our next steps.

The refreshed vision recognises the lessons learnt in the past two years, reflects on the challenges faced by the NHS and takes into consideration the Government's three missions: 1) analogue to digital, 2) hospital to home, and 3) treatment to prevention. It emphasises continuing to deliver net zero clinical pathways, empower staff to make the changes they want to see, integrate sustainability into 'everything we do' and build effective working relationships with partners.

The vision is articulated as:

- Transforming services to deliver health care without climate harm.

- Working towards net zero services that support residents to start well, live well, and age well, whilst remaining resilient to adverse climate impacts.

It is structured around four overarching aims:

- Greener Care – To embed sustainability into clinical pathways.
  Greener Infrastructure – To decarbonise our estates.
  Green Procurement – Leverage purchasing power to decarbonise the supply chain.
  Climate Adaptation – Future-proofing health services, by adapting to the changing climate.

These themes are aligned to national guidance, and are underpinned by eight workstreams (workforce, leadership & training; net zero clinical pathways; digital transformation; travel & transport; estates, waste & food; medicines; supply chain, circular economy, procurement & single use items; adaptation) and three cross-cutting themes (primary care; place; data & monitoring). Focus areas, actions and target KPIs have been identified for each workstream.

Content under these workstreams and themes has been adjusted for feedback received via engagement with the Board at its seminar in February and the February Finance and Planning Committee, which was to capture that we are:
- Focusing efforts on carbon-heavy pathways, where interventions can generate both environmental and financial benefits.
- Supporting our workforce in their commitment to net zero through enhanced communications and engagement, including seeking out tools to support individuals to understand and measure their personal impact.
- Linking in affordability of investment with financial benefits that can be leveraged from decarbonisation.

This collective input has shaped the final draft of the plan, ensuring that decarbonisation is embedded at the heart of everything we do. The proposed draft is attached for the Board's approval.

Key Issues for the Board to be aware of

- The plan reflects the journey that the NHS has been on since 2020, how national and regional guidance and thinking has evolved and how net zero is intrinsically linked to clinical pathway design, noting that efficient care is generally greener care.

- It is recognised that there are funding and affordability restrictions, particularly in relation to decarbonising the trust estate. The plan reflects the need to align current investment priorities with opportunities to reduce the carbon footprint, but also to be investment-ready for when funding opportunities present themselves and to explore alternative and innovative routes to delivery.

- The plan emphasises integration with current NHS priorities, recognising capacity constraints and the complexity of cross cutting areas.

Recommendation

The Board is asked to:

- Recognise the journey we have been on over the past couple of years and note the key delivery highlights over the past 12 months against the current 2023-25 green plan.

- Consider and approve the proposed SWL NHS Green Plan 2025-2029.

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
This plan seeks to mitigate against the risk of inaction and to ensure the issues around adaptation are addressed.

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
This 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
Patient feedback has been gathered through existing mechanisms such as the Healthwatch and ICB "Health Insights from Communities Report, 2024" and Richmond Council Community reports.

Stakeholder feedback has been sought through attending meetings (e.g. SWL Estates Group, Green Delivery Plan), running dedicated events (e.g. a SWL Public Health Roundtable, an Adaptation workshop) and consulting with Greener NHS Digital, Procurement, Data, Travel, Estates and Waste teams, ICB Place leads, primary care leads and trust SROs where possible.

Previous committees/groups

Committee name	Date	Outcome
SWL Green Plan Delivery Group	14 January 2025	Endorsed
ICB SMT	6 February 2025	Supported
Board seminar	19 February 2025	Feedback provided and incorporated
ICB F&P	25 February 2025	Supported

Final date for approval
19 March 2025

Supporting documents
Annual Green Plan report 2024/25
SWL NHS Green Plan 2025-2029

Lead Director
Helen Jameson, Chief Finance Officer

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

South West London Green Plan Annual Report 2024/25

March 2025

Summary

The **2023-25 South West London NHS Green Plan** was developed in alignment with the Greener NHS national programme and its vision to deliver 'the world's first Net Zero National Health Service' and to achieve the national target of **net zero emissions by 2040**.

This report provides an overview of our key achievements in 2024/25, building on the Board's interim report in September, and outlines how we have focused our position to move into the next phase of action for the green agenda. This year, our priorities have been to strengthen partnerships across NHS organisations, primary care and local authorities, engage our workforce, and unlock funding to accelerate progress.

Notable highlights include:

✓ **Strengthening partnerships**: Close-working with the Greater London Authority (GLA) to host a Public Health Roundtable on Sustainability, bringing together health, public sector, and local authority leaders to explore the intersection of public health and climate action. Insights from this session directly informed the next phase of our green plan.

✓ **Driving adaptation planning**: Following recommendations in the Mayor of London's Climate Resilience Report, a SWL Adaptation Workshop was held for stakeholders, including trust estate teams, emergency preparedness leads, clinical colleagues and local authority public health teams. Priority areas for system-wide climate resilience planning were identified to inform the 2025-2029 Green Plan.

✓ **Expanding sustainability training**: Workforce development has been a key success, with board leadership training at GESH, the first SWL cohort of staff certified as Carbon Literate and funding secured to scale up primary care and staff-wide sustainability training. Plans are developed to roll out training to a further 200 staff members next year.

✓ **Delivering estate decarbonisation**: £4.5 million funding secured via the National Energy Efficiency Fund (NEEF) to reduce emissions through LED lighting upgrades, Building Management System (BMS) improvements and enhanced sub-metering across NHS sites.

✓ **Boosting engagement and knowledge sharing**: The ICB presented on sustainability at the Big South London Forum and regional colleagues contributed to local sustainability forums. Public health teams have been invited to NHS-led sustainability training, ensuring wider cross-sector alignment.

In addition, work to **develop the next SWL NHS Green Plan** was undertaken and the proposed plan is included alongside this report. The refreshed plan builds on key successes to date and sets out an ambitious programme for the next three years to March 2029. Extensive stakeholder engagement has shaped the updated plan, ensuring a collaborative and forward-looking approach.

The Board is asked to note the 2024/25 highlights and next steps outlined for 2025-29.

Key highlights in 2024/25

Over the course of the past 3 years, carbon savings across SWL are estimated at over **6,605tCO2e net.** This year, we have put schemes in train with a further savings of circa **3,058 tCO2e.**

Workforce and Leadership

Successful system-wide sustainability forum on **Adaptation, Bio-Net Gain and Circular Economy**; **Public Health Round Table on Sustainability.**

Carbon Literacy Training: First cohort certified. Strong leadership demonstrated from boards with, GESH completing **Board Level Sustainability Training**.

Funding secured from NHSE to run sustainability training for primary care and other staff.

Green Champions Groups in place across the system; KRT added **40 new members** this year.

Clean Air activities: **Clean Air Day** marked at KRT. **Lunch and learn session for Primary Care** on air quality.

Food

Expanded **food waste recycling at** SWLStG; GESH catering team **awarded NHSE 'Exemplar site' status**

Estates and Facilities

£4.5m funding secured for LED Lighting, BMS upgrades and sub-metering; **£1.1m LED project at KRT completed**, expected to save 115tCO2e and £200k annually.

Solar panel installations at GESH and CHS, expected to save 9.5tCO2e and 10.5tCO2e per annum respectively assuming current energy consumption levels.

Heat Decarbonisation project at KRT progressing to replace its combined heat and power (CHP) system and install heat pumps (30% carbon expected on completion, 2,500 tCO2e)

Travel and Transport

Travel surveys completed by the ICB and SWLStG; RMH and GESH approved to move forward.

Replacement of diesel intra-site vehicle at RMH with electric vehicle **and 2 fleet vehicles** at SWLStG

Funding secured from Croydon Council for **EV chargers** on CHS site for its electric ambulance

Sustainable Models

Maternity Scheme at KRT & supported by Centre for Sustainable Development, to improve health outcomes for Albanian women whilst reducing carbon as a co-benefit.

SMART Theatres rollout across 31 SGH theatres complete, with estimated annual carbon savings of 226tCO2e (& £340k financial savings) per annum.

Strengthened clinical programme and increased number of green pathway projects at GESH (e.g. sterile water in SGH ICU, reuseable blood glucose at ESHT).

Medicines

Funding secured for new **nitrous cracking units** at ESH & CHS, with each unit expected to save 197tCO2e per annum (based on an average of 2 deliveries per day).

Inhaler audits conducted in three general practices, aimed at improving asthma care and reducing carbon footprint.

Data

SWL KPIs developed for 2025-2029 Green Plan workstreams; **RMH SMART Carbon calculator** used to develop a local carbon footprint for all RMH sites.

Progress against targets 2024/25 (1/2)

Workstream	Targets	RAG	Summary
Workforce and Leadership	• Two training, education, practical learning events per organisation • Three SWL-wide communications campaigns • Establish an active Green Champions forum in each organisation	G	• **Training & education:** Delivered multiple learning events, including expert talks and an ICB-Public Health Roundtable, with representatives from health, the GLA and local authorities. Resources for staff improving via medical education & inductions (KRT), carbon literacy training (GESH) and intranets (RMH). ICB collaboration with Region to secure £25k training funding for NHS and public health colleagues in local authorities across London. • **Awareness campaigns:** including air quality lunch and learn session and a series of sustainability videos for primary care (ICB), air quality & food awareness campaigns (GESH) and an Earth Day Zero Waste BBQ (RMH). Kingston and Richmond Councils supported KRT resources for its Earth Day communications. Supported the Environment Health Team for Merton and Wandsworth with its new training programme for Indoor Air Quality. • **Consistent communication:** Engagement through monthly staff updates and primary care newsletters (ICB), structured communications (KRT), green plan launch events (GESH) and green champion involvement in trust inductions (RMH). • **Leadership & engagement:** Strengthened commitment to green agenda via green champions forums, board-level training (GESH), a CEO-led green plan launch (SWLStG) and refreshed green plans (SWL-wide; GESH).

Sustainable Models of Care	• Implement 'Green Surgery Checklist' principles across our clinical activities in all relevant organisations	A/G	• **Green Surgery Checklist implementation:** Progress made towards adopting the Green Surgery Checklist, with pilot implementation in certain areas. Each trust established active Green Theatres groups or leads. Actions include:
			    • sustainable equipment initiatives for blood pressure cuffs and laryngoscopes (GESH, KRT)
			    • reusable surgical gowns/hats (GESH, KRT, CHS).
			    • waste & resource efficiency schemes for prefilled syringes (KRT) and to reduce water/energy use (e.g. "Rub Don't Scrub", SMART Theatres) (KRT, GESH).
			• **Collaboration & learning:** Planning progressed for an ICB-led event in 2025/26 to enhance shared learning across trusts and drive further progress.

Travel and Transport	• Travel Surveys by end of Q1 • Travel Strategy. by end of March 2025 • Modality shift (minimum 3 per organisation) • Deliver common patient transport specification	A/G	• **Travel surveys:** Travel surveys completed by the ICB and SWLStG; RMH and GESH approved to move forward. • **Travel strategy development:** Delayed against local target due to delays in signing off travel surveys; plans in place to meet the national target of December 2025. • **Modal shift achievements:** All trusts implemented three+ sustainable travel initiatives (cycling schemes, shuttle buses, e-bikes, web resources). EV fleet expanded (2 new EVs at SWLStG, 1 at RMH) and new EV charging infrastructure being installed (CHS). • **Patient transport:** SWL Patient transport specification drafted including electric vehicle targets; strategic discussions regarding feasibility of a single service in progress.

Progress against targets 2024/25 (2/2)

Workstream	Targets	RAG	Summary
Medicines	• 23% reduction in nitrous oxide against a 2019/20 baseline • 35% reduction in in tCO2e from inhalers against a 2019/20 baseline	G	• **Inhaler emissions:** On track for 40% reduction by 2024/25, based on the 2019/20 baseline. • **Nitrous oxide emissions:** Expected to decrease by 35% by 2024/25, aligning with targets. • **Key initiatives:** manifold decommissioning for nitrous oxide (GESH, KHT, CHS); nitrous oxide cracking unit deployed at SGH with funding secured for further nitrous cracking units at ESH and CHS; expanded Total Intravenous Anaesthesia (TIVA) use; inhalers audits in primary care to reduce use of carbon-intensive options where clinically appropriate.
Food and Nutrition	• Delivery of food waste initiative by each organisation with measurable outputs • Increase number of other initiatives across reusables and reduced carbon footprint menus	G	• **Food waste reduction:** Recycling expended to all kitchen sites (SWLStG); GESH catering team awarded NHSE 'Exemplar site' status including for approach to sustainability; enhanced food waste monitoring at GESH to track and reduce waste; new disposal system expected March 2025 (KRT). • **Low-carbon menus:** NHS Low Carbon Menu introduced at RMH, promoting sustainable food choices. • **Reusable & carbon reduction schemes**: Staff discounts for bringing reusable cups/containers (RMH); single-use vape recycling launched at SWLStG; reusable crockery project implemented at St. George's Hospital site (GESH); sustainable catering supplier sought through current procurement (KRT).
Estates and Facilities	• Target reductions in carbon emissions from decarbonisation and other plans are identified and begin to deliver for 2024/25 and beyond. • Identify waste management plans	A/G	• **Investments:** £4.5m funding secured for LED lighting, BMS upgrades, and sub-metering (CHS, KRT, GESH, SWLStG); KRT upgrade of its combined heat and power plant is ongoing and on track for completion in 2025/26; solar panels installed at CHS & SGH; 300 LED lights and upgrades to five energy-efficient air handling units installed at RMH; LED lighting upgrades completed at KRT. • **Development of decarbonisation plans:** Refreshed decarbonisation plans for SWLStG & RMH. • **Waste management:** Updated waste policy and furniture reuse scheme (RMH); recycling expanded to include batteries and vapes (SWLStG); updated waste action plan and KPIs as well as good progress against national waste streaming target (GESH).
Data	• SWL common methodologies for measuring scope 1,2, and 3 emissions • Identified KPIs for workstreams	G	• **Integrated KPIs:** Defined and embedded into the SWL NHS Green Plan 2025-2029, in consultation with system stakeholders. • **Scope 1 & 2 Measurement:** Further thinking on SWL methodology progressed, using ERIC and travel survey data. Continued work also with regards to scope three which is a spend-based methodology. Work progressing towards implementing the Evergreen Assessment tool to provide more granular information on the carbon footprint of our suppliers. • **Trust-Specific Carbon Baselines:** SMART carbon calculator used at RMH to establish a local baseline for all sites.

Next steps and 2025-29 Green Plan

We have made good progress towards embedding green principles, building partnership-working and engaging the workforce, and are well-positioned to accelerate sustainability efforts in the years ahead.

Building on work to date and reflecting on lessons learnt, we have developed the **SWL NHS Green Plan 2025-29** with a wide range of stakeholders (including local authorities, GLA, trusts, primary care and NHSE teams).

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

* Building on the partnerships we have established to support delivery

* Continuing to embed behaviour change

* An increased focus on net zero clinical pathways that deliver co-benefits of greener efficiency and preventative care

* Decarbonising our estate and being ready to apply for funding to support decarbonisation.

* Leveraging our position as an anchor institution to support social value and decarbonisation in our supply chain.

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

SWL NHS Green Plan

2025/2026 to 2028/2029

Contents

Foreword

The climate crisis is a health crisis.
As Dr. Maria Neira of the World Health Organisation emphasises, "No one will escape the consequences of climate change…"

As a health and care system, we have a fundamental responsibility to act – not only to reduce our impact on the environment but also to protect the health and well-being of our communities. The NHS contributes approximately 4% of the UK's total carbon footprint, and our role in addressing climate change is more critical than ever.

The impact of our work has been demonstrated over the past three years

- In South West London, we have already made significant progress on this journey. Over the past few years, we have worked collectively across our Integrated Care System (ICS) to cut emissions in key areas such as medicines, estates, procurement, and transport. Through strong partnerships and innovation, we have reduced thousands of tonnes of carbon emissions, making real strides towards our Net Zero ambitions. These achievements have laid a strong foundation, but as Lord Darzi notes, **"In any form of crisis, the first to go is health."** We must therefore intensify our efforts to safeguard both our environment and public health.

- This Green Plan builds on our successes, strengthening our commitment to integrating sustainability into every aspect of our services. We are moving beyond individual initiatives to embed sustainability into our core way of working – where **'care without carbon'** is not just an ambition but a guiding principle of how we operate.

- To achieve this, we will expand our partnerships, working even more closely with local authorities, voluntary organisations, and primary care providers to ensure a system-wide approach. We will scale up our impact, aligning with national NHS targets while delivering meaningful change for our local communities. As Dr. Neira asserts, **"Health is the engine to drive more urgent action on climate change."**

- This is not just a plan – **it is a call to action**. Every individual, team, and organisation across our ICS has a role to play in creating a greener, healthier future. By working together, we can accelerate progress, drive innovation, and make a lasting impact on both our environment and the health of the people we serve.
- We look forward to continuing this journey together.

Chair: Mike Bell, South West London, ICB

Executive Lead: Helen Jameson, Chief Finance Officer, South West London ICB

Executive Medical Director: Dr. John Byrne, South West London ICB

Executive Summary:

Our emissions contribute to ill health and a predicted exponential rise in demand for services. This plan sets out our desire to place 'Care Without Carbon' at the centre of what we do, with better quality and services for patients, communities, and the planet. This is core to our mission as a health service.

The NHS started its decarbonisation journey in 2020 and is a significant contributor, nationally accounting for 4% of total UK carbon emissions. This is the equivalent to a small country in terms of global emissions. Our first green plan created the scaffolding and foundations for delivery.

Over the past three years emissions from the NHS in South West London have been cut across a range of areas including medicines, estates, waste management and procurement.

To date, an estimated 6,605 tCO2e has been reduced from our combined efforts.

Building and expanding on this:

- Our new plan has been updated to reflect current guidance and data available in the NHS and the maturity of the SWL programme, and looks to continue building on the success of our partnership working.

- Our vision builds on our strengths, whilst also recognising the challenges faced by the NHS particularly around productivity. As explored in the case for change, net zero is strategically aligned to the government's three missions 1) analogue to digital, 2) hospital to home, 3) treatment to prevention as effective quality care is greener care.

- Central to the vision of this plan is an emphasis on delivering net zero services, empowering our staff to make the changes they want to see, building net zero considerations into everything we do and continuing to build links and effective working relationships with partners. Our actions will give focus to areas of greatest impact, such as high-intensity carbon pathways.

- Investing in decarbonisation not only helps us meet our net zero commitments but also delivers financial returns through long-term operational savings, energy efficiency and reduced waste.

This plan is organised into eight workstreams and three cross cutting themes. These themes align to national guidance, are adapted for local needs and reference workstreams of our partners such as local authorities and the Greater London Authority (GLA).

The workstreams are:

- Workforce, Leadership & Training,
- Net Zero Clinical Pathways,
- Digital Transformation,
- Medicines,
- Travel & Transport,
- Estates, Waste & Food,
- Supply Chain, Circular Economy, Procurement & Single Use Items, and
- Adaptation.

The cross-cutting themes are:

- Primary care: as it cuts across all workstreams and requires dedicated attention.

- Place: where transformation is delivered and there is alignment with local authority colleagues.

- Data and Monitoring: using an evidence base is integral to delivering change. Ensuring that we monitor the financial co-benefits of the green agenda.

Further details on the vision for each workstream along with areas of focus and specific actions and targets are set out in section three.

We have also taken the opportunity to review our governance systems and processes to ensure they remain fit for purpose and continue to align with London and local system partners including local authorities, health providers and voluntary sector.

SWL Context

South West London spans 296km^2 across the six boroughs of South West London (Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth).

Health and care services are delivered by a range of providers across South West London

Providers delivering acute, community and mental health services based within our ICS include:

- Croydon Health Services NHS Trust (CHS).
- GESH Group: Epsom and St Helier University Hospitals NHS Trust (ESHT) and St George's University Hospitals NHS Foundation Trust (SGUH) (part of GESH Group).
- Kingston and Richmond NHS Trust (KRT).
- South West London and St George's Mental Health NHS Trust (SWLStG).
- The Royal Marsden NHS Foundation Trust (RM).
- Your Healthcare (YH).

Our local providers work across ICS boundaries. Epsom and St Helier University Hospitals NHS Trust also delivers services for the population of Surrey Heartlands ICS whilst South West London and St George's Mental Health NHS Trust provides services in South East London and Kent and The Royal Marsden NHS Foundation Trust delivers specialised services to patients from across the country from sites both within and outside of South West London.

Key out of area providers also provide services from sites across South West London including South London and the Maudsley NHS Foundation Trust, Central London Community Healthcare NHS Trust, and London Ambulance NHS Trust.

Primary care services are delivered from c.198 sites across South West London.

In addition, services are delivered by various voluntary, community and social enterprise sector organisations (VCSE)*.

History of the Green Plan in SWL

The previous South West London NHS Green Plan 2023-25 set out a strong commitment to net zero, emphasising the importance of collaboration and partnership in delivery.

Guiding principles were established ensuring that our work was complimentary to partner plans, set stretching yet feasible targets and actions, focused on behavioural change and moved towards embedding sustainability into business as usual. Ten workstreams underpinned delivery and the programme was expanded to collaborate with additional partners including across primary care and local authorities.

This refreshed plan adopts a consistent approach for 2025-29 and reflects the needs of the programme as they have evolved. The most meaningful change is centring our vision more around **Care Without Carbon**, streamlining the number of workstreams, developing targets and workplans. Our refresh also considers emerging national policies and guidance as well as evolving local plans and how we can better collaborate, share and work together in partnership.
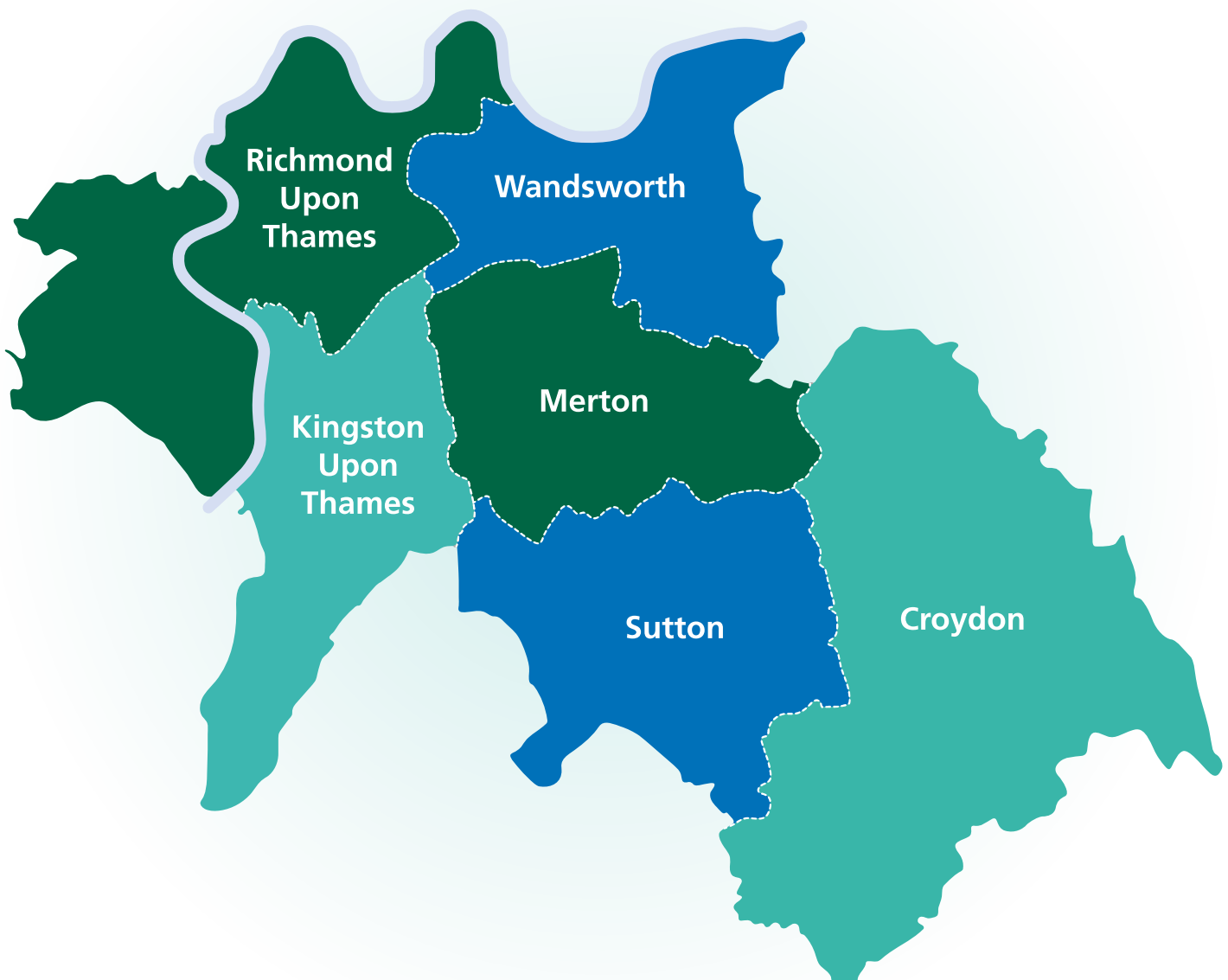
1.0 Case for Change

National Policy and Legislation

The NHS has committed to reaching net zero emissions. As a result, ICBs and trusts have a duty to consider statutory emissions and environmental targets in their decisions. NHS South West London has considered national policy in the development of this green plan and its role in working with partners to co-ordinate activities and support delivery.

This green plan is aligned with a wider national policy and legislative context.

National strategy:

In October 2020, the Greener NHS National Programme launched its strategy to make the NHS the world's first net-zero healthcare system, highlighting the health impacts of climate change and committing to decarbonisation.

Legislation:

The 2022 Health and Care Act reinforced the commitment to net zero as a statutory requirement for the NHS, embedding emissions reduction in decision-making. **This commitment is to be demonstrated through clear governance, tracking progress and integrating climate considerations into policies.**

NHS Carbon Targets:

- NHS Carbon Footprint: net zero by 2040, with an 80% reduction by 2028 – 2032.
- NHS Carbon Footprint Plus: net zero by 2045, with an 80% reduction by 2036 – 40.

National Workstream Targets:

The Greener NHS national programme sets out a range of NHS targets, agreed in consultation with regional teams and ICBs. Targets include shifting medicines usage to lower carbon intensive options, influencing travel and transport habits of staff and patients and reducing emissions from our estate. The ICB and its partners deliver against these national targets as well as setting additional local targets to support progress.

Partnership Working

The commitment to deliver green plan activities extend to health and beyond, integrating local, regional, and national partnerships.

Productive relationships at a national, regional and local level have been built over the past three years. Regular sustainability forums have been held to unite stakeholders from health, councils, national organisations and the voluntary sector to share knowledge, expertise and learning. These relationships have led to joint-working with councils to improve public messaging and healthcare staff awareness about air quality, collaboration with the Greater London Authority (GLA) and South West London public health teams on climate adaptation health risks, and the partnering with third-sector organisations like ReLondon and A Dose of Nature to promote co-benefits of climate action.

These relationships will be reaffirmed and developed further in the next three years.

NHS Provider Organisations:

In South West London, each NHS provider organisation has board leadership, a green plan and resources dedicated to sustainability. By working together more as a system, the efforts of individual organisations have been strengthened through collaboration. Our aim is to continue to build on this, for instance, by holding learning events and sharing resources as well as exploring opportunities for joint-working and economies of scale. Further to this, it is key we continue to actively support primary care.

Working with other partners:

Sustainability is a key focus in both the South West London NHS Joint Forward Plan (JFP) and South West London Integrated Care Partnership strategy. Relationships with key partners (such as the NHS England Greener NHS programme, the GLA, local councils, academia and voluntary sector organisations) will continue to build to better support the agenda. Opportunities for joint working on air quality, public health and adaptation are highlighted in this plan.

Health and Climate

The link between climate change and health is compelling. It has shaped local strategy development and why Care Without Carbon is central to our vision.

The Climate Emergency is a Health Emergency

Our warming planet directly impacts health:

- Poor air quality from pollution causes respiratory and systemic illnesses.
- Extreme weather events, such as flooding and heatwaves, are increasingly affecting patients, staff and communities, with rising admissions and worsening mental health.
- Climate change threatens food security, increases disease risks and creates conditions conducive to pandemics.

Positive Health Co-Benefits

Steps to decarbonise can also improve health:

- Active travel reduces emissions and promotes physical health.
- Biodiversity supports mental well-being, heart health and immunity as well as helps to manage heat stress, flooding and carbon removal.

Adaptation is Essential

Even with successful emissions reductions:

- Climate change will continue to intensify due to the carbon already in the atmosphere and feedback loops methane release.
- The NHS must prepare for greater service demand while facing challenges in delivering care, as climate impacts worsen.

Health Inequalities

- Climate change disproportionately affects vulnerable communities already facing health inequalities. These groups often contribute the least to the problem.

The NHS as a Polluter

- The NHS has a moral duty to address its own emissions as those it cares for are affected by its environmental impact. As our actions directly harm health, taking responsibility for reducing our carbon footprint is critical.

Air Pollution & Increasing Allergens

Asthma, allergies, cardiovascular and respiratory diseases

Degraded Living Conditions & Social Inequities

Exacerbation of racial and health inequities and vulnerabilities, loss of employment

Extreme Heat

Heat-related illness and death, cardiovascular failure

Changes in Vector Ecology

Lyme disease, West Nile Virus, Hantavirus, Malaria, Encephalitis

Drought

Water supply impacts dust storms, Valley Fever

Food System Impacts

Malnutrition, food insecurity, higher food prices, foodborne illness

Mental Health Impacts

Rising Temperatures

More Extreme Weather

IMPACTS OF CLIMATE CHANGE ON HUMAN HEALTH

Increasing GHG Levels

Stress, anxiety, depression, sense of loss, post-traumatic stress disorder, strains on social relationships

Rising Sea Levels

Environmental Degradation

Forced migration, civil conflict, loss of jobs and income

Severe Weather & Floods

Injuries, fatalities, loss of homes, indoor fungi and mould

Wildfires & Smoke

Injuries, fatalities, loss of homes, cardiovascular and respiratory diseases

Water Quality Impacts

Harmful algal blooms, campylobacteriosis, cryptosporidiosis, leptospirosis

Strategic Alignment

The South West London NHS Green Plan is intrinsically linked to key strategies, as many net zero initiatives deliver co-benefits linked to productivity, prevention and health inequalities.

The Green Plan is aligned to our wider strategies

1. Ten Year Plan:

The NHS 10 Year Plan, currently under consultation, has three missions – 1) analogue to digital, 2) hospital to home, 3) treatment to prevention. All three are tied to the green agenda. Improving the use of digital can, for example, reduce travel and improve efficiency. Community settings are often less carbon intensive than hospitals. Moving towards prevention could lead to fewer admissions and lower demand for services.

2. The South West London Joint Forward Plan:

The JFP provides an overview of the South West London NHS strategy to deliver the best quality care, with focus on prevention and proactive anticipatory care delivered in an efficient way, which aligns to our ambitions to provide the greenest care.

Preventing ill health and support people to self-care

Reducing health inequalities

Keeping people well and out of hospital

Providing the best care wherever people are accessing our services

Using technology to improve care

Managing our money

Making South West London a great place to work

Delivering the NHS' requirements of the Integrated Care Partnership Strategy

150

3. South West London Integrated Care Partnership (ICP):

Green is a cross-cutting theme within the ICP strategy, with a focus on tackling the causes and mitigating the impacts of climate change, therefore providing an opportunity to improve health and wellbeing of our population.

4. South West London NHS Infrastructure Strategy:

Green is a core element of the South West London NHS Infrastructure Strategy which outlines the strategic ambition for health infrastructure planning, including the improvement of estate and digital infrastructure whilst delivering net zero. With a key aim for services to be supported via a right-sized, energy efficient and resilient estate and optimised through the use of technology.

5. Anchor Institutions:

All South West London institutions have plans to decarbonise, improve air quality, ensure adaptation measures are in place and increase the level of green skills across the local population. As an anchor system, it is key that the ICB supports the development of a multi-agency response to the challenge.

What do our communities & staff say?

Our communities and our staff are supportive of net zero, and their commitment to supporting change is encouraging. Mobilising our workforce to deliver the green plan is central to our success.

Our communities said

People valued green spaces and felt they improve mental and physical wellbeing.

Litter and antisocial behaviour were highlighted as reducing the enjoyment of these spaces.

Traffic and air pollution were key negative aspects of the local environment and seen as barriers to healthier living.

Reducing traffic was seen as being the main way to improve air quality.

People said there was not enough emphasis on the role of walking and cycling as health determinants, given the positive impact on health. They felt 'active travel' has the potential to tackle obesity, increase exercise levels, reduce local air pollution, and has mental health benefits.

On active travel and accessing parks, special consideration needs to be given for older people, people with disabilities and those who identify as living with long-term conditions.

Source: Health Watch & ICB Insight from people and communities: updated for 2024.

Richmond Council recently enlisted community reporters on climate change to gather community views. Residents reported "wanting to do the right thing" when it comes to the environment but felt there were barriers to doing so. They highlighted challenges including knowing what, where and how to recycle certain items, access to public transport and support for active travel, and assistance for retrofitting of homes. Residents supported initiatives to reduce traffic and air pollution and wanted to engage more with nature, wildlife and parks.

Our NHS Workforce said

NHS staff overwhelmingly support greener policies. According to a YouGov survey conducted in August 2021, **87% of NHS staff** supported the NHS's net zero ambition.

This strong backing reflects a widespread recognition of the importance of reducing carbon emissions and minimising the environmental impact of healthcare.

In South West London, many staff "want to do their bit." Over the past few years, sustainability leads have held numerous engagement events and attended team meetings to share the green message. Staff have fed back that they are enthusiastic supporters of greener policies, but they encounter several barriers preventing them from actioning and progressing supporting initiatives.

Reported barriers:

- The demands of the day job are great which reduces capacity to work on green initiatives.
- Staff do not feel confident in their decision-making in relation to sustainability as they do not feel it is an area of competence.
- Staff are motivated by the green agenda but do not see how their role can support delivery.

Overall, this feedback shows that there is more that can be done to enable staff by providing appropriate resources, tools and training.

Listening to our staff and communities the ICB commits to:

1. Delivering net zero and recognising its link to the strategic drivers.
2. Working with partners through its role as an anchor institution and with the Integrated Care Partnership to champion net zero.

Emissions reductions and achievements to date

A vast array of projects and initiatives were delivered over the past three years, delivering carbon savings and improved patient outcomes.

Successful actions include

Estate Development:

- The redevelopment of the Springfield Hospital site by South West London St. George's Mental Health Trust was influenced by the Trust's role as an anchor institution and delivered a range of green co-benefits including increased biodiversity and a Nordic-style district heating system.

Decarbonisation:

- Croydon Health Service completed a full feasibility analysis for the decarbonisation of its estate. Business case development funding was secured from the Public Sector Decarbonisation Scheme (PSDS).
- Kingston and Richmond NHS Trust has invested in decarbonisation by commissioning a new Combined Heat and Power System (CHP), supported by ground source heat pumps.

Theatres:

- St George's University Hospitals NHS Foundation Trust rolled out sensors across its theatres as part of its SMART Theatres programme and invested in its building maintenance system to support the proactive monitoring of the environment and efficient operation of theatres.

Food:

- Epsom and St Helier University Hospitals NHS Trust has worked to decarbonise its menus, achieving sustained carbon footprint reductions year on year without compromising on quality for patients.

Inhalers

- With the support of the medicine incentive scheme, South West London Primary Care delivered significant reductions in emissions from inhalers, whilst also improving asthma care for patients.

Emissions have been successfully reduced

Emissions were reduced by 6,605 tCO2e (2021/22-2023/24) through various initiatives, equivalent to 1,540 cars off the road for an entire year.

As a result of all our actions, the following is a breakdown of the emissions saved.

CO_2
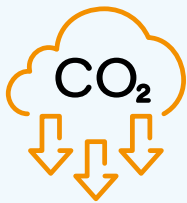
6,605 tc02e
Total carbon savings across SWL 2021/22 and 2023/24.

Cleaner Air
Equivalent to 1,540 cars off the road for a year

Desflurane
14 tCO2e

Inhaler emissions
5,342 tCO2e

Nitrous Oxide
1,109 tCO2e

4tCO2e
electricity saved between 2021/22 and 2023/24 in our trusts.

100%
Trusts using Regeo certified renewable sources.
Plan to introduce additionally going forward

Waste 524 tCO2e reduced between 2021/22 and 2023/24, equivalent to 116 cars, off the road for a year.

SWL Incineration rate is 10%.
Incineration is bad for the environment and costly. 20% or less is considered good.

Carbon Baseline

South West London health system emissions are estimated to be 835.9KtCO2e. This is equivalent to the carbon savings generated annually from 186 wind turbines.

The detailed breakdown below shows trusts make the biggest contribution followed by primary care and then the Integrated Care Board. Estates and our supply chain are significant contributors; however, change is required across everything we do. When we implement changes, this will either reduce the overall footprint or mitigate increases elsewhere in the system. Our objective is to reduce the overall footprint.

Figure 1: SWL Trusts Carbon Footprint Plus

Total Baseline emissions: 684.5 $KtCO_2e$

- Medicines and Chemicals (141 $ktCO_2e$)
- Medical Equipment (78 $ktCO_2e$)
- Non-Medical Equipment (79 $ktCO_2e$)
- Other Supply Chain (162 $ktCO_2e$)
- Building Energy (78 $ktCO_2e$)
- Water & Waste (7 $ktCO_2e$)
- Anaesthetic Gases & MDI (29 $ktCO_2e$)
- Business Travel & NHS Fleet (23.5 $ktCO_2e$)
- Patient Travel (63 $ktCO_2e$)
- Commissioned Services Outside NHS (24 $ktCO_2e$)
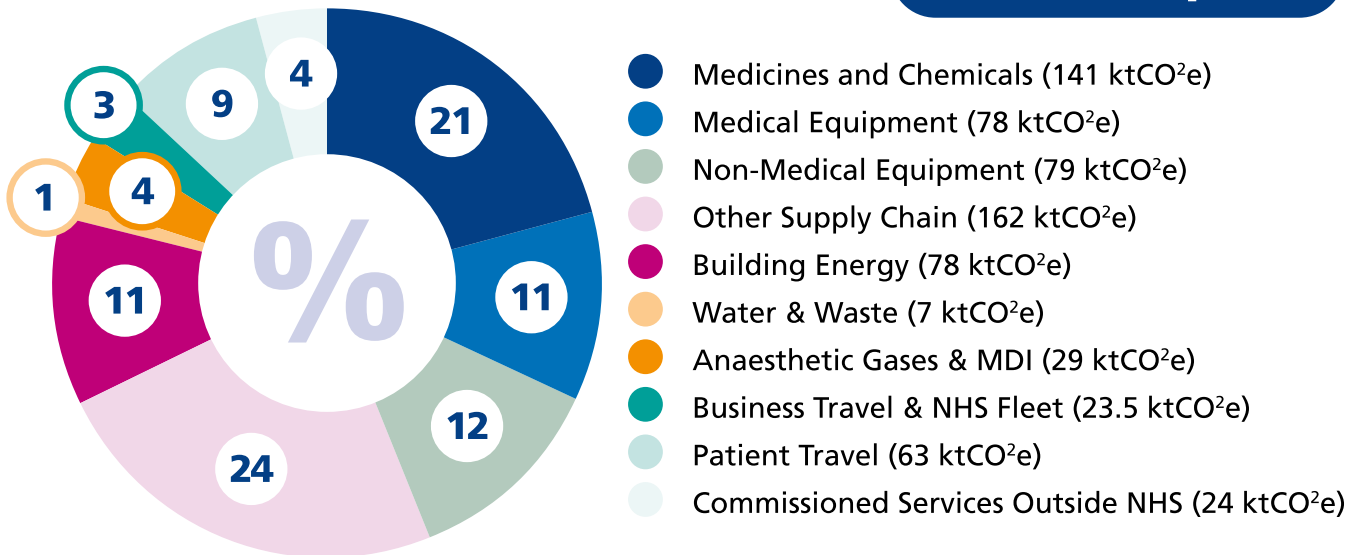
Figure 2: SWL Primary Care NHS Carbon Footprint

	Estates Emissions	Inhalers	TOTAL (tCO_2e)
NWL	8,326	11,929	20,255
NCL	5,630	9,258	14,888
NEL	7,239	12,783	20,022
SWL	4,265	8,717	12,982
SEL	5,116	10,424	15,540

■ NWL   ■ NCL   ■ NEL   ■ SWL   ■ SEL
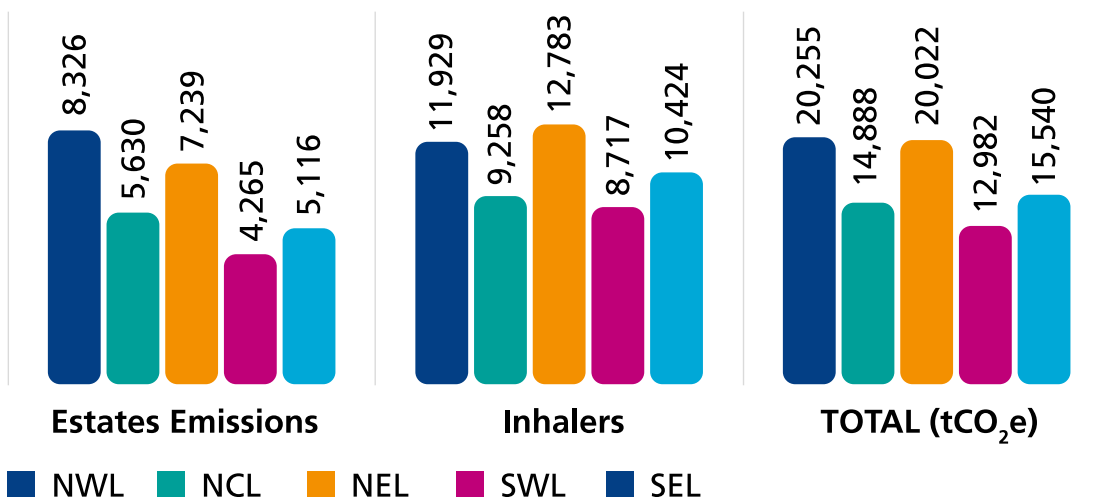
Trusts:

The 2019/20 carbon baseline sets out emissions across South West London trusts as 138ktCO2e from sources under our direct control and 685ktCO2e for emissions indirectly controlled (Figure 1).

Primary Care:

A partial baseline was completed by the NHSE-GLA London Estates Delivery Unit in 2023/24. The exercise estimated emissions for primary care estates and inhalers at 12.9ktCO2e for South West London. (Figure 2).

Integrated Care Board:

The ICB commissioned a carbon baseline exercise in 2023/24 (Figure 3). The ICB's emissions are modest by comparison to larger trusts at 15.9tCO2e but still part of the overall pathway to net zero. The ICB's biggest opportunity is within indirect emissions in its value chain.

Figure 3: SWL ICB NHS Carbon Footprint
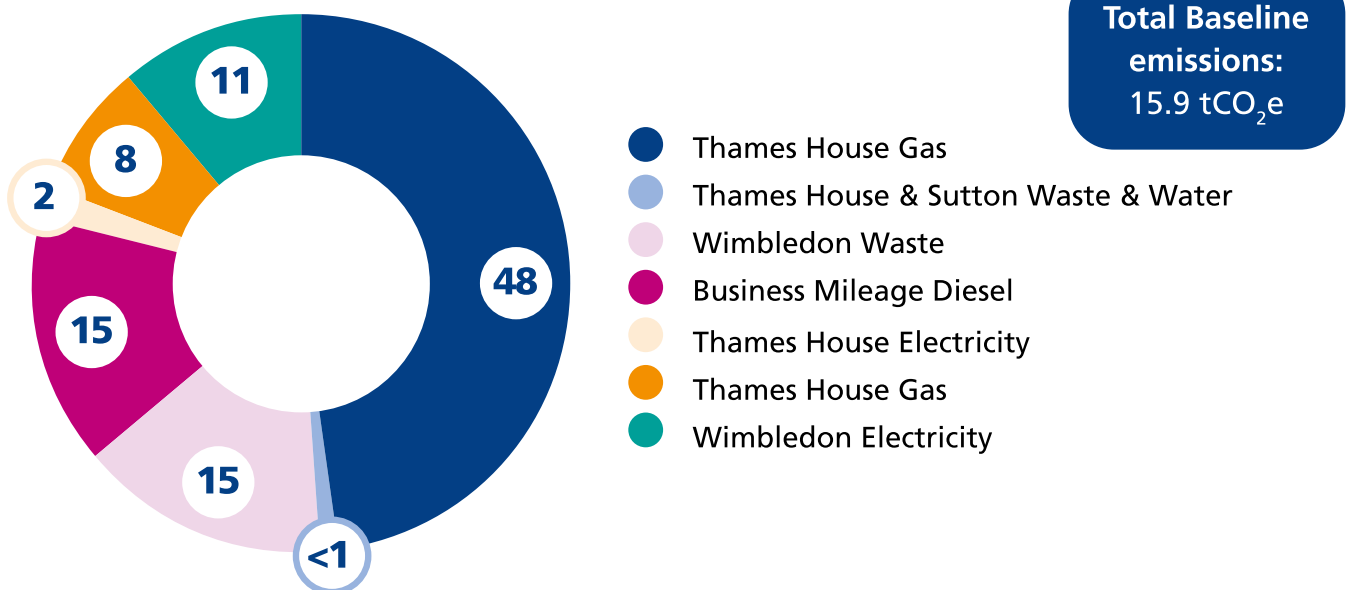
Total Baseline emissions: 15.9 tCO$_2$e

- 11
- 8
- 2
- 48
- 15
- 15
- <1

Legend:
- Thames House Gas
- Thames House & Sutton Waste & Water
- Wimbledon Waste
- Business Mileage Diesel
- Thames House Electricity
- Thames House Gas
- Wimbledon Electricity

2.0 Overarching Vision

Net Zero Vision & Aims

The following vision and aims were developed in consultation with stakeholders and reflect feedback and learning from delivering the 2023-25 programme.

The direct link between net zero and improved health outcomes is at the heart of why we need to increase our focus on the green agenda as a health service; staff and patients alike recognise this. Our strategic goals to improve quality, productivity, prevention and enable a shift in settings of care can support reaching net zero by reducing waste and streamlining care.

Our Net Zero Vision

Transforming services to deliver health care without climate harm. Working towards net zero services that support residents to start well, live well and age well, whilst remaining resilient to adverse climate impacts.

Carbon emissions cause poor health outcomes. It is important to break the negative cycle between emissions and health. To achieve this challenging ambition, partnership working with trusts, primary care, local authorities, anchor institutions and the voluntary sector are critical. Four stretching aims were developed in consultation with stakeholders to summarise the system's focus across such a large and complex cross-cutting agenda.

Aims

I. Greener Care:

Earlier preventative care and care delivered in community settings will reduce waste and streamline services which will have a smaller carbon footprint. By April 2028, we aim for all decisions to be greener by design with routine consideration of net zero impacts. This will be supported by training, education and guidance for staff.

II. Greener Infrastructure:

Taking steps to decarbonise our estate will significantly support the reduction in our carbon footprint. By April 2028, we aim to reduce energy consumption and emissions. This will be enabled through energy reduction initiatives, a reduction in void and underutilised space, application of net zero standards to any new buildings, retrofitting the existing estate and implementation of heat decarbonisation plans.

III. Greener procurement:

It is imperative we leverage our buying power to support social value, sustainability, the circular economy and remove single use items. By April 2028, we aim for all procurements to deliver quantified social value plans supported by net zero carbon KPIs with contractual levers. This will be enabled by awareness training for managers.

IV. Adaptation:

More extreme heat events, rain and surface flooding will impact our vulnerable populations, buildings, IT and staff. By April 2028, we aim to minimise disruptions to services by utilising a comprehensive risk management system with clear governance roles and responsibilities.

These aims are aligned to the workstream plans in section three and specific targets.

Net Zero Principles & Workstreams

Underpinning the vision are the following eight principles, developed in consultation with delivery partners.

Principles

i. Partnership:

Working together and at scale with partners to maximise efficiency and resources where it is sensible to do so.

ii. Greener by Design:

Making sustainability integral to everything we do.

iii. Capability Building:

Building capacity and capability to lead and support net zero; our people are key to our success.

iv. Accountability:

Diligent and accountable delivery where progress can be tracked, to understand if targets are achieved.

v. Investment Ready:

Taking a flexible approach considering limited funding and building a pipeline of proposals and projects to take advantage of future funding opportunities.

vi. Workforce Activation:

Our biggest challenge is behaviour change, we will therefore prioritise engagement and activation of our workforce.

vii. No one left behind:

Supporting smaller organisations and colleagues in primary care and beyond to engage in the wider system work where dedicated resources may not be available.

Workstreams

To support our vision and aims, the following workstreams have been identified to underpin the delivery plan. These align to national guidance and plans across the GLA, local authorities and trusts, as well as reflect on learning from delivery to date.

- Workforce, Leadership & Training
- Net Zero Clinical Pathways
- Digital transformation
- Medicines
- Travel & transport
- Estates, Waste and Food
- Supply Chain, Circular Economy, Procurement & Single Use Items
- Adaptation

Cross Cutting Themes

Cross cutting themes are integral to the whole programme and can be summarised as:

- Primary care: as it cuts across all workstreams and requires dedicated attention.
- Place: where transformation is delivered and there is alignment with local authority colleagues.
- Data and Monitoring: using an evidence base is integral to delivering change. Ensuring that we monitor the financial co-benefits of the green agenda.

3.0 Workstreams

Action Plan: Workforce, Leadership and Training

Challenge: Net zero cannot be achieved if our workforce is not supported and enabled to participate in the net zero transition.
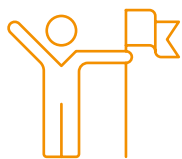
Vision: Integrate sustainability into everything we do and create a movement across SWL that will champion green and sustainable changes big and small.

Focus of work for next three years

Dedicated green job roles (clinical and non-clinical):

Continue to grow the capability in green by looking at integrating green into current roles. Expand the number of dedicated clinical roles across the system. Explore dedicated apprenticeships, internships, fellowships and other opportunities that promote the development of our workforce.

Training

Expand our capabilities by increasing the uptake of training in all parts of our health system. Enable access to and availability of bite-size learning opportunities for staff, taking advantage of existing training routes where possible. Build sustainability into staff induction and essential training to increase general understanding and awareness. Use informal training opportunities through, for example, team meetings and the South West London quarterly sustainability forum to convey important messages.

Specialist training:

Promote learning for specific staff groups recognising that they may have unique needs, such as board members, procurement, finance, estates and facilities staff and clinicians.

Supporting staff:

Recognise the commitment and dedication of staff working on sustainability through staff awards, staff communications and engagement. Providing staff with the tools to understand the carbon footprint of their everyday actions to increase awareness. Embed actions on sustainability through staff appraisal systems.

Behaviour change:

Continue to support behaviour change initiatives through our communications, engagement and campaign activities. Explore opportunities to utilise gamification to motivate behavioural change.

Board engagement:

Work with our boards to provide assurance by reporting on a bi-annual basis.

Leadership:

Working with system partners like councils, voluntary sector and education to collaborate and support decarbonisation efforts.

Year 1 Plan Actions

ICB co-ordinated:

- Support 15 people to undertake sustainability training in the ICB and capture feedback.
- Attend five meetings across the ICB to continue to raise awareness about sustainability in health.
- Work with ICB communications team to integrate green into communications and continue to maintain presence in existing ICB staff updates.
- Report to the ICB Board on a bi-annual basis and facilitate leadership forum engagement.
- Facilitate three system wide engagement events.
- Look for opportunities to create "green" clinical roles.
- Identify tools to understand the carbon footprint of an individual's everyday actions

Trust Led:

- 25 people in each trust to undertake sustainability training.

- Each trust to deliver two behavioural change communication campaigns.

Primary Care:

- Two lunch and learn sessions on climate reliance and air quality delivered by SPIN Fellows, targeting at least 15 GP attendees each.

Work with Partners:

- Share training content
- Share expertise.
- Facilitate events of shared interest.

Targets:

- Deliver sustainability training across the system with target attendee numbers – Y1 200, Y2 300, Y3 400.

Outputs:

Knowledgeable workforce engaged in decarbonisation efforts.

Action Plan: Net Zero Clinical Transformation

Challenge: Healthcare delivery is carbon intensive currently; shifting to models of care that are better for patients and the planet is critical.
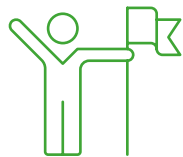
Vision: Low carbon care is built into the design and delivery of all our pathways of care.

Focus of work for next three years

Service improvement:

Reduce carbon emissions across patient pathways and integrate net zero principles in all service changes. Use methodologies like Sustainability Quality Improvement (SUSQI) to support staff to embed sustainability in all changes. Align patient safety and quality improvements with opportunities for net zero co-benefits, for example appropriate prescribing practices that are also less carbon intensive.

High-carbon services:

Prioritise changes to services and pathways which use considerable amounts of carbon.

Transformation schemes:

Improve reporting on existing schemes that have a decarbonisation impact (for example, the virtual wards programme) and build in reporting for future transformation schemes, recognising the potential for new preventative initiatives to have positive outcomes for the climate due to reduced disease burden (for example, use of weight loss medication).

Greener by Design:

Integrate the "greener by design" approach at Place and across trusts when developing new transformation initiatives. Develop and implement a sustainability impact checklist tool to support staff in considering health co-benefits of sustainability, net zero and adaptation.

Sustainability guidance:

Use research and guidance from academia and elsewhere to support decarbonisation in targeted areas such as theatres, A&E and general practice i.e. greener surgery checklist.

Adaptation:

Promote adaptation messaging for vulnerable patients regarding heat, flooding and air quality risks.

Work with clinical services to identify vulnerable populations and appropriate communications.

Consumables, medical devices, and medicines:

Consider the carbon footprint of these items in line with procurement and supply chain workstream.

Year 1 Plan Actions

ICB Co-ordinated:

- Develop a sustainability checklist and a plan to implement it to support Greener by Design aims.
- Build reporting mechanisms to demonstrate carbon impact of existing and new transformation programmes.

Trust Led:

- Share local resources such as sustainability checklists, SUSQI materials during Q1 2025/26.
- 5 SUSQI projects initiated across the system in year one (targeted across trusts based on readiness).
- Develop a SMART action plan for the implementation of the Greener Surgery Checklist that can be tracked and reported against to demonstrate ongoing delivery.

Primary Care:

- Primary Care SPIN Fellow(s) to implement sustainable pathway change.

Work with Partners:

- Work with public health and councils on prevention and climate related health risks.

Targets:

- 270tCO2e removed per annum through pathway re-design, SUSQI or other transformation in Year 1, 2, & 3.
- 5 SUS QI projects in place across the system in Year 1.

Outputs:

Quality green care, led by clinicians.

Action Plan: Digital Transformation
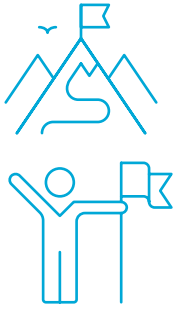
Challenge: Minimise the footprint of digital whilst maximising the benefits from digitally enabled care.

Vision: Reduce the carbon footprint of digital architecture, hardware, and services, enabled by integrating a greener by design approach into all aspects of delivery.

Focus of work for next three years

Greener by Design:

Build on work already embedded in South West London's Digital Strategy to further improve our sustainability journey.

Greener leadership:

Continue to integrate green initiatives into our local infrastructure plans. Look to create a Greener Digital SRO for South West London and explore opportunities to create additional green digital roles via, for example, apprenticeships and fellowships.

Carbon Foot Printing:

Support practical solutions for carbon foot printing of digital hardware, using digital tools to link with existing systems and run real-time calculations on the hardware. Reduce the carbon footprint of digital by encouraging people to reduce unnecessary communications and attachments.

Greener procurement:

Ensure hardware procurements meet green standards such as EPEAT/ JCO and incorporate ISO 14001:2015 for software procurement to support decarbonisation.

Green workstreams and carbon reporting:

Develop carbon impact reporting for projects, such as E-Waste and cloud computing schemes, providing necessary training and tools for staff.

Adaptation:

Conduct risk assessments to address the impact of extreme weather on our digital infrastructure, working with NHS and partners on realistic mitigations.

Digital as an enabler of Greener Care:

Support net zero clinical pathways through digital initiatives such as the NHS App, patient-initiated follow-ups (PIFU) and Virtual Wards.

Year 1 Plan Actions

ICB Co-ordinated:

- Consolidate mobile phone contracts with a managed service to reduce spend, carbon and device use in the ICB.
- Conduct a device and asset management audit in the ICB.
- Identify a system-wide Greener Digital SRO.
- Develop carbon impact reporting for existing transformation schemes.
- Explore the expansion of the E-Waste programme, subject to financing.

Trust Led Year 1 Actions:

- Embed Greener by Design approach into digital PMO processes.
- Incorporate digital infrastructure risks into adaptation risk assessments.

Primary Care:

- Progress the E-Waste programme.
- Progress the One Domain Project

Work with Partners:

- Work with Greener NHS Digital Team to identify and share best practice.

Targets:

- Establish a baseline for number of devices, assets and networks in the system by April 2025/26.
- Deliver carbon savings from end-of-life management of phones – aiming for a 10% reduction in Year 1.

Outputs:

Decarbonised infrastructure that is efficient and supports care.

Action Plan: Medicines
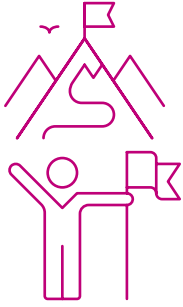
Challenge: Carbon emissions from medicines result from direct release, manufacture, procurement, and transportation. Waste of medications also contributes.

Vision: Reduce the CO2e emissions from medicines with an outsized impact and waste, whilst maintaining high quality clinically led services.

Focus of work for next three years

Inhaler Prescribing:

Support the delivery of high quality, lower carbon respiratory care. This may include, encouraging the use of low carbon inhaler choices where clinically appropriate, implementing new NICE asthma guidance, utilising prescribing decision support software to promote lower carbon choices, supporting patient education, and promoting the recycling of inhalers. Working with Primary Care colleagues like SPIN Fellows to support delivery.

Medicines Optimisation:

Consider opportunities to address overprescribing and oversupply, taking a shared decision-making approach to support patients and personalised care. Polypharmacy and oral nutritional supplements may offer priority areas for focus.

Medicines Waste and Recycling:

Support the active recycling of medicines through information for patients about where and how to recycle. Develop an approach across South West London to enable better recycling of Metered Dose Inhalers (MDIs) across acute trusts, community pharmacies and primary care, overcoming economies of scale and collection challenges.

Nitrous Oxide:

Reduce nitrous oxide waste from medical gas pipeline systems (MGPS) by progressing the actions outlines in the updated NHSE nitrous oxide mitigation toolkit, including stopping the use of piped gas.

Nitrous Oxide and Air:

Mitigate the impact of nitrous oxide and air in maternity units by ensuring recovery of nitrous oxide, storage, and secure disposal.

Anaesthetic Gases:

Continue to maintain the ceased use of the volatile anaesthetic agent desflurane in line with national guidance, allowing exceptional use only (as published by the Neuro Anaesthesia and Critical Care Society). Reviewing the use of other volatile gases and reducing as appropriate.

Innovation:

Continue to develop new areas of work in response to changing guidance and new developments.

Year 1 Plan Actions

ICB Co-ordinated:

- Support implementation of new NICE Asthma Guidelines and ensure ICB inhaler formulary supports use of low carbon inhaler choices.
- Develop a plan for reducing polypharmacy and continue to promote the use of oral nutritional supplements with a lower carbon footprint, for example through Food First strategies and powdered supplements.
- Develop an ICB information campaign on medicines waste.

Trust Led Year 1 Actions:

- Nitrous Oxide de-commission/ switch-off
- Nitrous cracking units in maternity departments, subject to funding.
- Explore a pilot for an MDI recycling hub, subject to funding.

Primary Care:

- SPIN Fellows to share their work on inhaler prescribing with colleagues.
- Subject to agreement, include good asthma management in the Primary Care Medicines Incentive Scheme

- Encourage the active return of inhalers to community pharmacies for recycling through existing waste disposal routes.

Work with Partners:

- Improve medicines disposal and recycling messaging with local authorities
- Work with Adult Social Care and care homes to support reduction in polypharmacy, medicines waste and the appropriate use of oral nutritional supplements.
- Develop relationships with our community pharmacies to support recycling and improve supply chain issues.

Targets:

- 10% tCO2e reduction from nitrous oxide use, with additional 10% in Year 2 and Year 3.
- 6% emission reduction from inhalers year 1, with additional 6% in Year 2 and Year 3.

Outputs:

Quality healthcare with a reduced carbon footprint.

Action Plan: Travel and Transport

Challenge: Travel and Transport accounts for a considerable proportion of our emissions, for behavioural and structural reasons achieving the shift required is challenging.

Vision: A step change in our default travel and transport options with increased uptake of active travel, public transport, and electric vehicles.

Focus of work for next three years

Sustainable travel plans:

Develop sustainable travel plans for each organisation by December 2026. Oversee implementation across years 2 and 3 and collaborate with partners to support active travel.

Staff surveys:

Use staff survey insights to shape our travel strategies.

Patient travel:

Focus on understanding and promoting active patient travel through behavioural insights and pilot initiatives, subject to funding.

Staff active travel:

Continue to enhance active travel facilities for staff, aiming for comprehensive support packages in all organisations (for example, availability of bike schemes for all NHS staff).

Electrifying fleet:

Increase our electric fleet from 10% to 30% in three years, with a goal of 100% zero-emission vehicles by December 2027. Ensure new transport services like patient transport and deliveries are zero emissions. Explore opportunities within community services for low or zero emission transport. Use hybrid fleet as an interim step where necessary.

Electric Vehicle (EV) commuting:

Support EV commuting through staff benefits schemes.

System partners:

Collaborate with councils, the GLA, and Transport for London to improve public transport for staff and patients and promote TFL schemes such as its e-bike discount scheme. Work with local authority colleagues in public health to promote healthy active travel and reduce the harms associated with air quality.

Patient visits and business travel:

Assessing and promoting the use of bikes/e-bikes for business travel and patient visits.

Digitally enabled care:

Explore and maximise opportunities to reduce travel through digitally enabled care such as the NHS App. Data and AI models may also be able to support us with better planning and scheduling of both appointments and home visits. Explore pilot initiatives to support the staff scheduling for home visits to optimise travel times.

Year 1 Plan Actions

ICB Co-ordinated:

- Analyse ICB travel survey results and share with senior management.
- Develop ICB travel strategy
- Explore ICB staff benefit scheme for electric vehicles, subject to funding.
- Support system-wide procurement on for non-emergency patient transport including targets for EV.

Trust Led:

- Deliver national transport and travel targets including agreeing sustainable travel plans, focusing on active travel and offering salary sacrifice schemes.
- Schemes to encourage staff to use bikes for business travel.

Primary Care:

- Identify opportunities for staff to pilot the use of bikes or e-bikes for business travel.

Work with Partners:

- Convene a workshop with public health colleagues on active travel and air quality.
- Work to progress the air quality campaign through the South West London Anchors programme.

Targets:

- In Year 1, 15% percent of our owned or leased fleet is electric, 20% in Year 2 and 30% in Y3.

Outputs:

Greener health services that also support co-benefits of active travel and clean air.

Action Plan: Estates, Facilities, Waste & Food:

Section A) Estates

Challenge: A considerable proportion of emissions within direct control come from our estate, but funding is a significant constraint.

Vision: Demonstrate reductions in our energy consumption and energy emissions.

Focus of work for next three years

Estates Net Zero Delivery Plan:

Continue to work on delivering the Estates Net Zero Carbon Delivery Plan and other guidance.

Partnerships and economies of scale:

Seek to address funding challenges through partnering between organisations, for example, through district heating networks such as in Kingston, power purchasing agreements and energy co-operatives.

Bring heat decarbonisation plans to life:

Identify immediate term priorities and deliverables (LED lighting, solar power, metering and building management system upgrades) and undertake detailed feasibility studies. Develop carbon reduction action plans. Identify installations under the UK Emissions Trading Scheme to improve compliance.

Investment-ready:

Ensure that we are ready to take advantage of funding opportunities as they arise. Examples of funding sources include NHSE national programme funding, the Public Sector Decarbonisation Scheme, SRBI's (Small Business Research Initiative), the Low Carbon Skills Fund and GLA schemes. This is important particularly when estates decarbonisation schemes can also support financial savings.

Innovative investment sources:

Explore alternative funding proposals, focusing on grant-based models to support our programme.

Building standards:

Ensure major refurbishments and new builds comply with the NHS Net Zero Building Standard and BREEAM standards. Include sustainability assurance in project approvals.

Water conservation:

Identify opportunities to save water by reducing leaks and modifying systems.

Biodiversity:

Promote biodiversity within NHS estates to enhance patient and staff well-being, support carbon capture, and aid adaptation.

Primary care estates decarbonisation:

Encourage the installation of solar, LED lighting and insulation as well as energy reduction initiatives such as switching off computers.

Provide information and raise awareness of worthwhile interventions.

Encourage practices to switch to renewable energy sources. Relinquish Void Space.

Energy conservation:

Support both behaviour change and use of technology such as SMART metering.

Adaptation:

Central to future estates work and detailed in the adaptation section of this report.

Year 1 Plan Actions

ICB Co-ordinated:

- Review delivery of heat decarbonisation action plans.
- Identify and share funding opportunities.

Trust Led Year 1 Actions:

- Be investment Ready for opportunities
- Develop an outline action plan for Y1 decarbonisation initiatives.
- Ensure BREEAM Excellent/ Outstanding is achieved on all refurb and new build.
- Complete solar surveys to identify best locations for installation.

Primary Care:

- Promote solar installation for practices.
- Provide information on actions with highest impact.

Work with Partners:

- Continue to work with London Estates Delivery Unit on decarbonisation initiatives.
- Link with councils and anchor institutions to leverage economies of scale.

Targets:

- Reduce tCO2e emissions per m2 by 10% in Y1, 10% in Y2 and 10% in Y3.
- Reduce energy consumption per m2 by 10% in Y1, 10% in Y2 and 10% in Y3.
- Increase the percentage of buildings covered by SMART metering for electricity, gas and water from the baseline by 10% each year.

Outputs:

Green infrastructure that supports Care Without Carbon, whilst being resilient to the adverse impacts of climate change.

Action Plan: Estates, Facilities, Waste & Food

Section B) Waste

Challenge: Large quantities of waste are produced, which not only increases our carbon footprint, but disposal is expensive.

Vision: Stop waste at source through procurement but where it cannot be avoided, reduce waste to achieve the national standards on waste streaming.

Focus of work for next three years

Reduce, Reuse and Recycle

In the first instance reduce consumption of single use items and other unnecessary waste. Implement **advice and guidance (Health Technical Memorandum 07-01)** on best practice for waste management, ways to improve the environment and reduce the carbon impacts of managing waste.

Waste streaming:

Achieve the nationally set waste segregation targets, which will reduce the amount of waste going for incineration.

Waste managers:

In line with national guidance access waste expertise or waste managers.

Analysis:

Complete data analysis as well as observations and walkarounds to identify opportunities to tackle incorrect use of disposal facilities and review areas with the largest volumes of waste. Following this, make simple changes to support staff to utilise the correct bins.

Link to avoiding consumption and circular economy:

Create a feedback loop with teams and procurement on single use items that generate the most waste.

E-Waste and food waste is addressed separately under the Digital Transformation and Estates, Facilities, Waste & Food sections of this report.

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Primary Care:

Waste management in primary care is management by multiple organisations, and we do not have an overview of what is happening currently. We will work to develop a clearer understanding of current practice in primary care and seek opportunities to improve.

Communications and Engagement:

Link to behaviour change campaigns described in Workforce, Leadership and Training section.

Year 1 Plan Actions

ICB Co-ordinated Year 1 Actions:

- Facilitate an expert talk/stakeholder event on waste for system colleagues.
- Encourage trusts to do walkarounds/observations at local sites with waste managers to better understand current behaviour and shift practices. Engage with national team to support.

Trust Led Year 1 Actions:

- Track progress against national waste streaming targets
- Schedule walkarounds, conduct reviews of bin contents and make changes to bin locations and bin types to make it easier for staff to dispose of items appropriately.
- Share messaging and communications to support staff to make the right decisions.

Primary Care Year 1 Actions:

- Identify the current providers of waste management services for primary care in South West London, with a view to engaging with them on their current sustainability offering and how this can be enhanced.

Work with Partners:

- Work with national teams and local authorities to promote better recycling in primary care.
- Explore opportunities to work with the local economy to recycle, re-use or stream waste more effectively.

Targets:

National target for trusts to achieve 20% incineration, 20% alternative treatment and, 60% offensive waste in their waste streaming. The below are our additional stretch targets beyond the national.

- Incineration: Year 1 20%, Year 2, 10%, Year 3 Stretch Target 5%.
- Alternative Waste: Year 1 40%,
- Year 2, 30%, Year 3, 20%.
- Offensive Waste: Year 1 40%, Year 2, 50%, Year 3, 65%.

Outputs:

Reduced carbon footprint of healthcare delivery.

Action Plan: Estates, Facilities, Waste & Food

Section C) Food

Challenge: We need to ensure that we offer high quality, nutritious food that supports patients' recovery whilst mitigating and reducing the emissions this creates.

Vision: Reducing food waste, sourcing ingredients that are sustainable, seasonal, and local, whilst delivering high quality appetising food for patients.

Focus of work for next three years

National standards:

Continue to implement national NHS standards for food and drink, which require NHS organisations to deliver high quality, healthy and sustainable food throughout healthcare catering and minimise costly food waste.

Measure food waste:

Measure food waste and analyse it to identify patterns and whether action is required, for instance, to reduce portion sizes or change menus.

Food waste reduction efforts:

Utilise data to identify food waste reduction Initiatives and review the meal ordering processes in trusts to improve services. For instance, double glazed plates have been shown to reduce waste by 15% by improving the attractiveness of meals and the use of blue plates for dementia patients has been shown to reduce waste by 18%.

Look for opportunities to utilise waste in innovative ways such as bio-digestors.

Food sourcing:

Enhance or maintain the quality, nutrition and affordability of our food whilst moving towards sustainable options (by considering locally sourced, in-season, red meat reductions and substitutions). Promote healthier diets.

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Digital food ordering:

Implement digital menus and digital food ordering systems to keep track of food preferences and food waste.

Patient food:

Patient food is out of scope. We accept patients may choose to bring food and other consumables to site, which is not the focus of our work.

On-site food and drink suppliers:

Work to identify the sustainability commitments of our partners. Where opportunities exist to re-let contracts, ensure the inclusion of decarbonisation in the specification including ISO standards, KPIs and other contractual levers. Include social value indicators recognising our role as Anchor institution.

Year 1 Plan Actions

ICB Co-ordinated:

- Look to co-ordinate an expert talk on the theme of plant-based diets.

Trust Led:

- Measure food waste, analyse it for patterns and opportunities.
- Implement projects to reduce food waste.
- Ensure digital food ordering systems are in place.
- Review menus for opportunities to reduce the carbon footprint.

Work with Partners:

- Work with procurement to embed best practice standards in our tenders.
- Adopt best practice from partners in the NHS.

Targets:

- **Food Waste Target** - Reduce food waste by 10% each year.
- **Food Sourcing:** Reduce Carbon footprint of menu by 10% each year.

Outputs:

Quality patient care with a reduced carbon footprint.

Action Plan: Supply Chain, Circular Economy, Procurement, Single Use Items

Challenge: Need to leverage our purchasing power to support the decarbonisation of our supply chain and improve social value.

Vision: Established some significant reductions in the emissions coming from our supply chain.

Focus of work for next three years

Net Zero Supplier Roadmap:

Continue to implement the roadmap, working with regional and national teams. Monitor implementation through KPIs and look for opportunities to improve practice.

Social Value:

Deliver quantified social value plans across all our procurements.

Awareness training:

Provide awareness training for those involved in procurement specifications and tender processes, so appropriate questions are asked to assess how suppliers can support delivery of a net benefit to the environment and maximise the social value derived from our service and equipment partners.

Green assurance process:

Identify and implement an assurance process so that contracts specify environmental standards like ISO accreditation or equivalent, such as the Evergreen Assessment tool.

Management Information:

Work with procurement teams to develop a better understanding of our supplier landscape and develop reporting that will help us understand our journey with the supply chain on net zero and social value.

Evergreen Sustainable Supplier Assessment:

Encourage suppliers to go beyond minimum requirements.

Our role as an anchor institution:

Aligned with our social value commitments, use our position as an anchor institution to support the local economy by encouraging our supply chain to source locally where possible and utilise local workforce, supporting green co-benefits by reducing transportation.

Adopt the principle of circularity: Consider whether consumption of goods is necessary in the first place and when it is and where it is clinically appropriate, procure items that are reusable, remanufactured or recycled.

Primary Care Procurement:

Identify best practice for primary care teams and general practices who want to ensure they are procuring sustainably.

Year 1 Plan Actions

ICB Co-ordinated:

- Support staff with tools and training.

Procurement Partners for Trusts:

- Produce report by trust to identify top ten suppliers by spend and assess their Evergreen Status. (SWLPP, NWLPP).
- Produce a regular management information report to summarise our progress on implementing net zero and social value (SWLPP, NWLPP).
- Add net zero and social value to renewed procurement policy (SWLPP).
- Generate a regular report by trust to highlight "single use items" volume, spend and stock (SWLPP, NWLPP).

Trusts

- Encourage green training for staff specified for procurement.
- Embed net zero into service specifications.

Work with Partners:

- Share best practice standards and network with providers and support suppliers.

Targets:

- To increase the number of suppliers achieving Evergreen status "level 1" by 30%.

Outputs:

Supply chain with a smaller carbon footprint.

Action Plan: Adaptation

Challenge: Temperatures continue to increase and are currently 1.2 degrees warmer, this trend will continue bringing more extreme weather.
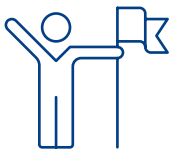
Vision: Building resilience to extreme weather through a mixture of infrastructure changes and behaviour modifications.

Focus of work for next three years

Infrastructure resilience:

Incorporate climate resilience into all aspects of physical and digital infrastructure planning, considering enhancements such as improved green spaces, drainage systems, passive cooling solutions and business continuity for servers.

Vulnerable patients and population health:

Work with public health to ensure messages for vulnerable patients are embedded into pathways. Explore how data and alert systems could be adapted to support us with preventative care and more targeted messaging for patients.

Procurement and contracting:

Embed adaptation preparedness into our existing contracts and procurements.

Business continuity planning and EPPR:

Continue to comply with adaptation provisions within the NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) and the NHS Standard Contract.

Risk assessment:

Using the national tool when available (currently in development) to undertake climate change risk assessments.

Partnership working:

Identify interdependencies between services and necessary mutual aid requirements to prevent service disruptions. Share findings with resilience partners (e.g. local resilience forums, Directors of Public Health) to ensure critical information is integrated into broader emergency planning and climate adaptation planning practices.

Alert systems:

Ensure each organisation has adequate cascading of weather health alerts and relevant messaging, in line with the Government's Adverse Weather and Health Plan.

Training and education:

Continue to engage with staff in the health service to raise the issues around adaptation and their clinical relevance.

Planning processes:

Integrate adaptation into existing planning processes, such as strategic planning and business continuity planning, to ensure that it is embedded into decision-making.

Roles, responsibilities, accountability and leadership:

Following a risk-mapping exercise, identify those responsible for leading and delivering each area of focus.

Measurement:

Develop a system for tracking the impact of heat events or flooding events on our populations.

Staff:

Ensure that there are policies in place to support the well-being of staff working in demanding situations, such as extreme heat, to ensure that they are safe at work. This may include monitoring temperatures, taking steps to cool locations, and providing adequate water and breaks or other modifications.

Year 1 Plan Actions

ICB Co-ordinated:

- Attend EPRR and other team meetings to raise awareness.
- Identify SRO for adaptation for the ICB.
- Co-ordinate system wide risk assessment

Trust Led:

- Identify SRO for adaptation.
- Complete the NHSE risk assessment tool once published.
- Run training, education and training events.
- Review implementation of relevant alert systems, e.g. heat, air quality.

Primary Care:

- Raise awareness of risks of extreme weather to population health.

Work with Partners:

- Work with public health teams to develop messaging for vulnerable patients and the public.
- Work with the NHSE London team to develop a repository of best practice and guidance for London.
- Identify materials and messaging for vulnerable populations and staff to support behaviour change.

Targets:

- System-wide risk assessment completed in Year 1.

Outputs:

Patients, staff and safe quality services are protected from the adverse impacts of climate change.

Cross Cutting Themes

Place is where transformation is often delivered and where the benefits of collaboration with local partners are more acutely felt, so it is important that Place is aligned with the net zero agenda and vice versa. Service transformation initiatives can help reduce carbon emissions by shifting care out of hospitals, reducing admissions, optimising medicines, preventing patient deterioration and supporting digital care.

Place and Green

Strengthen links between place and the net zero programme by:

Engagement: Having representation from Place at the South West London NHS Green Delivery Board and continuing to run engagement events, attend team meetings and support green champions.

Reporting: Developing carbon reporting from Place on transformation schemes for bi-annual green reports to the ICB Board.

Greener by Design: Once agreed, ensure that a sustainability impact checklist is completed at the commencement of a project, programme or initiative.

Sustainability training: Support our staff to access sustainability training.

Primary care a critical component to the Government's three missions. As service change is planned and implemented in primary care, it is important that we work together on its decarbonisation journey.

Primary Care and Green

Specific opportunities for primary care are described in each action plan reflecting the following themes:

Inhaler prescribing: South West London carbon emissions from inhalers are estimated at 8,717 tCO2e. This outweighs emissions from the primary care estate. Propellant devices have a warming effect on average 1,000 of times that of CO2. Optimising asthma care is one of the biggest steps that primary care can take to support the net zero emissions goal.

Net zero models of care: While estimates vary, a primary care appointment produces about 4-10Kg CO2e per visit in the UK, while a secondary care bed day for comparison is much higher, 100-300Kg CO2e. Shifting care to primary and preventative models should support carbon reduction.

Estates Decarbonisation: The South West London primary care estate accounts for an estimated 4,265 tCO2e. Decarbonising primary care estate will require a dedicated focus to support the large number of landlords.

Travel and transport: Based on research studies, is estimated that patient travel accounts for 50-70% of the total carbon footprint in primary care.

Procurement, supply chain and the circular economy. The primary care supply chain is likely to be smaller than that of trust settings. To date, there has been little focus on general practice procurement. Over the next three years, this plan seeks to support general practices to identify the opportunities for carbon footprint reduction.

There has been learning from the past two years of the programme that will be applied to strengthen the evidence base to monitor and track of our net zero commitments.

Data and Monitoring

KPIs: Workstream KPIs have been agreed with system partners and progress will be monitored through a combination of national data platforms and local reporting systems. Some targets have been apportioned to organisations to reflect differences in trust size and priorities whilst ensuring equity.

Transparency: Performance against both the national and local KPIs will be shared at the South West London Green Delivery Group and reported on a bi-annual basis to the Integrated Care Board.

Data quality: Work will continue to develop a single source of truth and improve data quality.

Climate risk and health insights: Data on air quality and extreme heat events might be used to model and predict exacerbations for patients with certain condition and to support proactive case management.

Challenges: Engagement will continue with national teams to support improvements in the availability and accessibility of data, recognising that national datasets are published in arrears making real-time tracking difficult and that data is published on multiple systems and different platforms.

4.0 Governance

Alignment with stakeholders on net zero

The following explains how the Integrated Care Board (ICB) works through the regional team and the national, as do our trusts. Working with local stakeholders, on both a London footprint and a place footprint as appropriate.

National Greener NHS Teams

Guidance and Targets

Data Collection/Analysis

Carbon Baselines

ICB Board

Delivery oversight

Leadership

Trust Boards

Oversee the progress of delivery

Provide leadership for the programme

ICP Board

Oversees ICP Plan

Anchors

Oversee air quality, adaptation and greener skills

London Green Board

Delivery oversight

Leadership

London Partners

Greater London Authority (GLA):

Joint working with public health teams, HM Treasury, London Treasury, experts across estates, air quality, adaptation, travel

London councils

Establishing connections and joint working

TFL

Establishing connections and joint working

Region Greener NHS Team

Localise targets and guidance

Once for London approach

Partnership working

Best practice events

Communications and cascades

Data

Engage with ICB leads and trust leads

Link to national team

ICB Sustainability Team

Local action plans and targets

Best practice, cooperation, and information sharing

Net zero engagement for staff

Partnerships – local authorities, VCSE, academia

Reporting and co-ordination

Delivery (i.e., training, analysis etc)

Data

Communications and cascades

Engage with providers

Links to national team or regional expertise. National programme

Development of the green plan

Trust Sustainability Teams

This is a typical depiction of roles discharged by trust teams.

Local action plans and targets

Best practice, cooperation, and information sharing

Net zero engagement for staff

Partnerships – local authorities, VCSE, academia

Reporting and co-ordination

Delivery (i.e., training, analysis etc)

Data

Communications and cascades

Engage with teams

Links to national team or regional expertise. National programme

Development of the green plan

SWL Partners

Local Authority Teams

Kingston, Wandsworth, Richmond, Merton, Sutton and Croydon

Joint working with teams across public health, environmental health, climate, adaptation, travel, waste, warmer homes/retrofit

Academic Partners:

London South Bank University, St. Mary's University, St. Georges University of London, Roehampton University and Kingston University.

Governance Structure

Leadership, governance and working groups

ICB & ICP Boards: set the strategic direction and receives progress updates; approves respective system Green Plans.

F&P and SMT: provide management oversight.

Green Plan Delivery Group: reviews progress of workstreams; agrees and coordinates details of the Green Plan; meets monthly.

Quarterly Sustainability Forum: shares best practice; supports learning and collaboration.

London Regional Board

Integrated Care Board (ICB)

ICP Board

ICB Finance and Planning (F&P)

ICB Senior Management Team (SMT)

Quarterly SWL Sustainability Forum

- The sustainability forum supports partnership working on specific topics of interest across SWL.
- It promotes training, education and awareness raising.
- It supports information sharing and networking.
- Recommendations arising from this group can be fed into local plans.

SWL Green Plan Delivery Group

- Oversees delivery of the three-year plan and targets.
- Signs off delivery of annual action plan.
- Shares best practice and support collaboration.
- Providers bi-annual programme reporting to above committees.

Green Delivery Plan Group - Membership

- Sustainability leads (ICB and Trusts)
- Clinical sustainability leads
- Estates representation
- Digital representation
- Medicines sustainability leads (ICB and Acute)
- Primary care leads (SPIN Fellows)
- Local authority climate teams representation
- Place representation
- Public health representation from ICB and local authorities

Risks and Mitigations

Risk	Mitigation
Funding: A lack of dedicated funding or funding that arrives with little notice, means the system cannot afford the required investments to decarbonise, or cannot effectively access the funding because the time allowed for proposal development, procurement and implementation is insufficient.	• Making plans based on funding available. • Being investment-ready where possible. • Applying for external sources of funding where available. • Ensuring that we invest to save to realise the financial savings from decarbonisation.
Resourcing: This is a big agenda and there are many actions to deliver with little dedicated resource, this is particularly true in smaller organisations and primary care. This means that the speed and pace of delivery is impacted and sometimes stalled.	• Working collaboratively, sharing resource and expertise. • Bidding for resources as opportunities arise.
Knowledge and skills: This is a new and innovative area and as such expertise and capability is immature. Technology and innovation mean that new products and solutions are being developed all the time. Lack of expertise could impact delivery or lead to sub-optimal decision making.	• Promoting sustainability training to do develop local expertise and identify key stakeholders with expertise.
Aging Estate: Old infrastructure is difficult and costly to retrofit. Backlog maintenance exacerbates the problem and some of our estate was not built to withstand extreme weather. The baseline of our stock adds to the complexity of decarbonisation and sub-optimal outcomes.	• Releasing poor quality, energy-inefficient and void estate. • Working to ensure refurbishments and new builds are BREEAM compliant.
Behaviour change: is required at every level, resistance to change is a powerful phenomenon.	• Rolling out training which has been shown to support behaviour change. • Targeted communications and engagement activities.
Competing priorities: Immediate operational pressures take precedence over strategic; this impedes progress on long term issues that will help those same operational pressures.	• Working to promote awareness and training at every level to embed green in everything we do.

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2025-26 Programme Delivery Timeline

Finalise ICB Green Plan	**March 2025**
Delivery	**Q1 & Q2 April-Sept 2025**
Reporting	**Q1 & Q2 Sept 2025**
Delivery	**Q3 & Q4 September-March 2025-26**
End of Year Report	**March 2026**

Q1

Key Actions during Q1

1. Initiate planning for training delivery.
2. Initiate planning for communications and engagement activities.
3. Checklist in development.
4. Digital reporting scope issued.
5. Estates decarbonisation action plans in development.
6. Develop next steps from adaptation event.
7. Travel surveys completed and travel strategy planning underway.

Key Actions during Q2- Delivery & Reporting

Q2

1. First cohorts commencing training.
2. Engagement events held.
3. Check list agreed.
4. SUSQI projects live (targeted across trusts and high-intensity carbon pathways).
5. E-Waste reporting developed.
6. Travel Strategy developing.
7. Estates decarbonisation action plans finalised.
8. Nitrous oxide manifolds decommissioned.
9. Food waste monitoring in place.

Key Actions during Q3 delivery focus

Q3

1. Training numbers increasing.
2. Additional engagement events.
3. Check list implementation.
4. SUSQI projects ongoing, as well as ongoing work to identify actions across high-intensity carbon pathways.
5. Digital audit completed.
6. Travel Strategy development ongoing.
7. Delivery of estates schemes.
8. Nitrous oxide cracking systems in place.
9. Food waste initiatives underway.
10. Adaptation risk assessments underway.

Key Actions during Q4 delivery, reporting and planning

Q4

1. Implementation of decarbonisation schemes.
2. Inhaler prescribing impact reviewed.
3. Travel Strategy finalised.
4. Waste messaging for Inhalers and medicines in place.
5. Food waste initiatives underway.
6. Adaptation risk assessments finalised.
7. Identify system action plan for Year 2.

Detailed action plan with action owners and timescales in development to fit the detailed actions outlines for each workstream.

Appendices

Acknowledgements

Workstream Targets

Summary of targets for each workstream below:

Targets

Workforce & Leadership

Target: Deliver sustainability training across the system with target attendee numbers – Y1 200, Y2 300, Y3 400.

Net Zero Pathways

Targets:

- 270tCO2e removed per annum through pathway re-design, SUSQI or other transformation in Year 1, 2, & 3.
- 5 SUS QI projects in place across the system in Year 1.

Digital

Baseline for assets, systems and networks established by April.

Targets:

- Establish a baseline for number of devices, assets and networks in the system by April 2025/26.
- Deliver carbon savings from end-of-life management of phones – aiming for a 10% reduction in Year 1.

Medicines

Targets:

- 10% tCO2e reduction from nitrous oxide use, with additional 10% in Year 2 and Year 3.
- 6% emission reduction from inhalers year 1, with additional 6% in Year 2 and Year 3.

Travel & Transport

Targets: In Year 1, 15% percent of our owned or leased fleet is electric, 20% in Year 2 and 30% in Y3.

Estates, Waste & Food

Estates Targets:
- Reduce tCO_2e emissions per m2 by 10% in Y1, 10% in Y2 and 10% in Y3.
- Reduce energy consumption per m2 by 10% in Y1, 10% in Y2 and 10% in Y3.
- Increase the percentage of buildings covered by SMART metering for electricity, gas and water from the baseline by 10% each year.

Waste Targets:
National target for trusts to achieve 20% incineration, 20% alternative treatment and, 60% offensive waste in their waste streaming. The below are our additional stretch targets beyond the national.

- Incineration: Year 1 20%, Year 2, 10%, Year 3 Stretch Target 5%.
- Alternative Waste: Year 1 40%, Year 2, 30%, Year 3, 20%.
- Offensive Waste: Year 1 40%, Year 2, 50%, Year 3, 65%.

Food Targets:
- Food Waste Target - Reduce food waste by 10% each year.
- Food Sourcing: Reduce Carbo**n footprint of menu by 10% each year.**

Supply Chain

Target: To increase the number of suppliers achieving Evergreen status "level 1" by 30%.

Adaptation

Target: System-wide risk assessment completed in Year 1.

Challenges & Vision by Workstream

Workforce Leadership & Training

Challenge: Net zero cannot be achieved if our workforce is not supported and enabled to participate in the net zero transition.
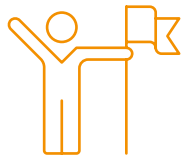
Vision: Integrate sustainability into everything we do and create a movement across SWL that will champion green and sustainable changes big and small.

Net Zero Pathways

Challenge: Healthcare delivery is carbon intensive currently; shifting to models of care that are better for patients and the planet is critical.
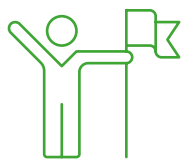
Vision: Low carbon care is built into the design and delivery of all our pathways of care.

Digital

Challenge: Minimise the footprint of digital whilst maximising the benefits from digitally enabled care.

Vision: Reduce the carbon footprint of digital architecture, hardware, and services, enabled by integrating a greener by design approach into all aspects of delivery.

Medicines
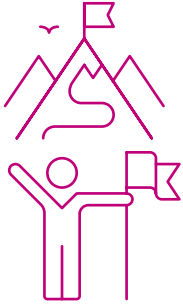
Challenge: Carbon emissions from medicines result from direct release, manufacture, procurement, and transportation. Waste of medications also contributes.

Vision: Reduce the CO2e emissions from medicines with an outsized impact and waste, whilst maintaining high quality clinically led services.

Travel & Transport

Challenge: Travel and Transport accounts for a considerable proportion of our emissions, for behavioural and structural reasons achieving the shift required is challenging.

Vision: A step change in our default travel and transport options with increased uptake of active travel, public transport, and electric vehicles.

Estates, Waste & Food

Section A) Estates

Challenge: A considerable proportion of emissions within direct control come from our estate, but funding is a significant constraint.

Vision: Demonstrate reductions in our energy consumption and energy emissions.

Section B) Waste

Challenge: Large quantities of waste are produced, which not only increases our carbon footprint, but disposal is expensive.

Vision: Stop waste at source through procurement but where it cannot be avoided, reduce waste to achieve the national standards on waste streaming.

Section C) Food

Challenge: We need to ensure that we offer high quality, nutritious food that supports patients' recovery whilst mitigating and reducing the emissions this creates.

Vision: Reducing food waste, sourcing ingredients that are sustainable, seasonal, and local, whilst delivering high quality appetising food for patients.

Procurement and Supply Chain

Challenge: Need to leverage our purchasing power to support the decarbonisation of our supply chain and improve social value.

Vision: Established some significant reductions in the emissions coming from our supply chain.

Adaptation

Challenge: Temperatures continue to increase and are currently 1.2 degrees warmer, this trend will continue bringing more extreme weather.

Vision: Building resilience to extreme weather through a mixture of infrastructure changes and behaviour modifications.

References

Delivering a Net Zero National Health Service (NHS England)
https://www.england.nhs.uk/greenernhs/a-net-zero-nhs

How to produce a Green Plan: A three-year strategy towards net zero (NHS England)
https://www.england.nhs.uk/greenernhs/getinvolved/organisation

NHS Greener Campaign
Greener NHS (england.nhs.uk)

NHS Long term plan

Sussex Community NHS Foundation Trust. (n.d.). *Care Without Carbon.*
Retrieved February 14, 2025, from https://carewithoutcarbon.org/

Acronyms

BMS	Building Management System
BREEAM	Building Research Establishment Environmental Assessment Method
CCS	Crown Commercial Service
CHS	Croydon Health Services NHS Trust
EPEAT	Electronic Product Environmental Assessment Tool
EPRR	Emergency Preparedness, Resilience, and Response
ESHT	Epsom and St Helier University Hospitals NHS Trust
GESH	Georges, Epsom and St Helier Hospital Group
GLA	Greater London Authority
GHG	Greenhouse Gas
HTM	Health Technical Memorandum
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
ISO	International Organisation for Standardisation
JFP	Joint Forward Plan
KRT	Kingston and Richmond NHS Trust
LED	Light Emitting Diode
NHS	National Health Service
NEEF	NHS Energy Efficiency Fund
NEL	North East London
NCL	North Central London
NWL	North West London
NWLPP	North West London Procurement Partnership
PCNs	Primary Care Networks
PIFU	Patient Initiated Follow Up
PPA	Power Purchasing Agreement
PSDS	Public Sector Decarbonisation Scheme
RM	The Royal Marsden NHS Foundation Trust
SEL	South East London
SRO	Senior Responsible Officer
SRBI	Small Business Research Initiative
SWL	South West London
SWLPP	South West London Procurement Partnership
SWLStG	South West London and St George's Mental Health NHS Trust
SUSQI	Sustainability Quality Improvement
UKHPA	UK Health Protection Agency
YH	Your Healthcare

Board Assurance Framework

Agenda item: 7

Report by: Ben Luscombe, Director of Corporate Affairs

Paper type: discussion/information

Date of meeting: Wednesday, 19 March 2025

Date Published: Wednesday, 12 March 2025

Content

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

Purpose

This paper informs the Board of the current high-impact risks on the Corporate Risk Register, which are considered part of the Board Assurance Framework (BAF).

The Board is asked to note the overall BAF position.

Executive summary

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

The BAF represents our highest-scoring risks across the organisation and forms part of our regular risk reporting cycle. This cycle ensures that we are identifying and reviewing risks with all the teams and Executive Directors across the organisation.

The Corporate Risk Register and the BAF are regularly reviewed by our Committees and Senior Management Team and overseen by the Audit and Risk Committee.

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

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

Key Issues for the Board to be aware of

In total, the BAF report highlights a total of six risks. Among these, five have a score of 15 or above, while one risk holds a lower score.

RSK-037 - Urgent and Emergency Care

RSK-014 - Financial Sustainability

RSK-001 - Delivering Access to Care

RSK-149 - Interruption to clinical and operational systems as a result of Cyber Attack

RSK-011 - Failure to modernise and fully utilise our estates

RSK-087 - System Quality Oversight.

Since the last report in September 2024, the following changes have been made:

Risk Changes:

NIL

Key

- The BAF scoring under the Residual Risk Score reflects the change in score from the previous reporting cycle in brackets.
- The arrows to the right of the Risk Number reflect the trend of the score from the previous month.

Recommendation

The Board is asked to:

- Note the overall BAF position.

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
Audit and Risk Committee	10/02/2025	
Quality Oversite Committee (QOC)	12/02/2025	
Senior Management Team (SMT)	30/01/2025	

Final date for approval

Supporting documents
South West London Board Assurance Framework – GB – March 2025

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

Authors
Ben Luscombe, Director of Corporate Affairs
Leigh Whitbread, Lead Corporate Affairs & Risk Manager

Risk Scoring Definitions

Inherent Risk Score

Definition: Inherent Risk Score measures the level of risk in an activity or process in its natural, uncontrolled state. It's the potential for risk before any mitigating actions or controls are applied.

Example: An example the inherent risk score might include data breaches due to cyber threats, loss of patient confidentiality, or inefficiencies in patient record management. This score is assessed before any data protection or operational efficiency measures are in place.

Residual Risk Score

Definition: Residual Risk Score is the level of risk that remains after risk mitigation strategies and controls have been applied. It indicates the extent of risk that persists despite current management efforts.

Example: After the implementation of cybersecurity protocols, staff training on data privacy, and upgrades to its patient record systems, the risk of data breaches and inefficiencies reduces. The residual risk score represents this remaining level of risk after these measures are taken.

Target Risk Score

Definition: Target Risk Score is the level of risk a risk owner seeks to achieve in the future through the implementation of additional risk management strategies. It signifies the desired risk level following the execution of planned improvements.

Example: The risk owner may establish a target risk score aiming for enhanced data security and improved operational efficiency. Achieving this may require the adoption of advanced cybersecurity technologies, extensive staff training programmes, and sophisticated data management systems. The target risk score denotes the aspirational level of risk after these prospective enhancements are implemented.

RSK-037 ➡ Risk Title: Urgent and Emergency Care   Jonathan Bates

Inherent Impact	Inherent Likelihood	Inherent Risk Score
5	5	25

Residual Impact	Residual Likelihood	Residual Risk Score
4	5	20

Target Impact	Target Likelihood	Target Risk Score
3	3	9

Cause & Effect

There is a risk that the ICS is unable to deliver a consistently effective and high-quality urgent and emergency care service (spanning 111 services through to the Emergency Departments and admission to hospital), which meets national targets and minimises delays to patient care while balancing risks for people waiting to receive care against the risk of poorer care for those already in receipt of care. Staffing in all parts of the system is fatigued and less resilient to seasonal demand fluctuations.

Causes for this risk are; The inability to discharge patients promptly from the hospital when their need for acute care has been met. The beds remain occupied by people ready to go home or onward care, meaning people waiting for a bed in ED cannot be admitted. Lack of space in the Emergency Department then leads to delays in the handover of patients from ambulance services. Consequently, it impacts the ability of ambulance services to attend to those waiting for their services in the community.

Difficulty recruiting and retaining a sufficient workforce, ranging from band four call handlers in the 111 services to nursing staff and middle-grade doctors, results in staff working under significant and constant pressure with little headroom for improvement or innovation. In particular, intense competition for lower-banded staff from other sectors offering potentially less stressful jobs impacts the ability to recruit to these non-clinical but vital roles.

Impact of the risk:

- Patients are waiting too long to receive UEC services, and there is good evidence to show that long waits adversely impact patient outcomes.

- Staff morale and wellbeing is adversely impacted by delivering a poorer standard of care over a long period, resulting in high staff turnover and sickness rates.

- The system's ability to work in partnership and innovate to meet emerging patient needs is compromised, reducing the potential for efficiency and productivity gains.

Actions/Mitigations Implemented

- South West London has established a system-wide Urgent and Emergency Care (UEC) Board and four local Delivery Boards for each Hospital System with senior representation from all partners. Recognising the interdependencies across SWL boroughs and other work programmes (such as workforce and primary care) to ensure ongoing focus for patient pathways and performance improvement in this area.

- A programme of initiatives have been planned across the year by each local Delivery Board and approved by the UEC Board for greater productivity and efficiencies to be gained from services for our patients.

- Action plans are being monitored for implementation and effectiveness and reported to the UEC Delivery Boards.

- A high-level dashboard has been developed and implemented to enable the system to monitor whether there is an improvement in the length of stay whilst maintaining the national performance requirements. This is reported to the UEC Board on a regular basis.

- Performance metrics are reported to the UEC Board monthly, providing greater insight into the nature of the problem to be solved, including details of patients waiting in ED longer than 12 hours for physical and mental health.

Action Required

- A two-year UEC plan has recently been completed with the next steps currently being finalised with the revision of the UEC Board and Delivery Boards TOR and membership. This will include supporting programmes in developing and delivering aligned plans, including a further emphasis on improving discharge and flow through the hospital, workforce development, improving the urgent care response through 111 and primary care, reducing ambulance handover delays and a better understanding of the patient experience.

- Implementation of the UEC National Recovery Strategy with a specific reference to recovering ambulance response, increasing senior clinical input into the 111 service and refocusing on the 4 hour wait in EDs alongside monitoring total time in ED. This includes a system ambition to meet the national target of at least 78% of patients admitted to a bed within 4 hours by March 2025.

- Implementation of a programme of work to reduce length of stay in acute beds by 1.5 days is recently underway to improve patient flow across the patient journey and reduce the risks in services as the flow out of ED and out of hospital; subsequently reducing the pressures and improving the experience for patients and staff. The boards of all organisations have been assured that the focus and oversight is being maintained.

- Re-establishment and expansion of the SWL UEC Transformation team following the SWL review of staffing has been undertaken. A newly created Director of UEC will oversee a team that will deliver transformation and oversight across the system from 2024/25.

- Implementation of the five-year plan: The team will use the UEC plan two-year plan as their programme delivery framework. This will include supporting programmes in developing and delivering aligned plans, including a further emphasis on improving discharge and flow through the hospital, workforce development, improving the urgent care response through 111 and primary care, reducing ambulance handover delays and a better understanding of the patient experience.

- Ongoing implementation of the primary care and discharge programme improvement plans.

Person responsible: Lisa Haywood
To be implemented by: 31 March 2025

RSK-014 ➡ Risk Title: Financial Sustainability   Helen Jameson

Inherent Impact	Inherent Likelihood	Inherent Risk Score
5	5	25

Residual Impact	Residual Likelihood	Residual Risk Score
5	4	20

Target Impact	Target Likelihood	Target Risk Score
3	4	12

Cause & Effect

In line with other healthcare systems across England the SWL NHS system is currently spending more than it's base allocation to deliver the required healthcare services for the local population. It is also recognised that funding across the NHS will decrease in 2025/26 meaning significant savings need to be identified to reduce the cost base to ensure core services can be delivered.

Further to this there is additional risk that the ongoing changes to the NHS financial frameworks, due to the creation of new population-based allocations (including specialised services) and application of and updated Market Forces Factor (MFF), means the ICB/ICS will not deliver its strategy and the objectives of the Long-Term Plan due to the constraints of the financial envelope.

Healthcare services need to be delivered efficiently and effectively. So that investments can be made to support the local population's health and well-being. Over the last few years and in response to the pandemic additional investments have been made which have increased the cost base of the system. As well as costs are increasing through high levels of inflation and the impact of industrial action.

The system has identified opportunities to reduce costs but there is a risk that these are sufficient and that it doesn't have the capacity to deliver them quick enough, alongside the operational demands and thus continues to spend more than it can afford and is unable to address the changing healthcare needs to the population.

Impact of the risk:

This has made medium-term financial sustainability a much more significant challenge. Consequently, the ICB and the system may have additional oversight and controls applied to it. These could reduce flexibility/ access to funding for investment in priority areas during the year and beyond, which could impact service delivery and performance.

SWL ICS has received additional funding support to cover the cost base which will need to be paid back in future years alongside the ongoing reduction of the allocation. These reductions will put additional constraints on the system and increase the importance of reducing the system cost base as quickly as possible to ensure sustainability.

Actions/Mitigations Implemented

- The ICB undertook a planning and budget-setting process to ensure resources were prioritised appropriately, including developing a savings programme to support the delivery of financial balance whilst minimising running costs. SWL ICB Finance and Planning Committee oversees the reported financial position, and any mitigations required.

- The ICB reports the finances monthly through budget holders, the Senior Management Team meetings (including Place leads), and The Finance & Planning Committee to the Board. The ICB Board reviews the financial position at each meeting. Furthermore, quarterly NHSE assurance meetings are held, and the Chief Financial Officer attends regional ICB meetings to assure assumptions and that the ICB approach aligns with the regional and national approaches.

- Recognising the ongoing financial challenges across NHS providers in SWL, a Missions Board has been created (replacing the Financial Recovery Board) to oversee the service transformation required to deliver the savings programme and a financial recovery plan. This reports to the ICB Finance and Planning Committee.

- In 2023/24 work was undertaken to analysis of the opportunities and their prioritisation to ensure the system is focussed on improving services for the population whilst reducing costs. These opportunities were consolidated into a high-level financial recovery plan. For 2024/25 we have reviewed the workstreams with in the plan and agreed the key focus should be on workforce, the systems infrastructure, elective services, improving the urgent and emergency care pathway. Whilst in parallel we are undertaking further modelling to further understand how we best deliver services to meet the future populations needs with in a financially sustainable envelope.

- NHSE now require all ICB and NHS partners to develop a plans to ensure that in 2025/26 the system can deliver core services within a reducing envelope. SWL ICB is working with partners to deliver this, which will build off the financial recovery plan and further analysis provided by NHSE.

Action Required

System Wide

- Ensure robust governance structures and reporting are in place for the delivery of the workstreams within the SWL recovery plan.

- Continue to strengthen and review financial governance across the system to ensure tight management of staffing, agency usage and non-pay spending. With NHSE overview and approval of spend as required.

- Focus on increasing productivity and transformation throughout the year to ensure patients receive timely treatment in a cost-effective manner.

- Continue to develop system reporting and dashboards to better understand our underlying financial position and real time performance

Person Responsible:, Joanna Watson
To be implemented by: 31 March 2025

ICB

- Continue to develop ICB reporting and dashboards to better understand our underlying financial position and real time performance

- Continue to strengthen and review financial governance within the ICB to ensure tight management of staffing, agency usage and non-pay spending. With NHSE overview and approval of spend as required.

- Ensure robust governance structures and reporting are in place for the delivery of the ICB savings programme

- Oversee a review of all spend to ensure value for money and a return on investment, whilst delivering key targets.

Person Responsible: Neil McDowell
To be implemented by: 31 March 2025

RSK-001 ➡ Risk Title: Delivering access to care (NHS Constitution Standards)   Jonathan Bates

Inherent Impact	Inherent Likelihood	Inherent Risk Score
4	5	20

Residual Impact	Residual Likelihood	Residual Risk Score
4	4	16

Target Impact	Target Likelihood	Target Risk Score
3	2	6

Cause & Effect

There is a risk of backlog and waiting times on service delivery for patients creating a delay in patient treatment and an increase in waiting times. The providers may not meet national and local quality and performance standards. In that case, the ICB population does not have constitutional pledges honoured by providers, e.g., emergency departments (ED), Cancer waits for standards, referral to treatment (RTT) waiting times and list size, healthcare-associated infections (HCAI), improving access to Psychological Therapy (IAPT) and recovery rate.

Causes for this risk are; reduced capacity due to workforce issues (incl diagnostic); Patient Tracker List (total waiting list) growth since the Pandemic, increased two-week wait and urgent referrals taking precedence over routine; Compromised recording systems in the implementation phase; Complexities and challenges of system implementation; Inaccurate and untimely reporting output.

Prolonged waits in primary care, prioritising newer patients over stable long waiters. The underperformance of providers against quality and performance standards.

Impact of the risk:

- The impact of backlog and waiting times on patient service delivery.
- Patients wait longer than required for treatment, resulting in poor performance and potential harm to patients.
- Unable to provide accurate patient information to GPs.
- Decreased volume of patients seen.
- This could affect SWL's financial provision.
- Poor performance and quality monitoring.
- Reduced activity.
- Prioritising urgent newer patients over long waiters - deterioration and potential harm to the long waiters.
- ICB is not meeting constitutional, reputational, and performance standards that adversely impact patient care. SWL is consistently the highest-performing ICS in London across most constitutional standards.

Actions/Mitigations Implemented

- Providers validate their patient tracker lists (PTL) quarterly, an activity led by the Acute Provider Collaborative.

- Clinical prioritisation is also taking place, following the recommendation by NHS England (NHSE) in July 2021 of patients on the diagnostic waiting list. Further work focussing on priority coding is ongoing, and weekly reviews at the Trust level of P2s.

- Service changes have been implemented to enable adherence to infection prevention control guidance. Providers have communicated these changes to the public and patients. These changes will remain part of business as usual until it is felt clinically appropriate to step these down.

- Tracking of actual weekly activity allowing monitoring against business as usual (BAU) activity levels (as per NHSE instructions) and implementation of the locally agreed Elective recovery fund (ERF) performance framework (including touchpoint meetings).

- Weekly monitoring of key Planned Care indicators (for example, long waiters, % activity levels) are being formally monitored and discussed with Provider and Recovery workstream leads and feed into the new ICB elective recovery governance process. This was previously being monitored on an 'unofficial' basis.

- Regular Performance, Quality meetings to monitor and manage performance against Constitutional standards. Regular reports are produced for both Performance and Quality and are reviewed at this meeting and also at the ICB Board and shared within the ICS.

- Quality and Service delivery are reviewed bi-monthly at SWL ICB Quality and Performance Committee meetings.

- Long, medium and short-term operational and clinical opportunities are being explored and implemented as part of recovery to ensure improved and sustained achievement of constitutional standards.

Action Required

- Monthly ICB triangulation meetings across key teams (Finance, Quality, Planning, Contracting, Workforce) to share intelligence and identify potential early warning signs of Trust issues, to inform coordinated mitigation actions.

- Fortnightly conversations between the provider recovery leads and the ICS Oversight and Assurance team to ensure the management of long-waiting patients.

- Data Quality improvement actions are reviewed via a monthly SWL-wide group meeting. The priority will be reducing data quality errors around long waiters, the completeness of priority coding and progressing waiting list validations down to 12 weeks.

- Monitoring of the SWL system-wide 2024/25 trajectories to ensure delivery of the national targets around elective recovery.

Person responsible: Suzanne Bates
To be implemented by: 31 March 2025

*Priority coding (a patient is assigned a priority between 1 and 4 depending on the nature of their condition).

RSK-149 ➡ Risk Title: Interruption to Clinical & Operational Systems as a result of Cyber Attack   John Byrne

Inherent Impact	Inherent Likelihood	Inherent Risk Score
5	4	20

Residual Impact	Residual Likelihood	Residual Risk Score
4	4	16

Target Impact	Target Likelihood	Target Risk Score
3	2	6

Cause & Effect

There is a risk of persistent cyber attacks on South West London Integrated Care System (ICS) services, including provider and shared services, which could lead to data breaches, service disruption, and significant impacts on patient care, financial costs and losses, reduced public trust, and reputational damage. The Integrated Care Board (ICB) is tasked with coordinating cyber security assurance and activities across the ICS, though cyber security accountability remains with each organisation. Key causes include:

- Lack of a defined cyber strategy may prevent focus on high-impact risks.
- Weak asset management reduces risk visibility, increases attack surface, and weakens security controls.
- Poor Identity and Access Management (IDAM) practices may allow unauthorised access, increase insider threats, and violate compliance.
- Insufficient vulnerability management may lead to unpatched exploits, malware attacks, and compliance breaches.
- Limited supplier risk control could lead to data breaches and service disruption from supply chain issues.
- Absence of integrated response plans may delay incident recovery and impact care delivery.
- Insufficient resources hinder risk management, system upgrades, and cyber awareness.
- Efforts are underway to develop an SWL ICS cyber strategy, improve compliance, and enhance security practices.

Impact of the risk:

- Risks to patient safety and public health
- Data breach and privacy concerns
- Financial impacts
- Reputational damage
- Legal and regulatory consequences
- Long-term effects on innovation

Actions/Mitigations Implemented

- Baseline Assessment: SWL ICB Digital Team has completed an ICS-wide cyber assessment to understand the overall security posture of the providers and ICB GP IT. This assessment informed the risk position.

- Collaborative Improvement: SWL ICS Digital team have put together some governance structures in partnership with the providers to maintain ongoing collaboration in the identification and mitigation of cyber risks. A draft cyber roadmap activities has been created following outputs from these structures.

- Cyber leadership: An ICS-wide cyber lead has been appointed to develop and manage the implementation of risk reduction strategies.

- Provider Controls: SWL ICS providers continue to have ownership and management responsibilities of their local risks and have implemented some risk reduction measures. The providers also undertake own assurance measures including annual IT Health Checks, and completion of NHS Data Security Protection Toolkit (DSPT). The ICS is supporting local measures while promoting a joined-up approach to risk reduction across the system with opportunities for cost savings and reduced service frictions.

- The Cyber Strategy and Implementation Plan are recommended for approval by the Digital Board and SMT and are scheduled for final approval by the ICB Board in March 2025.

- Multi factor Authentication review has been completed for the participating organisations across the ICS.

- ICS wide Cyber Incident Simulation/Tabletop exercise has been completed.

- Key Cyber policies have been created and shared with the provider organisation for review and adoption.

Action Required

The goal is to simplify and harmonise security controls across the ICS while maintaining a safe healthcare system. Key areas of focus include:

- 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.

Person Responsible: John Byrne
To be implemented by: 31 March 2025

RSK-025 ➡️ Risk Title: Workforce capacity wellbeing and availability   Karen Broughton

Inherent Impact	Inherent Likelihood	Inherent Risk Score
4	5	20

Residual Impact	Residual Likelihood	Residual Risk Score
4	4	16

Target Impact	Target Likelihood	Target Risk Score
3	4	12

Cause & Effect

With increased pressure on the NHS; the impact of staff turnover and sickness levels; the availability of trained staff; concern around cost-of-living increases; as well as the need to bring staffing numbers back in line with 2019/2020 workforce figures, there is a risk that South West London provider organisations will not have the right workforce capacity in place.

Impact of the risk:

The impact of this risk is that:
- There may be a reduction in the quality and timeliness of care.
- There could be increased pressure on existing staff which could have an adverse impact of their health and wellbeing which may lead to an increase in turnover or sickness levels.
- There is in an increase in agency use if substantive or bank staff are not available to temporarily fill vacant positions or shifts.

Actions/Mitigations Implemented

- The Mayor's Skills Academy Programme successfully launched, embedded in the SWL system, working with social care equivalent where appropriate to improve domestic supply by attracting local people into the NHS.
- Recruitment and retention/workforce committees are in place in provider organisations to review staffing.
- Regular workforce reports reviewed by provider boards to highlight workforce pressures and suggested solutions to improve recruitment, retention and health and wellbeing concerns.
- Trusts and management focus on health and well-being support and facilities to ensure staff were cared for. (This includes financial well-being).
- Trusts have local, national and international recruitment campaigns in place.
- Providers have adopted fast-track recruitment processes.
- Following last year's operational planning round, Trust HR Directors worked together to determine priorities to support supply & retention & reviewed approaches to pay enhancements, bank/agency, & reward systems.
- SWL Health and Wellbeing Hub was created and put in place across SWL.
- Access to information and support is detailed on the SWL ICS website. Although funded through the ICP investment fund, ongoing funding threatens its continuation beyond March 2025, this will need to be reviewed. Trusts and ICB focus on health and well-being support and facilities to ensure staff were cared for. (This includes financial well-being).
- Regular meetings continue to be held with the staff counsellors who form the current SWL mental health and wellbeing hub and provider health and wellbeing leads. Whilst the mental health SDF funding to support the workforce is to cease, the remaining funding has been shared across the SWL system to positively support staff health and wellbeing.
- Occupational Health and specialist support in place across all SWL provider organisations to support staff.
- A SWL workforce report with input from the NHSE workforce team and SWL ICB Workforce team and includes both health and social care data is regularly presented at the People Board and ICB Board.
- A focus on staffing will continue through the SWL People Board.
- SWL ICB Chief Nurse (CNO) is carrying out a skill mix review with three aims, to Strengthening safer nursing staffing across SWL, reducing high-cost resourcing and to better understand the responsibilities and patient facing activities of professional nursing roles so they can spend more time with patients.
- There is partnership work across the system with full-time trade union officers.

Action Required

- Discussions continue with senior leaders in provider organisations to ensure there are project plans in place to underpin their operational plans and that these are effective.
- Continue to deliver the SWL workforce transformation programme - specifically focusing on the workforce, and seeking opportunities for further joint work on supply, health, and well-being across the system.
- Work is underway under Mission 3 of the Missions Board to identify and frame the work needed to improve our workforce position. This is to identify creative supply routes and future workforce design solutions to determine the future workforce requirements and right sizing of teams/professional groups.
- A continued focus on apprenticeships via the People Board, the Apprenticeship Networking Group/Hub and the Mayor's Skills Academy Programme will seek to increase the uptake in apprenticeships, support the sharing of resources and levy usage.
- CNO group working together to review nursing staffing across SWL and set consistent nursing staffing ratios.
- Work with providers to deliver their agreed workforce plans and reduce reliance on temporary staffing.
- Delivery of the Integrated Care Partnership workforce plan to support local people into employment and reduce vacancies SWL organisations.
- ICB attendance at Regional NHS Chief People Officer (CPO) meetings continues where employers discuss how to support staff with the cost-of-living increases; suggested ideas/good practices will be reviewed and discussed within SWL and where appropriate, suggested for implementation after presentation to SMT/People Board.
- Partnership work across the system with full-time trade union officers will continue dates for the remaining financial year (2024/25) to be updated and invites issued.

Person Responsible: Karen Broughton, Lorissa Page
To be Implemented by: 31 March 2025

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RSK-011 ➡ Risk Title: Failure to modernise and fully utilise our estates   Helen Jameson

Inherent Impact	Inherent Likelihood	Inherent Risk Score		Residual Impact	Residual Likelihood	Residual Risk Score		Target Impact	Target Likelihood	Target Risk Score
4	4	16		3	4	12		3	3	9

Cause & Effect

There is a risk that if we fail to modernise and utilise our estate fully, the capacity of services may not be fully optimised, ICB and provider cost bases may be adversely affected, backlog maintenance requirements may increase, estate may remain energy inefficient and the ICB could be liable for paying for void costs in return for no services being provided. There is a risk that the ICB and system partners fail to work together to get the most efficient and effective use of the collective estate, thus hindering ambitions within the Joint Forward Plan e.g. to facilitate integrated care in community settings. Funding may be too constrained to enable changes to services (capital budgets are required for new leases under IFRS 16), the conversion of existing estate and critical upgrades to improve utilisation and digital transformation to reduce the need to expand the estate (supporting our green agenda). National funding for primary care may remain limited to support primary care networks. Also, current national Public Finance Initiative (PFI) and accounting policies limit expenditure and changes to the nature of use in (PFI) buildings - this may limit additional works to convert vacant space to make it fit for incoming services (e.g. Queen Mary's Hospital). If the National policy is triggered, the PFI building comes onto the balance sheet for the Whole Government Accounts and hits the DHSC capital budget, which may be passed down to SWL.

Impact of the risk:

- An increase in the cost of voids passed onto the ICB and the wider system, contributing to the challenging financial environment.
- A lack of funding may hinder service transformation in primary care and community settings
- Lack of flexibility in PFI space may limit the ability to enable service change and reduce void costs.
- Significant impact on SWL ICS capital planning if system prioritisation processes don't align with population needs and minimise the backlog maintenance required.
- A lack of understanding of the estate and the system priorities may mean the system isn't able to successfully access national funding for specific projects and new hospital builds.
- Old estate that is impacted by infection control and ventilation guidance changes may lead to reduced patient activity or increased risk of infections.

Actions/Mitigations Implemented

- A SWL NHS estates and infrastructure strategy (including primary care) has been developed and approved by the ICB Board. It provides the framework to identify opportunities to maximise the use of SWL estate whilst minimising the carbon footprint and addressing local needs.

- The Estates financial recovery workstream, is reviewing the collective estate with providers and Places for opportunities to exit 'tail' estate and consolidate where appropriate.

- An effective data collation exercise has been undertaken to better understand our primary care estates priorities and potential requirements, including opportunities to maximise use and limit vacant spaces make better use of digital technology and change ways of working in place of unaffordable large-scale developments.

- Continue to review void space, vacant space and associated opportunities with NHS Property Services and Community Health Partnership.

- Continue to work to maximise the use of Queen Mary's Hospital, linking in closely with NHS Property Services and the PFI Provider to find solutions to void space within PFI contractual obligations and national policies that limit the conversion of space in PFI buildings.

- All capital prioritisation processes include critical infrastructure investment criteria to minimise the impact of old estate on patient care.

- Opportunities to address old estate, support transformation of services and to decarbonise the estate are being sought via the New Hospital Programme, the Public Sector Decarbonisation Scheme and other funds.

- Continue to work with NHSE to develop the ICS estates strategy (including primary care) which will maximise the use of our estate, minimise the carbon footprint and address local needs.

Action Required

- Work more closely with One Public Estate to explore opportunities across the wider public sector that could better utilise the existing footprint, and that could better configure the colocation of services to serve the local population's needs.

- Focus on delivering the objectives of the SWL NHS estates and infrastructure strategy (including primary care) which will seek to maximise the use of our estate, minimise the carbon footprint and address local needs.

- Work with regional and national teams to understand funding opportunities that will support the needs of the population and reduce costs for the system.

- Work with regional and national teams to provide visibility about funding requirements (including primary care).

- Ensure void spaces are minimised and work with NHS Property Services for the most effective use of the QMH site.

- Keep the capital investment prioritisation process under review to ensure it is fit for purpose and aligns with the ICS/P strategy

- Assess risks caused by adverse weather and longer-term impacts of climate change and make progress on developing adaptation plans across SWL organisations.

- Ensure regular updates are sought to ensure that RAAC issues are identified, and assurances provided with respect to their rectification.

Person Responsible: Piya Patel & Matthew Pizii
To be implemented by: 31 March 2025

RSK-087 ➡️ Risk Title: System Quality Oversight   Elaine Clancy

Inherent Impact	Inherent Likelihood	Inherent Risk Score
3	4	12

Residual Impact	Residual Likelihood	Residual Risk Score
3	3	9

Target Impact	Target Likelihood	Target Risk Score
2	2	4

Cause & Effect

There is a risk that there could be an adverse impact on quality, positive experience, patient outcomes and threats to safety where factors may impact patient care.

This can be caused by the following:

- Increased workforce challenges and vacancies across our providers and ICB nursing directorate.
- Failure to meet adequate treatment times that lead to safer outcomes due to significant pressures especially on the urgent and emergency, mental health and children's and young people's pathways.
- Outbreaks of infections in the community and acute setting leading to potential bed closures.
- Failure to provide a positive experience of care for our patients.
- Failure to proactively manage and escalate quality risks and identify lessons learnt following adverse safety incidents.
- Inadequate rating of providers by regulators and media attention.
- Significant financial challenges across the system.

Impact of the risk:

- Patients experience a less-acceptable level of service delivery, which could result in patient harm, poor experience and less favourable outcomes.
- Patients lose confidence in quality of care and services, and this could impact their choice of accessing local services.
- Staff morale is low and psychological safety is impacted.
- Potential reputational damage for SWL if things go wrong for any of our providers.
- The ICB does not meet its statutory and oversight functions.

Actions/Mitigations Implemented

- All risks are identified, assessed, mitigated and monitored by the directorate that could have a potential adverse impact on the quality and safety of services that the ICB commissions from providers.

- The review of ICB's quality governance and assurance process will enable early identification and escalation of system risks and adequate systems and processes to mitigate them. The ICB's Quality Operational Management Group, the System Quality Council, the Place Quality Group meetings and the ICB Quality and Performance Oversight Committee are routes where escalations of quality risks are regularly monitored.

- Providers continue to report and provide assurance through their internal governance routes and via their quality committees on their quality risks and severe risks are escalated to their BAF.

- All SWL providers have successfully transitioned to the Patient Safety Incident Response Framework (PSIRF) and independent providers are on track.

- Regular SWL Chief Nurse meetings are held bi-weekly with the ICB Chief Nursing Officer, where escalations and mitigations are discussed at organisational and system levels.

- Through regional Joint Scrutiny and Oversight Group meetings, there is intelligence sharing with the Care Quality Commission, NHSE, and other regulators regarding provider concerns.

- Providers and Local Authorities have been in a phase of readiness and preparation for the new CQC single assessment regulatory framework. SWL LAs have all been peer-reviewed for CQC inspections.

- Effective integration with contracts and commissioning teams to embed quality and safeguarding outcomes into provider contracts.

Action Required

- Recruitment is ongoing into ICB vacancies to ensure delivery of high-profile statutory quality functions.

- Commenced launch of collaborative offer of support to our Trusts to ensure the ICB provides peer support where appropriate as with the UEC and mental health pathways.

- Implementation of the System Learning Review process starting with provider/ Trust visits.

- Implementation of the place-based quality governance framework to standardise reporting and monitoring of statutory quality functions.

- Ongoing development of balance scorecard and triangulation of risks with Performance, Quality, Workforce and Finance for SMT to be sighted on system risks.

- Launch of the SWL Continuous Improvement Network and ongoing implementation of the NHS Impact Actions across the ICS.

- Ongoing implementation of the CNO governance framework

- Continue to complete quality impact assessments when there is significant change to commissioning, planning, care pathways or service redesign.

- Ongoing implementation of the Joint Forward Plan to improve patient safety, experience, effectiveness and outcomes.

Person responsible: June Okochi
To be implemented by: 31 March 2025

SWL Integrated Care Partnership Update

Agenda item: 8

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

Paper type: Information

Date of meeting: Wednesday, 19 March 2025

Date published: Wednesday, 12 March 2025

Contents

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

Purpose

The purpose of the report is to update the Board on the activities of the South West London Integrated Care Partnership.

Executive summary

The South West London Integrated Care Partnership (ICP) is a broad alliance of organisations and representatives concerned with improving the care, health, and wellbeing of the population, jointly convened by local authorities and the NHS.

The South West London Integrated Care Partnership Strategy for 2023-2028 was publicly launched in October 2023. The strategy outlines our priorities for change and the collective actions we will take to improve health and wellbeing for the people of South West London across our agreed strategic priorities of:

- Reducing health inequalities

- Preventing ill-health, promoting self-care and supporting people to manage long term conditions

- Supporting the health and care needs of children and young people

- Positive focus on mental well-being

- Community-based support for older and frail people

- Tackling our system-wide workforce challenges

Key Issues for the Board to be aware of

ICP Board

The ICP Board met on 5 March 2025, co-chaired by Councillor Andreas Kirsch and Mike Bell. The items discussed covered the following:

- Workforce ICP Strategic Priority
  This item included a celebration of the projects delivered with funding from the ICP Priority Fund, with four projects presenting their key achievements and learning to the Board.

- Reducing Health Inequalities ICP Strategic Priority
  This item covered an outline of work delivered within 2024/25, with highlights including progress made on data and intelligence as well as projects delivered with funding from the Health Inequalities Investment Fund. It finished with an outline of future plans for continuing to address health inequalities in South West London.

- Get Britain Working Trailblazers in South West London
  This item outlined a national, government-funded programme to support economically inactive people into employment, to which the South London Partnership has submitted a proposal for funding. The presentation covered the potential areas of focus for the work, governance structures and relationships. Funding will be confirmed in the coming weeks, with work due to begin from 1 April 2025.

The Chair thanked Gillian Norton, Chair of Epsom and St Helier University Hospitals NHS Trust and St George's University Hospitals NHS Foundation Trust, for her contribution to the Board, as this was her last ICP meeting.

SWL ICP Anchor and Civic Development Workshop

The ICP is hosting a workshop on 17 March to explore the potential for joint action to support social and economic development. We will bring to life and share existing NHS Anchor, local government and education civic development across the wider South West London ecosystem and identify areas for greater collaboration.

Attendees include representatives from across the South West London integrated care system, including local authorities, NHS organisations and the voluntary sector as well as higher education institutions and emergency services. A report on the workshop and the proposed next steps will be brought back to the ICP in the future.

Recommendation

The Board is asked to:

- Note the contents of this report.

Governance and Supporting Documentation

Conflicts of interest
None identified.

Corporate objectives
The update report identified the activities of the SWL ICP in line with the core objectives of the Board.

Risks
None identified.

Mitigations
None identified.

Financial/resource implications
None identified.

Green/Sustainability Implications
None identified.

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
None identified.

Patient and public engagement and communication
None identified.

Previous committees/groups

Committee name	Date	Outcome
n/a		

Final date for approval
n/a

Supporting documents
n/a

Lead director
Cllr Andreas Kirsch
Mike Bell

Authors
Angela Flaherty, Director of Strategy and Development, NHS SWL
Harriet Ward, Deputy Director of Strategy, NHS SWL

Finance and Planning Committee update

Agenda item: 9a

Report by: Jamal Butt, Non Executive Member SWL

Paper type: Information

Date of meeting: Wednesday, 19 March 2025

Date Published: Wednesday, 12 March 2025

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

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

Executive summary
The Finance and Planning Committee has met once since the last update to the ICB Board, on 25 February 2025. The meeting was quorate and chaired by Jamal Butt. It discussed the following items:

ICS Business

Green Plan 2025-2029 update

- The Committee received a report on Green Plan which included the annual report for 2024/25 including key highlights and progress as well as an update on the Green Plan for 2025-29. This plan remains in development, structured around four overarching aims: greener – care, infrastructure, procurement and climate adaption.
- The Committee discussed the report, in particular the economic implications of the plan (in terms of cash savings) and measuring and maximising benefits.
- The Committee noted the report.

Primary care prescribing update

- An update was provided on the Medicines Optimisation programme across SWL, focussing on primary care drug spend and addressing unwarranted variation.
- The Committee discussed the benchmarking work underway to inform indicators for the 2025/26 incentive schemes, including a targeted approach to patients who are not currently receiving optimal treatment.
- The Committee noted the report.

Focus on plans for 2025/26

- The Committee was provided with an update on the development of SWL's plans for 2025/26.
- An update was provided on the financial position of the system and the further work required to meet the allocated system control total. This includes work to demonstrate that the system is as productive as possible.
- The Committee noted the report.

2025/26 Capital Planning

- Headlines from the 2025/26 capital plan were presented to the committee, in particular noting the continued pressure on capital budgets and the system agreements that investment in backlog critical infrastructure was a priority.
- The Committee noted the report.

ICS M9 delivery against operational plan

- An update on the operational plan was presented to the Committee, noting continued strong planned care performance with ongoing pressures in urgent care.

ICS M10 financial outturn update

- An update on the financial position of the system was presented to the Committee. Key risks include the ERF cap and availability of depreciation funding.
- The Committee discussed the continued pressure on whole time equivalent numbers primarily bank staff due to increase sickness cover and demand and acuity pressures.
- The forecast outturn of the ICS is breakeven (£0m), which includes NHSE deficit funding support.

Mission four: transformation planning update

- The Committee was updated on the process to develop a longer-term transformation and recovery plan, with a system wide diagnostic to identify the opportunities with clear action plans.
- The Committee noted the report.

ICB Business

ICB Month 10 finance update

- The Committee received an update on the M10 ICB financial position. It noted that the ICB is on plan to deliver a £3.1m surplus.

ICB 2025/26 budget update

- The Committee was advised that the position is still moving, for example ERF guidance had just been published. The ICB is planning a break-even position.
- The Committee noted the report.

Other business

Terms of Reference Annual Review

- The Committee reviewed its updated Terms of Reference and agreed to recommend the approved updates to the ICB Board.

Business cases and contract awards

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

Recommendation
The Board is asked to:

- Note the Committee report.

Governance and Supporting Documentation

Conflicts of interest
N/A

Corporate objectives
- Delivering the financial plan
- Delivering the ICS operational plan

Risks
- None as a result of this paper

Mitigations
- None as a result of this paper

Financial/resource implications
- None as a result of this paper

Green/Sustainability Implications
- None as a result of this paper

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
- None as a result of this paper

Patient and public engagement and communication
N/A

Previous committees/groups

Committee name	Date	Outcome
Finance and Planning Committee	25 February 2025	

Final date for approval
N/A

Supporting documents
- None

Lead director
Helen Jameson, SWL ICB

Author(s)
Kath Cawley, Director of Planning, SWL ICB

SWL NHS Finance Report M10

Agenda item: 9b

Report by: Helen Jameson, CFO

Paper type: information

Date of meeting: Wednesday, 19 March 2025

Date Published: Wednesday, 12 March 2025

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

Purpose
This report is brought to the Board to:

1. Provide an update as at month 10 on the ICB financial position against its internal budget.

2. Provide an update as at month 10 on the South West London (SWL) NHS system financial position, including the updated Capital Departmental Expenditure Limit (CDEL) forecast.

Executive summary
As at month 10 the ICB financial position is a £2.2m surplus with Forecast Outturn (FOT) on plan to deliver a £3.1m surplus. The efficiency plan is being met although £11.8m of it is non recurrent compared to an initial plan of £7.6m. This will need to be made recurrent for 2025/26.

The SWL NHS ICS year to date position is £22.5m adverse to plan driven by:

- Additional costs and lost income at St George's Hospital (SGH) resulting from the cyber-attack in South East London (£0.9m).
- Shortfall in Royal Marsden Hospital (RMH) paediatrics income from NHSE (£1.3m).
- Shortfall in efficiency delivery and baseline pressures at Epsom & St Helier (ESH) and SGH (£16.8m).
- Pressure across all trusts due to the pay award (£3.5m).

Overall year to date (YTD) efficiency delivery was £196.3m, £6.6m adverse to plan. Within this, recurrent efficiency was £34.7m adverse and non-recurrent efficiency was £28.1m favourable.

Whole time equivalents (WTEs) have increased month on month by 351, largely in bank. This significant increase in WTEs is due to increased annual leave and sickness cover at the start of January, as well as demand and acuity pressures in acute wards throughout the month. These pressures are likely to continue into February.

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

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

Therefore, Trusts have developed plans to mitigate identified risks. These plans are being updated/reviewed monthly and discussed at the SWL Missions Board. The system continues to work to strengthen all schemes, minimise the risk and increase the level of assurance.

YTD capital spend is behind plan by £64m overall, with an influx of additional capital allocations in M10 driving an increase in the funding yet to be spent and includes the slippage from the revised IFRS16 forecast at M8. The pace of spend against capital projects has increased since last month with all providers assuring that they will meet their forecasted spend.

Throughout 2024/25, the system planned to underspend against the core envelope to move asset sale credits into future years. The SWL CDEL FOT is aligned to this planned envelope. Approval to carry forward credits has now been granted by NHSE/DHSC, supporting a £31.9m CDEL swap with South East London (SEL) with CDEL returning to SWL in future years and the carry forward of £19m generated from a SWLStG disposal expected to transact by the end of February.

Key Issues for the Board to be aware of
- The ICB is on track to deliver a £3.1m surplus as per plan.
- The SWL system is reporting year to date a £22.5m adverse position to plan, largely due to efficiency delivery shortfall and baseline pressures at ESH and SGH.
- WTEs are up month on month and the plan assumed a reduction.
- The SWL system is under the agency cap trajectory.
- There remains significant risk to the delivery of the financial plan and the savings programme included within it.

- The pace of spend against capital projects has increased since last month with all providers assuring that they will meet their forecasted spend.
- Approval to carry forward CDEL credits has now been granted by NHSE/DHSC, supporting a £31.9m CDEL swap with SEL, with CDEL returning to SWL in future years.

Recommendation

The Board is asked to:

- Note the ICB month 10 position.
- Note the ICS revenue month 10 position.
- Note the ICS YTD capital position and updated forecast position at M10 2024/25.

Governance and Supporting Documentation

Conflicts of interest
N/A

Corporate objectives
Achieving Financial Sustainability.

Risks
Achieving Financial Plan for 2024/25

Mitigations
- Enhanced grip and control actions have been implemented across SWL NHS organisations.
- Recovery and Sustainability Board management and oversight of financial position.
- Financial Recovery Plan developed.
- Finance and Planning Committee will scrutinise the ICB's financial performance.
- Each SWL NHSE organisation financial governance processes.
- NHS Trust and ICB Chief Executive scrutiny and leadership is focused on financial delivery.
- Measures taken by individual organisations and collectively to identify additional efficiency programmes.

Financial/resource implications
Within the report.

Green/Sustainability Implications
N/A

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

Patient and public engagement and communication
N/A

Previous committees/groups

Committee name	Date	Outcome

Final date for approval
N/A

Supporting documents

SWL Finance Report M10 2024-25

Lead director

Helen Jameson

Author

Helen Jameson

SWL NHS Finance Report M10

March 2025
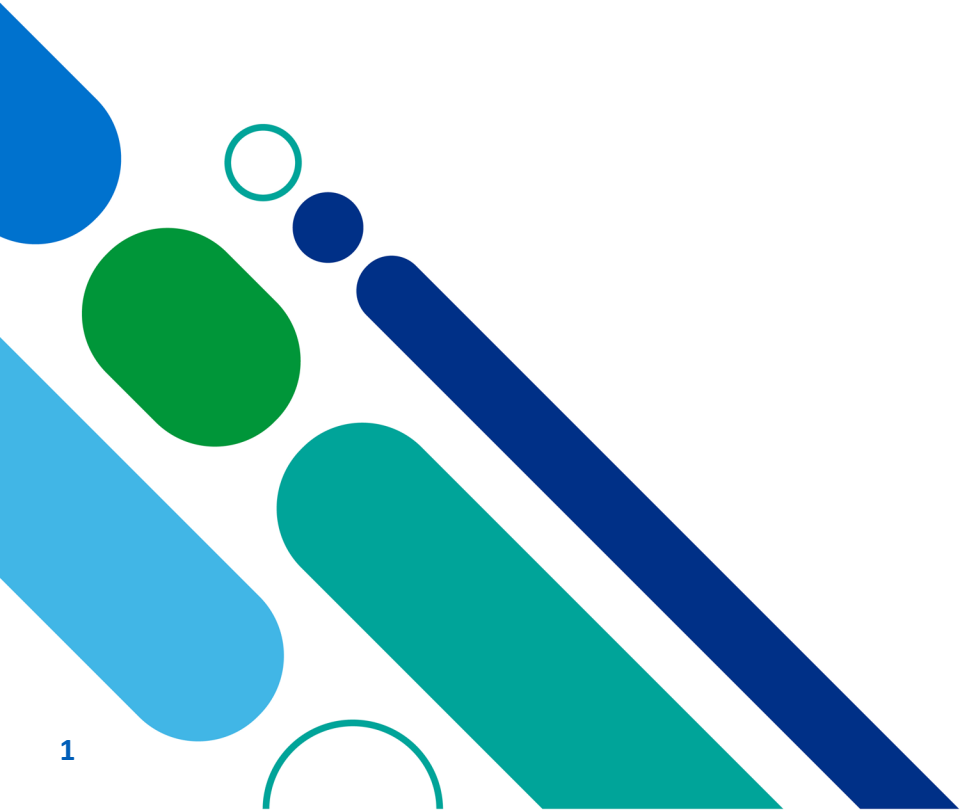
Contents

> ICB internal position at month 10

> SWL NHS system revenue position at month 10

> SWL NHS system capital position at month 10

> Summary

The ICB internal position

ICB Financial Overview

NHS
South West London

Key Messages:

- The ICB position as at 31st January 2025 is a £2.2m surplus with FOT on plan to deliver a £3.1m surplus.
- The efficiency plan is being met although £11.8m of it is non recurrent compared to an initial plan of £7.6m. This will need to be made recurrent for 2025/26.
- Acute services is showing a favourable position of £3.6m to annual plan, which predominantly relates to the benefit arising having reached final settlements on the variable element of out of sector acute contracts.
- Mental health services has some significant pressures mainly related to high-cost placements and Right to Choose assessments.
- All Age CHC are seeing significant pressures driven by a growth in patient numbers above that allowed for in the budget. This is being mitigated through additional non-recurrent means.
- Within community services we are forecasting an overspend of £1.0m, mainly due to unachieved efficiencies. There are also significant pressures arising from an increase in neuro rehabilitation patients, with this being mitigated by vacancies in non-running cost areas.
- Primary care is showing a significant overspend primarily driven by delegated GP primary care expenditure forecast to be above the annual plan by £3.8m. The underspend on prescribing reported in previous months (arising from the final 2023/24 drugs costs being less than expected) is now being offset by in-year pressures
- Primary Care Pharmacy is under-spent due to a £2.2m benefit from last year, partially offset by cost pressures on core elements of the Pharmacy contract

Risk & Mitigations:

- Key risks relate to:
  - Delegated primary care (£0.2m) where pressures seen in first nine months of delegated primary care and DOPs will increase above current run rate
  - Prescribing (£0.3m) - Linked to a potential increase in cost per item through to the end of the financial year.
  - Mental health placements (£0.3m) - Linked to continued increases in price as well as volumes of placements.
- Should these materialise, mitigations will be put in place including holding vacancies and a review current commitments not yet started.
- The risks have been reduced from previous months on the basis that we have now included in the forecast position those risks which we are certain will materialise before the end of the year.

ICB High Level Financial Position

Target	Measure	M10 Position	Status
Planned surplus	Achieving £3.1m surplus	£3.1m surplus forecast	On track
Mental Health Investment Standard	Increase MH expenditure by 6.81%	Forecast increase 6.84%	On track
Running Costs	ICB running costs not to exceed £27.3m	Forecast spend £27.3m	On track
Better payments practice code	Paying 95% of invoices within 30 days	99% invoice paid within 30 days	On track
Cash Balance	Cash in bank at month end within the 1.25% draw down limit	Cash 0.55% of drawdown limit	On track

Allocation and Expenditure	Sum of YTD Budget £000s	Sum of YTD Actual £000s	Sum of YTD Variance £000s	Sum of Annual Budget £000s	Sum of Forecast Outturn £000s	Sum of Forecast Variance £000s
Total Allocation (Income)	£3,068,972			£3,681,804		

Expenditure:						
Acute Services (NHS & non-NHS)	£1,683,163	£1,681,014	£2,148	£1,998,441	£1,994,815	£3,626
Community Health Services	£243,426	£244,263	-£837	£292,018	£292,992	-£974
All Age Continuing Healthcare	£137,975	£139,392	-£1,417	£165,267	£166,317	-£1,050
Corporate & Other	£75,366	£70,650	£4,716	£114,111	£110,085	£4,025
Mental Health	£320,017	£320,286	-£269	£385,791	£386,192	-£402
Primary Care (Incl Prescribing & Delegated)	£606,797	£611,138	-£4,341	£723,116	£728,342	-£5,225
Total Expenditure:	£3,066,744	£3,066,744	£0	£3,678,744	£3,678,743	£1

Surplus/(Deficit)	£2,228			£3,060		

SWL ICB efficiency plan

	YTD Plan £000s	YTD Actual £000s	Variance £000s		Annual Plan £000s	FOT £000s	Variance £000s
Community	4,328	2,751	1,577		5,314	3,313	2,001
Mental Health	1,504	1,504	0		1,813	1,813	0
Primary Care	10,249	9,243	1,006		12,374	11,171	1,203
AACHC	15,657	16,491	-835		18,968	19,873	-905
Corporate	0	2,043	-2,043		0	2,452	-2,452
TOTAL	**31,738**	**32,033**	**-295**		**38,469**	**38,622**	**-153**

Efficiency Delivery by spend area

Efficiency Achievement - Recurrent v Non-Recurrent
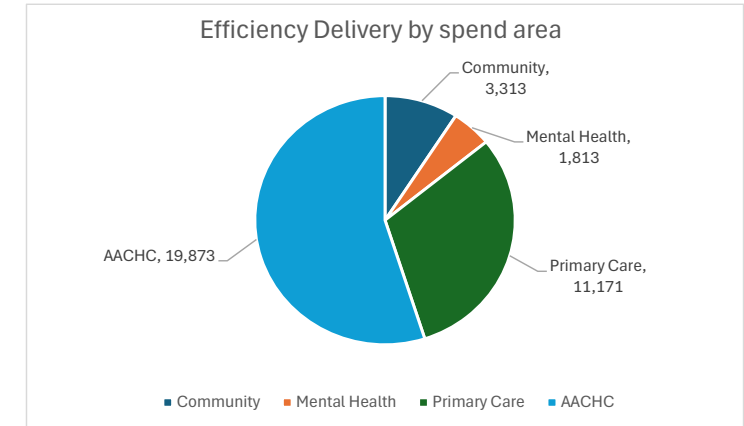
Narrative –
- The efficiency plan is on course to deliver in line with the £38.5m target.
- £11.8m of the forecast savings are non-recurrent in nature, compared to an initial plan of £7.6m. The shortfall is predominantly due to some primary care schemes and contract reductions planned for 2024/25 not materialising. For 2025/26 planning we need to reassess these schemes and ensure we can deliver the saving.
- Key priorities for March:
  - Monitoring meetings with place and functional leads continuing on a weekly basis to develop efficiency schemes to support 2025/26 plan.
  - Looking at common themes arising from discussions to develop a long list of potential schemes, with supporting project initiation documentation.
  - Each place to review entire contract portfolio with a view to ceasing contracts not in line with current priorities. EQIA & QIA assessments to be completed.
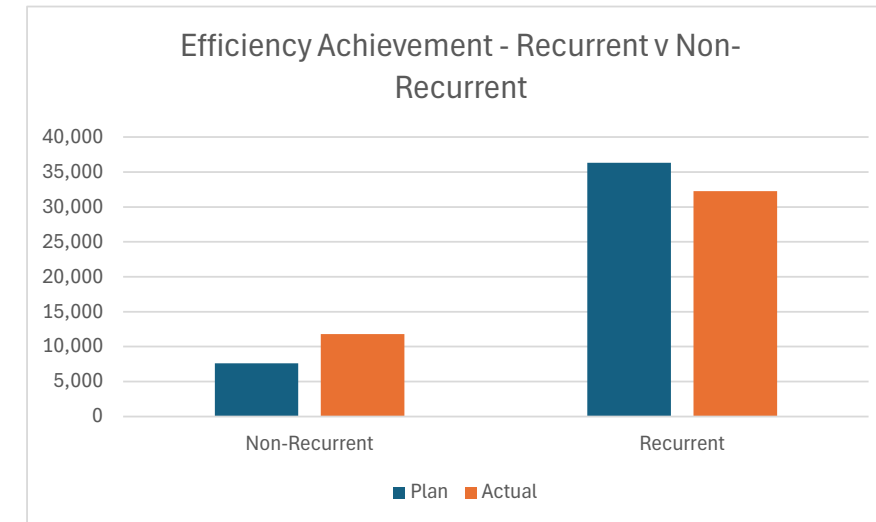
The SWL NHS system revenue position
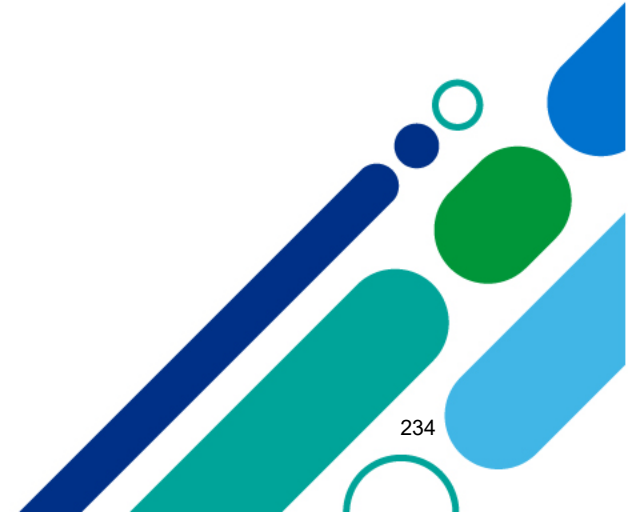
SWL NHS system revenue position

South West London

Financial position:

- SWL system has **year to date financial position of £40.2m deficit which is £22.5m adverse to the plan.**
- The YTD adverse position is driven by:
  - Pay award costs in excess of funding (£3.5m);
  - Additional costs and lost income at SGH resulting from the cyber-attack in South East London (£0.9m);
  - Shortfall in Royal Marsden paediatrics income from Specialised Commissioning (£1.3m);
  - Shortfall in efficiency delivery and baseline pressures at St Georges and Epsom & St Helier (£16.8m).
- Overall year to date efficiency delivery was £196.3m, £6.6m adverse to plan. Within this, recurrent efficiency was £34.7m adverse and non-recurrent efficiency was £28.1m favourable.

Financial performance (£m)	M10 YTD		
	Plan	Actual	*Variance*
CHS	-0.1	-0.1	*0.0*
ESHT	-5.8	-12.8	*-7.0*
KHT	-7.9	-9.2	*-1.3*
SGH	-5.8	-16.5	*-10.8*
HRCH	-0.9	-1.1	*-0.2*
SWL StG	0.3	-0.2	*-0.5*
RMH	0.2	-2.4	*-2.6*
Trust total	**-20.0**	**-42.5**	**-22.5**
ICB	2.2	2.2	*0.0*
SWL System	**-17.7**	**-40.2**	**-22.5**

Risks to delivering the financial plan:

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

Currently, there are £28.3m worth of unmitigated risk within the forecast. These align to the areas driving the year-to-date variance. With the largest driver the shortfall in efficiency delivery and baseline pressures at St Georges and Epsom & St Helier, which is £23.2m for the year.

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

Workforce

- Whole time equivalents have increased month on month by 351, largely in bank. This significant increase in WTEs is due to increased A/L and sickness cover at the start of January, as well as demand and acuity pressures in acute wards throughout the month. These pressures are likely to continue into February.
- Overall, WTEs are **not reducing as the plan requires**. In part this is due to operational pressures across the system and recurrent efficiency shortfall
- **Agency costs are £0.2m adverse to pan year to date,** although this is **within the agency cap** set by NHSE.

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Risks to Delivery

| Risk	Description	Mitigation: Mitigation plans to recover the YTD run rate have been developed by all organisations and are updated each month. Key actions are included below:
Delivery of the c.£250m efficiency plans, which equates to over c.5.7% of costs (Opex), including a reduction in workforce of c.1,300 WTEs.	**As the system continues to face operational pressures** in relation to demand for urgent care and **mental health services**, organisations are not able to reduce the costs as planned, especially around workforce. SWL are currently behind plan on delivering our efficiency and there remains a material amount at risk to year end, particularly at GESH. We are also **seeing a shift from recurrent to non-recurrent savings** which will make 2025/26 more challenging.	To increase delivery of efficiency savings organisations are taking a number of actions: 1. Enhancing their workforce controls, including review of vacant posts and investments, to bring WTE trajectory back towards the plan. 2. Introducing further tighter controls on discretionary non-pay. 3. Accelerating existing efficiency and income recovery plans that are in development. A separate external review of controls at ESH and SGH, using NHSE Investigation and Intervention methodology has also been completed. The results of which have been shared with all providers to enable ideas for further savings to be duplicated across trusts.
Run-rate pressures	In GESH in addition to the CIP risk, there are also run-rate cost pressures; the **increases in costs to maintain services** which are largely driven by operational pressures e.g. urgent care and mental health demand.	• There has been further QIA based review and formal challenge of baseline pressures led by trust executives, to ensure spend is required to maintain safe services. • To ensure spend is delivering value for money / savings as appropriate, organisations have undertaken business case reviews, which can result in reversal or optimisation of benefits for specific programmes.
Delivering **increase in ERF activity**	To deliver the plan outturn organisations have committed to delivering **increase in ERF activity, in line with a trajectory submitted to NHSE in January.** National funding for ERF will now be capped, but the amount has not yet been confirmed. There will be a material risk to plan delivery if we do not receive funding equal to the level we submitted in January.	• There has been a review, at trust level, to minimise the costs incurred to deliver additional elective income in 2024/25, as well as maximising that income. • We are working with NHSE to confirm the ERF funding for the remainder of the year and deliver the latest activity forecast.
Inflationary pressures in excess of those assumed in our plans.	1) Pay pressures – additional pay award costs in excess of funding available. 2) Non pay pressures due to inflation being above funding	• Organisations have undertaken in depth reviews of pay award funding received` to quantify the shortfall (included in year to date adverse variance). • Organisations will ensure new contracts are procured using appropriate NHS frameworks and follow procurement best practice. With a focus on joining together when initiating new tenders to ensure VFM and economies of scale discounts.
Dental ring fence achievement	1) NHS England have set ICB's a minimum expenditure level to spend on Dentistry known as the ringfence value 2) This ringfence value is more than the allocation that the ICB received on delegation.	• We are working with NHS England to correct the allocation or revise the dental ring fence value.
Availability of **depreciation funding**	The Depreciation funding allocation notified to the ICB may not be available due to impairment impacting the NHSE calculation of SWL entitlement. This is a key mitigation to delivering the plan.	• We are working with NHSE to resolve.

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Efficiency – 2024/25 planned CIPs

- The total system efficiency plan for the year is £256m. **As at Month 10 efficiency delivery was £196.3m, £6.6m adverse to plan**. Within this, recurrent efficiency was £34.7m adverse and non-recurrent efficiency was £28.1m favourable. Meaning £85.6m (40%) of the plan is being delivered non-recurrently.
- The bar graph below illustrates the maturation of the CIP programme since April. The unidentified increase in December reflects the redelivery risk at at St Georges and Epsom & St Helier
- **The unidentified / opportunity element of the plan has reduced to £25m (£31m last month).**
- The graphs opposite demonstrate that we are **above plan on non-recurrent CIP but below plan on recurrent CIP**. If this shift from one to the other continues it will result in an increased challenge to the financial position in future years.

SWL ICS Recurrent & Non-Recurrent Efficiencies (£m)

SWL ICS CIP maturation summary

SWL ICS Cumulative Recurrent & Non-Recurrent Efficiencies (£m)
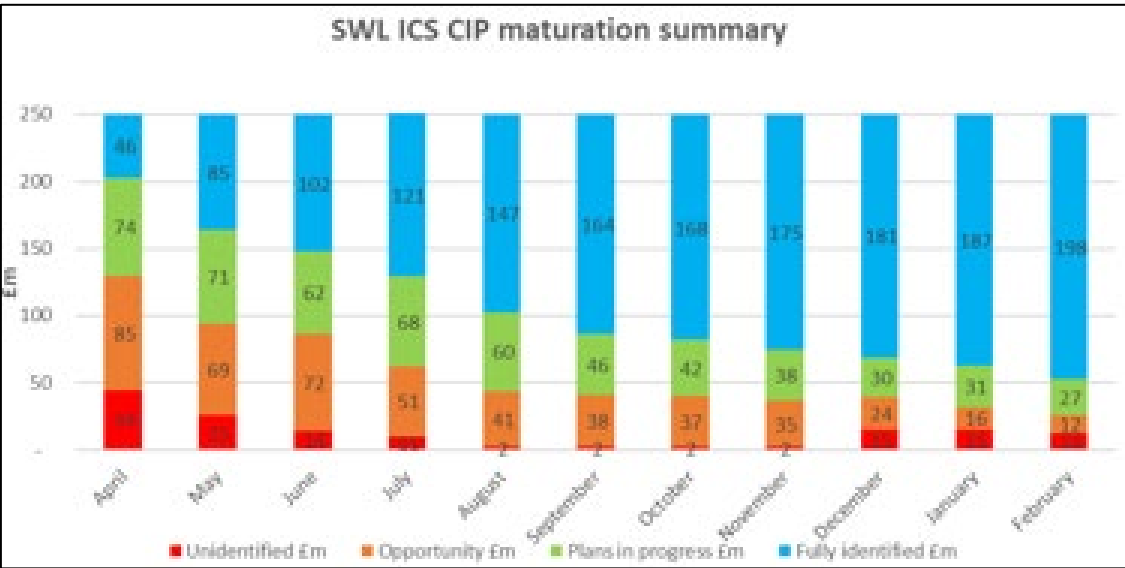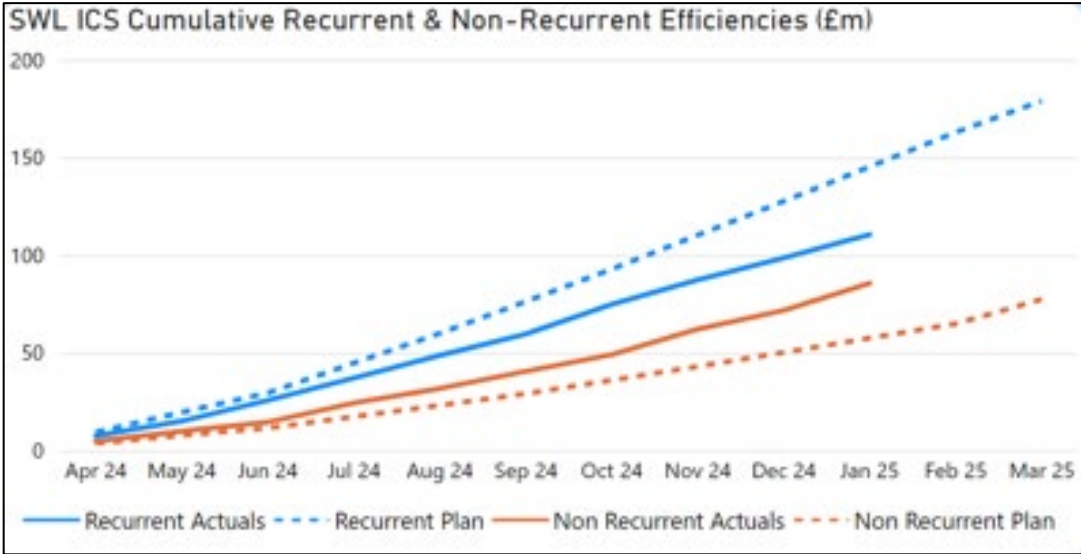
SWL NHS system workforce

- Trust total pay costs are above plan for the year by £46.9m (2.3%). This is primarily driven by less efficiencies being delivered through pay reduction than planned. But also relates to increases costs/ staffing numbers due to additional in-year funded capacity e.g. SDF, MHIS or winter capacity and operational pressures.

- The spike in costs in M7 is due to the pay award for 2024/25 being back funded for the first half of the year.

- Total WTEs are up month on month and remain over plan for the year by 1,550 WTEs (4.4%). Although WTEs have reduced since the end of 2023/24, the plan for 2024/25 included ambitious efficiency reductions, which have not been achieved to date.

- All trusts have in year recovery action plans to mitigate these pay and WTE adverse variances.

SWL trust Pay (£k)

SWL Total WTEs

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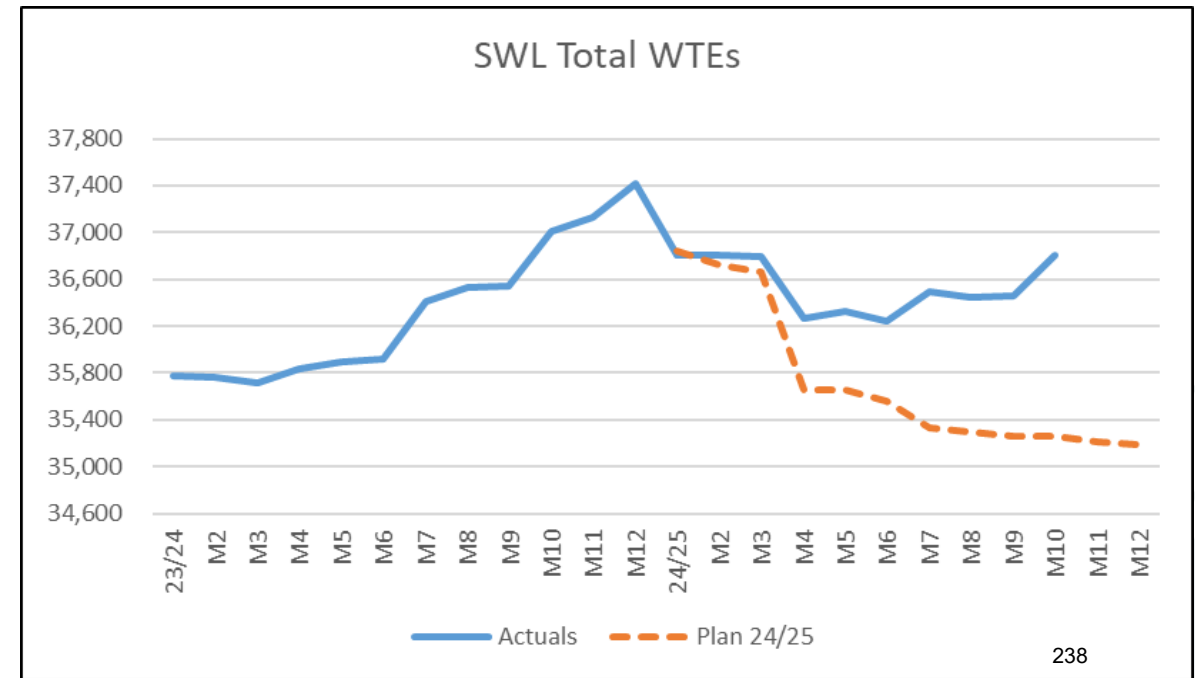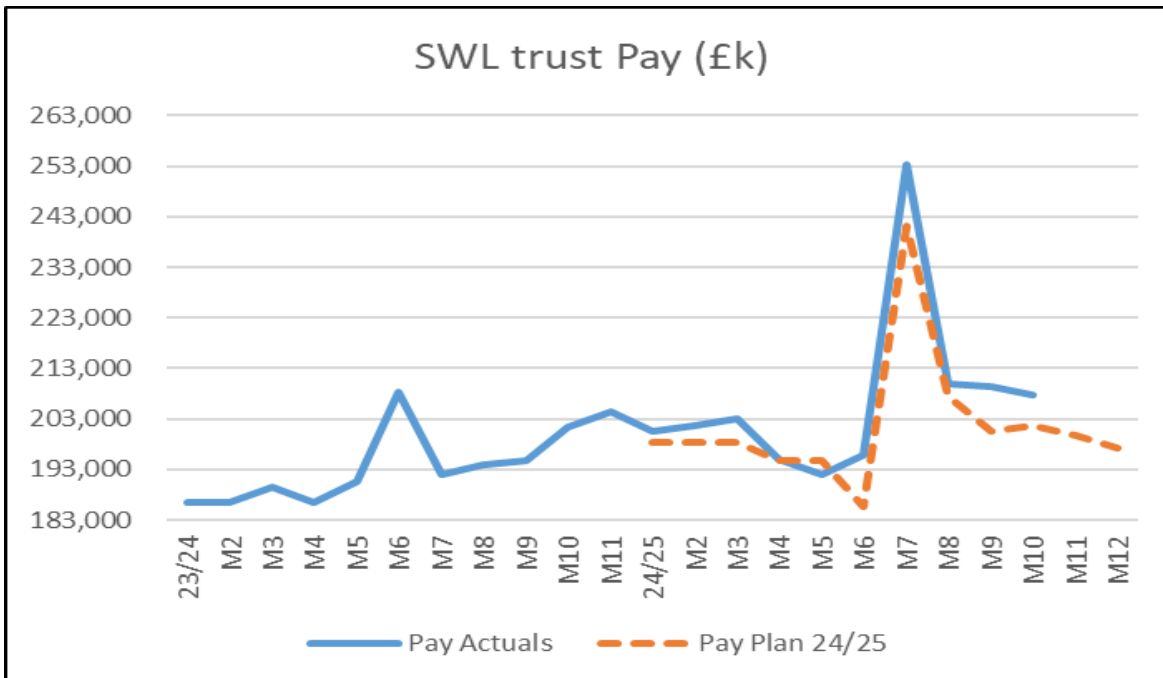
SWL NHS system workforce - agency

NHS
South West London

- In month agency costs are below plan, although year to date they are £0.2m (0.4%) adverse, albeit within the agency cap set by NHSE. Costs are adverse at all Trusts except SGH and RMH, and have decreased month on month, falling sharply since the end of last year.

- The plan spend has been set below the system agency cap.

- Agency WTEs have increased month on month, but remain below plan year to date by 116 (17%). The planned agency WTE trajectory was not as challenging as the cost reduction trajectory, which assumed significant price and volume reductions.

SWL trust agency staff cost (£k)

Actuals — Plan 24/25 — 24/25 agency cap monthly avg.

SWL Agency WTEs

Actuals — Plan 24/25
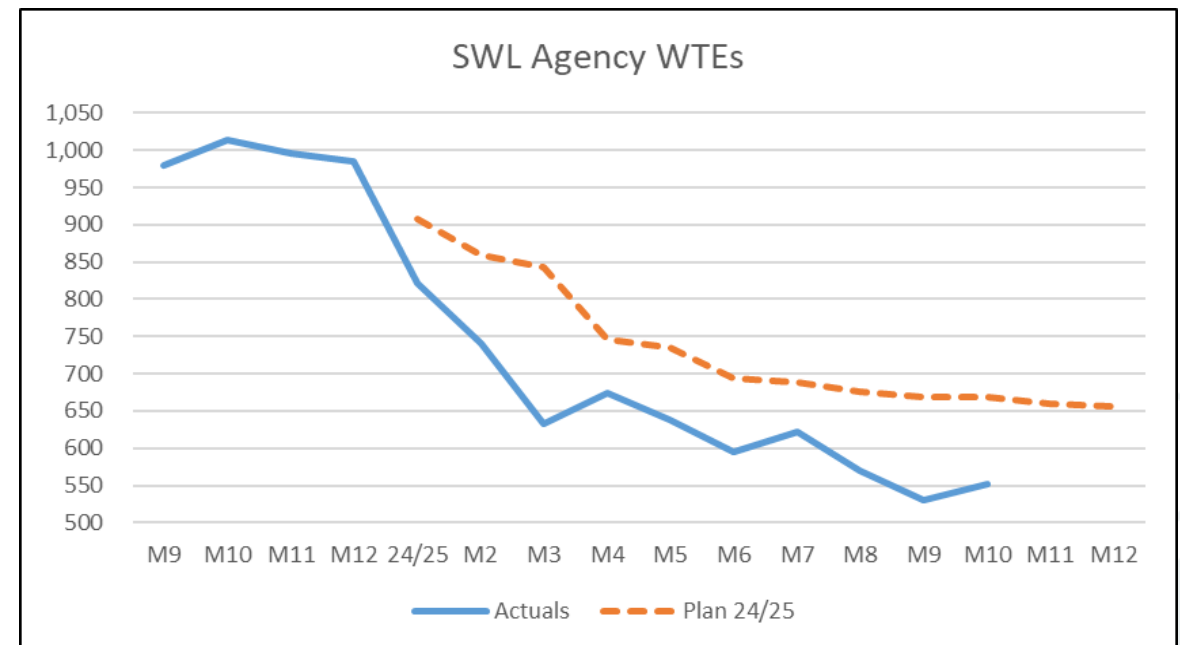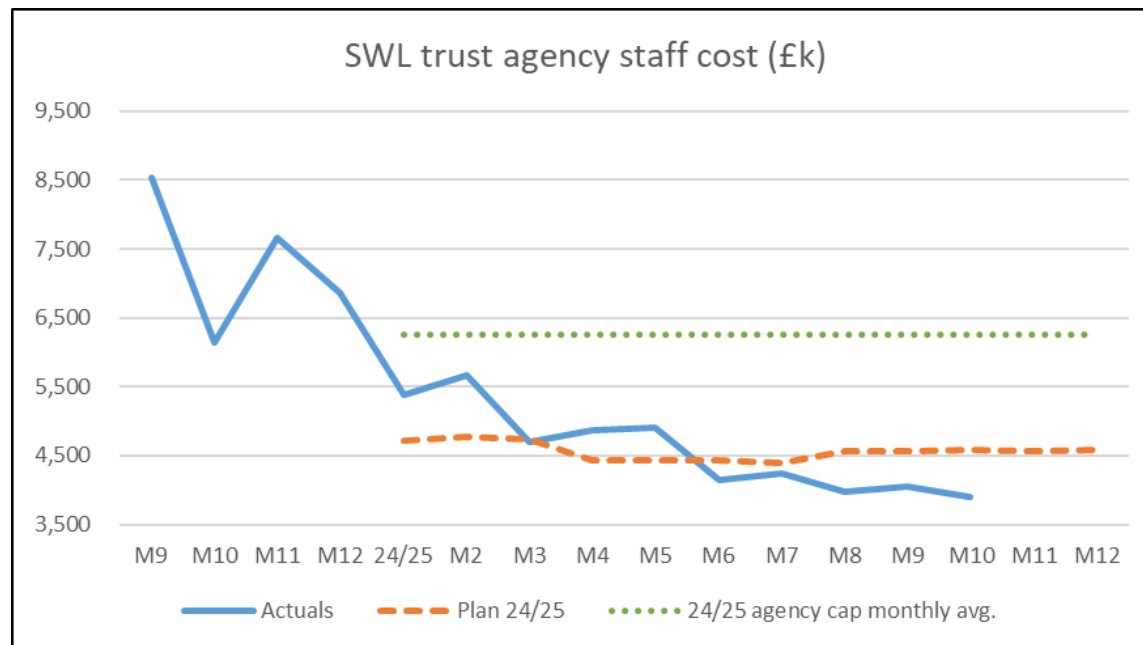
The SWL system capital position

SWL NHS system capital position

NHS South West London

Org	SWL CDEL Excl IFRS16				IFRS16 CDEL				National CDEL				Total CDEL			
	YTD Plan	YTD Actual	YTD Variance	RAG	YTD Plan	YTD Actual	YTD Variance	RAG	YTD Plan	YTD Actual	YTD Variance	RAG	YTD Plan	YTD Actual	YTD Variance	RAG
CHS	5.6	5.5	-0.1	G	2.5	0.0	-2.5	R	7.9	3.4	-4.6	R	16.0	8.9	-7.2	R
ESHT	13.0	9.2	-3.8	R	3.6	2.7	-0.9	R	16.1	13.7	-2.4	R	32.7	25.6	-7.1	R
KRFT	12.4	10.9	-1.5	R	4.3	1.3	-3.0	R	8.0	0.0	-8.0	R	24.7	12.2	-12.4	R
SGH	29.0	11.6	-17.4	R	4.2	4.2	0.1	R	14.2	3.1	-11.1	R	47.3	18.9	-28.4	R
SWLSTG	20.1	19.8	-0.3	G	5.1	0.0	-5.1	R	8.5	5.4	-3.0	R	33.7	25.2	-8.5	R
RMH	11.2	11.5	0.3	R	3.3	3.0	-0.3	A	1.1	0.0	-1.1	R	15.6	14.5	-1.0	A
Subtotal	*91.2*	*68.5*	*-22.7*	*R*	*23.0*	*11.3*	*-11.7*	*R*	*55.7*	*25.5*	*-30.2*	*R*	*170.0*	*105.4*	*-64.6*	*R*
ICB	2.0	2.6	0.6	R	4.5	4.7	0.2	G	0.0	0.0	0.0	G	6.5	7.2	0.7	R
Subtotal	*2.0*	*2.6*	*0.6*	*R*	*4.5*	*4.7*	*0.2*	*G*	*0.0*	*0.0*	*0.0*	*G*	*6.5*	*7.2*	*0.7*	*R*
ICS Total	93.2	71.0	-22.2	R	27.5	16.0	-11.5	R	55.7	25.5	-30.2	R	176.5	112.6	-63.9	R

Org	SWL CDEL Excl IFRS16				IFRS16 CDEL				National CDEL				Total CDEL			
	FY Plan	FOT	Variance	RAG	FY Plan	FOT	Variance	RAG	FY Plan	FOT	Variance	RAG	FY Plan	FOT	Variance	RAG
CHS	12.6	12.3	-0.3	G	2.5	1.0	-1.5	R	11.9	8.5	-3.4	R	27.0	21.8	-5.2	R
ESHT	14.6	15.5	0.8	R	4.8	4.8	0.0	G	21.7	20.1	-1.6	A	41.2	40.4	-0.8	G
KRFT	14.9	15.8	0.8	R	4.3	1.3	-3.0	R	9.6	1.9	-7.7	R	28.8	19.0	-9.8	R
SGH	32.9	30.7	-2.3	A	4.6	4.3	-0.3	A	17.8	6.5	-11.3	R	55.3	41.4	-13.9	R
SWLSTG	-0.9	22.7	23.6	R	8.4	3.5	-5.0	R	10.1	6.2	-3.9	R	17.6	32.4	14.8	R
RMH	14.3	16.2	1.9	R	3.3	3.6	0.3	R	1.1	0.1	-1.0	R	18.8	20.0	1.2	R
Subtotal	*88.5*	*113.1*	*24.6*	*R*	*27.9*	*18.5*	*-9.4*	*R*	*72.2*	*43.3*	*-28.9*	*R*	*188.6*	*174.9*	*-13.7*	*A*
ICB	2.6	10.9	8.3	R	4.5	4.7	0.2	R	0.0	0.0	0.0	G	7.1	15.5	8.5	R
Subtotal	*2.6*	*10.9*	*8.3*	*R*	*4.5*	*4.7*	*0.2*	*R*	*0.0*	*0.0*	*0.0*	*G*	*7.1*	*15.5*	*8.5*	*R*
ICS Total	91.1	124.0	32.8	R	32.4	23.2	-9.2	R	72.2	43.3	-28.9	R	195.7	190.5	-5.2	G

- YTD capital spend is behind plan by £64m overall, with an influx of additional capital allocations in M10 driving an increase in the funding yet to be spent and considering the revised IFRS16 forecast at M8.

- The pace of spend against capital projects has increased since last month with all providers assuring that they will meet their forecasted spend.

- Further new capital funds have been made available by NHSE late in the financial year and awarded to SWL trusts from energy efficiency, digitisation, and other national programmes since M9. Approved funds are factored into the FOT position at M10. Trusts have advised that schemes will be completed this financial year.

- Throughout 2024/25, the system planned to underspend against the core envelope to move asset sale credits into future years. The SWL CDEL FOT is aligned to this planned envelope. Approval to carry forward credits has now been granted by NHSE/DHSC, supporting a £31.9m CDEL swap with SEL with CDEL returning to SWL in future years and the carry forward of £19m generated from a SWLStG disposal expected to transact by the end of February.

- The Primary Care allocation of £5.3m, agreed by DHSC under Section 2 grant for Coulsdon, has been included in the forecast. The funding is expected to be allocated to system in M12.

Summary

Summary of financial position

- The Board is asked to:
  - Note the ICB financial position for M10 2024/25, including the emerging pressures challenging achievement of the plan.
  - Note the ICS revenue position for M10 2024/25, including the significant risks to achieving the plan.
  - Note the ICS YTD capital position and updated forecast position at M10 2024/25

  The Board is also asked to consider if any additional information/format changes should be presented in future finance reports.

Quality & Performance Oversight Committee Update

Agenda item: 9c

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

Paper type: For information

Date of meeting: Wednesday, 19 March 2025

Date Published: Wednesday, 12 March 2025

Purpose
To provide the Board with an overview from the Non Executive Member Chair of the Committee regarding the key quality matters discussed at the South West London (SWL) ICB Quality and Performance Oversight Committee (QPOC) meeting on 12 February 2025.

Executive Summary
The Quality and Performance Oversight Committee has met once since the last update to the ICB Board, on 12 February 2025. The updates below are following consideration and discussion of key items at the meeting:

Quality and Performance Risk Register
The Committee **noted** the risk register.

Triangulated Risk Report
The Committee **noted** the report.

South West London (SWL) ICB Performance Report
The Committee noted the SWL ICB Performance report. The following key areas were identified with continued challenged performance:
- Despite increased Accident & Emergency (A&E) attendance, SWL ICS remain in the top quartile for all types of A&E 4-hour performance.
- 12-hour A&E physical breaches increased by 337 in December to 2,632, the highest in London and fifth highest nationally.
- Although the 12-hour breaches for mental health patients in acute emergency departments decreased slightly in December, they continue to be an area of challenge.

The following areas were identified as areas of improved performance:
- Uptake of the '6-in-1 by age 1' childhood immunisations remain consistently higher than the London average.
- Access to Primary care was above planned levels and exceeded the target of 92% seen within two weeks.

- For the new cancer metric of 96% treated within 31 days (treatment stage first or subsequent), all of the SWL providers achieved the standard for the first time this financial year. The ICB performance was 97%, the highest in London.

The Committee **noted** the performance report.

2025/26 Planning Guidance Update: Performance & Quality
The Committee received a verbal update on the 2025/26 Planning Guidance. The deadline for submission of an interim report is 27 February with final submission by 27 March. Prior to submission of the final plan, an extra-ordinary Part 2 ICB Board will be held on 26 March to review and approve the plan for submission to NHS England (NHSE) by 27 March.

The Committee **noted** the update.

SWL ICB Quality Report
The Committee received the SWL ICB Quality Report noting the following key updates:
- Infections of winter viruses continue to rise across the system putting significant pressure on health services.
- Impact on infection and prevention control (IPC) on Emergency Department (ED) corridor care, IPC teams continue to risk assess patients who are most vulnerable to infection and Trusts have escalated the challenge on their risk registers.
- The temporary closure of adolescent Paediatrics Intensive Care Unit at South London and The Maudsley (SLaM). The Trust is working closely with other mental health (MH) providers to ensure effective pathways for existing patients and the safe management of new referrals.
- St Georges Hospital (SGH) Care Quality Commission (CQC) activity update:
  - Maternity: The CQC visited the Trust in October 2024 for an unannounced inspection. Written feedback was shared on the 31 October with some areas of improvement. The ICB is supporting the Trust on improvement plans
  - Emergency Department: The CQC carried out an unannounced inspection in November 2024 with some areas of improvement.identified   The ICB is supporting the Trust on improvement plans remedial actions.
  - Theatres: The CQC carried out an announced visit of SGH theatres in January 2025. Initial feedback was positive. The CQC planned to return to speak to staff before the end of January and will carry out a well led inspection on 25 February 2025.
- The quality impact of the delegation of specialised services was a substantial item on the agenda.
- Prevention of future Death (PfD); In the last 12 months, there has been an increase in PfDs being issued to the ICB and across SWL in common with the regional and national picture. Common themes relate to Mental Health waiting list for adults and children, bed capacity and delays in treatment.

The Committee **noted** the report.

Delegation of Specialised Services – quality update
The Committee received an update on the progress of the delegation of specialised services from NHSE to the SWL ICB from April 2025 and the plans to ensure quality oversight and assurance of these services going forward. It was noted how, where possible, the proposed ways of working integrate specialised services quality assurance and oversight into our existing quality governance in a way that does not create additional workforce demand.

The committee noted concerns regarding possible resourcing constraints in some operation teams, for example Business Intelligence (BI) and contracting and commissioning. However, it noted these were actively being concerned by the relevant teams.It also noted some some concerns around the resources to support the work and financial modelling in providers

The Committee **noted** the update.

Prescribing Gonadotrophin Releasing Hormone (GnRH) analogues
The Committee received an overview of SWL's response to the change in regulation with regards to prescribing GnRH analogues, including the results of an audit which found that the NHS prescribing in SWL is in line with the regulations. It was noted that the prescribing data will be reviewed quarterly and if there are any changes an audit will be repeated to ensure continued compliance with the regulations.

The Committee **noted** the update.

Primary Care Quality Update
The Committee received an update on Primary Care Quality, noting the key areas in the report, in particular the progress with CQC inspections and patients reported access to services positively. SWL are rated the second highest performers for patient access nationally and a focus for 2025/ 6 will be to reduce any unwanted variation. The Committee acknowledged the positive response by primary care teams across SWL under the current leadership to the Microsoft data outage in December, no practices closed, and all practices were operating as business as usual within 24 hours.

The Committee **noted** the update.

Quality and Performance Workplan 2025/26
The Committee reviewed the draft workplan for 2025/26.

Recommendation

The Board is asked to:

- Note the Quality and Performance Oversight Committee report.

Governance and Supporting Documentation

Conflicts of interest
None.

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

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

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

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

Green/Sustainability Implications
Not Applicable.

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

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

Previous committees/groups

Committee name	Date	Outcome
SWL Quality & Performance Committee (QPOC)	12 February 2025	Noted

Final date for approval
Not applicable

Supporting documents
None

Lead Director
Elaine Clancy, Chief Nursing Officer

Author
Charity Mutiti, Deputy Director of Quality

SWL System Quality Report

Agenda item: 10d

Report by: Elaine Clancy, SWL ICB Chief Nursing Officer

Paper type: For discussion/information

Date of meeting: Wednesday, 19 March 2025

Date Published: Wednesday, 12 March 2025

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

Purpose
The purpose of the report is to:
- Provide the Board with an overview of the system quality picture across South West London (SWL), highlighting key risks identified at the SWL ICB's Quality and Operational Management Group and System Quality Council held in January 2025.
- Provide the Board with assurance that mitigations are in place to manage quality risks and that the system continues to make improvements to improve safety and quality through an increased learning culture.

Executive summary
The report provides an overview of the quality of services within the SWL Integrated Care System. The focus of the report is to provide the Board with an update of emerging risks and mitigations, provide an outline of where continuous improvements have been made and provide assurance that quality risks and challenges are being addressed appropriately. The report covers the period of November 2024 to January 2025 (unless stated otherwise).

Key Issues for the Board to be aware of
- **Outbreaks and clusters**: Infections of winter viruses continue to rise across the system putting significant pressure on health services. Outbreaks of respiratory viruses and Norovirus are being reported in both the acute and community healthcare settings. SWL acute Trusts are reporting co infections of Covid-19, influenza A and Respiratory Syncytial Virus (RSV) making managing

outbreaks complicated. Clinicians also report an increase in secondary bacterial infection in hospital admissions in particular staphylococcus aureus and streptococcus A.

- **Impact on infection and prevention control on (ED) corridor care**: Trusts are reporting regular and sustained corridor care is causing challenges to the management of infections due to the demand on the departments and lack of isolation spaces. Infection Prevention Control (IPC) teams continue to risk assess patients who are most vulnerable to infection and Trusts have escalated the challenge on their risk registers.

- **Temporary closure of adolescent Paediatrics Intensive Care Unit (PICU) at South London and Maudsley (SLAM):** SLAM has temporarily closed their adolescent PICU. Current patients are being safely transitioned to other inpatient wards or alternative suitable arrangements closer to home, as clinically appropriate. SLAM is collaborating with the South London Mental Health and Community Partnership (SLP), which commissions Tier 4 Children and Adolescent Mental Health Services (CAMHS), and with the other SLP provider Trusts, Oxleas and SWL St Georges, to ensure effective care pathways for current patients and the safe management of new referrals through shared bed management services. Enhanced quality assurance measures have been implemented, with ongoing communication maintained with NHSE Specialised Commissioning's regional leads. More updates will be provided to QPOC in the future.

- **St Georges Hospital (SGH) Care Quality Commission (CQC) update**: The following provides an update on SGH CQC activity:

  - **Maternity:** The CQC visited SGH in October 2024 for an unannounced inspection. Written feedback was shared on 31 October with some areas of improvement. The ICB is supporting the Trust on agreed actions.

  - **ED:** The CQC carried out an unannounced inspection in November 2024 with some areas of improvement. The ICB is supporting the Trust on agreed actions

  - **Theatres:** The CQC undertook an announced visit of SGH theatres in January 2025, Initial feedback was positive. The CQC planned to return to speak to staff before end of January and will also carry out a well led inspection on 25 February 2025. Full report to follow.

- In April 2025, 59 specialised services will be delegated from NHS England to Integrated Care Boards (ICBs). These services range from Cardiac Surgery and Specialist Mental Health Services to Specialised Cancer Services. In South West London, most specialist services are delivered by existing ICB-commissioned providers, where the ICB is the lead commissioner, except for the Royal Neuro-disability Hospital (RHND) and Royal Marsden Hospital (RMH). Discussions are ongoing within the ICB to support quality oversight when these services transfer, and the ICB will become the lead commissioner of the specialist services after delegation. A detailed updated was provided at the QPOC meeting in February 2025.

- **Prevention of future Death (PfD) (Regulation 28 from Coroner):** In the last 12 months, there has been an increase in PfDs being issued either to the ICB or SWL provider organisations. The increase with the coroner issuing PfD's has also been seen regionally and nationally (there is no reliable benchmarking data at present). Common themes have been **Mental health waiting list** (adults and children), **challenges in mental health bed capacity** and **delay in treatment**. The

ICB is establishing clear processes for management of PfD internal to the ICB and where we support our partners as well as sharing learning from PfD across SWL.

Recommendation

The Board is asked to:

- Note the content of the quality report and areas of focus and be assured that risks are being managed through the appropriate governance and escalation arrangements between providers and the ICB.
- Note that as the system continues to face significant financial challenges and as we go through winter pressures, the pressure and demand on providers continues to be significant and the focus on safety and quality of care needs to be prioritised.
- Be assured that the exceptions highlighted within the report were presented and discussed at the Quality Operational Management Group (QOMG) in January 2025, and that all escalations were reported to the Quality and Performance Committee (QPOC) in February 2025.
- Be assured that the risk review cycles continue to identify, review, and mitigate both new and existing risks, including those in the Board Assurance Framework.
- Be assured that improvements are happening at Place and organisational level to improve patient safety and overall quality of care.

Governance and Supporting Documentation

Conflicts of interest
None.

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

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

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

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

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
An EIA has been considered and is not needed for this report. However, EIAs are being completed as part of the process in identifying system efficiencies and where significant change is service delivery or care pathways impact patients and staff.

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

Previous committees/groups

Committee name	Date	Outcome
Quality and Performance Committee (QPOC)	12 February 2025	Report was presented with assurance
SWL ICB Quality Operational Management Group (QOMG)	20 January 2025	Internal directorate review and assurance

Supporting documents
Quality Report

Lead Director
Elaine Clancy, Chief Nursing Officer

Authors
Charity Mutiti, Deputy Director of Quality
Haidar Ramadan, Head of Quality

SWL System Quality Report

Board Update

March 2025

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

Introduction

NHS
South West London

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

- The purpose of the report is to provide the Board of the Integrated Care Board (ICB) with an update of emerging quality risks impacting the delivery of safety, and patient experience, an outline of where continuous improvements have been made and assurance that risks and challenges are being mitigated. The report covers the period of November 2024 to January 2025 (unless stated otherwise).

- Note the quality report in its revised form, highlighting the use of increased data and metrics (on a rotation) to support assurance of safety, patient experience, clinical effectiveness, and health equity for SWL's population.

- Note the content of the quality report and be assured that risks are being managed through appropriate governance and escalation arrangements between providers and the ICB.

- Be assured that the exceptions highlighted within the report were presented and discussed at the Quality Operational Management Group (QOMG) in January 25, and the Quality and Performance Oversight Committee (QPOC) in February 2025.

Executive summary 1/3

Key Improvements

Maternity CQC Survey 2024: CQC published outcome of their Maternity survey in Nov 2024. The survey questions were related to the theme *"Listening to and working with women and families with compassion,"* which is part of the NHS England's Three-Year Delivery Plan.

The results were summarised in 3 domains (Labour and Birth, Staff Caring for you and Care in hospital after the birth). There were a range of questions under each domain and more details are available [separately](#). The table shows SWL provider results across the 3 domains which were overall all positive with;
- ESTH did well with ' better than expected' outcome for **''care in hospital after birth** domain
- **SGH :** scored lowest in SWL for **care in hospital after birth** with (6.9/10)
- KRFT and ESTH scored well in **staff caring for you** domain

SWL (Local Maternity and Neonatal System (LMNS) will be working closely with the trust on areas of improvement identified as well as sharing learning on areas we are doing well.

Domain	Labour and Birth	National comparison	Staff Caring for you	National comparison	Care in Hospital after Birth	National comparison
CHS	8.4/10	About the same	8.1/10	About the same	7.5/10	About the same
ESTH	8.5/10	About the same	8.7/10	About the same	8.4/10	Better than expected
KRFT	8.3/10	About the same	8.5/10	About the same	7.2/10	About the same
SGH	8.3/10	About the same	8.4/10	About the same	6.9/10	About the same

- **Continuing Healthcare (CHC) performance**: Performance is improving month on month, despite a gradual increase in demand each month. Performance against the 28-day standard was met for the NHS England (NHSE) Quarter 3 trajectory.

- **Learning from mortality across SWL:** In August 2024, QPOC agreed to commence a system mortality learning group following the mortality deep dive theme discussion. The group will be chaired by ICB Chief Medical officer. Planning has commenced for a first meeting to be held in April 2025. More update will be provided to QPOC in April 2025.

Key Improvements

- **Virtual Wards (VW) and ICB quality oversight**: Discussions have commenced with ICB VW programme lead to agree a consistent process for quality oversight of VW through existing SWL VW meetings. Recommended areas for quality oversight have been shared and discussions ongoing with providers via system clinical and operational meetings on best way forward.

- **National Paediatric Audiology Services Improvement Programme**: In October 2024, NHS England outlined the national response and expectations as part of the ongoing Paediatric Hearing Services Improvement (PHSI) Programme. SWL ICB is leading stage 3 of the Programme which entails an independent and external assessment on the safety of paediatric audiology services across the sector. The national ambition is to complete all patient reassessments by March 2025, ensuring that all patients are either discharged or placed on an appropriate treatment pathway by September 2025. The reviews are undertaken with support from Subject Matter Expert (SME) and NHSE Chief Scientific Officer. Croydon Health Services NHS Trust (CHS) had its visit on the 7th of January 2025, Epsom and St Helier University Hospitals NHS Trust (ESTH) had its visit on the 15th of January 2025 and St George's University Hospitals NHS Foundation Trust (SGH) planned for 23rd January. Outcome of the reviews will be provided in future .

- **System Collaborative Quality Assurance Framework for Non-NHS (Independent Providers)**: Work has commenced to create a framework for proactive collaborative quality assurance of independent providers. This is being led by quality team working closely with commissioning/contract leads. More update will be provided to QPOC in future.

- **PSIRF Quality Learning Review Visits**: SWL ICB carried out a PSIRF review visit at CHS on 3 October 2024. The review was established by the Chief Nursing Officer's (CNO) directorate as a SWL tailored version of peer reviews and supportive process for continuous improvement across the ICS. Findings for CHS were very positive. Final report was shared with CHS in December 2024 with feedback and actions. Similar visits have been arranged for Kingston and Richmond NHS Foundation Trust (KRFT) in May 2025, ESTH in July and SGH in June 2025. Further update will be provided to QPOC in future.

Executive summary 2/3

Key Improvements

- **Maternity Incentive Scheme (MIS) Year 6 (CNST):** All Maternity services are required to make regular submission on the Clinical Negligence Scheme for Trust (CNST). This is submitted once a year and the LMNS reviews evidence prior to the submissions. All SWL Trusts are on track with the CNST requirements and board meeting sign-off scheduled as follows: CHS (8th Jan 2025), ESTH (30th Dec 2024), KRFT(30th Jan 2025) and SGH (18th Dec 2024.)

- **SWL LMNS Recognition:** SWL LMNS has been recognised at the Regional Perinatal Quality Surveillance meeting for its remarkable improvement in perinatal optimisation, particularly in ensuring births occur in the right place. SWL will continue to work collaboratively with its partners to ensure this improvement is sustained.

- **Hydration Pilot:** SWL commenced the hydration pilot in 2024 (also called #ButFirstADrink). The pilot is a behavioural change approach to improving hydration in care homes and is running until March 2025. The evaluation part has now concluded, and data is being analysed. From early local analysis, initial results are positive. We can see that fluid intake has increased by 46% and Urinary Tract Infections (UTI's) have decreased with no LAS callouts for UTIs in the last four months in the homes that have taken part in the pilot. Final report update on SWL result and improvement will be shared in the future.

- **SWL Care Home CQC Update:** SWL has 344 Care Homes. 11 are rated Outstanding, 284 are rated Good, and 31 Requires Improvement. There are no care homes in SWL with Inadequate rating. Each place team in SWL has a care home lead in their transformation teams and there is a SWL team leading on the Enhanced Health in Care Homes programme (EHCH). The teams work collaboratively with system partners to support learning and improvement in care homes.

Area of Focus

- **Outbreaks and clusters**: Infections of winter viruses continue to rise across the system putting significant pressure on health services. Outbreaks of respiratory viruses and Noro virus are being reported in both the acute and community healthcare settings. SWL acute trusts are reporting low infections of Covid-19, influenza A and RSV making managing outbreaks complicated. Clinicians also report an increase in secondary bacterial infection in hospital admissions in particular staphylococcus aureus and streptococcus A.

- **Impact on infection and prevention control on (ED) Corridor care**, Trusts are reporting regular and sustained corridor care is causing challenges to the management of infections due to the demand on the departments and lack of isolation spaces. IPC teams continue to risk assess patients who are most vulnerable to infection and Trusts have escalated the challenge on their risk registers.

- **Urgent and Emergency Care:** We have continued pressures across all ED and UEC services. Work continues across SWL to mitigate quality and safety risks.

- **Temporary closure of adolescent PICU at South London and Maudsley (SLAM):** SLAM have temporarily closed their adolescent Paediatrics Intensive Care Unit (PICU). Current patients are being safely transitioned to other inpatient wards or alternative suitable arrangements closer to home, as clinically appropriate. SLAM is collaborating with the South London Mental Health and Community Partnership (SLP), which commissions Tier 4 CAMHS services, and with the other SLP provider trusts, Oxleas and SWL StG, to ensure effective care pathways for current patients and the safe management of new referrals through shared bed management services. Enhanced quality assurance measures have been implemented, with ongoing communication maintained with NHSE Specialised Commissioning's regional leads. Furthere updates will be provided to QPOC in future.

Executive summary 3/3

Areas of Focus

- **SGH CQC update:** The following is SGH CQC activity and update

  - **Maternity:** CQC visited SGH in October 2024 for an unannounced inspection. Written feedback was shared on the 31st October with some areas of improvement.

  - **ED:** CQC carried out an unannounced inspection in Nov 2024 with some areas of improvement.

  ICB is supporting the trust on agreed actions from both visits.

  - **Ionising Radiation Medical Exposure Regulations (IRMER):** CQC IRMER specialist team carried out an inspection in Nov 2024. The focus was for Nuclear Medicine in Radiology. The CQC IRMER inspectors are independent of other areas of the CQC, and the inspection was done to monitor compliance with IRMER 2017 regulations. The outcome does not affect the overall CQC trust rating. A favourable report was received within 2 weeks of the inspection with no Enforcement or Improvement Notices instead noting many areas of good practice. However, 4 recommendations were highlighted. An action plan was completed and sent to CQC on the 27th December 2024. The action plan will also be taken to the Trust Radiation Safety Committee where progress will be monitored.

- **SWL LMNS Maternal Death Deep Dive:** SWL LMNS undertook Maternal death deep for death cover Jan 2019 – Oct 2023. 11 maternal deaths which occurred during this period were reviewed. Themes and learning were on communication, missed appointments, leadership, mental health/safeguarding, staff training and early pregnancy management. LMNS will be taking recommendations and actions forward. Themes and learning was also shared at the reginal meeting in Jan 2025**.**

Areas of Focus

- **Quality and Specialist Commissioning Delegation**: There are 59 specialised services will be delegated from NHS England to Integrated Care Boards (ICBs). These services range from Cardiac Surgery and Specialist Mental Health Services to Specialized Cancer Services. In Southwest London, most specialist services are delivered by existing ICB-commissioned providers, where the ICB is the lead commissioner, except for the Royal Neuro-disability Hospital (RHND) and Royal Marsden Hospital (RMH). Discussions are ongoing within the ICB to support quality oversight when these services transfer, and the ICB will become the lead commissioner of the specialist services after delegation. A detailed update has been provided in the QPOC main meeting agenda for February 2025.

- **CHS UEC National Survey results:** The National Survey report of the Urgent & Emergency service was published on 21/11/2024 and flagged CHS as an outlier. The report showed that the overall positive score ranking for CHS declined to 74% against a national best of 85%. This 11% score difference, coupled with declining position when compared to trust own historic feedback has meant that the trust has come out as an outlier. CHS has a comprehensive improvement plan in place and ICB will continue to support

- **Prevention of future Deaths (Regulation 28 from Coroner):** In the last 12 months, there has been an increase in PFDs being issued either to the ICB or SWL provider organisations. The increase with the coroner issuing PfD's has also been seen regionally and nationally(there is no reliable benchmarking data at present). Common themes have been **Mental health waiting list** (adults and children), **challenges in mental health bed capacity** and **delay in treatment**. ICB is establishing clear processes for management of PfD internal to the ICB and where we support our partners as well as sharing learning from PfD across SWL . Summary of some of SWL pfd are listed in slide 9

- **Theatres:** CQC undertook an announced visit of SGH theatres in Jan 2025, Initial feedback was positive. CQC planned to return to speak to staff before end of January and will also carry out a well lead inspection on 25th February 2025. Full report to follow.

South West London ICB Quality Metrics Summary

Patient Safety Incident Investigations (PSII) and Never Events

Graph 1: Total Patient Safety Incident Investigations (PSII's) in SWL Jul 23 to Dec 24

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 always understood or for nationally mandated safety incidents.

Patient Safety Incident Investigations (PSII)

SWL Total
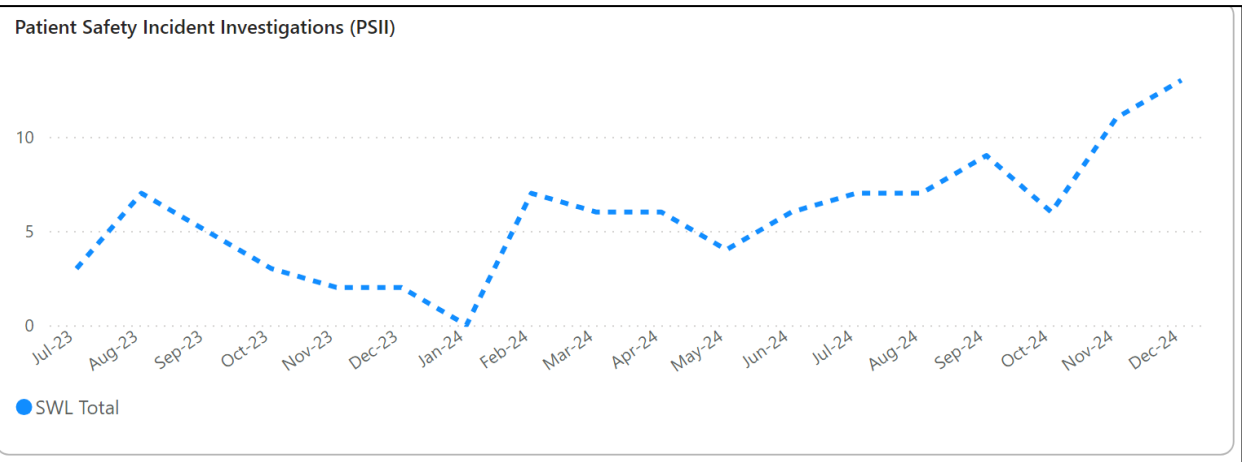
Graph 2: Total number Never Events in SWL – 2017/18 to 2024/25 YTD
NE are preventable safety incidents that should not occur in healthcare if guidance and procedures are properly followed.

Number of Never Events

Organisation ● NHS SOUTH WEST LONDON INTEGRATED CARE BOARD

Link to Quality Framework – Safe care
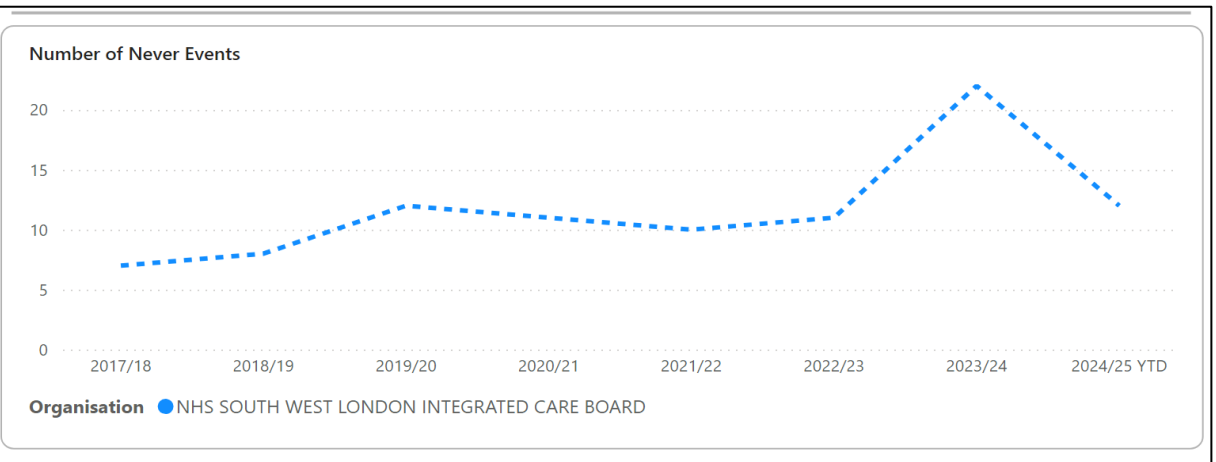
Patient Safety Incident Investigations (PSII)
- SWL providers reported six learning responses in Dec 2024 (CHS 2; KRFT 6, SGH 1, SWLStG 2, Healthshare 1). (graph 1)
- The trend for PSIIs have been fluctuating, however it is up for Nov and Dec 24 KRFT will review and deep dive on threshold and themes due to high numbers and ESTH has been exploring clustering some of the themed areas

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

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

Never Events (NE)
- 2 NEs reported Nov 24 and 0 NEs Dec 24. 2 wrong site surgery (CHS and SGH)
- Total of NEs reported YTD is 12. Some indication of downward trend compared to 2023/24, but still higher that other ICBs when compared regionally.

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

What are our plans to improve?
Trusts have various good work ongoing in response to include
- Review of impact of human factors and actions
- Focused work on culture and psychological safety
- Audits, training, education, learning events, policy, processes
- Initiating quality improvement work

Patient Experience - Friends and Family Test

Graph 1: SWL Acute Providers Emergency Department (ED) : Friends and Family Test

Friends and Family Test - Accident and Emergency % Recommended

Provider: CUH, ESH, KHT, SGH
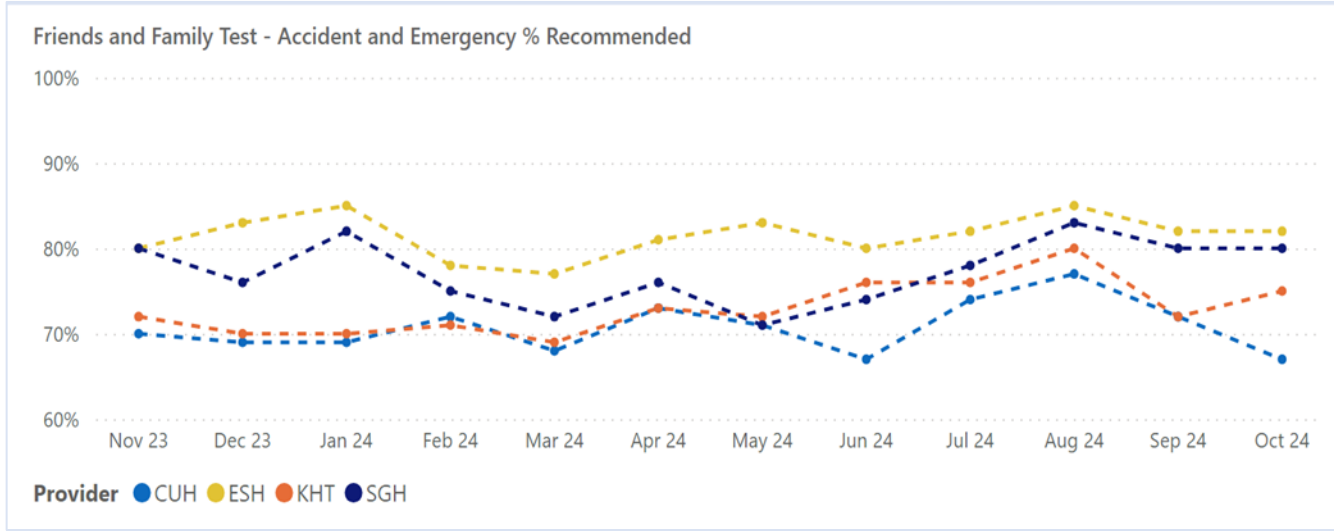
Graph 2: SWL Acute Providers Inpatient: Friends and Family Test

Friends and Family Test - Inpatient - % Recommended

Provider: CUH, ESH, KHT, SGH, RMH
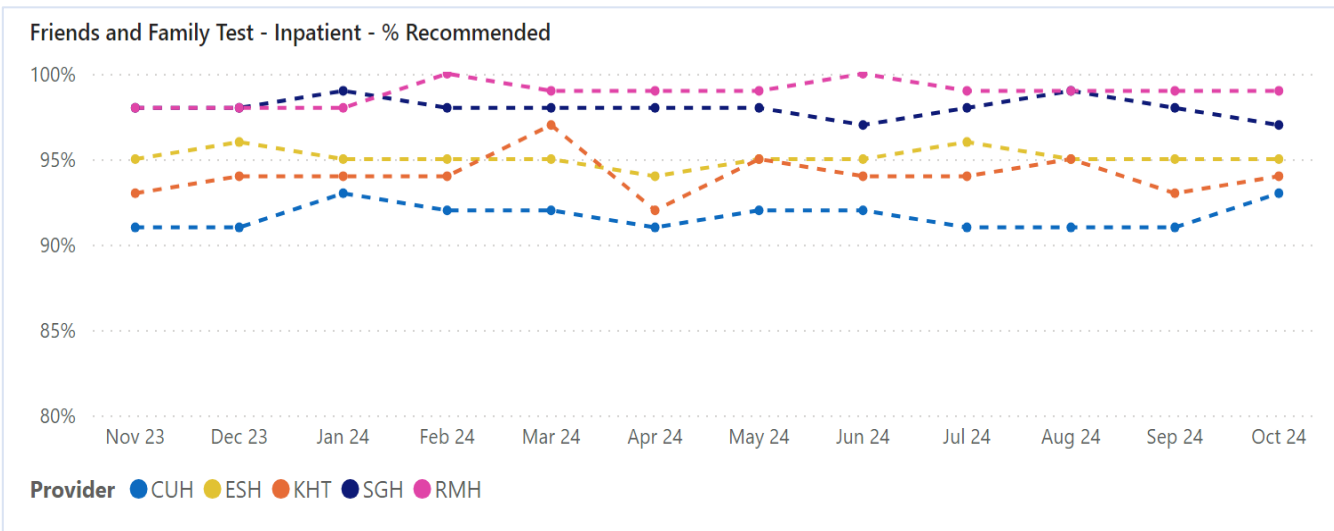
Patient Experience – Friends and Family Test

- **For ED**: Through most of 2024, FFT recommendations for EDs in SWL have remained below the required target 95%. The consistent themes for all Trusts have been because of the pressures, long waits and delays in treatment in ED. SWL average is around 75%. This is triangulated to the challenges across our EDs outlined earlier in this report. This is particularly low for CUH (which is similar to the picture seen in the national survey results shared earlier in the report).

- **For Inpatients:** FFT for inpatient areas fluctuates throughout the year and rates have generally been above 90%. Royal Marsden generally has a consistent score above 95% for most months in 2024 and Croydon showing lower scoring compared to the other SWL trusts.

What does good look like?
- For ED: National threshold for those who would recommend our EDs should be above 95%.

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

What are our plans to improve?
- Trusts across SWL are working with their patient experience teams to ensure areas of feedback from patients and carers are being progressed as part of their quality priorities for 24/25. ICB will continue supporting the trusts through internal trust meeting and system groups.

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Link to Quality Framework – positive experience, effective care

SWL ICB Preventing Future Deaths Update

- A Coroner has legal powers and the duty to issue a report following an inquest if it appears there is a risk of other deaths occurring in similar circumstances. This report is known as a Preventing Future Deaths (PfD's) report, or a report under 'Regulation 28'. This is issued to the people or organisations who are in a position to take action to reduce similar deaths in future.

- For NHS organisations, PfD's can be issued to all providers and ICBs. PfD's must be responded to within 56 days with actions being taken/ planned to implement the Coroner's Office recommendations. All reports and responses are shared with families and are **published**.

- In the last 12 months, there has been an increase in PFDs being issued either to the ICB or SWL provider organisations. The increase with the coroner issuing PfD's has also been seen regionally and nationally(there is no reliable benchmarking data at present)

- Table 1 has a list of the most recent PfD's received by or related to SWL NHS organisations/ SWL residents. This shows the range and increase in the number of PfD's and type of issues being raised by the coroner. Common themes have been **Mental health waiting list** (adults and children), **challenges in mental health bed capacity** and **delay in treatment**

- ICB is establishing clear processes for management of PfD internal to the ICB and where we support our partners as well as sharing learning from PfD across SWL

Details of case	Concerns from coroner	PFD Issued to
SC PFD: 14-year-old died as a result of an overdose of Mefanemic acid at their home. SC was on the waiting list for treatment under the SLAM CAHMS for nearly a year (issued June 2024)	- CAHMS long waiting list - Waiting list still not improved even after SC death.	NHSE and Secretary of State
JMO PFD: died after jumping infront of a moving train at Putney train station in July 2023. She was on the wandsworth single point of access list and she decided to be treated privately whilst waiting (Issued July 2024)	- Due to NHS pressures, patients seeking mental health private support whilst waiting (usually affordable short term) and no process for direct referrals to NHS, crisis support or sharing of information when under private support.	SWL StG MHT NHSE Department of Health
PFD: Patient died after jumping in front of moving train at Vauxhall Underground station. (issued March 2024)	- Patient cancelled mental health review appointment and reasons given through online questionnaire were concerning but not reviewed by a clinician. - No system or protocol to alert a clinician to review concerning responses.	SLAM
JCC PFD: Poor and inappropriate discharge of JCC from ESTH leading to death (Issued April 2024)	- Discharge policy not clear - Misunderstanding by clinical team on capacity to make decisions. - Pressure to free beds may have impacted on inappropriate discharge.	ESTH and NHSE
Alderman PFD: Death of a 7-week-old infant after being breastfed while in a baby carrying sling. (Issued December 2024)	- KRFT to provide information on '' local policies in terms of guidance provided to new parents'' as the child was born at KRFT.	NHSE, DHSC and other safety agencies
FWB PfD: A young person (FWB). Committed suicide.(Issued January 2025)	- Coroners' concerns related to delays in action by the practice to information received and referral from the practice as well as other governance concerns. Central PC team communicating with practice. Quality directorate has offered support where required.	Thurleigh Road General practice

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Infection Prevention and Control

Table 1 shows the number of cases of Clostridium difficile infection (CDI) in SW London reported for the periods April to Nov (since 2021)

CDI	Apr-Nov 2024	Apr-Nov 2023	Apr-Nov 2022	Apr-Nov 2021
Croydon	19	13	24	15
E&SH	63	42	27	38
Kingston	24	22	17	18
St Georges	44	32	46	28
The Royal Marsden	44	24	43	40
SWL ICB all	250	180	196	173

Table 2 shows the number of infections reported by all London ICB's for the period April to December 2024. (note the statistics were sourced from the UKHSA data capture system on 6/01/2025 and there may be some backlog)

Table 1	CHS	E&SH	KRFT	SGH	RMH
MRSA	1	1	2	0	0
MSSA	14	21	9	32	4
CDI	22/23	68/63	24/29	48/43	44/40
E-coli	41/56	43/61	32/57	98/114	38/51
Pseud A	5/16	12/8	3/12	15/34	19/21
Klebsiella	16/28	28/25	14/17	57/62	30/29

- **Table 1**: Data on table 1 shows there has been 250 CDI cases identified from April to December 2024 which is an increase of 39% for the same period the previous year. This is a picture we are also seeing nationally. Epsom and St Helier have seen a sustained increase and have breached their NHSE set threshold at 63 healthcare associated cases from April to December 2024.Trust are working with relevant team to reduce the increase.

- Due to the steep rise in national cases of CDI the UK Health Security Agency (UKHSA) undertook a dynamic risk assessment and have now stood up a National Incident response. It is likely that the response will lead to additional epidemiological and microbiological investigations, these will provide better understanding of the recent increases and help target control measures and mitigations

- Infections of Winter viruses continue to rise across the system putting significant pressure on health services. Outbreaks of respiratory viruses and Noro virus are being reported in both the acute and community healthcare settings. Southwest London acute trusts are reporting co infections of Covid-19, influenza A and RSV making managing outbreaks complicated. Clinicians also report an increase in secondary bacterial infection in hospital admissions in particular *staphylococcus aureus* and *streptococcus* A.

- Emergency Departments are seeing increasing presentations with community acquired influenza with very little isolation capacity to manage cases before transfer to wards. Some Trusts have Nightingale style wards which also present challenges for controlling cross infection. The heaviest burden of cases is being seen in the frail elderly population. Point of Care testing is aiding rapid diagnosis for influenza A.

Link to Quality Framework – Safe, effective care

Quality Alerts – Make a Difference (MkAD) - Summary

Chart 1: SWL ICS MKaD Alerts by Month Q3 24/25
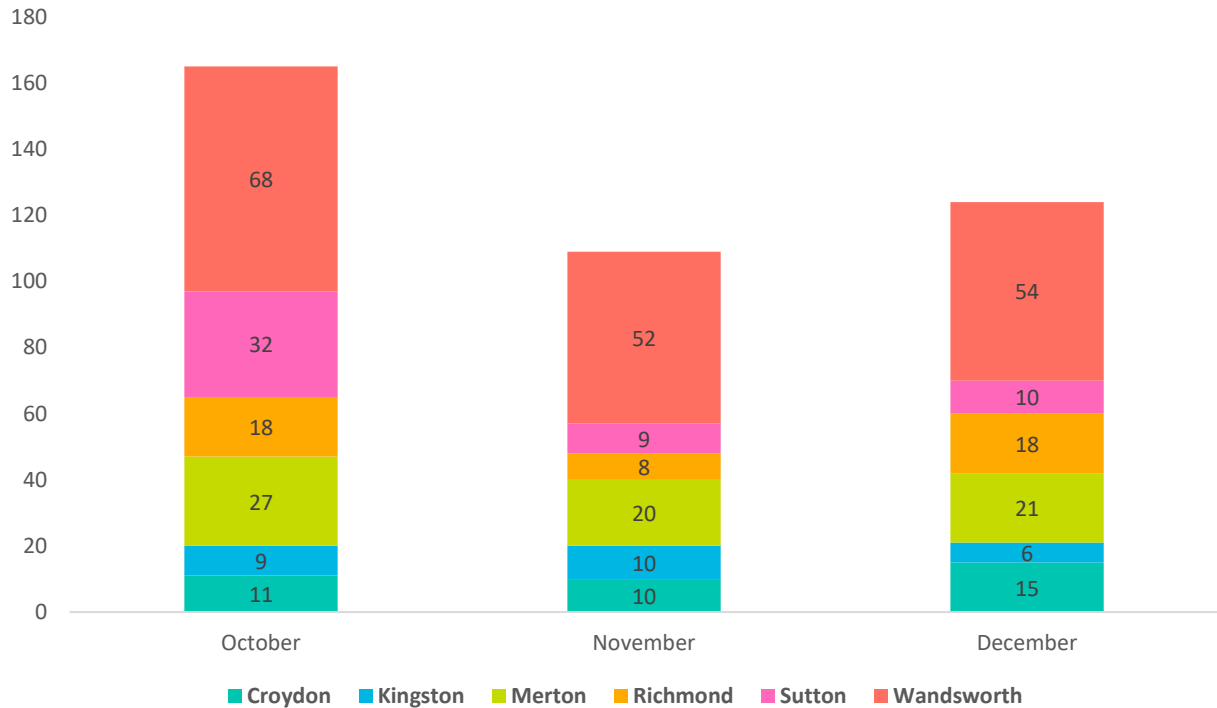
Table 1: SWL Alerts Raised by Theme (Top 5)

Theme	Oct-24	Nov-24	Dec-24	Total
Care & Treatment	27	16	30	**73**
Communication Concern	30	16	19	**65**
Discharge Related Concern	26	19	18	**63**
Medication (inc, blood products)	17	9	10	**36**
Referral Process	45	30	30	**105**
Service Delivery	12	8	15	**35**

Summary

- SWL Make a difference (MKAD) is a quality alerts process that enable all healthcare professional across SWL to raise concerns directly with the ICB about any service commissioned by SWL ICB as part of supporting learning and improvement. The following is high level summary for Q3 (2024/25)

- **398** MkAD quality alerts were raised across SWL in Q3. This reflects a similar number of alerts to previous quarters

- **Chart 1** illustrates the MkAD reporting trend over the quarter. The data continues to show broadly consistent reporting patterns across SWL, with Kingston being the lowest reporting borough, followed by Croydon and Richmond.

- **Table 1** illustrates the top 5 themes identified during the quarter. Highest reported themes are referral process (26%), care & treatment (18%), discharge (16%), and communication (16%) and which is a similar pattern to previous quarters. Medication and service delivery are also key themes this quarter, each accounting for 9% of alerts.

- The themes are discussed at place interface meetings with providers. Wider SWL leaning is also shared across the system.

Link to Quality Framework – Safe, effective care

Medicines Optimisation - Antimicrobial Prescribing

National outcome framework 44a
Antibacterial items / STAR-PU (Aim ≤ 0.871)
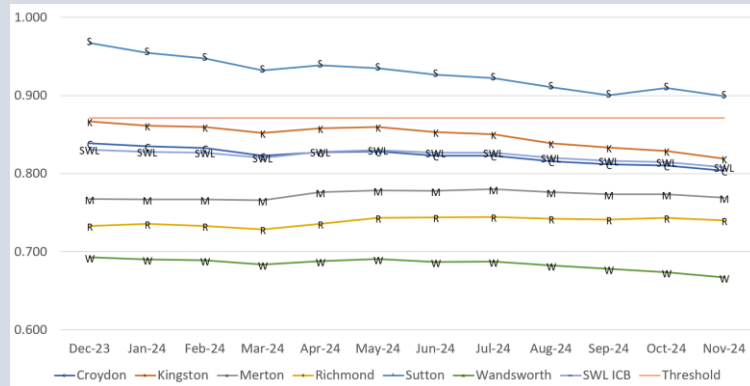
- SW London remains under the target threshold for volume of antibacterial items per STAR-PU by 0.06.
- Only Sutton now breeches the threshold in Nov 2024, however, the antibacterial volume continues to decrease.
- Richmond antibacterial volume has plateaued with an average around 0.743 for the last six months
- The rolling 12-month total continues to reduce overall

National Outcome framework 44b
Proportion of broad spectrum antibacterials (Aim ≤ 10%)
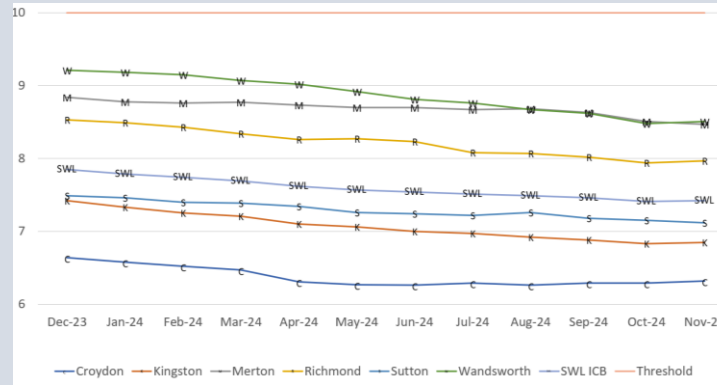
- Proportion of broad-spectrum antibacterial items (co-amoxiclav, cephalosporins and quinolones) as a proportion of total antibacterials remains below the target threshold for the whole of SW London and has been sustained for three years.

Optimising Antimicrobial Duration
Amoxicillin 500mg capsule prescribing
(Aim ≥60% for 5 day course)
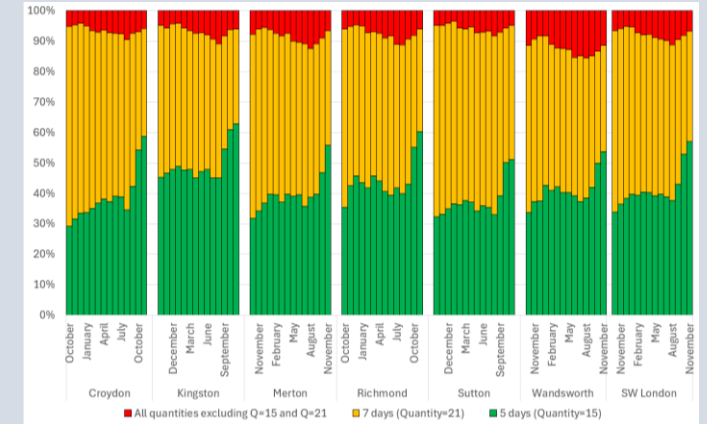
- This is one of 16 national medicines optimisation opportunities 2024/25. Five-day courses are recommended where antibiotics are indicated for sinusitis, sore throat, COPD infective exacerbation, cough (acute), community-acquired pneumonia and otitis media.
- SW London started at ~31% at baseline in July 2023. This plateaued at ~40% with variation at place
- In November 2024, SW London is now ~3.5% away from the national target since it has been included in the Medicines Improvement Scheme.

System wide activities Update

- "Pharmacy First" service and "Delivery plan for recovering access to primary care" including earache, sore throat and urinary tract infections now implemented. Pharmacy first reporting arrangements to be incorporated into updates when national data available.
- SWL medicines improvement scheme includes the metrics above and trimethoprim prescribing in over 70 year olds. Targeted communication and support to primary care networks which have practices requiring support.
- Antimicrobial stewardship indicator for Optimising Antimicrobial Duration concerns were raised regarding exacerbation of COPD by primary care clinicians. We now have new COPD guidelines approved and SWL training by Respiratory Consultants   scheduled in February to include 5 day course of antibiotics as agreed with Microbiology Consultants
- Next SW London IPC Committee meeting scheduled on 31st January 2025 including antimicrobial stewardship.
- New Respiratory Syncytial Virus immunisation campaign started September 2024.

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Link to Quality Framework – Safe, effective care

SWL Care Homes CQC Summary

Table 1: CQC rating of homes across the 6 Places of SWL ICB- as of Jan 2025

Locality	Requires improvement	Good	Outstanding	Not inspected / no rating	Grand Total
NHS Croydon	14	105	2	1	122
NHS Kingston	6	26	4	1	37
NHS Merton	2	34	1	1	38
NHS Richmond	4	35	1	3	43
NHS Sutton	5	58	2	2	67
NHS Wandsworth	0	26	1	0	27
	31	284	11	8	334

Chart 1: outline of the percentage of care homes across SWL in different CQC rating categories

South West London Care Home CQC Ratings
09-Jan-25
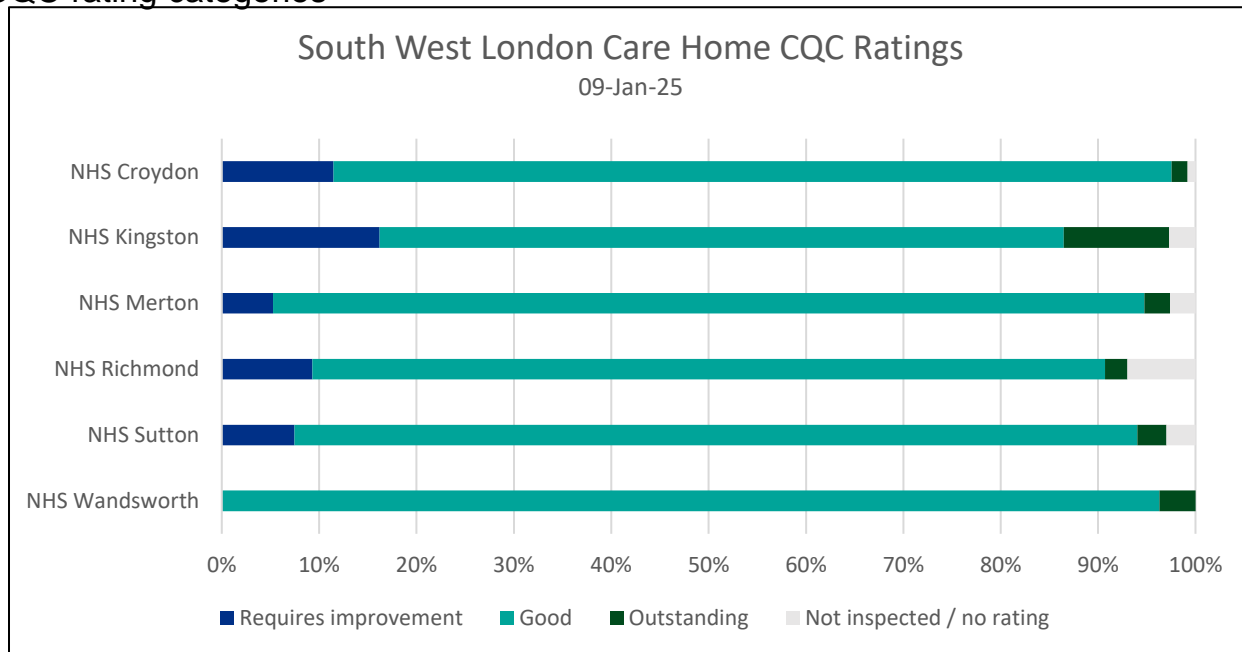
Summary
- SWL has 344 Care Homes. Breakdown as shown in table 1 with their CQC rating. 11 are rated Outstanding, 284 are rated Good, and 31 Requires Improvement. There are no are home in SWL with Inadequate rating.

- Each place in SWL has a Care Home lead in their transformation teams and there is a SWL team leading on the Enhanced Health in Care Homes programme (EHCH).

Ongoing improvement Work

- The EHCH programme focuses on training and support to care home staff to build knowledge and skills as well as facilitating interorganisational working. Focus areas have included
  - The use of early deterioration tools
  - End of life care (EOLC)
  - Falls prevention
  - Red Bag pathway
  - Dementia and Behavioural support.

- There has also been an extensive programme to progress digital transformation supporting introduction of Digital Social Care Records, Information Governance requirements and access to NHS records including the Universal Care Plan (UCP) alongside building digital technology use in Care Homes via tools such as Remote Monitoring and Sensor Based Falls Prevention.

- More work is being done to support sharing of learning from care homes and across other system partners.

Maternity, CYP and SEND

Maternity (1)

- **Maternity Incentive Scheme (MIS) Year 6 (CNST):** All Maternity services are required to make regular submission on the Clinical Negligence Scheme for Trust(CNST). This is a submitted once a year and LMNS reviews evidence prior to the submissions for governance and oversight on the required initiatives. All SWL Trusts are on track with the CNST requirements and board meeting sign-off scheduled as follows: CHS (8th Jan 2025), ESTH (30th Dec 2024), KRFT(30th Jan 2025) and SGH (18th Dec 2024.)

- **SWL LMNS Recognition:** SWL LMNS has been recognized at the Regional Perinatal Quality Surveillance meeting for its remarkable improvement in perinatal optimization, particularly in ensuring births occur in the right place. SWL will continue to work collaboratively with its partners to ensure this improvement is sustained

- **Maternal Death Deep Dive:** SWL LMNS carried out a maternal death deep dive review for deaths that occurred in the period Jan 2019 – Oct 2023. 11 maternal deaths which occurred during this period were reviewed . Themes and learning were on were 'communication , missed appointments, leadership, mental health/safeguarding, staff training and early pregnancy management' . LMNS will be taking recommendations and actions forward. Themes and learning was also shared at the regional meeting in Jan 2025.

Maternity (2)

Maternity CQC Survey 2024: CQC published outcome of their Maternity survey in Nov 2024. The survey questions were related to the theme *"Listening to and working with women and families with compassion,"* which is part of the NHS England's Three-Year Delivery Plan.

The results were summarised in 3 domains (Labour and Birth, Staff Caring for you and Care in hospital after the birth) There was a range of questions under each domain and more details are available [separately](#). The table shows SWL providers results across the 3 domains which were overall all positive with;
- ESTH seeing ' better than expected' outcome for '' **care in hospital after birth** domain
- **SGH :** scored lowest is SWL for **care in hospital after birth** with (6.9/10)
- KRFT and ESH scored well in **staff caring for you** domain

SWL LMNS will be working closely with the trust on areas of improvement identified as well as sharing learning on areas we are doing well.

Domain	Labour and Birth	National comparison	Staff Caring for you	National comparison	Care in Hospital after Birth	National comparison
CHS	8.4/10	About the same	8.1/10	About the same	7.5/10	About the same
ESTH	8.5/10	About the same	8.7/10	About the same	8.4/10	Better than expected
KRFT	8.3/10	About the same	8.5/10	About the same	7.2/10	About the same
SGH	8.3/10	About the same	8.4/10	About the same	6.9/10	About the same

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

- **Children's Palliative Care** : A Children's Hospice Care Project Group has been initiated due to the current commissioning arrangements and concerns regarding the current delivery of service. This will:
  - Ensure compliance to the Palliative and End of Life Care Statutory Guidance for ICBs.
  - Develop a robust service specification to support a sustainable and cost-effective delivery model.
  - Undertake an in-depth service review of providers.

- **Inspection activity**: Preparation activities taking place in the 5 Local Areas awaiting SEND inspection. SEND health clinical networks have been established in Merton, Sutton and Wandsworth to support inspection preparation and joint work. Development in other Places is underway.

- **SEND data dashboard**: Work commenced to create a SWL data dashboard to include all CYP from 0-25. This is a major project requiring significant support from Business Intelligence and Contracting. 26 out of 65 metrics identified as priority for phase 1 and SWL Business Intelligence working with the team to develop the proof of concept.

Quality improvements updates

Provider	Improvement area	Improvement actions
CHS	Patient experience	The trust hosted a patient engagement event on the 11th of December 2024 as part of our commitment to continually improve patient experience and keep the patient voice at the heart of everything we do. The event was an opportunity to share what we have learnt from patient feedback and how that is improving our care. It was also an opportunity to get patients' voice into shaping our annual quality priorities for the coming financial year.
CLCH	Equalities	The LGBTQ+ collaborative project exploring the impact of dementia and access to services for the LGBTQ+ populations and their carers in collaboration with London South Bank University (LSBU) has submitted a poster abstract to the International Forum on Quality and Safety in Healthcare conference, the outcome of the poster being accepted is expected in December 2024.
CLCH	Return to practice	A year ago, the trust launched an innovative Allied Health Professional (AHP) Return to Practice Programme in partnership with NHS England where it paid returnees as Band 4 therapy assistants to undertake supervised practice to enable them to return onto the Health and Care Professional Council (HCPC) register. The trust have successfully recruited 20 AHP returnees in the last twelve months in Dietetics, Occupational Therapy, Orthoptics, Paramedics, Physiotherapy, Podiatry and Speech and Language Therapy.
SWL StG	Reducing Violence and Aggression	The trust developed a co-produced framework to help reduce Violence and Aggression (V&A) and increase support following an incident. This reflects the commitment to reducing racial motivated or targeted abuse on any protected characteristics. Quality Improvement work is being targeted at two wards and trust is working to develop a new staff support hub. These goals will be part of our Great Place to Work (GPTW) programme.

Quality improvements updates

NHS
South West London

Provider	Improvement area	Improvement actions
KRFT	Diversity	A team of finance staff, and inclusion and diversity ambassadors for South West London have been shortlisted for the Healthcare Financial Management Association (HFMA) Diversity and Inclusion Awards 2024.
SWL StG	Culture of Care'	We are undertaking an exciting pilot, implementing a range of initiatives (from the national RCP programme) aimed at improving the culture of inpatient mental health, learning disability and autism wards for patients and staff so that they are safe, therapeutic and equitable places to be cared for, and fulfilling places to work.
SGH	Ward Accreditation	In November 2024, 11 areas were inspected, of these 2 areas were awarded Platinum for achieving their 3rd consecutive Gold accreditation (Neurology OPD and Paediatric Intensive Care Unit), 4 services were awarded Gold for the first time (Anticoagulation Clinic, Wheelchair, Supportive & Rehabilitation Engineering, Thomas Young Ward and St John's Outpatients), all other services were rated Silver.

Recommendations

The Board is asked to:

- Note the content of the quality report and areas of focus and be assured that risks are being managed through the appropriate governance and escalation arrangements between providers and the ICB.

- Note that as the system continues to face significant financial challenges and as we go through winter pressures, the pressure and demand on providers continues to be significant and the focus on safety and quality of care needs to be prioritised.

- Be assured that the exceptions highlighted within the report were presented and discussed at the Quality Operational Management Group (QOMG) in January 2025, and that all escalations were reported to the Quality and Performance Committee (QPOC) in February 2025.

- Be assured that the risk review cycles continue to identify, review, and mitigate both new and existing risks, including those in the Board Assurance Framework.

- Be assured that improvements are happening at Place and organisational level to improve patient safety and overall quality of care.

- Note the quality report in its revised form, highlighting the use of increased data and metrics to support assurance of safety, patient experience, clinical effectiveness, and health equity for SWL's population.

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ICB Performance report – January 2025

Agenda item: 9e

Report by: Jonathan Bates, Chief Operating Officer

Paper type: For information

Date of meeting: Wednesday, 19 March 2025

Date published: Wednesday, 12 March 2025

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

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

Executive summary
The ICB Performance Report provides an overview of performance against constitutional standards at an ICS level and, in some cases at the Provider level. This report focuses on performance for November 2024 and December 2024 using nationally published and local data.

Key Issues for the Board to be aware of

Key areas where SWL has seen improvements in performance:

- **Uptake of the '6-in-1 by age 1' childhood immunisations remains consistently higher than the London average.** This is largely due to the targeted work by immunisation coordinators, who are supporting practices in improving uptake by identifying and contacting parents.
- **Primary care appointment volumes were above planned levels and exceeded the target of 92% seen within two weeks.**

- For the new cancer metric of **96% treated within 31 days (treatment stage first or subsequent), all of the South West London providers achieved the standard for the first time this financial year.** The ICB performance was 97%, the highest in London.

Key issues for the Board to be aware of:

- **A&E attendances have increased continuously since August, where most of the country saw a slight decline in November. Despite this, SWL ICS remained in the top quartile for all types A&E 4-hour performance.** One of SWL's priorities is to appropriately reduce non-elective lengths of stay to free up capacity that will be used to reduce the waiting time in A&E, thus improving the flow of patients through the hospital. The SWL Winter Plan has been agreed across key stakeholders. Operational measures have been defined that will help the system maintain standards of care during peak winter challenges.
- **The overall 12-hour A&E breaches increased by 337 in December to 2,632, the highest in London and fifth highest nationally.** To reduce physical health breaches, all SWL hospitals are working to improve discharge planning and processes both locally and inter-agency. This includes a range of improvements, for example, regular review panels of patients for longer length of stays, multi-agency discharge events (MADE) which help to improve partnership working with Local Authorities.
- **In December 12-hour breaches for mental health patients in acute Emergency Departments awaiting a mental health bed remained high.** Whilst this latest month saw a reduction on November figures, flows from physical health to mental health beds remain a challenge. It should be noted that there has been success in driving down 72-hour breaches (down by over 50% since May 2024), and that the inpatient flow programme at South West London and St George's (SWLSTG) has been assured by Getting it Right First Time (GIRFT) programme at NHS England as being comprised of the right themes and actions, with expectations of improvements in the longer term.

Recommendation

The Board is asked to:

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

Governance and Supporting Documentation

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

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

- Meeting performance objectives across the SWL ICS

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

This document links to the following Board risks:

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

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

Actions taken to reduce any risks identified:

- For long waiting elective patients: Increased capacity, focus on productivity by APC-led elective care programmes, mutual aid, transformation led by clinical networks.
- For 4-hour A&E performance: The SWL Winter Plan has been agreed across key stakeholders. Operational measures have been defined that will help the system maintain standards of care during peak winter challenges
- 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. Improvements have been seen since the summer, in particular for patients awaiting a mental health bed at South West London & St George's (SWLSTG).

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
Quality and Performance Oversight Committee	12 February 2025	Noted
SMT	27 February 2025	Noted

Final date for approval
N/A

Supporting documents
Attached ICB Performance Report – January 2025

Lead director
Jonathan Bates

Authors
Suzanne Bates

South West London Integrated Board Report

January 2025

DATE REFRESHED : 13-01-2025
SRO: Jonathan Bates

NHS
South West London

Commentary on Data

- The South West London (South West London) Integrated Board report presents the latest published and unpublished data assessing delivery against the NHS Constitutional standards and locally agreed on metrics. These metrics relate to acute, mental health, community and primary care services and other significant borough/Place level indicators.

- Data is sourced through official national publications via NHS England, NHS Digital and local providers. Some data is validated data published one month or more in arrears. However, much of the data is unvalidated (and more timely) but may be incomplete or subject to change post-validation. Therefore, the data presented in this report may differ from data in other reports for the same indicator (dependent on when the data was collected).

- The report contains current operating plan trajectories.

- This is the current iteration of the Integrated Care Board Performance Report and the number of indicators will continue to be reviewed and refined as work progresses to develop reporting within the Integrated Care Board (ICB).

- Data Quality Issues:

    - NHS England has suspended the collection and publication of the Monthly Referral Return (MRR) data until further notice, therefore GP and other specific referrals for first consultant-led outpatient appointment.

    - From April, the Out of Area Placements Mental Health measure changed nationally to count the number patients rather than bed days, the data from April has not been published. The data will be updated when nationally available.

    - Data on 45-minute handovers is from London Ambulance Service and has not been validated by South West London Trusts.

    - Kingston Hospital experienced technical issues related to updating their systems to reflect the merger with Hounslow and Richmond Community Health (HRCH). This has resulted in M8, November, data not being included in national data flows. This will be corrected in the submission and publication of M9, December, data. The following metrics are affected:

        - Total non-elective spells (Urgent and Emergency Care)
        - Number of patients staying +21 days (Integrated Care)
        - Elective day case spells (Planned Care)
        - Elective ordinary spells (Planned Care

Key Findings

- **Appointments in general practice** decreased in November as planned, although volumes still exceeded the operating plan trajectory for the month by 2.7%. The system continues to meet the standard of 92% of **GP appointments seen within 2 weeks**. In Quarter 2, South West London (SWL) was above the London average for the uptake of **childhood immunisations**, with an outcome of 88.8% for the '6-in-1 by age 1' cohort. The highest uptake continues to be in Kingston and Sutton, averaging 91%. The autumn **covid vaccination programme,** which began in October 2024, has delivered 162,764 doses of the vaccine, up to 19 January 2025. Borough uptake ranges from 28% in Croydon to 49% in Richmond.

- **Services contributing to A&E avoidance are performing well**. The latest **urgent community response (UCR) 2-hour performance** is 88.3%, the second highest performing ICB in London and well above the national standard of 70%. SWL has the second highest number of UCR referrals in London. While **total 111 calls** increased in December to the highest volumes seen this year (over 45,000), **abandoned 111 calls** were 1.7% in December, still within the 3% target.

- **Following the unusually high A&E attendances sustained over spring and summer**, both nationally and locally, attendances have continued to increase since August above expected levels. In line with the increased attendances, SWL **A&E (all types) performance decreased to 73.6%, below the 78% target**, ranging from 71.2% at Croydon Hospital to 79.7% at St George's. **Aggregated SWL ICS provider performance (all types A&E) is just inside the top quartile nationally, strengthened by a relatively good non-admitted non-elective performance.**

- **Emergency care pressures are on the admitted non-elective pathway, due to inpatient flow;** 2,632 patients waited over 12 hours from 'decision to admit' to admission in December. This is an increase of 337 on last month; the highest number of 12-hour breaches in London and the fifth highest nationally. To reduce the time to treatment and discharge, the system is focusing on its Continuous Flow programmes and the utilisation of virtual wards; virtual ward occupancy increased to 95% at the end of December. All Same Day Emergency Care (SDEC) services in SWL are now receiving patients directly from the London Ambulance Service (LAS) under the Trusted Assessor model. The system has invested in a range of initiatives to reduce front end pressures, including frailty at the front door and additional therapy and pharmacy services.

- **Unvalidated figures show that in December, there were 139 x 12-hour breaches in emergency departments for patients awaiting a mental health bed**, a reduction of 19 since November. Actions to support improvement include additional hostel beds and private sector beds, bed prioritisation scoring and focussed flow improvement work to address coordination within mental health providers and across partner organisations.

- **SWL continues to be a positive outlier for cancer performance.** On the 28-Day faster diagnostic standard, SWL performance was 85.7%, above the 77% standard and the highest in London. Performance against the 62-day aggregated performance standard was 77% against a standard of 85%, the highest in London. Referrals continue to far exceed 2019/20 levels.

- **SWL also continues to be a positive outlier for planned care performance and long waits.** The volume of 52-week waits had increased over summer. 15% of 52-week waits are Gynaecology patients, mainly at Epsom and Croydon; the two trusts have increased capacity, and the longer-term trend has been a reduction of this patient cohort. Fortnightly NHS England regional meetings have been established with SWL ICB to closely track the reduction of 65-week waiters.

- **In Quarter 2, 59% of Severe Mental Illness patients received all six annual health checks.** The drop of 2% from Q1 is due to a change in the national data source, seen across other ICBs also. London region encouraged ICBs to submit local trajectories below the 75% national target in the expectation of this change. Operationally, work in Primary Care continues to proactively contact patients for their annual health checks.

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Domain: Primary Care

GP appointments within 2 weeks

Standard: 92%

93%

% of Total Appointments that are Virtual

- All GP Appointments
- Virtual Appointments % of Total

743,751

39%

SWL Covid Vaccinations by age group

- Under 18
- Over 40
- 18-39

SWL Covid Vaccinations by Dose

- 1st Dose
- 2nd Dose
- Booster Dose

4-in-1 and MMR2 Vaccine Uptake

- SWL
- London

64.2%

62.9%

6-in-1 Vaccine Uptake

- SWL
- London

88.8%

84.5%

GP Appointments

743,751 appointments were delivered in November 2024, a decrease of 17% compared to October (a similar decrease was seen nationally). Of these appointments: 59% were face-to-face consultations, 45% were delivered the same day and 93% were delivered within 14 days, including same day.

COVID Vaccinations

The Autumn programme started on 3 October 2024. As of 19 January 2025, South West London (SWL) had vaccinated 162,764 patients, an estimated uptake of 34.3%. Borough uptake ranges from 28% in Croydon to 49% in Richmond. The outreach team have concluded both housebound and care home activity but will continue to receive mop up referrals until the end of the programme on 31 January 2025.

The team have begun work in the North of Croydon, in partnership with voluntary sector groups to support communities with low uptake. A similar programme has begun in East Merton and across Wandsworth. The team have successfully bid for further funding to run a grants scheme for these communities. This will complement the existing winter voluntary sector grants scheme and build relationships in preparation for the Spring campaign which starts on 1 April 2025. Further communication work is ongoing to end of January emphasising the need for both Covid and Flu vaccinations
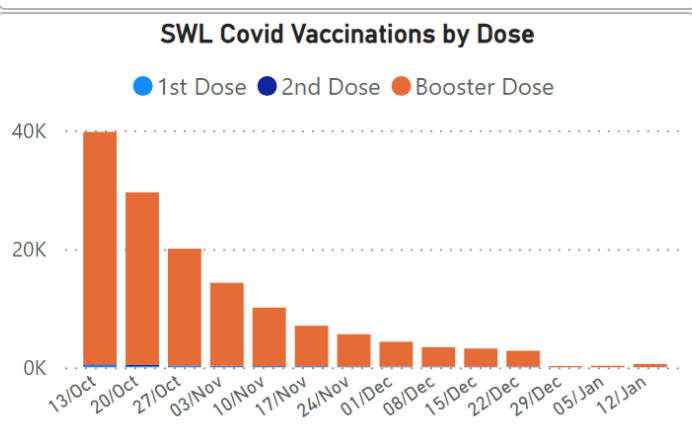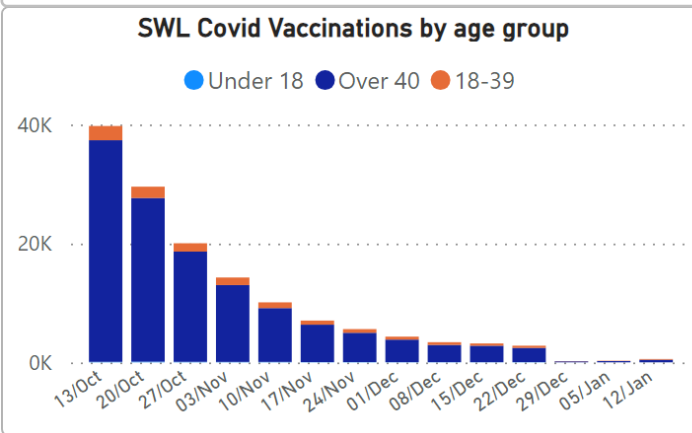
Childhood Immunisations

SWL remains above the London average for uptake of the 4-in-1, by age 5, as well as the 6-in-1, by age 1, immunisations.
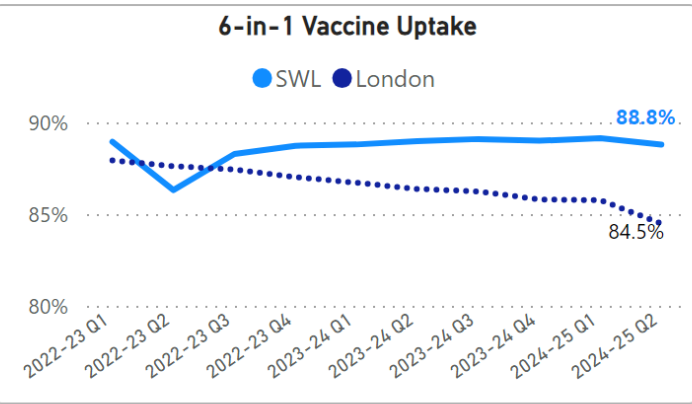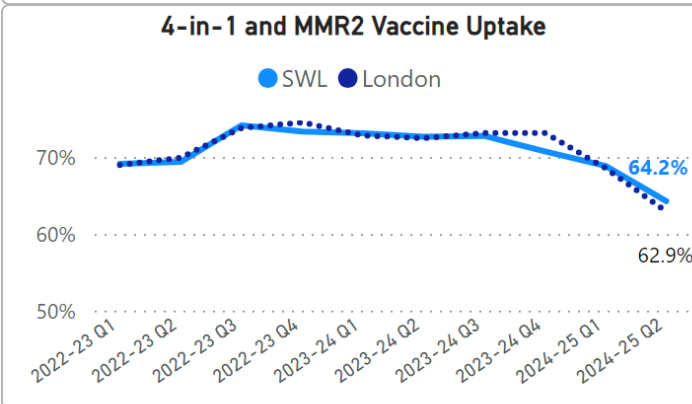
Coverage at 1 year in SWL has decreased slightly to 88.8% (MenB 88.2% and DtaP/IPV/Hib 88.9%).

Despite being above the London average for uptake, pre-school booster for 5 year olds continues to have the lowest coverage, due to vaccine refusal, vaccine hesitancy and non-responders. Overall, the highest uptake is in Kingston (88.4%) and Sutton (88.3%). Both boroughs are not far from surpassing the England average. Immunisation coordinators continue to support practices improve child immunisations uptake.

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A&E Attendances (All Types)

Legend: ● Type 1-3 A&E Attendances ● Operating Plan Trajectory

61,626
58,028
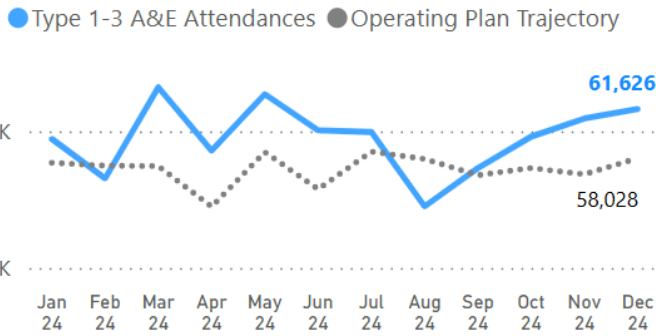
A&E (All Types) 4 Hour Standard

Legend: ● A&E Attendances ● Trajectory

77.0%
73.6%

12 Hour A&E Breaches

Legend: ●CHS ●ESTH ●KHFT ●SGH

2,632

12 Hour Mental Health A&E Breaches (Unvalidated)

Legend: ●CHS ●ESTH ●KHFT ●SGH

139

45 minute Ambulance Breaches

Legend: ●CHS ●ESTH ●KHFT ●SGH

758

60 minute Ambulance Breaches

Legend: ●CHS ●ESTH ●KHFT ●SGH

33
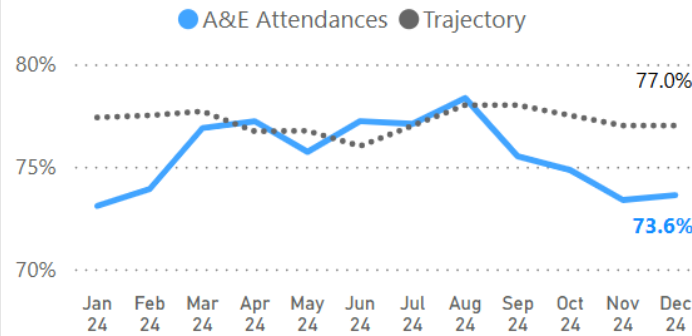
Accident & Emergency (A&E) attendances and performance

A&E attendances continued to increase above planned levels in December alongside rising rates of respiratory illnesses, Covid, Norovirus and the impacts of cold weather. Despite the increased pressures, SWL has performed relatively well. The 4-hour performance remained consistent, improving slightly to 73.6% in December. The London Ambulance Service's (LAS) Winter Plan to maintain response times has been supported by South West London (SWL) providers, although the reduction of delays in the community/ambulance setting has shifted pressures to the emergency departments.

12-hour breaches

The number of patients remaining in the Accident and Emergency (A&E) department more than 12 hours without admission, discharge or transfer, returned to levels experienced in October. All SWL hospitals continue to work towards improvements in discharge and flow through departments, with particular focus ahead of the festive season. Operational priorities included moving patients out to the community in a timely manner and Infection Prevention and Control (IPC) to prevent bed closures. The number of patients with a mental health (MH) diagnosis that waited over 12 hours in an acute A&E decreased to 139 in December. The South West London and St George's MH Trust (SWLSTG) inpatient flow programme plans have been assured by NHS England as being comprised of the right focus areas and actions. Despite considerable work in SWL, challenges with Epsom Hospital remain around timely links to services in Surrey.
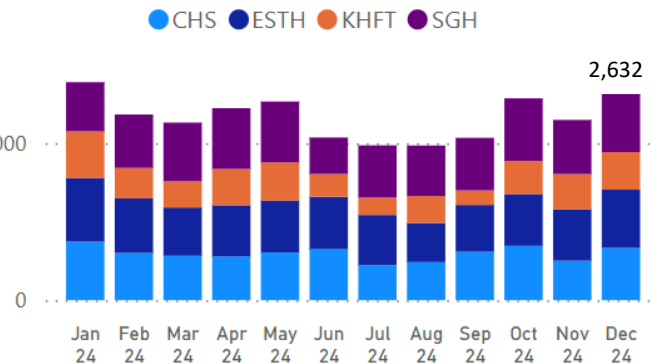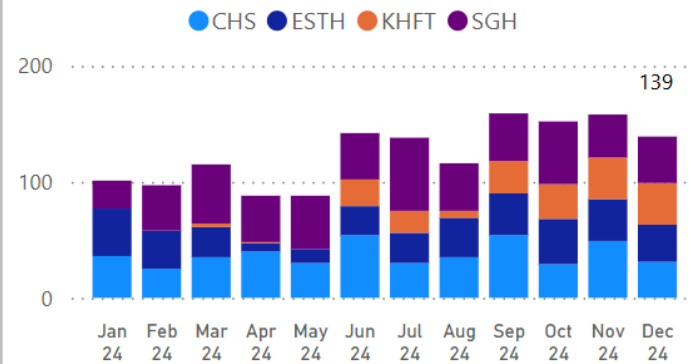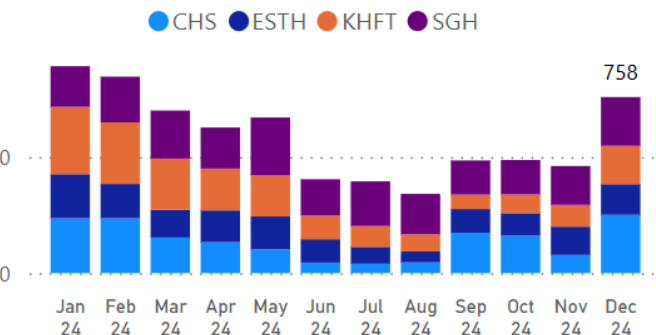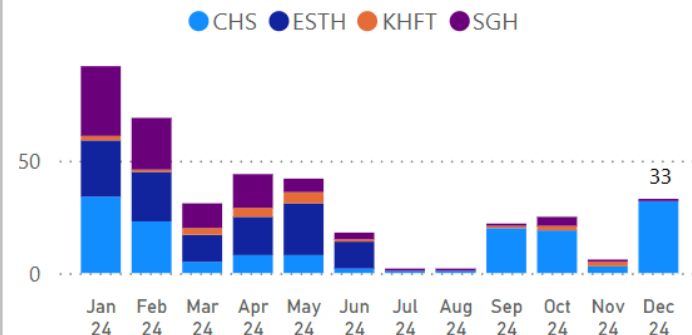
Ambulance handovers

Ambulance conveyances have continued to increase. All providers continue to support 45-minute handover, noting the challenges this presents to acute trusts, requiring additional nursing and bedded space to support cohorting. Most local systems allocated part of their Winter funds to support this additional resource requirement. There has been significant focus to find opportunities that could reduce avoidable conveyances to alleviate pressures. This has led a plan to introduce a digital platform to enable clinician-to-clinician discussions to support better care for frail patients by February 2025.

Domain: Urgent and Emergency Care

% Ambulance Handover within 15 minute
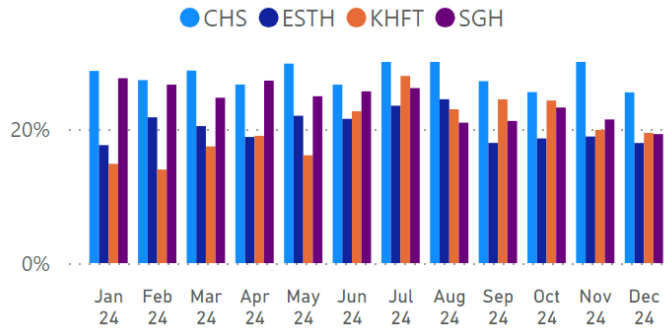
London Ambulance Category 1 Emergency Response Times (minutes)

Total Non-elective Spells

Ambulance Category 2 Emergency Response Times (minutes)
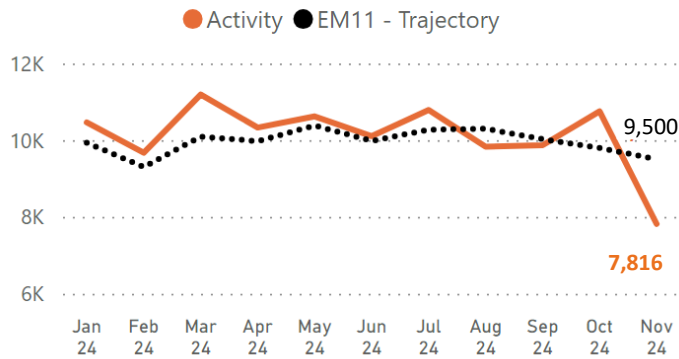

111 Calls Abandoned
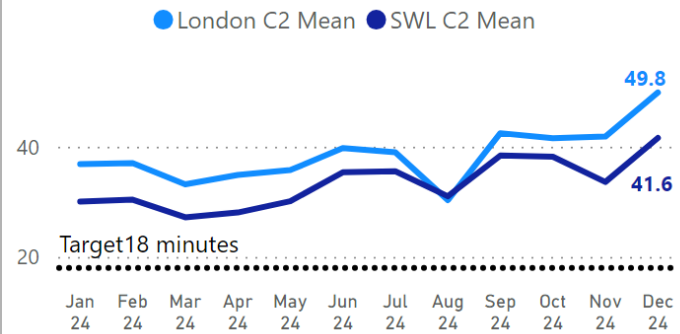

111 Call Volumes

Ambulance Response Times
Across South West London (SWL) the numbers of conveyances have risen each month since September. The mean response times for Category 1 at London level increased to 7.8 minutes in December. SWL's performance was 7 minutes 51 seconds.

The mean Category 2 response for London increased in December to 49.8 minutes. SWL performance increased to 41.6 minutes. The system is committed to reducing waits for all patients and getting ambulance crews back on the road promptly. This includes adherence to the 45-minute ambulance handover protocol along with other work focussed on flow improvement.

Non-elective spells
Due to issues with November's submission at Kingston Hospital (KRFT), non-elective activity levels are not available for this Trust, which caused a decrease in the reported activity levels for SWL. Missing data will be refreshed with M9 reporting, and is expected to show that November's activity remained above planned levels. There has been additional pressure on acute hospitals with cold weather and rising rates of respiratory and infectious illness.
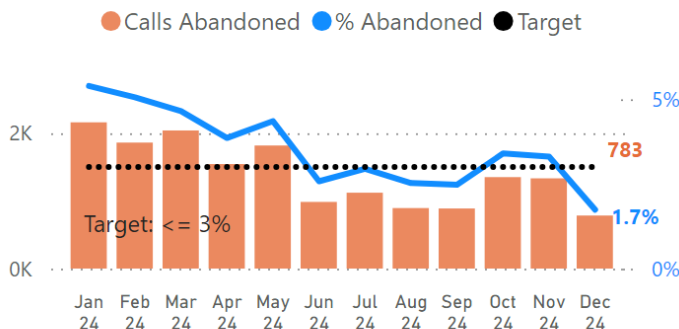
111 Calls
111 is a key service to ensure patients have access to appropriate clinical advice, outside of attending A&E. Call volumes increased significantly in December to 45,059 calls. Abandoned calls, as a percentage of all calls for the month, were within the 3% target at 1.7%.

There has been a strong focus on workforce to ensure that the right levels of staffing are in place, including a recruitment campaign, managing sickness and absence, training and rotating staff to frontline positions when needed. During December, the London Ambulance Service (LAS) Clinical Assessment Service (CAS) in SWL completed 3,390 ambulance validations with 89% downgraded to an alternative outcome and 40% closed by the CAS clinicians without onward referral.

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Domain: Mental Health and Learning Disabilities

NHS South West London Integrated Care Board

Access to Talking Therapies
Activity ● Trajectory ●
Standard: 3,293
3,330

Talking Therapies – Reliable Recovery Rate
Activity ● Trajectory ●
Standard: 48%
50%

SMI Physical Health Checks
Performance ● Improvement Trajectory ●
59%
60%

Dementia Diagnosis Rate
Standard: 67%
73.3%

Access to transformed Community Services
Activity ● Trajectory ●
10,935
9,871

Learning Disability Annual Health Checks Cumulative
2023/24 ● 2024/25 ● Target ●
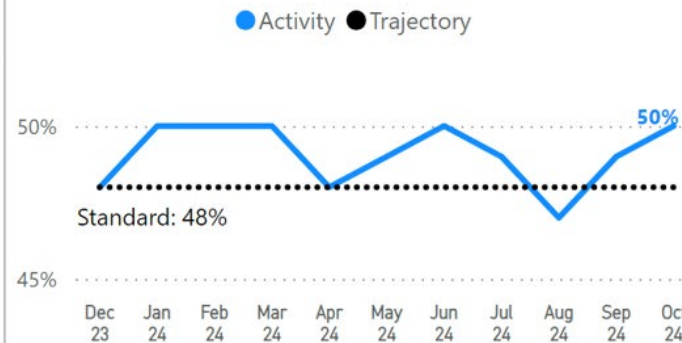
Talking Therapies - Access
October performance improved to above the target. Kingston data submission issues persist; this has been escalated to South West London and St George's (SWLSTG) for resolution.

Talking Therapies – Reliable Recovery Rate
The 48% standard continues to be achieved in October following August's non-compliant position. Prior to this, the last time SWL was below target was August 2023.
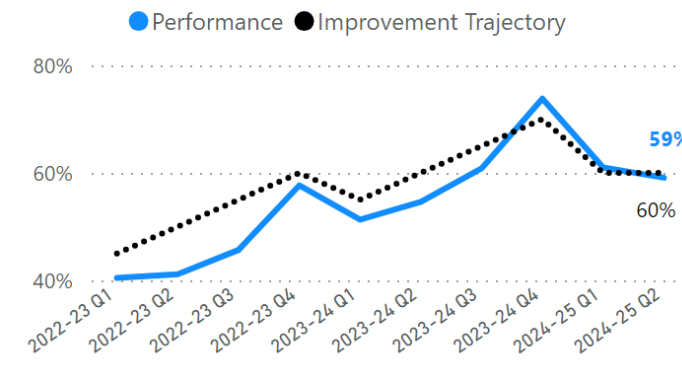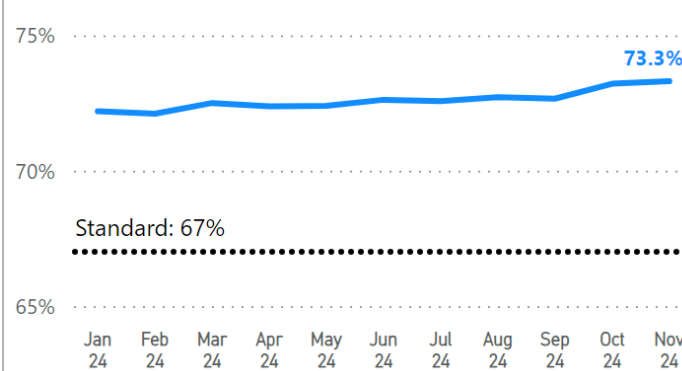
Severe Mental Illness (SMI) Physical Health Checks
In Quarter 2, 59% of Severe Mental Illness patients received all six annual health checks, this was just below the trajectory of 60%. This represented a 2 percentage-point drop on Quarter 1 due to a change in the national data source; a similar impact was seen in other ICBs. In anticipation of this change, London region encouraged ICBs to submit local trajectories below the 75% national target. Place-based systems continue to work to increase physical health checks for this vulnerable population.

Dementia Diagnosis rate
South West London (SWL) continues to maintain good performance levels (73.3%) exceeding both the national target of 66.7% and the London ambition of 70%.
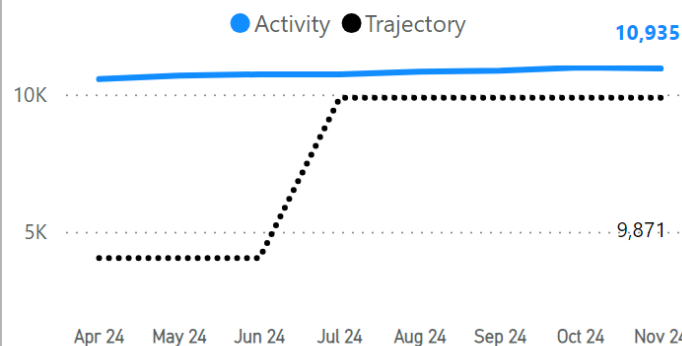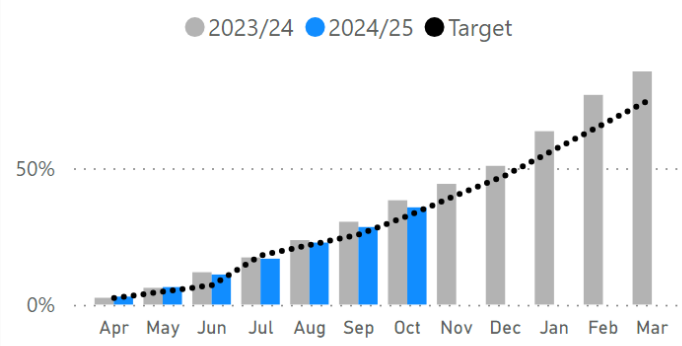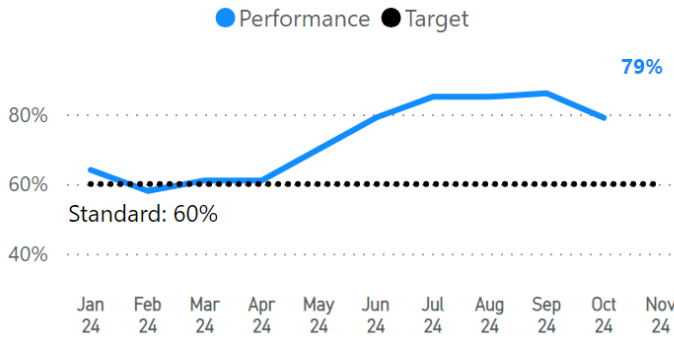
Access to transformed Community services
Transformed community mental health services provide integrated mental health support and treatment for people with any level of mental health need, within and as part of their community. The SWL plan assumed further services would be identified as transformed by Quarter 2, with a step change in trajectory from 4,034 in June to 9,871 in July. NHS England have retrospectively updated the past year's published year to include SWL services only recently identified as transformed, which is why performance is now significantly above trajectory.
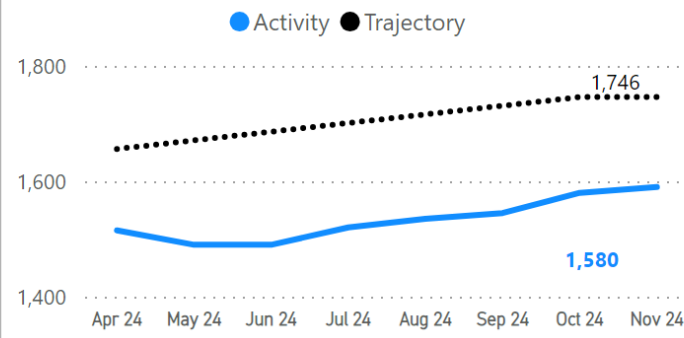
Learning Disability Annual Health Checks Cumulative
Performance remains on track. Engagement with Primary Care, supported by GP clinical leads, has been good and the year-end target remains achievable.

Domain: Mental Health Services

Early Intervention Psychosis (EIP)

Performance · Target

79%

80%

60% — Standard: 60%

40%

Jan 24 · Feb 24 · Mar 24 · Apr 24 · May 24 · Jun 24 · Jul 24 · Aug 24 · Sep 24 · Oct 24 · Nov 24

Access to Specialist Perinatal MH Services

Activity · Trajectory

1,800

1,746

1,600

1,580

1,400

Apr 24 · May 24 · Jun 24 · Jul 24 · Aug 24 · Sep 24 · Oct 24 · Nov 24

Active Inappropriate Adult Acute OAPs

OOA Placements · OOA Placements Trajectory

20

15

13

0

Apr 24 · May 24 · Jun 24 · Jul 24 · Aug 24 · Sep 24 · Oct 24

12 Hour Mental Health A&E Breaches (Unvalidated)

CHS · ESTH · KHFT · SGH

200

139

100

0

Jan 24 · Feb 24 · Mar 24 · Apr 24 · May 24 · Jun 24 · Jul 24 · Aug 24 · Sep 24 · Oct 24 · Nov 24 · Dec 24

CYP Access Rate - Rolling 12 Months

Activity · Target

23,500

25K

20K

19,712

15K

Jan 24 · Feb 24 · Mar 24 · Apr 24 · May 24 · Jun 24 · Jul 24 · Aug 24 · Sep 24 · Oct 24 · Nov 24

CYP Eating Disorders Seen within Target Time

Urgent - 1 Week · Routine - 4 Weeks

100%

80%

Standard: 95%

60%

21-22 Q4 · 22-23 Q1 · 22-23 Q3 · 22-23 Q4 · 23-24 Q1 · 23-24 Q2 · 23-24 Q3 · 23-24 Q4 · 24-25 Q1 · 24-25 Q2

Early Intervention Psychosis (EIP)
Performance was above target in October at 79%. South West London & St George's (SWLSTG) continue to look for opportunities to optimise referral process and digital solutions.

Access to Specialist Perinatal Mental Health (MH) Services
Performance remains below target. SWLSTG are on-track with their trajectory, whilst other providers are below plan.

Number of Out of Area Placements
After an improvement in September, October out of area placements increased back to August levels. Work remains ongoing to address delayed discharges to ensure improved patient flow.

12 Hour mental health A&E Breaches (unvalidated)
South West London (SWL) continues work with social care and other partners to improve discharge. Improving the MH crisis pathway for patients continues, reducing the need to attend A&E and improving access to more appropriate MH services. This is supported by:
- The London Section 136 hub, where staff can review service user history, crisis plans and ensure individuals are directed to a suitable place of safety;
- Additional capacity over Winter, including increased usage of private beds;
- Step-down hostel capacity – a staff-supported 24 hr community environment;
- 111 MH pathway which helps patients to access MH professionals earlier.

Despite considerable work in SWL, challenges remain at Epsom Hospital around timely links to services in Surrey.
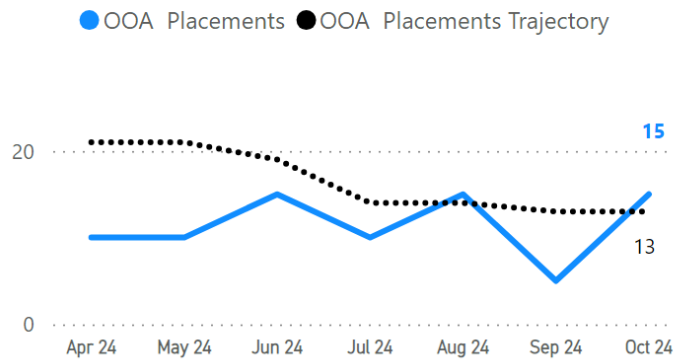
CYP Access Rate – Rolling 12 Months
Performance levels have consistently improved month on month at a steady rate.

CYP eating Disorders Seen within Target Time
For Q2 2024/35, SWL routine referral performance was significantly above the Q1 position of 60% but below the target. Q2 saw increased referrals and challenges in staffing. Recruitment and retention work is ongoing. SWL's urgent performance was also below target for the same period. Performance at South London and Maudsley's (SLaM), covering Croydon and South East London patients has driven SWL's underperformance.
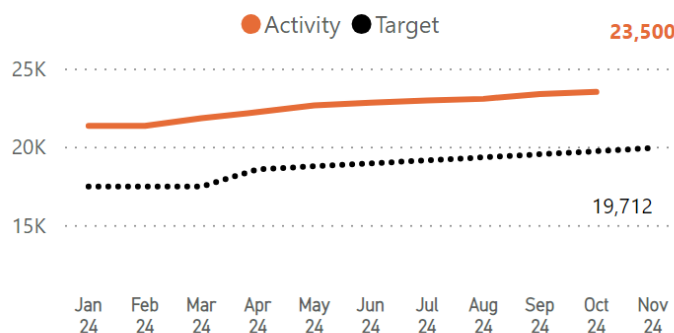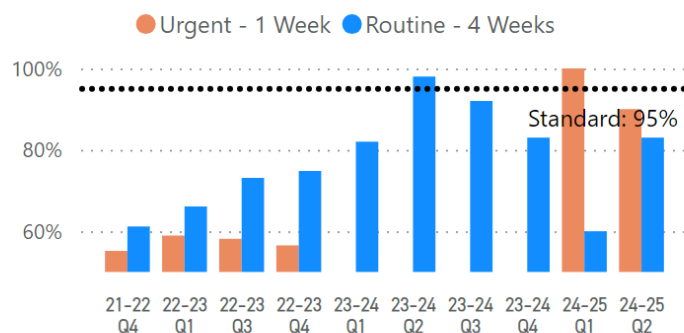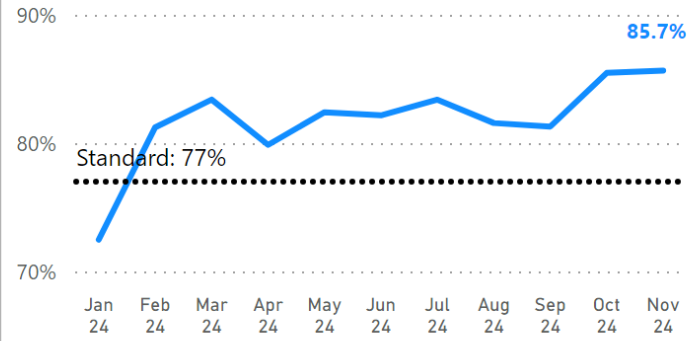
NHS South West London
Integrated Care Board
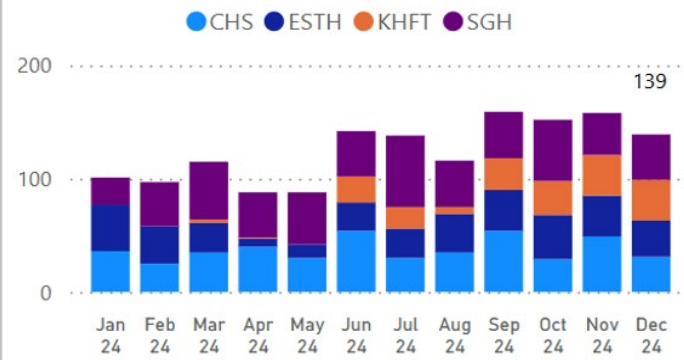
Urgent Suspected Cancer Referral Activity

Fin_Year   2022/23   2023/24   2024/25
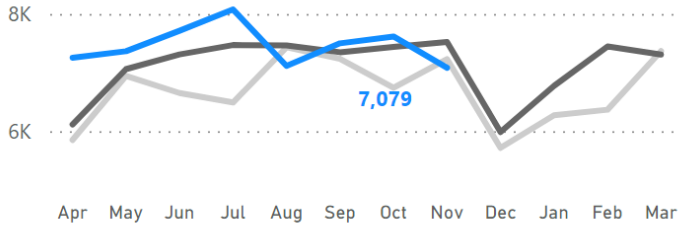
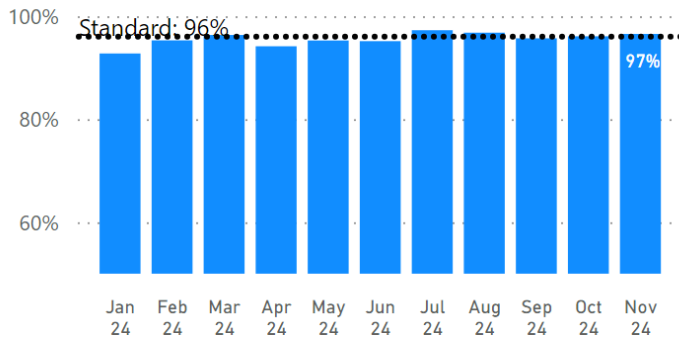
Faster Diagnosis Standard: Performance against Standard

Standard: 77%

85.7%

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

Standard: 96%

97%

Lower GI suspected cancer (FIT referrals)

Standard: 80%

84%

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

62_day GP   Screening   Consultant_...   62-Day C...

Standard: 85%

Patients on Urgent Suspected Pathway waiting Over 62 Days

Patients waiting   Trajectory

Standard: 327

265

Urgent Suspected Cancer Referral Activity
Although no longer a constitutional standard from October 2023, South West London (SWL) ICB achieved 90.5% in November for patients seen within 2 weeks on an Urgent Suspected Cancer (USC) pathway.

Faster Diagnosis Standard
The Faster Diagnosis Standard of 77% was met at all SWL trusts, and the overall SWL ICB position was one of the highest nationally (85.7%). The focus this year is in tele-dermatology, Gynaecology and Head and Neck. The recovery plan for Breast at St. George's Hospital continues to significantly improve performance in Q3 and is now considered closed.
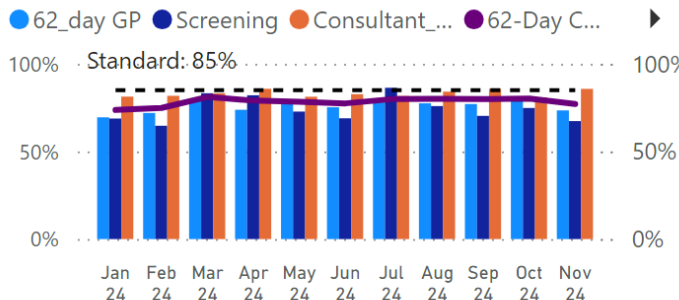
31-day cancer treatment against 96% standard (new combined metric from October 2023)
In November, the standard was met by all SWL providers for the first time this financial year. SWL ICB achieved 97%, this highest in London.
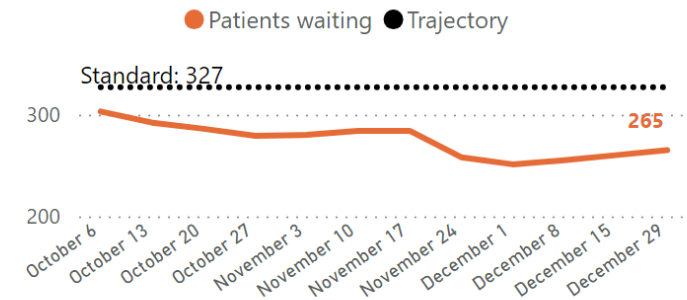
Lower Gastrointestinal (GI) Urgent Suspected Referrals accompanied with a Faecal Immunochemical Testing (FIT)
The percentage of Lower GI USC referrals accompanied with a FIT is a 2024/25 Operating Plan metric. For November, the SWL aggregated position was 84%, above the 80% target.
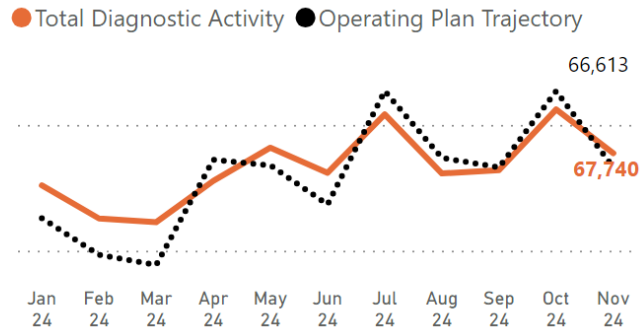
62-day GP, Screening, Consultant Upgrade against 85% standard
Whilst the ICB is one of the highest performing nationally at 77%, this is still below the 85% target. Royal Marsden Partners (RMP) are undertaking audits and are working on improvements to Inter-Trust Referral (ITR) pathways in Head and Neck, Gynaecology and GI challenged pathways. Royal Marsden Hospital (RMH) are below the 70% national standard with significant challenges in upper GI, lung and breast screening.
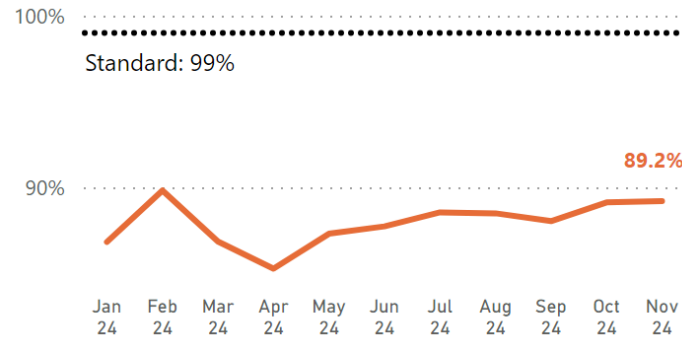
Patients on an Urgent Suspected Pathway waiting over 62 days
The number of patients waiting over 62 days continues to be well below expectation (not a monitored target in 2024/25).

Domain: Outpatients and Diagnostics

Diagnostic Tests (Activity)

● Total Diagnostic Activity ● Operating Plan Trajectory

66,613
70K
60K
67,740

Jan 24 | Feb 24 | Mar 24 | Apr 24 | May 24 | Jun 24 | Jul 24 | Aug 24 | Sep 24 | Oct 24 | Nov 24

Diagnostics: % Waiting Less Than 6 Weeks

100%

Standard: 99%

90%
89.2%

Jan 24 | Feb 24 | Mar 24 | Apr 24 | May 24 | Jun 24 | Jul 24 | Aug 24 | Sep 24 | Oct 24 | Nov 24

OP First Attendances Consultant-Led (Specific acute)

● Activity ● Trajectory

80K
65,127
60K
64,056
40K

Jan 24 | Feb 24 | Mar 24 | Apr 24 | May 24 | Jun 24 | Jul 24 | Aug 24 | Sep 24 | Oct 24 | Nov 24

OP FU Attendances Consultant-Led (Specific acute)

● Activity ● Trajectory

150K
119,276
100K
102,198
50K

Jan 24 | Feb 24 | Mar 24 | Apr 24 | May 24 | Jun 24 | Jul 24 | Aug 24 | Sep 24 | Oct 24 | Nov 24

% of Total Outpatients that are First and Procedures

50%

Standard: 49%

45%
45%

40%

Jan 24 | Feb 24 | Mar 24 | Apr 24 | May 24 | Jun 24 | Jul 24 | Aug 24 | Sep 24 | Oct 24 | Nov 24

Median Waiting Time for OP First Appointment

16
15

14

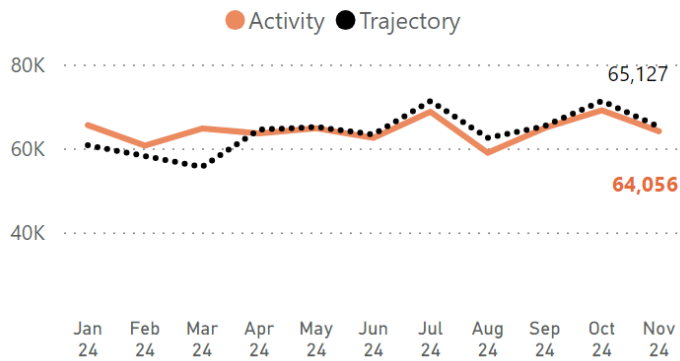Jan 24 | Feb 24 | Mar 24 | Apr 24 | May 24 | Jun 24 | Jul 24 | Aug 24 | Sep 24 | Oct 24 | Nov 24

Diagnostic Activity (9 tests)
November activity has exceeded the plan by 1%. Total activity continues to exceed the 2024/25 operating plan position year to date (YTD) activity achieving 108%. Although a favourable position, SWL performance continues to face local challenges affected predominantly by backlogs at Croydon and Kingston in Month 8.
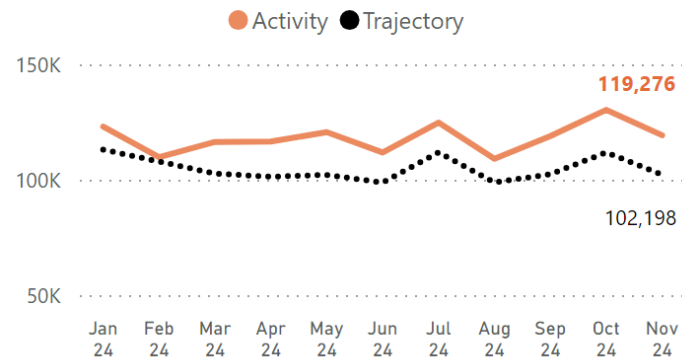
% waiting less than 6 weeks (All tests)
South West London (SWL) achieved 89.2%, which benchmarks as fourth out of the five ICSs in London. Waits exceeding 6 weeks have increased to 4,945. Kingston Hospital's (KRFT) data quality issues have been resolved. However, current challenges are mainly due to Non-obstetric ultrasound (NOUS) at KRFT. Croydon Hospital (CHS) had expected to be able to support KRFT with mutual aid, but this has been delayed. Additionally, Audiology at CHS and Echocardiography at Epsom St Helier (ESHT) continue to be challenged. St George's (SGH) saw an increase of 730 patients to their backlog, which is being reviewed as part of an overall deep dive.
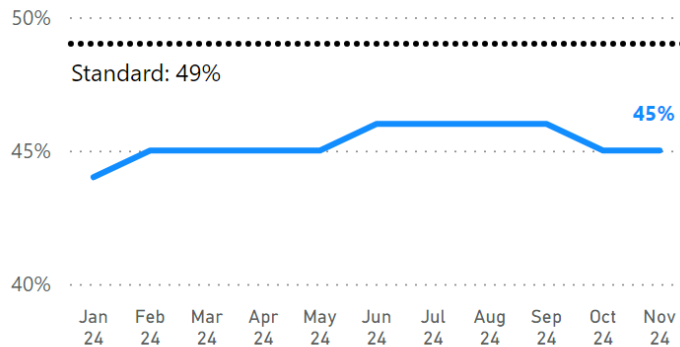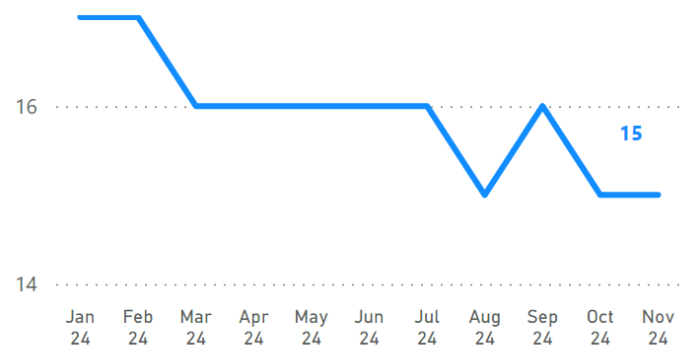
Consultant-led first outpatient attendances (Specific Acute)
Outpatient Firsts are below plan. Royal Marsden (RMH), KRFT and CHS are all above plan this month. Improved coding at CHS continues to benefit its position. SGH continues to report activity levels under plan. ESHT's performance has improved, although remains under this month's plan by 1%.
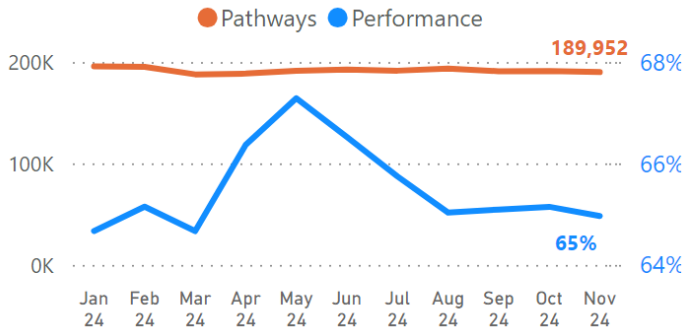
% of Total outpatients as firsts and procedures
SWL collectively is reporting achievement of 45% in November. RMH performance is at 10% due to the nature of Cancer pathways, which require a sequence of follow ups.
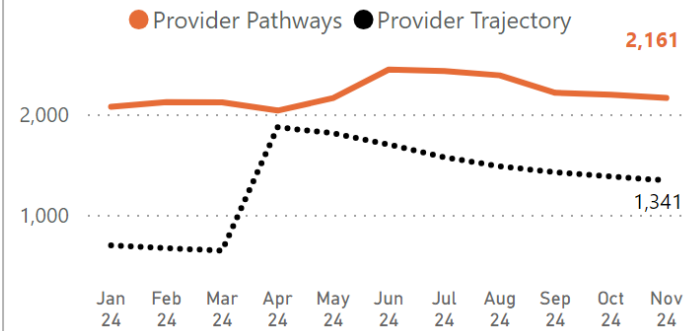
Median waiting time for outpatient (OP) first appointments
The median waiting time for high volume low complexity (HVLC) specialties is currently at 15 weeks. The Outpatient Transformation Programme oversees key improvements, including repurposing follow-up slots for first appointments, reducing 'did not attend' (DNA) rates and increasing patient-initiated follow-up (PIFU).

283

Incomplete RTT Pathways (ICS)

Legend: ● Pathways ● Performance

Values: 189,952 / 68% / 66% / 65% / 64%

Axis labels: 200K, 100K, 0K
Months: Jan 24, Feb 24, Mar 24, Apr 24, May 24, Jun 24, Jul 24, Aug 24, Sep 24, Oct 24, Nov 24

Incomplete RTT Pathways >=52 Weeks

Legend: ● Provider Pathways ● Provider Trajectory

Values: 2,161 / 1,341
Axis labels: 2,000, 1,000
Months: Jan 24 – Nov 24

Incomplete RTT Pathways >=65 Weeks

Legend: ● Provider Trajectory ● 65+ weeks

Values: 145 / 0
Axis labels: 400, 200, 0
Months: Jan 24 – Nov 24

Incomplete RTT Pathways >=78 Weeks

Legend: ● Provider Pathway ● Provider Trajectory

Values: 20 / 0
Axis labels: 50, 0
Months: Jan 24 – Nov 24

Elective day case spells

Legend: ● Provider Activity ● Provider Trajectory

Values: 14,982 / 11,899
Axis labels: 15K, 10K
Months: Jan 24 – Nov 24

Elective ordinary spells

Legend: ● Provider Activity ● Provider Trajectory

Values: 2,476 / 2,589
Axis labels: 2,500, 2,000
Months: Jan 24 – Nov 24

Incomplete waiting list pathways
In November, South West London (SWL) had 189,952 patients on an incomplete pathway awaiting treatment at hospital within or outside of the local geography. Of these, 65% were waiting less than 18 weeks, compared with the London average of 60%.

Long waiters – patients waiting over 52 weeks for treatment
SWL providers continue to have the fewest patients waiting over 52 weeks compared to other London systems, with 2,161 pathways in November, in a trend that has seen month on month reductions since June 2024 . Gynaecology has the greatest number of patients waiting over 52 weeks (325). Mitigations include increased capacity at Croydon (CHS) and Epsom & St Helier (ESHT).

Long waiters – patients waiting over 65 weeks for treatment
November saw a reduction of 65-week waiters to 145 patients, against a trajectory of 0, 72 of which are at ESHT. Gynaecology has the highest number of waiters over 65 weeks across SWL providers (39). The NHS England national team is closely monitoring the reduction of patients waiting over 65 weeks.

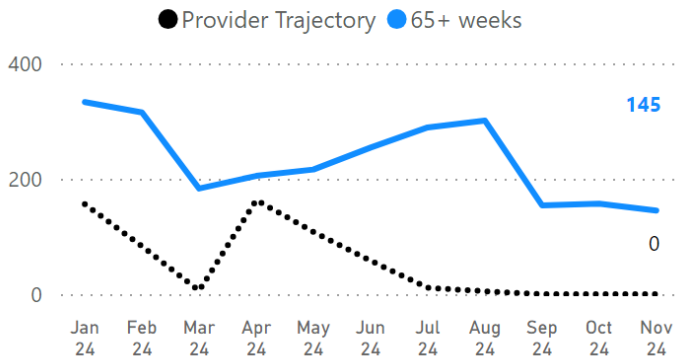**Long waiters – patients waiting over 65 weeks for treatment**
The number of 78-week waiters at SWL providers continued to reduce to 20 in November.

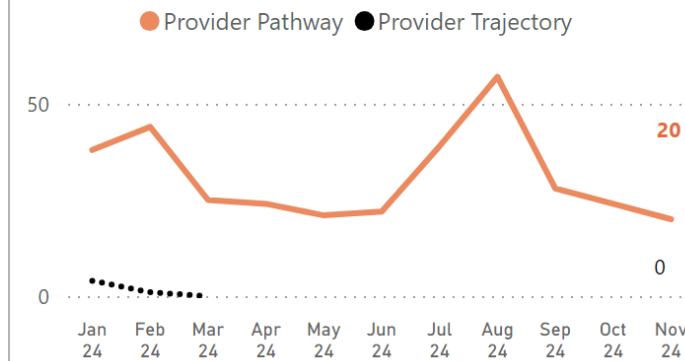**Elective day case spells & Elective ordinary spells**
Due to issues with November's submission at KRFT, elective activity levels are not available for this provider. Subsequently, reported activity levels for SWL have decreased. Missing data will be refreshed with Month 9 reporting, and is expected to show that November's activity remained above planned levels.

Excluding KRFT from the analysis. the ratio of day cases to ordinary electives activity continues to remain marginally lower than the recommended level of 85%, a trend seen throughout 2023/24 and 2024/25 to date. This is in part due to the number of long waiters, who tend to have a higher level of complexity.
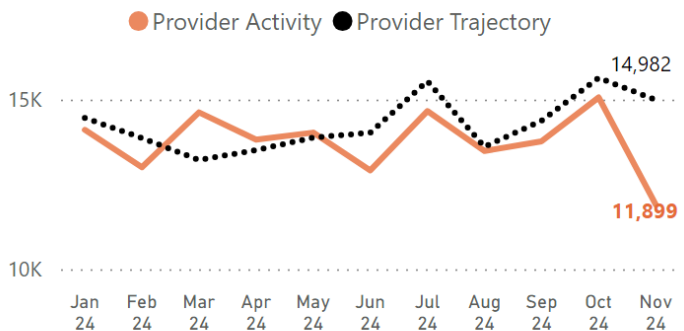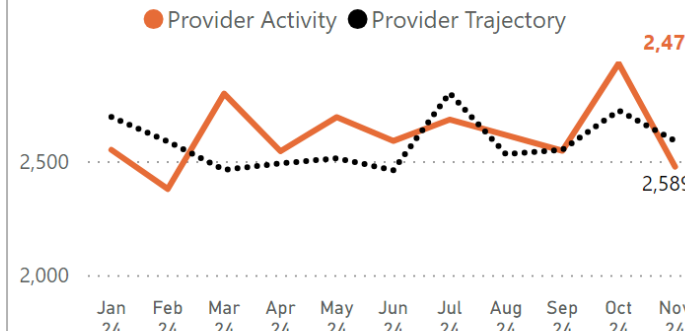
284

Domain: Integrated Care

Number of Patients staying 21+ Days (Super Stranded)

Line chart from Dec 23 to Nov 24, ending at **742**.

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

Line chart from Jan 24 to Dec 24, ending at **35%**.

Total Discharges by Weekday

Legend: Mon, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday

Stacked bar chart from Jan 24 to Dec 24.

Total Discharges before 5pm by Weekday

Legend: Mon, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday

Stacked bar chart from Jan 24 to Dec 24.

Community 2 Hour Urgent Response Performance – Provider

Legend: Croydon, Kingston, Merton, Richmond, Sutton, Wandsworth

Bar and line chart from Jan 24 to Nov 24. Line ending at 88%.

SWL Virtual Ward Capacity and Occupancy

Legend: Occupied, Unoccupied

Date	Occupied	Unoccupied
15/08/2024	288	127
29/08/2024	292	123
12/09/2024	319	96
26/09/2024	310	105
10/10/2024	334	81
24/10/2024	345	70
07/11/2024	371	
21/11/2024	294	121
05/12/2024	354	61
19/12/2024	394	95%

**Patients with a length of stay over 21 days**
Due to issues with Kingston's (KRFT) November submission, reported activity levels for SWL have decreased. Missing data will be refreshed with Month 9 reporting. Data deep dives and provider engagement continue to identify barriers to timely discharge.

Proportion of patients discharged who no longer meet the criteria to reside
The proportion of patients discharged who no longer met the criteria to reside (CTR) remained at 35% in December. The system continues to work to improve coordination of system partners to discharge patients who need multi-agency input.
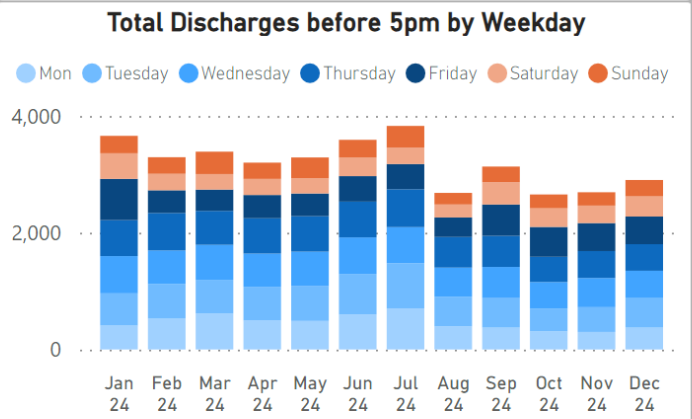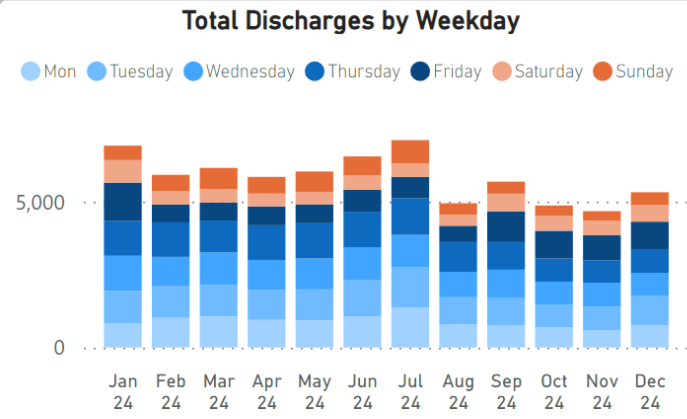
Total discharges by weekday and before 5.00pm
All providers have improvement plans to increase daily hospital discharges before 5pm. These plans include optimal use of care transfer hubs, discharge lounges, partnership working, and the inclusion of social worker availability in weekend discharge teams. Increasing discharges before 5pm is a key enabler to meeting the ambition set by NHS England of reducing hospital length of stay by 1.5 days.
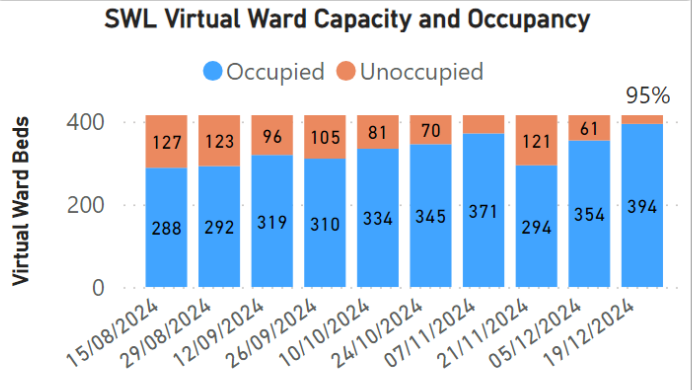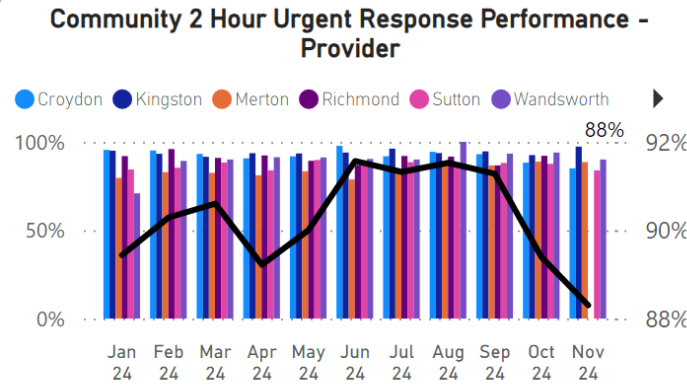
2 Hour Urgent Community Response (UCR)
There has been a continued decrease in response times since September, with 88.3% of UCR referrals seen within 2 hours in December. This is mainly due to increased referrals and recruitment issues in two boroughs. SWL, however continues to exceed the 70% national target. Referral numbers remain high with 1,368 referrals in November. The service remains closely integrated with other pathways, including Virtual Wards and Same Day Emergency Care (SDEC). Winter plans are proceeding with four additional telephone triage training workshops.

Virtual Wards (VW)
Virtual Ward occupancy in December was 95%, above the 80% national target. Acuity and complexity of patients in secondary care is reported to be high, which will impact on flow to virtual wards. Technology enabled uptake was around 20%, in December, against the national average of 30%. Initiatives are in place to increase utilisation, with additional pathways being developed on an ongoing basis reflecting local needs.

Audit and Risk Committee Update

Agenda item: 9f

Report by: Martin Spencer, Non-Executive Member Chair, SWL ICB

Paper type: For information

Date of meeting: Wednesday, 19 March 2025

Date Published: Wednesday, 12 March 2025

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

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

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

Key Issues for the Board to be aware of

Audit and Risk Committee
The Committee met on 10 February 2025. Following consideration and discussion of key items at the meeting, the updates below are highlighted.

1. Board Assurance Framework and Corporate Risk Register
The Committee received and discussed the Board Assurance Framework and Corporate Risk Register.

2. ICB Strategic Risk Deep Dive: Workforce
The Committee received assurance of the management of the workforce risk across the system. The Committee discussed and noted the report with a thanks to the presenters.

3. Gifts and Hospitality Report

The Committee discussed the report, noting that in line with best practice it would now received the report annually.

4. SWL ICB Annual Report 2024/25: approach, timeline, and feedback

The Committee noted the approach, timeline and feedback for the SWL ICB annual report 2024/25 process. It discussed the report noting that early sight of the foreword would be provided to Health and Wellbeing Chairs to allow for a more effective timeline.

5. SWL ICB Annual Accounts 2024/25 update

The Committee received an update on the annual accounts. Areas of interest were highlighted, and the Committee noted the report.

6. Internal Audit Progress Report

The Committee received a progress update on the Internal Audit work for SWL ICB. It was noted two final reports had been issued since the last meeting and the remaining four were expected to be presented to the next meeting.

7. External Audit Progress and Sector Update

The Committee received an update on the progress on the external audit work for SWL ICB for the financial year 2024/25 and it was noted that work was on track.

8. Local Counter Fraud Specialist (LCFS) Report

The Committee received an update on progress since the last meeting.

9. Single Tender Waivers and Non-Compliant Provider Selection Regime approvals

The Committee noted the report in particular the improved trajectory of the number and value of waivers compared to the same period last year.

10. Freedom to Speak Up Update

The Committee received a verbal update.

11. Committee forward plan for 2025/26

The Committee received the report noting that revised forward plans would be presented to future meetings.

Recommendation

The Board is asked to:

- Note the key points discussed at the Committee meeting.

Governance and Supporting Documentation

Conflicts of interest
Not Applicable

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

Risks
Not Applicable

Mitigations
Not Applicable

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

Green/Sustainability Implications
Not Applicable

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
Not Applicable

Patient and public engagement and communication
Not Applicable

Previous committees/groups

Committee name	Date	Outcome
Not Applicable		

Final date for approval
Not Applicable

Supporting documents
Not Applicable

Lead director
Helen Jameson, Chief Finance Officer

Author
Tess Newson, Governance & Committee Officer

Remuneration Committee Update

Agenda item: 9g

Report by: Anne Rainsberry, Non Executive Member

Paper type: Information

Date of meeting: Wednesday, 19 March 2025

Date Published: Wednesday, 12 March 2025

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

Purpose
To provide the Board with an 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
An out of Committee decision was taken on 28 January 2025 to agree the following item:

- Approval of the creation of a temporary Very Senior Manager (VSM) until the end of March 2025.

Recommendation

The Board is asked to:

- Note the update from the Committee.

Governance and Supporting Documentation

Conflicts of interest
N/A

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

- Overall delivery of the ICB's objectives.

Risks
N/A.

Mitigations
N/A.

Financial/resource implications
N/A.

Green/Sustainability Implications
N/A.

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

What are the implications of the EIA and what, if any are the mitigations?
N/A.

Patient and public engagement and communication
N/A.

Previous committees/groups

Committee name	Date	Outcome

Final date for approval
N/A.

Supporting documents
N/A.

Lead director
Anne Rainsberry, Non Executive Member.

Author
Maureen Glover, Corporate Governance Manager