HWE ICB Board Meeting [Public Session]

Friday 18 November 2022

Conference Room 2, The Forum, Hemel Hempstead

The Forum

Hemel Hempstead, HP1 1DN

Hertfordshire and West Essex Integrated Care Board

Meeting Book - ICB Board Meeting [Public Session] Friday 18 November 2022

HWE ICB Board Meeting Held in Public Friday 18 November 2022

11:00	1. Welcome, apologies and housekeeping		Chair
	2. Declarations of Interest		Chair
11:05	3. Minutes of last meeting held on Friday 23 September 2022	Approval	Chair
	4. Action Tracker and Matters Arising	Approval	Chair
11:10	5. Questions from the public	Discuss / Information	Chair
	LIVED EXPERIENCE		
11:15	6. Patient and carer experience	Discussion	Chief of Staff
	BOARD DEEP DIVE		
11:35	7. Board Deep Dive - UEC	Assurance/Information	Elizabeth Disney
	CHAIR, CHIEF EXECUTIVE, QUALITY AND PERFORMANCE REPORTS		
11:50	8. Chair's Update	Information	Chair
11:55	9. Chief Executive Officer's Report	Information	Chief Executive Officer
12:00	10. Quality Report	Assurance	Director of Nursing
12:15	11. Performance Report	Assurance	Director of Performance and Delivery
12:30 - 13:00	Lunch break		
13:00	12. Capital and Revenue Winter Funding Allocations 2022/23	Decision	Director of Operations
	FINANCE AND STRATEGY		
13:15	13. Finance Report	Discuss / Information	Chief Finance Officer
13:30	14. ICB Digital Strategy	Approval	Director of Digital Transformation
13:45	15. Hertfordshire & West Essex ICS People Strategy 2022	Approval	Chief People Officer

	GOVERNANCE AND COMPLIANCE		
14:00	**16. Governance Report**	Approval	Associate Director of Integrated Governance and Organisational Alignment
14:10	**17. Committee Summary Reports**	Information	Committee Chairs
14:15	**18. What would service users, patients, carers and staff take away from our discussions today?**		Chair
14:20	**19. Close of meeting**		Chair
	Date of Next Meeting: Friday 27 January 2023		

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

The Nolan Principles

In May 1995, the Committee on Standards in Public Life, under the Chairmanship of Lord Nolan, established the Seven Principles of Public Life, also known as the "Nolan principles". These principles are the basis of the ethical standards expected of all public office holders.

The Hertfordshire and west Essex Integrated Care Board recognises that in all its work it must seek to meet the highest expectations for public accountability, standards of conduct and transparency. It will therefore ensure that the Nolan principles, set out below, are taken fully into account in its decision making and its policies in relation to standards of behaviour.

1. Selflessness. Holders of public office should act solely in terms of the public interest.

2. Integrity. Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity. Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability. Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness. Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty. Holders of public office should be truthful.

7. Leadership. Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

DRAFT MINUTES

Meeting:	**NHS Herts and West Essex Integrated Care Board** **Board meeting held in Public**			
	Meeting in public	☒	*Meeting in private (confidential)*	☐
Date:	**Friday 23 September 2022**			
Time:	**12.30 - 15.00**			
Venue:	**Conference Suite, Epping County Hall, Epping and remotely via MS Teams**			

MINUTES

Name	Title	Organisation
Members present:		
Paul Burstow (PB) **(Meeting Chair)**	ICB Chair	Herts and West Essex ICB
Ruth Bailey (RB)	Non-Executive Member	Herts and West Essex ICB
Catherine Dugmore (CD)	Non-Executive Member	Herts and West Essex ICB
Jane Halpin (JH)	Chief Executive Officer	Herts and West Essex ICB
Elliot Howard-Jones (EH)	Partner Member (NHS Community Trust)	Herts and West Essex ICB
Jane Kinniburgh (JK)	Director of Nursing	Herts and West Essex ICB
Owen Mapley (OM)	Partner Member (Local Authority, HCC)	Herts and West Essex ICB
Gurch Randhawa (GR)	Non-Executive Member	Herts and West Essex ICB
Nicolas Small (NS)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Thelma Stober (TS)	Non-Executive Member	Herts and West Essex ICB
Lucy Wightman (LW)	Partner Member (Local Authority ECC)	Herts and West Essex ICB
Members in attendance via Microsoft Teams:		
Rachel Joyce (RJ)	Medical Director	Herts and West Essex ICB
Ian Perry (IP)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Alan Pond (AP)	Chief Finance Officer	Herts and West Essex ICB
Karen Taylor (KT)	Partner Member (NHS Mental Health Trust)	Herts and West Essex ICB

In attendance:		
Elizabeth Disney (ED)	Director of Operations	Herts and West Essex ICB
Iram Khan (IK)	Corporate Governance Manager	Herts and West Essex ICB
Adam Lavington (AL) Via Microsoft Teams	Director of Digital Transformation	Herts and West Essex ICB
Tania Marcus (TM)	Chief People Officer	Herts and West Essex ICB
Joanna Marovitch (JM) Via Microsoft Teams	VCFSE Representative	Herts and West Essex ICB
Avni Shah (AS) Via Microsoft Teams	Director of Primary Care Transformation	Herts and West Essex ICB
Frances Shattock (FS)	Director of Performance	Herts and West Essex ICB
Simone Surgenor (SS)	Associate Director of Integrated Governance and Organisational Alignment	Herts and West Essex ICB
Phil Turnock (PT)	Managing Director of HBL ICT Shared Services	Herts and West Essex ICB
Michael Watson (MW)	Chief of Staff	Herts and West Essex ICB
Apologies:		
Lance McCarthy	Partner Member (NHS Acute Trust)	Herts and West Essex ICB
Prag Moodley	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Presenters:		
Sharon Crawley (SC)	Project Officer	Herts and West Essex ICB
Stephen Muggridge (SM)	Contracting Manager	Herts and West Essex ICB

ICB/22/22	**Welcome, apologies and housekeeping**
22.1	The Chair welcomed all to the meeting.
22.2	Apologies for absence had been received from: • Prag Moodley • Lance McCarthy
ICB/23/22	**Declarations of interest**
23.1	The Chair invited members to update any declarations relating to matters on the agenda: • None declared. All members declarations are accurate and up to date with the register available on the website: Declaration of interests – Hertfordshire and West Essex NHS ICB
ICB/24/22	**Minutes of the previous meeting**
24.1	The minutes of the previous meeting held on Wednesday 27 July 2022 were approved as an accurate record.
ICB/25/22	**Action Tracker**
25.1	The action tracker was reviewed, and the current status of all actions noted: ICB/17.4/22: Stroke Update (see pages 14-18 of the document pack).
25.2	**The Board noted the action tracker**
ICB/26/22	**Questions from the public**
26.1	One question had been submitted anonymously asking for an update on the HWE ICB's position on fertility given that the policy had not been reviewed for some time.
26.2	Answer: The policy is being reviewed at the moment and will make its way through the various governance and oversight processes.
ICB/27/22	**Patient/carer story**
27.1	Michael Watson (MW) shared a lived experience video to support the Board's deep dive in PIFU (see item ICB/28/22). This had been provided by a member of the public, Mark Seal. The method in which direct exchange with service users, patients and carers could be best provided would be explored further with Health Watch.
27.2	**The Board noted Mark's story**
ICB/28/22	**Board deep dive**
28.1	Patient Initiated Follow Up (PIFU) Deep Dive SC presented the PIFU deep dive (see pages 19-27 of the document pack) drawing the board's attention to: • The benefits of PIFU (patient empowerment, reducing unnecessary travel stress, reduction of waiting times, reducing unnecessary face to face appointments, seeing the right clinician at the right time). • National ask: expand outpatient PIFU by 5% by March 2023. • PIFU was already operating at PAH, WHHT, ENHT (under a variety of different names) and these pathways would be expanded. Work would commence to identify PIFU pathways within other community providers. • PIFU was not suitable for all patients but worked well with two identified cohorts: those with good treatment outcomes (60% success rate) and those with chronic disease which flared up randomly.
28.2	Questions and comments were invited: • There was good clinical engagement from community trusts supplemented by many other initiatives eg group consultations. • PIFU has been in place for a number of years within mental health services – this data had not been captured.

	• Current numbers for PIFU were low; what could be done to speed up the roll out of PIFU, what were the main barriers? • PIFU data did not include those patients who were discharged to their GP. Moving to PIFU requires a shared decision-making conversation between the clinician and the patient and this takes time. If a patient was not suitable then they would not be placed onto a PIFU pathway. • Risks and mitigations were built-in; fail safes were in place to contact a patient if they had not initiated a follow up after a certain period of time. • Patient activation of PIFU would be tracked and this would be part of the population health management plan. • Care should be taken to avoid language which implied the patient was "wasting time/money" when in fact everyone's time any money was wasted when unnecessary appointments were generated.
28.3	<u>Virtual Ward Deep Dive</u> RJ presented the virtual ward deep dive (see pages 28-38 of the document pack) sharing a video of a video describing the virtual ward in practice and drawing the board's attention to: • The different delivery models available to support a "hospital at home". • The physical benefits of patients being treated on a virtual ward (particularly for the frailty cohort). • Ambition: 40/50 patient per 100,000 to be treated in this way. • HWE were leading the way in the expansion of the virtual ward pathways for covid monitoring, heart failure, CIPD, prevention admission service, pre and post op (to prevent last minute cancellations and to speed up same day discharge). • Some staff were reluctant to admit to the virtual ward and work was on going to address this.
28.4	Questions and comments were invited: • What were the barriers to transformation? The target of 40/50 per 100,000 represented c 600 acute beds. Training was needed to support clinician decision making with better communication of the evidence and benefits of virtual wards. A priority/focus should be with paramedics; the prevention of admission was more effective than an early discharge. • The opportunities to combine or integrate with technology enabled care services commissioned by our County partners need to be explored and the opportunities better understood. • The need to develop a systematised and industrialised approach needed to be put in place and there should be more challenge of the decision-making processes which kept patients in hospital for longer than was necessary. Data for 7/14 day attendance could be used to support this. • Taking a pathway approach would not always be appropriate for those patients with multiple conditions and decisions should be taken based on which cohorts could be supported at home. • Learning could be taken from hospices operating in the community. • Consideration needed to be given to the wider patient network: what were the advantages/disadvantages for carers. • The length of stay on a virtual ward was tracked. • The impact on 0-2 day admissions was potentially huge and the virtual ward needed to be seen as a viable alternative to admissions. • Improved communications on the benefits of the virtual ward to the whole system was required. This initiative represented an opportunity for meaningful transformation and an integrated platform/approach was essential. • RJ confirmed that the virtual ward was part of the UEC strategy. PB queried whether it would also make sense to set the development of virtual wards in the context of Community Service strategy too.
28.5	**The Board noted the deep dive presentations on PIFU and the virtual ward**

ICB/29/22	**Chair's update**
29.1	The Chair referred to his update (see pages 39-43 of the document pack). There were no questions arising.
29.2	**The Board noted the Chair's update**
ICB/30/22	**Chief Executive Officer's report**
30.1	Jane Halpin (JH) referred to her report (see pages 44-61 of the document pack) drawing the board's attention to: • A digital strategy would be shared with the November meeting. • Updates on the mental health and disabilities collaborative would be included in the report pack going forward; KT was working with the Performance and Quality teams on the most appropriate metrics to ensure the board was provided with a meaningful information.
30.2	There were no questions arising.
30.3	**The Board noted the CEO's report.**
ICB/31/22	**Nursing and Quality report**

31.1	Jane Kinniburgh (JK) presented the quality report which had been reviewed at the Quality Committee (see pages 62-91 of the document pack) drawing the Board's attention to:
	• Priority areas:
	  ○ Achieve 75% annual health checks for LD (currently at 11.5%)
	  ○ Managing the closure of the St Elizabeth Home following CQC rating of inadequate planned for 30 November.
	  ○ Maternity workforce risks: to provide continuity of care and deliver against the Ockenden actions. Creation of a single action plan. JK had been appointed the SRO for maternity.
	• Joint agency framework for child safeguarding; increased investment into multi agency safeguarding hubs.

31.2	Questions and comments were invited: • The importance of strong multi agency work in relation to child safeguarding was noted. This was a challenge across the country and had been highlighted by OFSTED. The quality team were liaising with Jo Fisher (HCC Executive Director for Children's Services) to improve the culture of partnership working. • The safety and quality of care homes was an area for multi-agency focus. It was noted that over 20% of care homes in HWE were RI or inadequate. • A care home improvement team had been established within the ICB and was working closely with local authority colleagues. • A collaborative/coordinated approach to workforce shortages needed to be adopted. All sectors were struggling with vacancies. Consideration needed to be given to the cost-of-living impact and the need for greater transparency of salary ranges/bands. • A statement from ECC on the cost-of-living crisis would be issued w/c 26 September and a public sector summit was being arranged in early October. This theme impacted residents, employees and employers alike. • The number of falls remained high particularly in care homes - was more prevention training required? • JK confirmed that the backlog in SI was being monitored and tracked by NHSE and a trajectory was in place. • The use of validated data and the subsequent time lag was noted. Without commentary on the current position, this information could be misleading, eg CAMHs eating disorder referrals – in September 80% were seen within the timeframe and as of 23 September there were no young people waiting for a referral. • Greater focus needed to be on outcomes, particular for mental health measures of success.

31.3	Rosie Connolly presented the National Patient safety strategy update (see pages 92-100 of the document pack) drawing the board's attention to: • The good progress being made against the targets set. • The first workshop would take place on Monday 26 September
31.4	**The Board noted the Quality Report and the National Patient Safety Strategy update**
31.5	***Action: Agree meaningful MH measures for future Quality reports***
ICB/32/22	**Performance report**
32.1	Frances Shattock (FS) presented the Performance Report (see pages 101-131 of the document pack) drawing the Board's attention to: • Limited impact had so far been seen from initiatives to address pressures in urgent care, six priority metrics has been agreed and these would be reviewed going forward. • More meaningful community service metrics would be shared at the next meeting.
32.2	The Chair noted that aspects of the Performance Report had been raised in the discussion on the Quality Report. The development of an integrated report would aid the Board. There were no questions arising.
32.3	**The Board noted the Performance Report.**
32.4	***Action: Board members to share feedback on any aspect of the Quality or Performance reports to JK and FS outside of the meeting.***
ICB/33/22	**Finance Report**
33.1	Alan Pond (AP) presented the ICB and ICS System finance reports for month 4 (see pages 132-149 of the document pack) drawing the board's attention to: • Year to date projections: breakeven. • Pressure points: CHC costs affecting the South & West Herts Healthcare Partnership, NB prescribing (volume and price due to supply issues). • Most NHS Contracts are blocks based but three contracts are based on cost and volume and any urgent or non-elective services over performance against the plan is a potential risk to the ICB.
33.2	Questions and comments were invited: • A national requirement to reduce agency spend was noted. This was an aspiration which needed to be balanced against the need to provide high quality and safe care to patients.
33.3	**The Board noted the ICB and ICS finance reports for month 4 2022/23**
ICB/34/22	**Governance Report**
34.1	Simone Surgenor presented the ICB Governance Report (see pages 150-155 of the document pack) drawing the board attention to the items for approval: • Proposed changes to the ICB Constitution • Proposed changes to the ICB governance framework • To note the risk register
34.2	Questions and comments were invited: • Further work was required to reduce the number of operational risks from the strategic risk register. This was ongoing. • Corporate objectives were being finalised at the moment and would be reviewed at the next Audit Committee meeting. • The PCB had met on 22 September for its first review of the risk register, the main areas discussed were system risks and the need for a risk-appetite discussion had been noted. • A pragmatic approach to the membership and quoracy of the Audit committee was being taken but a truly independent member had not yet been identified. It was noted that conflicts of interest could be appropriately managed; everyone was part of the system at some level.

34.3	**The Board approved the recommendations as set out on the Governance report and noted the risk registers**
ICB/35/22	**Committee Summary Reports**
35.1	Summary reports had been prepared by committee chairs and the corporate governance team (see pages 156-172 of the document pack) and were intended to be a more transparent and digestible way to share discussion and actions from committees.
35.2	**The Board noted the committee summary reports**
ICB/36/22	**ERPP Annual Report**
36.1	Jo Burlingham presented the ERPP annual report (see pages 173-186 of the document pack) drawing the board's attention to: • This was the annual assurance to the Board of the organisations EPRR. • Self-assessment rating: compliant. • A post-review action plan had been created and the report would be share with NHSE on 20 October. • The report included a summary of the work undertaken in 2021/22 and the work planned for 2022/23.
36.2	Questions and comments were invited: • It was noted that the EPRR had been tested significantly over the past two years and the efforts of the EPRR teams across the system were noted.
36.3	**The Board approved the core standards of the EPRR annual report and noted the planned work for 2022/23.**
ICB/37/22	**UEC Assurance Framework**
37.1	Elizabeth Disney presented the UEC Assurance Framework (see pages 187-219 of the document pack) drawing the board's attention to: • The paper had been submitted to the board two weeks ago and since then further progress had been made on key lines of enquiry and the schemes needed to meet the expected additional demand. • A seminar would be arranged in October on the winter plan.
37.2	Questions and comments were invited: • The national picture was changing rapidly (NB Treasury funding decisions). • Admission prevention and smooth discharge were critical. • Within primary care, there had been joint working groups looking at care home beds and winter appointments, The national contract for extended hours was limited and was a potential risk. • A long-term strategy addressing the specific challenges in HWE UEC was being developed and this would be presented to the next meeting.
37.3	**The Board noted the UEC Assurance Framework**
37.4	***Action: Draft long term UEC strategy to be shared at next meeting***
ICB/38/22	**What would service users, patients, carers and staff take away from our discussion today?**
38.1	The following was noted: • Focus on the quality of the patient experience and having the workforce to provide this. • Refinements were needed to the document pack to make information more accessible. • Balance between strategic and operational risks and discussions, and the need to strengthen the "so what" element of board discussions. • Establishment of priorities, NB workforce challenges.
ICB/39/22	**Any other business**
39.1	None raised.

Date of next meeting: Friday 18 November 2022
The meeting closed at 15:00

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Herts and West Essex Integrated Care Board Board Meeting Action Tracker Last updated on 08 November 2022								
Private / Public	**Action Tracker Ref No**	**Date of Meeting**	**Subject**	**Action**	**Responsible Lead**	**Deadline Date**	**Comments and Updates**	**Status**
PUBLIC	ICB/12.4/22	27/07/2022	Patient and lived experience stories	**Ensuring patient and lived experience stories are built into the ICB Governance Framework and ensuring that learning from best practice and across the system is incorporated.**	M Watson	**Ongoing**		**Open**
PUBLIC	ICB/16.5/22	27/07/2022	Quality Report	**Development session to be arranged to agree the format of future quality (and performance) reports to the Board**	M Watson / J Kinniburgh	**21/10/2022**	**13/09/2022 -** Development session scheduled for 21 October to discuss Board reports	**Open**
PUBLIC	ICB/16.6/22	27/07/2022	Quality Report	**The Board requested that the quality data dashboard is further developed.**	J Kinniburgh	~~**23/09/2022**~~ **18/11/2022**	**14/09/2022 -** Discussions have taken place with the national data analytic lead to explore the development of the ICB Quality dashboard. We are linking to work undertaken in the southwest which have been flagged as an example of good practice. The development of quality reporting has been raised at the Regional ICB Directors of Nursing and Chief Nurse forum with the Regional DoN with the aim of developing a shared set of metrics across the region to enable benchmarking/shared approach. There have also been discussions at an Executive level to move to a more integrated reporting format, and the proposal for feedback from Board development sessions to shape the content the Board wishes to see. Progress will be made over the coming months. **08/11/22** Dedicated senior lead in Quality team now identified to support progression of this work. Options paper developed and presented to Quality Committee on the 3rd November identifying preferred option which was endorsed. To combine small local data set and regional metrics as these progress. Build reporting over next few months and evaluate with Board feedback.	**Open**
PUBLIC	ICB/17.5/22	27/07/2022	Performance Report	**Future reports to include appropriate benchmarking.**	F Shattock	~~**23/09/2022**~~ ~~**18/11/2022**~~ **27/01/2023**	**13/09/22 -** On-going work to establish where we source the data for regional/national benchmarks **07/11/2022** - F Shattock updated - the national report used for benchmark data has not been stood back up yet. Some benchmarking has come in, but isn't complete yet. A further update will be provided at the next meeting.	**Open**
PUBLIC	ICB/31.5/22	23/09/2022	Quality Report	**Agree meaningful MH measures for future Quality reports**	J Kinniburgh	**21/10/2022**	**08/11/22** E-mail and follow up discussion has taken place with HPFT DoN to work collaboratively to agree future Quality reporting for MH. To include for January Board.	**Open**
PUBLIC	ICB/32.4/22	23/09/2022	Performance Report	**Board members to share feedback on any aspect of the Quality or Performance reports to JK and FS.**	All	**Ongoing**		**Open**
PUBLIC	ICB/37.4/22	23/09/2022	UEC Assurance Framework	**Draft long term UEC strategy to be shared at next meeting**	E Disney	~~**18/11/2022**~~ **27/01/2023**	**07/11/22 -** E Disney updated - A workshop is scheuled for 29 November which will draft a framework and high level priorities for the Strategy	**Open**

RAG Rating Key:	
Red	**Open (overdue)**
Amber	**Open (on-going)**
Green	**Completed / Action Closed**

Hertfordshire and West Essex Integrated Care System

ICB Board Deep Dive: Urgent and Emergency Care

Elizabeth Disney, Director of Operations

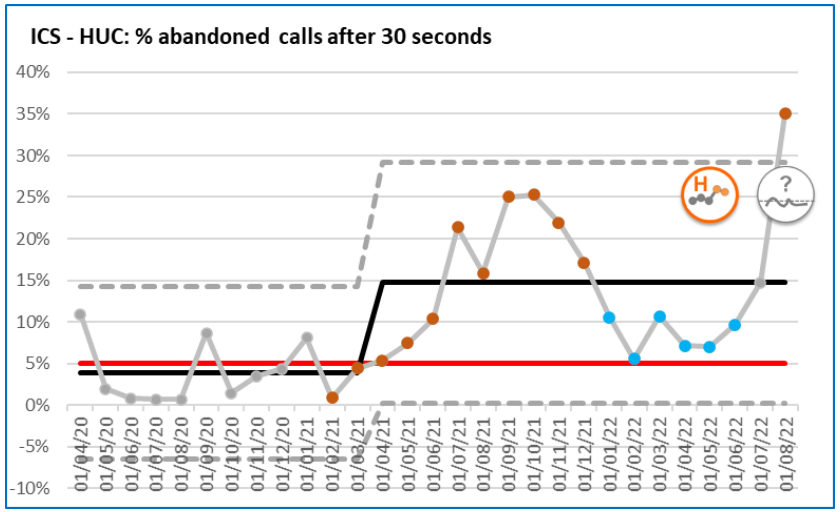
18 November 2022

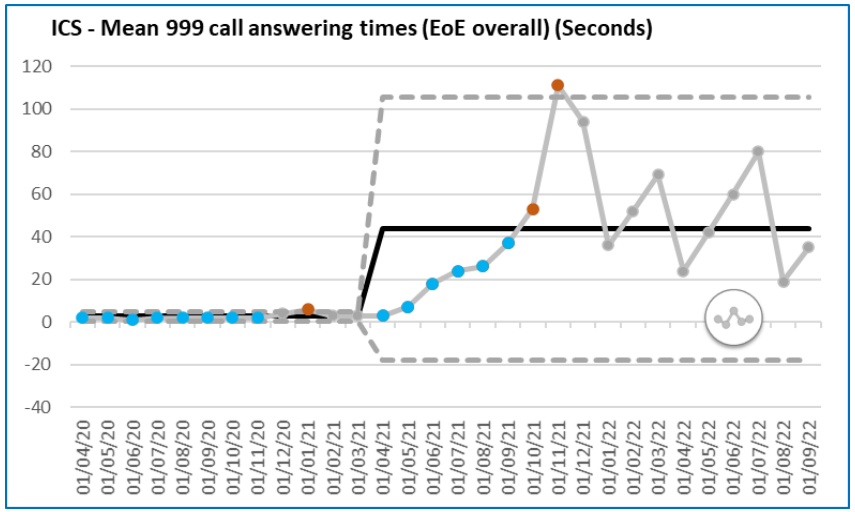
Working together
for a healthier future

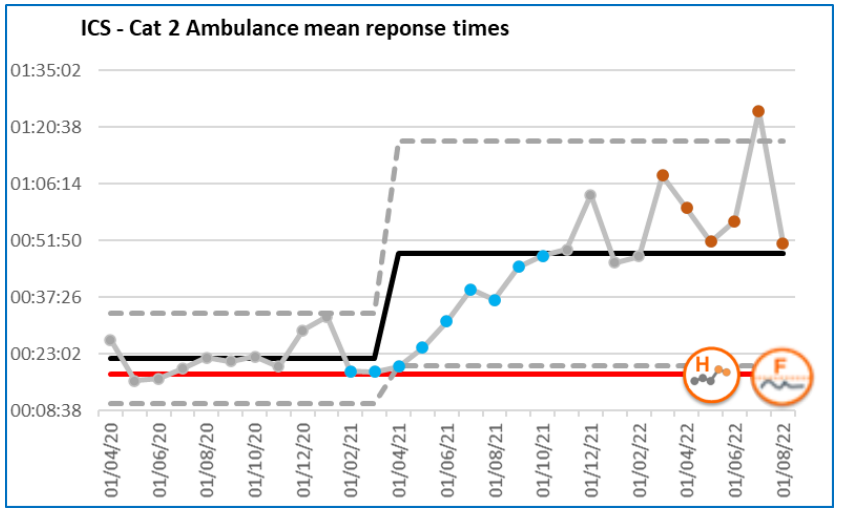
Today's presentation

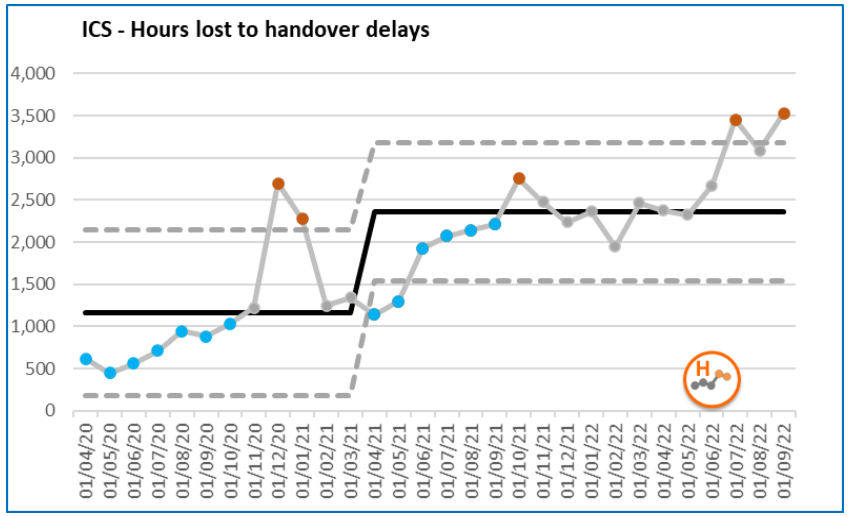
1. Performance – NHSE priority metrics analysis and action plan
2. Winter preparedness – a summary
3. Focus on transformation – HARIS model
4. UEC needs analysis
5. Forming our ICS strategy

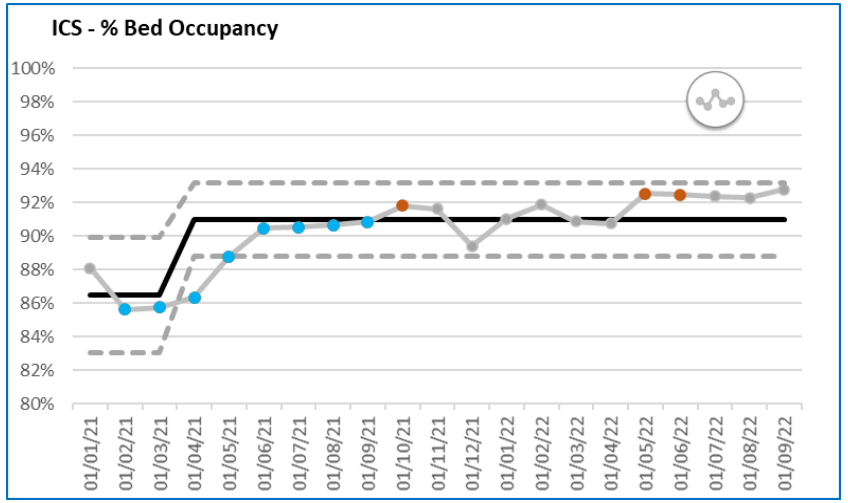
1. Performance against 6 Priority metrics

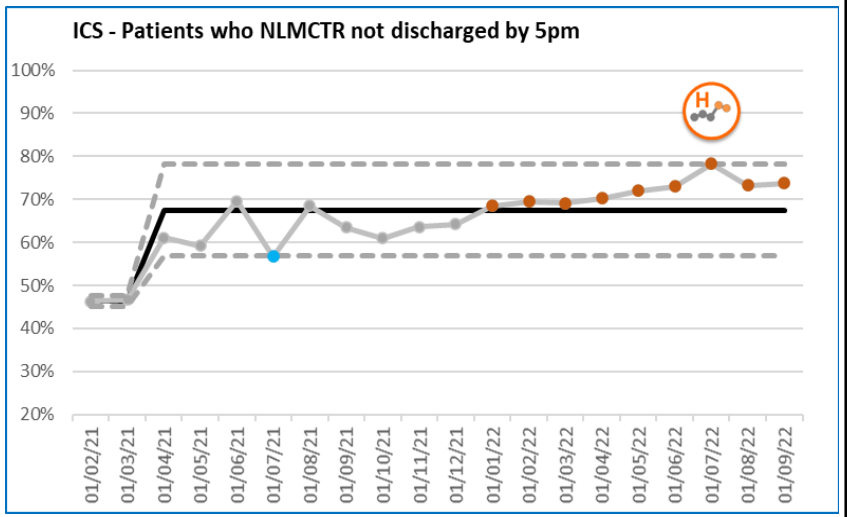


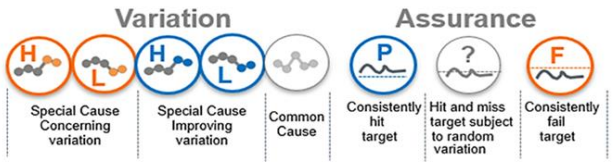












Urgent & Emergency Care (UEC) – main areas of focus

System performance

- Category 1 & 2 ambulance response times improved in August but remain of concern
- The numbers of ambulance handovers over 60 minutes also remain high and of significant concern
- ED attendances have remained consistently above historical averages over the last 12mths coinciding with a continuing deterioration in performance against the 4hr standard
- ED attendances have seen a decline since May
- 4-hour performance remains of concern however has seen an improvement in the last months
- The percentage of patients spending more than 12 hours in the ED department remain high, having further increased in the last months
- 14 day LoS remains consistently higher than historical average and has increased over the last 2 months
- Above data points suggest EDs are experiencing exit block due to issues with discharge from wards

Actions

System Strategy:

- Clear governance and escalation routes at place (SRG/LDB) and system (UEC Board)
- Each place has an Action Plan determined by compliance with the National Assurance Framework for Winter and the best practice self assessment
- Development of performance improvement trajectories against National Assurance Framework priority metrics. New UEC Performance report to monitor delivery against trajectories with further supporting metrics covering the 8 Winter Domains;
- Participation in the integrated Urgent and Emergency Care (iUEC programme) supported by the National Improvement team
- Strengthening of ICB oversight and assurance arrangements linked to local escalation surge plans, and quality and performance frameworks – building in the work required for the System Control Centre

Alternatives to ED/reducing attendances:

- Implementation of the HARIS #handover@home and access to the EEAST stack across HWE
- Increased proactive use of community services capacity including virtual wards, urgent community response and integrated teams – targeting population cohorts
- AtED programme as part of iUEC work

Discharge focus:

- Daily place level processes for enabling P0-3 timely discharge
- Additional capacity – delivering plans to increase HWE bed base by 141 beds in preparation for Winter, and list of further schemes being worked up in reserve
- Use of share of additional £500k for capacity – focus on areas of demand as per data analysis on flow issues
- Development of care coordination functions at place level – overseeing capacity and process issues, matching demand to capacity across NHS and social care capacity
- Modelling work starting for sustainable DTA model

Flow focus

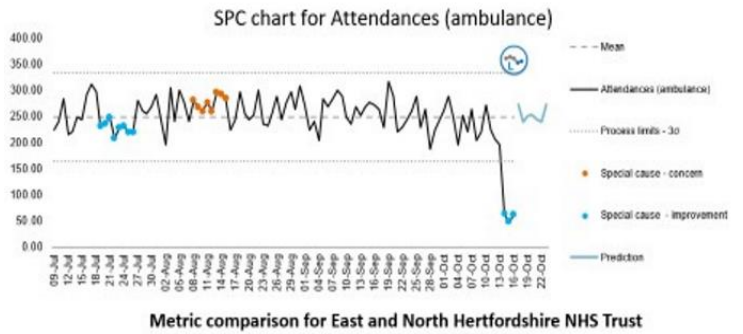
- On-site support from iUEC teams and actions from self assessment
- Each acute provider has its own internal urgent care improvement plan

2. Winter preparedness – components of our system plan

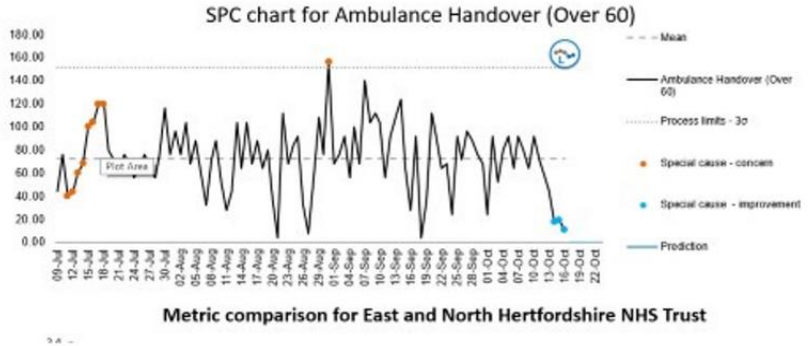
- National Assurance Framework (Winter)
  - Priority measures and core objectives
  - Self assessment: best practice standards and actions
  - Action Plan – assurance and actions
- Demand and capacity allocations
  - Tranche One additional capacity
  - Mental health – capacity and capital
  - Primary care
- Transformation Programme – winter impact
  - HARIS (handover@home)
  - iUEC – AtED and on-site support
  - St Albans IUCH
  - UTC review
  - Virtual ward and hospital@home
  - Care Coordination Centre
- Enablers
  - System coordination, tactical management and SEC
  - Workforce initiatives
  - Communications plan
  - Performance support and BI
- Going Further For Winter including System Control Centre

3. Focus on transformation – HARIS

- Co-located ambulance, community and primary care staff in one place with access to ambulance stack and CAD data
- Enabled multiple entry routes for ambulance crews to have a clinical conversation or for team to proactively provide an alternative response
- High impact with 71% of interventions resulting in non-conveyance
- Need met either in out of hospital setting or in a planned way
- System rapid review to develop sustainable and scalable model – staffing, processes, funding, governance etc
- Areas for development: care coordination, access to information and systems, flexibility of services, community and primary care capacity



Metric comparison for East and North Hertfordshire NHS Trust

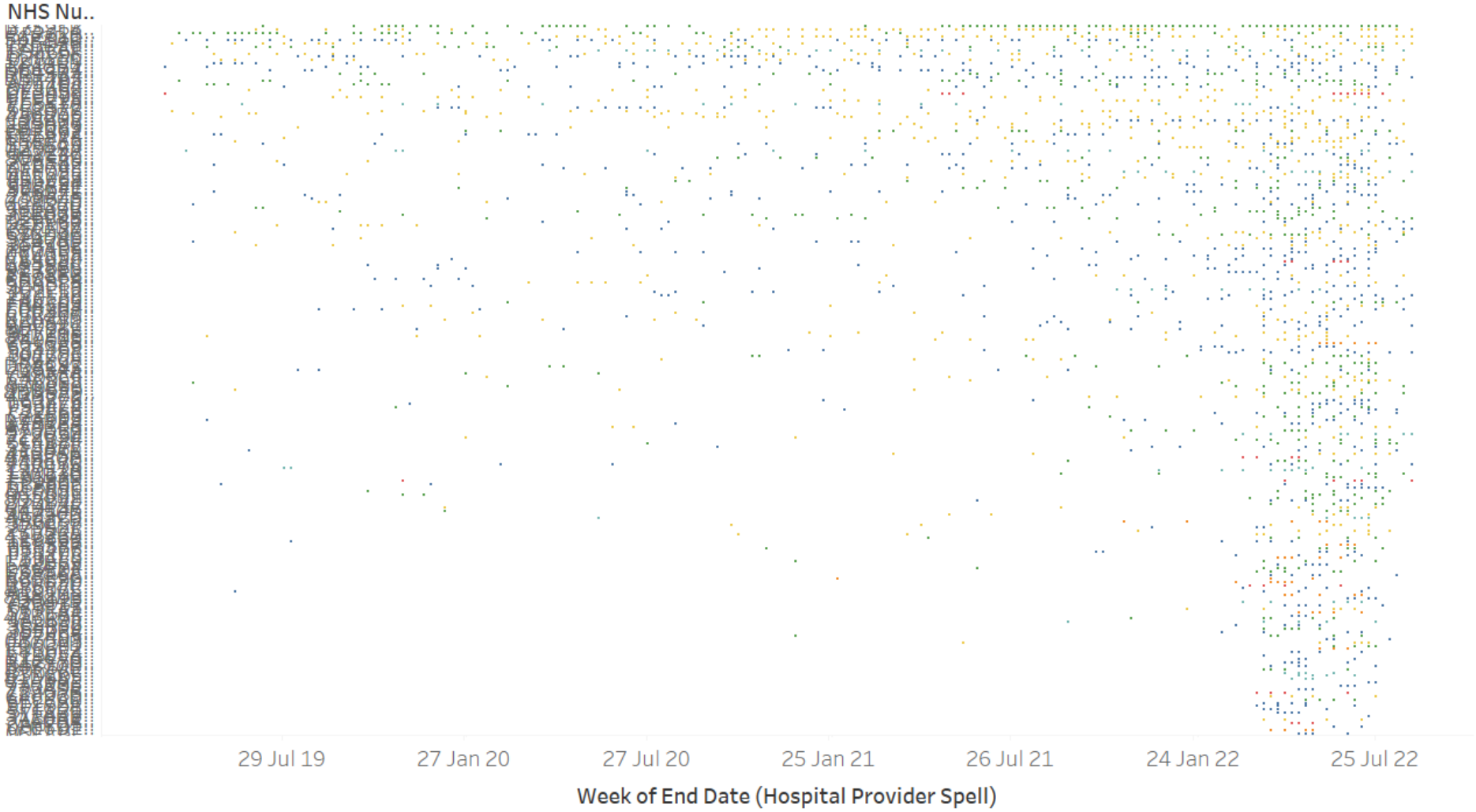


Metric comparison for East and North Hertfordshire NHS Trust

4. UEC needs analysis

- **Understanding current need for and access to UEC services** – what are our current and future population's UEC needs and where and how are they being met?
- Will inform our ICS strategy
- Outputs so far:
  - Overview of our population as a whole
  - Overview of ED usage over time
  - Summary of ED attendances by place, age group, chief complaint and level of investigation
  - Demographic deep dive of ED attendances by PCN
  - Demographics of High Intensity Users (HIUs) and reasons for emergency admissions
  - High level data on children's UEC usage, frailty & falls data and long term conditions data
  - Evidence for interventions and opportunities to feed in to strategy development

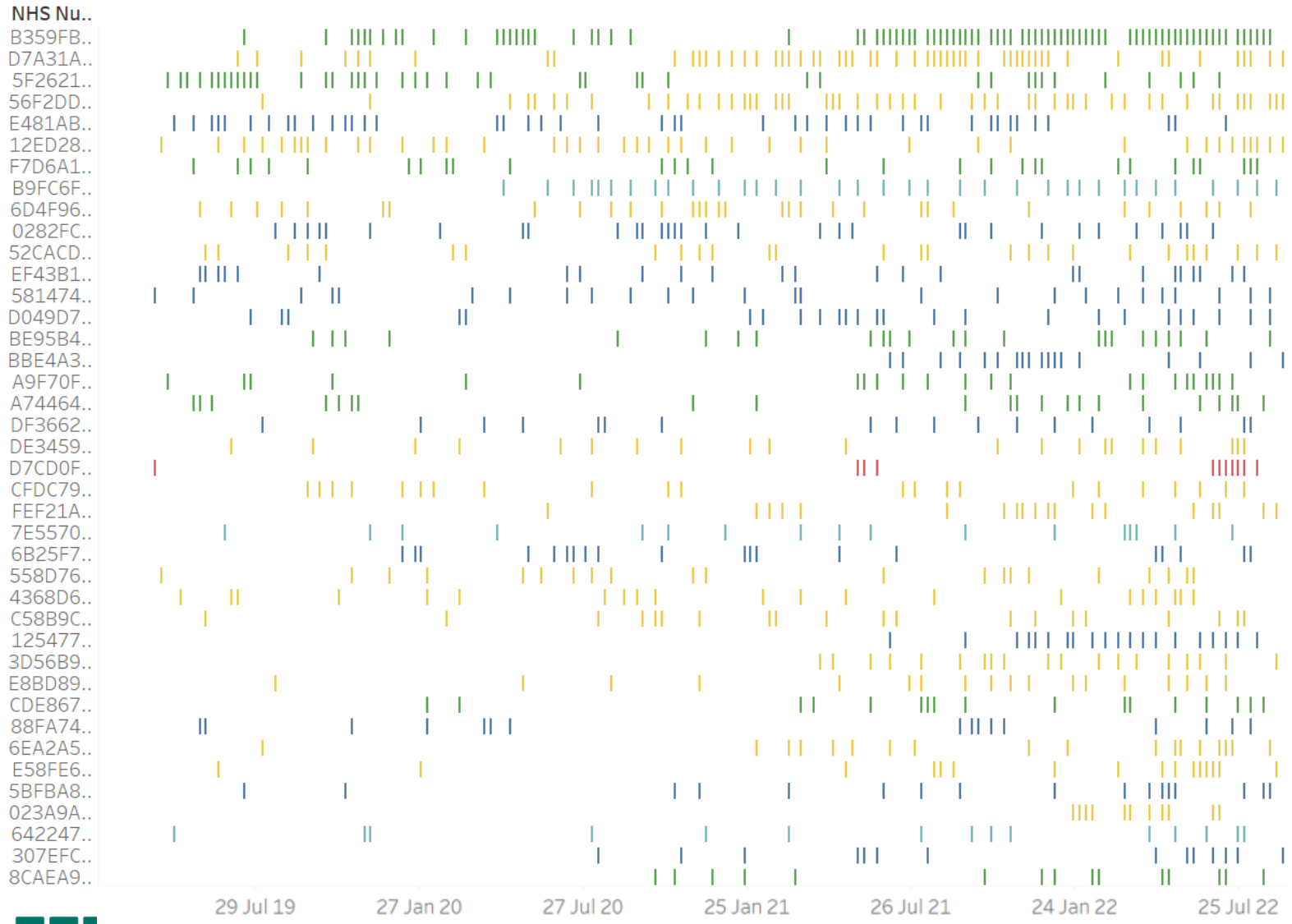
Cohort of patients with 4 or more emergency admissions between April 2022 and August 2022
Look back to 2019: Segment overlaid: E&N Herts & West Essex

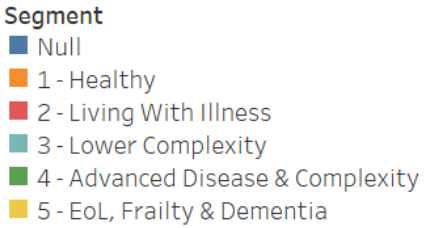


- ENH & WE (merged data we have)
- Between April and August 2022 – 211 patients had been admitted 4 or more times
- Tracking back – these individuals had been having very frequent admissions for years
- But there are some who have just started having frequent admissions

Hertfordshire and West Essex Integrated Care System

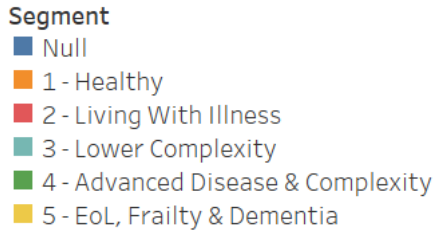
Cohort of patients with 4 or more emergency admissions between April 2022 and August 2022
Look back to 2019: Segment overlaid: E&N Herts & West Essex





- Each row represents one patient
- The top row shows a patient with Advanced Disease & Complexity who has had increasing frequency of admissions over the last 3 years and was often having an emergency admission every few days/week between Jul 21 and Jul 22
- Lots of yellow and green – as we would expect, but a few in other cohorts

West Essex Integrated Care System



- This view shows patients who have started to have very frequent emergency admissions between April to August 22, but did not previously have frequent admissions in the last 3 years
- Some of these patients are in the 'Healthy' segment or 'Living with illness' i.e. may have one LTC
- There could be an opportunity to prevent these patients from continuing to have frequent emergency admissions and address issues earlier.
- Essentially – we want to stop this slide becoming the previous slide in the next 3 years!

Hertfordshire and West Essex Integrated Care System

5. ICS UEC Strategy

- **Preventing demand for UEC services** – what can we do to prevent need arising?
- **Initial response** – what can we do to ensure people are supported more at home with Emergency Departments being the last resort?
- **Right care, right time, right place** – when people need UEC care, how do we ensure this is high quality, safe and effective, with a focus on returning home as soon as possible?
- **Optimising flow and system coordination** – how do we best coordinate use of our available system capacity and ensure we are predicting when additional capacity and flexibility is needed?
- **Leadership and culture change** – how are we developing the clinical and systems leadership around our UEC strategy, moving to managing risk as a collective and exploring clinical decision making?
- **Workforce and technology** – what options do we have for future workforce development and technology solutions?

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Board meeting held in Public				**Meeting Date:**	**18/11/2022**	
Report Title:	**Chair's Update Report**				**Agenda Item:**	**08**	
Report Author(s):	Michael Watson, Chief of Staff						
Report Signed off by:	Paul Burstow, ICB Chair						
Purpose:	**Approval**	☐	**Decision**	☐	**Discussion**	☒	**Information** ☒
Report History:	Not applicable						
Executive Summary:	This report provides the ICB Board with a high-level update of the range of key operational & transformational workstreams across the organisation and wider system, and requests that the board considers and agrees a high level strategic framework and 3-5 year objectives for the Integrated Care Board.						
Recommendations:	The Board are asked to (i) note the contents of this report and (ii) agree the proposed high level strategic framework for the ICB.						
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☒
	Tackling inequalities in outcomes, experience and access	☒
	Enhancing productivity and value for money	☒
	Helping the NHS support broader social and economic development	☒
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☒
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☒

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Chairs Report to the Integrated Care Board- November 18th

Establishing the Board

The Board has now been in place for nearly five months and continues the storming, norming and forming essential to creating a high performing board. This meeting comes at the end of our second round of Committee meetings. The work of our committees, and the issues and areas they are covering, show just how far, and how quickly, we have progressed since the ICB was formed. That work is summarised in the Committee reports section of the board's agenda today.

It is a priority for me that we continue to develop our ways of working together. In October we held two board development days focusing on areas such as our roles as board members, our mission, and objectives, the ICBs plan to meet winter pressures and our approach to managing risk. Some of the outcomes of those two days can be seen in today's agenda, as the Board is asked further on in this report to agree our 3–5-year ambitions, and with a new approach to presenting risk to the board.

The governance report also contains several other changes we propose to make to our Constitution and accompanying documents, which reflect learning over the last few months. The most important of these are the changes we wish to make to the status of the Voluntary and Community Sector on the board.

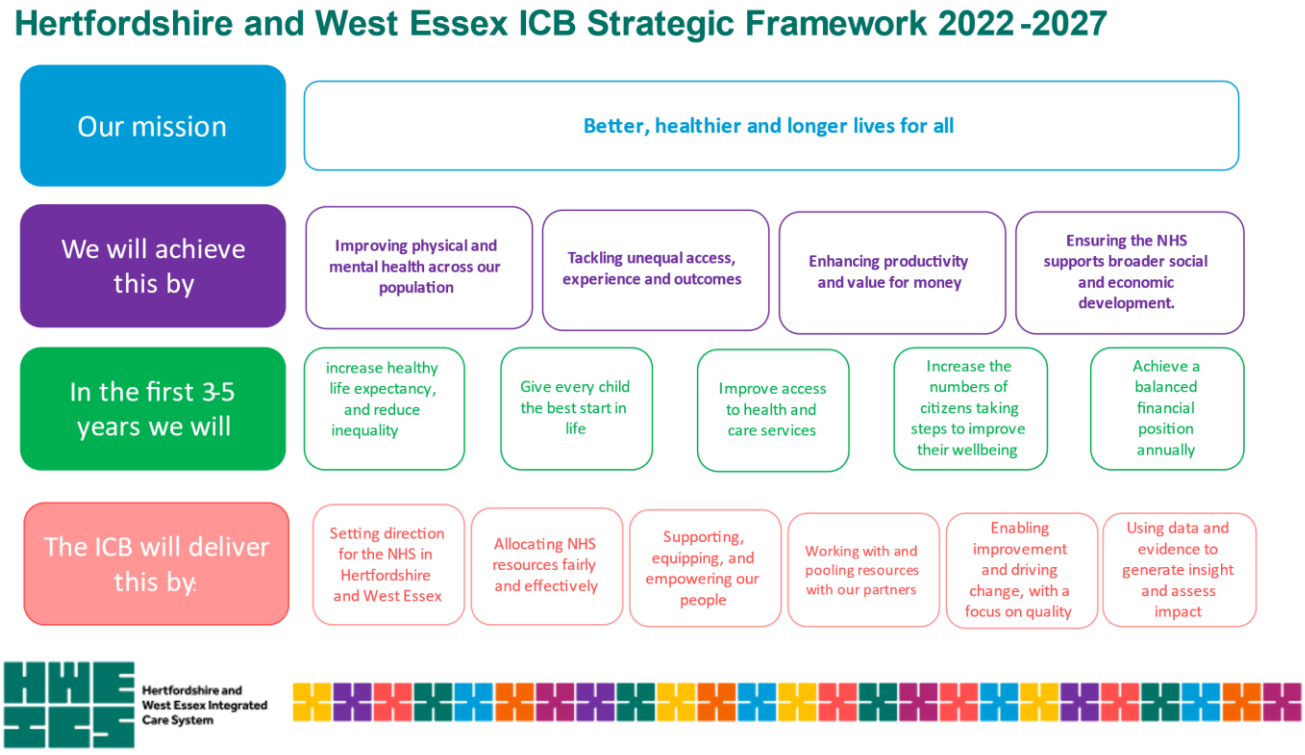
In my last Chair's report, I expressed my strong view that the Integrated Care Board will only be a success if we operate as truly a unitary board in which all members have equal standing and responsibilities. We have already started to demonstrate that in practice in several ways- with Partner Members now considered of equal weight to non-Executive members in calculating committee quoracy, and the appointment of one of our local government partner members, Owen Mapley, as Chair of the Finance and Investment Committee.

The next step to becoming a unitary board, which colleagues are asked to approve today, is to make the VCSFE representative on the Board of equal status to our other partner members, with full voting rights and other responsibilities. We are one of, if not the first, ICBs to take this step, and I hope it signals the importance we attach to our partnership with the Voluntary and Community sector.

Agreeing our high-level strategic framework

At the Board Development Day on the 21st of October, we discussed the Integrated Care Boards strategic objectives- and developed a proposed approach to a strategic framework which would guide our future work and enable us to reach a common understanding of our collective role in delivering this ambitious agenda.

Following the outline framework set out by the board at the development day, the Chair, CEO and ICB executive team have given further consideration to the framework, resulting in the proposals below. I would be grateful if the board could today agree to adopt the framework for the Integrated Care Board:



Of course, this is simply the first step, and on agreement of the Framework the Board will receive a report to its next meeting mapping existing work against the 3-5 year ambitions. The paper will also to set out the process for further refining our plans and priorities as a system to ensure that those ambitions are achieved.

September-November Activity

Integrated Care Partnership (ICP): I have now attended several meetings of the Integrated Care Partnership as it continues the work of developing its strategy. The draft outline strategy is currently out for a period of consultation. The strategy, and the ICP more broadly, are crucial to achieving the shift of focus we need as a system on tackling inequalities and addressing the wider determinants of health.

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair

Meeting with Members of Parliaments: I have now had one to one introductory meeting with most of the MPs representing constituencies in Hertfordshire and West Essex. The meetings have been positive- and it's clear that there is an appetite amongst MPs to work with us as partners on behalf of their constituents. Issues discussed included access to primary care, pressures on urgent and emergency care, the new hospital programme and mental health.

National Children's and Adult Social Services conference: I attended *NCASS 2023: Delivering Integrated and Personalised Care for All*, in October. It was a useful conference which gave further evidence, not that any was needed, that our approach to aligning health and care will be critical to our success as a system. I also had the opportunity to catch up with both Hertfordshire and Essex's Directors of Adult Social Services during the event.

Clinical Leads Induction: Along with Jane I took part in an induction session for our team of clinical leads. We took the opportunity to brief them on the work of the Board. I then sat in on the presentations and discussions about the work the leads are doing, it was encouraging to hear about the scope of the work and the commitment of the leads to delivering for our residents.

The next few months

The coming months promise to be busy- but I hope we will continue to advance our plans as an Integrated Care Board.

At the end of November we have a session, facilitated by the Kings Fund, to consider our vision and approach for population health. We will also be finalising the ICP strategy and implementing our plan for winter. Further work, outlined in the performance report in today's board papers, will take place to ensure Herts and West Essex residents are able to access the care that they need.

Also over the coming month Jane and I will be attending a number of our partner NHS Trust Board meetings to discuss our plans and hear from them.

I am very grateful to all members of the Board, staff at the ICB and all our partner organisations for the work they are doing to ensure our Integrated Care System achieves its objectives. There is much more work to do, but we are moving forward.

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Board meeting held in Public				**Meeting Date:**	**18/11/2022**	
Report Title:	**Chief Executive Officer's Report**				**Agenda Item:**	**09**	
Report Author(s):	With contributions from the ICB Executive Team						
Report Signed off by:	Jane Halpin, Chief Executive Officer						
Purpose:	**Approval**	☐	**Decision**	☐	**Discussion**	☒	**Information** ☒
Report History:	Not applicable						
Executive Summary:	This report provides the ICB Board with a high-level update of the range of key operational & transformational workstreams across the organisation and wider system.						
Recommendations:	The Board are asked to note the contents of this report.						
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☒
	Tackling inequalities in outcomes, experience and access	☒
	Enhancing productivity and value for money	☒
	Helping the NHS support broader social and economic development	☒
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☒
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☒

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Chief Executive Officer's Report

It is hard to believe it's been just four months since the formal establishment of the Integrated Care Board- so much has changed in that time, both in terms of the work of the ICB, and the wider context within which we are operating.

The pressures on the NHS as we head into winter have been well documented, and in Hertfordshire and West Essex we face the same challenge as all systems- how do we improve access to services in a time of increased demand and financial challenge, whilst also delivering a vital shift to a population health approach which will support all of our residents to live longer, healthier lives? We will only overcome this challenge by working closer as a system than ever before, and I am delighted that so much of the activity set out in the appendix demonstrates the impact genuine system working is already having.

One of the best examples is the recent pilot work between Ambulance and Community services, where we have come together as a system to deliver a successful "proof of concept" for a handover-at-home model. Early results have shown that many patients can be assessed and supported at home in various ways, rather than being taken to hospital emergency departments. Today's report also contains an update from the Hertfordshire Mental Health, Learning Disabilities and Autism collaborative, which is another fine example of our system joining together to make a real impact.

Today's board will also see us consider strategies to deliver improvement across two critical enablers to our success as a system- a digital strategy to transform our models of care, and a people strategy which will support and grow our workforce. Both strategies have been developed with support from all of our system partners, and I look forward to working with them to ensure they are successfully delivered

It was my pleasure to meet the digital team at Hertfordshire Partnership Foundation Trust to discuss the digital strategy and their digital innovations recently, with Adam Lavington, the ICBs Director of Digital Transformation. It was clear from that conversation the potential that greater use of digital approaches has to make a real difference.

The ICB has now completed the move of its base in West Essex from St Margaret's Hospital in Epping, to Kao Park in Harlow. The ICB executive team rotates its regular meetings across our three bases in the system, and on Monday the 31st of October visited Kao Park for the first time. I would like to say thank you to everyone that has helped to make the move such a success and to our colleagues from The Princess Alexandra Hospital (PAH), with whom we share the space, for being so welcoming.

I would like to thank all our system partners, and staff across the system, for all their support for the organisation, and for their hard work and dedication in the months ahead.

Jane Halpin
CEO

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Appendix A: Key Updates

1. Strategy Development

Over the last few months the HWE ICP Integrated Care Strategy has been developed with local stakeholders including strategy leads from across the partnership, to shape our work together over the coming 10 years. In developing the strategy we have utilised data and information gathered through the development of the Herts and Essex Health and Wellbeing Strategies including JSNA and also Population Health Management data. Through this process we have developed an initial vision, principles and ten potential strategic priorities for the strategy. Within each potential priority there is the rationale for inclusion and the outcomes we want to achieve through the life of the strategy including the metrics we will measure and the outcomes expressed as "I Statements".

We are currently in the process of engaging with a wide range of stakeholders across Herts and West Essex on the draft strategy, including residents and our workforce. Through this process we expect to strengthen the strategy and hone down on 4-5 specific priorities. Following this process the updated strategy will be taken to the ICP Board in December for approval before being published, in accordance with the statutory requirement, by 31 December.

2. Primary Care Update

2.1 Primary Care Access

Work is continuing on the identification of areas of priority to address improvement in patient access and experience to general practice.
Since the last update to the Board, NHSE have published further information on "Supporting general practice, primary care networks and teams through winter and beyond". This letter identified 3 specific areas:

1. ***ICB framework to support general practice***:
   a) To identify areas of priority for both practical and supportive interventions to boost resilience and patient access.
   b) To identify areas where additional capital funding could be utilised should it become nationally available; to be used alongside existing funding streams such as the System Development Funding (SDF)
2. ***Changes to the Network Directed Enhanced Service (DES):***
   a) Introduction of 2 new Additional Roles – GP Assistant and a Digital Transformation Lead role per Primary Care Network (PCN)
   b) Retirement or deferment of four Investment and Impact Fund (IIF) indicators
   c) Reduction in the achievement threshold or simplifying the definition of four other IIF indicators
   d) Removal of requirement for clinicians to undertake the Personalised Care Institutes e-learning refresher training for shared decision-making conversations
   e) Delaying the phased implementation of the Anticipatory Care requirements to April 2023.

3. ***Reducing bureaucracy and primary/secondary care interface*** – provision of a briefing document, practical toolkit and principles for effective professional behaviours and communications to support the relationships and effective outcomes of the interface meetings.

The primary care team, working as an multidisciplinary team with colleagues in other directorates,

completed the framework and submitted it to NHSE by the required deadline of 21 October following receipt of the national template 2 days prior.

2.2 Enhanced Access

All PCNs successfully implemented their Enhanced Access services from 1 October 2022. Hubs that operate on the EMIS clinical system are not currently able to fully comply with the national requirements due to IT inter-operability issues, however the Primary Care Commissioning Committee approved funding to support the roll-out of an "EMIS Hub" solution and the place-based primary care teams are working with PCNs and the clinical system provider to roll this out over the next few months.

2.3 Winter Pressures

Following on from the submission of the ICB winter plan, the Primary Care Commissioning Committee approved funding to support additional capacity in Primary Care through winter. PCNs are to submit their plans to the Primary Care team by the 4 November 2022. It is envisaged team to deliver a similar number of additional appointments as last winter.

2.4 Primary Care Workforce

A. PCN Training Team

Following the success of the education pilots that took place across Herts and West Essex throughout 21/22 and taking on the learning from Kent and Midway and East Sussex Training Hubs as outlined in the Fuller Stocktake, the HWE ICB Primary Care Workforce Training Hub has expanded the support for all roles in Primary Care and launching PCN Training Teams to all 35 PCNs.

The PCN Training Team will benefit clinical and non clinical staff as they will be better placed to identify new starters to Primary Care, provide them with an induction and act as a source of specialist advise and support on specific education and training needs that represent the interests of the PCNs.

The team will also help to reduce staff burnout, increase speciality development, increase training of GP, Nurses, Allied Healthcare Professional students, individual's flexibility primarily directed by needs of the PCN and the future workforce planning for Primary Care. The PCN training team will support and improve resilience and increase capacity and ensure local and personalised support for Primary Care staff. They will enable a brighter future with investment in education and training that should ensure all the Primary Care Workforce feel supported, guided, and stay within Primary Care in the Herts and West Essex area. To date all PCNs across HWE have now signed up to the scheme.

B. Integrating Community Pharmacy with PCN

The NHS Community Pharmacy Contractual Framework (CPCF) 2019-2024 describes how pharmacy services will support the delivery of the NHS Long-Term Plan. It makes clear the expectation that pharmacies will be integrated as a full partner within developing Primary Care Networks, doing more to protect public health, and taking on an expanded role in urgent care and medicines safety. However, the framework and the quality scheme have not provided continuous funding to develop the community pharmacy leadership aligned to PCNs.

In light of this, Primary Care team working in partnership with the Local Pharmaceutical Committee put in a bid for funding from Health Education England which has been accepted. The aim of the (LPC) project is to develop community pharmacy leadership aligned to PCNs in particular to:

- Liaise with PCN based Pharmacist or Clinical Director (or other designated key contact) regarding PCN initiatives and priorities, and to communicate these to their pharmacies. This should include but is not limited to CPCS and the Hypertension Case Finding Service.
- Liaise with the Community Pharmacists across the PCN geographical footprint.
- Link in with the LPC and ICB on potential pathway changes and service development opportunities.
- Embed the community pharmacy voice within the PCN ensuring sustainability.
- Develop and embed rotational undergraduate and foundation pharmacy student placements to offer sustainability on placement capacity across the PCN area.
- Develop good working relationships with all pharmacies aligned to the PCN and any other pharmacies not aligned but have an interest due to geographical boundaries.

Whilst approved the funding across 35 PCNs for HWE, Health Education England provided funding across the rest of the region with a view for HWE to lead on the evaluation of the scheme across the region.

3. Performance, Operations and Commissioning

Key successes to note:

- The UEC Board continues to oversee the implementation of the HWE Winter Plan which includes assurance processes and action plans reported to NHSEI, delivery of agreed additional capacity revenue and capital schemes, and transformation programmes.
- Following a successful proof of concept pilot of the HARIS (handover@home) model with EEAST and HCT, which saw 66% of patients through the service not conveyed to hospital, the pilot was extended for a further four weeks to enable to development of a sustainable and scaleable model for the system.
- Access to the EEAST ambulance stack for all community providers went live on 24 October – results of this will be closely monitored and reported for next Board.
- A successful HCP development workshop was held with System Leaders in October. Next steps were agreed around the development of a maturity framework and action plan, which will determine ongoing progress around the functions and structures for our place and collaborative partnerships
- As of 26 October 2022, the New QEII Community Diagnostic Centre has undertaken 6090 additional tests/ scans across MRI, CT, x-ray, ECHO, fibroscan and ultrasound. It is expected that DEXA will commence during the Autumn, which will make the service fully operational. Workforce remains a significant challenge across all modalities particularly DEXA and ultrasound.
- Funding approval has been received for all of the remaining Community Diagnostic Centre business cases, which will mean further development of the existing service at the New QEII and new sites at HHGH/SACH and St Margaret's/ Herts and Essex Hospital. Due to a delay in receiving the MOUs there is a risk that Trusts may not be able to utilise the funding in 22/23 as agreed, which would have a significant impact on the delivery of the CDC proposals.
- The focus of the diagnostics programme in September and October has been on finalising the system wide improvement plan with Trusts agreeing trajectories to reach the recovery position by March 2023. The development of the ICS diagnostic strategy has moved to the next stage with a series of workshops planned for November and December and the public engagement project due to conclude in December. The focus for the coming months alongside the strategy is workforce availability as this remains the biggest risk to delivery.

Upcoming opportunities, key events and challenges:

- A full paper detailing the decisions for contracts ending in 22/23 will be taken to the November Commissioning Committee. The paper has been developed by the full range of ICB commissioning teams and requests approval for options including further extension and request for tender waiver to enable strategic commissioning work to take place.
- Further winter guidance was published on 19 October – the Winter Task and Finish Group are working through how the actions requested are implemented, including developing our ICS System Control Centre.
- A national collaborative event is being hosted by NHSEI on 1 November with a focus on building rapid improvement initiatives to reduce ambulance handover delays and implement the Professional Standards of Care for Patients Waiting in Ambulances. Executives from our acute trusts, ambulance trust and ICB will be in attendance.
- A business case is currently in development for a HWE Elective hub sited at St Albans City Hospital. A number of sites had been investigated over previous months and further to discussion at the system leaders group, it was decided to pursue the option at SACH as it provided an additional 3 theatres and 1 procedure room plus 24 beds. This in turn will reduce the size of the waiting list quicker than the alternative options and still provide access for the whole system.

4. Place-based Updates

East and North Herts

1. Key developments over the last 2 months:

- The work on the out of hospital strategy continues and to progress the work, we have agreed to focus on a Stevenage as a specific geography. Our hospital at home programme is integral to the delivery of the out of hospital strategy and we recently brought together our clinical and transformation leaders to review the outcome of a pilot (described in the preceding section). In the first week of the pilot 67% of patients where successfully managed and retained in the community. At the time of writing the total number of ambulance conveyances had reduced by 20%. The team have during this time collated some powerful patient stories and with the support of HealthWatch we aim to co-produce future iterations of the model. In addition, several transformation programmes are now at the stage where they are developing business cases. These include:
    - an integrated heart failure service business case is currently under development and is expected imminently.
    - to expand the capacity of children's community nursing.
    - the continuation of the virtual CKD model
    - "waiting well" funding has been agreed until March 2023, and work is underway to complete a wider evaluation to support continuation past that point.

The HCP is the first in the ICS to receive funding from the Leadership Academy to facilitate the movement towards Placed-based delivery of strategic objectives to; improve the health and wellbeing outcomes for our population, transform health, care, and wellbeing services to meet needs and enable people to live as independently as possible and establish an efficient, effective, and sustainable partnership. Which is to be achieved through the enablers of; system Leadership behaviours, skills and competencies, partnerships and change capability, system culture, relationships and architecture and approaches to collective responsibility for planning and delivery. The HCP has been asked to sign up to a memorandum of understanding and is keen to explore how the work we undertake can benefit all three places within HWE.

South and West Herts

1. Key successes since the last meeting

- The new integrated urgent care hub at St Albans City Hospital successfully opened on 31 October. GP practices and the NHS111 service can book patients into appointments in the service from 9am to 6pm 7 days a week for same-day care for minor illnesses and injury. Further details were shared in the last report.
- Following the business case that was referenced in the last report, £12m of national funding has been approved to develop local community diagnostic centres in south and west Hertfordshire. The first phase will be to develop a new facility at St Albans City Hospital, due to open in 2024. This will be done by reconfiguring and refurbishing parts of the hospital's Runcie Wing. In the second phase, a centre at Hemel Hempstead Hospital will be developed.
- The new wheelchair service provided by AJM Healthcare commenced on 1 October. Further details were shared in the last report.
- South and West Hertfordshire Health and Care Partnership (SWHHCP) presented to the HSJ Awards panel on 27 September after it was shortlisted in the Place-Based Partnership category for its virtual hospital. The awards ceremony where the winner will be announced on 17 November.
- SWHHCP's interim coproduction board held its first meeting on 28 September. The terms of reference, and both the approach and process for developing new projects were agreed. The board reviewed live transformation projects to identify opportunities to strengthen patient involvement. The next meeting – being held in November - will focus on SWHHCP's advanced care planning project.

2. Upcoming opportunities, key events and challenges

- A business case for the next phase of SWHHCP's virtual hospital with three new clinical pathways (pneumonia, diabetes, and frailty) will be considered by SWHHCP's board in November for implementation over winter. If approved, it will be taken to the Hertfordshire and West Essex ICB board for final review and agreement.
- On 1 November, the non-specified cancer symptoms pathway will go live at West Hertfordshire Teaching Hospitals NHS Trust (WHTHT). The pathway will enable GPs to refer in patients who have symptoms suggestive of cancer but do not fall into a specific tumour site pathway.
- The Hertfordshire and West Essex ICB respiratory service in south and west Hertfordshire is due to come to an end on 31 March 2023. The ICB is reviewing potential providers for the future service and has recommended that partner organisations of SWHHCP are best placed to provide the service together through integrated ways of working. To ensure this recommendation is correct, the ICB has requested feedback from other potential providers of respiratory services which will be received in November. A final decision, including agreement on the assurance process for the future service to be commissioned, will then be made.
- In November, the ICB will be holding a market engagement event for the potential procurement of a new musculoskeletal (MSK) service in south and west Hertfordshire. This is after the current contract provided by Connect Health is due to expire on 31 March 2024.
- SWHHCP is leading the development of another integrated service that will provide proactive care for people with long term conditions. A pilot will launch for one year in early 2023 which will make use of the workforce and ways of working already in place across partner organisations of southwest Hertfordshire, including complex case management teams. The

service will support patients with multiple long-term conditions to manage their conditions proactively and avoid unplanned admissions to hospital. This work aligns with the NHS England anticipatory care agenda.

West Essex

Development of the Health Care Partnership

Work continues on the development of the WEHCP Governance Framework to strengthen the representation of system partners, the accountability for shared objectives at Place aligned with ICBs governance framework.

- From November, PCN Clinical Directors will have a locality representation on both the WEHCP Board and the Transformation Committee.
- WEHCP is applying QI methodology to collaboratively develop the approach to oversight and assurance of quality within the Health Care Partnership with the goals of delivering an Multi-agency partnership meeting which will provide assurances into the ICB regarding quality risks, systems and processes within health and care services and provide a focussed forum for the oversight of opportunities to improve quality along patient pathways – linked to the HCP transformation priorities. A Rapid Design Event is planned for March 2023
- The Transformation Committee is to undertake a series of deep dives into the population outcome priorities agreed as part of WEHCP 10 Year Strategy to identify gaps and opportunities in its current transformation programmes and priorities. This will also help inform the review of future commissioning intentions led by the ICB Commissioning Committee.
- During the autumn there are a series of meetings taking place with the District Council leaders to strengthen the opportunities of their involvement as partners of the WEHCP.

Addressing health inequalities

- The three west Essex district councils are refreshing their health and wellbeing strategies. Epping Forest District Council have completed theirs, while Harlow and Uttlesford are expected to do likewise by December. A key aim of the councils' health and wellbeing strategies is to seek to address the wider determinants of health – work that is being coordinated by the West Essex Health & Care Partnership and its health inequalities and prevention committee. A current priority is to strengthen support for people in need of help with the cost of living and fuel poverty. Other projects include a healthy weight programme for schools and a greater factoring of healthy living and care services into town planning and housing development. The committee is also actively supporting the NHS Core20Plus5 work.
- Two successful workshops have been held in Harlow to help kick start a Levelling Up programme for the town. Attended by a variety of organisations and residents, the events were organised by the district council and the ICB to join up the many different initiatives underway in Harlow and help develop a joint action plan to be led by a new task force. A report on the outcomes of the workshops is to be published in early December, when a new HarlowConnected website will also be launched.
- The Health Inequalities programme in Harlow is moving to a pilot phase in November. The programme identified a cohort of 337 individuals who live in the Harlow area, on a 7-week waiting list at PAHT. These individuals were frequent attenders at A&E with no admission, frequent users of primary care, and live in the most deprived postcodes. In November these patients are to be contacted directly by EPUT and social prescribers to build the data collection identifying themes and gaps in services that could more appropriately support the individuals and their household.

Delivery objectives

Focus continues on the delivery of key programmes to support short and longer-term priorities with particular focus on the Place contributions to the implementation of plans for winter.

Short term:

- Enhanced focus of the Integrated Neighbourhood Teams (Previously known as PACTs) on high intensity users and the role of the Care Coordinator functions within the INT and the Care Coordination Centre to support admission avoidance.
- Through the further development of the Care Coordination Centre (CCC) to support improved ambulance handovers and facilitate timely hospital discharge the CCC will implement the ICB handover@home from December. It will also be implementing its transfer of care function/hub with ECC and a new patient tracker in December.
- A Business Case for the Virtual Hospital was approved by WEHCP partners in October to be presented to the ICB Commissioning Committee in January. Implementation of the model is already underway in order to meet the expansion of capacity this winter.

Longer term:

- The business case for capital investment in the West Essex Community Diagnostic Centre at ST Margaret's has now been approved, the programme to deliver the new facility in January 2024 is being led by PAHT. Working with the ICB estates team WEHCP is now developing an estate strategy for the ST Margaret's site. To be presented through ICB governance early in the new year.
- The Strategic Case for Change for the future operating model of intermediate care in west Essex has been completed. WEHCP is considering a proposal to progress to phase two of the programme in January. This will include a forensic review of the outcomes of population cohorts accessing intermediate care services in west Essex. This will inform the future model and commissioning framework for intermediate care.
- WEHCP as one of the five Alliances/Partnerships across Essex is participating in a review of the Essex Better Care Fund led by ECC. This review is being carried out in the context of the Health and Care Act 2022 and the refreshing of governance, ambition and ways of working across each of the place-based systems that cover Essex.

5. Hertfordshire Mental Health, Learning Disabilities and Autism Collaborative

Since the last update to the ICB Board, the Hertfordshire Mental Health, Learning Disabilities and Autism Collaborative has continued to lead service transformation activity, while also providing a system focus on key strategic issues including Dementia and the development of a Physical Health Strategy for people with Severe Mental Illness and Learning Disabilities.

Key highlights include:

- The mobilisation of a new service to address the ADHD assessment backlog for Children and Young People in South &West Hertfordshire. Posts have been advertised, an oversight group has been established and we anticipate the backlog beginning to be addressed from January 2023.
- Overseeing the winter plans across Herts - leading the discussions on capital investment and setting the priorities for the investment of any additional Mental Health winter monies. The UEC group is now stepping up to weekly oversight to drive system improvements and operational delivery over the winter period.
- Developing and approving the Hertfordshire Dementia strategy focussing not just on diagnosis and treatment but also the wider wellbeing of people with dementia and their carers. A mobilisation group for the Strategy will be convened to take this activity forward on behalf of the system.
- Establishing a substance misuse and mental health task and finish group, led by HCC's Public Health team, to review pathways together and identify where further coordination and

collaboration is required.

The Collaborative Board has considered the issues raised in the recent Panorama and Dispatches investigations into abuse of mental health inpatients and the inequitable access to care and support experienced by people with learning disabilities. The LD Board is providing an update on LD Liaison across Hertfordshire at the next meeting of the Collaborative Board in December.

The Collaborative continues to develop local and national partnerships to support the delivery of improved outcomes. We are investing in our relationship with Hertfordshire Constabulary and are scoping out specific areas of joint work around crisis care and patients detained under Section 136 of the Mental Health act. Work is underway with the VCSFE Alliance and Hertfordshire's two geographical Health and Care Partnerships to ensure that the Collaborative's activity is complementary and coordinated. The Collaborative also supported Hertfordshire's successful application to be part of the national Making Every Adult Matter (MEAM) approach which will help to transform how, as a system, we can better support people experiencing multiple disadvantages.

A key focus for the next quarter is bringing together system partners to consider how we develop a single pathway for children and young people with neurodevelopmental conditions. A Collaborative Board Development session is scheduled for 29 November where we will review on activity and achievements to date and consider the evolution of the Collaborative in relation to the ICB and the ICP.

6. VCFSE Alliance

The VCFSE Alliance Committee has formed successfully, and representatives are attending key meetings, involved in decision-making, and shaping services as an integral partner in health & social care. Recruitment is currently ongoing for a Secretariat made up of a Manager & Administrator to support the work of the Alliance and once these roles are embedded, the potential of the Alliance Committee can begin to be reached. During this first year, the Alliance has 3 main aims; to co-produce the Health Creation strategy and embed the principles across the ICS partnership, to extend reach so that we can work alongside communities to tackle health inequalities, and to establish the most urgent areas to protect and/or grow investment in the sector to address health and wellbeing challenges. Immense current pressures on the VCFSE sector including funding and capacity, threaten to undermine our ability to reduce demand on statutory services and to participate fully in the burgeoning ICS – and yet between them, the Alliance Committee are continuing to attend vital meetings where their regular presence and input are meaningful & valued, and have held a series of workshops with the sector to gain feedback on the strategy. We look forward to sharing the completed Health Creation Strategy in the next months.

7. Our People

The Hertfordshire and West Essex ICS People Strategy has been recommended by the People Board and has been circulated to system leads and key stakeholder organisations before seeking final approval by the ICB Board in November. Work is now ongoing in developing the governance and delivery structure to support achieving the vision and ambition set out in the strategy. As part of this, the transformation programme are working alongside key clinical pathways, such as supporting staff development and culture within virtual hospitals.

There is significant attention being focussed on supporting and recruiting the workforce required to meet the challenges and pressures of winter on our sector. In response progress is being made

through the development of the retention pathfinder programme and a new cost of living work stream has been established to review best practice across the system and develop new approaches to support staff. Alongside the traditional offers around staff health and wellbeing, joint recruitment initiatives and enabling the sharing of resources across the system, the programme has been asked to develop more innovative solutions for the system.

There is considerable focus on learning disability and autism workforce support across the system, including a national data collection tool which is to be distributed shortly, as well as implementation of the new Oliver McGowan mandatory training provision across all CQC registered organisations.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Board meeting held in Public				**Meeting Date:**	**18/11/2022**	
Report Title:	**Quality Report**				**Agenda Item:**	**10**	
Report Author(s):	David Wallace/Hayley Mounsey - West Essex Mary Emson- East & North Hertfordshire Shazia Butt- South and West Hertfordshire Rosie Connolly, Associate Director Quality Improvement and Patient Safety (with contributions from wider Nursing and Quality Team)						
Report Signed off by:	Jane Kinniburgh, Director of Nursing and Quality						
Purpose:	**Approval**	☐	**Decision**	☐	**Discussion**	☒	**Information** ☐
Report History:	The Quality Escalations Report was presented to the ICB Quality Committee on 3rd November 2022.						
Executive Summary:	This paper provides the current position in relation to quality and safety for Quarter 2, across the Hertfordshire and West Essex system. For the November Board a focus has been provided in the cover sheet below on learning identified through the Learning Disabilities Mortality Review Programme (LeDeR), outlining the key themes that have been identified from the deaths occurring in 2021/22. In addition, a brief status update from region in relation to Maternity services in our three acute trusts and the summary findings from the recently published east Kent Report led by Bill Kirkup. ***NOTE** **Appendix 1 and Appendix 2 can be found in Board Effect Library and are available upon request***						
Recommendations:	The Board is asked to note the report for discussion and advise regarding any areas where further detail would be helpful in future reports. The report is an evolving document and over time it will become a more visual, refined report capturing the key quality and safety issues across health and social care.						

Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
	N/A			

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☒
	Tackling inequalities in outcomes, experience and access	☒
	Enhancing productivity and value for money	☐
	Helping the NHS support broader social and economic development	☐
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☒
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☒

1.1 Learning Disabilities Mortality Review Programme (LeDeR)

The 2021/22 annual reports for the Learning Disabilities Mortality Review Programme (LeDeR) were the fifth annual report for this programme. LeDeR is an improvement programme that has been developed as a result of numerous reports over the last 15 years indicating that people with a learning disability die significantly younger than the general population.

Across Herts and West Essex (HWE) the LeDeR programme continues to be delivered on the Transforming Care Partnership (TCP) footprint. This means the Hertfordshire programme covers the former East and North Herts and Herts Valleys CCG footprint, and West Essex is aligned with Southend, Essex and Thurrock (SET). Whilst positive progress has been made in several areas, data from reviews continues to show the enduring health inequalities that people with a learning disability face. An important part of the solution is ensuring that reasonable adjustments under the Equality Act (2010) are provided by all health and social care organisations.

1.2 Annual Health Checks

Completion of Annual Health Checks is a key indicator relating to quality of care for those with a learning disability.

National NHSE data for 2021-22 shows that Hertfordshire and West Essex ICS achieved 72% uptake of Annual Health Checks (AHC). (Breakdown by CCG ENH 69.3%, HV 76.5%, WE 66.5%.) As a comparison the national uptake for 2021-22 was 71.3% and East of England 70%. The national target for 2021-22 was 75%.

Evidence from reviews indicated that some AHCs were delayed or carried out remotely due to Covid, usually via telephone. There were also concerns raised about the quality of some checks, and not all health checks resulted in a clear and implemented Health Action Plan. Whilst there have also been examples of timely and thorough GP support with good reasonable adjustments, regular communication has been sent to practices to highlight these issues and the importance of offering a range of clinically appropriate options.

The new Enhanced Commissioning Framework includes practices auditing their AHC action plans and assessing how well they are doing at arranging and supporting the update of follow up actions to support a high-quality check, effective health interventions and awareness of health monitoring throughout the year.

1.3 Key data from 2021/22 is included in Appendix 1.

Table 1 shows a summary of key data from the 2021/22 LeDeR reviews undertaken in Hertfordshire and the SET Essex footprint. It should be noted that numbers are relatively small locally and therefore the national data set can provide a better overall picture of trends.

Table 2 summarises key themes and learning identified.

Appendix 1.docx

1.4 Learning and Improvements

Robust processes are in place in both Hertfordshire and Essex to support learning and improvements from the LeDeR process, with groups in both counties to ensure that actions are identified and progressed at both an operational and strategic level.

Key areas of ongoing work include;

Hertfordshire	
Reasonable adjustments	Early Adopter Reasonable Adjustments Digital Flag; HCT Whiteboard and LD Awareness Videos; Purple Star Handbook; Acute Trust Reasonable Adjustment Policy review; work to ensure mainstream pathways and services provide reasonable adjustments for people with a learning disability and autistic people.
Respiratory conditions	Specialist Physio Pilot; Development of 'three-fold referral pathway' for those identified at risk of Aspiration Pneumonia, from Primary Care (Oral Health, Specialist Physio, Speech and Language Therapy)
Quality Annual Health Checks	Resources (AHC Prep Tool, Stay Healthy at Home Checklist); LD Care Coordinators
Mental Capacity Act/ Do Not Attempt Cardiopulmonary Resuscitation (MCA/ DNACPR)	Assurance on actions taken from learning and improvement
Risk Stratification Tool	Development/use of a tool to identify risk of poor health outcomes and system response
Frailty Tool and Epilepsy	Pathway development
Essex	
Annual Health Checks	Pilot taking place to improve uptake
Long Term Conditions	Projects across key areas including diabetes, heart health and frailty
Acute Hospital Reasonable Adjustments	Additional funding for LD Hospital Champions

The LeDeR Leads from Hertfordshire and Essex are working closely together to share learning and best practice across the Integrated Care System.

1.5 Risks and Mitigation

Risk: Low number of notifications of deaths of autistic people without a learning disability: The national criteria is 'clinical diagnosis of autism'. This may be contributing to this issue. Some notifications indicate Learning Disability/ Autism, but likely the person was autistic.

Mitigation: National team is developing communication to be cascaded. Leaders in Hertfordshire and West Essex to write out to key agencies to raise awareness.

Risk: Obtaining GP notes in a timely manner: This can affect the ability to complete reviews within timescales

Mitigation: Continued comms to Primary Care. Additionally, the Practice identified lead/champion can support.

Risk: System pressures and capacity for ensuring learning translates into action: There is a risk that considerable ongoing pressures across the system will impact on capacity for development/service improvement

Mitigation: Both Hertfordshire and West Essex have a plan with identified priorities. Leadership/Steering groups are accountable for monitoring these.

2. **Additional Maternity Key Headlines from Regional Visits and Summary Findings**

2.1 **Princess Alexandra NHS Trust (PAH)**

- Improvement noted as continuing, and joint regional visit saw good progress with some work still to do.
- Maternity triage is due to be implemented in November 2022
- Maternity sustainability plan being worked up with a view to exiting Maternity Safety and Support Programme in next couple of months
- Improvement Board in place chaired by a NED with appropriate attendance and scrutiny
- Rich leadership structure described and good MDT working with midwifery and obstetricians. Culture work being undertaken and Trust have been included in the first wave of the national Perinatal Culture and Leadership Development Programme commencing in January (To be rolled out to all our maternity units next year).

  Appendix 2 – welcome letter to intake 1

Welcome letter to Intake 1 - to share .do

2.2 West Hertfordshire Teaching NHS Trust (WHTH)

- The Risk Governance Team are monitoring all national requirements and are aware of improvements that need to be made. There is medical involvement as part of the team
- Grading of incidents was correct and in line with regulation 20
- There were clear processes for duty of candour
- Guidelines were 100% up to date
- An internal review of maternity governance has been completed
- Reviews of the medical workforce and job planning has been achieved
- Staff said colleagues displayed positive and respectful behaviours
- Carbon monoxide compliance at 92%
- PAT testing now in place

2.3 East and North Herts NHS Trust (ENHT)

- Inspection by CQC under new regime (48 hours' notice)
- Some areas identified for improvement in high level feedback. Awaiting publication of full report.
- New Chief Nurse in post, interim DoM in post with new DoM appointed and starting in November. New clinical Director in post.
- Some issues continue with workforce and high midwifery vacancies.
- Ante- natal pathways to be reviewed and clear criteria for midwifery led unit.
- Interim DoM setting up maternity improvement board with regional attendance

2.4 Publication of the East Kent Report 'Reading the Signals- Maternity and Neonatal Services in East Kent'

Bill Kirkup's report into the Maternity and Neonatal services at East Kent University Hospital Foundation trust was published on the 19th October 2022. The report looked into services at the Trust between 2009 and 2020.

The panel looked into 202 cases over the 11year period, talking to families and reviewing medical records. In addition, 90 members of staff (current and former) and 22 others who were not employed by the trust but whose role brought them into contact with the trust in connection with the provision of maternity care – such as CQC, and the Health Safety Investigation Branch (HSIB) were interviewed.

Findings of the Report

The findings demonstrate failures of teamworking, professionalism, compassion, listening to families, learning from incidents as well as a failure of the Trust and its Board to respond adequately when issues were raised.

Key Action Area 1: Monitoring safety performance – finding signals among noise: The panel found that it was too easy for the Trust Board to minimise concerns raised around the safety of maternity services as national statistics gave false reassurance that outcomes at the trust were usually in line with national averages. Kirkup argues that there is a need for every trust to have a reliable mechanism in place to monitor the safety of its perinatal services in real time and should not rely on families to identify problems following a poor outcome.

Key Action Area 2: Standards of clinical behaviour – technical care is not enough: Repeated examples of poor, unprofessional behaviour are described in the report. Staff at the trust behaved inappropriately towards each other but also displayed an uncaring attitude towards women and families. This lack of compassion contributed to poor clinical outcomes. The report outlines the need for the causes of unprofessional, unkind behaviour to be better understood so that it may be addressed, in order to ensure the safety of services.

Key Action Area 3: Flawed teamworking – pulling in different directions: The report found very poor teamworking both within and between professional groups. This resulted in bullying behaviours as well as conflict between professionals which was evident to women and families at critical points in their care. The report also points to a lack of common purpose between midwives and obstetricians at the trust and the panel believe that it is time to think of a better concept of teamwork for maternity services.

Key Action Area 4: Organisational behaviour – looking good while doing badly: The Trust were very keen to protect their reputation and as a result, reacted defensively rather than seeking to learn from criticism. The report highlights that organisational behaviour which places reputation management above honesty and openness is pervasive within the NHS and suggests that the government should consider legislation to prevent this.

East of England high level early review

Reading the Signals Maternity and neonatal services in East Kent – the Report of the Independent Investigation. Kirkup 20 October 2022

Four Action Areas	EOE Processes aligned with themes	Work to do
Identifying poorly performing Trusts	SSSS, open relationships with Trusts, Ockenden Insights visits, regional safety highlight report, QA visits,	Timely data Trust, LMNS and ICB Board development nationally led
Giving Care with Kindness and Compassion	MVP survey findings, training with Birthrights, cultural competence workshops with HEE, GMC, NMC	Key metric developed for culture, training for all professionals including undergraduates
Teamwork with common purpose	Triumvirate in place, significant investment in leadership roles, MTD training, some civility training undertaken, Obstetrician linked to CoC teams	Work with royal colleges, Trusts, LMNS, Boards, nationally led Team appraisals
Responding to Challenge with honesty	Training in DOC, correct reporting of harms training undertaken, encouragement of transparency	Board development at all levels. Ensuring PSIRF model fits maternity asks

2.5 **Next Steps and Actions**

- Refresh of required deliverables with CQC focus and regional steer from national findings
- ICB/LMNS review of key local and national themes to refresh oversight approach
- Development of maternity dashboard beyond what is currently in place to pick up key areas of risk
- Maternity workforce deep dive potentially to January Quality Committee and ICB Board
- Sharing of CQC results across the LMNS – Peer support and sharing of best practice required to reduce variation and enhance safety.
- Development of the cultural piece
- LMNS proactively benchmarking against East Kent review prior to national steer in the New Year.
- Nov 2nd LMNS team planning day to refresh direction – ensuring system wide support and capacity to meet deliverables

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Herts and West Essex Integrated Care Board (HWE ICB) QUALITY COMMITTEE - Quality Escalation Report

3rd November 2022

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Herts and West Essex (HWE) Integrated Care Board (ICB) Quality Committee - 3rd November 2022	
Paper Title:	**Quality Escalation Report – NOVEMBER 2022** ☐ Meeting in Public **X** Meeting in Private (Confidential)
Paper Author: Report Signed Off By:	David Wallace/Hayley Mounsey - West Essex, Mary Emson- East & North Hertfordshire , Shazia Butt South- West Herts Jane Kinniburgh Director of Nursing HWE ICB
Purpose	☐ **Approval** ☐ **Decision** **X Discussion** ☐ **Information**
Report History	This paper gives the current Quality position across Hertfordshire and West Essex, comprising both NHS Quality, Performance and system delivery standing items, current risks, key reports and items by exception
Executive Summary	This paper gives the current Quality position across West Essex, Herts Valley and East and North Hertfordshire, the Quality Committee meeting agenda is summarised as follows: • **Quality Summary Key Reports** • **Extraordinary Items** verbal update
Recommendations	Committee is asked to note the report for discussion and recommend areas for further development ensuring this is aligned to the Quality Committee Terms of Reference
Potential Conflicts of Interest	☐ **Indirect** ☐ **Financial** ☐ **Non-Financial Professional** ☐ **Non-Financial Personal** **X None Identified** **R**eview the Register of Interests (Board/relevant committee membership), and highlight any potential conflicts, which the Chair needs to manage or state N/A if none
Impact Assessments	***Equality Impact Assessment:*** *Not Applicable* ***Quality Impact Assessment:*** *Not Applicable* ***Data Protection Impact Assessment:*** *Not Applicable*
Strategic Objective(s) / ICS Primary Purposes supported by this report:	X Improving outcomes in population health and healthcare ☐ Tackling inequalities in outcomes, experience and access **X** Enhancing productivity and value for money ☐ Helping the NHS support broader social and economic development **X** Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board **X** Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Report Contents

Assurance Report - Patient Safety and Experience Update Q2

Summary description

Patient Experience

Locality	Complaints	PALS	MP	Comments/ Compliments	Whistle-blowing	Totals
East and North Herts (ENH)	13	47	16	3	2	81
Soth West Herts (SWH)	10	80	25	1	0	116
West Essex (WE)	2	107	6	39	1	155
Other	2	3	0	1	0	6
Totals	27	237	47	44	3	358
Key Themes	Information requests, appointment availability, staff attitude, referral delays, prescribing.					

Serious Incidents

Locality	Reported Q2	Never Events	Themes
ENH	30	1-wrong site surgery	Treatment delay, self-inflicted harm
SWH	29	0	Self-inflicted harm
WE	7	2 wrong site surgery	Treatment delay
Other	3	0	
Totals	69	3	

Quality review System/GP queries

Locality	Reported in Q2	Identified as Incidents	Total Practices
ENH	207	72	50
SWH	21	9	55
WE	55	26	32
Totals	283	107	147
Key Themes	Referrals, inappropriate requests for primary care action, missing info, 2 week wait (ww) referrals, incorrect discharge summary.		

Next steps and ongoing monitoring

- Continue to work towards target of 100% complaints acknowledged within 3 working days
- Regular review of overdue cases and escalation to individual leads
- Regular close engagement with ICB to ensure alignment with data and provide updates to ensure progress with cases

Serious Incidents (SIs)

Some of our main providers have overdue SIs and Locality teams are continuing to work with providers to address the backlog; progress continues to be made.

E&NHT - Improvement in overdue SIs in July and August with ongoing commitment from Divisions to support timely approvals

3 never events have been declared in the quarter; 2 by The Princess Alexandra NHS Trust and 1 by East and North Herts NHS Trust – all investigations are on-going. The incidents are:

- Temporary nerve block in incorrect limb
- Incorrect laser eye surgery procedure commenced
- Excision of the incorrect lesion

Assurance Report – Patient safety and Experience update Q2

Over due SI July 2022	Overdue SI October 2022
ENH-95	**ENH-37**
PAH 18	**14**
WHTH 38	**32**
HPFT 95	**33**

Throughout the Covid-19 pandemic the requirement to complete investigation reports within 60 days was removed and this, combined with operational pressures, led to large volumes of overdue cases. As part of the preparation for the new Patient Safety Incident Response Framework a significant exercise is being undertaken to reduce the number of overdue Serious Incidents across Hertfordshire and West Essex.

NHSE provided a system overview of all overdue cases at the beginning of July, based on the data they had available to them. The Nursing and Quality Team have used this as baseline data, undertaken a data cleansing exercise and worked closely with all providers to reduce the backlog of overdue cases. The latest position for the providers with the largest backlogs is above
There are a small number of overdue cases for several other providers and a small number of overdue cases relating to the ICB where these have been declared on behalf of small providers that do not have access to the national database, this would include primary care.

When reviewing the data it is important to note that the number of overdue for each provider will consist of some cases under investigation, some where an initial report has been submitted to the ICB and clarifications are being sought, and some cases that have been submitted and are being scheduled for discussion at the next available ICB Serious Incident panel. The number of overdue cases will fluctuate as on a daily basis some cases will become overdue whilst others are closed.

NHSE have praised the ongoing reduction in overdue cases and has encouraged other ICBs to make contact with us to share our approach due to the significant progress that we are making.

Quality Escalation Report- Patient Safety Update

Subject	Key issue summary/Risk	Mitigating actions and Next Steps
ENHT – emerging issue. Backlog in Discharge summaries	• There are currently 2,800 summaries outstanding, predominantly in the emergency assessment services across the Trust (Surgical Assessment Unit, Clinical Decision Unit and Children's Assessment Unit)	• All have been identified and urgent actions put in place. Daily report available to clinicians to review where the outstanding summaries are and to action • The Trust is proactively taking steps to mitigate and recover the position and continues to progress plans. A further monthly/quarterly update is proposed to keep focus on this and ensure the Trust is well supported in delivering improvements. • Assurance is being sought through the joint Quality Review meeting
Royal Free Hospital	**Never Event (NE)** • One misplaced nasogastric tube NE was declared in June 2022 reported in Q1 which resulted in medication being administered incorrectly due to incorrect position of tube. Immediate actions include imaging access for all Intensive Treatment Unit doctors. • This is the only NE recorded for Barnet Hospital or RFL year to date.	• Root cause analysis (RCA) investigation reviewed in September 2022 by the Integrated Care Board , Serious Incident Panel with additional assurances requested. • RFL undertaking audit of patients requiring a nasogastric tube to inform a risk-based prioritisation of medical care and implementing multidisciplinary daily huddles to review care plans. • Review outstanding RCA additional assurances and learning. Continue to monitor patient safety aspects through weekly patient safety meetings . Quarterly thematic Serious Incident / Never Event learning sessions in place

Quality Escalation Report- Patient Safety Update Continued

Subject	Key issue summary/Risk	Mitigating actions and timelines	Next steps
West Hertfordshire Teaching Hospitals NHS Trust (WHTHT) - Patient Safety Incidents	• WHTHT have seen a 2.2% increase in patient safety incidents in July 2022, with Covid 19 infections contributing to a significant increase in Healthcare-Associated Infections. • Between 2018 and 2020 four Never Events (NEs) had been declared within WHTHT Theatres which had previously triggered a series of quality assurance and improvement exercises. Further to this In April and June 2022 WHTHT declared two theatre NEs in relation to wrong site surgery and a retained swab.	• See Infection , Prevention and Control update slide. • In June 2022, a Quality Assurance Visit (QAV) was undertaken in response to these incidents. In September 2022 WHTHT shared with Commissioners the QAV action plan progress against jointly agreed recommendations , due to be embedded by November 2022. This included a focus on human factors training roll out, staff culture and the importance of ongoing audit including observational around the use of the World Health Organisation checklist.	Follow up exercise planned for November 2022 for update from previous 'Theatre' QAV recommendations.
WHTHT – Workforce	• Turnover rates for staffing leaving within 12 months has increased over the past 12 months reaching 17% in July 2022. Questionnaire surveys show local induction and working arrangements such as Infromation Technology(IT) access are specific issues for new staff. There is also high demand in the labour market and the impact of proximity to nearby NHS Trusts. Staff groups with the highest rates of leaving within 12 months include Healthcare Assistants, Administration/Coordination Staff and Allied Healthcare Professionals. The specialities with highest vacancy rates include Maternity, Children's Emergency Department and Urgent and Emergency Care.	• Corporate and local induction have been reviewed and there will be a focus on cohort recruitment. On-boarding questionnaire has been carried out and data is being analysed. People Promise Managers are in place to support new starter experience. The Reaching Out programme will further support this. Exit interviews and rescue conversations will further support the understanding for staff leaving the Trust. WHTHT are also using international recruitment, recruitment open days, salary uplifts and streamlining of onboarding services.	Alignment of workforce specific lines of enquiry into to be embedded in all future QAVs.
WHTHT – Emergency Department (ED)	• Ongoing challenges identified related to patient safety and experience regarding high levels of demand in ED and impacting patient flow. • Overall attendances continue to remain higher than pre COVID levels alongside high acuity of presentations including related to mental health, impacting length of stay and available assessment space. Ambulance conveyance patterns are resulting in peaks in ED pressures. To date in terms of harm , 2 patients have been identified as coming to moderate harm following their presentation to ED with an exacerbation of their condition for which they were awaiting elective surgery (there have been no serious catastrophic harms reported). As of 09.10.2022 WHTHT were in business continuity for 10 days in a row.	• ED escalation procedure in place and continuous 12-hour end to end audit to identify bottleneck themes , as well as additional staff for corridor care. • Clinical prioritisation and harm reviews remain in place. Re mental health, WHTHT have secured capital funding from NHSE to convert existing side rooms into safe space rooms for mental health crisis support. • Ongoing partnership work with mental health services including related to workforce development and access to safe spaces. • Urgent and Emergency Care (UEC) system and internal Improvement Plan in place , including maximising use of Same Day Emergency Care (SDEC), speciality response times and front door responsiveness.	Continued active WHTHT involvement via system resilience joint acti on plan. Note: Assurance related to all WHTHT escalations continue to be provided via monthly Joint Quality and Performance Assurance Meetings .

Assurance report : LeDeR

Summary description please be concise:	Next steps and ongoing monitoring

Summary of performance and activity for LeDeR – Learning from Lives and Deaths.

Current monitoring by NHSE of local performance is focused on **completion of reviews within 6 months of notifications**. Data from HWE is as follows:

12.10.22	Herts	WE	HWE
Notifications on National LeDeR platform	68	8	76
Waiting to be signed off by panel	4	1	5
Reviews in progress	41	3	44
On hold due to other processes (police, safeguarding, coroner)	14	2	16
Waiting to be allocated to reviewer	3	1	4
CDOP	6	1	7
Number currently outside of 6 month completion target	3	0	3

Emerging themes from reviews **and Learning into Action is described in the local LeDeR Annual Reports** due for reporting to the Quality Committee November 2022.

Annual Health Check (AHC) performance is also monitored by the national NHSE team. Target for 2022-23 is 75%, however there is a national request for all patients who did not receive an AHC in the last 12 months to be contacted in Q2 2022-23. Data from NHSE regional team to August 2022 for AHC is as follows,

	% Completed AHC August 2022	% Completed Health Action Plan August 2022	August 2021 AHC Completion Comparison
EoE	21.4%	18.5%	15.9%
HWE	20.5%	17.6%	16%

Next Steps:

Reviews

Plans in place for sign off of reviews outside of 6 months and regional NHSE lead aware of local position and has no issues.

Annual Health Checks:

Herts: Data shows increased AHCs completed compared to August 2021. Learning Disability Nurse Specialists contacting every surgery where AHC delivery is low, or difference between AHC/Health Action Plan figures with offer of support. Continued work with those that are 'hard to reach'.

West Essex: By end of Q4 last year, 316 people had not had health checks – West Essex was low for Essex, the Region and England @ 66%. **Additional funding to support health checks** is ongoing past Q2.

By end of Q1 104 were complete, equivalent to 10.9% of total on registers (954) 5 of these were for yp age 14-17, out of a possible 99, equivalent to 5%. The latest data continues to show progress against the target.

Ongoing Monitoring

In Hertfordshire the LeDeR Leadership group oversees Learning into action from recommendations from reviews and is chaired by Operations Director Adult Disability and Mental Health Services. This group reports into the Learning Disability and Autism Strategic Partnership Board.

In West Essex the Quality Panel is self-governing; the Local Area Contact chairs, and then circulates the recommendations the group has agreed on, plus any amendments to the review itself, and submits after the panel members confirm the recording of the discussions. ALL reviews are then overseen by the Steering group, a multi-agency group overseen by Krishna Ramkhelawon, Director of Public Health. This group monitors actions against recommendations.

Overall for HWE: The programme is also monitored by the local NHSE health inequalities lead with fortnightly meetings with regional lead and HWE leads. In addition, any emerging issues are flagged to the NHSE leads at monthly TCP operational support meetings.

Escalation report: LeDeR

Subject	Key issue summary/Risk	Mitigating actions and timelines	Next steps and timelines
Notifications	• So far there have been low/no notifications of deaths of autistic people. This was introduced in January 2021 under the new policy.	• The criteria for in scope of review is an adult with a clinical diagnosis of autism which may present barriers • Herts Leadership Group sending out comms for HWE partner organisations to increase awareness. • WE linked with local autism support organisation and families	• Comms to be circulated Oct across HWE • New Autism Commissioning Manager (Herts) joining LeDeR Leadership Group (Sept).
Health Action Plans (HAP)	• AHC data and LeDeR review evidence shows that not all patients received a Health Action Plan following AHC	• Herts Learning Disability Nurses promoting Stay Healthy at Home checklist to include as 1 action on every HAP with tailored advice from GP • Regional data identified data on practice level. LDNS will make contact with practices where there are gaps between AHC and HAP to offer support	Ongoing promotion and support by LDNS
STOMP However, in WE data to enable us to review this is not currently available (cf: data available for MSE, being made available for North East Essex)	• It is known that LD registered patients are receiving psychotropic drugs with no SMI diagnosis. However, in WE data to enable us to not available (cf: data available for MSE, being made available for North)	Pan Essex Stomp over-view group to give assurance that this data can be retrieved and shared for WE	(9th November next STOMP over-view group)

Assurance Report - Safeguarding Adults Update Q2

Summary description	Next steps and ongoing monitoring
West Essex - Safeguarding Adults Reviews (SARs), Domestic Homicide Reviews (DHRs) / Reviews - One DHR published in Q2. There are recommendations for Mental Health and Adult Social Care about improved communication. **Domestic Abuse (DA) -** Encouraging organisations to start implementing the Domestic Abuse Act 2021 Into safeguarding practice utilising the recently published DA Guidance. **Emerging and Topical themes -**There is a need to raise awareness with regards to predatory marriage. **PREVENTING radicalisation -**On-going work and attendance at regional and Local Delivery Board occurring.	• 12 recommendations make up the key learning that is being addressed by the Providers and will be monitored by Essex Safeguarding Board. Training around professional curiosity, unconscious bias, familial domestic abuse, elder abuse etc which are recurrent themes is in development. • Shift in the ask for statutory and non-statutory bodies to consider support for perpetrators as well as staff. New approach is being emphasised in different Service Performance Quality Review Groups (SPQRG) and encouraged as agencies review stand-alone domestic abuse policies or add sections into their safeguarding policies. Caution is needed in not making this discriminatory, Mental capacity Assessment(MCA) needed. • Raising awareness promoted as this can manifest as targeted marriage for economic gain. Professional curiosity promoted in practice to support early identification. • PREVENT - Services awaiting guidance from NHSE&I, Home Office on new training.
Hertfordshire - Safeguarding Adults Reviews (SARs), Domestic Homicide Reviews (DHRs) and any other Reviews. • There are 3 SARs in progress and 4 SAR reports awaiting agreement. There are 4 DHRs in progress and 6 waiting to commence. A multi-agency rapid review of the 5 pending DHRs took place to identify immediate learning whilst awaiting the full DHR. **Domestic Abuse** • Significant increase in DHR notifications, from October and March, 5 notifications of domestic homicide were received(double the number received in an average year at 2.6 per annum). Better recognition and reporting of domestic abuse (DA) as a contributor to suicide is a factor, and pressures of pandemic impacting relationships and services **Provider Performance:** • ENHT: planning to reach compliance with adult safeguarding training requirements under the direction of the Chief Nurse.	• The Domestic Abuse and Sexual Violence policy for GP practices to adapt and adopt is being updated to include guidance on non-fatal strangulation. The Named Nurse will then present it to the committee for sign off before launching to primary care. • The first primary care Domestic Abuse webinar for this year was delivered by a subject matter expert on 4.10.22. This year the focus is on intrafamilial abuse in response to learning from DHRs. • ENHT - this is reported at the providers' Safeguarding Committees attended by the Named Nurse who provides oversight and challenge.
HWE ICB **Mental Capacity (Amendment) Act (2019)** • The timeline for the publishing of the Government response to the consultation remains 'winter 2022/23', it is anticipated that an indication of implementation date for Liberty Protection Safeguards (LPS) will be given at this time, it is envisaged that the date of implementation may be in 2024. • **Assurance-** A joint piece of work is underway to review and align HWE	• LPS preparation workshop facilitated by the NHSE Regional LPS Clinical Lead with the Executive Team on 23rd November to explore implementation of LPS within the ICB. • Work to ensure a strong foundation in the knowledge and use of the Mental Capacity Act (MCA) continues within the ICB and providers. • Safeguarding Team and relevant ICB colleagues are active members of the Hertfordshire and Essex local authority Liberty Protection Safeguards (LPS) Programme and Implementation Boards and the NHSE &I LPS Implementation Steering Group. • ICB LPS Operational Group works together in preparation for an implementation date and to ensure the Executive Team are kept informed.

Assurance Report - Safeguarding Children Update Q2

Summary description	Next steps and ongoing monitoring
Hertfordshire and West Essex - Safeguarding Children Partnerships - National Review Children with Disability and Complex Health Needs who are placed in Residential homes - under the Children Act 1989/04 S20, the review is underway. The review is part of a national sexual abuse enquiry. This is due for completion by October 2022.	• Designated Safeguarding teams are supporting the review process in both Local Authority areas as part of an agreed workplan. The outcome will be shared with the ICB/ Safeguarding Children's Partnerships prior to submission.
Child Safeguarding Practice Review Child S Publication of the review in relation to the death of an eleven-week-old infant in West Essex in 2020 will occur following completion of criminal proceedings.	• All learning has been shared and actions are in progress. A conference is planned in December 2022 to explore how 'hidden' adults within the family can impact on safeguarding.
***S*ystem challenges in meeting the needs of children and young people presenting with accumulative trauma** Challenges remain across the system to meet the specific needs of this cohort.	• Continue escalation with individual cases and to strategically influence at regional and national levels.
Initial Health Assessments (IHA) Due to on-going paediatrician capacity and the significant rise in number of Separated Migrant Children placed in West Essex, IHAs are not completed within the statutory timeframes**.**	• Change in commissioning arrangements in place with provider to increase resource within the system. • Work continues for an Essex-wide provision and for a digital platform to track the timeframe for IHAs.
Southend, Essex and Thurrock Safeguarding Children, Adult and Looked After Children Key Performance Indicators and Quality Standards are being reviewed with consideration of adoption across the three Essex ICBs.	• Oversight of the challenges for timely IHA has been escalated at both regional and national levels.
Hertfordshire - Number of safeguarding referrals to Children Services - this has increased. • **The Transition to Adulthood** Task &Finish group identified unknown gaps in services and practice knowledge for children who do not meet the statutory threshold for Care and Support Needs when reaching 18. A scoping exercise is underway to assess the full extent of the gap in this cohort. • **Hertfordshire Review of the Multi Agency Safeguarding Hub front door service -** a partnership interim measure to strengthen the Health capacity was agreed, however, recruitment has been unsuccessful leaving a shortfall in Health resource to the service.	• A planned thematic review of safeguarding referrals that did not meet the threshold for Safeguarding Practice Review is underway following concerns about the low number of referrals accepted for statutory reviews • Task and Finish Group scoping number of affected young people to help plan services to meet their needs • Recruitment is ongoing via Herts Community Trust with a number of options being considered. A Business case is in development to support a longer-term solution.
• The outcome of the Family Safeguarding Partership Board (FSPB) bid to DfES for pilot funding to implement a new family safeguarding model remains outstanding. The bid aimed to support the integration of health into the current safeguarding model with a dynamic risk assessment and support for unseen fathers and partners.	• The Family Safeguarding Partnership Board have recommended progression of focussed workstream which has been agreed.
• **HWE assurance Key Performance Indicator (KPI) reporting-** scoping exercise is underway to review the current provider KPI assurance reporting for safeguarding and children looked after	• A review of the current provider assurance reporting is underway to achieve alignment across Herts and West Essex and mitigation plan continues and business case in progression to Commissioning committee.
• **Child Death Overview Panel (CDOP) -** Current risk reducing due to mitigation measures and timely review of more cases. Backlog continues to be in excess of guidance.	

Assurance Report - Safeguarding Children Update Q2 Continued

Summary description	Next steps and ongoing monitoring
ENHT - there are gaps in meeting the safeguarding key performance indicators (KPIs) for training, safeguarding supervision. Safeguarding performance was identified as part of a Safeguarding Maternity Quality Assurance Visit.	• An improvement plan has been agreed and work is progressing to introduce change.
Increased number of children with complex mental health and behavioural presentation leading to prolonged inappropriate stay in acute wards. Themes identified in cases escalated to the ICB safeguarding team were: • Unclear or disputed diagnosis-resulting in professional discord • Lack of placement provision, parental refusal to take the children home • Issues relating to appropriate advocacy.	• This has been highlighted locally in a report to the Hertfordshire Safeguarding Children's Partnership (HSCP) by the independent Scrutineer and also at regional and national forums. • ICS task group led by HCC is progressing the establishment of agreed pathways and mitigation plans
Herts Urgent Care (HUC) - Child Protection Information System (CPIS) not functional in HUC services due to Adastra outage over a 17- week period. This was escalated to Hertfordshire County Council (HCC). Workable mitigations have been put in place within the interim period.	• Adastra now being re-introduced. HUC currently cross checking all records for children under 18 over the outage period to review and escalate any unknown harm.
HUC- Safeguarding Lead for adults and children has resigned with immediate effect. This leaves GP safeguarding O.2WTE and Medical Director to cover safeguarding agenda.	• The ICB seeking assurance from HUC around interim measures to carry out core safeguarding business and assurance. The safeguarding team sought assurances from the Chief Executive Officer and Director of Nursing who are responsible for safeguarding. Work is underway to address concerns raised.

Assurance Report - Child and Adolescent Mental Health Services (CAMHS)

Summary description

Hertfordshire Child Adolescent Mental Health Service (CAMHS) Update:

Crisis presentations

- CAMHS -Crisis Assessment & Treatment Team (C-CATT)saw a reduction in referrals which follows historic trends seen during times of school holiday. It is noted that the reduction seen this period has been more evident than previous trends, possibly due to Coronavirus.
- We are still seeing high levels of complex and difficult cases over this time period – We are focussing on building relationships with our acute trust partners – cases which may have placed strain on staff teams (e.g. due to aggression/safety, delay in inpatient bed, complex network, high risk) CCATT representatives have under taken SWARM (quick response to patient safety incidents) training and 2 SWARMS are being planned (1 at each hospital) to help facilitate learning, an opportunity to debrief and move forward.

Eating Disorder

- All children/young people (CYP) on the waiting list have been allocated an appointment and will be seen by the end of October, beginning of November 2022
- Medical monitoring clinic is fully staffed and up and running
- The service is working closely with First Steps and can refer up to 5 cases per week. First Steps will take on new referrals (as well as step-down) directly from beginning of October, hence reducing the number of referrals to the team, which will help to increase capacity and manage demand
- 4 children/young people are awaiting a specialist bed, 2 of these are currently detained in Watford General Hospital
- There has been a reduction in the number of <13 CYP that require inpatient support. We currently have 3 that need specialist beds. All those known have co-morbid Autistic Spectrum disorder (ASD) and Eating disorder(ED.)

West Essex Southend Essex and Thurrock Child and Adolescent Mental Health Services (SET CAMHS) Update :

Recruitment

Senior posts remain a challenge, active recruitment is ongoing with North- East London Foundation Trust (NELFT)with agency staff supporting in interim.

There is currently a freeze on Band 6 posts due to phase 2 of the Health Care Resource Group (HCRG) mobilisation following the re-procurement and implementation of the new SET CAMHS model in April.

Referrals

Service has seen an increase in number of Children and Young People (CYP) waiting over 18 weeks for treatment with pressures around recruitment impacting wait times particularly in Mid-Essex and West Essex.

Next steps and ongoing monitoring

- Hertfordshire Partnership Foundation NHS Trust (HPFT) actions plans, supported by commissioners have successfully reduced the community eating disorder waiting lists and improvements across C-CATT. This now needs careful monitoring to ensure recovery continues
- To further address demand, C-CATT have established Saturday clinics to deliver 7 day follow ups. This are very well received by both families and staff and are supporting recovery and stabilisation
- The developing Mental Health (MH) Paediatric liaison model is currently at the recruitment stage and continues to present recruitment challenges. In the interim C-CATT have been providing support to wards.
- Workforce continues to challenge across the whole of the CAMHS system. The ongoing workforce steering group is working to look at new ways to recruit and ret

- West Essex Hub remains under review by NELFT and ICB quality leads to ensure patient safety is maintained and staff and service users feel supported. There has been success in recruiting to team manager, clinical lead and 72-hour bed senior posts. Despite the pressures of staffing within the crisis team they continue to achieve against their key performance indicator with 100% of CYP seen within 4 hours.

- NELFT continue to work in partnership with Health Care Resource Group (HCRG) who are managing the getting help (previously tier 2) referrals. Currently the figure for completed pathways within 18 weeks is 82%.

Assurance Report - Child and Adolescent Mental Health Services (CAMHS) Continued

Summary description	Next steps and ongoing monitoring

Southend,Essex Thurock (SET) New CAMHS LD post

It is intended that the postholder will support work in terms of (but not limited to) adapting interventions for CYP with developmental difficulties, Autism Spectrum Disorder (ASD), Attention deficit Hyperactivity Disorder (ADHD) alongside developing training to support professionals with behavioural analysis and Tics and Tourette's.

- To support case management NELFT propose to provide a training session followed by regular consultation slots for paediatricians to discuss cases and identify a clear plan of care which will support children, young people and their families. Discussions are taking place with HCRG to implement this in West Essex with plans for wider rollout once established.

Primary Care Network (PCN) Posts

As part of the expansion of community based mental health services Clinical Directors of PCN's pan Essex are in support of the broad agenda for extending Children and Young People' s Mental Health Practitioner (CYP MHP) roles.

CYP MHP would operate as part of the primary care multi-disciplinary team and will be fully integrated into response and management pathways, to provide a combined consultation, advice, triage and liaison function for those registered with the practice

- These roles will be in place across SET with plans for 2 posts within west Essex.
- West Essex has identified that Nuffield House will host one of these posts.
- There will be a process of phased recruitment and implementation which will likely be based on funding availability.

Care Education Treatment Reviews

West Essex Care Education and Treatment Review (CETR) Team has established an effective single CETR & Dynamic Support Register (DSR) service for the Transforming Care Programme (TCP) and is the most effective CETR team in the region carrying out the highest number of CETRs.

The current capacity means that only CYP known to SET CAMHS receive a CETR via the team and to develop the DSR further additional staff will be required.

- Funding has been agreed and recruitment is progressing in preparation for potential increasing numbers of CYP requiring CETR from January 2023 because of planned NHSE changes.

Tier 4 CYP Waiting

Bed position For collaborative	Beds Closed Currently	Beds Occupied	Beds Vacant	Planned Admissions & Planned Assessments	Beds Closed Last Week	Beds available	CYP waiting
WC/17/10/2022	39	106	13	5	39	8	8

Assurance Report - Mental Health Quality Update

Summary description

Mental Health Adults

Quality Assurance Visits (QAV). HPFT and Essex Partnership University Trust West Essex Community Mental Health Teams

- Recent QAV focus has been on themes from serious incidents and Patient Safety incident response framework (PSIRF). Areas visited - adult acute services and community services.
- The main focus of visits has been risk assessments, care planning, documentation and staff support.
- Vacancies in the services remains concerning for both Trusts – HPFT and EPUT. Noted areas of improvement in line with recommendations from quality visits.

Waiting Times

- The community eating disorder service has seen an improvement since June
- Routine referrals seen within 28 days shows a slight increase. Although ongoing capacity issues within the community mental health team.
- Increased pressure on services, higher caseloads and people waiting longer for assessment has affected the 18-week waiting time. Other areas have impacted this, in particular within CAMHS - not seen for a long time and Early Memory Diagnosis and Support Service (EMDASS). Workforce challenges are also impacting on the waiting times for treatment

Workforce

- Improvement seen for both sickness and training

Delayed Transfer of Care (DTOC) and OAPs

- A delay in transfers of care has decreased to 10.96% , although high levels of delay remain in Adult Acute services caused by insufficient placements available for people with complex care needs.
- Out of Area Placements (OAP) trajectory improved, although has not been achieved against NHSE target.

Single Point of Access (SPA) - Herts Mental Health Access

- Previously called “SPA Review” needs to be a system led piece of work focusing more widely on all mental health access points. It is therefore proposed that a “Herts Mental Health Access” programme of work is led by the Herts MH, LD & A Collaborative, and the Board for agreement and sign-off on 21st October 2022

Next steps and ongoing monitoring

- Recommendations from QAV has been actioned and follow up visits planned.
- Risk assessment- HPFT has been delivering Simulation training for all staff and external agencies. Essex Partnership Foundation University Trust (EPUT) staff has been invited for the training in November to share learning.
- HPFT - Notes upwards trajectory for risk assessment –94.87% completed.
- Future visits will be focused on inpatient services , children services and rehabilitation.
- QAV is scheduled to take place across Essex in line with partnership working.

- When new staff are in place, ED target should be achieved at the beginning of November
- Recovery action developed for 28 days and reviewed at the Technical meeting for commissioners' oversight
- Additional staff recruited on a temporary basis to cover large demand increase and recover backlog.
- Agency rate pay increase to secure posts
- Electronic referral and digital assessment support offers in development
- Long term plans to improve recruitment and retention in place.
- Weekly performance oversight meeting in place and monitoring progress against backlog trajectory. Progress remains in line with agreed trajectory, although noted challenges with continued demand.
- Deep dive will be carried out on 18 week waits and data quality cleansing
- Staff Sickness Rate reduced to 4.7% and the rate of mandatory training completed and up to date is now above the 92% target
- Multi-Agency Discharge Events (MADE) held regularly to support DTC and complex care. Commissioners attended for oversight purposes and taken to the Technical meeting on 11th October. The event brings together the local health and care. Support and embed improved patient flow across the mental health system. Recognise and unblock delays challenge, improve and simplify complex discharge processes. Gain mutual learning
- OAPS recovery plan completed and overseen by MH Commissioners. Q2 Recovery plan submitted to NHSE

Maternity - Highlights

LMNS: Herts and West Essex

Maternity Deliverables Overall RAG

Milestones	Due date	Current assessment
Capability and Capacity Framework: LMNS progressing action plans against domains and ensuring direct reporting line to ICB	30 March 23	
Workforce:		
Each provider is submitting their workforce plan every six months to board.	27 Oct 22	
Maternity units are achieving two ward rounds a day in line with the Ockenden ask	27 Oct 22	
All trust are using the Core Competency Framework to support the training and upskilling of their Maternity Support Worker's. MSW's	27 Oct 22	
Training programme in place to progress band 2 to band 3's	27 Oct 22	
Band 3's make up a minimum 10:90 (MSW to Midwife) ration in-line with Birth Rate Plus recommendations	27 Oct 22	
Transformation:		
LMNS progressing actions set out in equity strategy with working group in place including MVPs and other stakeholders.	30 Dec 22	
LMNS progressing Midwifery Continuity of Carer implementation (where safe staffing levels allow) with support from Regional Implementation Leads	30 Dec 22	
MMN: All LMNS actively engaged with CUH and NNUH which will strengthen clinical referral pathways and ensure women and birthing person receives the right care at the right time	30 Dec 22	
LMNS' supporting Digital Midwives in progressing the key actions set out in the digital strategy	30 Dec 22	
Safety:		
Following the 'Ockenden Assurance Visits' feedback, the LMNS monitors and has oversight of the maternity service action plan with trajectory's to achieve full compliance, with the Ockenden &IEA's.	28 Feb 23	
The LMNS supports the implementation of Saving babies lives bundle to achieve CNST Maternity Investment Standards - safety action 6 and Ockenden	31 Jan 23	
LMNS progressing implementation of NHS Smoke free pregnancy pathways and delivery plans to ensure availability of 46% of maternal smokers by March 2023	30 Mar 23	

Assurance Report - Children Young People and Maternity Q2 Update

Summary description	Next steps and ongoing monitoring
West Hertfordshire Teaching Hospitals NHS Trust (WHTHT) - Maternity • For June 2022 a higher rate of maternal obstetric haemorrhage (MOH) was noted at 3.9% and a thematic review conducted. • Delays in the induction of labour have also been recognised as an area of focus. • Staffing challenges for maternity services with a vacancy rate of 18.7%, as defined within the overall maternity service staffing escalation (please note on slide 19)	• Actions from the maternal obstetric haemorrhage review have been put in place and a reduction has been seen from 3.9% in June 2022 to 3% in August 2022. An induction of labour audit is underway to assess the impact of the delays and the development of an action plan to support improvements. • A joint maternity quality assurance visit (QAV) is planned for October 2022.
East and North Hertfordshire NHS Trust - Maternity • Staffing remains a concern across medical and nursing midwifery specialities with a 15% vacancy rate in midwifery • Risk regarding Mult-Disciplinary Team and midwives mandatory training and face to face • Impacting care provision and compliance with guidance. At risk of not meeting Maternity Incentive Scheme requirements regarding training • Safeguarding- issues related to supervision and training. Please refer to safeguarding section within the report.	• CQC inspection to Maternity Department in October 2022. Awaiting report and outcome • ICB Nursing and Quality Team - Regular quality assurance meetings and visits in place with the Trust • HWEICB safeguarding visit to maternity unit (September 2022)-number of areas identified and escalated to Trust.
West Essex - Princess Alexandra Hospitals Trust Maternity (PAHT) **Midwifery Recruitment:** 16 new midwives have commenced post, there is a preceptor midwife now in place, staff will rotate every 6 months to ensure flexibility to work in all areas. Further midwives are initiating employment at PAHT during October. **Obstetric Recruitment:** There has been successful recruitment to two substantive consultants (Maternity Transformation and Diabetes) filling a gap in service. There are two substantive consultant posts out for advert now (Risk Management post and a General Obstetrics and Gynaecology). A recent successful round of Registrar interviews resulted in 5 appointments. **Joint Regional NHSE and ICB visit:** This visit was an NHSE regional supportive visit requested by The Director of Midwifery at PAHT to ensure the service is making progress towards achieving an outstanding rating from CQC . PAHT invited representatives from Hertfordshire and West Essex to join the regional team to ensure ICB awareness of service delivery and progress. NHSE shared that it is likely CQC will wish to visit all maternity units imminently (by April 2023) with a focus on safe and well led alongside multidisciplinary team working. Findings were positive with evidence of cohesive working and a clear line of sight of all activity within maternity services to board.	• Workforce plan in place which is focusing on supporting new staff, reviewing roles and how PAHT can work differently. • Verbal feedback was given on the day to the Senior Executive Team and detailed report will be complied by NHSE and shared with PAHT in due course.

Assurance Report - Children Young People and Maternity Q2 Update Continued

Summary description	Next Steps and ongoing monitoring
West Essex Princess Alexandra Hospital Trust (PAHT) Paediatrics **PAHT Mandatory Training Compliance** PAHT are not currently meeting the trust target for mandatory training within Family and Women's services. Issues impacting this include ward acuity, staffing and cancellation of training sessions. Within the paediatric department compliance with Safeguarding training and Paediatric Basic Life Support being highlighted as a particular concern. Safeguarding children supervision compliance is 50% in Paediatrics and 27% in Maternity with trajectory in place to achieve 85% compliance.	• Changes have been made to how some of the training is delivered and staff can now access training online. • Additional supervision sessions are being delivered to increase compliance with some sessions being delivered by staff during unsocial hours. • There is a Preceptorship programme in place to support all new staff. • A trajectory has been requested and monitoring of this will continue through the monthly Paediatric Quality Group meetings.
Autism Spectrum Disorder (ASD) Diagnostic Pathway Business Continuity Referrals for ASD diagnosis have increased >200% since the contract was let in 2017, with the greatest growth seen within the last 2 years. This has created a large waiting list and very long waiting times to diagnosis. South & West- 843 East & North -726 waiting for ASD assessment. An average of 39 are added to the ASD waiting list a month in South and West Hertfordshire and 52 to the waiting list a month in East and North Hertfordshire. Owl Therapies have been commissioned to provide additional diagnostic assessment capacity for ASD and have seen 100 children in South and West Hertfordshire with the intention of seeing 450 to 500 by March. In East and North Hertfordshire 5 children have been seen so far due to the contracting process being delayed in ENHT by 6 months but they are working to catch up.	• Additional ICB investment has been used to increase capacity through sub-contracting Mind Professionals, offering additional sessions to existing staff, recruiting a clinical psychologist and dedicated admin support. • A business continuity action plan is also being implemented, including changes to the referral process for which the GP Clinical Lead is fully engaged, taking a targeted approach to school observations where necessary, increasing competencies to build further capacity in the existing workforce, and offering a check-in contact with some of the longest waiting families to reassess needs. • The ICB and Provider have developed local reporting which provides greater detail of waiting times to closely monitor the position and impact of business continuity measures as they're phased in between July 2022 and January 2023. • It should be noted that demand for ASD diagnosis is only one of many increasing pressures on the community paediatric service for which a deep dive review is being carried out. • A programme of work is being developed across the ICB since similar significant pressures also exist in Hertfordshire.

Escalation Report - Care Homes

Subject	Key issue summary	Next Steps and ongoing monitoring
Avoidable secondary care admissions. Place based South & West Hertfordshire	Increase of care home avoidable admissions seen during Q2. . Lack of emergency care practitioner service supporting care home staff in admission avoidance. **Risk-** Poor resident outcomes. Reduced care home staff confidence. Increased pressure on ambulance service and secondary care	Face to face visits by CHIT nurse to discuss admissions training /advice/support provided where required. Reminder of use of admission avoidance pathway. Identification of key themes of avoidable admissions and plan training /support to ensure care home staff confidence to manage. Engage system partners to offer additional support where this will be beneficial. Assurance that patient choice of place to die is clearly understood by all staff and alternative services are utilised to ensure residents receive the best quality of care in their home Discuss and planning for further actions at weekly CHIT meeting. Escalate immediately where risk continues/increases.
Safety Improvement (SIP)/Quality monitoring Process ICB wide	9 care homes currently in a SIP/quality monitoring process. 4 homes with an admission embargo. Frank Foster WE Osborne Court EN Provider change imminent St Elizabeths EN Jacobs and Gardens EN Provider change beginning of September The main themes from all homes In SIP is around Poor Governance and leadership, Documentation care planning with no outcomes, Oversight Risk awareness (nutrition and hydration a key area along with medication), Resident choice and engagement and quality of service to meet individuals needs Two providers causing significant concerns remain; St Elizabeths: St Elizabeth's announced they would be closing their Adult Home with Nursing by 30th November following a CQC decision to issue a Notice of proposal for closure Jacobs: Change of provider to Elysium from Ramsey. Quality issues found by numerous clinicians visiting. Multiple Safeguarding alerts made with regards to Failure of due diligence on transfer of ownership, safe monitoring of patients, Unstable leadership, No pt or staff engagement, not reporting incidents, GP issues, lack of nutrition and dietetics' support Closures:- WE: Moat House Older people x 72 beds only 17 currently occupied SW: East Bury House Adult Disability Services 2 beds Hewlitts 2 beds EN: Amblesidex 4 beds Jubilee Care Trust 2 beds LeaHoe 1 bed	Visits by quality improvement leads and county council colleagues undertaken for action plan and improvement oversight and assurance. CHIT nurses in South & West Hertfordshire/ECHP in East & North Hertfordshire/provider quality team in West Essex to support with advice and training. 6 weekly formal strategic management meetings within Hertfordshire to ensure assurance, improvement; and sustainability. 6 weekly SIP meetings. Where risk is identified between SIP meetings, escalated at the weekly support to care homes meeting, Hertfordshire and Multi Agency Care Provider Hub meeting in West Essex. • St Elizabeth's; During a further consultation period, all commissioners have continued to act on contingency plans to identify alternative placements for the 83 people affected by the initial decision to close the Adult Home with Nursing. Residents and families have welcomed this approach. This closure is being led by HCC and the safeguarding team. Staff leaving has been noticed as increasing and quality and risks managed weekly by senior meetings with the provider CEO • The Jacobs; Other commissioners informed of concerns. HWE CHC teams are carrying out checks on all pts .Senior ICB staff visit to home to discuss concerns with new Director and Clinical Lead. Staffing remains a challenge as staff chose to stay with Ramsey. International recruitment ongoing. Multi Disciplinary Meeting held. Three visits per week on going looking at different aspects of care delivery. Weekly staff rotas checked and then validated on visits. Formal embargo placed following meeting Increase of COVID cases being seen in care homes who then require additional training around Infection Prevention and Control and Personal Protection Equipment as good practices has reduced across the ICB. Challenges with minimal staff to support the number of homes.

Assurance Report – Primary Care Update

Summary description

Table of CQC Ratings for GP Practices in Hertfordshire and West Essex – October 2022

Place	Outstanding	Good	Requires Improvement	Inadequate	Inspected awaiting publication	Total
East & North Herts	0	48	2	0	1	**51**
South & West Herts	1	53	0	0	0	**54**
West Essex	1	28	0	1	0	**30**
Totals	**2**	**129**	**2**	**1**	**1**	**135**

- **Garden City Practice (Welwyn Garden City)** was recently inspected by the CQC. The outcome of this inspection is awaited .

Next steps and ongoing monitoring

- CQC Masterclass programme available to all practices. CQC/Quality updates in place-based GP Bulletins and Practice Manager Forums
- Development of a rolling programme of supportive quality/contract visits and reviews
- Use of CQC reports to further identify themes and learning for all practices and disseminate these to practices
- Development of a risk resilience dashboard across the whole ICB so that practices can be provided with support in a timely and proactive manner. Discussion of practices identified as high risk at placed based risk and information sharing groups to enable proactive timely support as required
- Support from ICB specialist teams, for example Medicines Optimisation team, Infection, Prevention & Control team, Safeguarding team. Plan to hold a lunchtime session for practices on CQC Inspections- to be linked with changes in CQC Inspections when further information available.

Practice rated Inadequate- Lister Medical Centre, Harlow, West Essex

CQC report published June 2022 – practice rated as inadequate, placed in special measures and 3 warning notices received -P***lease refer to escalation slide for further details***

- Full contract/ quality visit carried out by ICB on 3rd October 22 and ICB Summit meeting on 11th October – next steps agreed- continue to monitor/ support & carry out follow up contract/ quality visit – end November 22
- 13th October 22- Meeting with Practice Partners to feedback outcome of Summit meeting and to provide detailed feedback on the recommendations in the Contract/Quality visit report

Practices rated Requires Improvement - East and North Herts

- **Buntingford Medical Centre**'s CQC report has recently been published, with the practice being rated as 'Requires Improvement' overall and in the 3 domains that were reviewed – safe, effective and well-led. Breach notices were issued and the practice is required to develop an action plan in relation to these areas. Further information is included in the escalation slide.
- **Stockwell Lodge Medical Centre** is awaiting reinspection. All required actions are complete and the ICB continues to support the practice, with a visit planned in the coming months.

- Initial meeting with contracts and quality team planned for 13th October and a support plan will be discussed.
- Safeguarding Named GP for the locality has contacted the practice in relation to the safeguarding concerns raised by CQC as it was felt urgent support was required.

Whistleblowing concerns raised to the ICB and currently being managed:

- **Hatfield Road Surgery (South and West Herts)**– response from GP didn't provide assurance to the Primary Care team. Further actions, monitoring and support taking place
- **Bancroft Medical Centre, Hitchin (East and North Herts)** - concerns were raised by a former employee regarding the management of concerns she raised during her time working at the practice. Quality

- Development of the HWE ICB guidance on actions to take when the ICB received concerns from General Practice employees/contractors to ensure consistency in process
- Contract/quality visits to ensure practices have in place a process to enable staff to raise concerns

Assurance Report – Care Quality Commission (CQC) Summary Inspections Update

Summary description	Next steps and ongoing monitoring
West Hertfordshire Hospitals NHS Trust (WHTHT) - Maternity All 'must do' and 'should do' actions are nearing completion with remaining open actions outlined below. • Adequate midwives provided to ensure safe service for women without limit to choices of the delivery environment • Staff appraisals • Nitrous oxide monitoring	• 27 new qualified midwives due to start between September 2022 and January 2023. • Appraisal rates reached 89% in July 2022 and a plan is in place to address the remaining gap. • Nitrous oxide air purifying systems now in place with audit underway to assess impact. • Ongoing monitoring via bi- monthly maternity touch points with WHTHT and routine assurances as part of joint Quality and Performance meetings.
Royal Free London Hospitals NHS Trust (RFL) - Maternity • Following the August 2021 maternity Care Quality Commission (CQC) report an improvement plan was developed. • All actions for Barnet Hospital (BH) remain on track for completion within the target timelines. Actions due for closure in October 2022 include embedding process for dissemination of quality and safety information and lessons learned from incidents, Duty of Candour and complaints staff training, improving patient information regarding access, condition, treatment and raising concerns.	• Barnet Hospital continues to monitor the safety and leadership of its maternity services through governance processes including the risk register. • Continued focus on engagement activities with targeted groups of women representing different population groups and using feedback to make informed decisions on service improvements and redesign. • Quarterly oversight maternity focused assurance group is in place including North Central London Integrated Care Board and Herts and West Essex Integrated Care Board.
Hertfordshire Partnership University NHS Foundation Trust (HPFT)- Forest House CQC inspection of Forest House on 6th and 7th July 2022 included interviews with members of multi -disciplinary team. The CQC then undertook a follow up inspection on Sunday 24th July. During this visit the inspectors focussed on reviewing CCTV. On the 18th August 2022 Hertfordshire Partnership Foundation Trust (HPFT) received a draft Section 29A Warning Notice following the recent inspection. The Notice identified two areas requiring significant improvement: • Managers did not ensure care environments were safe and fully equipped to meet the needs of patients. • Staff did not consistently search and clear rooms used for seclusion prior to the young people being secluded. We were concerned that such rooms may be unsafe to use for seclusion due to different available items and materials within the room, which could cause harm.	• Following informal feedback during the Forest House Inspection, HPFT commenced work on capital project, installing call bells into Forest House. Preferred suppliers have been identified and survey to support the estates work completed. Programme to install call bells is scheduled to be completed and operational by end of October 2022. • There is specific context to the incidents quoted and the Trust has responded to CQC to details of this, alongside clinical decision making to outline risk-based approach taken. Opening of High Dependency Unit (HDU) at Forest House planned for the end of September, will provide additional space to support individuals with high acuity/complex needs. • The Trust has responded to the Warning Notice asking the CQC to consider if after reviewing information provided, they believe HPFT continue to require the Notice. • Opening of High Dependency Unit (HDU) at Forest House planned for end of September, will provide additional space to support individuals with high acuity and complex needs, which aims to reduce the use of seclusion.

Assurance Report – Care Quality Commission (CQC) Summary Inspections Update

Summary description	Next steps and ongoing monitoring
Princess Alexandra Hospital NHS trust CQC Section 31 has been reviewed as part of internal round-table comprising Urgent Emergency Care Triumvirate Executive team . Acknowledged conditions on licence, team commended for progress made. Trust continue to report weekly to the CQC in terms of ED (adult and paediatric) workforce, clinical observations, risk assessments and time to triage. To date improvements had been consistent and sustained. Engagement through clinical effectiveness groups and support delivery of action plans through peer review and planned quality assurance visits to clinical areas. Trust is making good progress and have shared July ED audit data set submitted to CQC. Formal request approved to not submit data in Aug to allow ED Nerve centre model to be embedded.	• Chief Executive Scrutiny Panel for Emergency Department presented 11th October 2022 to update on progress against actions and reporting back on outcomes • West Essex Quality Team undertaking external peer review for the Emergency Department on 19th October 2022 as part of assurance and improvement focussed visit • Trust went LIVE with successful implementation of Nerve centre Module in Emergency Department 27 July to support trust-wide implementation of electronic patient record / Manchester Triage Tool embedded as part of this system

Assurance Report – Infection Prevention and Control Update

Summary description

Healthcare Associated Infection (HCAI) Data (To end of August. Sept data not yet available from UKHSA):

The following data is of note:

C. difficile:

- At the end of August both SWH and WE SICBLs were roughly equal to their allocated ceilings, whilst ENH was 25% above. Interestingly in the ENH population, less than 50% of these were associated with healthcare.
- All 3 acute trusts were above their trajectory and the regional rate for acute trusts in East of England (EoE). ENHHT was almost 50% above their trajectory at this point. PAHT had an infection rate (per 100,000 population) which was the third highest infection rate amongst the 14 trusts in the region.

MRSA Blood Stream Infection (BSI):

Only 5 cases were reported across the ICB since April 22, all of which have been associated with healthcare and are awaiting case reviews later this month.

MSSA Blood Stream Infection (BSI):

- Although there are no ceilings allocated by UKHSA, it was notable that all 3 SICBLs were still below the EoE rate per 100,000 population.
- Following implementation of a remedial action plan to improve IV-line management and aseptic technique, PAHT also now had a rate below region. However, ENHHT and WHTHT still remained above the EoE regional rate per 100,000 population (39% and 12% above respectively). WHHT had the second highest rate amongst the 14 trusts in the region.

E coli Blood Stream Infection (BSI):

- SWH was 26% above its allocated ceiling. All SICBLs were below regional rate.
- All 3 acute trusts were above their allocated ceilings, but none were outliers when compared to the rates of infection within other trusts in the region.

Klebsiella Sp. Blood Stream Infection (BSI):

- All 3 SICBLs were above their allocated ceilings and above regional infection rates at this point
- Whilst ENHHT and PAHT are performing well when compared to ceilings, WHTHT have the highest rate within the region. The reason for this needs to be better understood.

Pseudomonas aeruginosa Blood Stream Infection (BSI):

- WE SICBL has an infection count above ceiling, and rate above that of the region.
- All 3 acute trusts are performing well.

Next steps and ongoing monitoring

The ICB IPC team produce and disseminate a monthly HCAI report with comparative data analysis that facilitates discussion with individual service providers.

There is currently a system wide process for review of HCAIs (MRSA BSI and CDI) and identification of learning. However, a review and overhaul of this process is currently under way to establish the best way forward to maximise quality improvements and capture root cause data for community associated cases as well as those associated with healthcare, especially gram-negative blood stream infections. This should be finalised by November 2022.

The draft ICS 5 -year IPC strategy prioritises key areas that will positively impact on rates of HCAIs locally such as programmes to strengthen IV access practice, Aseptic Non-Touch Technique (ANTT), urinary catheter management etc. The strategy also includes re-establishment of the UTI workstream which will specifically impact Gram negative blood stream infection rates. A second workshop to agree this programme of work is due to be held in January 2023.

Where trusts are outliers, they produce action plans to address this. Assurance regarding the implementation of these and the identified learning from case reviews is reported and monitored via each trust IPC Committee. This includes reporting of Trust audit programmes and results.

Learning and challenges are disseminated widely and discussed at the monthly system IPC network forum meetings.

Assurance Report – Infection Prevention and Control Update

Summary description

Incidents and Outbreaks COVID 19 -The number of reported outbreaks and clusters had increased quite dramatically for the period from July – September 2022 – In total, 64 new outbreaks relating to Covid 19 were reported and investigated which is an increase of 27 from the previous quarter (37 reported) - 8 in West Herts Teaching Hospital Trust (WHTHT), 4 in ENHT, 2 in Hertfordshire Community Trust (HCT), 13 in PAHT, 24 in Hertfordshire Partnership University NHS Foundation Trust (HPFT), 1 in Essex Partnership University Trust, 1 in a hospice, 8 in independent hospitals and 3 in primary care. In addition, there were 8 clusters relating to Covid – 1 in HCT, 2 in independent hospitals, 1 in a hospice and 4 in primary care. **At the end of August 2022, PAHT reported a Norovirus outbreak, with 5 confirmed cases.** The affected unit (Opal) was closed during this time and all IPC preventative measures were implemented.

- **East and North Herts Trust (ENHT) reported an outbreak of MRSA** in the neonatal intensive care unit (NICU) which involved 5 babies (4 of which are sets of twins). There was possible cross transmission although it was not clear what contributed to it. A quality visit was implemented, and an action plan developed which will be reviewed in weekly IMT meetings.
- **ENHT also reported an outbreak of Carbapenemase Producing Enterobacteriaceae (CPE) in ward 8A** Delayed screening of patients may have been a contributory factor in these cases. The outbreak involved 3 patients. Two of these tested positive to Klebsiella NDM and one to E-coli OXA.

- There has been an increased incidence of **group A strep** (GAS) both nationally and locally. Within HWE there have been 2 clusters reported:
  - ❖ PAHT - 2 cases reported in the maternity unit. The Trust implemented procedures in line with national guidance on group A strep associated within health care settings. The Trust investigated the cases and established that the two cases were looked after by 2 different teams and there was no evidence of staff cross over.
  - ❖ HCT - involving 6 cases, of which, 3 were confirmed as invasive group A strep (iGAS) cases, 2 were confirmed GAS cases and 1 possible clinical case. All community staff working within the 2 teams were swabbed and none were identified as being positive. Those samples that were tested positive from the patients and sent for sampling were all identified as having different typing. Therefore, no microbiological links were identified.

- 3 separate incidents were reported involving confirmed monkeypox cases working in schools/nurseries. All close contacts were investigated, and no cross contamination was identified. A contract of variation was developed and agreed with Commisceo, to include the investigation, screening, treatment and ongoing management of possible/probable cases in the under 18's and any other housebound patients.
- **HWE ICS IPC 5- year strategy:** A workshop was organised and implemented in August, to discuss the draft system wide 5- year IPC strategy. There was excellent attendance from all provider organisations across the system including colleagues working in health and social care.
- **Primary Care:** The IPC team continue to support primary care colleagues with issues relating to IPC. This has included further additional IPC training sessions being arranged for the link practitioners.

Next steps and ongoing monitoring

Incident Management Team (IMT) meetings continue to be implemented on a regular basis. Advice and support is provided at these meetings. Affected units develop, implement action plans and progress of the action plans are monitored at these meetings. Outbreaks are also regularly discussed at the following meetings and progress of the action plans are monitored:-

- Monthly Infection Prevention and Control ICS network meetings Quarterly IPC ICS meetings
- Provider IPC committees
- Webinars

- Weekly IMT meetings continue. Awaiting typing results. Continued monitoring of the progress of the action plan

- Regular IMT meetings continue. One of the lessons learned is to increase CPE admissions screening in wards with vulnerable patients such as 8A (gastrointestinal ward).

- Staff to continue to monitor for any positive cases of GAS/iGAS
- To follow up the outstanding sample results from staff

- To monitor the revised contract of variation

To update the draft 5- year strategy to review the priorities that should be incorporated into the plan
Arrange a follow up workshop to agree on the revised priorities and to plan and agree on who is doing what and when

Continue with monthly webinars
Continue with the implementation of the ICAT IPC audit programme

Escalation Report - Infection Prevention and Control Update

Subject	Key issue summary/Risk	Mitigating actions and timelines	Next steps
Clostridioides difficile infection (CDI) rates at WHTHT, ENHHT & PAHT are currently above the EoE region al rate per 100,000 occupied bed days.	• Extended hospital stays due to CDI • Risk of increased mortality from CDI • Risk of outbreaks of CDI resulting in loss of acute bed days and therefore negative impact on system flow • Negative impact on patient experience	• All cases subject to root cause analysis and antibiotic review • Review of themes in learning identified through RCA – including documentation of stool, use of laxatives, PPI usage • Discussion of all trust cases at divisional governance meetings • Structured peer reviews undertaken involving key internal and external stakeholders • Trust action plans developed including a staff training plan, including mock CDI RCA at acute trust IPC study day in August 22 • Monthly trust-wide antibiotic usage data continues to be monitored via trust antimicrobial stewardship groups • First meeting of the ICS Antimicrobial Stewardship Technical Working Group held this month – TOR agreed	• Agree and Implement revised ICS process for case reviews and learning by November 22, including process for review of community associated cases • Draft HWE ICS IPC 5 - year strategy to be agreed by all stakeholders by March 23. Further workshop to be held in January 23.
Increase in the number of COVID 19 cases including the number of COVID 19 outbreaks and clusters being reported	• The number of reported individual cases and outbreaks increasing • Risk of increasing the bed pressures within the system – may result in bays/ward closures • Possible increase in the number of ITU beds being blocked • High numbers of staff being involved which may impact on business continuity and patient safety	• Regular attendance at the IMTs • Discussion at the monthly network meeting – reassessing the risks associated with the hierarchy of controls – particularly, regarding mask usage • Ensuring appropriate development and implementation of risk assessment in terms of Living with Covid guidance and monitoring the impact on patient's and services • Monitoring IIMARCH submission data • Review and update internal outbreak spreadsheet on a weekly basis • Monitoring the uptake of staff vaccinations regarding the Covid 19 Autumn booster	• Continue supporting staff at the monthly IMT meetings • Continue to identify learning per outbreak and to disseminate the learning across the system via the system monthly network meetings • Continuing to promote collaborative working across the system to encourage patient flow • Promoting and encouraging staff to have the Covid 19 Autumn booster

Other Areas for Noting – Patient Safety Incident Response Framework Update

Summary description	Next steps and ongoing monitoring
Patient Safety Incident Response Framework (PSIRF)	• Final guidance published 16th August 2022 and ICS implementation plans being developed. • Integrated Care Board Lead is member of the NHS England regional implementation group to support a consistent approach across systems, including a consistent approach for providers spanning multiple systems. • Initial Herts and West Essex system workshop held 26th September, with monthly sessions planned over the next 12 months. • Integrated Care Board governance processes being developed for approval of provider plans. • Ongoing work with NHS England to understand expectations for implementation of framework for smaller non-NHS providers (excluding primary care).
Involving Patients in Patient Safety (Patient Safety Partners)	• Funding approved by Integrated Care Board Executive Team for Patient Safety Partners within the organization. • Recruitment underway, with support from Healthwatch Hertfordshire and Healthwatch Essex as well as internal communications and engagement colleagues, with closing date of 1st November. • Patient Safety Partner policy to be co-produced with Patient Safety Partners once recruited.
Transition from National Reporting and Learning System (NRLS) and current Serious Incident database (STEIS) to Learning from Patient Safety Events (LFPSE)	• Assurance being sought from main providers regarding transition plans. • Initial information regarding the new incident reporting system has been cascaded to primary care via bulletins. • ICB developing plans for transition from current Serious Incident database to the Learning From Patient Safety Events database; transition is required by April 2023.
Medical Examiner System for community deaths	• Assurance being sought from main providers regarding transition plans. • Initial information regarding the new incident reporting system has been cascaded to primary care via bulletins. • ICB developing plans for transition from current Serious Incident database to the Learning From Patient Safety Events database; transition is required by April 2023.
Patient Safety Education and Training	• Level 1 training made mandatory within the Integrated Care Board with good uptake (August data 81% compliance for Level 1). • Options paper currently being prepared for Integrated Care Board Executive Team regarding roll out of Level 2, outlining options for level 2 to be mandatory for different levels and cohorts of staff.

Other Areas for Noting - Quality Assurance Update

Summary description	Next steps and ongoing monitoring
East of England Ambulance Services Trust (EEAST) • Significant delays in arrival to handover times at all acute hospitals continue, worsening in recent weeks. This is also a significant driver for increasing delays in ambulance response times. Although there were slightly fewer SIs in Q2 compared to the previous quarter most SIs continue to be related to delays. Delays also feature in complaints and Friends and Family scores have dropped to 92% in April to 89% in July. • Safeguarding referrals increased from 2500 in April to 2850 in June. Later data is unavailable due to Adastra being offline.	• EEAST attend the daily system calls and are working with partners to improve flows and review of escalation procedures. The Hospital Ambulance Liaison Officer role continues in 2022/23 to help manage ambulance handovers. • SI's are reviewed by each place-based SI panel.
Herts Urgent Care (HUC) • HUC are expanding their quality team • Increasing levels of staff turnover, especially for Health Advisor roles. • Freedom to Speak Up Guardian provision is progressing • No new SIs and reducing levels of complaints • Adastra outage affected HUC operationally and has slowed the production of quality and performance information	• The new quality team structure has been shared with the ICB. A review of the terms of reference for relevant meetings will be undertaken. • Staff turnover is monitored through the Quality Review Meeting. HUC are looking at what is driving this and are putting actions in place to reduce turnover and ensure vacant posts are recruited to. • Learning from the Adastra outage will be shared and performance information will be reviewed when it is available.
Cheshunt Minor Injuries Unit (MIU) • A CQC inspection is due in October 2022.	• Regular assurance meetings with the provider are in place. Ongoing issues include staffing and capacity at the unit. Quality Assurance Visit carried out in 2021. • Quality support has been offered and a re-visit is to be arranged.

Other Areas for Noting - Quality Assurance Update

Summary description	Next Steps and ongoing monitoring
West Hertfordshire Teaching Hospitals NHS Trust (WHTHT) - Hospital Acquired Pressure Ulcers (HAPU) • The number of category 2 HAPU remains within upper limits with a peak of 38 cases reported in February 2022 followed by a downward trend reducing to 15 in June 2022. A spike in category 3 HAPUs had been seen between February 2022 and June 2022 reaching 6 cases, however in July 2022 this has reduced to 1 case.	• WHTHT have implemented a data-driven, real-time, ward-level quality improvement approach to HAPU and have recruited to additional Tissue Viability Nurses alongside continued focus on harm free stewardship program to improve correct categorisation, appropriate equipment use and targeted training support. • Details of the quality improvement initiative is due to be presented at a future System Quality Group for shared learning. • WHTHT to monitor on a real-time basis and provide targeted support. Oversight of reporting and improvement actions maintained through monthly Joint Quality and Performance Assurance Meetings.
WHTHT - Falls • WHTHT has continued to focus on reducing falls with improvements evident. A spike of 28 falls with harm was seen in January 2022 which significantly reduced to 10 cases in April 2022, however this is subsequently on an upward trajectory reaching 23 falls with harm in July 2022.	• WHTHT remain focused on reducing falls through the harm free care stewardship program. This includes the use of high risk of high low beds, empowered staff at bedside, provided risk factor training and introduced strong governance process including weekly harm review meetings for more responsive actions. • Oversight of harm free care data continues to be discussed at monthly Joint Quality and Performance Assurance Meeting with a detailed update planned for December 2022.
East and North Herts NHS Trust (ENHT)- Venous Thromboembolism (VTE) Continued variable performance related to VTE. VTE risk assessment completions remain a concern. In August, the Trust reported 55.6% compliance for initial assessment and 39.9% compliance for stages 2, 3 and 4 against target of 85%.	• Electronic Prescribing and Medicines Administration rolled out across all adult in-patient medical and surgical wards during March 2022. • VTE digital options appraisal is in the beginning stages of planning. Retrospective data capture from Lorenzo is possible, in beginning stages of identifying parameters to improve audit data • Progression towards the appointment of a VTE consultant. Consultant for VTE in Planned care • Continue regular clinical engagement to share VTE data, improvement work and learning from Hospital Acquired Thrombosis(HAT) • Continue to monitor training figures for VTE and report the results at Thrombosis Action Group. • Continue the on-going ward focused quality improvement work. • Continue to improve patient engagement and review VTE patient information during admission and on discharge.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Board meeting held in Public				**Meeting Date:**	**18/11/22**	
Report Title:	**HWE ICS Performance Report**				**Agenda Item:**	**11**	
Report Author(s):	• Shazia Butt, Acting Associate Director of Quality & Performance Improvement, South West Herts, Hertfordshire & West Essex ICB • Stephen Fry, Assistant Director of Performance West Essex, Hertfordshire & West Essex ICB • Jo O'Connor, Assistant Director of Performance East and North Herts, Hertfordshire & West Essex ICB						
Report Signed off by:	• Frances Shattock, Director of Performance and Delivery, Herts & West Essex ICB						
Purpose:	**Approval**	☐	**Decision**	☐	**Discussion**	☐	**Information** ☒
Report History:	• Performance Committee						
Executive Summary:	The ICS Performance report provides an overview of the performance and quality of services being delivered by the system against key standards and benchmarks. Issues are escalated by exception with a focus on actions and next steps being taken to address. The following escalation areas were addressed at the Performance Committee: **Mental Health:** Alongside significant demand pressure, one of the key challenges is a lower number of beds per population against the national position, creating a significant performance challenge and financial pressure. Within this context, trajectories are in place for performance improvement and the Performance Committee was satisfied that we continue to monitor against these trajectories. **UEC:** Performance data does not yet suggest improvement in UEC performance. A very comprehensive action plan is in place with improvement trajectories being developed bottom up against priority metrics which will be used for assurance going forward. UEC Board is in place to monitor performance at a detailed level and the Performance Committee will monitor delivery against trajectory.						

Recommendations:	The ICB Board are asked to note the contents of the report and escalation items from the Performance Committee.			
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
	N/A			

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☒
	Tackling inequalities in outcomes, experience and access	☒
	Enhancing productivity and value for money	☒
	Helping the NHS support broader social and economic development	☐
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☐
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☒

Hertfordshire and West Essex Integrated Care System Performance Report November 2022

Hertfordshire and West Essex Integrated Care System

Essex County Council

Hertfordshire

NHS

Executive Summary

URGENT CARE, Slides 6-11:

- Decline in 111 performance and call volumes answered within 60 seconds with major disruption resulting from Adastra outage impacting;
- Ambulance response times remain of concern and continued high number of handovers over 60 minutes remain of significant concern;
- ED 4 hour position saw improvements over the last 2 months however performance remains low, with attendances continuing above historical averages. A deterioration has been seen in the % of patients spending more than 12 hours in department;
- Data does not yet suggest plans are delivering overall improvement for UEC; improvement trajectories for priority metrics are being agreed, aligned to the UEC Action Plan.

CANCER, Slide 17-18:

- Continued high number of 2 week wait referrals following significant spike in May;
- Improvement in 62 day first position however performance remains low with breaches in line with mitigating action plans to treat the longest waiting patients;
- The number of patients waiting >62 days has improved but remains high and behind operational plan trajectory. HWE ICS remains ahead of regional (13%) and national (11.7%) performance for proportion of 2 week waits over 62 days at 10.4% however. ENHT have been de-escalated from Tier 1 to Tier 2 in line with performance improvements, with WHTHT also being recommended for de-escalation;
- Continued improvement against 28 day Faster Diagnosis Standard, with mitigating actions across pathways improving performance.

PLANNED CARE, Slide 13-15:

- Delivery of 104 week recovery plan meeting the target of zero capacity breaches by end of August;
- System is now focused on reducing the number of patients waiting over 78 weeks and has agreed a revised operational plan trajectory; although currently ahead of plan, concerns remain in T&O, Gastro and Community Paediatrics which is not anticipated to meet 0 by March 23. ENHT have been de-escalated from Tier 1 to Tier 2 for 78 wk recovery with assurance plans in place, however WHTHT remain in Tier 1;
- The number of patients waiting over 52 weeks continues to increase and is of concern.

DIAGNOSTICS, Slide 16:

- The number of patients waiting over 6 weeks for a diagnostic test remains fairly static and performance continues below standard;
- A system wide improvement plan is being finalised including trajectories to deliver the March 2023 position and return performance to target.

MENTAL HEALTH, Slide 20-26:

- Dementia diagnosis remains challenged in Hertfordshire together with the number of patients accessing IAPT;
- Pressure for Mental Health Assessments and acute beds continues, with Out of Area Bed placements remaining high;
- CYP eating disorder performance continues to decline in-line with the treatment of long waiting patients in Herts; referrals have stabilised however and all CYP have an initial appointment booked by early Nov;
- Further details on MH demand, complexity of need and acuity across the ICS have now been included in this report.

PRIMARY CARE AND CONTINUING HEALTHCARE, Slides 22-23:

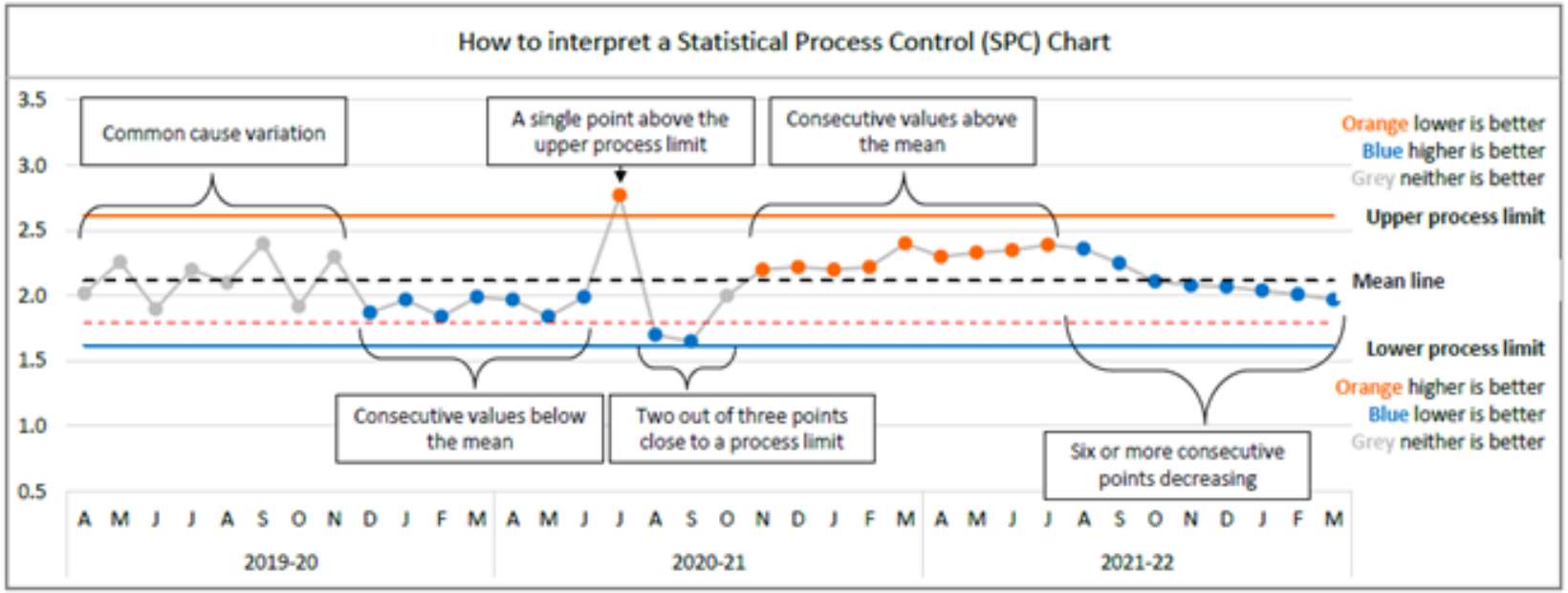
- Total number of GP appointments remain higher than pre-pandemic levels;
- Proportion of face to face appointments continue to increase, reaching 67% in August;
- The number of CHC assessments completed within 28 days remains a challenge, driven by South West Herts.

Executive Summary – Performance Overview

Metric	Latest month	Measure	Variation	Assurance	Mean	Lower process limit	Upper process limit
A&E - 4 Hour Standard	Sep 22	65.9%			68.6%	63.7%	73.6%
A&E - % spending more than 12 Hours in Dept	Aug 22	8.9%			6.2%	4.7%	7.6%
A&E - ED Average Attendance	Sep 22	38865			40124	34170	46079
Trolley Waits	Sep 22	184			159	-23	342
2 Hour Community Response	Aug 22	84.5%			83.4%	64.1%	102.7%
14 day LOS	Sep 22	14.3%			12.3%	10.2%	14.5%
Ambulance - Handover >60 Mins	Aug 22	1205			873	566	1179
EEAST: Cat 1 - Mean (<7min)	Aug 22	00:10:05			00:09:24	00:07:39	00:11:09
EEAST: Cat 2 - Mean (<18 Mins)	Aug 22	00:51:09			00:48:30	00:19:58	01:17:02
RTT - 18 Weeks	Aug 22	56.8%			62.4%	59.2%	65.5%
RTT - 52 Week Waits	Aug 22	10043			8219	6571	9868
RTT - PTL Size	Aug 22	196381			160645	149526	171764
RTT - 104 weeks	Aug 22	4			89	54	124
Diagnostics - 6 Week Wait	Aug 22	66.2%			70.4%	64.1%	76.8%
Diagnostics - PTL Size	Aug 22	37991			35714	28950	42478
Cancer - 2 Week Wait Standard	Aug 22	76.2%			80.3%	70.5%	90.1%
Cancer - 2 Week Wait Referrals	Jul 22	5876			5049	3895	6203
Cancer - 62 Day Standard	Aug 22	68.7%			72.7%	65.3%	80.2%
Cancer - 62 Day Total Waiting	Sep 22	630			612	378	847
Cancer - 104 Day Total Waiting	Sep 22	158			147	90	204
Cancer - 28 Day Faster Diagnosis Standard	Aug 22	68.8%			69.5%	60.6%	78.4%
Mental Health - Out of Area Placements	Aug 22	893			808	481	1135
Mental Health - Dementia Diagnosis	Aug 22	62.5%			61.4%	60.9%	61.9%
Mental Health - IAPT Entering Treatment	Aug 22	2319			2419	1784	3053

A Dashboard including Place and Trust based performance is included within Appendix A of this report

Statistical Process Control (SPC)

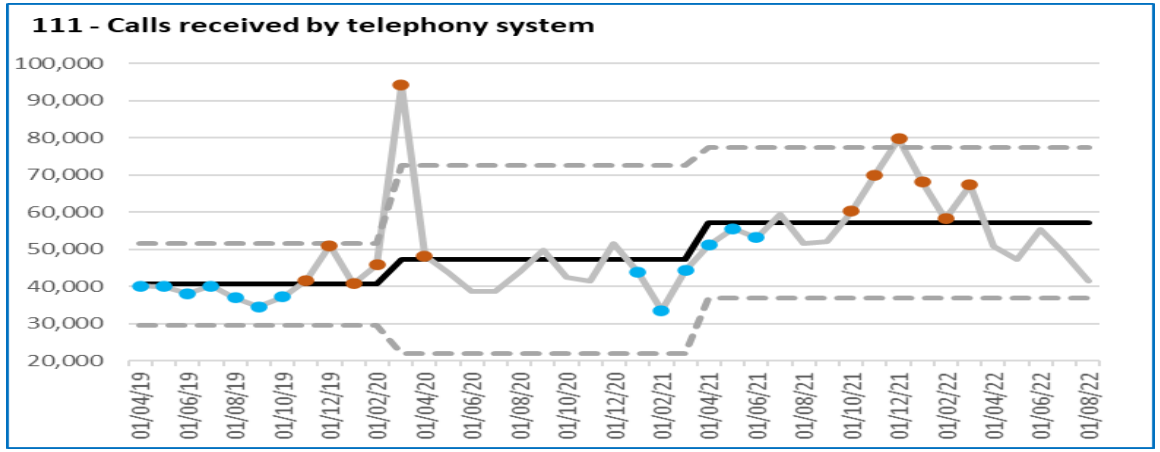


Variation	
H L	Special cause variation of concerning nature due to Higher or Lower values
H L	Special cause variation of improving nature due to Higher or Lower values
	Common cause variation No significant change

Assurance	
F	Consistent Failing of the target Upper / lower process limit is above / below target line
P	Consistent Passing of target Upper / lower process limit is above / below target line
?	Inconsistent passing and failing of the target

Performance by Work Programme

NHS 111



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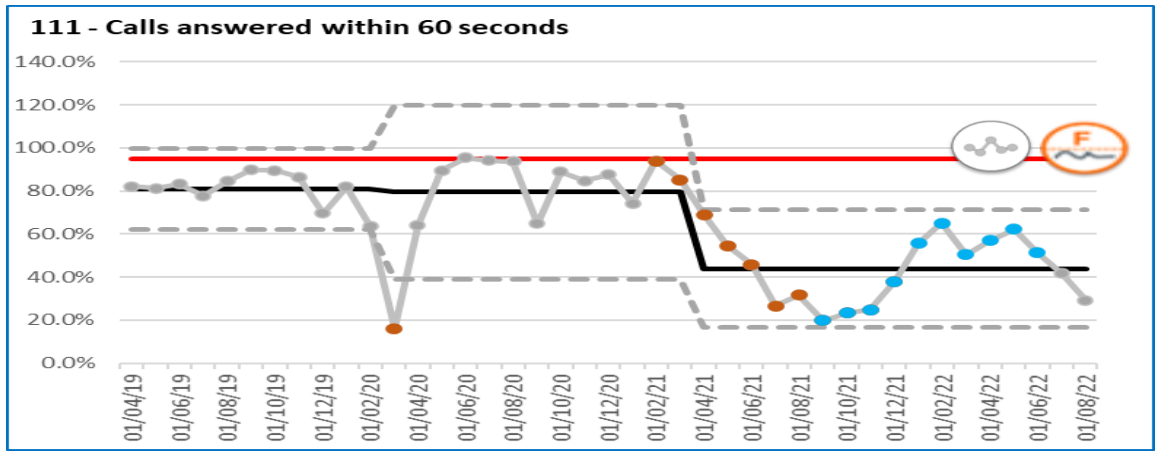
Hertfordshire	31,71	31,69	30,27	31,95	29,62	27,73	30,12	33,34	41,11	32,85	37,12	75,77	38,47	35,15	31,51	31,16	35,55	40,33	34,00	33,32	41,20	35,15	26,87	35417	40,96	44,29	42,71	47,28	41,15	41,25	48,10	59,03	67,42	58,72	50,28	58011	40,99	38,10	44,67	39,74	33,48
West Essex	8,460	8,368	7,903	8,208	7,409	6,831	7,084	8,333	9,938	7,972	8,788	18,48	9,752	8,593	7,090	7,572	8,586	9,523	8,378	8,229	10,30	8,718	6,717	8877	10,19	11,29	10,45	12,19	10,59	10,78	12,17	10,98	12,41	9,549	8,013	9377	9,904	9,165	10,64	9,452	8,020
ICS	40,17	40,05	38,17	40,16	37,03	34,56	37,20	41,67	51,05	40,82	45,90	94,25	48,22	43,74	38,60	38,74	44,14	49,85	42,38	41,55	51,51	43,86	33,58	44,29	51,16	55,58	53,17	59,47	51,74	52,04	60,27	70,01	79,84	68,27	58,29	67,38	50,89	47,26	55,32	49,19	41,50



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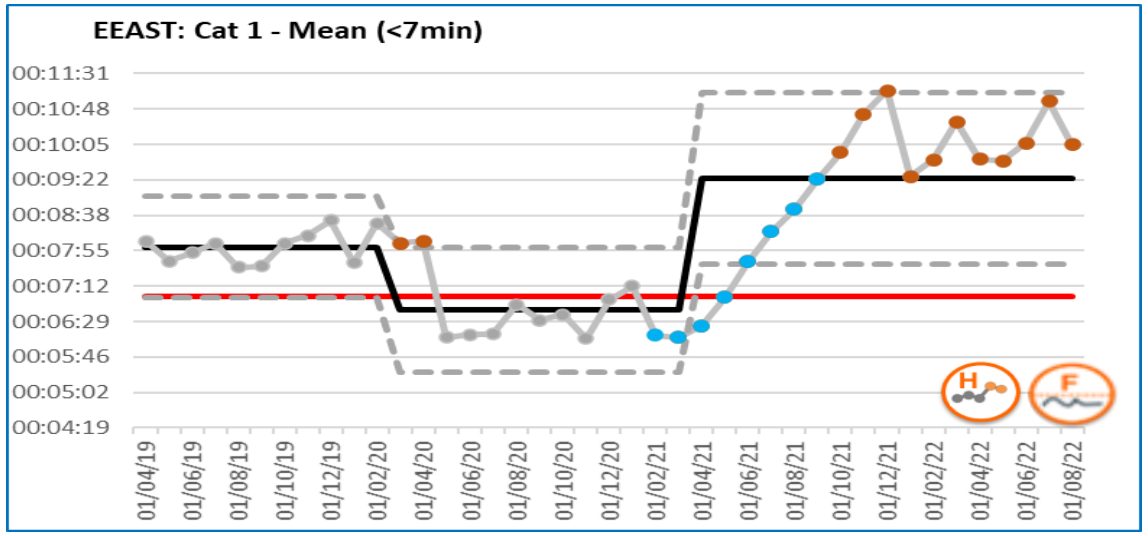
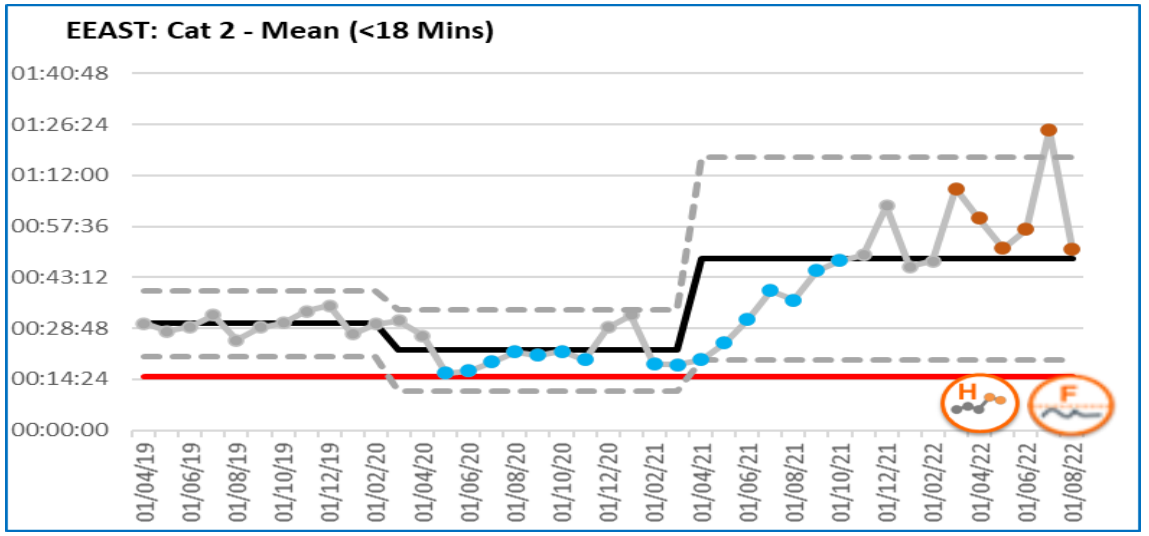
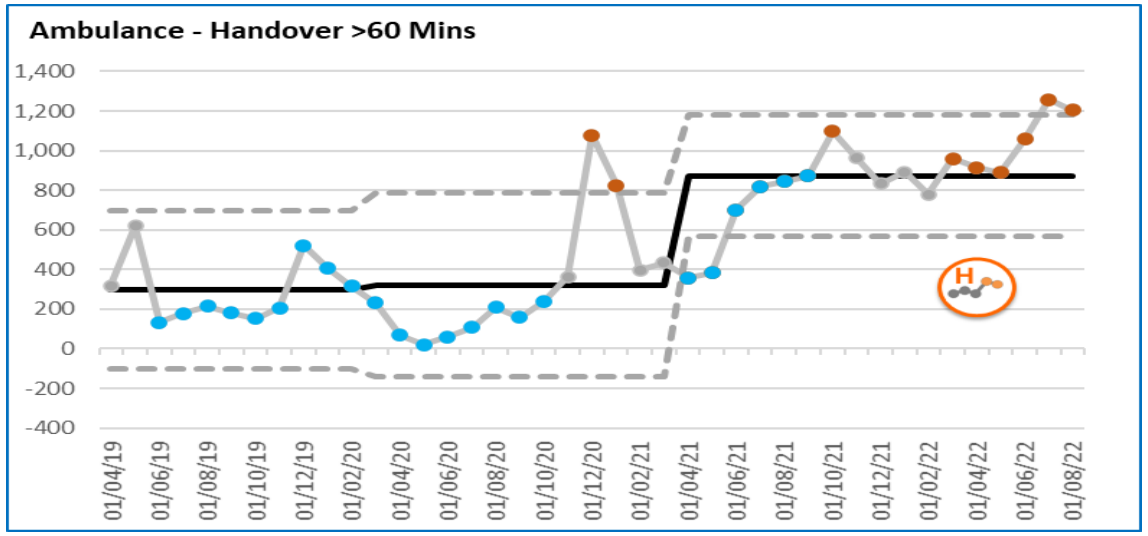
Hertfordshire	83.0%	81.6%	84.1%	78.4%	84.6%	89.7%	89.8%	86.9%	70.1%	82.1%	64.3%	16.2%	64.2%	89.6%	95.2%	94.3%	93.9%	65.0%	88.8%	84.8%	87.7%	74.3%	94.0%	85.2%	69.4%	54.9%	45.8%	26.6%	31.5%	19.7%	23.4%	25.0%	38.2%	55.7%	65.4%	50.4%	56.9%	62.2%	51.6%	42.7%	29.5%
West Essex	78.4%	79.8%	79.6%	75.6%	83.9%	90.4%	88.4%	84.7%	68.1%	81.1%	61.8%	15.8%	62.7%	89.5%	96.3%	94.3%	93.5%	64.7%	88.9%	84.3%	87.6%	74.2%	93.5%	85.2%	67.7%	53.1%	45.5%	26.3%	31.8%	20.2%	23.2%	24.4%	37.2%	55.5%	63.8%	50.8%	57.0%	62.1%	50.2%	38.9%	28.2%
ICS	82.0%	81.2%	83.2%	77.8%	84.4%	89.8%	89.5%	86.5%	69.7%	81.9%	63.8%	16.1%	63.9%	89.6%	95.4%	94.3%	93.8%	64.9%	88.8%	84.7%	87.7%	74.2%	93.9%	85.2%	69.1%	54.5%	45.8%	26.6%	31.6%	19.8%	23.4%	24.9%	38.0%	55.6%	65.1%	50.4%	56.9%	62.2%	51.3%	41.9%	29.3%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

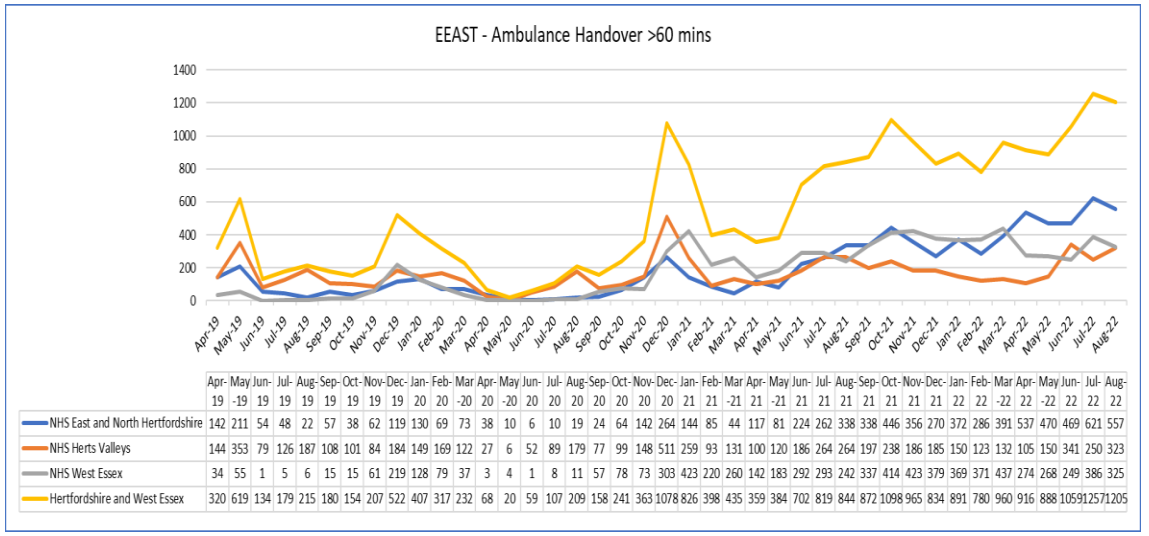
ICB Area	What the charts tell us	Issues	Actions	Mitigation
HUC	• Decline in call volumes in Q2 (122k calls v. 130k in Q1) • Calls answered within 60 seconds deteriorated over the quarter • 19% of calls were abandoned, against the 3% expected standard • Performance was directly impacted by the Adastra (IT system used by HUC) outage, following the national cyber attack in August	• Major disruption resulting from Adastra outage • Patients notes made on paper during the outage • Rectified in early September for NHS11, but Out of Hours remains in contingency as Adastra reconnected only in certain bases • Sickness rates, number of leavers, and recruitment of clinical staff	• HUC footprint Task & Finish Group in place to address challenges and actions across three ICBs (HWE, BLMK, C&P) • Only Tier 1 Out of Hours bases open in August in response to Adastra outage (other clinical staff supporting form Call Centres, including GPs) • Ongoing work to ensure that patient notes are communicated to GP Practices (high number of paper notes to be added to the system). The most urgent cases have already been communicated • New version of Adastra was produced and implemented for NHS111 element of the service • Commissioners have agreed for HUC to proceed with implementation of new Adastra in the Out of Hours bases. HUC actively talking to IT Providers of the individual sites to implement the new system as soon as possible • Weekly IUC Overview Reports from the Provider with monthly updates on workforce • Two recruitment companies engaged to support with vacancies • Range of staff support and welfare measures in place	• Business Continuity Plan (BCP) enacted throughout August • Patient safety maintained and no SIs declared during the Adastra outage • Provider reached 50% target for calls receiving clinical input (56% on average in Q2)

UEC - Ambulance Response Times









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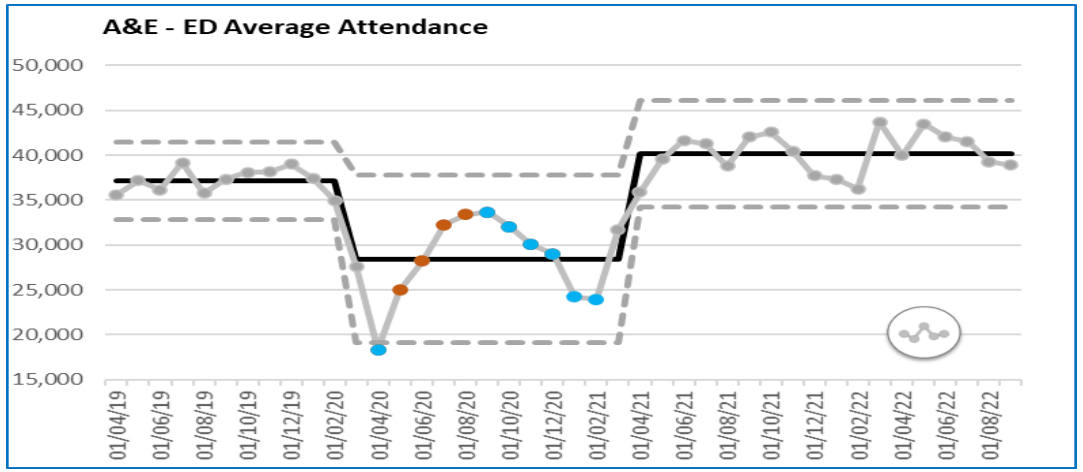
NHS East and North Hertfordshire	142	211	54	48	22	57	38	62	119	130	69	73	38	10	6	10	19	24	64	142	264	144	85	44	117	81	224	262	338	338	446	356	270	372	286	391	537	470	469	621	557
NHS Herts Valleys	144	353	79	126	187	108	101	84	184	149	169	122	27	6	52	89	179	77	99	148	511	259	93	131	100	120	186	264	264	197	238	186	185	150	123	132	105	150	341	250	323
NHS West Essex	34	55	1	5	6	15	15	61	219	128	79	37	3	4	1	8	11	57	78	73	303	423	220	260	142	183	292	293	242	337	414	423	379	369	371	437	274	268	249	386	325
Hertfordshire and West Essex	320	619	134	179	215	180	154	207	522	407	317	232	68	20	59	107	209	158	241	363	1078	826	398	435	359	384	702	819	844	872	1098	965	834	891	780	960	916	888	1059	1257	1205

Urgent & Emergency Care (UEC)



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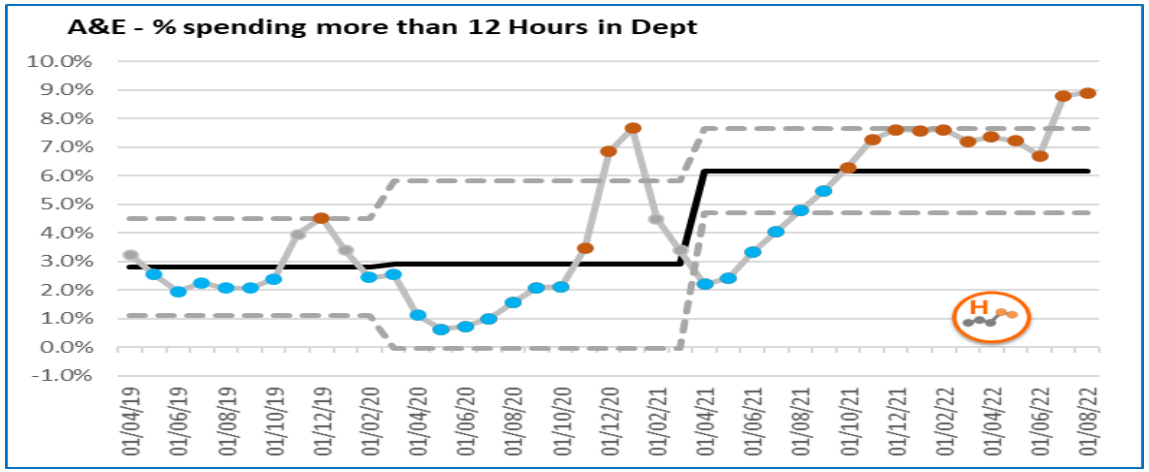
East And North Hertfordshire NHS Trust	13,4	14,3	13,6	14,8	13,6	14,0	14,6	14,5	14,8	14,2	13,2	10,4	7,22	9,83	11,0	12,2	12,5	12,8	12,1	11,3	10,8	9,31	9,07	11,9	13,4	14,7	15,8	15,6	14,9	16,3	16,5	15,6	14,6	14,1	14,0	16,7	14,7	16,4	15,4	15,6	14,6	14,4
West Hertfordshire Hospitals NHS Trust	13,1	13,7	13,5	14,5	13,1	13,8	13,9	14,3	13,5	12,8	10,2	6,61	8,85	9,99	11,7	12,3	12,0	11,3	10,6	10,7	8,86	8,68	11,4	13,2	14,4	15,1	15,2	13,9	14,9	15,2	14,5	13,4	13,5	13,0	15,5	14,7	15,6	15,6	15,1	14,8	14,1
The Princess Alexandra Hospital NHS Trust	9,00	9,15	8,93	9,82	8,92	9,42	9,55	9,62	9,75	9,63	8,90	6,94	4,48	6,29	7,15	8,21	8,47	8,82	8,50	7,99	7,40	6,03	6,15	8,34	9,22	10,4	10,5	10,3	9,89	10,6	10,7	10,3	9,59	9,63	9,23	11,4	10,4	11,4	10,9	10,7	9,77	10,3
ICS	35,5	37,1	36,1	39,1	35,7	37,3	38,0	38,1	38,9	37,4	34,9	27,6	18,3	24,9	28,2	32,2	33,3	33,6	32,0	30,0	29,0	24,2	23,9	31,7	35,8	39,5	41,6	41,2	38,7	42,0	42,5	40,4	37,6	37,3	36,2	43,6	39,9	43,4	42,0	41,5	39,2	38,8



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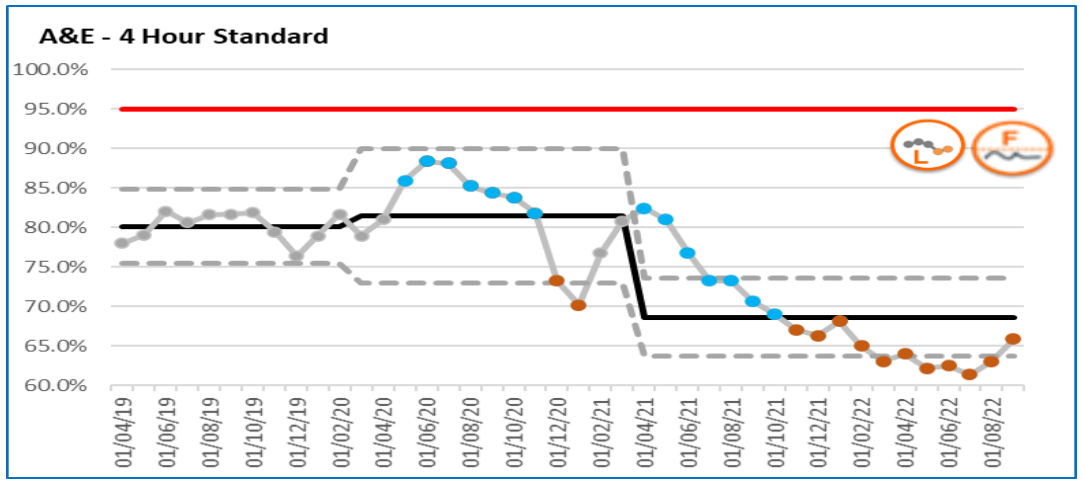
East And North Hertfordshire NHS Trust	3.0%	2.3%	2.1%	3.0%	1.5%	2.1%	2.1%	3.4%	3.8%	3.7%	3.0%	3.7%	1.6%	0.8%	0.6%	0.6%	1.0%	2.4%	2.2%	4.1%	5.8%	6.8%	3.4%	1.7%	2.7%	2.1%	3.8%	4.9%	6.6%	7.3%	8.9%	9.5%	9.7%	10.1%	10.2%	9.4%	8.9%	7.8%	8.3%	10.2%	7.4%
West Hertfordshire Hospitals NHS Trust	1.9%	2.5%	1.7%	1.6%	2.5%	1.6%	2.1%	1.7%	1.9%	1.5%	1.6%	1.5%	0.9%	0.7%	0.7%	0.8%	1.6%	1.0%	1.1%	1.6%	7.0%	7.2%	1.8%	1.2%	0.8%	1.3%	1.4%	1.7%	1.9%	1.6%	1.6%	2.9%	4.3%	4.0%	4.0%	3.4%	4.0%	4.6%	4.7%	5.0%	7.0%
The Princess Alexandra Hospital NHS Trust	4.6%	2.7%	2.0%	2.2%	2.2%	2.4%	2.8%	6.3%	7.3%	4.6%	2.7%	2.5%	0.9%	0.4%	0.9%	1.4%	2.0%	2.6%	2.8%	4.4%	7.5%	8.8%	7.6%	6.3%	3.6%	4.2%	5.3%	6.1%	6.1%	8.1%	9.5%	10.6%	9.5%	9.4%	9.1%	9.6%	10.7%	10.5%	9.4%	13.4%	13.8%
ICS	3.2%	2.5%	1.9%	2.3%	2.1%	2.1%	2.4%	3.9%	4.5%	3.4%	2.4%	2.5%	1.1%	0.6%	0.7%	1.0%	1.6%	2.1%	2.1%	3.5%	6.9%	7.7%	4.5%	3.4%	2.2%	2.4%	3.3%	4.0%	4.8%	5.5%	6.3%	7.3%	7.6%	7.6%	7.6%	7.2%	7.4%	7.2%	6.7%	8.8%	8.9%



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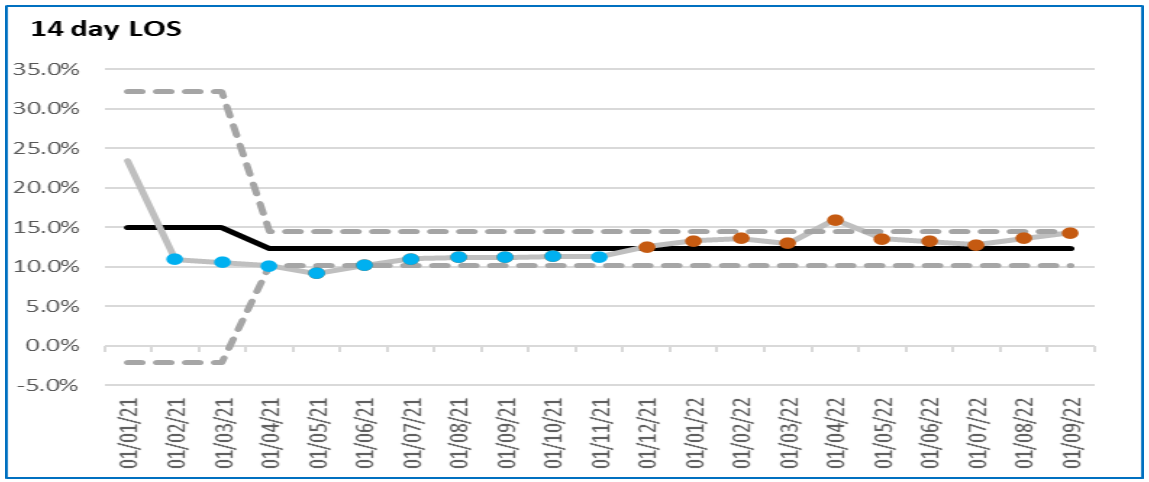
East And North Hertfordshire NHS Trust	80.5%	81.6%	84.5%	81.5%	86.1%	85.1%	85.8%	81.5%	78.9%	81.5%	85.3%	80.2%	78.0%	83.4%	88.1%	90.1%	87.1%	84.8%	84.5%	82.4%	78.2%	75.2%	78.8%	85.2%	82.8%	84.1%	78.6%	74.8%	73.3%	69.5%	70.1%	68.8%	69.5%	69.8%	67.1%	66.6%	66.6%	66.0%	66.4%	65.2%	62.4%	67.3%	66.4%
West Hertfordshire Hospitals NHS Trust	81.2%	79.9%	82.1%	81.3%	80.5%	83.0%	83.1%	82.2%	79.4%	81.7%	80.7%	77.1%	78.9%	83.9%	87.1%	85.9%	83.0%	84.3%	83.4%	82.1%	68.4%	65.3%	78.9%	83.1%	86.0%	83.0%	79.1%	73.9%	76.1%	77.6%	73.6%	70.5%	65.3%	65.7%	62.7%	58.8%	62.1%	58.2%	60.5%	63.2%	65.0%	70.2%
The Princess Alexandra Hospital NHS Trust	69.6%	74.0%	78.2%	78.3%	76.5%	74.9%	74.2%	72.2%	68.2%	67.1%	72.7%	79.7%	88.9%	92.9%	90.7%	88.3%	85.8%	83.9%	83.4%	80.7%	73.2%	69.8%	70.8%	71.4%	76.9%	73.9%	67.1%	70.0%	69.4%	62.9%	61.1%	59.6%	65.7%	69.1%	65.1%	63.8%	64.1%	61.7%	61.6%	57.5%	54.0%	59.1%
ICS	78.0%	79.1%	82.1%	80.6%	81.7%	81.7%	79.9%	79.4%	76.4%	78.9%	81.7%	78.9%	81.0%	86.0%	88.4%	88.1%	85.3%	84.4%	83.9%	81.8%	73.3%	70.2%	76.8%	80.8%	82.5%	81.0%	76.8%	73.3%	73.3%	70.7%	69.1%	67.1%	66.5%	68.1%	65.5%	63.1%	63.1%	64.0%	62.2%	62.5%	61.4%	63.1%	65.9%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



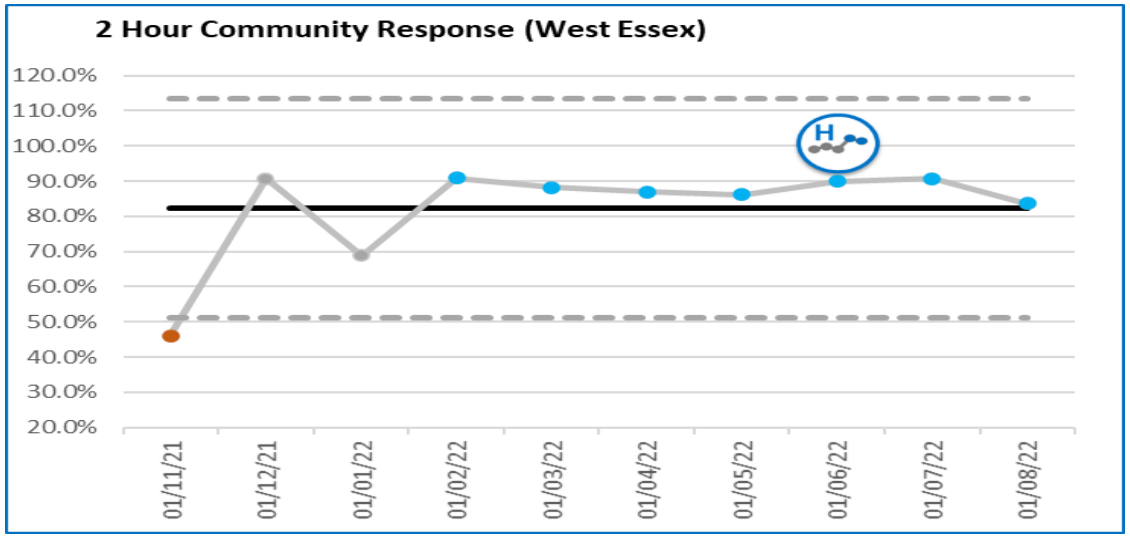
Urgent & Emergency Care (UEC)

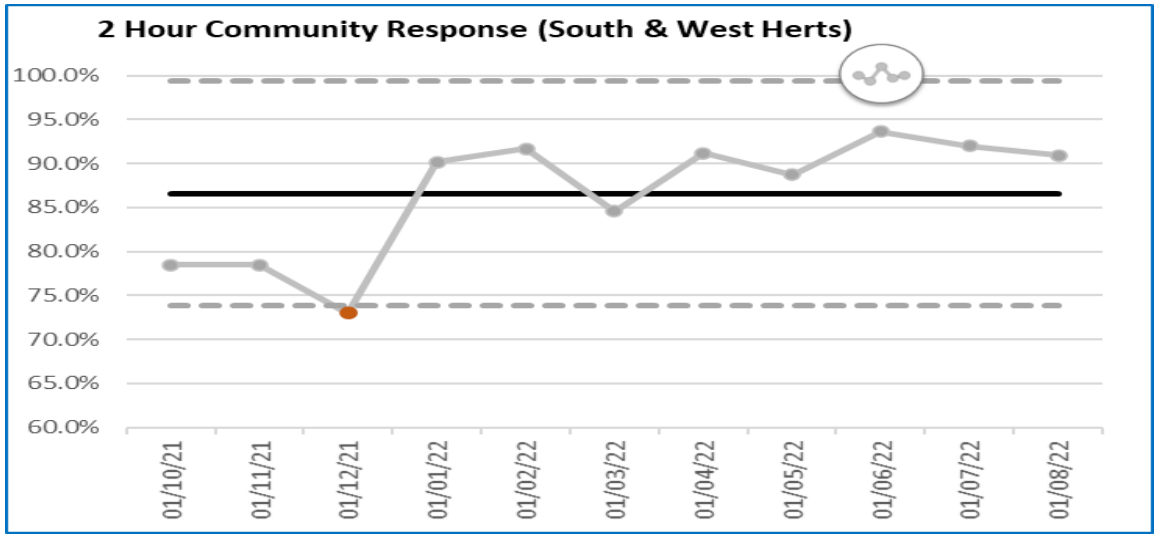
ICB Area	What the charts tell us	Issues	Actions
ICB	• Category 1 & 2 ambulance response times improved in August but remain of concern; • The numbers of ambulance handovers over 60 minutes also remain high and of significant concern; • ED attendances have remained consistently above historical averages over the last 12mths coinciding with a continuing deterioration in performance against the 4hr standard; attendances have seen a decline since May however; • 4-hour performance remains of concern however has seen an improvement in the last two months; • The percentage of patients spending more than 12 hours in the ED department remain high, having further increased in the last months; • 14 day LoS remains consistently higher than historical average and has increased over the last two months; • Above data points suggest EDs are experiencing exit block due to issues with discharge from wards.	• Continued high demand for UEC services • Continued increased 111 demand • Acute capital build in some areas impacting on the management of current and future demand • Increased Covid admissions • Workforce availability and impact of Covid on the UEC workforce • MH assessment delays and bed shortages	**Alternatives to ED/reducing attendances:** • Implementation of the HARIS/Unscheduled Care Co-ordination to provide health care professionals working within our system access to appropriate clinical support to make the best use of services across the system and to reduce delays and improve performance. This program has commenced with support to EEAST Ambulance service (East of England Ambulance service); the HARIS proof of concept week was successful in reducing ambulance conveyance and demonstrated a related improvement in 30 & 60 minute handover times. **System Strategy:** • Participation in the integrated Urgent and Emergency Care (iUEC programme) supported by the National Improvement team. The ICB is one of two systems that are participating in the pilot programme. The aim of the programme is to support development of a UEC strategy, support UEC recovery and reduce overcrowding in the EDs through diagnostics based on population health needs and service redesign; • Development of Winter Action Plan and performance improvement trajectories against Board Assurance Framework priority metrics. New UEC Performance report to monitor delivery against trajectories with further supporting metrics covering the 8 Winter Domains; • Strengthening of ICB and CCG oversight and assurance arrangements linked to local escalation surge plans, and quality and performance frameworks • Currently developing plans to increase HWE bedbase by 141 beds in preparation for Winter • Each acute provider has its own internal Urgent care improvement plan.

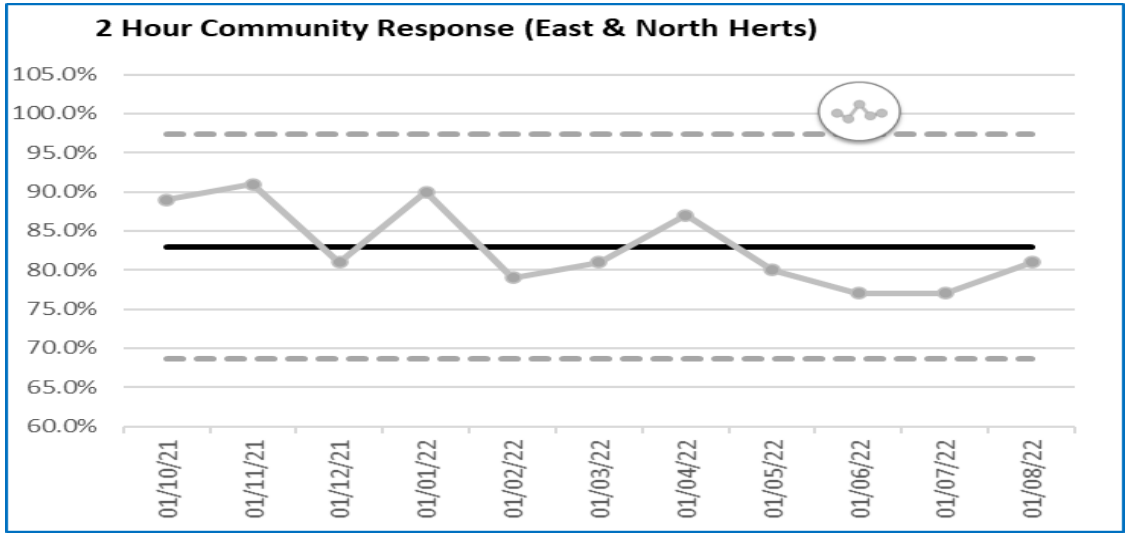
Urgent & Emergency Care (UEC)

ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• High number of patients presenting at ED, but comparable to recent months • The number of patients arriving by ambulance at PAH and waiting over 60 minutes to be transferred to ED remains high, but in line with the last 12 month average • 13.8% of patients >12 hours in ED in August, continuing a 12 month above average trend • The number of patients treated, admitted or discharged in under 4 hours improved by 5% in September, but remains low at 59.1%	• Continued high attendances • Ambulance Handover Delays • ED staffing, vacancies and sickness • Covid patients within the Trust and contact beds closed impacting capacity and flow • MH assessments and bed shortages (national issue) • Estate footprint and size of department	• Daily joint working with all system partners to create ED capacity aligned to local oversight arrangements • Daily calls and CCG support with discharges and Transport • Daily calls with EEAST to review pressures across local Trusts and enact "load levelling" • Nightingale Ward (18 beds) available as per escalation plans and staffing availability • Continue with established safety huddles and harm review arrangements • System recovery plan and trajectories in development for 6 national winter priorities • System reporting and oversight against the 8 national winter planning domains, including pre and post hospital metrics • National, regional & internal discharge programmes to improve flow and length of stay • Refresh of Ambulance Handover recovery plan and trajectory	Actions in place to ensure that patient safety is maintained. HWE selected for National IUEC Transformation Programme SRG work plans agreed in line with NHSE planning guidance
South West Herts / WHTHT	• Following a peak in May and June there has been a small decrease in attendance between July (14,800) and September (14,100) • The number of patients treated, admitted or discharged in under 4 hours has shown a steady improvement from July to September going from 63.2% to 70% respectively • 12 hour total time in ED – deteriorated from 5% in July to 7% in August	• High number of patients conveyed by ambulance, with ambulance demand being 22% of overall ED attendances • A continued high number of mental health presentations, both in ED and on the wards.MH bed shortages (national issue). Workforce issues across all providers . Regularly having 0+ surge beds open at WHTHT. Business Continuity being declared more frequently and for longer.	• Availability of EAU as assessment to divert all GP referrals to EAU • Working closely with UTC providers to ensure patients are streamed early and into the appropriate pathway. St Albans Integrated Urgent Care Hub opening on 31st October with bookable appointments from NHS 111 and primary care. This will add capacity for channel shift of minor injury and minor illness away from ED/UTC • Continued British Red Cross support of flow out of Watford, with NHSE additional funding to Red Cross to increase capacity at Watford over winter. • All patients assessed by senior decision maker on arrival in ED and treatment commenced if handover delayed. Participating in the #handover at home care coordination programme • Senior review/oversight of decisions to admit. • Review EAU usage and pathways in time of surge areas being required • VH additional pathways coming on line in October 22	
East & North Herts / ENHT	• Handover delays over 60 minutes remain at increased levels • Continued reduction in number of ED attendances following spike in May, however remain at increased levels • ED 4 hour performance remains at similar levels, sitting at 66.4% in September • The % of patients spending more that 12 hours in the department saw an improvement in August at 7.4%	• Continued high demand in number of attendances • Handover delays • ED staffing, sickness and isolation • Covid patients within the Trust and contact beds closed impacting capacity and flow • MH assessments and bed shortages	• Ophthalmology re-direction pathway implemented; • EPU ED avoidance pathway implemented; ED attendance will be by exception; • IPC process amended for stroke patients. POCT used for high risk patients as per Trust policy; • DTA process from OP reiterated – will not direct to ED unless clinically indicated; • Ambulance offload process mapped and number of recommendations prepared - MADE week, publication of Live ambulance waits across Trust for greater visibility & improved utilisation of space within Majors 4; • Reverse Boarding protocol and triggers being reviewed for update/cascade to support flow; • A review of predictive analytics is taking place to see how this is best utilised within Site; • SDEC/Assessment space due to mobilise from 17th Nov to facilitate direct referrals from EEAST and GPs; • Minors streaming (soft UTC) pilot aiming to launch from 28th November which will seek to cohort minors with wrap around workforce to manage low acuity, high volume.	

UEC - Urgent 2 Hour Community Response







Activity	Apr-22	May-22	Jun-22	Jul-22	Aug-22
West Essex	289	353	468	465	428
East & North Herts	94	145	166	160	195
South & West Herts	147	142	157	162	165

ICB Issues, escalation and next steps

ICB:

- Improving or Common Cause Variation – no areas of concern
- 80% being achieved in all three Places
- System work underway to understand the variances between Essex and Hertfordshire activity, and to ensure consistent data capture and reporting
- Consistency of data is being reviewed against volumes of 2hr response

Community Waiting Times

- Analysis of community service waiting times, and waiting lists is not currently provided within this report
- Reporting consistently across the System is a challenge for a number of reasons:
  - Community provision varies in each Place in terms of the services and standards commissioned
  - There are six core providers delivering community care to Hertfordshire & West Essex patients, meaning there is significant variation in recording and reporting
- Work has commenced with the System's providers of community services to agree a core dataset to commence reporting and analysis of community waiting times
- Reporting will be split by adult and children's services
- The dataset will develop and be expanded over time, but will initially include:
  - % of waiting list < 18 weeks
  - Longest waits and numbers exceeding key recovery milestones – e.g. 52 weeks, 78 weeks etc.
  - Total waiting list size
- Autistic Spectrum Disorder (ASD) services have particular challenges in terms of access and reporting. Specific reporting and assurance for ASD will be included, but separate to the core community services

Performance v. 22/23 Operational Plans

Herts and West Essex Providers (please see Appendix B, slide 30 for performance by Place)

Baseline	22/23 Activity Plan	22/23 M1-5 Activity Plan
246,604	330,131	118,661
	+34%	
N/A	0	2
N/A	0	799
6,109	6480	7200
956,620	890,984	379,580
	-7%	
N/A	1%	0%
8%	25%	24%
N/A	6	6
417,182	448,818	183,688
	+8%	
289	267	485
69%	69%	71%

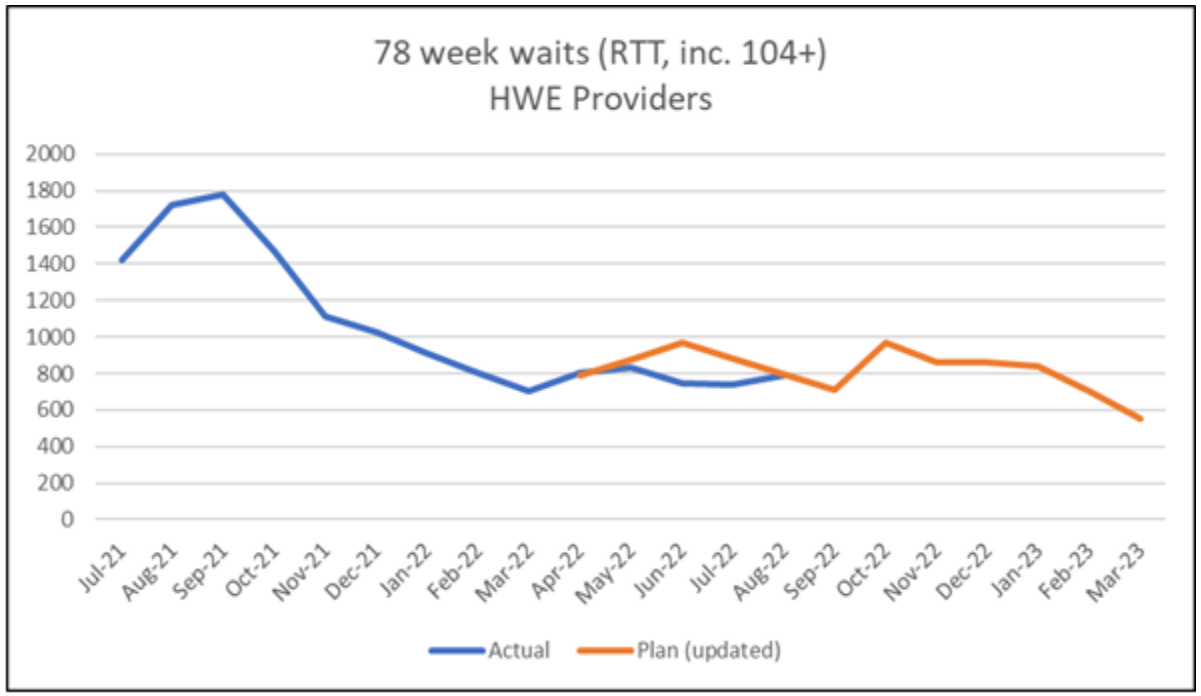
Area	Target
Activity	10% elective activity increase (19/20 levels RTT pathway)
Waitlist	104 week waits eliminated by Jul 22 (waitlist, end of Jun 22)
	Eliminate 78 week waits by Apr 23 (waitlist, end of Mar 23)
	52 week waits trending down across 22/23
Outpatients	25% reduction in outpatient follow-ups by 2023
	5% of outpatients moved or discharged to PIFU
	25% of consultations via video/telephone
	16 specialist advice requests per 100 outpatient firsts
Diagnostics	20% increase in diagnostic capacity against 19/20 levels
Cancer	Reducing cancer 62+ day waitlist to pre-pandemic levels
	Reduction in missed 28 day cancer decisions *(Measure is % decisions delivered in 28 days or less)*

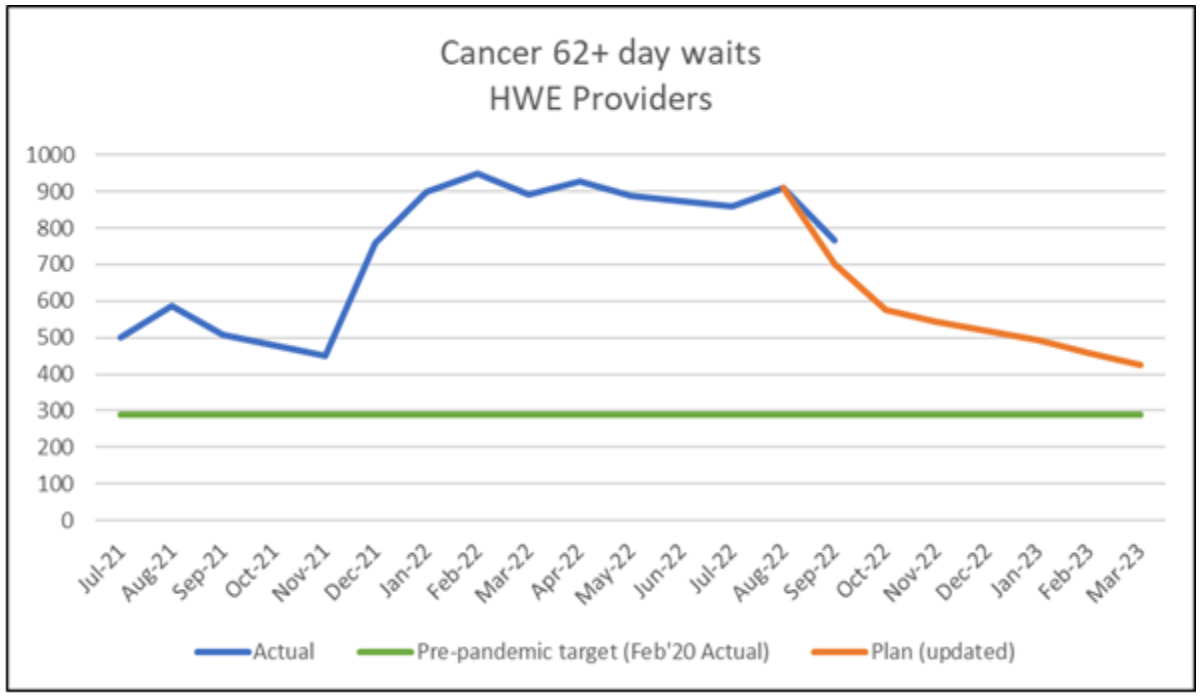
	M1-5 Actual					
	April	May	June	July	August	Total
Plan	16,815	19,497	22,586	30,620	29,143	**118,661**
Actual	16,815	20,581	19,866	18,336	18,833	**94,431**
Variance	0	1,084	-2,720	-12,284	-10,310	**-24,230**
Actual	124	77	35	15	9	**9**
Actual	806	829	748	741	792	**792**
Actual	6484	6804	7472	7988	8615	**8615**
Plan	72,089	76,682	73,718	82,239	74,852	**379,580**
Actual	70,194	79,345	72,502	71,370	71,652	**365,063**
Variance	-1,895	2,663	-1,216	-10,869	-3,200	**-14,517**
Actual	1%	1%	1%	1%	1%	**1%**
Actual	23%	22%	23%	23%	22%	**23%**
Actual	26	27	29	31	32	**29**
Plan	33,749	36,708	35,018	39,879	37,842	**183,196**
Actual	30,029	33,868	31,968	32,034	33,068	**160,967**
Variance	-3,720	-2,840	-3,050	-7,845	-4,774	**-22,229**
Actual	928	887	875	860	911	**911**
Actual	61%	62%	66%	68%	68%	**65%**

ICB Issues and escalations

- Activity significantly off planned levels for both elective and diagnostics (as seen across the country);
- Revised recovery trajectories agreed with NHSE/I and planning submissions updated;
- Good delivery against reduction to the number of patients waiting over 104 and 78 weeks, but 52 week waits are increasing, which is a risk;
- Overall, on track with the Out Patient programmes of work;
- Cancer backlogs are reducing, however further work required to reduce the 62 day backlog to the agreed March 23 ambition of 427.

Performance v. 22/23 Operational Plans

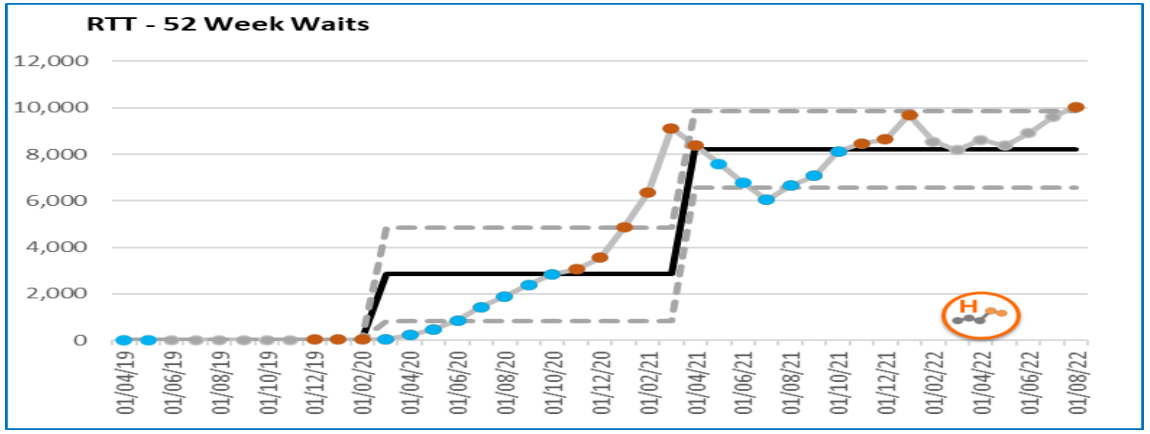




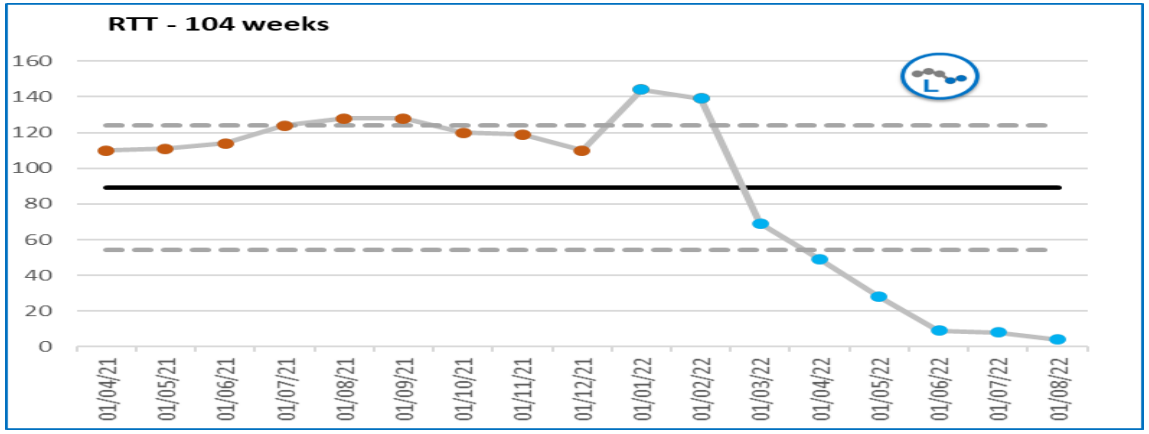
ICB Issues and escalations

- Activity significantly off planned levels for both elective and diagnostics (as seen across the country);
- Revised recovery trajectories agreed with NHSE/I and planning submissions updated;
- Good delivery against reduction to the number of patients waiting over 104 and 78 weeks, but 52 week waits are increasing, which is a risk;
- Overall, on track with the Out Patient programmes of work;
- Cancer backlogs are reducing, however further work required to reduce the 62 day backlog to the agreed March 23 ambition of 427.

Planned Care – 52 & 104 Week Breaches



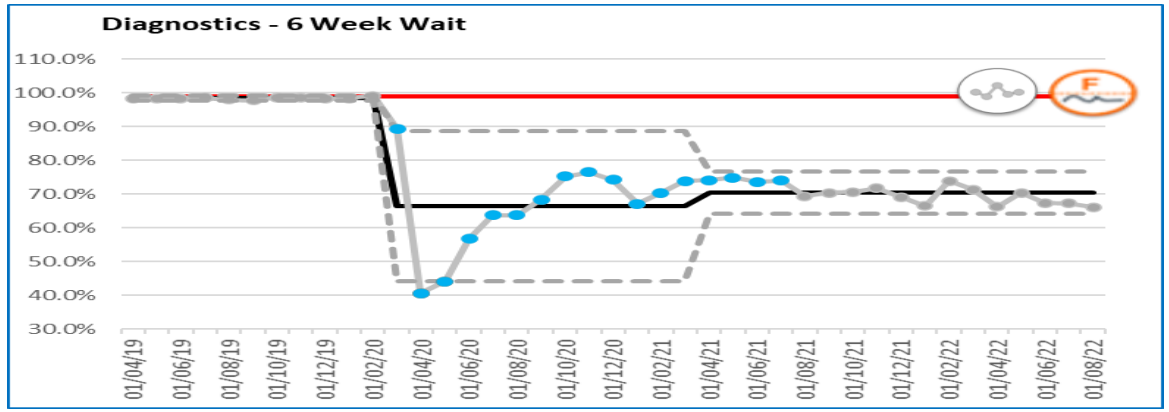
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
	201920												202021					202122							202223				
Other	8	4	5	2	3	4	6	9	8	9	11	17	101	179	391	564	741	917	1021	1068	1197	1577	2004	4082	3740	3162	2782	2578	2447	2441	2394	2296	2321	3348	2853	2868	3033	2496	2412	2648	2532
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	0	0	0	0	0	0	0	0	0	0	0	2	27	60	140	213	272	363	420	467	657	914	1177	1286	1302	1249	1143	1269	1394	1536	2141	2321	2486	2613	2221	1737	1818	1674	1785	1911	1909
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	2	3	4	4	1	3	0	0	0	0	1	3	53	135	302	484	669	855	1075	1112	1131	1463	1733	1702	1462	1162	898	789	800	838	878	862	927	1006	1103	1059	1193	1431	1660	1783	2078
EAST AND NORTH HERTFORDSHIRE NHS TRUST	4	5	21	19	21	18	16	15	25	22	24	37	90	209	190	483	604	735	931	987	1158	1724	2499	3221	2936	2791	2785	2095	2910	3259	3818	4102	4016	3739	3184	3313	3473	3699	4027	4294	4628

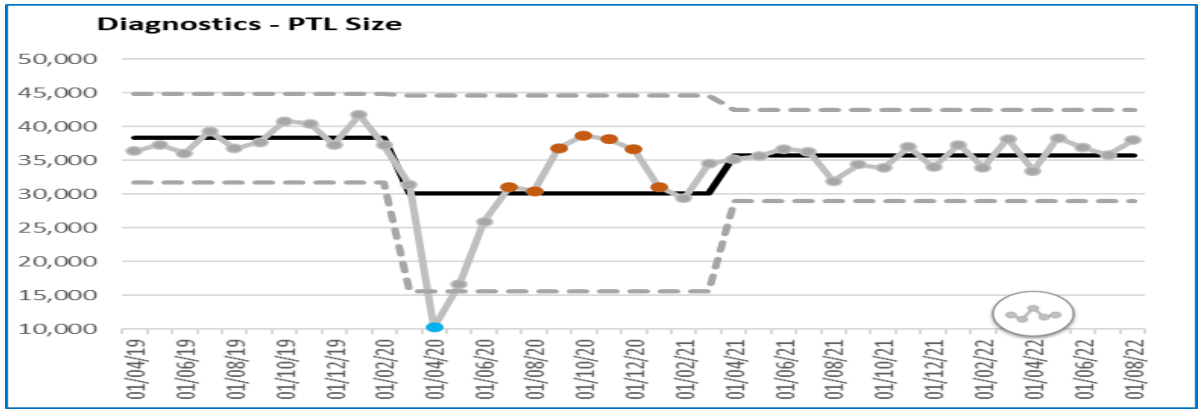


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
						202122									202223		
NHS WEST ESSEX CCG	8	9	13	23	28	33	33	33	32	42	42	16	11	7	4	4	0
NHS HERTS VALLEYS CCG	71	70	70	72	77	62	55	56	50	47	39	23	15	8	3	2	0
NHS EAST AND NORTH HERTFORDSHIRE CCG	31	32	31	29	23	33	32	30	28	55	58	30	23	13	2	2	4

ICB Area	What the charts tell us	Issues	Actions	Mitigation
HWEICB	• Continued improvement and reduction in number of patients waiting over 104 weeks • The latest data for 104+ week waits shows 0 capacity breaches across the ICS, meeting the delivery target. There are 3 breaches due to patient choice and clinical complexity. • The number of patients waiting over 52 weeks has continued to increase reaching a concerning level in August.	• Whilst we have been successful in the reduction of the longest waiting patients and are meeting the asks in the 22/23 operating plan, we are not delivering enough activity to get on top of our backlog • "Pop-ons" of long waiting patients identified through increased validation • High referral volumes in early 21/22 now reaching their 52 week wait • UEC pressures impacting operating and bed capacity • Trauma and Orthopaedics, Gastroenterology and Community Paediatrics remain the main areas of pressure for long waiters • Staffing remains a challenge, particularly around anaesthetics	**Management of waiting lists:** • The systems focus is now on reducing the number of patients waiting over 78 weeks, with national oversight and focus; • WHTHT are currently in Tier 1 for 78 week recovery, receiving the highest level of regional NHSEI support; • Recovery plans and refreshed trajectories are in place by specialty to track and deliver 78 week improvements; • Validation and robust PTL management in place. **Increasing Capacity and Improving productivity:** • National ISP capacity support; • Community Paediatrics escalated regionally and nationally for mutual aid to support recovery; • Business case being developed for a system high volume low complexity elective hub to add elective capacity from 24/25; • Mapping of elective programme in the UEC Winter Plan; • Theatre Utilisation Programmes in place • Anaesthetist recruitment	• Actions delivering reductions in long waiting patients • National emphasis on prioritising patients in order of clinical need resulting in longer waits for routine patients. • Clinical harm reviews and regular patient contact to manage patient safety and experience.

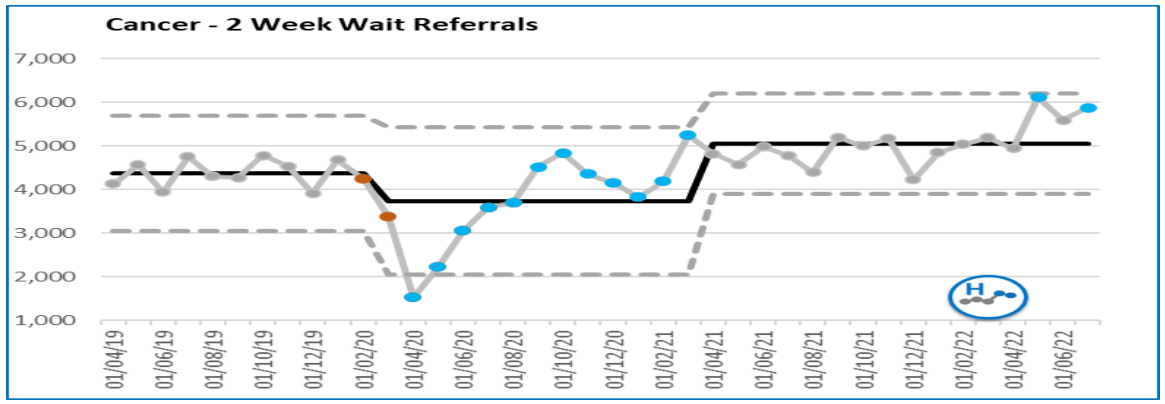
Planned Care – Diagnostics

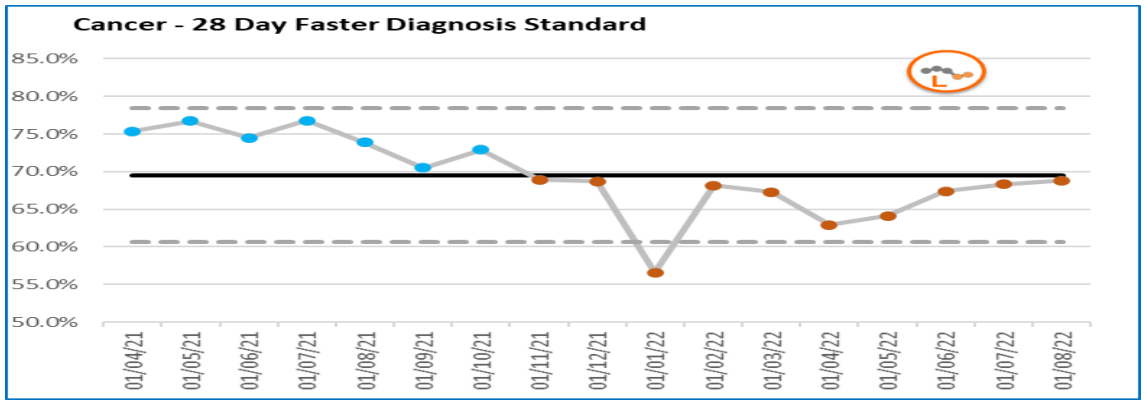




ICB Area	What the charts tell us	Issues	Actions	Mitigation
HWEICB	• The number of patients waiting more than 6 weeks remains higher than the target • The biggest waits are within physiological measurements (ECHO, urodynamics and audiology) • Imaging waits continue to be high for DEXA (WHTH and ENHT), CT and MRI (ENHT), NOUS (PAH and ENHT) • The total number of patients on the waiting list remains high but activity is above 2020 levels indicating an increase in demand.	• The biggest challenge remains workforce particularly for DEXA, US and ECHO • It is felt there has been an increase in urgent/ 2WW referrals and a review is being undertaken to understand if these are appropriate referrals • There is no additional revenue funding available for mobile units • ENHT have had issues in terms of estate and staffing for mobilising the CDC DEXA service • Staffing challenges has meant that the CDC NOUS service has not delivered the expected activity at the New QEII • Despite successful international recruitment of radiographers at ENHT and PAH it takes time for onboarding and training to take place	• ENHT have found an interim DEXA solution which will see activity increase in the Autumn 2022. WHTHT are looking at insourcing and mobile options and will share this with ENHT to see if can be shared across the Trusts • ENHT have reprofiled the activity for NOUS at the CDC and a step change in activity is expected over the autumn. PAH have recruited to a fixed term post and additional agency sonographers. They will also review and offer from PML of additional capacity if required. • Urgent/ 2 WW referrals are being reviewed to ensure appropriate. • WHTHT are working through internal governance processes to offer ENHT mutual aid for MRI. • The system-wide diagnostic improvement plan is being submitted in early November to NHSEI. This includes recovery trajectories for all challenged modalities. All modalities are expected to be DMO1 compliant by March 23 with exception of following challenged areas with longer recovery trajectories: Audiology, Non-Obstetric Ultra Sound, MRI (ENHT), ECHO (WHTH) and DEXA (WHTH and ENHT). • ENHT have commenced ECHO CDC services using an insourcing company, there has been an issue with reporting but that has been resolved. This should see an impact on the backlog and waiting times. • There have been initial system-wide conversations regarding audiology. There is a plan to follow this up once a national benchmarking exercise has been released. This review will include looking at the service that is being offered across the system and the criteria. • Once the LOAs and MOUs for the CDCs have been received mobilisation can commence but as PAH and WHTHT will not be operational until late 23/24 this will not have an immediate impact. ENHT are due to submit a further business case for additional MRI at the CDC in 23/24.	• CDC at ENHT is starting to see an impact on waiting times but the service remains challenged due to staffing • WHTH are flexing their operational hours for each modality as and when required • PAH is using an MRI mobile unit on an ad-hoc basis to try and manage waiting times • System wide improvement plan being finalised including trajectories to get to the March 2023 position.

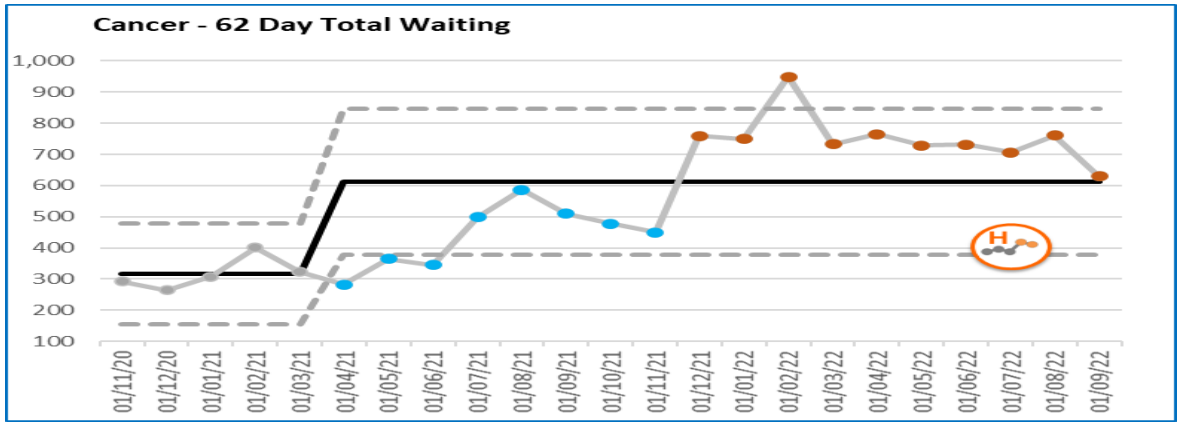
Cancer



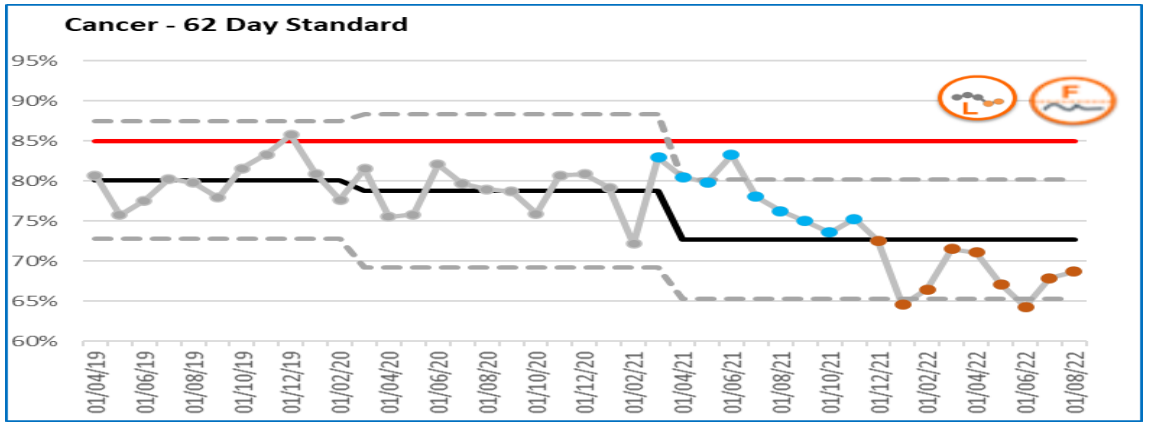


40.0%

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
EAST AND NORTH HERTFORDSHIRE NHS TRUST	72.1%	75.6%	76.2%	76.7%	72.0%	71.8%	76.5%	74.8%	74.1%	64.2%	72.9%	74.6%	68.0%	64.2%	70.6%	71.7%	72.6%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	81.3%	79.8%	81.4%	82.1%	77.8%	77.2%	77.7%	71.9%	64.7%	47.0%	59.2%	54.6%	51.3%	57.7%	55.6%	60.3%	60.2%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	72.3%	74.6%	66.8%	77.1%	75.9%	62.9%	65.1%	60.6%	66.8%	50.9%	69.4%	69.3%	64.1%	65.9%	74.3%	72.3%	72.8%
ICS	75.6%	76.9%	75.4%	78.9%	75.3%	71.1%	73.8%	69.3%	68.9%	54.4%	67.3%	65.6%	60.8%	62.4%	66.4%	67.5%	68.3%



	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	73	76	96	105	79	83	109	88	132	179	130	128	129	331	347	374	307	261	297	297	277	270	257
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	129	118	200	187	127	107	141	161	212	224	201	190	127	175	176	303	194	182	156	128	125	162	152
EAST AND NORTH HERTFORDSHIRE NHS TRUST	90	70	120	106	117	92	114	96	155	184	178	160	193	253	226	272	232	322	275	306	304	329	221

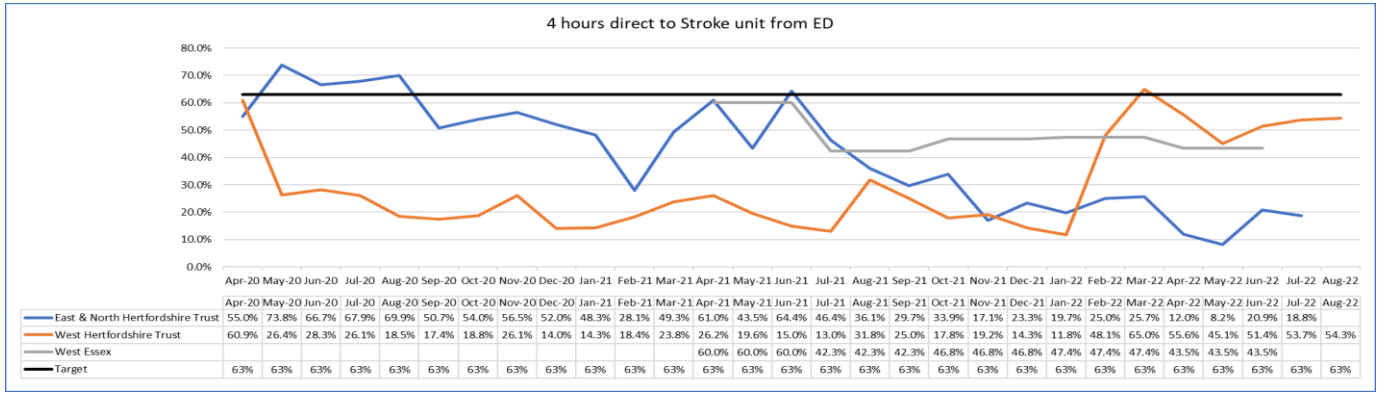


	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
EAST AND NORTH HERTFORDSHIRE NHS TRUST	80.6%	75.4%	75.5%	79.8%	74.5%	69.6%	81.1%	85.4%	87.6%	83.5%	77.0%	87.4%	87.3%	85.9%	87.3%	89.2%	85.3%	80.1%	86.9%	86.6%	87.0%	86.9%	83.4%	87.4%	91.1%	88.2%	85.0%	90.3%	86.1%	87.5%	86.1%	89.9%	86.2%	79.5%	67.6%	84.1%	86.0%	81.1%	82.4%	86.0%	82.6%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	77.8%	83.3%	81.2%	72.8%	81.7%	86.7%	78.2%	78.9%	81.9%	83.0%	76.0%	80.0%	68.8%	73.9%	86.4%	74.7%	85.7%	83.7%	80.0%	83.1%	81.1%	83.1%	73.4%	84.5%	84.9%	75.0%	86.8%	80.1%	79.8%	70.9%	75.0%	77.2%	75.1%	57.3%	62.5%	72.6%	60.2%	61.4%	66.1%	68.8%	59.6%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	78.7%	74.7%	76.5%	82.6%	78.9%	85.2%	85.3%	87.2%	77.3%	76.7%	79.7%	58.1%	63.1%	67.5%	67.5%	69.3%	66.3%	54.9%	67.3%	68.4%	65.4%	48.6%	68.3%	63.1%	68.9%	78.4%	56.1%	58.4%	69.8%	64.1%	52.5%	53.8%	47.7%	41.4%	58.1%	61.7%	49.2%	45.0%	46.8%	61.2%
ICS	79.3%	77.6%	77.9%	77.8%	77.6%	78.7%	81.0%	83.3%	85.5%	82.0%	76.6%	83.2%	76.5%	77.9%	84.6%	80.8%	80.6%	79.5%	77.3%	81.7%	80.8%	80.7%	72.7%	82.8%	83.1%	80.0%	85.1%	80.0%	79.3%	78.0%	77.7%	79.0%	77.2%	67.6%	67.1%	74.4%	74.2%	68.0%	66.5%	68.8%	69.6%
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%

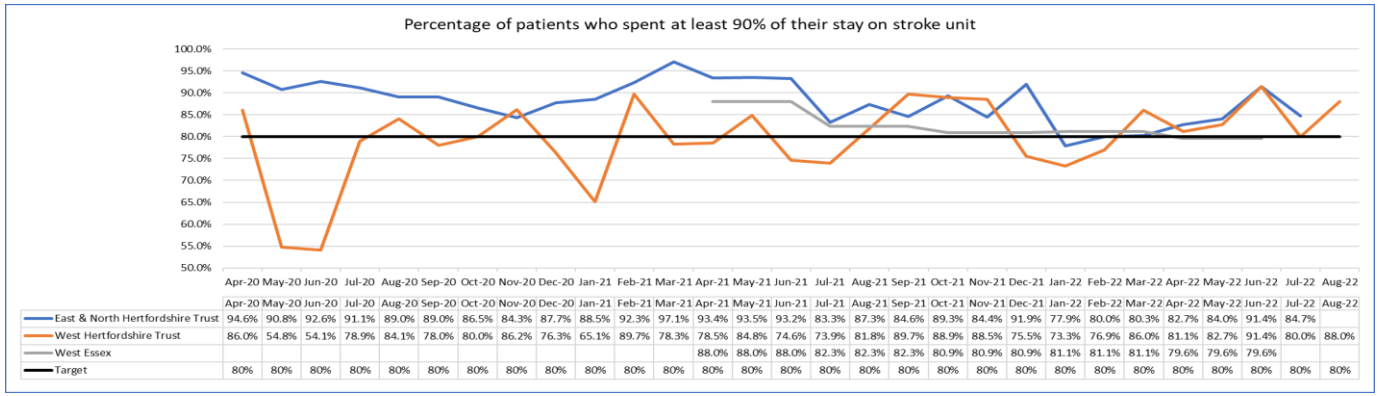
Cancer

ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• 2 week wait cancer referrals remain high • May to July saw the highest cancer referral volumes since pre-Covid • 28d FDS performance continues to slowly improve • Improvement in the 62 day backlog position in September. Now at the lowest level since 2021. As at week ending 2nd October, the number of urgent 2 week wait patients waiting over 62 days as a proportion of the total PTL across HWE ICS was 10.4% compared to an EoE Regional position of 13% and an England position of 11.7%. • Further work required to reduce the 62 day backlog to the agreed March 23 ambition of 427 • 62 day performance remains low, but this is a positive indication that the longest waiting patients are being treated	• Continued high referral levels • Recruitment to key cancer posts • Cancer management, tracking and coding capacity • Tele-dermatology start date still to be confirmed • Urology, Breast, Skin & Gynaecology capacity • Notable proportion of longest waiters are at tertiary centres	• Substantive Head of Cancer now in post; Cancer Programme Lead appointed – start date TBC • Remaining tracking and coding posts to be filled by Nov. • Revised nurse led Tele-dermatology service nearing launch • Rotational programme of intensive daily cancer tracking	• System support and oversight in place with bi-weekly meetings • Weekly Key Lines of Enquiry (KLOE) process in place with Cancer Alliance • Cancer Harm Review process in place
South West Herts / WHTHT	• Demand continues to outstrip capacity; remains a challenge to manage new demand and the backlog particularly in breast and skin • Increase in demand, slow diagnostic pathways, delays for some OPA appointments, delays in partner providers and delay in availability of letters all contributing factors • Some difficulty with patient engagement (making contact and holiday season) slowing the whole pathway including those waiting over 104 days • Cancer Lead left position in September	• Provision of adhoc clinics, switching routine OPA slots to 2WW slots and outsourcing. • Recruitment of Locum Breast and Radiology Consultant , and developing breast pain only clinic. • New A&G skin lesion pathway and Nurse led Dermatology imaging clinics commenced. • All services have actions to improve pathway management as part of Trust's improvement plan • Patient-level scrutiny for long waiters is part of weekly Cancer Long Waiters' meeting . Work is starting to enable services to have a validated PTL to prevent the tip-ins (days 49 to 62). • Tier 1 assurance and support in place with de escalation of Tier 1 process triggered due to improved position.	• Weekly Key Lines of Enquiry (KLOE) process in place with Cancer Alliance • All patients on the PTL are tracked • WHTHT have implemented clinical harm reviews for those that have to wait >28 days and are diagnosed with cancer • Clinical review is requested by MDT trackers as they track patients and escalated as necessary
East & North Herts / ENHT		• Increase in 2 week wait referrals and growth in PTL • Diagnostic imaging and histopathology challenges • Delays in communication of non-cancer diagnosis • Challenges with late referrals to ENHT as a tertiary centre impacting PTL waits >62 days	• Radiology and histopathology prioritising cancer patients from urgent and routine to avoid delays and also offering WLI work to increase capacity • 'Negative letter' process being implemented • Revised recovery plans and trajectory in place which are delivering to plan – Trust has been de-escalated from Tier 1 to Tier 2 with improvement in performance • MRI and CT capacity to increase across next few months • Histopathology plan in place - online ICE request started with Urology, using specialty doctors to free up consultant time • Work with Cancer Alliance on tertiary pathways	• Weekly Key Lines of Enquiry (KLOE) process in place with Cancer Alliance • Robust weekly PTL management in place; clinical and operational review of patients waiting >62 and 104 days with clinical harm reviews in place

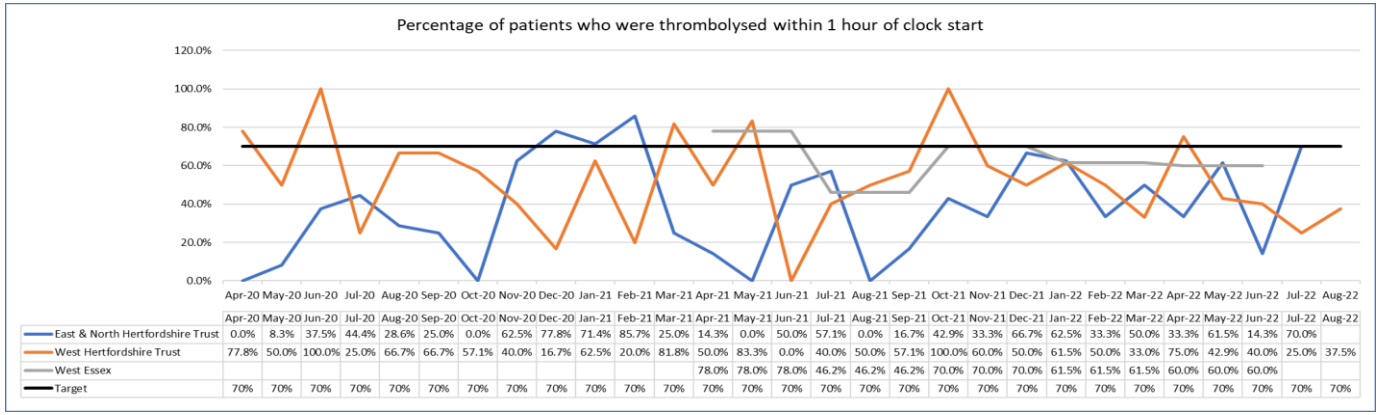
Stroke



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
East & North Hertfordshire Trust	55.0%	73.8%	66.7%	67.9%	69.9%	50.7%	54.0%	56.5%	52.0%	48.3%	28.1%	49.3%	61.0%	43.5%	64.4%	46.4%	36.1%	29.7%	33.9%	17.1%	23.3%	19.7%	25.0%	25.7%	12.0%	8.2%	20.9%	18.8%	
West Hertfordshire Trust	60.9%	26.4%	28.3%	26.1%	18.5%	17.4%	18.8%	26.1%	14.0%	14.3%	18.4%	23.8%	26.2%	19.6%	15.0%	13.0%	31.8%	25.0%	17.8%	19.2%	14.3%	11.8%	48.1%	65.0%	55.6%	45.1%	51.4%	53.7%	54.3%
West Essex													60.0%	60.0%	60.0%	42.3%	42.3%	42.3%	46.8%	46.8%	46.8%	47.4%	47.4%	47.4%	43.5%	43.5%	43.5%		
Target	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
East & North Hertfordshire Trust	94.6%	90.8%	92.6%	91.1%	89.0%	89.0%	86.5%	84.3%	87.7%	88.5%	92.3%	97.1%	93.4%	93.5%	93.2%	83.3%	87.3%	84.6%	89.3%	84.4%	91.9%	77.9%	80.0%	80.3%	82.7%	84.0%	91.4%	84.7%	
West Hertfordshire Trust	86.0%	54.8%	54.1%	78.9%	84.1%	78.0%	80.0%	86.2%	76.3%	65.1%	89.7%	78.3%	78.5%	84.8%	74.6%	73.9%	81.8%	89.7%	88.9%	88.5%	75.5%	73.3%	76.9%	86.0%	81.1%	82.7%	91.4%	80.0%	88.0%
West Essex													88.0%	88.0%	88.0%	82.3%	82.3%	82.3%	80.9%	80.9%	80.9%	81.1%	81.1%	81.1%	79.6%	79.6%	79.6%		
Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
East & North Hertfordshire Trust	0.0%	8.3%	37.5%	44.4%	28.6%	25.0%	0.0%	62.5%	77.8%	71.4%	85.7%	25.0%	14.3%	0.0%	50.0%	57.1%	0.0%	16.7%	42.9%	33.3%	66.7%	62.5%	33.3%	50.0%	33.3%	61.5%	14.3%	70.0%	
West Hertfordshire Trust	77.8%	50.0%	100.0%	25.0%	66.7%	66.7%	57.1%	40.0%	16.7%	62.5%	20.0%	81.8%	50.0%	83.3%	0.0%	40.0%	50.0%	57.1%	100.0%	60.0%	50.0%	61.5%	50.0%	33.0%	75.0%	42.9%	40.0%	25.0%	37.5%
West Essex													78.0%	78.0%	78.0%	46.2%	46.2%	46.2%	70.0%	70.0%	70.0%	61.5%	61.5%	61.5%	60.0%	60.0%	60.0%		
Target	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%

ICB Issues, escalation and next steps

Barking, Havering and Redbridge Trust (BHRT) is the main provider of Stroke for West Essex patients. Reporting remains on a quarterly basis via the national SSNAP database. Q1 results show that the Trust's overall rating has improved from a D to a C since the last quarter.

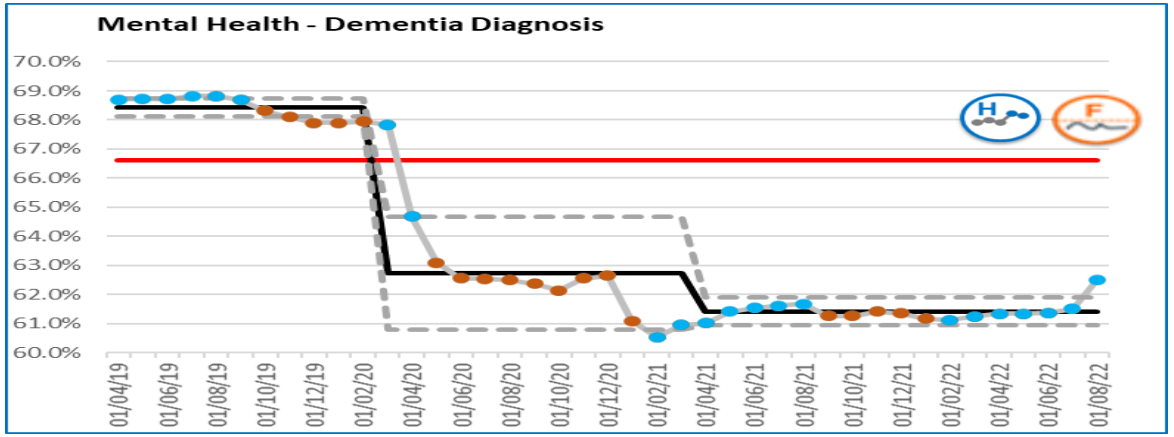
- Task and Finish group established to review the pathway between PAH and Queens
- West Essex Stroke Association contract in place. Tender planned for community out of hospital service
- Tele-Medicine pilot in place with East of England Ambulance to facilitate patients getting to the right place, at the right time

Performance across Herts continues to meet target for the percentage of patients who spent at least 90% of their stay on a stroke unit. ENHT data is awaited for August. Performance remains below standard against the percentage of patients who were thrombolysed within 1 hour of clock start with WHTHT achieving 37.5% in August. ENHT achieved a significant improvement from 14.3% in June to 70% in July with August data awaited. Both Trusts also continue below standard for 4 hours direct to stroke unit from ED, with ENHT performance declining to 18.8% in July. WHTHT have seen an improvement in performance at 54.3% in August.

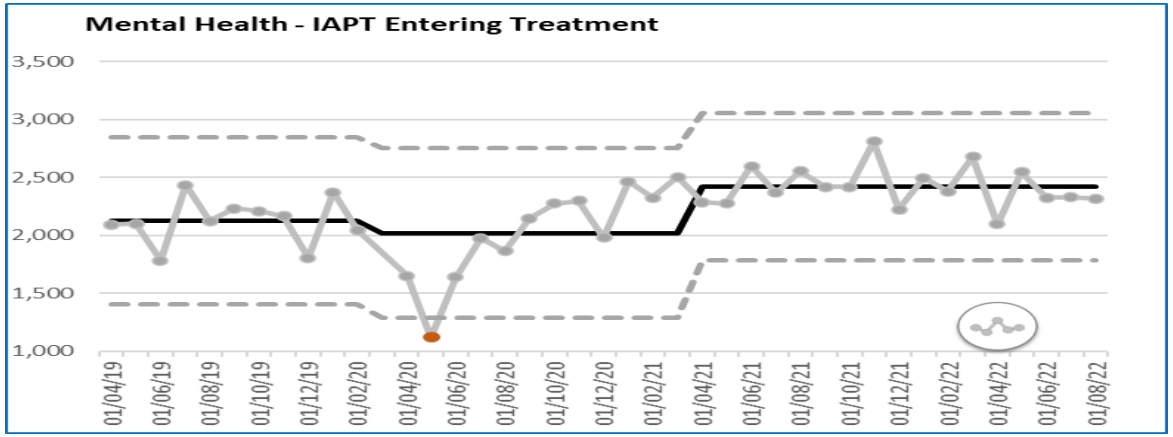
Next Steps:

- Direct to Stroke unit within 4 hours is a priority for review and action plan development. Assurance that patients continue to receive stroke consultant input and specific recommendations for their care while they await admission and lateral flow devices are being implemented in ENHT RAG green patients.
- High number of breaches due to limited bed and side room capacity; ringfencing of Stroke bed capacity is being reviewed. ENHT continue to ringfence Stroke beds and monitor adherence;
- WHTHT have developed a SSNAP improvement plan focusing on improving KPIs; access to MRI, reporting of CT Angio and workforce issues;
- ENHT action plan includes improvements to CT to improve door to needle time;
- Ongoing monthly reviews for all domains are supported with improvements plans.

Mental Health – Dementia Diagnosis and IAPT



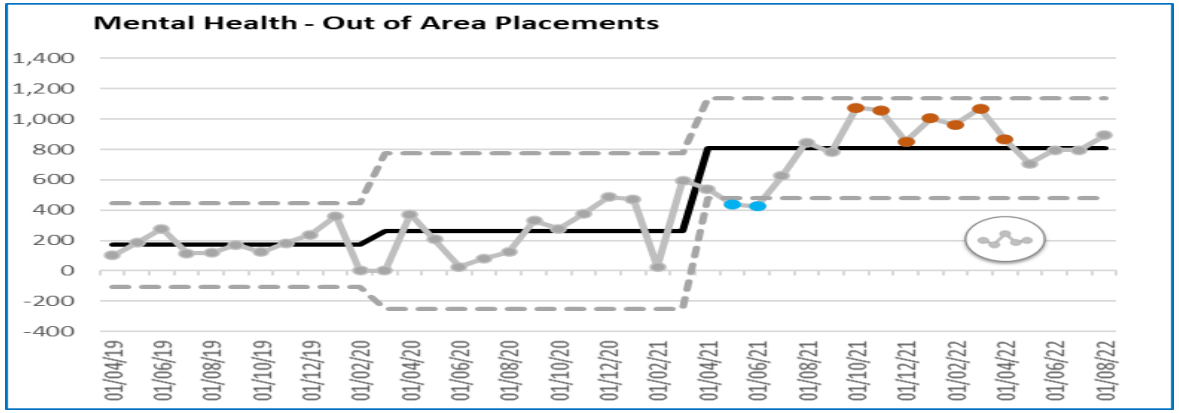
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
NHS EAST AND NORTH HERTFORDSHIRE CCG	66.6	66.6	66.7	66.9	67.1	67.0	67.4	66.9	66.8	66.6	66.6	66.4	64.1	62.5	61.7	61.8	62.0	61.5	61.3	61.6	61.1	59.5	59.2	59.6	59.4	59.7	60.2	60.2	60.2	59.5	59.3	59.5	59.2	59.0	58.8	59.2	59.2	59.2	59.0	59.1	60.9
NHS HERTS VALLEYS CCG	69.4	69.4	69.3	69.1	69.3	69.1	68.1	68.2	68.0	67.7	67.9	67.6	63.2	61.4	61.0	60.4	60.1	60.4	59.8	60.2	61.0	59.3	58.4	58.9	59.2	59.6	59.6	59.8	60.0	59.8	60.1	60.3	60.6	60.5	60.6	60.4	60.6	60.8	60.7	60.6	61.2
NHS WEST ESSEX CCG	71.2	71.2	71.4	71.7	71.0	71.0	70.3	70.0	69.7	70.7	70.6	71.0	68.6	67.5	67.2	67.9	68.1	67.8	68.1	68.9	68.7	67.5	67.0	67.4	67.6	68.0	67.7	67.7	67.6	67.3	67.1	67.0	66.7	66.4	66.5	66.6	66.6	66.5	66.9	67.6	67.7
ICS	68.7	68.7	68.7	68.8	68.8	68.7	68.3	68.1	67.9	67.9	68.0	67.8	64.7	63.1	62.6	62.5	62.5	62.4	62.1	62.6	62.6	61.1	60.5	61.0	61.0	61.4	61.5	61.6	61.7	61.3	61.3	61.4	61.4	61.2	61.1	61.2	61.3	61.3	61.4	61.5	62.5
Target	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
ENHCCG	816	688	650	899	824	977	704	652	647	842	798		671	454	669	892	766	919	938	994	861	1,02	952	991	921	941	1,16	1,07	984	903	916	1,04	740	930	1015	888	935	961	993	998	805
HVCCG	927	1051	899	1095	900	939	1184	1233	832	1213	936		603	490	675	811	772	804	866	895	833	1,03	954	1,06	962	1,00	1,16	1,05	978	1,05	1,09	1,16	881	1,05	826	1,27	832	1,05	882	828	940
WECCG	350	363	234	440	401	318	321	281	327	319	312	358	377	175	293	273	327	424	472	408	288	398	420	445	405	332	263	237	592	457	406	598	602	513	540	518	328	531	450	504	574
ICS	2093	2102	1783	2434	2125	2234	2209	2166	1806	2374	2046		1651	1119	1637	1976	1865	2147	2276	2297	1982	2464	2326	2504	2288	2275	2597	2367	2554	2418	2420	2810	2223	2495	2381	2677	2095	2545	2325	2330	2319

ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• Diagnosis of patients with Dementia remains compliant with the national standard • The number of patients accessing IAPT in August was the highest this year	• Ongoing under-establishment within the core IAPT service and some resignations • High levels of patient cancellations and non-attendance of booked appointments (DNAs) • Therapist sickness and cancellations • IAPT Recovery rates are not at the expected 50% standard	• Use of third-party IAPT resource to support assessments • Ongoing recruitment programme • Diversion of resource from other regional IAPT services • Focus on improving wait to assessment – now down to 17 days • Recovery rates have been investigated. Causes, mitigating and corrective actions have been identified and implemented, and further improvement is expected going forward	• The IAPT 6 week and 18 week waiting time standards both continue to be routinely achieved • Recovery rates improved by 7.9% in August and are now approaching compliance
Herts	• In Sept, the Dementia Diagnosis rate for Herts was 59.7% remaining significantly below National Target • Access remains low in the number of IAPT patients entering treatment over period	• The current recovery plan and actions have not fully commenced therefore the true impact is yet to be realised • IAPT referrals into service are reducing. Internal IT issue impacting access to EPR system leading to delay in first contact , access and waits	Actions plan: • Enhanced Commissioning Framework (ECF) for GPs to complete coding exercise to capture true diagnosis rate. Admin role in Primary Care Diagnosis Service to free Nurse Specialists . Practice Data reviewed monthly to target support. Focus on physical LTC - respiratory, MSK and older people; • Communication plan in place & public engagement events. Review of GP websites to enable patient direct access . Review and update of primary care materials and distribute new materials. Service to deliver increase in step 3 interventions where vacancies cannot be recruited.	• Continue with current actions to increase access to Dementia Diagnosis and IAPT services • Bring Recovery Action Plans into one forum to ensure central oversight • IAPT HPFT To ensure ICT internal issue is mitigated and commissioners updated on progress

Mental Health – Out of Area Placements and CYP Eating Disorders



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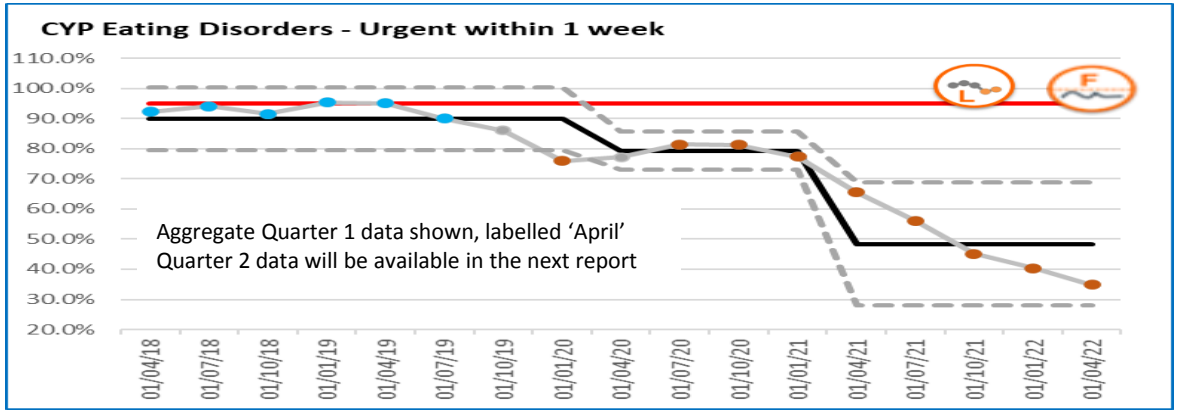
Hertfordshire	100	185	277	114	118	172	124	182	239	360			372	207	26	83	125	331	277	376	486	471	26	596	452	337	336	574	834	759	936	745	674	779	830	987	767	691	775	757	817
Hertfordshire Target	66	132	200	58	116	175	50	100	150	42			33	33	34	20	20	20	10	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WECCG																									86	102	90	51	12	22	140	314	177	225	134	83	100	16	21	38	76
WECCG Target																																									



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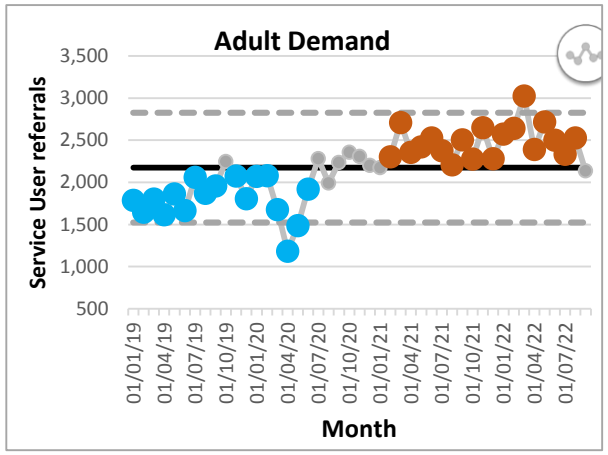
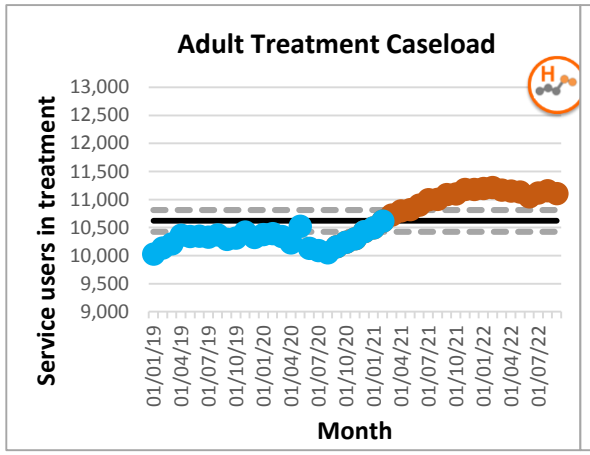
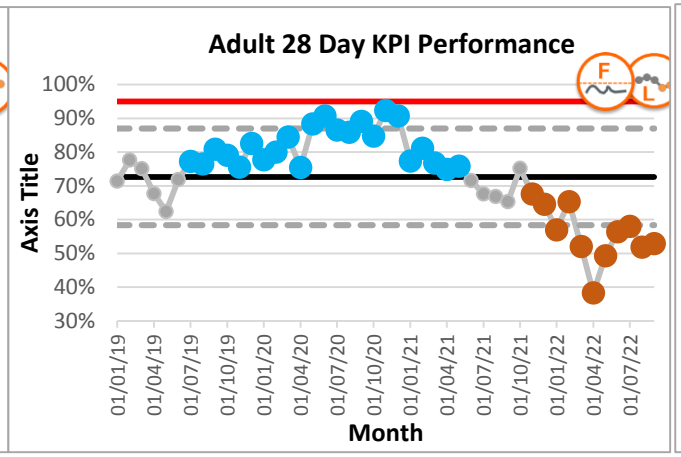
NHS East and North Hertfordshire CCG	100.0%	100.0%	92.9%	92.9%	90.9%	78.6%	78.6%	76.9%	71.4%	81.3%	75.0%	65.6%	56.8%	51.3%	45.7%	44.8%	36.0%
NHS Herts Valleys CCG	92.9%	95.7%	94.4%	100.0%	94.1%	92.9%	90.5%	76.0%	81.5%	85.0%	85.0%	77.3%	57.9%	41.5%	30.0%	25.0%	21.8%
NHS West Essex CCG	71.4%	81.8%	86.7%	92.3%	100.0%	100.0%	86.7%	75.0%	75.0%	73.7%	81.3%	95.2%	96.0%	100.0%	94.4%	93.8%	91.7%
ICS	92.2%	94.0%	91.5%	95.2%	95.0%	90.0%	86.0%	75.9%	77.2%	81.3%	81.3%	77.3%	65.5%	56.1%	45.1%	40.4%	34.8%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

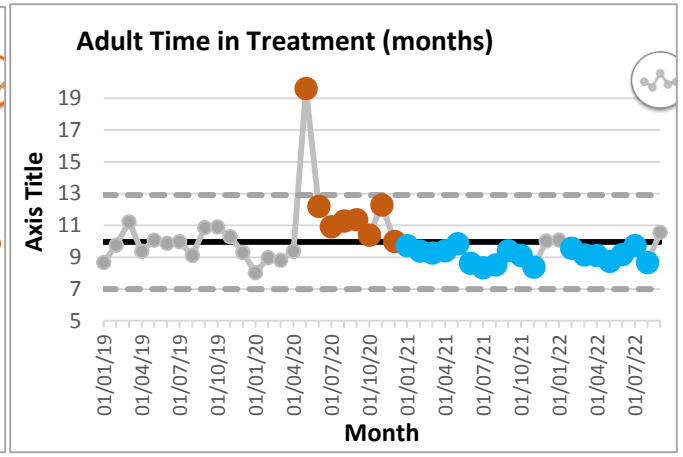
ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• Out of Area Bed Days for West Essex have increased over Quarter 2 but remain comparatively low • 91.7% of patients referred for urgent eating disorders were seen within 1 week in Qtr 1 (to June 22)	• Pressure for Mental Health beds has increased substantially over the Covid period leading to a national shortage of beds, high occupancy rates and use of OOA beds.	• SMART (Surge Management and Resilience Toolset) - providing real time ward data • Essex review of bed model - numbers, type & location • Out of Area Placement (OOAP) Elimination & Sustainability Impact System Group (Essex wide) in place to monitor the impact of the NHSE OOAP Action Plan	**MH Out of Area Placements**: MADE methodology implemented to support discharge and repatriate OAPS. NHSEI support for OOA bed pressures engaged. Bring Recovery Action Plans into one forum for central oversight. Review of Herts bed base numbers. **CYP Eating Disorders**: Early Help ED service commissioned to support the CYP Community ED team, reduce the waiting list and provide safe step down to improve throughput. All CYP will have been seen by 2nd Nov 2022, the new Early Help Service has opened to referrals from across the system.
Herts	• Continuing increased levels of Out of Area Beds compared to last year, although a reduction has been seen since March. • Further decline of CYP ED performance in Qtr 1, reflective of backlog being treated. The number of CYP being referred for support has now stabilised and the Community ED Team have allocated all CYP on the waitlist an initial appointment by Wednesday 2nd November.	• DTOC challenges. Higher admissions to discharges. Increased use of MHA • Refurbishment of bedrooms has begun with 3 rooms at time being decorated – planned end mid-December 2022. • The number, complexity and acuity of CYP presenting with ED and staffing continues to impact on patient throughput and slow performance. • Access re specialist beds due to co-morbidities (wait times have improved)	• Reduce admission through gatekeeping • Adopt purposeful Inpatient Admission Model • Daily OAP reviews /dedicated clinical ownership for OAPs • Reviewing what other areas are doing I.e. voluntary service input to pathways. Review community demand and capacity, to avoid admissions • Share agreed actions with PCN leadership linked to neighbourhood level MDT development. • New Early Help ED Service Commissioned. HPFT recovery plans in place. Medical Monitoring service implemented to support primary care and also offer brief interventions.	

Mental Health – Adult Services



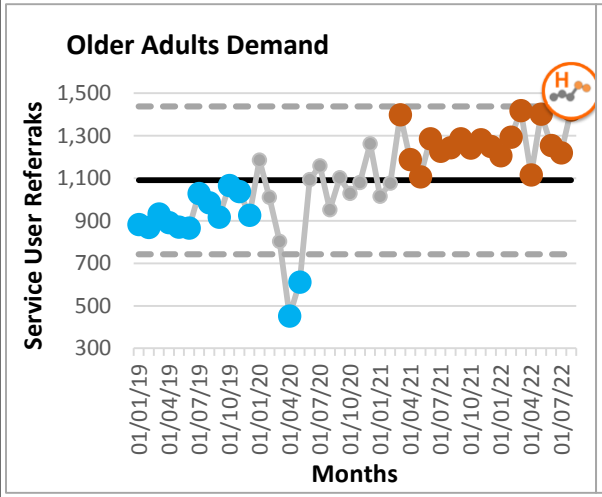


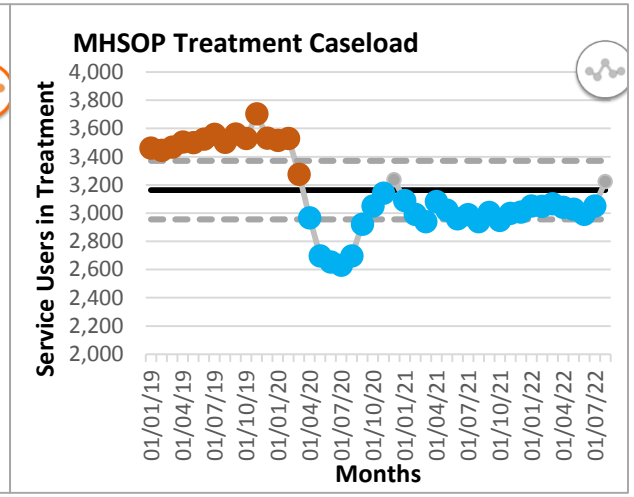


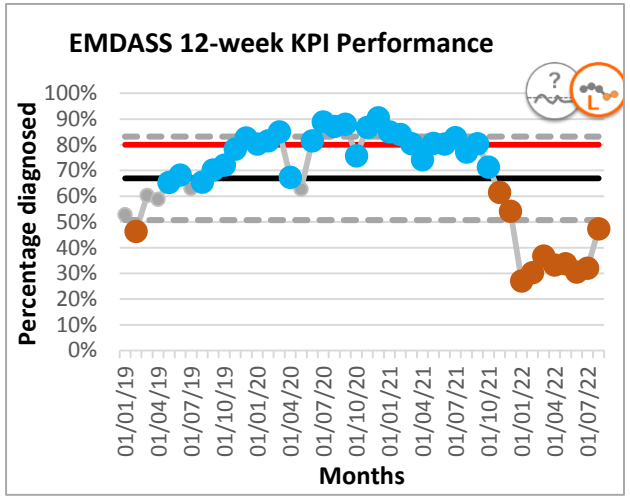


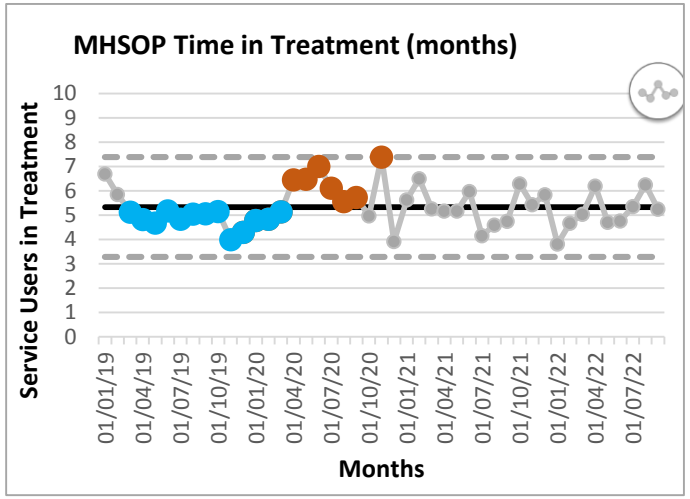
ICB Area	What the charts tell us	Issues	Actions	Mitigation
Adult Community Mental Health Services	Referral demand has been on a continuous upward trajectory in the post pandemic period. There are 800 more service users in treatment now than there were at the start of the pandemic. The time it takes from referral to assessment has increased in line with high referral volumes and caseloads. In May and June 2020, EPUT undertook a major case review which resulted in discharging 400+ people who had been on caseloads for longer than 40 weeks	Sustained high demand has resulted in a waiting list for initial assessments, with high levels of vacancies in some teams, where recruitment is particularly challenging. In Sept 95% of service users were assessed within 56 days of referral.	Agency staff recruited, who are currently undertaking additional assessments every week. Administrative support extended to community mental health teams Commissioned external process efficiency consultant (LEAN) to optimise current processes Out of hours clinics to provide extra capacity from substantive staff and make access easier for service users	Flow continues across the adult community pathways with 95% of service users being seen within 56 days. Community Transformation continues to see more service users in primary care. Recovery for performance is expected in Q4 2022.

Mental Health – Older Adults Services



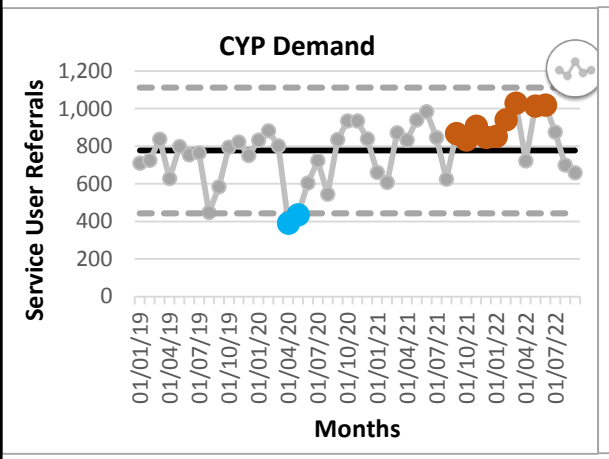


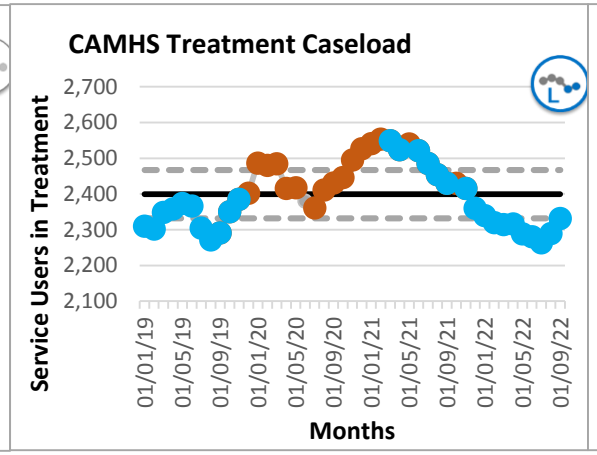


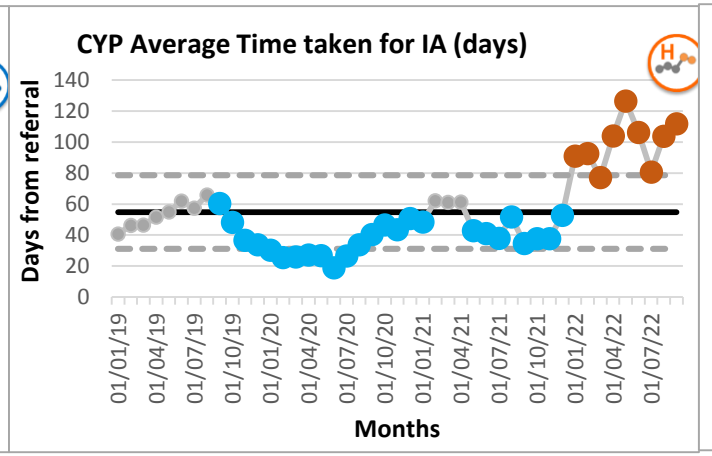


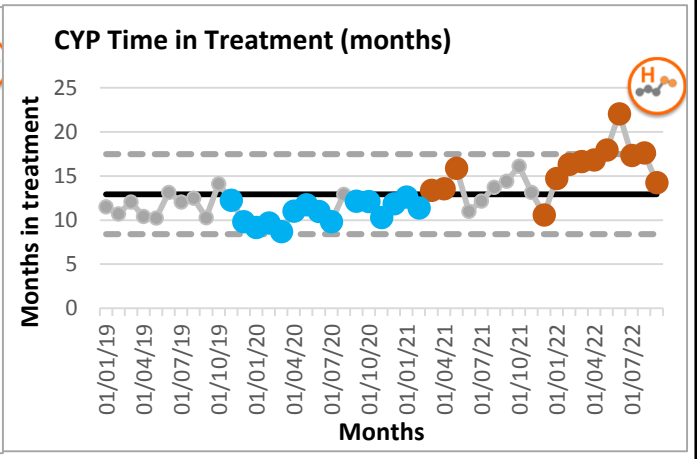
ICB Area	What the charts tell us	Issues	Actions	Mitigation
Older Adult Community Mental Health Services	Increase in referral demand since Jan 2021 was initially due to suppressed demand during COVID and has continued to remain high. Increase in older population in Harlow + Uttlesford compared to national data. New partnership working arrangements with Alzheimer's UK has led to a reduction in overall caseloads in MHSOP in Herts. In Herts the EMDASS service was temporarily halted due to re-deployment of staff over the winter in 2021-2 which led to a backlog of diagnosis. Overall time spent on treatment pathways has stayed the same.	Not meeting access standards for referral to diagnosis for Dementia (EMDASS) Recruitment vacancies for Consultants, Registered Nurses, OT's in West Essex – impact Occupational Therapists Access to specialist brain imaging/scanning in West Essex	Recovery programme activity for EMDASS diagnosis service – expected to recover in Q3 West Essex International Recruitment programme to address vacancies Future expansion of community diagnostic capacity across ICB	Risk review and prioritisation for service users who have been waiting Additional clinics for evening and weekends to improve waiting times Primary care dementia diagnosis nurses improving activity with a focus in West on care home population. EMDASS recovery is expected in Q3 2022

Mental Health – CAMHS Services



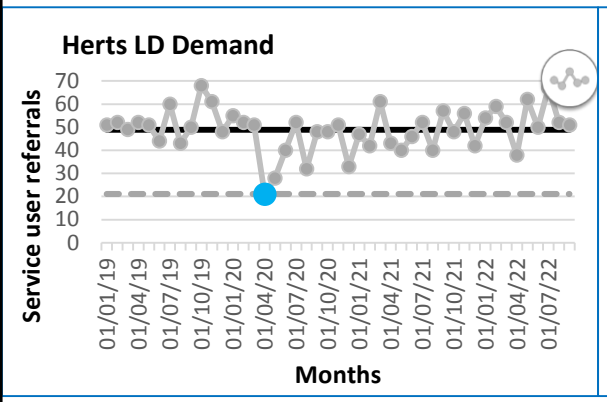


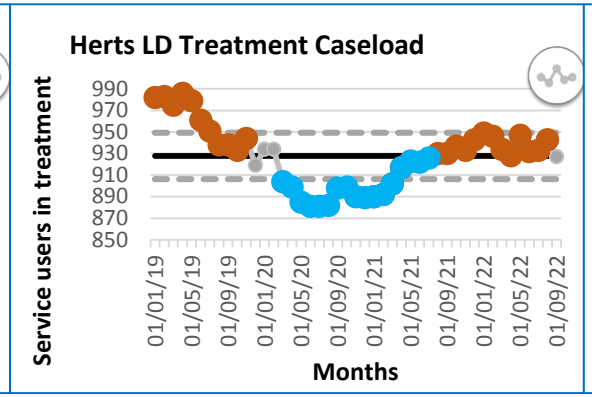


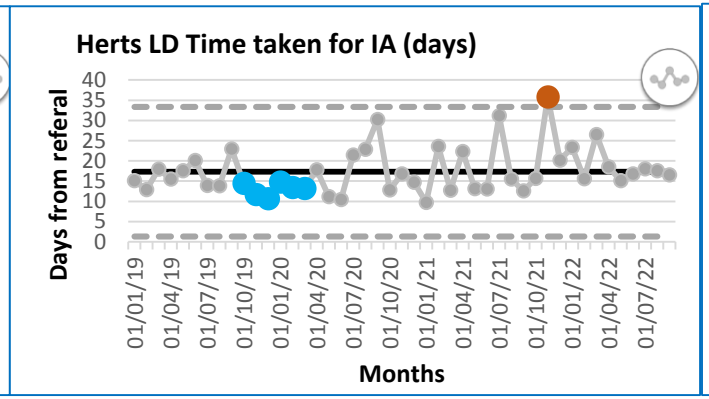


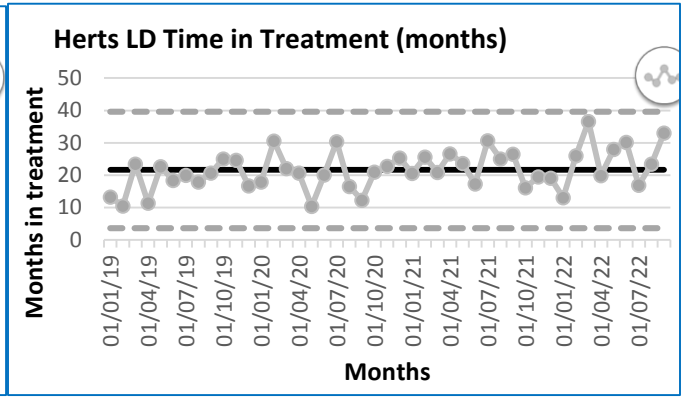
ICB Area	What the charts tell us	Issues	Actions	Mitigation
CAMHS (Herts only)	Referrals into CAMHS have passed 1,000 per month over the last 12 months (20% up from pre-pandemic levels). This has translated to pressure on initial assessments but has not yet converted into increased caseloads in CAMHS. From Jan 2022 we have not met the performance KPI for initial assessments (Choice) Length of time from referral to discharge has grown by 5 months over the last year from a mean of 12 months to 17 months. This may be an indication of increased acuity.	Referral demand has led to an increase in the number of initial assessments we need to provide. ADHD referral caseloads grew to over 1,000 due to a long term commissioning gap in diagnostic services Some services have seen unexpected demand (e.g. Tier 3 Specialist CAMHS ED, Crisis, and Looked after children).	Recovery programmes in place for CAMHS ie 28 days, CAMHS ED, CAMHS Crisis – due to recover in Q3 Business case approved for ADHD service – 15 month recovery of CAMHS backlog	SPA Triage Tool improved to meet 5 day pass on to teams Job planning to continue in all quadrants to ensure qualitative approach Demand and capacity review underway to assess post-covid requirements. Recovery for referral to assessment times to 28 days expected in Q3 2022

Mental Health – Learning Disabilities Services



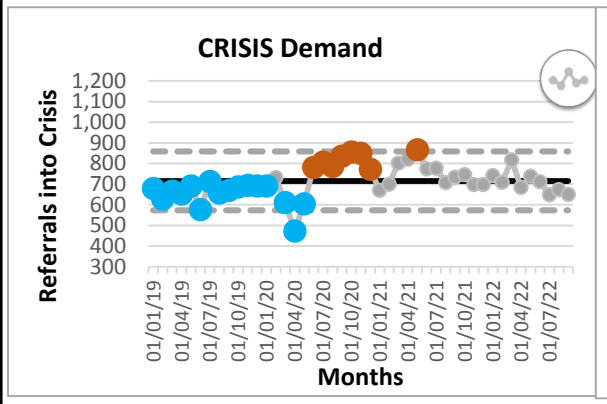


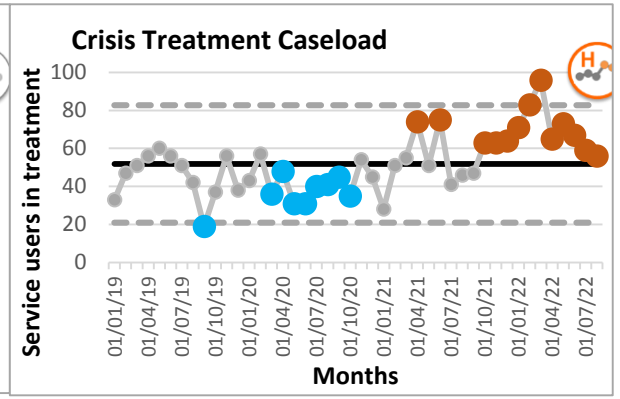


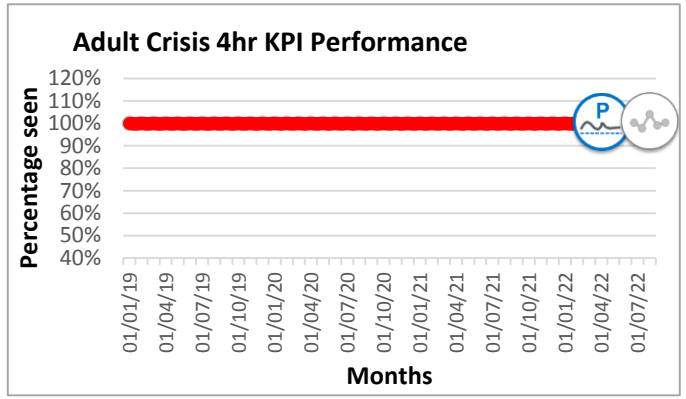


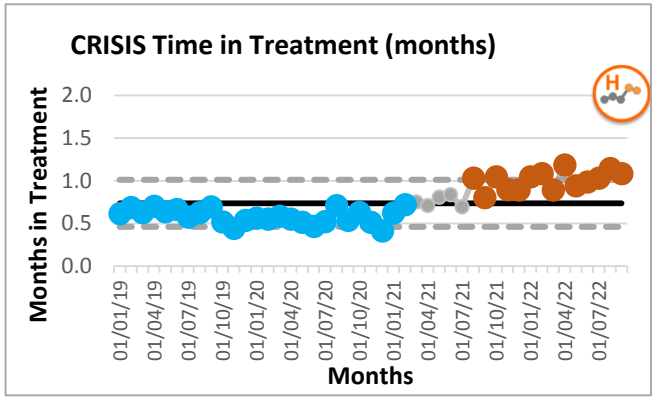
ICB Area	What the charts tell us	Issues	Actions	Mitigation
Learning Disabilities Service Herts only	Referrals and caseloads services dropped during Wave 1 and Wave 2 of the pandemic but have returned to pre-pandemic levels. Service Users are seen consistently within 28 days of referral and the average time it takes from referral to a completed assessment is 17 days	None to report Successful re-integration of LD services in Essex enabling further opportunities for integrated learning and service delivery.	New service user and carer engagement and involvement programme aimed at improving care planning, service delivery and outcomes for LD service users across Herts and Essex.	Focus on reducing secondary waits and care co-ordination and risk management during wait periods. Working with commissioners ensure that GPs are aware and know how to refer directly into LD services.

Mental Health – Crisis Services



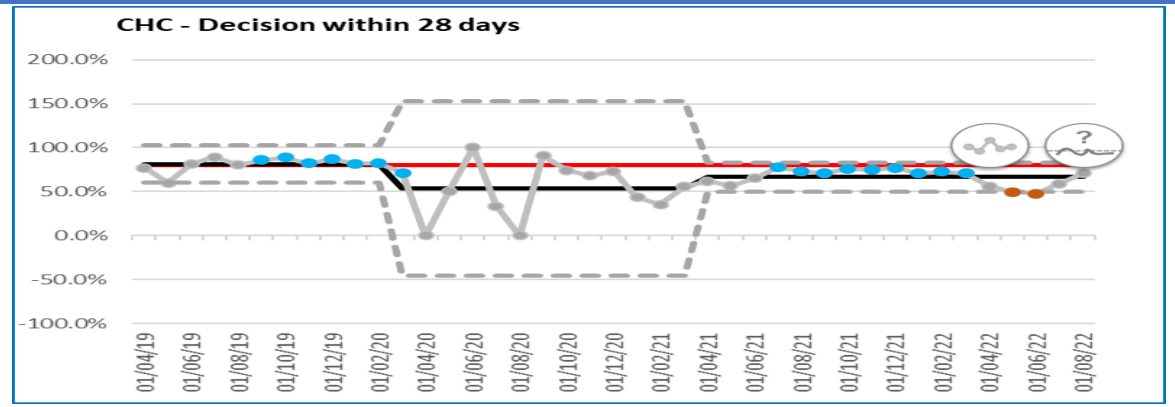




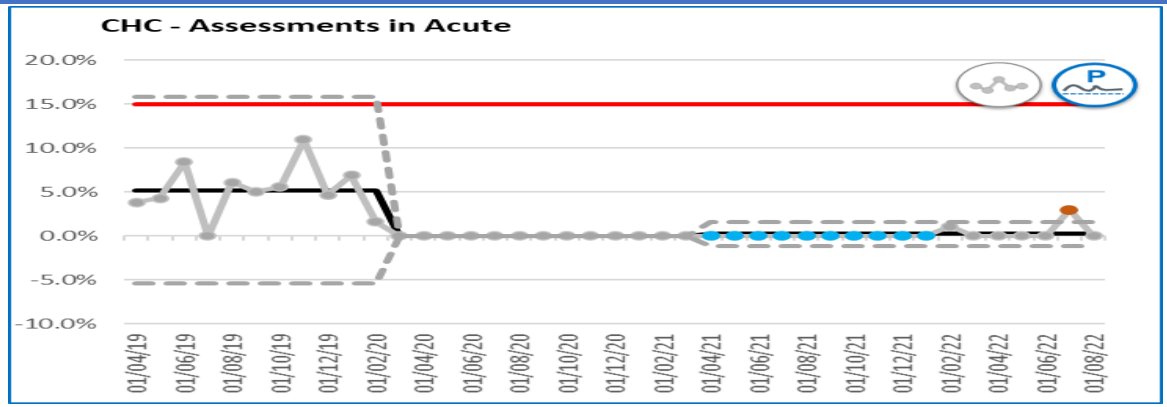


ICB Area	What the charts tell us	Issues	Actions	Mitigation
Crisis Services – Adults and Older Adults Herts only	Crisis demand peaked in the 6 months following Wave 1 and Wave 2 of the pandemic but have returned to pre-pandemic levels. Caseloads are on high against historical baselines which reflects an increase in case complexity. Service Users are seen consistently within 4 hours of referral and the average time under caseload management in the Crisis and Home Treatment Team is 1 month Note: In Essex, Crisis teams do not own team caseloads in favour of being an extension of the community team	High turnover on the Crisis and Home Treatment Team (CRHTT) led to pressure on the service.	Rolling recruitment and training for CRHTT.	Agency support for Community Team releasing staff stepping up into CRHTT roles. Crisis teams expected to be fully recruited by end of Q4 2022.

Continuing Health Care (CHC)



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
East & North Hertfordshire CCG	55.0	33.3	72.0	91.2	57.1	68.0	71.4	68.4	75.0	53.3	57.9	71.4	0.0%	50.0	100.0	33.3	0.0%	57.1	21.1	34.2	30.8	21.1	18.4	25.6	38.7	23.3	50.0	58.3	50.0	66.7	77.4	70.4	47.8	52.6	72.0	69.0	70.8	74.2	94.9	86%	100%
Herts Valleys CCG	84.5	69.6	84.3	88.3	88.5	91.9	92.1	87.0	89.7	87.5	93.0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0	91.4	87.7	86.6	69.7	66.7	75.8	47.2	65.7	74.4	81.5	80.4	66.7	61.1	72.3	85.7	80.5	71.2	72.5	47.2	35.2	23.4	36%	41%
West Essex CCG	58.3	39.4	54.0	55.6	58.3	50.0	34.5	63.2	57.1	52.2	88.2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0	87.0	71.0	83.0	80.0	88.0	100.0	93.0	92.3	68.4	80.0	70.0	88.9	89.5	85.0	75%	100%
ICS	76.9	60.2	81.1	89.4	80.5	85.9	88.9	82.2	86.9	81.6	82.3	71.4	0.0%	50.0	100.0	33.3	0.0%	90.6	74.0	68.0	73.1	43.7	35.6	56.0	62.0	56.8	65.4	77.3	73.0	71.0	76.3	74.8	77.2	70.9	72.8	71.0	56.2	49.7	47.6	59%	71%
Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%



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East & North Hertfordshire CCG	0%	8%	0%	0%	0%	4%	0%	11%	5%	0%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	5%	0%
Herts Valleys CCG	5%	3%	11%	0%	8%	5%	7%	11%	5%	8%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%	0%	3%	0%
West Essex CCG	0%	17%	23%	0%	11%	13%	8%	6%	7%	21%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
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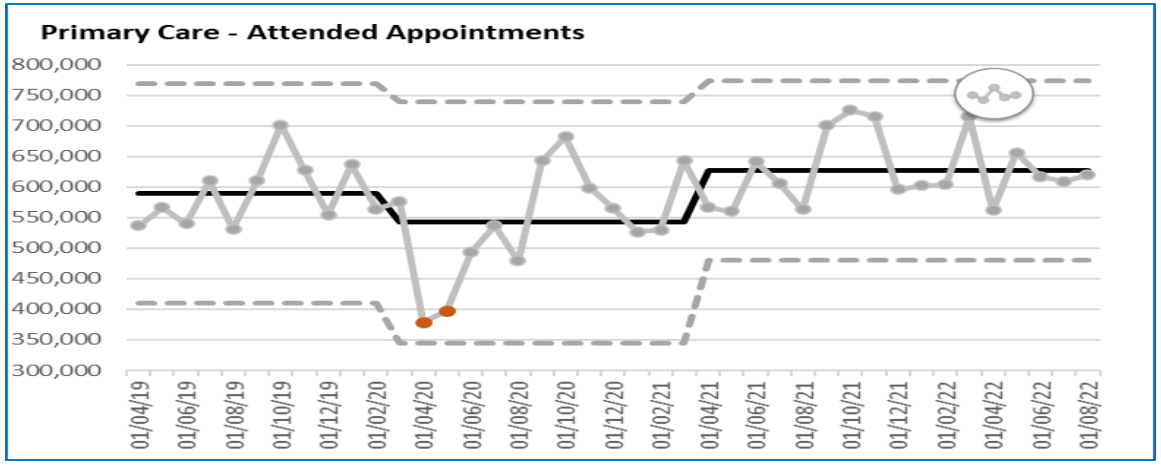
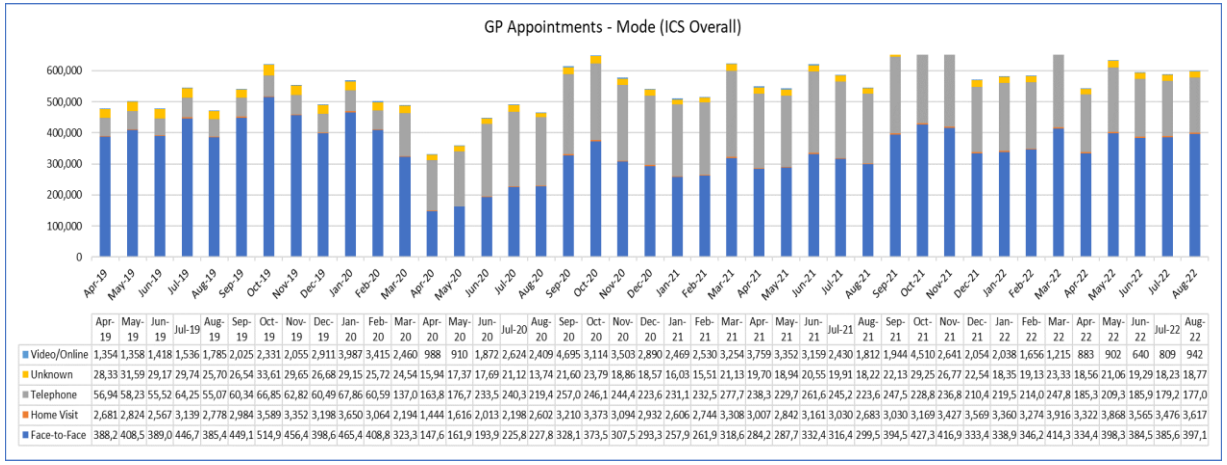
Target	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%

ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• 100% of CHC referrals in West Essex resulted in a decision within 28 days, surpassing the standard of 80% • No patients received assessments in an acute setting	• Performance in November is expected to deteriorate as a result of staffing issues in the Community Teams and staff vacancies within the CHC team. • Delayed allocations of Social Workers from out of area, particularly from London Boroughs. • Ongoing backlog of CHC, FT and FNC reviews due to prioritising new assessments.	• The West Essex CHC Team continues to work alongside EPUT to provide additional resource and support. • The teams are confident that Quarter 3 performance will be achieved, despite an expected decline in reaching decisions within 28 days forecasted. • Recruitment for vacancies ongoing.	• SWH action plan in place, supported by NHSEI • Performance standards continue to be monitored, issues escalated and risks mitigated • Agency cover requested for vacancies whilst recruitment continues • Setting trajectory and drive on clearing cases over 28 days
South West Herts / WHTHT	• SWH remain an outlier with performance against decisions within 28 days not achieved; however there has been a steady improvement in recent months, reaching 41% in August. • No patients received assessments in an acute setting	• Workforce issues, recruitment • Ongoing backlog of CHC & FNC reviews due to prioritising new DSTs. • Referrals numbers continue to be high • Workforce issues including long term sickness absence in place-based senior leadership.	• Recruitment drive continues, interim cover in place to support the gaps • Prioritisation of fast track and 1:1 reviews. • Allocation and weekly tracking of 28 day assessments remains a priority • Case management in place for all cases over 6 weeks • Collaborative working with system partners; weekly meetings with LA • Face to face Nursing needs assessments are completed and evidence is gathered at this time. • Support/cover from senior leaders within the other two place areas	
East & North Herts / ENHT	• 100% of CHC referrals in East & North resulted in a decision within 28 days. • No patients received assessments in an acute setting	• Workforce issues such as sickness and annual leave • Ongoing delays receiving signed assessment paperwork from community, particularly Mental Health, may impact performance going forward	• The Team is confident that Quarter 3 performance will be achieved. • Weekly tracking of referrals over 28 days by caseload and CHC manager • Performance levels expected to be achieved in July	

Primary Care





	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Video/Online	1,354	1,358	1,418	1,536	1,785	2,025	2,331	2,055	2,911	3,987	3,415	2,460	988	910	1,872	2,624	2,409	4,695	3,114	3,503	2,890	2,469	2,530	3,254	3,759	3,352	3,159	2,430	1,812	1,944	4,510	2,641	2,054	2,038	1,656	1,215	883	902	640	809	942
Unknown	28,33	31,59	29,17	29,74	25,70	26,54	33,61	29,65	26,68	29,15	25,72	24,54	15,94	17,37	17,69	21,12	13,74	21,60	23,79	18,86	18,57	16,03	15,51	21,13	19,70	18,94	20,55	19,91	18,22	22,13	29,25	26,77	22,54	18,35	19,13	23,33	18,56	21,06	19,29	18,23	18,77
Telephone	56,94	58,23	55,52	64,25	55,07	60,34	66,85	62,82	60,49	67,86	60,59	137,0	163,8	176,7	233,5	240,3	219,4	257,0	246,1	244,4	223,6	231,1	232,5	277,7	238,3	229,7	261,6	245,2	223,6	247,5	228,8	236,8	210,4	219,5	214,0	247,8	185,3	209,3	185,9	179,2	177,0
Home Visit	2,681	2,824	2,567	3,139	2,778	2,984	3,589	3,352	3,198	3,650	3,064	2,194	1,444	1,616	2,013	2,198	2,602	3,210	3,373	3,094	2,932	2,606	2,744	3,308	3,007	2,842	3,161	3,030	2,683	3,030	3,169	3,427	3,569	3,360	3,274	3,916	3,322	3,868	3,565	3,476	3,617
Face-to-Face	388,2	408,5	389,0	446,7	385,4	449,1	514,9	456,4	398,6	465,4	408,8	323,3	147,6	161,9	193,9	225,8	227,8	328,1	373,5	307,5	293,3	257,9	261,9	318,6	284,2	287,7	332,4	316,4	299,5	394,5	427,3	416,9	333,4	338,9	346,2	414,3	334,4	398,3	384,5	385,6	397,1

ICB Area	What the charts tell us	Issues	Actions	Mitigation
ICB	• Total number of GP appointments decreased slightly in June and July, likely reflecting seasonality, however remained higher than pre-pandemic levels. Total appointments increased in August. • Proportion of face to face appointments continue to increase, reaching 67% of total attended appointments in August.	• General Practice continues to see increases in demand against a backdrop of working through the backlog, workforce pressures and negative media portrayal.	• Continue to implement actions funded through the WAF including advanced telephony and offsite storage of notes. • WAF visits have been completed across the ICB providing each practice with a tailored plan to support the improvement of access. • Follow up visits and monitoring of action plans underway in areas of high risk/poor access. • An MDT group has been established to review the National GPPS data and to develop an access framework and work programme. • Primary Care Commissioning Committee has approved ICB funding to support additional capacity in general practice over winter - funding level same as last year at £1.43 per weighted patient. • There is national repurposing of IIF indicator funding to support additional capacity. • ICB is completing a high level framework to assess the needs of practices/PCNs to prioritise resources where they are most needed. • PCNs currently reviewing and refreshing their ARRS workforce plans to maximise utilisation of the ICB allocation.	• Continue to support return of business as usual to general practice through the relaunch of the Enhanced Commissioning Framework (ECF) across the ICB, supported by investment. • Continue to monitor access trends in the 3 places and to pick up individual practices with poor access through complaints and patient contacts. • PCCC and PC Board oversight of the GPPS results and action plan developed through the Access MDT Group. • Recruitment & Retention of Primary Care Workforce – a number of initiatives are offered to the Primary Care Workforce to support recruitment and retention and is supported by the HSE ICB Training Hub.

Appendix A – Performance Dashboard

August 2022

Herts & West Essex ICS (Commissioner)

Area	Activity	Target	Latest published data	Data published	Trend *	Variation	Assurance
111	Calls answered < 60 seconds	95%	29.3%	August 22	-43.35%		
	Calls abandoned after 30 seconds	5%	35.0%	August 22	58.01%		
A&E	% Seen within 4 hours	95%	65.9%	September 22	4.20%		
	12 Hour Breaches	0	184	September 22	15.22%		
Cancer	2ww All Cancer	93%	76.2%	August 22	-0.40%		
	2ww Breast Symptoms	93%	91.9%	August 22	21.27%		
	31 day First	96%	94.2%	August 22	-0.29%		
	31 day Sub Surgery	94%	no data	August 22	0.00%	N/A	N/A
	31 day Sub Drug	98%	97.8%	August 22	-2.21%		
	31 day Sub Radiotherapy	94%	90.0%	August 22	-7.93%		
	62 day First	85%	68.7%	August 22	1.26%		
	62 day Screening	90%	70.2%	August 22	-12.86%		
	62 day Upgrade	85%	70.4%	August 22	9.26%		
RTT	Incomplete Pathways <18 weeks	92%	56.8%	August 22	-0.30%		
	52 weeks	0	10,043	August 22	4.42%		
Diagnostics	6 week wait	1%	33.8%	August 22	3.34%		

ICS Aggregate Provider	Trend	ENHT	Trend	PAH	Trend	WHTHT	Trend
29.3%	-43.35%	See individual CCG performance in the table below					
35.01%	58.01%						
65.86%	4.20%	66.42%	-1.33%	59.13%	8.71%	70.21%	7.49%
184	15.22%	45	28.89%	139	10.79%	0	0.00%
75.18%	-0.29%	90.58%	-2.69%	68.01%	-13.84%	65.04%	11.06%
66.99%	-10.71%	87.14%	-3.90%	94.96%	12.80%	12.37%	-6.36%
94.14%	-1.22%	96.08%	-0.04%	89.81%	-1.84%	93.99%	-2.03%
82.26%	-8.43%	77.78%	-8.57%	75%	-33.33%	88.89%	-7.14%
98.70%	-1.32%	98.91%	-1.10%	94.44%	-5.88%	100%	0.00%
95.44%	-2.49%	95.44%	-2.49%	N/A		N/A	
69.61%	1.48%	82.56%	-4.19%	61.24%	23.57%	59.56%	1.32%
77.55%	-1.80%	83.33%	-8.00%	75%	0.00%	75.86%	4.55%
65.54%	3.64%	83.33%	3.33%	55%	0.83%	65.00%	8.42%
53.42%	-0.51%	56.61%	1.43%	51.55%	0.88%	50.97%	-3.55%
8,615	7.28%	4,628	7.22%	1,909	-0.10%	2,078	14.20%
39.66%	2.37%	49.42%	-0.64%	26.03%	18.70%	31.67%	-1.72%

Herts & West Essex ICS (Commissioner)

Area	Metric	Target	Latest published data	Data published	Trend *	Variation	Assurance
111	Calls answered < 60 seconds	95%	29.3%	August 22	-43.35%		
	Calls abandoned after 30 seconds	5%	35.0%	August 22	58.01%		
Mental Health	Dementia Diagnosis rate	66.6%	62.5%	August 22	1.50%		
	OOA placements	0	893	August 22	10.97%		
CHC	% of eligibility decisions made within 28 days	80%	71.0%	August 22	16.22%		
	% of assessments carried out in acute	15%	0.0%	August 22	0.00%		

ICS Aggregate Provider	Trend	East & North Herts	Trend	South & West Herts	Trend	West Essex	Trend
N/A		29.50%	-44.64%			28.24%	-37.62%
		34.36%	59.29%			37.67%	53.19%
		60.93%	2.94%	61.21%	0.95%	67.67%	0.03%
		817	7.34%			76	50.00%
		100%	13.64%	41.30%	12.57%	100%	25.00%
		0%	0.00%	0%	0.00%	0%	0.00%

* *Against last month's performance* ● *On/above target* ● *Below target* ✓ *Improvement on previous month's performance* ✗ *Decrease on previous month's performance* – *No change on previous month's performance*

Appendix B: Performance v. 22/23 Operational Plans by Place

East and North Herts Trust

Baseline	22/23 Activity Plan	22/23 M1-5 Activity Plan
104,880	138,641	52,705
	+32%	
N/A	0	0
N/A	0	487
3313	2914	3401
400,242	359,706	162,332
	-10%	
N/A	2%	0%
0%	26%	26%
N/A		
180,261	184,372	79,804
	+2%	
87	87	205
75%	74%	74%

Area	Target
Activity	10% elective activity increase (19/20 levels RTT pathway)
Waitlist	104 week waits eliminated by Jul 22 (waitlist, end of Jun 22)
	Eliminate 78 week waits by Apr 23 (waitlist, end of Mar 23)
	52 week waits trending down across 22/23
Outpatients	25% reduction in outpatient follow-ups by 2023
	5% of outpatients moved or discharged to PIFU
	25% of consultations via video/telephone
	16 specialist advice requests per 100 outpatient firsts
Diagnostics	20% increase in diagnostic capacity against 19/20 levels
Cancer	Reducing cancer 62+ day waitlist to pre-pandemic levels
	Reduction in missed 28 day cancer decisions

	M1-5 Actual					
	April	May	June	July	August	Total
Plan	7,816	8,554	11,535	12,112	12,688	**52,705**
Actual	7,816	9,494	9,139	8,072	8,241	**42,762**
Variance	0	940	-2,396	-4,040	-4,447	**-9,943**
Actual	96	56	21	9	7	**7**
Actual	439	408	324	312	407	**407**
Actual	3473	3699	4027	4294	4628	**4628**
Plan	33,377	33,990	31,737	34,856	28,372	**162,332**
Actual	30,904	34,899	31,661	31,545	32,053	**161,062**
Variance	-2,473	909	-76	-3,311	3,681	**-1,270**
Actual	1%	1%	1%	1%	1%	**1%**
Actual	26%	26%	26%	27%	25%	**26%**
Actual	24	24	25	25	26	**25**
Plan	14,839	16,359	16,071	16,432	15,611	**79,312**
Actual	11,414	13,529	13,068	12,957	13,040	**64,008**
Variance	-3,425	-2,830	-3,003	-3,475	-2,571	**-15,304**
Actual	377	327	366	368	415	**415**
Actual	68%	64%	71%	72%	73%	**69%**

Appendix B: Performance v. 22/23 Operational Plans by Place

PAH

Baseline	22/23 Activity Plan	22/23 M1-5 Activity Plan
70,011	75,816	30,481
	+8%	
N/A	0	0
N/A	0	243
1737	3,059	3,036
225,486	271,151	110,503
	+20%	
N/A	1%	1%
4%	27%	27%
N/A		
110,523	117,630	48,666
	+6%	
121	75	75
61%	73%	75%

Area	Target
Activity	10% elective activity increase (19/20 levels RTT pathw ay)
Waitlist	104 w eek w aits eliminated by Jul 22 (w aitlist, end of Jun 22)
	Eliminate 78 w eek w aits by Apr 23 (w aitlist, end of Mar 23)
	52 w eek w aits trending dow n across 22/23
Outpatients	25% reduction in outpatient follow -ups by 2023
	5% of outpatients moved or discharged to PIFU
	25% of consultations via video/telephone
	16 specialist advice requests per 100 outpatient firsts
Diagnostics	20% increase in diagnostic capacity against 19/20 levels
Cancer	Reducing cancer 62+ day w aitlist to pre-pandemic levels
	Reduction in missed 28 day cancer decisions

	M1-5 Actual					
	April	May	June	July	August	Total
Plan	5,317	5,941	6,678	6,643	5,902	**30,481**
Actual	5,317	6,088	5,911	5,646	5,644	**28,606**
Variance	0	147	-767	-997	-258	**-1,875**
Actual	14	12	10	3	0	**0**
Actual	223	266	281	296	248	**248**
Actual	1818	1674	1785	1911	1909	**1909**
Plan	19,736	22,231	23,018	23,120	22,398	**110,503**
Actual	19,754	22,354	19,593	18,917	18,352	**98,970**
Variance	18	123	-3,425	-4,203	-4,046	**-11,533**
Actual	1%	1%	1%	1%	1%	**1%**
Actual	27%	27%	28%	28%	27%	**27%**
Actual	5	5	6	6	7	**6**
Plan	9,258	9,852	9,852	9,852	9,852	**48,666**
Actual	9,258	9,793	9,073	9,604	10,193	**47,921**
Variance	0	-59	-779	-248	341	**-745**
Actual	252	220	178	177	199	**199**
Actual	64%	66%	74%	72%	72%	**70%**

Appendix B: Performance v. 22/23 Operational Plans by Place

West Herts Teaching Hospitals Trust

Baseline	22/23 Activity Plan	22/23 M1-5 Activity Plan	Area	Target
71,713	115,674	35,475	Activity	10% elective activity increase (19/20 levels RTT pathw ay)
	+61%			
N/A	0	2	Waitlist	104 w eek w aits eliminated by Jul 22 (w aitlist, end of Jun 22)
N/A	0	69		Eliminate 78 w eek w aits by Apr 23 (w aitlist, end of Mar 23)
1059	507	763		52 w eek w aits trending dow n across 22/23
330,892	260,127	106,745	Outpatients	25% reduction in outpatient follow -ups by 2023
	-21%			
N/A	1%	1%		5% of outpatients moved or discharged to PIFU
8%	25%	20%		25% of consultations via video/telephone
N/A				16 specialist advice requests per 100 outpatient firsts
126,398	146,816	55,218	Diagnostics	20% increase in diagnostic capacity against 19/20 levels
	+16%			
81	105	205	Cancer	Reducing cancer 62+ day w aitlist to pre-pandemic levels
72%	69%	66%		Reduction in missed 28 day cancer decisions

	M1-5 Actual					
	April	May	June	July	August	Total
Plan	3,682	5,002	4,373	11,865	10,553	**35,475**
Actual	3,682	4,999	4,816	4,618	4,948	**23,063**
Variance	0	-3	443	-7,247	-5,605	**-12,412**
Actual	14	9	4	3	2	**2**
Actual	144	155	143	133	137	**137**
Actual	1193	1431	1660	1783	2078	**2078**
Plan	18,976	20,461	18,963	24,263	24,082	**106,745**
Actual	19,536	22,092	21,248	20,908	21,247	**105,031**
Variance	560	1,631	2,285	-3,355	-2,835	**-1,714**
Actual	1%	1%	1%	1%	1%	**1%**
Actual	14%	13%	13%	13%	13%	**13%**
Actual	48	50	54	61	61	**55**
Plan	9,652	10,497	9,095	13,595	12,379	**55,218**
Actual	9,357	10,546	9,827	9,473	9,835	**49,038**
Variance	-295	49	732	-4,122	-2,544	**-6,180**
Actual	299	340	331	315	297	**297**
Actual	51%	58%	56%	60%	60%	**57%**

Glossary of Acronyms

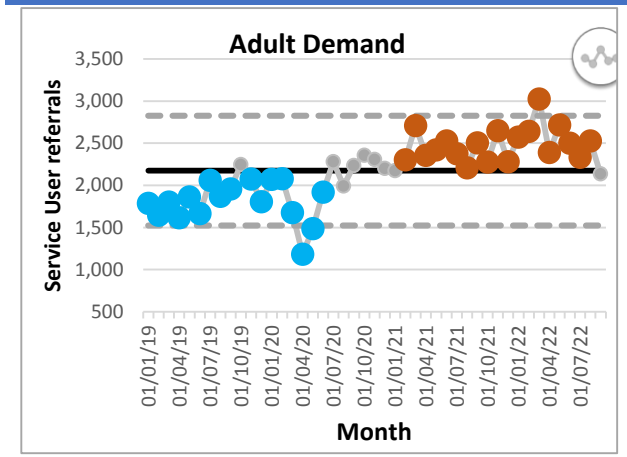
>104 days	Cancer backlog greater than 104 days
>104 weeks	Elective Care backlog greater than 104 weeks
>62 days	Cancer backlog greater than 62 days
A&E	Accident & Emergency
AAU	Ambulatory Assessment Unit
AHC	Annual Health Check
BAME	Black Asian & Minority Ethnic
BAU	Business As Usual
CAMHS	Children & Adolescent Mental Health Service
CCATT	Children Crisis Assessment & Treatment Team
CCG	Clinical Commissioning Group
CDC	Cancer Diagnostic Centre
CEO	Chief Executive Officer
CHC	Continuing Healthcare
CISS	Community Intensive Support Service
CLCH	Central London Community Healthcare NHS Trust
CMO	Chief Medical Officer
CO	Carbon Monoxide
CQC	Care Quality Commission
CT	Computerised Tomography (scan)
CYP	Children Young People
D2A	Discharge to Assess
DQ	Data Quality
DST	Decision Support Tool
DSX	DSX Systems (Digital Health Solutions)
DWP	Department for Work & Pensions

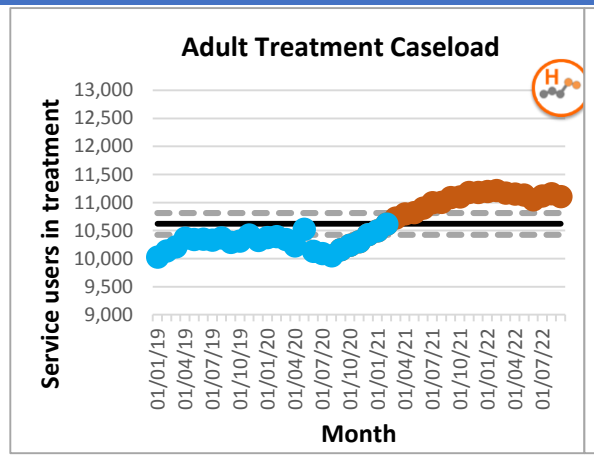
EAU	Emergency Assessment Unit
ECHO	Echocardiogram
ED	Emergency Department
EEAST	East of England Ambulance Service NHS Trust
EMIS	Supplier of GP Practice systems and software
ENHCCG	East & North Herts Clinical Commissioning Group
ENHT	East & North Herts NHS Trust
EPR	Electronic Patient Record
EPUT	Essex Partnership University NHS Foundation Trust
F2F	Face-to-Face
FHAU	Forest House Adelescent Unit
FNC	Funded Nursing Care
GP	General Practice
HALO	Hospital Ambulance Liaison Officer
HCA	HealthCare Assistant
HCT	Hertfordshire Community Trust
HEG	Hospital Efficiency Group
HPFT	Hertfordshire Partnership NHS Foundation Trust
HVCCG	Herts Valley Clinical Commissioning Group
IAG	Inspection Action Group
IAPT	Improving Access to Psychological Therapies
ICP	Integrated Care Partnership
ICS	Integrated Care System
IPC	Infection prevention and control
IS	Independent Sector
IUC	Integrated Urgent Care

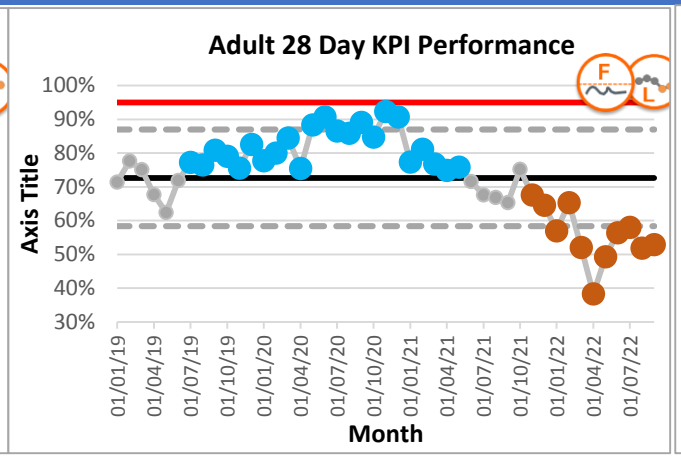
JSPQ	Joint Service, Performance and Quality Review Meeting
LA	Local Authority
LAC	Look After Children (team)
LD	Learning Disability
LeDeR	Learning Disability Mortality Review Programme
LFT	Lateral Flow Test
LMNS	Local Maternity Neonatal System
LMS	Local Maternity System
LoS	Length of Stay
MH	Mental Health
MOU	Memorandum Of Understanding
MRI	Magnetic Resonance Imaging
MSE	Mid & South Essex NHS Foundation Trust
NHSE / I	NHS England & Improvement
NICE	The National Institute for Health & Care Excellence
NO	Nitrous Oxide
NOK	Next Of Kin
OHCP	One HealthCare Partnership
OOAP	Out of Area Placements
OT	Occupational Therapy
PAH / PAHT	The Princess Alexandra Hospital NHS Trust
PCN	Primary Care Network
PCR	Polymerase Chain Reaction (test)
PEoLC	Palliative & End of Life Care

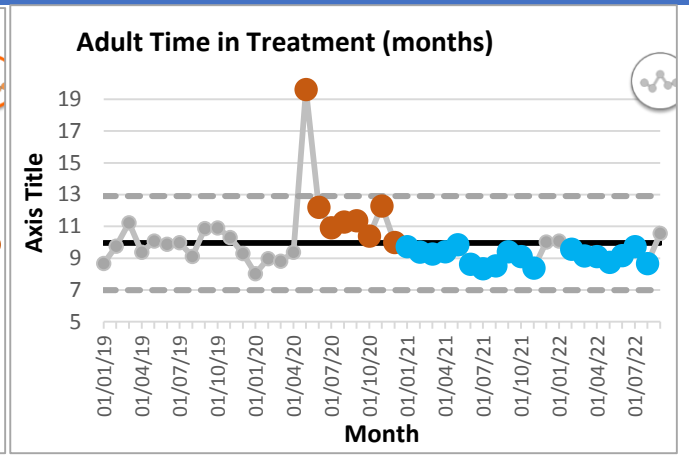
PIFU	Patient Initiated Follow-Up
PMO	Project Management Office
PRISM	Primary Integrated Service for Mental Health
PTL	Patient Tracking List
RCA	Root Cause Analysis
REAP	Resource Escalation Action Plan
RESUS	Resuscitation
RTT	Referral to Treatment (18-week elective target)
SACH	St Albans City Hospital
SAFER	Tool to reduce patient flow delays on inpatient wards
SDEC	Same Day Emergency Care
SLT	Speech & Language Therapist
SMART	Surge Management and Resilience Toolset
SSNAP	Sentinel Stroke National Audit Programme
T&O	Trauma and Orthopaedic
TTA	Take Home Medication (To Take Away)
UEC	Urgent Emergency Care
US	Ultrasound Scan
UTC	Urgent Treatment Centre
WAF	Winter Access Fund
WECCG	West Essex Clinical Commissioning Group
WGH	Watford General Hospital
WHHT	West Herts Hospital Trust
WW	Week Waits

Mental Health – Adult Services



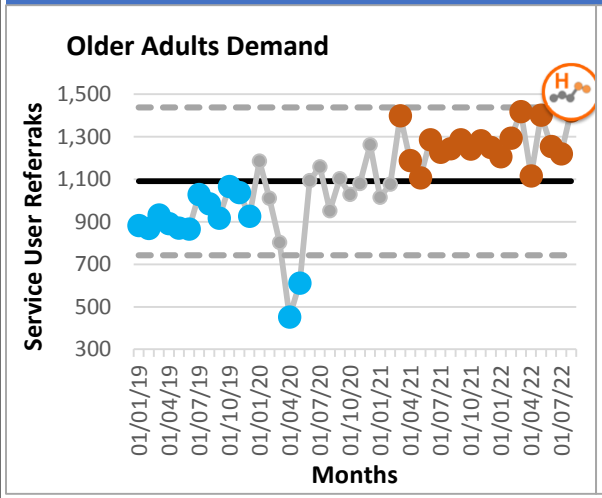


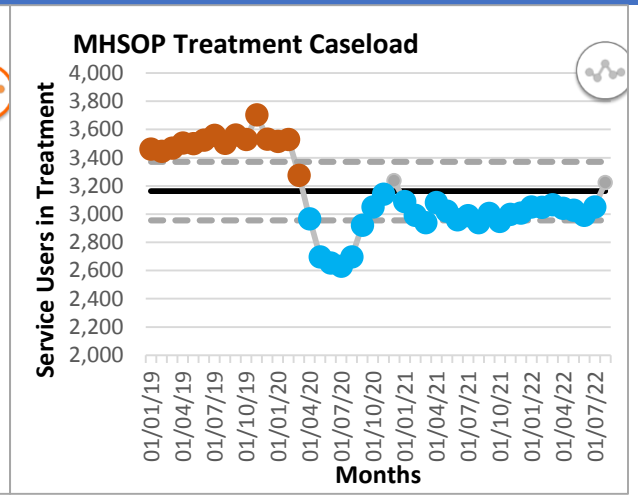


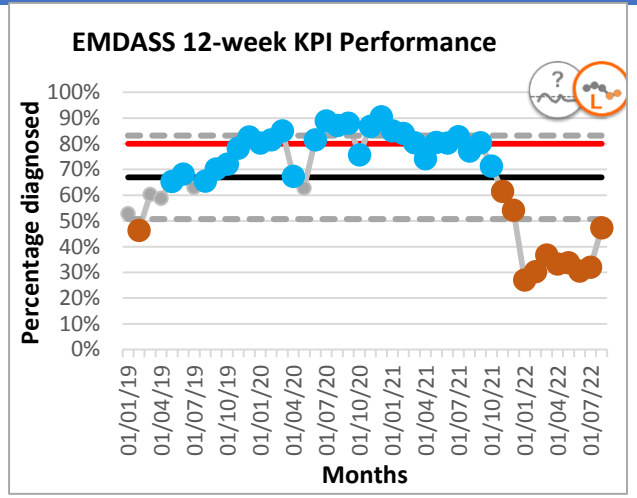


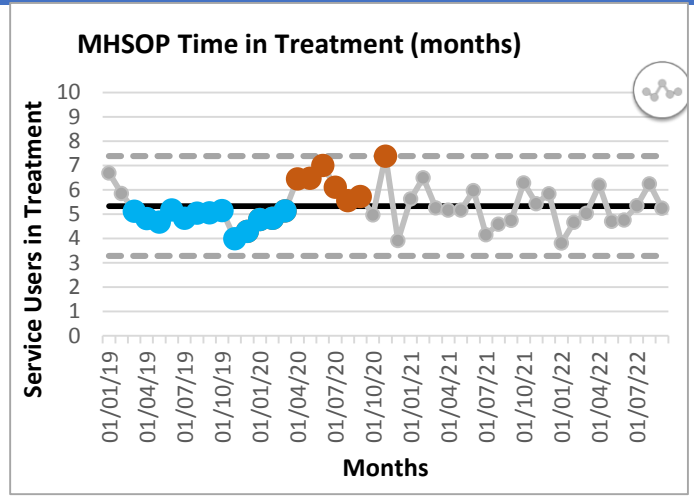
ICB Area	What the charts tell us	Issues	Actions	Mitigation
Adult Community Mental Health Services	Referral demand has been on a continuous upward trajectory in the post pandemic period. There are 800 more service users in treatment now than there were at the start of the pandemic. The time it takes from referral to assessment has increased in line with high referral volumes and caseloads. In May and June 2020, EPUT undertook a major case review which resulted in discharging 400+ people who had been on caseloads for longer than 40 weeks	Sustained high demand has resulted in a waiting list for initial assessments, with high levels of vacancies in some teams, where recruitment is particularly challenging. In Sept 95% of service users were assessed within 56 days of referral.	Agency staff recruited, who are currently undertaking additional assessments every week. Administrative support extended to community mental health teams Commissioned external process efficiency consultant (LEAN) to optimise current processes Out of hours clinics to provide extra capacity from	Flow continues across the adult community pathways with 95% of service users being seen within 56 days. Community Transformation continues to see more service users in primary care. Recovery for performance is expected in Q4 2022.

Mental Health – Older Adults Services



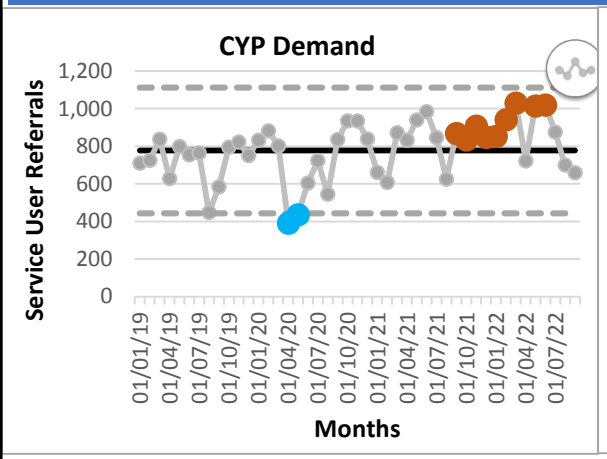


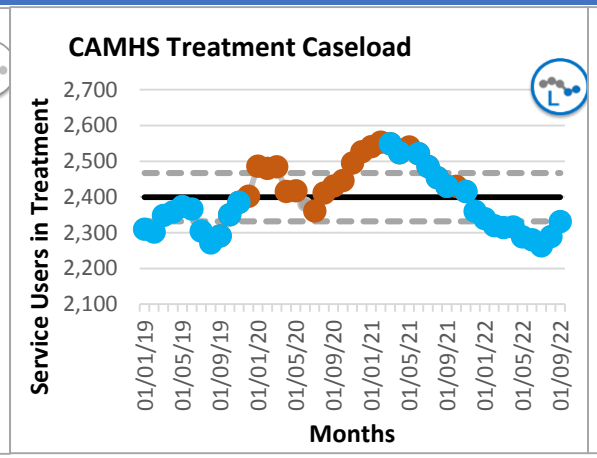


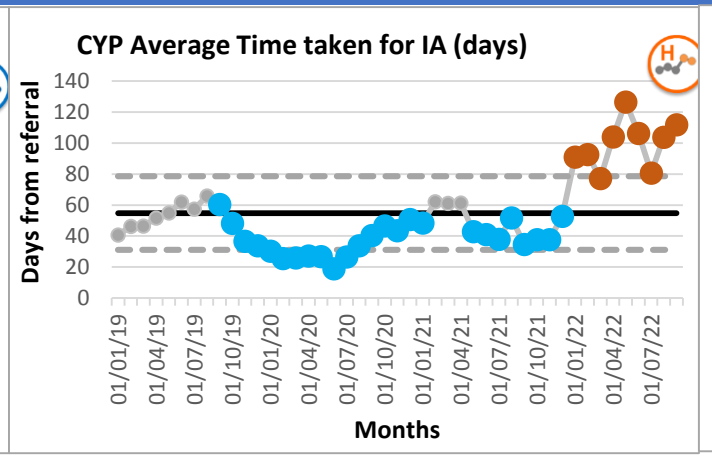


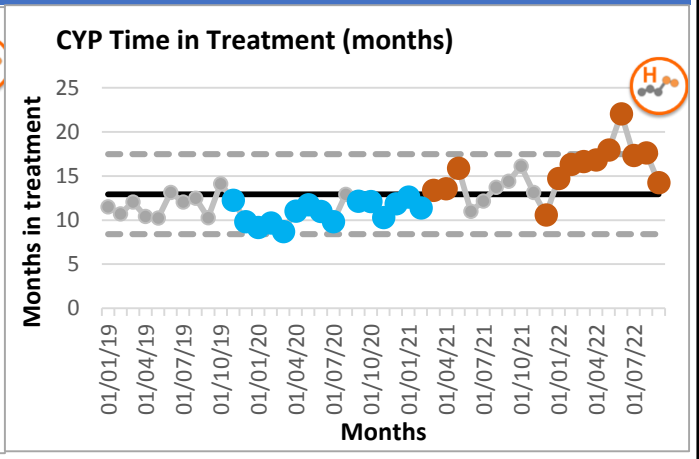
ICB Area	What the charts tell us	Issues	Actions	Mitigation
Older Adult Community Mental Health Services	Increase in referral demand since Jan 2021 was initially due to suppressed demand during COVID and has continued to remain high. Increase in older population in Harlow + Uttlesford compared to national data. New partnership working arrangements with Alzheimer's UK has led to a reduction in overall caseloads in MHSOP in Herts. In Herts the EMDASS service was temporarily halted due to re-deployment of staff over the winter in 2021-2 which led to a backlog of diagnosis.	Not meeting access standards for referral to diagnosis for Dementia (EMDASS) Recruitment vacancies for Consultants, Registered Nurses, OT's in West Essex – impact Occupational Therapists Access to specialist brain imaging/scanning in West Essex	Recovery programme activity for EMDASS diagnosis service – expected to recover in Q3 West Essex International Recruitment programme to address vacancies Future expansion of community diagnostic capacity across ICB	Risk review and prioritisation for service users who have been waiting Additional clinics for evening and weekends to improve waiting times Primary care dementia diagnosis nurses improving activity with a focus in West on care home population. EMDASS recovery is expected in Q3 2022

Mental Health – CAMHS Services



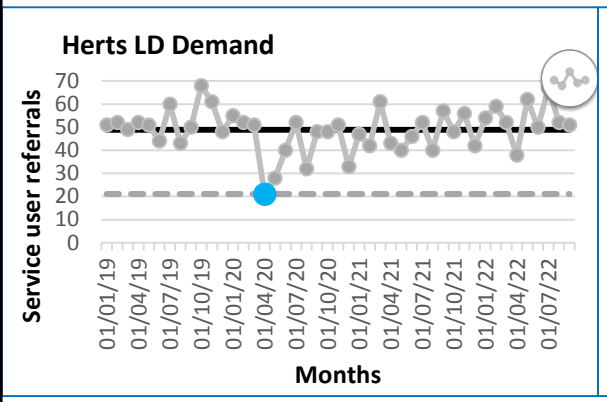


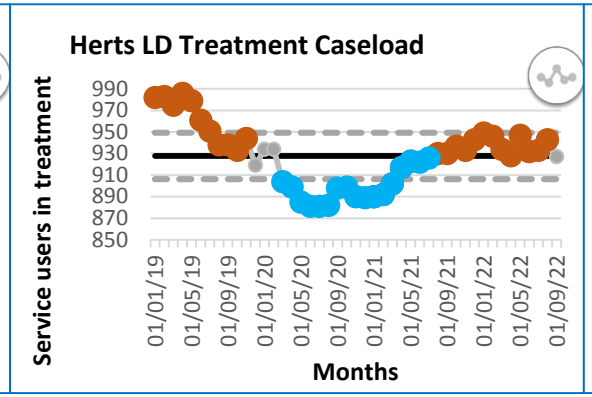


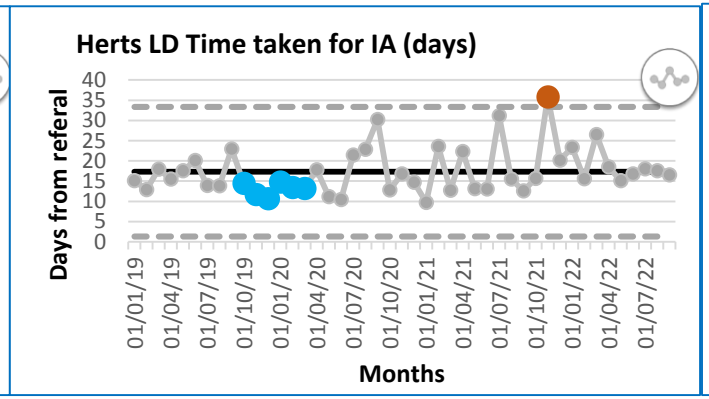


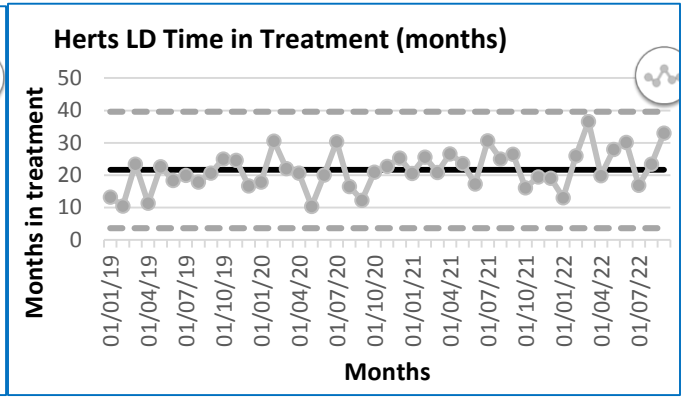
ICB Area	What the charts tell us	Issues	Actions	Mitigation
CAMHS (Herts only)	Referrals into CAMHS have passed 1,000 per month over the last 12 months (20% up from pre-pandemic levels). This has translated to pressure on initial assessments but has not yet converted into increased caseloads in CAMHS. From Jan 2022 we have not met the performance KPI for initial assessments (Choice) Length of time from referral to discharge has grown by 5 months over the last year from a mean of 12 months to 17 months. This may be an indication of increased acuity.	Referral demand has led to an increase in the number of initial assessments we need to provide. ADHD referral caseloads grew to over 1,000 due to a long term commissioning gap in diagnostic services Some services have seen unexpected demand (e.g. Tier 3 Specialist CAMHS ED, Crisis, and Looked after children).	Recovery programmes in place for CAMHS ie 28 days, CAMHS ED, CAMHS Crisis – due to recover in Q3 Business case approved for ADHD service – 15 month recovery of CAMHS backlog	SPA Triage Tool improved to meet 5 day pass on to teams Job planning to continue in all quadrants to ensure qualitative approach Demand and capacity review underway to assess post-covid requirements. Recovery for referral to assessment times to 28 days expected in Q3 2022

Mental Health – Learning Disabilities Services



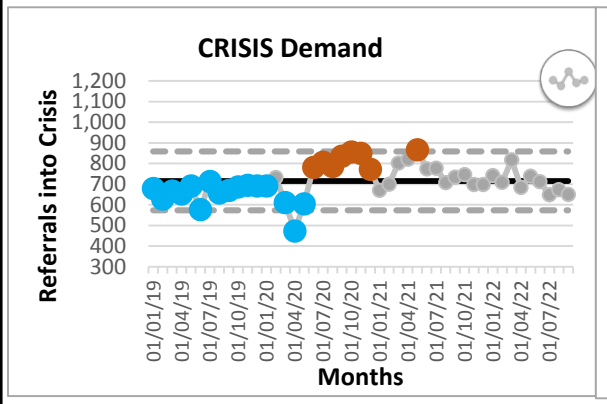


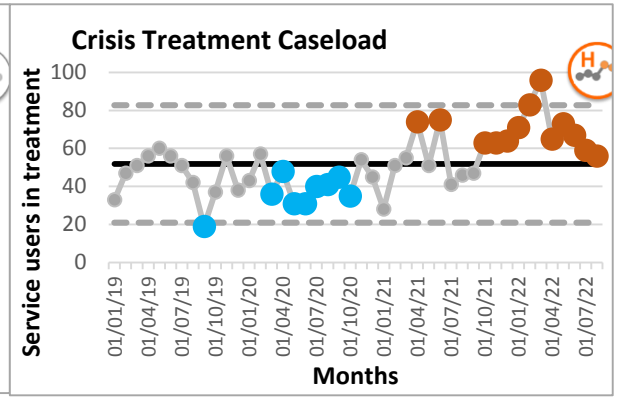


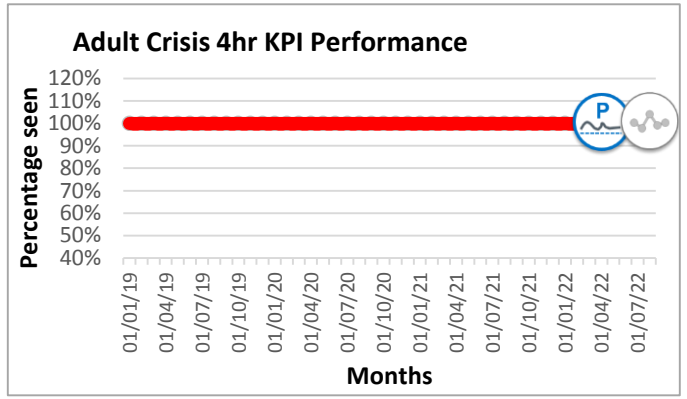


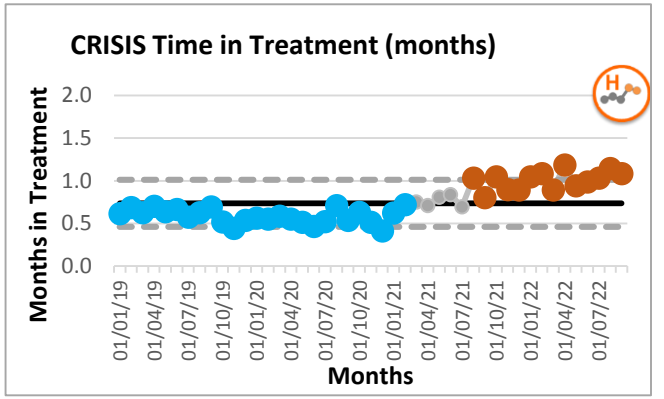
ICB Area	What the charts tell us	Issues	Actions	Mitigation
Learning Disabilities Service Herts only	Referrals and caseloads services dropped during Wave 1 and Wave 2 of the pandemic but have returned to pre-pandemic levels. Service Users are seen consistently within 28 days of referral and the average time it takes from referral to a completed assessment is 17 days	None to report Successful re-integration of LD services in Essex enabling further opportunities for integrated learning and service delivery.	New service user and carer engagement and involvement programme aimed at improving care planning, service delivery and outcomes for LD service users across Herts and Essex.	Focus on reducing secondary waits and care co-ordination and risk management during wait periods. Working with commissioners ensure that GPs are aware and know how to refer directly into LD services.

Mental Health – Crisis Services









ICB Area	What the charts tell us	Issues	Actions	Mitigation
Crisis Services – Adults and Older Adults Herts only	Crisis demand peaked in the 6 months following Wave 1 and Wave 2 of the pandemic but have returned to pre-pandemic levels. Caseloads are on high against historical baselines which reflects an increase in case complexity. Service Users are seen consistently within 4 hours of referral and the average time under caseload management in the Crisis and Home Treatment Team is 1 month Note: In Essex, Crisis teams do not own team caseloads in favour of being an extension of the community team	High turnover on the Crisis and Home Treatment Team (CRHTT) led to pressure on the service.	Rolling recruitment and training for CRHTT.	Agency support for Community Team releasing staff stepping up into CRHTT roles. Crisis teams expected to be fully recruited by end of Q4 2022.

Glossary

- ICB - Integrated Commissioning Board
- EPUT – Essex Partnership University Trust
- HPFT – Hertfordshire Partnership University Trust
- KPI – Key Performance Indicator
- Lean - is a system of techniques and activities for running service operation
- SPA – Single Point of Access
- EMDASS – Early Memory Diagnosis and Support Service
- CAMHS – Child and Adolescent Mental Health Services
- CYP – Children and Young People
- MHSOP – Mental Health Services for Older People
- LD - Learning Disabilities
- ADHD – Attention Deficit Hyperactivity Disorder
- ED – Eating Disorder
- CRHTT – Crisis and Home Treatment Team
- Choice – initial assessment for Children and Young People

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*		☐		
	HWE ICB Board meeting held in Public			**Meeting Date:**	**18/11/2022**		
Report Title:	**Capital and Revenue Winter Funding Allocations 2022/23**			**Agenda Item:**	**12**		
Report Author(s):	Jo Burlingham, Head of Resilience and Response, HWE ICB						
Report Signed off by:	Elizabeth Disney, Director of Operations, HWE ICB						
Purpose:	**Approval**	☐	**Decision**	☒	**Discussion**	☐	**Information**	☐
Report History:	N/A						
Executive Summary:	On the 12th of August 2022, NHS England (NHSE) published the next steps in increasing capacity and operational resilience in Urgent and Emergency Care (UEC), setting out expectations for the Hertfordshire and West Essex (HWE) Integrated Care Board (ICB) and HWE system providers to increase capacity and resilience ahead of winter 2022/23. This paper outlines the process that has been undertaken by HWE ICB to award NHSE funding allocations to providers across HWE ICB to support the required increase in system capacity.						
Recommendations:	The Board is asked to note the process undertaken and the arrangements being put in place for winter 2022/23.						
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	In progress
	Quality Impact Assessment:	To be reviewed and completed, as applicable
	Data Protection Impact Assessment:	To be reviewed and completed, as applicable
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☒
	Tackling inequalities in outcomes, experience and access	☒
	Enhancing productivity and value for money	☐
	Helping the NHS support broader social and economic development	☐
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☐
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☐

1. Executive summary

On the 12th of August 2022, NHS England (NHSE) published the next steps in increasing capacity and operational resilience in Urgent and Emergency Care (UEC), setting out expectations for the Hertfordshire and West Essex (HWE) Integrated Care Board (ICB) and HWE system providers to increase capacity and resilience ahead of winter 2022/23. This paper outlines the process that has been undertaken by HWE ICB to award NHSE funding allocations to providers across HWE ICB to support the required increase in capacity.

2. Background

A key component of managing winter and operational system pressures includes the flexibility to commission additional short-term health, social care and voluntary sector capacity. This acknowledges that despite robust escalation plans, winter places additional surges in demand and pressures on capacity. This can be multifactorial and includes infectious disease outbreaks.

Regional and local winter resilience funding has historically been made available to the local system to commission additional resources at times of increased demand and operational pressure. Scenario planning for this winter expects UEC pressure to be unprecedented in the wake of the Covid-19 pandemic. This is not isolated to HWE but across the country. The NHS faced one of their busiest summers ever with record numbers of A&E attendances and the most urgent ambulance call outs, whilst continuing to deal with COVID-19.

In response to this anticipated pressure, winter planning this year has focused on ensuring the local NHS is prepared for worse case scenarios with a particular focus on ensuring systems have enough physical and virtual bed capacity. Several conversations have taken place with NHSE and neighbouring ICBs to explore additional physical capacity for providing beds for patients should it be required in extremis.

These conversations have highlighted the escalation beds already available to the HWE system that are routinely used in periods of high demand (surge beds), as well as considering options for additional clinical and non-clinical areas that could be bedded in extreme scenarios (super surge) and temporary structures. These proposals would require additional funding to support both the infrastructure and staffing required to implement this additional capacity and have been the focus of winter planning discussions.

3. Process for allocation of winter funds

On receipt of the letter from NHSE on 12th August, the HWE ICB UEC Board set up and tasked the HWE ICB Winter Task and Finish Group with the role of agreeing priority schemes that should be put in place to deliver the additional capacity needed for winter with a particular focus on prioritising bedded capacity. NHSE requested a minimum of 141 additional acute trust beds (or equivalent capacity) be mobilised to support winter demand and HWE ICB were tasked with compiling potential bids should funding be released ahead of winter. Any schemes put forward were required to quantify the acute trust bed capacity impact.

The NHSE funding proposed for HWE ICB was split by capital and revenue allocations and was to be utilised with effect from 1st October 2022 to the 31st of March 2023. The proposed allocations were:

- £4.7m capital allocation
- £7.5m revenue allocation
- £4.4m Virtual Ward (previously allocated outside of winter resilience)

These allocations were proposed by NHSE in early August, but funding allocations were not actually received into the ICB until end of September (Month 6):

The National NHSE bidding process was divided into three stages:

Stage 1: Deadline 31st August 2022 – Bed demand and capacity return to explore potential options for feasible surge and super surge capacity.

Stage 2: Deadline 29th September 2022 – UEC Action Plan and Key Lines of Enquiry (KLOE) to support winter including additional capacity schemes.

Stage 3: Confirmation of allocated resources and schemes.

Stage 4: Monthly board level monitoring and regional NHSE return at the end of each month.

These deadlines were overseen and met by the HWE ICS UEC Board Winter Planning Task and Finish Group. Each team at place, led by their ICB UEC Lead and in collaboration with partners at the relevant System Resilience Group (SRG) or Local Delivery Board (LDB), reviewed and updated the previously submitted bed demand and capacity return, and identified those schemes that they wished to continue to implement. Associated funding requests were completed, and schemes were RAG rated for priority consideration at the Winter Planning Task and Finish group.

A number of financial limitations needed to be considered by the group when prioritising final schemes:

- The NHSE allocation was 10% less that the original demand and capacity submission however the number of required additional beds remained at 141

- Allocation was provided as capital and not revenue as requested

Schemes were assessed against the National winter ambitions and KLOEs, the confidence of partners in delivering within the timeframe, the impact across the HWE geography, and the overall requirement to provide 141 or equivalent additional acute bedded capacity.

4. Agreed priority schemes

The following schemes were recommended by the Winter Planning Task and Finish Group on the 31st of August 2022 and approved at the UEC Board on the 13th of September 2022 before being finally submitted to NHSE on the 26th of September 2022. NHSE confirmed the HWE ICB funding allocation on the 30th of September 2022 with the expectation to mobilise

schemes on and after the 1st of October 2022 in line with feasible implementation and mobilisation timescales.

4.1 Acute Winter Funded Demand and Capacity Schemes

The following 10 schemes have been funded through the national NHSE allocation to support acute demand and capacity across HWE this winter (see appendix 1 for further detail):

- **Shrodells Refurbishment** at a capital cost of £4,161m to create an additional 44 beds on the West Herts Teaching Hospital (WHTH) site to support with bed pressures and elective recovery. A contractor has now been appointed. Scheme is progressing well and is on target This scheme is not expected to deliver additional bed capacity this winter but aimed to utilise the capital funding made available to support further capacity post winter.
- **SMART - Specialist review at the Emergency Department (ED) front door** at a cost of £800k to ensure that people within WHTH ED have rapid access to specialty opinion when needed, so that decisions about their future care can be made promptly. SMART is currently spread across three specialties (Cardiology, Respiratory and Gastroenterology). This scheme is expected to deliver the equivalent of 10 acute beds per day per month.
- **Acute discharge runners at WHTH** a cost of £60k. This scheme is expected to deliver the equivalent of 10 acute beds per day per month. Recruitment is currently ongoing with the expectations to have full staffing in place in late November/early December.
- **Nightingale Ward at Princess Alexandra Hospital (PAH) at** a cost of £935k will provide additional acute bedded capacity. Originally planned to open beds in November 2022 but early implementation due to sustained bed capacity pressures. This scheme is expected to deliver the equivalent of 17 acute beds per day per month.
- **OPAL (Frailty beds) at PAH in West Essex Locality** at a cost of £170k to provide additional acute bedded capacity. On track for November delivery as planned. This scheme is expected to deliver the equivalent of 7 acute beds per day per month.
- **Additional Discharge Facilitator in the Integrated Health Discharge Team (IHDT) at PAH** at a cost of £82k to provide additional Discharge Facilitator support to PAH IHDT linked into Care Coordination Centre (CCC) and working with CCC in-reach matrons. This scheme is expected to deliver 2 beds per day per month.
- **Mental Health (MH) Band 7 worker (inpatient support/ out of hospital pathway)** at a cost of £64k to provide a MH Discharge Co-ordinator to support wards and transfer of care to out of hospital pathways**.** This scheme is expected to deliver a reduction in average length of stay for West Essex patients at PAH as well as a reduction in out of area placements for West Essex patients at PAH.
- **Internal case management to reduce Patients No Longer Meeting the Criteria to Reside in an acute Hospital (NMCTR) at WHTH** at a cost of £75k to increase capacity to support effective and efficient discharge planning in line with national guidance and best practice**.** This scheme is expected to deliver an average of 7 equivalent beds per day per month.
- **The Ticket Home project in PAH** at a cost of £293k is aimed at improving the flow within PAH by working alongside the Discharge team, focusing on low to moderate need patients. The aim is to see these patients as early as possible in order to understand their social needs to avoid any delays for their planned discharge.
- **6 Additional Patient Transport Service (PTS) vehicles (two per acute trust)** at a cost of £580k to ensure that all 3 trusts (ENHT, WHTH, PAH) within HWE have the appropriate

level of PTS cover during the winter period. 2 double manned vehicles will be available for each of the 3 trusts, 8 hours per day from 1st October 2022 – 31st March 2023.

4.2 Community Winter Funded Demand and Capacity Schemes

The following 17 schemes have been funded through the National NHSE allocation to support demand and capacity in the community across HWE this winter (see appendix 2 for more detail):

- **Non-Weight Bearing (NWB) community beds in South West Locality** at a cost of £290k. Beds now identified with Forest Care Village. This scheme is expected to deliver 15 beds per day per month.
- **Discharge to Assess (DTA) Therapy provision** in collaboration with Hertfordshire County Council (HCC) and Central London Community Healthcare (CLCH) at a cost of £174k. This scheme is expected to deliver 5 beds per day per month through maximising flow through current bed base.
- **Discharge to Assess (DTA) Beds in Hertfordshire** at a cost of £687k, 12 beds in ENH and 13 beds S&W.
- **Support with assessing and case managing people using the Winter DTA beds** at a cost of £75k is to support optimal patient flow and positive outcomes.
- **GP clinical support to additional DTA beds** at a cost of £77k to be paid by ICB to participating GPs supporting DTA bed base.
- **Additional Reablement Capacity (ARC) for West Essex Locality** at a cost of £44k to support hospital discharge and keep people in the community. This scheme aims to deliver 91 additional reablement hours per week.
- **WHZAN Digital Care Home Support in West Essex Locality** at a cost of £22k to support care coordination and reduce length of stay in Hospitals and case management in care homes. This scheme is expected to deliver 2 beds per day per month.
- **Extended Bridging Service in South and West Locality** at a cost of £100k. This service supports the discharge of patients' home from hospital/ community beds with bridging care arrangements in place until longer term care packages (enablement / mainstream) have capacity. Without the bridging care being available, medically fit patients would be delayed in a hospital bed. This scheme is expected to deliver 10 beds per day per month.
- **Single Point of Contact (SPOC) extension at Central London Community Healthcare** a cost of £180k to manage discharge flow out of acute and community bed base in South and West Locality.
- **Mental Health Beds across Hertfordshire** at a cost of £682k to provide additional inpatient bed capacity through independent providers. This scheme is expected to deliver 10 MH beds per day per month.
- **Intermediate Care Beds (IMC) in East and North Herts Locality** at a cost of £238k to provide 4 Additional IMC Beds for surge capacity, can be used to support IMC rehabilitation or used flexibly to support patients awaiting a package of care. This scheme is expected to deliver 4 beds per day per month.
- **Hertfordshire Community NHS Trust Bridging Service in East and North Herts**

Locality at a cost of £188k to provide personal care and an element of low acuity health needs to be delivered in the patient's own home. This service will "bridge "the gap whilst patients wait for their ongoing social care package of care. The service will offer a 7-day package after which HCC will pick up their ongoing care. This scheme is expected to deliver 10 beds per day per month.

- **Avocet Beds in West Essex Locality** at a cost of £65k to provide additional community bedded capacity flexibly as required. This scheme is expected to deliver 2 beds per day per month.
- **Increased Bridging capacity in West Essex Locality** (care at home) at a cost of £389k to provide additional bridging home care capacity supporting same day for patient utilising pathway 1 (lowest level of need outside of hospital), 7 days a week as part of CCC Home first approach. This scheme is expected to deliver 10 beds per day per month.
- **Mental Health Band 3 Dementia Support** at a cost of £94k to provide 3 x Dementia Support Workers to undertake admission avoidance roles within Essex Partnership University Trust (EPUT).
- **Mental Health 24/7 Crisis Alternative across Hertfordshire** at a cost of £400k to provide Crisis Centre bed provision 24/7 and inclusion of Daylight crisis support. Planned mobilisation December 2022. This scheme is expected to deliver 3 beds per day per month and support up to 500 individuals across the year experiencing a mental health crisis, diverting them away from statutory environments and facilitate referrals into wider crisis alternative pathways and VCFSE community support.
- **Mental Health 24/4 Drug & Alcohol Alternative to Emergency Departments** at a cost of £300k to expand Voluntary, Community and Social Enterprise (VCSE) partnership working to offer Dual Diagnosis and ED in-reach to reduce readmission to hospital through community support and navigation. This scheme is expected to support 275 patients with Emergency Department in-reach services, decrease the readmission of patients and increase in the number of people engaged in VCSE community support and social prescribing.

4.3 Voluntary Sector Winter Funded Demand and Capacity Schemes

The following scheme has been funded through the National NHSE allocation to support voluntary demand and capacity across HWE this winter (see appendix 3 for further detail):

- **Cost of Living Scheme across Hertfordshire** at a cost of £500k to provide additional infrastructure and resources to key financial providers to respond to Cost-of-living pressures.

5. Monitoring

The additional capacity schemes outlined will be monitored by the Winter Task and Finish Group and reported in summary to the UEC Board. Each scheme has a designated lead and mechanism of regularly reporting on mobilisation, emerging issues, impact and expenditure.

Monthly monitoring of the additional capacity schemes will also be submitted to NHSE as part of the National Winter Assurance Framework.

Any schemes not delivering the anticipated outcomes or struggling to mobilise in line with agreed timescales will be reviewed with a view to diverting funding to schemes that are able to mobilise quickly and deliver the outcomes required for the HWE system. These recommendations will be managed through the ICB UEC Board.

6. Recommendations

The Board is asked to note the processes and additional capacity winter schemes being put in place to support the management of winter 2022/23 across the ICS.

Appendix 1

HWE ICB Acute Winter Funded Demand and Capacity Schemes commissioned

Schemes and KPIs	Target/ Allocation (£K)
Acute	
Shrodells Refurb	
Spend to date £K	£4,161
Completion of enabling works	31st Dec-22
Commencement of Shrodells ward building work	3rd Jan-23
Completion of Shrodells ward build	31st-Aug-23
SMART (Specialist review at the front door) - Cardiology, Respiratory, Gastro	
Spend to date £K	£800
Average No. beds per day over month	*10*
Acute discharge runners	
Spend to date £K	£60
Average No. beds per day over month	*10*
Nightingale Ward	
Spend to date £K	£935
Average No. beds per day over month	*17*
OPAL (Frailty) beds	
Spend to date £K	£170
Average No. beds per day over month	*7*
Additional DF in IHDT	
Spend to date £K	£82
Average No. beds per day over month	*2*
MH Band 7 (inpatient support/Dx out of hospital pathway)	
Spend to date £K	£64
Reduction in average length of stay for West Essex patients	TBC
Reduction in out of area placements for West Essex patients	TBC
Internal case management to reduce NMCTR	
Spend to date £K	£75
Average No. beds per day over month	7
VCS (WE) Ticket Home Project	
Spend to date £K	£293
Number of patients referred with a planned discharge date	20
% of patients referred with a planned discharge date	100%
Number of patients referred discharged on said date before mid day	20
% of patients referred discharged on said date before mid day	100%
Number of patients referred contacted within 48 hours of discharge	20
% of patients referred contacted within 48 hours of discharge	100%
6 PTS vehicles (two per trust)	
ENH	
Spend to date £K	£193
AVG number of Discharges from Acute	TBC
AVG Number of Journey Cancellations	TBC
AVG Number of Journeys Aborted	TBC
AVG Length of Journey	TBC
AVG Number of OOA Journeys	TBC
AVG Number of Patients Transported Belonging to Other ICB	TBC
WE	
Spend to date £K	£193
AVG number of Discharges from Acute	TBC
AVG Number of Journey Cancellations	TBC
AVG Number of Journeys Aborted	TBC
AVG Length of Journey	TBC
AVG Number of OOA Journeys	TBC
AVG Number of Patients Transported Belonging to Other ICB	TBC
S&W	
Spend to date £K	£193
AVG number of Discharges from Acute	TBC
AVG Number of Journey Cancellations	TBC
AVG Number of Journeys Aborted	TBC
AVG Length of Journey	TBC
AVG Number of OOA Journeys	TBC
AVG Number of Patients Transported Belonging to Other ICB	TBC

Appendix 2

HWE ICB Community Winter Funded Demand and Capacity Schemes commissioned

Schemes and KPIs	Target/ Allocation (£K)	Total Performance / Spend to date	Average Performance	RAG
Community				
NWB community beds				
Spend to date £K	£290	£48,333		
Average No. beds per day over month	*15*			15
Extended bridging service				
Spend to date £K	£100	£16,667		
Average No. beds per day over month	*10*			10
SPOC extension to manage dx flow				
Spend to date £K	£180	£15,131		
TBC	TBC			TBC
TBC	TBC			TBC
TBC	TBC			TBC
MH beds (S&W)				
Spend to date £K	£682	£0		
Average No. beds per day over month S&W	*5*			N/A
Average No. beds per day over month ENH	*5*			
IMC				
Spend to date £K	£238	£7,916.56		
Average No. beds per day over month	*4*			1
Bridging Service				
Spend to date £K	£188	£0		
Average No. beds per day over month	*10*			N/A
Avocet beds				
Spend to date £K	£65	£0		
Average No. beds per day over month	*2*			N/A
Increased Bridging capacity (care at home)				
Spend to date £K	£398	£64,833		
Average No. beds per day over month	*10*			10
MH Band 3 IS dementia x 3 (admission avoidance)				
Spend to date £K	£94	£15,667		
No. of people who remain in their own home	TBC			N/A
% of people referred to the IST service	80%			N/A
MH - 24/7 crisis alternative				
Spend to date £K	£400	£0.00		
Average No. beds per day over month	3			N/A
Support individuals across the year experiencing a mental health crisis, diverting them away from statutory er	500			N/A
Faciliate referrals into wider Crisis alternative pathways and VCFSE community support	TBC			N/A
MH - 24/4 Drug & Alcohol - ED alternative				
Spend to date £K	£300	£600.00		
Number of patients supported with ED Inreach	275			N/A
Decrease in the readmission of patients who are part of Bounce Back.	TBC			N/A
Increase in the number of people engaged in VCFSE community support and social prescribing	TBC			N/A
DTA				
DTA Therapy provision (HCC & CLCH)				
Spend to date £K	£174	£14,198		
Average No. beds per day over month	*5*			5
25 DTA Beds Across Herts (ENH 12 + 13 S&W)				
Spend to date £K	£687	£45,600		
Average No. beds per day over month ENH	*12*			5
Average No. beds per day over month S&W	*13*			5
Staffing to support additional DTA Beds				
Spend to date £K	£75	£8,600		
No. New staff recruited	TBC			0
Funding Utilised for existing staff overtime Across Herts	TBC			£8,600.00
GP clinical support to support additional D2A Beds				
Spend to date £K	£77	£0		
Under Review	TBC			TBC
Under Review	TBC			TBC
Under Review	TBC			TBC
ARC (West Essex)				
Spend to date £K	£44	£11,000		
Number of additional reablement hours provided per week	91			0
Additional number of patients supported	10 (TBC)			0
WHAZAN digital kit for care homes				
Spend to date £K	£22	£4,330		
Average No. beds per day over month	*4*			TBC

Appendix 3

HWE ICB Voluntary Winter Funded Demand and Capacity Schemes commissioned

Schemes and KPIs	Target/ Allocation (£K)
Voluntary Sector	
VCS bid (Herts)	
Spend to date £K	£500
Citizens Advice - Number of additional support cases through additional staff funding	200
Citizens Advice - additional financial support provided (£ total) by additional staff only	£750,000
Money Advice Unit - Number of additional support cases through additional staff funding	325
Money Advice Unit - additional financial support provided (£ total) by additional staff only	£5,525,000
Herts Help - Number of contacts	25000
Herts Help - additional financial support provided (£ total) by additional staff only	£200,000
Winter Welfare Checks - number of contacts	200
Winter Welfare Checks - value of support provided (£)	£500 (per client)

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☐	*Meeting in private (confidential)*			☒	
	HWE ICB Board meeting held in Public			**Meeting Date:**	**18/11/2022**		
Report Title:	**Finance Report for Month 6 2022/23**			**Agenda Item:**			
Report Author(s):	Debbie Griggs, Deputy Chief Finance Officer						
Report Signed off by:	Alan Pond, Chief Finance Officer						
Purpose:	**Approval**	☐	**Decision**	☐	**Discussion**	☐	**Information** ☒
Report History:	Finance and Investment Committee						
Executive Summary:	This report provides the Board with information on the financial position of the Herts and West Essex (HWE) Integrated Care Board (ICB) for Month 6 2022/23. At Month 6, the ICB is reporting a year to date and forecast outturn position of breakeven. Continuing Healthcare (CHC) continues to experience cost pressures, despite the remedial actions being taken by the Team. This particularly affects the South and West Herts (SWH) Healthcare Partnership (HCP) and is a continuation of the pressures experienced in the legacy Clinical Commissioning Group (CCG) of Herts Valleys. Following the move away from the Emergency Financial Regime covering 2020/21 to 2021/22, most of the Acute Services contracts are based on the Aligned Payment Incentive (API) agreements, which blocks the emergency and non-elective services and leaves the elective services on a cost and volume basis. Any over performance on elective services is expected to be reimbursed by NHS England and Improvement (NHSE/I) retrospectively through the Elective Service Recovery Fund (ESRF). There are three contracts that are based on cost and volume and any urgent or non-elective services over performance against the plan is a risk to the ICB.						
Recommendations:	It is recommended that the Board: ▪ Note the Month 6 forecast financial position of breakeven ▪ Note the risks to the financial position specifically linked to CHC and the three cost and volume contracts ▪ Note the delivery of the financial performance targets for the year						

Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☐
	N/A			

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☒
	Tackling inequalities in outcomes, experience and access	☐
	Enhancing productivity and value for money	☒
	Helping the NHS support broader social and economic development	☒
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☐
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☐

1. Executive summary

The Herts and West Essex (HWE) Integrated Care Board (ICB) was established on 1 July 2022, following the demise of the three CCGs, namely East and North Hertfordshire, Herts Valleys and West Essex CCGs.

This report provides the Committee with information on the financial position of the ICB for its third month, Month 6 (September) 2022/23. At Month 6, the ICB is reporting a year to date and forecast outturn position of breakeven.

2. Background

It was originally intended that the ICB would be established on 1 April 2022, to coincide with the NHS Financial Year End and NHS England issued the annual allocation for 2022/23 to the ICB on this basis.

However, with the delay on the start date of the ICBs to 1 July 2022, this required the ICB allocation to be distributed for Quarter 1 (April to June 2022) to the three CCGs and for those CCGs to report on financial performance for the Quarter and produce the Annual Accounts for this period.

The intention remains that the ICBs will be responsible for the System as a whole, including the CCGs that they replaced. To support this achievement, the three CCGs were allocated with the funding needed to achieve a breakeven position, with the balance of the funding to be carried over to the ICB.

3. Financial Performance

Allocations notified

The table below shows the notified allocations that the ICB has received in Month 6 2022/23 and the expected retrospective allocation for additional spend incurred on the Additional Roles Reimbursement Scheme (ARRS) above the baseline allocation already received.

The table provides additional information on the allocations received by the original three CCGs, which together gives the total allocation for the current financial year.

It should be noted that there are 30 individual funding streams below £100k,which have been grouped together in the table, totalling £897k.

NHS Hertfordshire and West Essex (HWE) Integrated Care Board (ICB)				
ICB Planned Allocations for 2022/23				
HWE ICB Financial Plan	**CCGs Q1**	**ICB Q2-4**		**TOTAL**
		Recurrent	**Non-Recurrent**	
	£'000	**£'000**	**£'000**	**£'000**
ICB Programme allocation	604,610	1,813,832		**2,418,442**
ICB Primary Medical Care Services	59,350	178,051		**237,401**
ICB Running Costs	7,249	21,746		**28,995**
ICS Elective Services Recovery Funding	11,344		34,031	**45,375**
ICS Service Development Funding	10,903		34,287	**45,190**
Balance of CCG Allocations at end of Q1 - transferred to ICB	(26,414)		26,414	**0**
ICS Pay Award Funding		31,860	5,227	**37,087**
ICS Removal of Employers' National Insurance Contributions		(3,915)		**(3,915)**
ICS Demand and Capacity Funding (Winter)			6,886	**6,886**
Virtual Ward Funding			3,402	**3,402**
System Risk Share Repayment - Bedford, Luton & Milton Keynes			2,334	**2,334**
Funding for Long Covid Services			2,141	**2,141**
NHS 111			1,218	**1,218**
Non-recurrent schemes - where scheme is below £100k in value			897	**897**
Cancer Alliance			872	**872**
CYP Eating Disorders			523	**523**
PCT Transformational Funding			452	**452**
DWP Employment Advisors in IAPT			404	**404**
LDA Autism and Keyworkers			388	**388**
Audit and Salary costs for double running in 22/23 Q1			328	**328**
Treatment and care, recovery and implementation costs			327	**327**
COVID Programme System Funding			300	**300**
DOAC Rebates			299	**299**
Legacy Remote Monitoring project extension (Babylon funding)			238	**238**
Partnership Awards - Digital Care Models			190	**190**
Tobacco (Maternity and Inpatient)			163	**163**
Pulmonary rehabilitation services			136	**136**
Children and Young People's Transformation Programme			115	**115**
The Families' SPOC			110	**110**
FTA 2223 Adjustment			(153)	**(153)**
Received Allocation Total	**667,042**	**2,041,574**	**121,529**	**2,830,145**
Expected Allocation - ARRS reimbursement			5,065	**5,065**
Total HWE ICB Allocation	**667,042**	**2,041,574**	**126,594**	**2,835,210**

Expenditure as at Month 6 2022/23

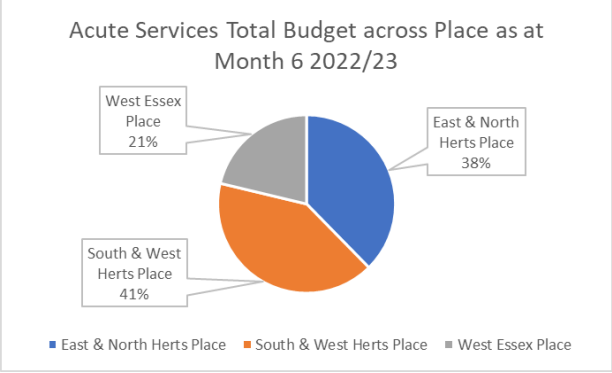
The summary position of the ICB at Month 6 2022/23 is a year to date and forecast outturn position of breakeven.

Summary Expenditure Position as at Month 6 (September) 2022/23								
	Year to Date				Forecast			
	Budget £'000	Actual £'000	Variance £'000	Expenditure Category	Total Budget Mths 4 to 12 £'000	Outturn £'000	Variance £'000
1	397,658	398,182	524	Acute Services	1,161,178	1,161,458	280
2	35,069	39,546	4,477	Continuing Healthcare Services	104,867	110,361	5,494
3	6,212	6,212	0	Corporate Services	22,826	22,826	0
4	71,281	70,216	(1,065)	Mental Health Services	221,236	220,540	(696)
5	127,209	128,217	1,008	Primary Care Services	389,450	390,135	685
6	68,104	68,360	256	Community Services	201,891	202,963	1,072
7	3,400	4,160	760	Other Commissioned Services	10,272	12,491	2,219
8	7,498	7,439	(59)	Other Programme Services	22,037	21,711	(326)
9	6,051	149	(5,902)	Reserves	34,411	25,683	(8,728)
	722,482	**722,482**	**0**	**Total Expenditure**	**2,168,168**	**2,168,168**	**0**

Acute Services

The reported position at Month 6 is a year to date overspend of £0.524m and forecast overspend of £0.280m.

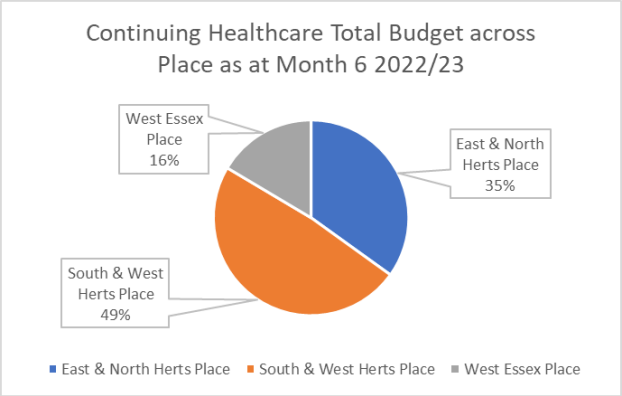
Acute Services by Place								
	Year to Date				Forecast			
	Budget £'000	Actual £'000	Variance £'000	Expenditure Category	Total Budget Mths 4 to 12 £'000	Outturn £'000	Variance £'000
1	148,439	148,780	341	East & North Herts Place	437,031	436,629	(402)
2	164,844	164,383	(461)	South & West Herts Place	477,210	476,711	(499)
3	84,375	84,912	537	West Essex Place	246,937	248,118	1,181
4	0	107	107	Unaligned/ICB	0	0	0
	397,658	**398,182**	**524**	**Total Expenditure**	**1,161,178**	**1,161,458**	**280**



Continuing Healthcare (CHC)

The reported position at Month 6 is a year to date overspend of £4.477m and a forecast year end position of £5.494m above plan. The identified remedial action continues to be undertaken, with further analysis of spend and trend analysis. There is further information in the 'Identified Issues' section later in the report.

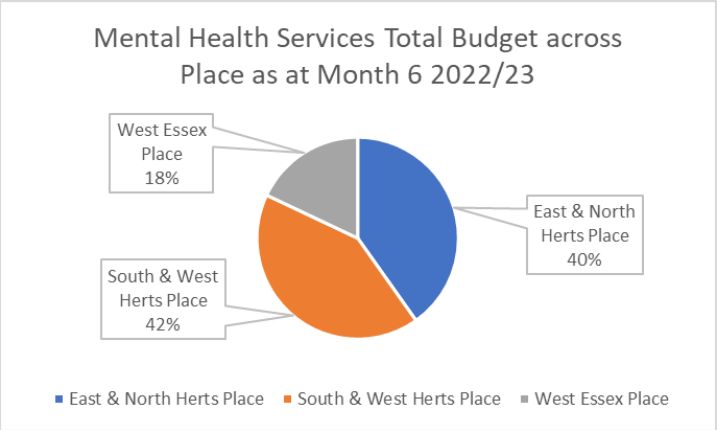
Continuing Healthcare by Place							
	Year to Date				Forecast		
	Budget £'000	Actual £'000	Variance £'000	Expenditure Category	Total Budget Mths 4 to 12 £'000	Outturn £'000	Variance £'000
1	12,095	12,235	141	East & North Herts Place	36,285	36,285	0
2	16,959	19,367	2,408	South & West Herts Place	50,538	54,532	3,994
3	5,706	7,249	1,543	West Essex Place	17,118	18,618	1,500
4	309	694	386	Unaligned/ICB	926	926	0
	35,069	**39,546**	**4,477**	**Total Expenditure**	**104,867**	**110,361**	**5,494**



Mental Health Services

The reported position at Month 6 is a year-to-date underspend of £1.065m and forecast underspend of £0.696m. The forecast outturn would achieve an increase of in the Mental Health Investment Standard (MHIS) of 5.57% rather than the required 5.36%.

3. Mental Health Services by Place							
	Year to Date				Forecast		
	Budget £'000	Actual £'000	Variance £'000	Expenditure Category	Total Budget Mths 4 to 12 £'000	Outturn £'000	Variance £'000
1	29,188	28,845	(343)	East & North Herts Place	88,750	88,740	(11)
2	29,427	29,100	(327)	South & West Herts Place	92,441	92,441	0
3	12,768	12,271	(497)	West Essex Place	39,726	39,359	(367)
4	(102)	0	102	Unaligned/ICB	319	0	(319)
	71,281	**70,216**	**(1,065)**	**Total Expenditure**	**221,236**	**220,540**	**(696)**

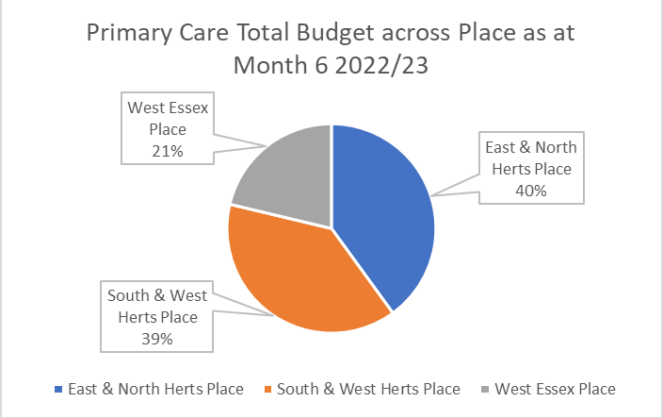


Primary Care

The reported position at Month 6 is a year-to-date position of £1.008m overspend and a forecast at the end of the financial year of an overspent position of £0.685m. This is primarily being driven by pressures in Prescribing.

The reimbursement process for the Primary Care Additional Roles Reimbursement Scheme (ARRS) requires the ICB to forecast the expected spend for the scheme and where this is above the baseline allocation, a retrospective adjustment will be made by NHS England. The ICB is expecting to receive an additional £5.065m. The expected income has been incorporated into the current forecast position and is shown against 4. Unaligned/ICB. Once the allocation has been received it will be allocated to the relevant Place.

4. Primary Care by Place	Year to Date				Forecast		
	Budget £'000	Actual £'000	Variance £'000	Expenditure Category	Total Budget Mths 4 to 12 £'000	Outturn £'000	Variance £'000
1	50,912	51,127	216	East & North Herts Place	152,949	154,715	1,765
2	48,886	49,545	659	South & West Herts Place	148,171	151,189	3,018
3	26,686	26,298	(388)	West Essex Place	81,425	82,691	1,266
4	725	1,247	522	Unaligned/ICB	6,905	1,541	(5,364)
	127,209	**128,217**	**1,008**	**Total Expenditure**	**389,450**	**390,135**	**685**

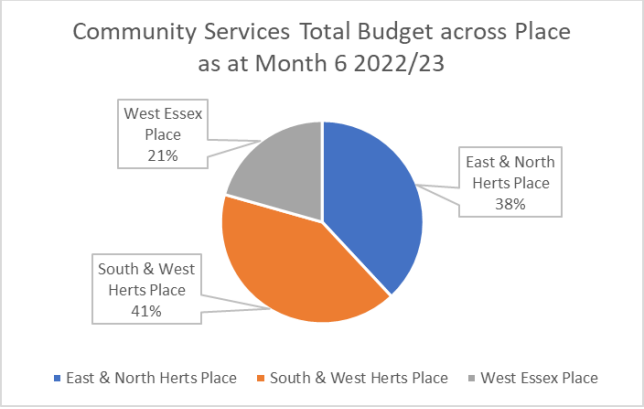


Community Services

The reported position at Month 6 is a year to date overspend of £0.256m, which is expected to end the year as an overspend position of £1.072m.

For the East & North Herts Place, there is increased activity against both the Intermediate Beds and Children's Services.

5. Community Services by Place	Year to Date				Forecast		
	Budget £'000	Actual £'000	Variance £'000	Expenditure Category	Total Budget Mths 4 to 12 £'000	Outturn £'000	Variance £'000
1	25,969	26,104	135	East & North Herts Place	76,860	77,764	904
2	28,057	28,115	58	South & West Herts Place	83,427	83,463	35
3	14,078	14,141	63	West Essex Place	41,604	41,737	133
4	0	0	0	Unaligned/ICB	0	0	0
	68,104	**68,360**	**256**	**Total Expenditure**	**201,891**	**202,963**	**1,072**



Financial Control

Better Payment Practice Code

The ICB is required to pay 95% of invoices within 30 days of receipt of a valid invoice. This has been achieved in the three months to Month 6.

BPPC Paid Period	Invoice Count	Invoice Count (Passed)	% Passed	BPPC Amount	Invoice Amount (Passed)	% Amount Passed
Jul-22	2,207	2,204	**99.86%**	198,395,267.62	198,391,180.92	**100.00%**
Aug-22	6,030	5,929	**98.33%**	218,646,321.29	217,819,695.55	**99.62%**
Sep-22	5,423	5,269	**97.16%**	245,498,285.17	244,659,079.70	**99.66%**
YTD	13,660	13,402	**98.11%**	662,539,874.08	660,869,956.17	**99.75%**

Year To Date						
Period Covered	**Jul-22**	**to**	**Mar-23**			
	Number of Bills Paid			**Value of Bills Paid**		
	In Total Period	**Within Target**	**%**	**In Total Period £'000**	**Within Target £'000**	**%**
Non NHS	13,206	12,963	**98.16%**	212,086,172.89	210,956,808.51	**99.47%**
NHS	454	439	**96.70%**	450,453,701.19	449,913,147.66	**99.88%**
Total	**13,660**	**13,402**	98.11%	**662,539,874.08**	**660,869,956.17**	**99.75%**

Identified Issues

The Committee is asked to note the following identified risks:

Continuing Healthcare

Continuing Healthcare (CHC) continues to experience cost pressures, despite the remedial actions being taken by the Team. South and West Herts Place reported the highest cost pressure contributed by increased number of over £40k a month care packages compared to previous year and an increased average cost of less than £40k packages despite a reduction of the number of patients becoming newly eligible in year.

Cost and Volume Contracts

Following the move away from the Emergency Financial Regime covering 2020/21 and 2021/22, most of the Acute Services contracts for 2022/23 are based on the Aligned Payment Incentive (API) agreements.

These contracts have a block basis for the emergency and non-elective services and leaves the elective services on a cost and volume basis. Any over performance on elective services will be reimbursed by NHS England and Improvement (NHSE/I) retrospectively through the Elective Service Recovery Fund (ESRF). Although the risk of overperformance is mitigated through the ESRF, it is not completely eliminated, as the reimbursement is based on how the system performs and not individual providers.

There are three contracts that are based on cost and volume and any urgent or non-elective services over performance against the plan is a financial risk to the ICB. The activity for

Months 1 to 3 has been verified (freeze), however, the activity seen each month remains volatile.

Name of Organisation	Annual Contract Value	Months 1 to 9 ICB Contract Value	Forecast Variance at Month 6 2022/23
Moorfields Eye Hospital NHS FT	£12.429m	£9.539m	(£1.55m)
North Middlesex University NHS Trust	£12.713m	£9.751m	£2.449m
Oxford University Hospitals NHS FT	£1.066m	£0.818m	£0.526m

The ICB is in the final stages of negotiation with Moorfields Eye Hospital NHS FT and North Middlesex University NHST to revert both contracts back to an API agreement at the original annual contract value.

8. Other Areas to Note

In May 2022, NHS England notified the ICB of additional inflationary funding that would be allocated to support with in-year pay (1.7%) and non-pay (0.7%) inflationary pressures. The receipt of the additional funding was contingent on ensuring there were appropriate spend controls in place:

Financial Framework Governance

Each NHS organisation is required to complete a self-assessment using the Healthcare Financial Management Association (HfMA) checklist – Improving NHS Financial Sustainability: are you getting the basics right?

The checklist, comprising an initial assessment and 72 questions over 7 domains, was submitted on 30 September 2022 and will be reviewed by the Internal Auditors during November 2022. The auditors will then report individually against 12 of the questions to the ICB's Audit Committee.

Controls on Agency Spend

From 1 September 2022, the controls and oversight measures on agency spend will be re-established to support systems in continuing to reduce agency costs.

There will be an agency expenditure limit given for the NHS Providers within an ICB System and this will be monitored through the NHS Oversight Framework. The System Agency Expenditure Limit for Hertfordshire and West Essex Integrated Care System will be £42.603m. The limits are based on planned reductions and have been set to reduce agency spend across systems by at least 10% compared to 2021/22.

It is expected that Providers will use 'on-framework' agency providers and remain within national capped rates and NHS England will use monthly financial returns to monitor performance.

9. Recommendations

The Finance and Investment Committee are asked to note the following:

- The ICB's year to date and forecast outturn position of breakeven

- The potential risks to the financial position linked to the Continuing Healthcare (CHC) costs and the overperformance against the Cost and Volume contracts
- The delivery of financial performance targets for the year

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Board meeting held in Public				**Meeting Date:**	**18/11/2022**	
Report Title:	**HWE ICS Digital Strategy**				**Agenda Item:**	**14**	
Report Author(s):	Adam Lavington, Director of Digital Transformation, HWE ICB						
Report Signed off by:	Frances Shattock – Director of Performance and Delivery, HWE ICB						
Purpose:	**Approval**	☒	**Decision**	☐	**Discussion**	☐	**Information** ☐
Report History:	▪ ICS Strategic Digital Board – 20/09/2022 ▪ ICS Wider Executive Team Meeting – 26/09/2022						
Executive Summary:	The NHS Long Term Plan includes national requirements for digital that are expected to be delivered at ICS level from July 2022. NHS England therefore requested initial Digital Investment Plans at ICS level by July 2022. The HWE ICS Digital Strategy and costed 10 year plan was produced to meet this requirement and ensure our collective ambition and direction is clearly articulated. The national What Good Looks Like (WGLL) digital maturity framework supports a system approach to driving up digital maturity, it outlines seven success measures and sets out the expectations for a mature, well developed, digitally enabled organisations. The ICS Digital Strategy focusses on enabling our professionals to transform the services to meet the needs of our residents. The strategy has been developed collaboratively with system leadership, transformation teams, clinicians, digital leaders and supporting roles in various discussions, forums and workshops involving in excess of over 100 key stakeholders across social care, the third sector and our health care partners. The strategy and the associated investment plan is built around five key areas of focus that came from those discussions, and which are building on work already in progress across the ICS. The five themes are: 1. Digital Collaboration – System Wide Collaboration 2. Digital Platforms – Essential Strategic Digital Platforms 3. Digital Direct Care – Proven Digital Care Enablers 4. Digital Innovation – Local Digital Care Innovation 5. Digital Skills – Digital Inclusion and Workforce Capability						

	Clear strategic digital investment and delivery principles, aligned to current health and care sector best practice, underpin the ICS Digital Strategy. **Hertfordshire and West Essex ICS Digital Strategy 2022 – 2032 Video link:** Hertfordshire and West Essex ICS Digital Strategy 2022 - 2032 - YouTube			
Recommendations:	The ICB Board are asked **to approve** the ICS Digital Strategy and high level 10 year delivery plan.			
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
	N/A			

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☒
	Tackling inequalities in outcomes, experience and access	☒
	Enhancing productivity and value for money	☒
	Helping the NHS support broader social and economic development	☐
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☐

	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☒


Hertfordshire and
West Essex Integrated
Care System
Digital Strategy 2022 – 2032

LOADING

Working together
for a healthier future

Contents

Foreword

Dr Jane Halpin – Chief Executive Officer

SRO For Digital Transformation
Hertfordshire and West Essex ICB

Our Integrated Care Board (ICB) aims to improve health, wellbeing and care for the population of Hertfordshire and West Essex (HWE). Formal documents, such as the NHS Long Term Plan, set out national ambitions for improvement over the next decade and underpin the important role of technology in future health and care services. These documents set out key priorities for digital services which will radically change the way we can support and care for local people.

In today's world, we are living longer so keeping healthy and connected is more important than it has ever been. We want to make sure local communities are thriving and vibrant places, where there is choice in every aspect of our daily lives including health and care. We increasingly accept and expect digital technologies to make our lives easier – online shopping and banking, booking of holidays or days out, or communicating and socialising with friends and family. It is right and timely that these expectations extend to wellbeing through health and social care services.

The pandemic enabled us to achieve levels of digital change that might otherwise have taken many years. So it is critical we build on that progress and ensure that all of our health and care providers across Hertfordshire and West Essex have strong foundations for a digital future. The national 'What Good Looks Like' framework has seven success measures that helps us check we understand our own position and progress in terms of having the right ICS-wide digital and data strategy.

It supports us to identify digital and data solutions for improving health and care outcomes, by working with local residents, partners and front line staff. Better and faster sharing of information between residents, patients and care staff gives residents a better experience and also helps us make services more efficient. Digital tools that capture information or carry out analytical tasks will help increase safety and quality. New approaches to providing care can depend on our digital capabilities – whether that is 'virtual ward' approaches that support people in their own homes, or the ability to send scans and pictures for expert diagnosis without needing patients to travel long distances.

Our digital strategy is ambitious and forward looking – and we don't expect the journey to be easy to deliver. It will give us the base to build better pathways for residents now and in the future. I am grateful to all those who have already helped get us to this point and looking forward to working and collaborating more closely with colleagues to turn this into reality, to better support the people we serve in Hertfordshire and West Essex

Adam Lavington – Director of Digital Transformation

Hertfordshire and West Essex ICB

Digital technology is such a vital part of our daily lives and why should health and social care be any different. In Hertfordshire and West Essex, we have a unique opportunity to embed digital technology as an enabler for the delivery of our wider ICS strategy. The right technology can give people choice, improve patient safety, drive better commissioning decisions whilst also targeting health inequalities and service pressures thereby ultimately improving resident outcomes at a population level.

The NHS is on a digital transformation journey unknown before in health and social care and the Hertfordshire and West Essex ICS ambition is to be a leader in this space in the next five years and beyond. Our system is under great pressure and our clinicians and residents have the right to be able to have access to the right technology that will enable a partnership between our residents, our clinicians and our social care services. We believe that after extensive stakeholder engagement, our strategy, digital vision and the themes identified, give us a strong foundation and the ambition to transform.

We plan to remove paper from our system through new electronic records and enable access to those records where and when needed. We will use technology to give our residents the tools to stay healthy in their homes and stay connected to a healthcare professional where needed. We will ensure that we are innovative and invest in technology in robotics, Artificial Intelligence and precision medicine so that we can not only speed up diagnosis but remove duplication and provide care that is focussed on an individual's needs.

We will also ensure that no one is left behind by our decisions and that our residents and colleagues are able to co-produce with us so our technology solutions help realise their maximum potential. Plus all of our decisions will be in line with our commitment to the green agenda. We are passionate about digital inclusion which includes addressing barriers such as having the right digital skills and support, connectivity, awareness, confidence and access, ensuring all technology meets our userbase needs, including those dependent on assistive technology to access digital health and care services.

NHS England set out the 'What Good Looks like' framework which gives us a baseline of where we are now. This coupled with the Hertfordshire and West Essex ICS digital strategy gives us the direction to deliver a digitally enabled health and social care system. The only limiting factor in driving digital maturity ambitions is our ability to believe in what is possible; however by adopting our blueprint and having confidence in our vision, we can make it a reality.

Context

Why we need an ICS digital strategy

Hertfordshire and West Essex are great places to live and work.

Our area is home to some of the healthiest, diverse and vibrant communities in the country, but there remain unacceptable differences in the health, wellbeing and life expectancy of some of our residents.

We want everyone who lives or works here to enjoy the best that our area has to offer. Our ICS wants to support our thriving communities where everyone has the right to a fulfilled and happy life, we know good physical and mental health is essential to achieve that goal. That's why it's important that we address health and care inequalities within our population.

Too often, those people that need the most support experience the greatest difficulties in using our services and for those who work directly with residents, service users and patients, trying to get people the right help at the right time can be frustrating too.

The trends are worrying, with avoidable diseases like type 2 diabetes on the rise. In both adults and children, conditions linked to inactivity and poor mental health mean that we risk worsening, rather than improving, health.

These challenges are not ones the NHS can fix alone. Residents have told us that they want their services to "focus on my wellness, rather than my illness". Making this shift requires a shared ambition between the NHS, local government, our community and voluntary sector and the people who live and work here.

Our digital strategy and programme plan focusses on creating the conditions for everyone to fulfil their potential, but to ensure a healthier future we need to act decisively and work together as one system with a collective ambition. To achieve these aims we know that having the right digital capabilities, including the technology and infrastructure, is a fundamental requirement.

It is these capabilities that will enable those that provide care to work together to create the best outcome for our residents. Residents, patients and service users will be able to access information about themselves and interact digitally with their clinical and care professionals when it is appropriate and convenient to do so, using the tools that reflect society's current technology expectations.

Those that can't, or don't wish to, access services using digital capabilities will still benefit as those that support them will be more aware of their needs and will be able to provide that support as part of a collaborative team who can collectively meet their needs in a more seamless way than they can today.

Care professionals should have the tools to better understand the health and care trends within our population and be able to focus their collective expertise on those that are most vulnerable and those that have the greatest need or have the greatest challenges in accessing services.

By ensuring that all our partners have the right technology, systems and skills in place we will be able to provide a better working environment where we can deliver safer care. With better access to information and best practice advice and guidance, we will be able to focus more on supporting people in their homes when that is more convenient and safer to do so.

This ambition is supported by national guidance including the 'What Good Looks Like' (WGLL) digital maturity framework, which has seven success measures and sets out the expectations for a mature, well developed, digitally enabled organisation as well as a focus on levelling up these digital capabilities across England. This digital strategy focusses on enabling our professionals to transform the services to meet the needs of our residents.

This digital strategy sets out the approach we want to take as an ICS for the next 10 years with the immediate focus on the coming three years with regards to our investment decisions.

The NHS Long Term Plan includes national requirements for digital that are expected to be delivered at ICS level from July 2022. These include targets for virtual wards, resident access channels, digital inclusion and several other key areas set out in the 22/23 national priorities and operational planning guidance.

NHS England had therefore requested initial Digital Investment Plans at ICS level by July 2022, to help us focus the Hertfordshire and West Essex investment plan.

The digital strategy has been developed collaboratively with system leadership, transformation teams, clinicians, digital leaders and supporting roles in various discussions, forums and workshops involving in excess of over 100 key stakeholders across social care, the third sector and our health care partners. The strategy and the associated three-year investment plan is built around five key areas of focus that came from those discussions, and which are building on work already in progress across the ICS.

The key enablers in achieving success in digital maturity as an ICS are far broader than just technology and our ICS digital strategy therefore focusses on not only technology but applying a digital culture with commitment from all in supporting its delivery.

Through ICB digital leadership and governance, we will ensure the right practices and processes are in place to respond to our residents' raised expectations of digital healthcare. This will include alignment and collaboration with the overarching Hertfordshire and West Essex ICB strategy and enabling strategies such as the clinical, estates, finance, procurement, green strategy, HR and people plan etc.

Having a cohesive digital strategy will put our ICS in a position to deliver our overarching HWE ICS strategy.

We will be equipped to:

1. **Prevent people's health and social care needs from escalating**
2. **Personalise health and social care and reduce health disparities**
3. **Improve the experience and impact of people providing services**
4. **Transform performance**

The health and care landscape in Hertfordshire and West Essex

Hertfordshire and West Essex is a complex landscape in terms of the provision of health and care, involving the organisations illustrated below, alongside care homes, pharmacists, optometrists, dentists, third sector organisations and other support services in the community. Our care pathways and health and care services cross boundaries between places within our Integrated Care System (ICS) and to colleagues in other areas, within other ICS's, such as London and Cambridge amongst others. These cross-border services are provided by organisations such as Essex County Council, Essex Partnership University NHS Foundation Trust and Central London Community Healthcare NHS Trust.

The Hertfordshire and West Essex ICS is starting from a low technological base, resulting from a historical lack of resource and investment. This is reflected in the current baseline position against the new "What Good Looks Like" (WGLL) digital maturity framework which averages three out of five overall. However, there are several significant digital investment programmes underway. Good progress has also been made on some large system-wide projects – notably the Hertfordshire and West Essex Shared Care Record (ShCR) has been described by senior clinicians as "transformational" in the delivery of care.

11x NHS and other Health Service Providers

Over 1,500,000 Residents

Over 130 GP Practices & 300 Community Pharmacies

- East and North Hertfordshire
- South and West Hertfordshire
- West Essex

Community / Mental Health Trusts

- Hertfordshire Community NHS Trust
- Essex Partnership University NHS Foundation Trust
- Hertfordshire Partnership University NHS Foundation Trust
- Central London Community Healthcare NHS Trust

East of England Ambulance Service

2x County Councils and 13x District Councils

- Essex County Council
- Hertfordshire County Council

Hertfordshire Urgent Care

Acute Trusts

- East and North Hertfordshire NHS Trust
- The Princess Alexandra Hospital NHS Trust
- West Hertfordshire Teaching Hospitals NHS Trust

Various other Professional Bodies, Voluntary Sector, Community, Faith And Social Enterprise Organisations

National digital NHS context

Digital technology is now a core part of our lives and has been demonstrated to be hugely valuable in how we now undertake many routine tasks, such as banking and travel arrangements. In UK public sector health and social care delivery, digital is typically less mature than the other sectors. The NHS Long Term Plan seeks to address this and includes national requirements for digital that are expected to be delivered at ICS level from July 2022. These include targets for virtual wards, resident access channels, digital inclusion, and other key areas set out in the 2022/23 national priorities and operational planning guidance.

With funding limited across the wider NHS and Social Care sectors, there is also a focus on digital convergence and standardisation initiatives, including, but not limited to, convergence of electronic patient care record systems, shared care plans, and improving digitisation of social care, mental health and community health services as well as within outpatient settings. It is expected that funding for these initiatives will be coordinated and distributed at ICS level from July 2022 via Integrated Care Boards, and that ICB's will play a central role in digital investment decisions.

The "What Good Looks Like" framework is also moving towards a mandatory national digital maturity framework, core to the national guidance and is already being actively used to focus strategic investment and effort. Our current assessment is one of relatively low digital maturity as an ICS. Our early work in Hertfordshire and West Essex has taken advantage of national support through the ICS Population Health and Place Development Programme. This has supported ICS's in assessing how to build our digital maturity through a series of centrally provided Action Learning Sets based on the WGLL framework. NHS England had requested initial 3-year Digital Investment Plans be developed at ICS level. To help focus the Hertfordshire and West Essex investment plan, this strategy sets out the approach for our digital maturity growth in Hertfordshire and West Essex.

This digital strategy provides a framework in which our collective digital investment decisions can start to be made. It does this by providing:

- **Our Vision, Goals and Strategic Principles** – to focus our efforts and help us make the key digital investment decisions and establish strategic programmes of delivery.
- **Our Digital Mission** – describing how the ICS will focus its system-wide efforts to improve our digital maturity as a health and social care system to support the improved health and care of our residents.
- **Our Digital Roadmap** - that sets out our journey over the next decade and provides the backdrop to our 3-year investments, conditioned by available funding provided from within the ICS budgets, and from national sources when these become available.

Our Hertfordshire and West Essex ICS digital strategy provides examples of our achievements to date but also supporting example future digital visionary stories to help visualise the benefits and impact our strategy and plans will have on our residents and care professionals.

https://transform.england.nhs.uk/digitise-connect-transform/what-good-looks-like/what-good-looks-like-publication/

What our digital strategy covers

The Hertfordshire and West Essex ICS digital strategy provides a framework of principles and goals in which ICS-wide digital priority programmes will support the ICS transformation initiatives and support how investment decision making is made. It recognises the need for organisations to deliver their own specialist digital needs within their dedicated budgets but also where the need is consistent with the collective system needs and national standards. The strategy is therefore additive to local efforts and requirements.

The ICS digital strategy focusses on:

- Supporting the ICS transformation initiatives as needed with ICS wide solutions, that are also consistent with the needs of the PLACES within Hertfordshire and West Essex.
- Making a measurable difference to the collective health and care provision across Hertfordshire and West Essex and its borders through common approaches to the use of digital technology.
- Improving the commonality of digital solutions and their ability to talk to each other (interoperate) so that the needs of the population are better catered for.
- Driving up digital maturity in line with the WGLL digital maturity framework.
- Securing the best value for the Hertfordshire and West Essex ICS from digital investments.

It does not:

- Replace organisations' or PLACE digital strategies; rather it informs, provides a reference point and context for those.
- Address Business as Usual (BAU) digital and information technology plans funded out of local budget allocations to maintain day to day services.
- Cover initiatives that don't meet the strategic transformation, investment or delivery principles.
- Address digital solutions specific to one organisation's specialist needs.

Vision, Goals and Principles

Digital Vision

Working together for a healthier future

↑

'Our teams come together to deliver an effortless, integrated digital experience without boundaries to improve health and care outcomes for all people'

Our Digital Goals

- We will work together to maximise the opportunities to coordinate system wide digital solutions, and provide the right care at the right time, through multi-disciplinary health and social care teams.
- We will bring together the essential connectivity, information, intelligence and data for all care settings as needed by service users, residents and care professionals to improve the overall health and well being of our population.
- We will use digital technology to help keep people well in their homes and improve their overall life chances, at the same time addressing the twin challenges of demand and capacity across the system.
- We will encourage targeted investment and digital innovation at the front line that has potential scaleable benefits to improving health and care outcomes. We will involve Academic Health Science Networks (AHSNs), universities, and the private sector where it makes sense, and we can afford it.
- We will improve the inclusion of our population in accessing their health and care needs digitally where appropriate and will build a digitally confident and skilled workforce.

Strategic digital Investment principles*

We will apply a clear set of principles to the way we target our investments in digital, aligned to current health and care sector best practice.

Prioritise the things that residents and staff need

- Projects at ICS level will focus on resident and staff benefit, and competing projects evaluated against these.
- Competing benefits profiles must explicitly demonstrate direct or indirect benefit (e.g. better access - direct, or better security - more indirect).

Practical implications - All benefit cases/calls for funding must be explicit and address categories agreed by the ICS.

Get the best out of digital suppliers

- Develop and maintain strategic supply relationships at ICS level where this makes sense.
- Aim to use the same solution where procurement rules allow, it makes strategic sense, is cost effective and appropriate contractual vehicles exist.

Practical implications - Use an established proven supply route where we can to get economies of scale and replicate solutions and relationships.

Set clear, realistic goals

- Ensure that the primary aim of digital investment is realistically achievable and has evidenced benefits for residents and staff with "optimism bias" challenged.

Practical Implications - Rigorous testing process for cases as assurance for the ICB.

Invest in a dedicated, cross functional ICS team

- Create a right sized, coordinated cross functional, cross care setting, cross place virtual digital team to maintain focus on the vision and ensure that learning and approaches are coordinated rather than reinvented.

Practical Implications - A new digital operating model across Hertfordshire and West Essex.

* Based on guidance published by NHS Providers as latest (May 2022) in a series of guidance for Boards of NHS organisations on digital agenda , commissioned by HEE and supported by NHS England. The guidance is focussed at NHS Trust but applicable to all digital transformation in health and care settings. They align with HWE senior leadership wider ways of working.

Strategic digital delivery principles*

We will maintain our delivery focus and maximise our returns on investment through our high-level delivery principles.

Think long term, deliver in the short term

- Rigorous assurance to ensure we remain in line with ICS strategic goals with ICS strategic goals.
- Maintain focus on the vision and mission for digital at ICS and PLACE levels expressed in benefits terms, and support for the overall ICS Vision.

Practical implications - Delivery milestone and benefits realisation tracking at ICS level through the agreed governance processes for ICS funded projects.

Test, measure and learn

- Innovate locally, test at PLACE level, scale at system (either bigger scope or replicated instance).
- Blueprint models and technology approaches for the same problems (don't solve the same problem 3 times).

Practical implications - Review all projects and pool resources around front runner (e.g. care coordination, portals etc.).

Don't stick to the wrong plan

- Rigorous delivery assurance against business cases and outcomes coupled with an ability to change plans and objectives as the environment or circumstances dictate.

Practical implications - Leadership and Governance for digital within the ICS. Gated process with go/no-go decisions being made through clearly defined governance routes. Some projects may be stopped if not delivering, to make better use of resources.

Build trust in digital

- Address digital inclusion and exclusion explicitly through the strategy.
- Adopt a benefits realisation framework in a clear, structured and useful way.
- Digital capability development for residents and staff. Working towards upskilling to a digitally mature workforce, investment in education, training etc.

Practical implications - Cases evaluated on 'time to benefits' and 'strategy for change management'. Don't assume digital answers everything the ICS needs.

* Based on guidance published by NHS Providers as latest (May 2022) in a series of guidance for Boards of NHS organisations on digital agenda , commissioned by HEE and supported by NHS England. The guidance is focussed at NHS Trust but applicable to all digital transformation in health and care settings. They align with HWE senior leadership wider ways of working.

Our Digital Strategy Mission

What we will deliver and how we will do it

Digital Collaboration
System Wide Digital Collaboration

Our goal is to work together to maximise the opportunities to coordinate system wide digital solutions, and provide the right care at the right time, through multi-disciplinary health and social care teams.

To achieve this, we will work together to adopt a coordinated health and care needs led approach to digital that focusses on local demands, but which is coordinated through place-based digital and care professional networks, including care representatives closer to the resident such as GPs, social workers, pharmacists, optometrists, dentists, third sector organisations and others in the community. This will enable a broader and more holistic approach to digital being adopted in line with our approach to care (e.g. through our Primary Care Strategy).

Digital Platforms
Essential Strategic Digital Platforms

Our goal is to bring together the essential connectivity, information, intelligence and data for all care settings as needed by service users, residents and care professionals to improve the overall health and well-being of our population.

To achieve this, we will build and then enhance and optimise the key strategic digital platforms we need once for the ICS, or we will develop a fully joined up, interoperable, landscape of local platforms. We will optimise existing digital platforms wherever possible rather than building new replacements.

Digital Direct Care
Proven Digital Care Enablers

Our goal is to use digital technology to help keep people well in their homes, offer choice and improve their overall life chances through healthcare at the residents' fingertips, at the same time addressing the twin challenges of demand and capacity across the system.

To achieve this, we will use digital technology at scale to bring care closer to our residents in their homes or the places they call home. We will focus on engagement with our users internally and residents in the co-creation of new ways of digital working and make solutions easy to use and with a consistent look and feel.

Digital Innovation
Local Digital Care Innovation

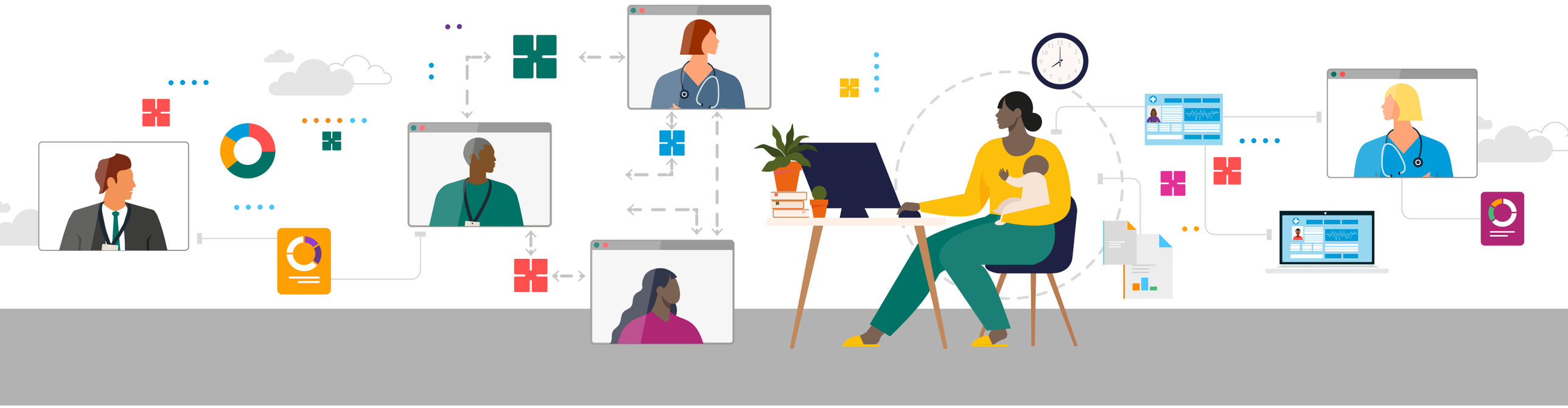
We will strive to lead digital innovation partnering with AHSNs, universities, and the private sector to identify and adopt new technologies that offer scalable benefits to support our ICS challenges and workstream priorities.

To achieve this, we will pilot digital health and care innovation at smaller scale where there is a potential to grow and deploy this more widely, and we will learn from others using innovative technologies such as Artificial Intelligence, Precision Medicines and Robotics.

Digital Skills
Digital Inclusion and Workforce Capability

Our goal is to improve the inclusion of our population in accessing their health and care needs digitally where appropriate and will build a digitally confident and skilled workforce.

To achieve this, we will develop a coordinated approach with third sector partners and others to address barriers to accessing health and care services digitally, providing access to technology, information and navigation to those least able to access digital services. We will support and train our staff in the use of digital technologies to develop their confidence and skills in using digital tools particularly at the front line. We will strive to build trust in digital solutions for health and care and keep our staff and residents safe on-line.



Digital Collaboration
System Wide
Digital Collaboration

"What Good Looks Like"* Success Measures:

1. Well Led
2. Ensure Smart Foundations
3. Safe Practice
4. Support People
5. Empower Citizens
6. Improve Care
7. Healthy Populations

What does this include?

- We will focus on communication, collaboration and leadership of digital change involving care professionals at all levels and across all settings, ensuring engagement and co-creation of solutions with our residents.
- The Governance model will be adjusted to support the new landscape ensuring alignment with the strategy and driving benefits for residents, care professionals and partner organisations.
- By 2025 we will deliver a well led, well governed, accessible digital ecosystem in terms of collaboration for residents and care professionals meeting relevant technical and safety standards.
- We will aim to deliver digital solutions once for the common good converging existing solutions in line with our investment principles and national ambition for convergence of health and care digital technologies.
- We will develop a coordinated, professionally led approach to digitally enabled safe care, collectively making recommendations for investment and focus on support of our ICS priorities.
- We will aim to "level up" our capability on data quality, removal of paper processes, and digital maturity.
- We will promote the use of shared funding, resources and acquisition of digital solutions across the ICS where this is in line with our investment and delivery principles.
- We will ensure ICS to ICS collaboration to make sure that our residents are cared for across ICS borders or between places within our ICS, and that we build our digital solutions in a seamless way that supports this.
- We will ensure that our local ICB clinical priorities are supported where needed through digital enablement such as reducing substance misuse, smoking and alcohol consumption, children and providing a good start in life, good nutrition, healthy weight, physical activity and the lifelong education agenda.

What are we already doing?

- Empowering Clinical leaders to drive transformation and benefits such as clinical fellows.
- Investing in time for national Digital Academy training for our clinicians and Chief Information Officers (CIO).
- Established an ICS clinical reference and practitioner group with ICS wide representation.
- We have an ICS Programme Management Office (PMO) to oversee clinical workstream programmes and provide assurance of delivery.

"By 2023 we will have established a Chief Clinical Information Officer (CCIO) approach to leading our digital landscape in support of safe care. We will identify digital and data solutions to improve care by regularly engaging with frontline users and residents and have digitally capable Boards."

What digital capability will we deliver?	When could we have it?	What benefits will it give us?	What will care professionals say?	What will our residents say?
Invest in a sustainable multidisciplinary digital care professional "office of the CCIO" at ICS level.	Q1 2023-24	A coordinated approach to making the right priority calls on digital investment from a professional perspective and maximising the use of digital in support of our residents and safe care.	"We are confident that our digital solutions for the ICS are led by care professionals, and that they will work at the front line"	"Gone are the days where as residents, we feel we didn't have a voice in their digital decision making"
Invest in Digital Board education as part of the programme of developing digital awareness and capability.	Q1 2023-24	Confident Board level sponsorship, assurance, challenge and decision making on digital initiatives.	"Our ICB board and the Boards of our organisations are making joined up calls on digital investment that seems to be making a real difference at the front line"	"Digital seems to be everywhere for our health and care needs these days, whether that's at home, at the GP or in hospital. It used to be more of an add on, but today it's as important as our household utilities"
Invest for the long term in digital clinical fellows at ICS levels and care professional digital leads for all ICS organisations.	Q4 2023-24	Sustained investment in a core set of senior care professionals able to support digital initiatives and targeting technology where it enhances the provision of care.	"We have peers who are genuine digital experts who we can turn to who can guide us in making the best use of digital technology."	"I was talking to my consultant, and he said that the technology he was using had been designed by another consultant in Watford and he was really pleased with it"
Introduce a quality improvement / benefits realisation method at ICS level in support of the identification of digital initiatives.	Q4 2023-24	A sustainable approach to improving care using digital solution integrated with quality improvement / benefits realisation approaches.	"Digital is just something we now always consider when we are trying to improve the care we provide"	"I can see people using modern technology on the front line these days in preference to pen and paper"

* "What Good Looks Like" is the overall digital maturity framework for ICS digital maturity introduced by NHS England in 2022 to measure progress towards an overall national level of digital capability.

Digital Collaboration
System Wide
Digital Collaboration

Existing Case Studies

Community Pharmacist support for patients leaving hospital (Transfers of care around medicines -TCAM)

The Eastern AHSN worked with Hertfordshire Partnership University Foundation NHS Trust (HPFT) and all the acute Trusts in the Hertfordshire and West Essex ICS and the local pharmaceutical committee to help set up a secure electronic interface between the hospital IT systems and PharmOutcomes, the community pharmacy system. This enhanced TCAM by providing patient data quickly and seamlessly to their community pharmacist.

The benefits for the patients in implementing TCAM is that it provides the on-going support around their medication and what and when it should be taken, post discharge out of hospital, as the community pharmacy will have access to the prescription information prescribed on discharge. The additional benefit, to both the patient and to the hospitals in having TCAM in place, is that it supports the prevention of re-admission; with medication and discharge support being provided by the community pharmacists.

* SOURCE : Eastern Academic Health Science Network

Digital Innovation Zone (DIZ)

The Essex and Hertfordshire Innovation Zone has created a space for collaboration and engagement, breaking down sectoral and organisational silos and attracting co-ordinated investment. This has been enhanced by regular guest speakers' slots at the DIZ board meetings with a range of digital issues and initiatives with speakers from digital infrastructure providers and EELGA (regional local government) as well as our local partners, Anglia Ruskin University, Essex County Council, Princess Alexandra Hospital. Joint programmes of work include LFFN ultrafast GP practice connectivity and the living smart homes project, working with residents on-line supporting the digital inclusion agenda, holding seminars funded by charity funding.

* SOURCE : Digital Innovation Zone (DIZ)

Gut Reaction Programme

The East and North Hertfordshire NHS Trust supported a national Health Data Research UK programme in the creation of a Gut Reaction Data Access model and database which includes over 20,000 patient records (with full consent) in order that inflammatory bowel disease and associated conditions could be analysed under a trusted research environment . The collaboration spanned 15 different organisations, health, private sector innovators and drug companies. Working with leaders in the National Institute for Health and Care Research (NIHR) BioResource, Patient Advisory Committee (PAC) and the patient and public involvement and engagement workstream (PPIE) to create a new mutually agreed approach which will research the data for inflammatory bowel disease (IBD) patients which helps support the model for data driven decisions, reviewing and advising on use cases for research using Gut Reaction Data, providing insight on the use of data in sensitive areas such as polygenic risk scoring and artificial intelligence (AI) and engaging and sharing learnings with other hubs involved in the Health Data Research UK (HDR UK) programme.

* SOURCE : Phillip Smith – Associate Director of Research ENHT

Digital Platforms
Essential Strategic Digital Platforms

"What Good Looks Like"* Success Measures:

1. Well Led
2. Ensure Smart Foundations
3. Safe Practice
4. Support People
5. Empower Citizens
6. Improve Care
7. Healthy Populations

What is included?

- The digital MUST DOs for strategic platforms in the NHS Long Term Plan.
- Further developed Shared Care Records including ICS to ICS connectivity to bring together the full picture of our residents' health and care needs.
- Create a focus on high quality data to deliver high quality care and meaningful analytics.
- Shared Data Platform and Population Health Management (PHM) technologies to help us better understand the needs of the population we serve using modern approaches such as predictive and prescriptive analytics.
- Resident Access platforms to enable our residents to access their information and engage with and manage their own health and care whilst respecting their preferences (priorities in Maternity/ Outpatients and Cancer pathways).
- Care Coordination Centre(s) to coordinate health and care provision, supported and enabled by technology.
- Electronic Care Record convergence to bring together the clinical platforms used by health and care professionals both within our ICS and beyond it.
- Shared infrastructure where appropriate to provide a standardised and lower cost service to our teams, more effective collaboration and MDT working, resident access and to support the Hertfordshire and West Essex green agenda.

What are we already doing?

- We have developed a Shared Care Record and continue to evolve it.
- We have delivered high speed connectivity for GPs in collaboration with the Digital Innovation Zone.
- West Hertfordshire Teaching Hospitals NHS Trust has implemented a modern Electronic Patient Record (EPR) and is now realising the benefits in terms of improved and safer care.
- We have a plan for a system-wide Data Platform.
- We are developing a Child and Adolescent Mental Health Services (CAMHS) access "front door" for children and young people.
- We are designing the West Essex and East and North Hertfordshire Care Coordination centres.

"By 2027 we will have modern health and care technology that gives us a single version of the truth for our residents as individuals and our population and communities as a whole."

What digital capability will we deliver?	When could we have it?	What benefits will it give us?	What will care professionals say?	What will our residents say?
Shared Care Record	Now 2025-26 for all care pathways	A single joined up view of a resident's care wherever they have received it, both inside and outside our ICS.	"I am confident that I have the full up to date view of those to whom I provide care wherever they have received it so that I can provide them with the best possible care."	"I don't have to repeat my story to anyone"
Electronic Care Record	2022 – 2027	Modern care record systems that talk to each other across all our health and care providers and paperless care records.	"I have the best technology at my fingertips whether I am working in ED, in the community or on an ambulance."	"I am confident that our hospitals, clinics and social work teams have the best possible technology available to manage my care"
Shared Data Platform and Population Health Management (PHM) technologies	2023-24 Levelling up of data access and intelligence and PHM analytics 2028-29 Data and Analytical Maturity	An accurate view of the health and care needs of our communities that enables us to target resources supported by trusted research environments.	"I know that we are able to target our teams on making a difference for the neediest residents in Hertfordshire and West Essex." "We can use advanced analytical tools to better understand the needs of our population"	"I feel our communities are healthier and better looked after than they ever have been"
Resident Access platforms	2023-24	Our residents (Target 75%) will be able to interact with care professionals without letters or paper or manage aspects of their own care as much as possible by the NHS App.	"Those I care for are aware of their care pathway, rarely miss an appointment and feel they get a personalised and responsive service"	"I don't have to wait to contact my care providers and I generally get questions answered the same day"
Care Coordination Centre(s)	2023-24	Ability to make the best use of scarce resources and assemble the right expertise managing transfers of care / shared care across the system.	"I feel I am able to make a real difference working with teams of care professional across all settings."	"The care I got covered all of the things that were worrying me through a "one stop shop".
Shared infrastructure	2023 – 2032	Unified core infrastructure across all of health and care in Hertfordshire and West Essex offering a lower cost and single interface and world class cyber security.	"Our networks and kit "just work" and have the same look and feel wherever I am."	"I never see my care givers having to wait for anything to load up on their screens"

* "What Good Looks Like" is the overall digital maturity framework for ICS digital maturity introduced by NHS England in 2022 to measure progress towards an overall national level of digital capability.

Digital Platforms
Essential Strategic
Digital Platforms

Existing Case Studies

Shared Care Record - General Practice

An elderly patient from London recently moved into a care home in East & North Hertfordshire. I conducted a telephone consultation as the carers at the home reported that she had confusion but they didn't know if this was an existing condition or a new issue.

Normally the next step would be a dementia screen; the patient would have to provide a urine sample and undergo a CT scan and blood test. However, looking at the Shared Care Record I could see letters and test results from London hospitals and information from her previous GP practice in London. This showed that she had already had the tests she needed and I could refer her directly to a memory clinic.

The Shared Care Record prevented the need to repeat the tests which would have been time-consuming and created a delay to the patient receiving care. It also prevented the need for a GP to visit the home on this occasion.

"The Shared Care Record is a valuable resource of additional information. It helps clinicians to make better decisions and has already helped to speed up referrals and prevent repeat investigations."

* SOURCE: ShCR communications Team

Data, Population Health Management and Analytics

A population health management (PHM) approach was developed to support a reduction in Health Inequalities through using data to identify cohorts of a population. The Primary Care Network (PCN) is identifying interventions which will reduce health inequalities through personalising previous standard offers of care e.g. screening. For the first phase of the Directed Enhanced Service (DES) whereby the requirement is to utilize data to identify a population within a PCN experiencing inequalities in provision or outcome. The PCN with the support of the data and BI team have now defined an approach for identifying and addressing the unmet needs of the population which involved engagement with the selected population to understand the gaps and barriers to care as an output of discussions with the local system partners organisations to agree the engagement approach collaboratively. Cohorts identified include Obesity, Black, Asian and Minority Ethnic (BAME), Deprivation, Pre-Diabetes, Diabetes and Hypertension. Data packs were created in a standardised way in the absence of a developed infrastructure / data platform utilising three separate data sources rather than an ICS wide linked data set. The packs included recommendations.

Primary Care Broadband Connectivity

Having successfully secured £1.7m of funding from Department of Digital, Culture, Media & Sport in 2019/20 a key focal point for the primary care in 2020/21 was working with the Digital Innovation Zone, in partnership with HBL ICT shared service by initiating the physical delivery of infrastructure that has transformed the connectivity of our GP surgeries, both in terms of download and upload speeds and in terms of network resilience. The network enables our ICS health partners to deliver more-effective and efficient services that wrap themselves around the patient. The LFFN network connects up 77 GP surgeries to gigabit capable fibre-to-the-premise broadband networks that will enable even more healthcare provision to be moved away from single-point acute locations such as town-centre hospitals to a more community-based model. The ICS were the first area in the country to follow-through on the national government's pledge to deliver fibre connectivity to every GP surgery.

* SOURCE: Digital Innovation Zone

Digital Direct Care
Proven Digital Care Enablers

"What Good Looks Like"* Success Measures:

1. Well Led
2. Ensure Smart Foundations
3. Safe Practice
4. Support People
5. Empower Citizens
6. Improve Care
7. Healthy Populations

What is included?

- NHS Long Term Plan **must do** objectives that focus on out of hospital care settings co-created with our residents focussing on "connected lives".
- Supporting Elective Recovery ensuring direct care initiatives are aligned with improved pathways where possible.
- Digitally enabled objectives set out in the Primary Care Strategy 2022.
- Virtual Wards and Hospital@Home in line with the national priorities to provide top class care remotely in peoples' homes.
- Remote monitoring to enable us to monitor the health and care needs of our residents and provide direct care when needed.
- Increased use of online/virtual consultations, supporting the Hertfordshire and West Essex green plan and reduced travel and inconvenience for service users.
- Assistive Technology to support residents who need help with their daily living needs.
- Secondary Care to Primary Care specialist advice and support leading to the removal of consultations, where appropriate, and supporting interventions through more proactive care introducing specialists at the right time.
- Cross care setting bed management, demand and capacity, scheduling and case management systems.

What are we already doing?

- We are mobilising a Digital First for Primary Care (DFPC) Programme covering GPs, pharmacy, optometry, dentistry and other services provided in local settings.
- We have successfully piloted virtual Chronic Kidney Disease support for primary care clinicians using digital technology and considering this approach to other conditions.
- We are successfully running a number of Virtual Wards and have widespread use of Online/Virtual consultations.

"By 2027 Virtual Wards will be a proven and successful way of delivering care across the whole of Hertfordshire and West Essex. We will be delivering remote care wherever that makes sense, and we will have exceeded all our Long Term Plan objectives in digital care."

What digital capability will we deliver?	When could we have it?	What benefits will it give us?	What will care professionals say?	What will our residents say?
Adult Social Care (ASC) Falls Prevention to be used to protect 20% of care home residents by 2024.	Q3 2024/25	Significant improvements to care for frail residents. Reductions in harm and hospital admissions. Reduced associated mortality.	"We have been able to prevent significant numbers of falls in many of our service users and work with local services to safeguard them in the homes."	"I feel safe and supported at home and know that the risk of me having a bad fall is a lot lower than it was"
Early Memory Diagnosis and Support Service Remote Monitoring of Severe Mental Illness (SMI) patients	Progressive once agreed to 2024/25	Early assessment and practical support around residents with Severe mental illnesses who may be suffering from dementia.	"We are better able to manage our seriously unwell residents in the community and anticipate the longer-term evolution of their difficulties"	"I have been so worried by the progression of my relatives' difficulties, but remote care has been really helpful to alleviate that"
Wound Care Digital App for Community Nurses	Progressive once agreed to 2024/25	Better diagnosis and support for community nurses. Improved resident outcomes. Reduced harm and hospital admissions.	"I feel I am making much better decisions for those to whom I provide care in the community and provide them with significantly better care"	"I know that when the nurse comes, she is getting really great support from expert advice via her app."
Virtual Ward and Hospital programmes	Progressive once agreed to 2026/27	Improved resident outcomes. Reduced harm and hospital admissions. Reduced pressure on the system.	"We are able to much more closely monitor the health of more residents and keep them well in their homes than ever before"	"I have multiple long-term conditions but know that I am getting care that is 24/7 at home"
Online/Virtual Consultation Expansion	Progressive once agreed to 2026/27	Improved resident outcomes. Reduced harm and hospital admissions.	"I am able to manage those to whom I provide care much more effectively and know that they don't have to travel to see me"	"I find it difficult to get out of my home so speaking to my GP online is brilliant"
Secondary Care physician support and advice to Primary Care clinicians	Progressive once agreed to 2026/27	Building on the successes of the vCKD pilots in the ICS to provide secondary care advice and guidance to primary care clinicians caring for residents with multiple long-term conditions.	"I am now getting real time advice from secondary care consultants for my patients with a range of complex long term conditions reducing referrals significantly and enabling me to provide significantly better care"	"My GP has been able to keep me really well for much longer than used to be the case a few years ago when I was constantly having to go into hospital for tests and medication reviews when things flared up."

* "What Good Looks Like" is the overall digital maturity framework for ICS digital maturity introduced by NHS England in 2022 to measure progress towards an overall national level of digital capability.

Digital Direct Care
Proven Digital Care Enablers

Existing Case Studies

Virtual Chronic Kidney Disease (vCKD)

East and North Hertfordshire NHS Trust (ENHT) in partnership with the Hertfordshire and West Essex ICS and Digital First Primary care team worked collaboratively to develop a new virtual community kidney service for its patients. Patients with a declining kidney function through blood tests (eGFR) are automatically alerted to their usual GP. The GP is then able to refer on-line into an e-clinic where secondary care consultants have full read/write access to the primary care SystmOne (S1) record for that patient to carry out an assessment and put forward recommendations to the GP. The Renal consultant updates the S1 record through clinical coding, to support the GP with the appropriate level of care or medication required.

In implementing vCKD, this has prevented patients being referred into the acute services, interventions have been put into place earlier and has saved over 200 attendances in clinic since the grant money was received to implement vCKD. vCKD also gives any electronic referrals service (e-RS) rejected renal referral a consultant delivered Virtual review to act as a safety net and support primary care.

Since March 2021, over 700 vCKD reviews have taken place and 92% of those have discharged with advice to GPs, such as providing recommendations for medication adjustments. Only 8% of those vCKD reviews have required a renal clinic attendance. Waiting times for vCKD have shortened to approximately an 8-12 day wait, versus a Nephrology clinic appointment average waiting time being between 80-100 day wait.

The focus of this project has been around supporting primary care management of chronic kidney disease and prevents patients being referred onto an acute pathway. The benefits so far have been that it is providing easier and quicker access for patients requiring renal specialists, GPs can refer on-line into an e-clinic providing the ability for e-clinic kidney consultants to assess and triage patients without any consultation with either the patient or the GP, saving valuable face to face appointment slots to those patients who need it most. The partnership are now looking into extending this virtual service to practices that use the EMIS primary care electronic patient record system and longer term would like to look into supporting other specialties but along with moving vCKD into a business-as-usual environment, which requires more sustainable funding. Overall vCKD has meant that CKD is being jointly and effectively managed across primary and secondary services.

SOURCE : Andrew Findlay – Consultant Nephrologist. ENHT

Digital Innovation
Local Digital Care Innovation

"What Good Looks Like"* Success Measures:

1. Well Led
2. Ensure Smart Foundations
3. Safe Practice
4. **Support People**
5. Empower Citizens
6. **Improve Care**
7. **Healthy Populations**

What is included?

- Innovation where there is capacity to invest in this at ICS level and where it makes sense from the overall perspective of digital maturity of the system.
- New medical devices and approaches.
- We will explore the use of robotic process automation to reduce costs and save time in our back office.
- We will explore "Artificial Intelligence" applications where appropriate including machine learning and data science for Population Health Management.
- We will seek to adopt precision medicine technologies as they become proven.
- We will horizon scan to understand the full potential of digital health and care technologies for our population.
- We will leverage Virtual/Augmented Reality (e.g. remote assistance for community working).
- We will consider providing a safe space for innovation including working with external innovators and research companies.
- We will build on health and care innovation being developed by near neighbours such as Cambridge University Hospitals and in London.

What are we already doing?

- We plan to invest in a digital innovation team that will find new technologies to fit Hertfordshire and West Essex challenges.
- The ENHT supported a national Health Data Research UK Programme in the creation of a Gut Reaction Data Access model using AI and machine learning approaches to enhance drug discovery.
- A new rapid review process for research and innovation has been developed by East and North Hertfordshire Research and Innovation Group within the East and North Hertfordshire PLACE, to ensure research and innovation feeds into service transformation to address population health needs.

"By 2032 we will have moved beyond the essentials and be outstanding from the perspective of our measured digital maturity. We will have an integrated continuous improvement approach to digital innovation that is managed and has links to our universities, AHSNs, the private sector and others."

What digital capability will we deliver?	When could we have it?	What benefits will it give us?	What will care professionals say?	What will our residents say?
Established links with the wider NHS, universities, AHSNs, and others aligned to exploring and testing new technologies for care in line with the NHS Long Term Plan.	2023/24	Wider coordination and insight into approaches to common problems. Additional capacity to help with analytics and HWE-wide initiatives where that is affordable.	"We have a really good insight into what the art of the possible is and the future that enables us to think through the opportunities for care provision five years out"	"I see a lot of awards for care tech in my area which gives me real confidence that my family will get great care here".
Remote monitoring and resident owned devices	2024/25	The ability to support new pathways that support the resident at home whilst enabling specialist support and active interventions when needed	"We are able to safely support complex mothers to be at home whilst reducing their unnecessary trips to the hospital when they are worried."	"This pregnancy was so much lees stressful than my previous one. With my home monitoring device and the connection to my mobile the midwives were able to reassure me when I was worried and even ask me to contact them when they were concerned. I really felt safe and supported"
Robotic Process Automation	Progressive once agreed to 2026/27	Elimination of repetitive, time consuming and error prone manual tasks in front line care and back office.	"The management of waiting lists by automated processes means that I'm seeing the neediest residents earlier"	"I know that if I need to be seen by someone urgently it will be automatically prioritised"
AI in Diagnostics for example MRI & prostate, and support for cancer diagnosis	2026/27	Assistive technology support for clinicians to identify and grade cancers earlier. Improved diagnosis and resident outcomes.	"With AI support we are picking up and treating cancers much earlier and saving lives"	"I had a routine scan. The radiologist couldn't see anything but the system they were using identified something that had to be treated and now I am cancer free"
Genomic treatments to support cancer patients	Progressive once agreed to 2026/27 and beyond	Targeted treatments for individuals improving outcomes and mortality for residents.	"I know that the tools I have available to treat those to whom I provide care are advancing all the time"	"I was able to benefit from "personalised medicines" in my treatment programmes and am now well"

Digital Innovation
Local Digital Care Innovation

Existing Case Studies

EPUT LAB and Oxehealth on mental health in-patient wards

Oxehealth's Oxevision platform was designed to monitor patient safety and wellbeing. It is now in 17 adult and child inpatient mental health assessments wards in EPUT, since Spring 2021.

Oxevision consists of a secure optical sensor which monitors a patient's pulse and breathing rate 24 hours a day and alerts staff if they display activity or behaviour that may present a risk to their safety. The sensor detects changes in skin tone and chest movements, even when patients are under bedding, reducing the need for them to be disturbed or woken for observations when they may be sleeping. The platform was initially in use on 4 of EPUTs wards following a successful trial. It was then implemented into a further 13 wards including psychiatric intensive care units, adult inpatient and assessment wards and child adolescent wards, Oxevision is among ground-breaking technology that has been introduced to the Trust by their EPUT LAB, a digital clinical innovation forum where clinicians share digital solutions to improve health and social care

The platform compliments the vital role our clinical staff play in improving patient safety by continually monitoring their vital signs, safety and wellbeing and providing clinical insights to front line staff.

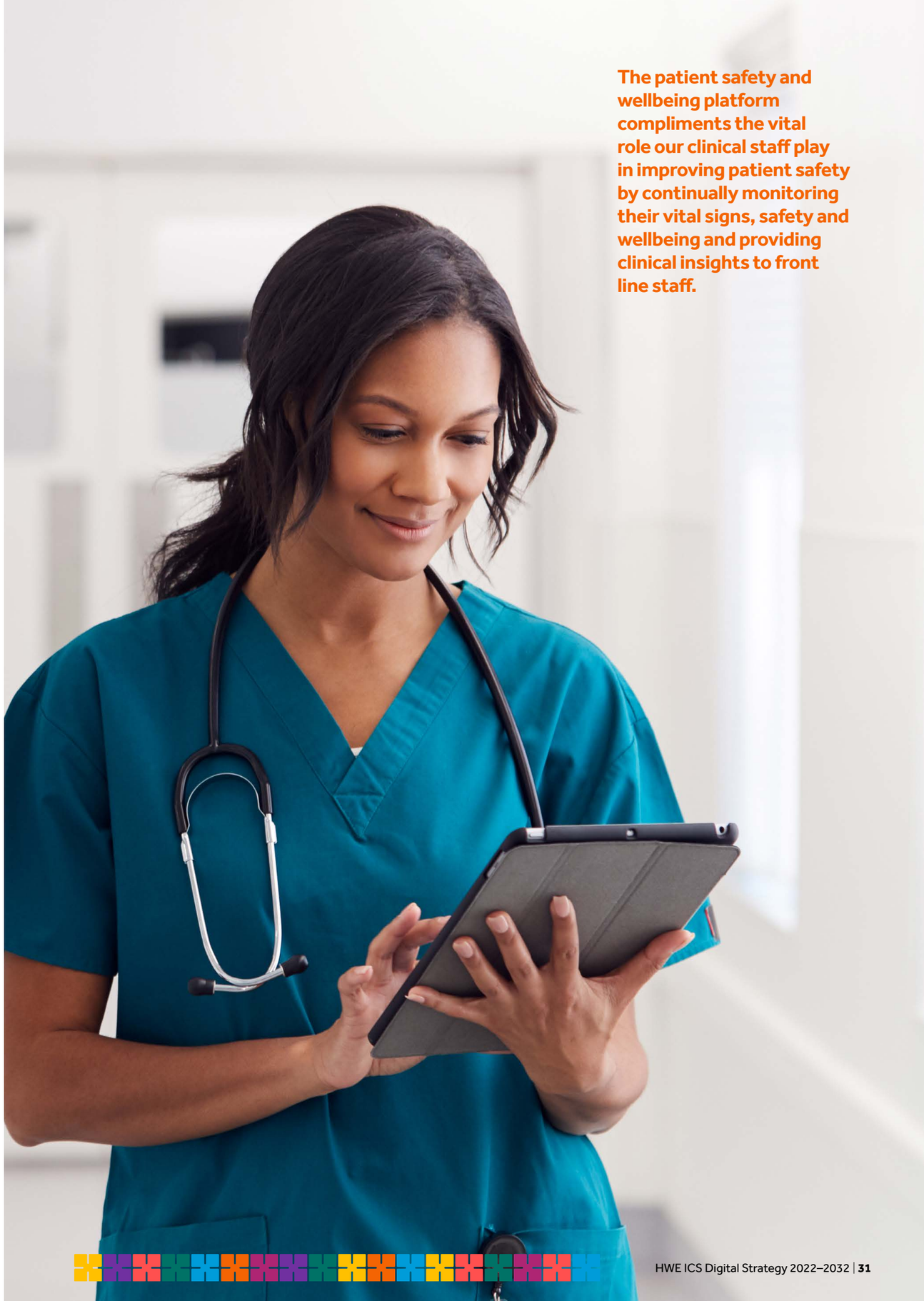
SOURCE: Oxehealth website

Incorporating Research and Innovation in service transformation

A process has been developed by East and North Hertfordshire Research and Innovation Group within the East and North Hertfordshire PLACE, to ensure research and innovation feeds into service transformation to address population health needs. It is a two-way process so the transformation efforts also feed back into research and innovation. In including research and innovation as part of the process, it provides recognition of the current evidence base (published research) awareness of current research already in progress, awareness of national and local innovation schemes, identification of local research and innovation champions and the identification of issues requiring further research.

Examples of shared practice are plentiful and cover the strategic transformation priorities such as waiting well, community diagnostic centres, stroke and neurological conditions, respiratory conditions, heart failure, chronic kidney disease, hospital at home, frailty and mental health. Stakeholders include East and North Hertfordshire NHS Trust, Hertfordshire Community Trust, the University of Hertfordshire, Eastern AHSN. NIHR Clinical Research Network East of England, Healthwatch Hertfordshire, Hertfordshire County Council, Hertfordshire Partnership University NHS Foundation Trust EoE Ambulance, East and North Hertfordshire Primary care networks, Garden House and Isabel Hospice, and Hertfordshire local pharmaceutical committee.

* SOURCE : Phillip Smith – Associate Director of Research ENHT

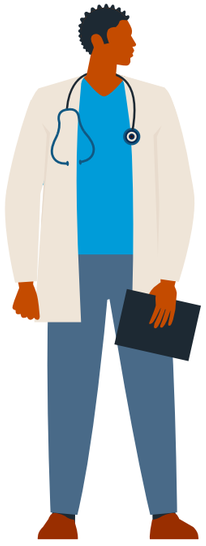


The patient safety and wellbeing platform compliments the vital role our clinical staff play in improving patient safety by continually monitoring their vital signs, safety and wellbeing and providing clinical insights to front line staff.

Digital Skills
Digital Inclusion and Workforce Capability

"What Good Looks Like"* Success Measures:

1. Well Led
2. Ensure Smart Foundations
3. Safe Practice
4. **Support People**
5. **Empower Citizens**
6. Improve Care
7. **Healthy Populations**



What does this include?

- We will build the digital capacity, capability and confidence of our staff at all levels from front line to Board.
- We will always ensure that the digital solutions we build are easy to use, and work towards a unified digital interface across our ICS both for care professionals and residents whilst recognising our resident preferences for accessing services.
- We will understand, monitor and tackle digital exclusion in our communities where we can, but always ensure that no-one is excluded from safe, excellent care, leveraging the excellent work Social Care and the third sector are already delivering.
- We will work to create a culture that is comfortable with the use of digital solutions for staff to deliver care across all care settings.
- We will engage with national initiatives to close the digital divide for health and care including empowering residents via adoption of the NHS App, NHS Apps library, GP online services and free NHS Wi-Fi .
- We will build trust in digital solutions for our residents through co-creation with them and through the skills and confidence of our teams in using them to provide safe care.
- We will encourage the safe and appropriate use of digital technologies that operate to recognised standards and ensure that we safeguard the wellbeing of our staff and residents online.

What are we already doing?

- The "WeAreDigital" primary care digital inclusion assessment which involved surveying residents of the community on access to primary care.
- Supporting digitally excluded service users of health and care services through the third sector providing recycled IT equipment (supporting the green plan) and providing training, support and navigation services.

"By 2027 we will have significantly improved the measured levels of digital inclusion for our population in health and social care provision through uptake of the NHS App, remote technology use and other on-line health and care services. We will aim for our workforce to have digital passports/digital mandatory training across all care settings."

What digital capability will we deliver?	When could we have it?	What benefits will it give us?	What will care professionals say?	What will our residents say?
Supporting people without access to technology to gain access and the skills to interact with their health and care providers digitally when they wish to.	2025/26	More of our population will be more confident in, and able to access health and care services and service information using secure, trusted technology when and where convenient for them. As we provide more services online, we can be confident that our population is able to access these tools and resources if they so wish.	"The people I care for are better informed about the services and can contact me digitally for support and advice without having to wait until my next visit. I feel more confident that they remain safe and well between visits".	"I feel that the online interactions I have with anyone in the social care service are always done to a high standard and in a way that doesn't make the stress of dealing with my circumstances any more difficult. I know that if I am concerned, I can contact them and will receive an answer without having to wait for a visit"
Support services for digital access to health and care commissioned across all of the communities we serve.	2023 - 2027	We will progressively move services to accessible digital platforms for most of our population but ensure that the digitally excluded remain supported. This will result in more efficient and more targeted care, and improved convenience and travel for our service users.	"I am able to offer our service users high standards of care in their home or the place they call home using digital technologies and be confident that they will receive safe, round the clock care."	"I know that I am getting a much higher standard of care at home than I might in hospital because I know my health is being monitored 24/7 even if it's not obvious to me, and that if I suddenly fall ill help will already be on its way"
By March 2025, constituent organisations of an ICS have: established digital, data and technology talent pipelines, and improved digital literacy among leaders and the workforce	2024 - 2026	We will equip our entire workforce with the skills it needs to use digital technologies to provide care and inspire confidence in those technologies for our service users.	"Our entire workforce is digitally confident and getting things done is much more seamless and effective as a direct result".	"I feel confident in using the digital systems. I see my social worker and know that he/she is able to use the technology to provide me and my family with great all-round care."

Digital Skills
Digital Inclusion and Workforce Capability

Existing Case Studies

Staying Connected project : NHS Charities Together in partnership with Hertfordshire and West Essex ICS (IT equipment and digital inclusion)

Working in partnership, we have had a number of companies who have been working with us on the Staying Connected project. For example; Tesco Mobile and Vodafone donating SIMS and dongles; Epson, Hertfordshire LEP, Lumina Technologies for donating unwanted equipment; and Mine of Innovation in Knebworth helping with receiving equipment that we cannot use and using the parts to fix up other items. Example case studies on how this project has helped the residents of Hertfordshire and West Essex are below.

Source: Simon Aulton – Community Action Dacorum and Tim Anfilogoff – Head of Community Resilience, Hertfordshire and West Essex ICB

Frailty and Digital Inclusion (on-line exercise support services)

At first Brenda lacked confidence doing the standing exercises without me there in person, but each week she always manages to try something new and test her confidence further. When we first started she was holding on with two hands to do her side steps and she now does them with her hands by her side. I am incredibly proud of her!

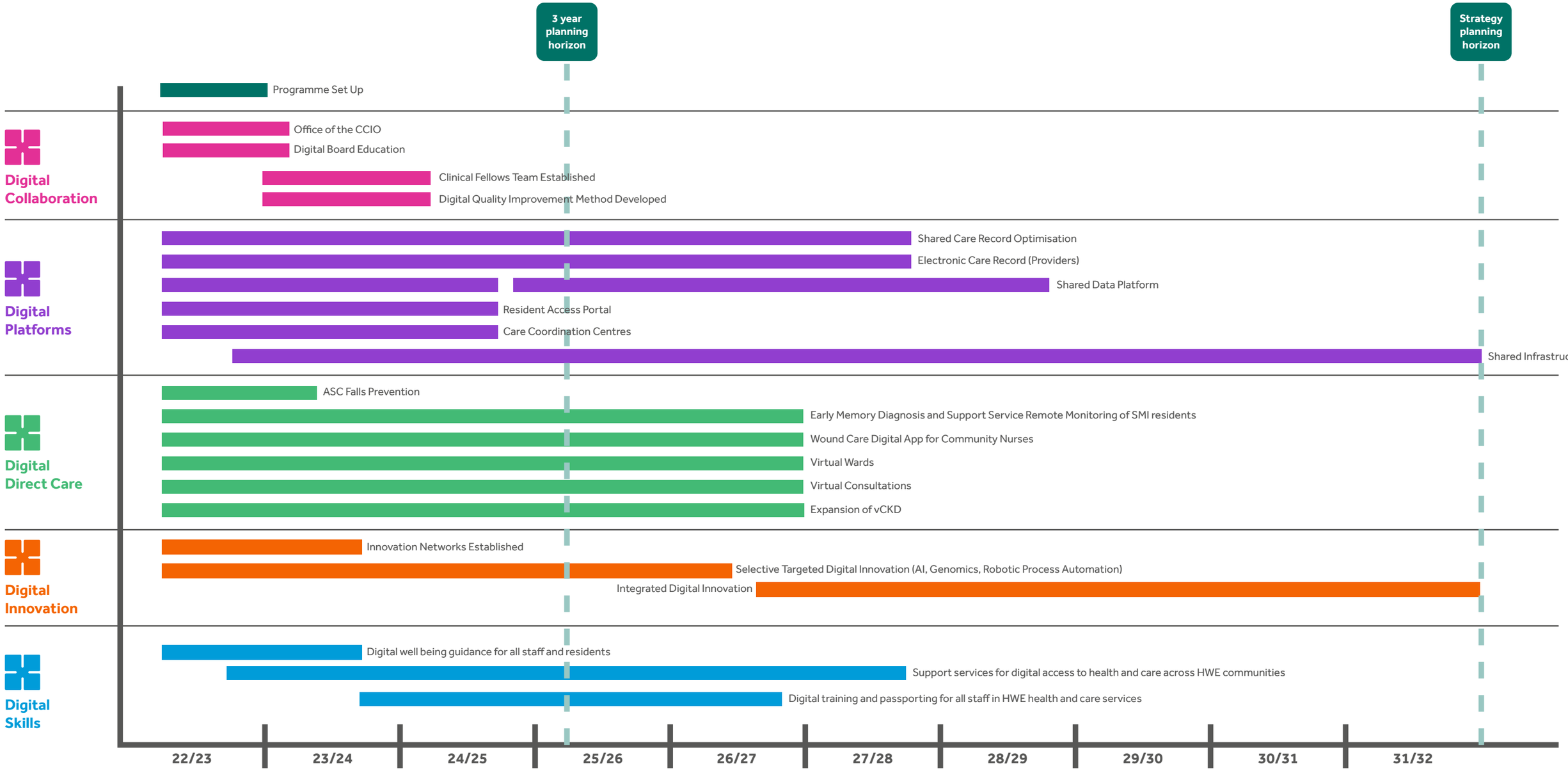
Source: Hertfordshire Independent Living Service (HILS)

Mental Health and Digital Inclusion

Prior to having the device, resident M was low and isolated. Now she is connected with others and can distract negative thoughts. Resident M said the tablet is amazing as she can play games to keep her mind busy and attend Zoom groups to reduce feelings of isolation. She has downloaded the Blue Jeans app to access respiratory physiotherapy sessions. She is also using the tablet and its functions as a motivational tool, with her support worker to de-clutter her house. Since having the tablet resident M has not called in distress and is ever so grateful for the difference it has made to her life.

Roadmap

Our high level 10-year delivery plan



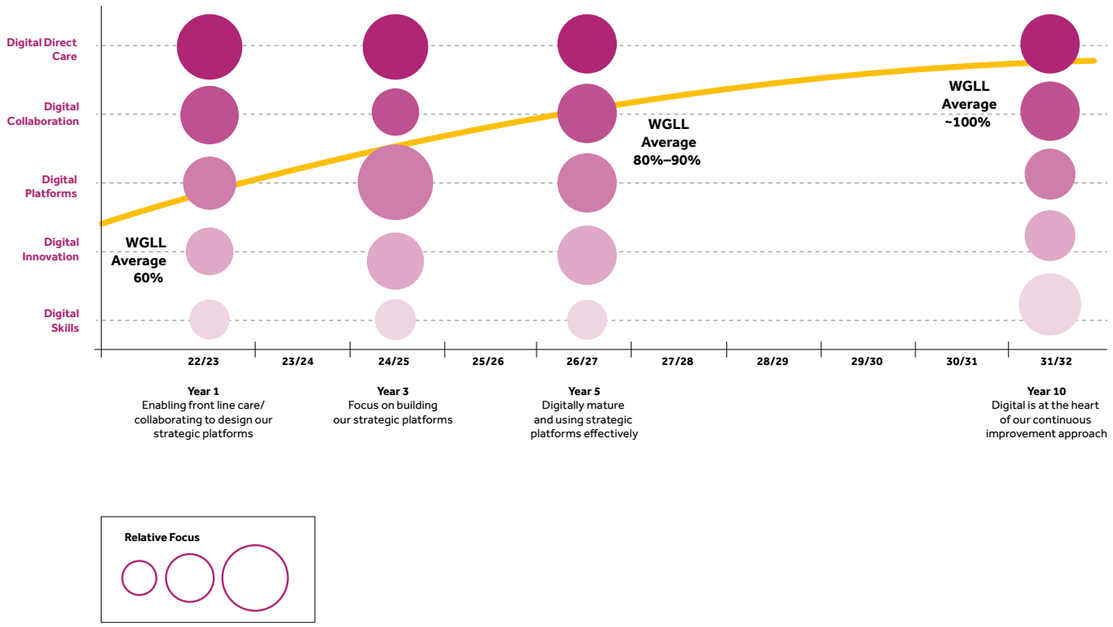
Our 10 year digital maturity journey

As the ICS moves forward on its strategic journey the focus of its efforts will evolve over time. With an initial focus on leveraging digital capabilities that support front line care there will be a progression to focussing on the major platforms that will underpin the true transformational efforts over the longer term.

As progress is achieved across the five themes there will be a corresponding improvement in the WGLL maturity level as indicated in this chart.

Each theme descriptor in this strategy highlights the WGLL measures that will be impacted as the delivery progresses.

(Appendix A shows the current WGLL assessment which is the foundation on which this strategy builds.)



How our digital themes support transformation

Managing the risk and challenges

Our digital risk appetite

We will never invest in digital technology that might compromise the safety or quality of care of our residents.

We may take balanced risk decisions to invest where the technology is proven to be safe and valuable at small scale, but unproven to be fully effective at a larger scale.

We will occasionally actively seek to invest in digital technology innovation and take delivery and financial risks to innovate digitally where there is potential for significant benefits for our residents.

Strategic risks

- **Funding may not match our ambition** – Mitigation via application of our investment principles, robust business cases and assurance processes and readiness to respond to funding opportunities.
- **Resources may not be available to deliver our ambition** – Mitigation via application of our delivery principles.
- **Changes to policy or legislation may impact our strategic approach** – Mitigation via a re-appraisal of the emphasis of our strategy within the overall mission rather than a wholesale change of strategy.
- **Competing approaches to the same problem** – Mitigation via rigorous application of our approach to business cases and investment and a "fund once only" approach at ICB level to common problems.
- **Events in the external environment that impact our strategy** – This includes unforeseen disruption to supply chains and populations such as a pandemic, economic downturn or global conflict. Our flexible approach to the use of our digital principles, will help in mitigating these external risks.

How we will deliver

We will

Build a flexible and agile ICB Digital Maturity Team to plan, coordinate and oversee our major programmes. This will provide a structured approach for all ICS programmes to ensure transparency of progress, good use of the scarce resources at our disposal and provide assurance that programmes will be delivered and benefits realised.

Work collaboratively as partners to both lead and deliver our ICS programmes. Leads for each Programme will be identified from partner organisations and be accountable to the collective governance.

Support each other in delivering programmes, sharing our skills and experiences to ensure successful delivery and joint learning.

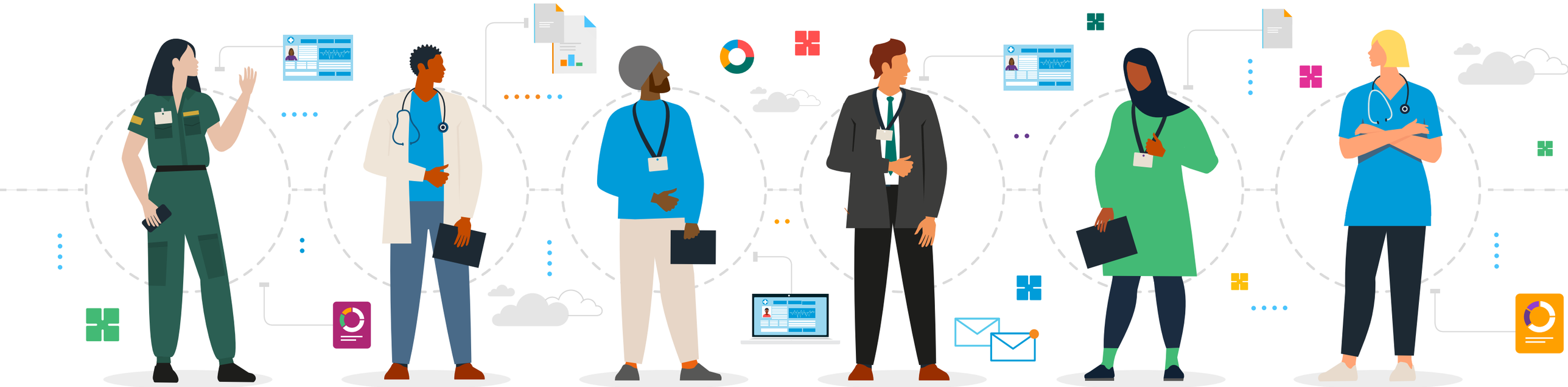
Engage our front line staff, residents and leaders in the design and delivery of our programmes, putting users and care recipients at the centre of our work.

Our governance

Our digital governance will run in line with our digital strategy enable us to work better together as partners and provide the controls and assurance our residents should expect.

This will ensure best value for the taxpayer whilst meeting expectations for the modern digital age and improving the efficiency of the services we provide.

Our health and care professionals will play a key role in our governance, ensuring that we remain focussed on projects that improve the outcomes and long-term life chances for our population as well as improving the working lives for all our staff and carers within our population.



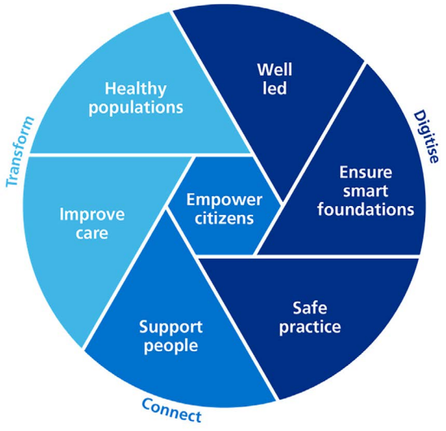
Digital Maturity Assessment Appendix A

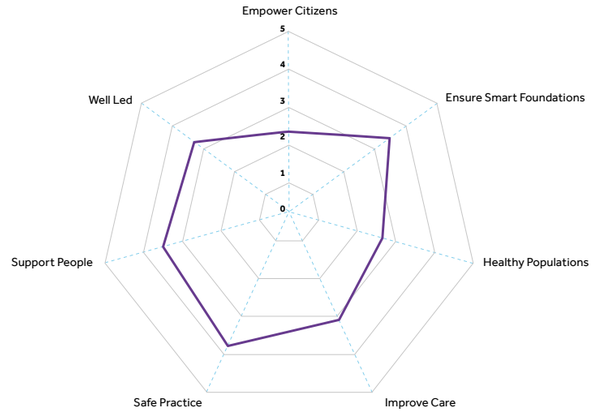
What Good Looks Like (WGLL) - the 7 success measures

The "What Good Looks Like" (WGLL) digital maturity framework published in August 2021, is directed at all ICS leaders, as they work with their system partners. It sets out a target level of digital maturity at both system and organisation levels. It describes how arrangements across a whole ICS, including all its constituent organisations can support success in relation to digitisation, and connecting and transforming services.

The framework sets clear expectations for how NHS England will assess the progress of the digital agenda.

The following pages detail the self assessment for Hertfordshire and West Essex ICS undertaken during quarter 1 of 2022/23, and have been used to inform this digital strategy, and the 3-year digital investment plan for the ICS





1. WGLL Assessment "Well Led" measure

ID-1	ID-2	Success Measure	Standard	Average score for ICS
1	0	Well Led	Boards are equipped to lead digital transformation and collaboration. They own and drive the digitally enabled transformation journey, placing citizens and frontline perspectives at the centre.	**3.29**
1	1	Well Led	Build digital and data leadership expertise and strong board-level accountability for digital transformation - this would include having a CIO or CCIO (or role within this function) as a member or attendee of the board	**2.86**
1	2	Well Led	Establish board governance that regularly reviews digital and data strategy, cyber security, services, delivery and risks, underpinned by meaningful metrics and targets	**3.43**
1	3	Well Led	Ensure that your digital and data strategy has had wide input from clinical representatives from across the organisation	**4.14**
1	4	Well Led	Ensure board ownership of a digital and data strategy that is linked to the Integrated Care System (ICS) strategy and underpinned by a sustainable financial plan	**3.14**
1	5	Well Led	Identify digital and data solutions to improve care by regularly engaging with frontline users and citizens	**2.71**
1	6	Well Led	Invest in regular board development sessions to develop digital confidence, manage cyber security risk and achieve the sustainability agenda	**3.14**
1	7	Well Led	Invest in a multidisciplinary CCIO and CNIO function	**2.71**

2. WGLL Assessment "Smart Foundations" measure

ID-1	ID-2	Success Measure	Standard	Average score for ICS
2	0	Ensure Smart Foundations	Digital, data and infrastructure operating environments are reliable, modern, secure, sustainable and resilient. Organisations have well-resourced teams who are competent to deliver modern digital and data services.	**3.86**
2	1	Ensure Smart Foundations	Invest in and build multidisciplinary teams with clinical, operational, informatics, design and technical expertise to deliver your digital and data ambitions	**2.71**
2	2	Ensure Smart Foundations	Ensure progress towards net zero carbon, sustainability and resilience ambitions by meeting the Sustainable ICT and Digital Services Strategy (2020 to 2025) objectives	**2.57**
2	3	Ensure Smart Foundations	Make sure that all projects and programmes meet the Technology Code of Practice and are cyber secure by design	**3.00**
2	4	Ensure Smart Foundations	Have a plan and move to cloud data hosting and management	**3.00**
2	5	Ensure Smart Foundations	Maintain a robust and secure network	**4.14**
2	6	Ensure Smart Foundations	Ensure hardware, software and end user devices are all within the suggested supplier life cycle and fully supported	**4.14**
2	7	Ensure Smart Foundations	Remove fax machines and non-emergency pagers, and maximise use of modern telephony and communication methods, for example, communications software	**3.86**
2	8	Ensure Smart Foundations	Ensure staff have access to the technology and devices that best support their roles	**3.71**
2	9	Ensure Smart Foundations	Maintain a central, organisation-wide, real-time electronic care record system	**3.57**
2	10	Ensure Smart Foundations	Extend the use and scope of your electronic care record systems to all services, ensuring greater clinical functionality and links to diagnostic systems and electronic prescribing and medicines administration (EPMA)	**3.00**
2	11	Ensure Smart Foundations	Contribute data to the ICS-wide shared care record in line with the Professional Records Standard Body's (PRSB) Core Information Standard	**4.00**

3. WGLL Assessment "Safe Practice" measure

ID-1	ID-2	Success Measure	Standard	Average score for ICS
3	0	Safe Practice	Comply with the requirements in the Data Security and Protection Toolkit which incorporates the Cyber Essentials Framework	**4.00**
3	1	Safe Practice	Fully use national cyber services provided by NHS Digital	**4.14**
3	2	Safe Practice	Have a secure and well-tested back-up, a plan to get off and stay off unsupported systems, and a rapid turn-around of High Severity Alerts	**4.00**
3	3	Safe Practice	Establish a process for managing cyber risk with a cyber improvement strategy, investment and progress regularly reviewed at board level	**3.57**
3	4	Safe Practice	Have an adequately resourced cyber security function, including a senior information responsible officer (SIRO) and data protection officer (DPO)	**4.14**
3	5	Safe Practice	Have an adequately resourced clinical safety function, including a named CSO, to oversee digital and data development and deployment across all care services	**3.57**
3	6	Safe Practice	Establish a clear process for reviewing and responding to relevant safety recommendations and alerts, including those from NHS Digital (cyber), NHS England and NHS Improvement, the Medicines and Healthcare Products Regulatory Agency (MHRA) and the Healthcare Service Investigation Branch (HSIB)	**3.71**
3	7	Safe Practice	Ensure clinical systems and tools meet clinical safety standards as set out by the Digital Technology and Assessment Criteria (DTAC) and DCB0129 and DCB0160	**3.00**
3	8	Safe Practice	Ensure you are compliant with NHS national contract provisions related to technology-enabled delivery (for example, clinical correspondence and electronic discharge summaries)	**3.14**

4. WGLL Assessment "Support People" measure

ID-1	ID-2	Success Measure	Standard	Average score for ICS
4	0	Support People	Your workforce is digitally literate and is able to work optimally with data and technology. Digital and data tools and systems are fit for purpose and support staff to do their jobs well.	**2.57**
4	1	Support People	Create and encourage a digital first approach and share innovative improvement ideas from frontline health and care staff	**3.29**
4	2	Support People	Support all staff to attain a basic level of data, digital and cyber security literacy, followed by continuing professional development	**3.14**
4	3	Support People	Ensure that the systems that your staff use are intuitive and easy to use	**3.29**
4	4	Support People	Support your staff to work flexibly, remotely, and across multiple wards or sites	**4.29**
4	5	Support People	Provide front-line staff with the information they need to do their job safely and efficiently at the point of care, for example ICS shared care record	**3.71**
4	6	Support People	Provide access to digital support services 24 hours per day, resulting in high first-time fixes	**3.57**

5. WGLL Assessment "Empower Citizens" measure

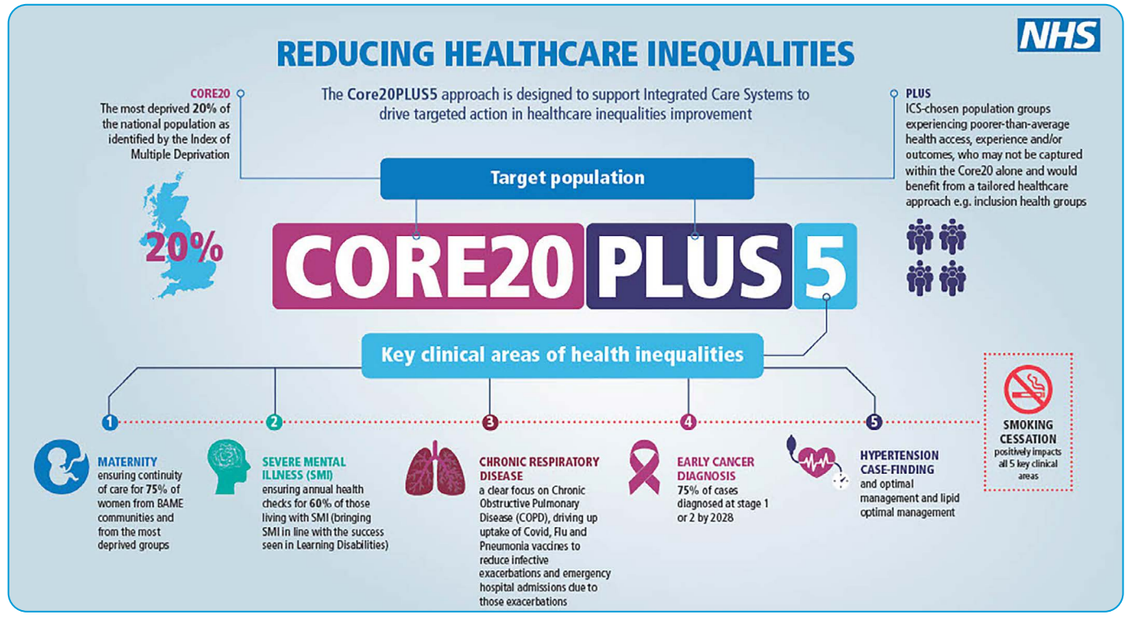
ID-1	ID-2	Success Measure	Standard	Average score for ICS
5	0	Empower Citizens	Citizens are at the centre of service design and have access to a standard set of digital services that suit all literacy and digital inclusion needs. Citizens can access and contribute to their healthcare information, taking an active role in their health and wellbeing.	**1.86**
5	1	Empower Citizens	Develop a single, coherent strategy, in conjunction with your ICS, for citizen engagement and citizen-facing digital services that is led by and has been co-designed with citizens	**2.57**
5	2	Empower Citizens	Make use of national tools and services (the NHS website, NHS login and the NHS App), supplemented by complementary local digital services that provide a consistent and coherent user experience	**2.57**
5	3	Empower Citizens	Use digital communication tools to enable self-service pathways such as self triage, referral, condition management, advice and guidance	**2.43**
5	4	Empower Citizens	Ensure that people can access and contribute to their health and care data	**1.86**
5	5	Empower Citizens	Ensure that citizens have access to care plans, test results, medications, history, correspondence, appointment management, screening alerts and tools	**1.86**
5	6	Empower Citizens	Have a clear digital inclusion strategy, incorporating initiatives to ensure digitally disempowered communities are better able to access and take advantage of digital opportunities	**2.86**

6. WGLL Assessment "Improve Care" measure

ID-1	ID-2	Success Measure	Standard	Average score for ICS
6	0	Improve Care	Health and care practitioners embed digital and data within their improvement capability to transform care pathways, reduce unwarranted variation and improve health and wellbeing. Digital solutions enhance services for patients and ensure that they get the right care when they need it and in the right place.	**2.57**
6	1	Improve Care	Use data and digital solutions to redesign care pathways across organisational boundaries to give patients the right care in the most appropriate setting	**2.71**
6	2	Improve Care	Promote the use of digital tools and technologies that support safer care, such as EPMA and bar coding	**3.14**
6	3	Improve Care	Provide decision support and other tools to help clinicians follow best practice and eliminate unwarranted variation across the entire care pathway	**2.43**
6	4	Improve Care	Provide remote consultations, monitoring and care services, promoting patient choice and sustainability	**4.14**
6	5	Improve Care	Enhance your collaborative and multidisciplinary care planning using an array of digital tools and services alongside PRSB standards	**2.71**

7. WGLL Assessment "Healthy Populations" measure

ID-1	ID-2	Success Measure	Standard	Average score for ICS
7	0	Healthy Populations	Organisations use data to inform their own care planning and support the development and adoption of innovative ICS-led, population-based, digitally-driven models of care.	**2.14**
7	1	Healthy Populations	Use data to inform care planning and decision making in your organisation	**3.29**
7	2	Healthy Populations	Contribute data and resources to the ICS-wide population health management platform and use this intelligence to inform local care planning	**2.57**
7	3	Healthy Populations	Support the implementation of new ICS-led pathways and personalised care models that use digital platforms to coordinate care seamlessly across settings	**2.57**
7	4	Healthy Populations	Make data from your organisation available to support clinical trials, real-world evidencing and the development of AI tools	**1.86**
7	5	Healthy Populations	Drive digital and data innovation through collaborations with academia, industry and other partners	**2.43**



https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

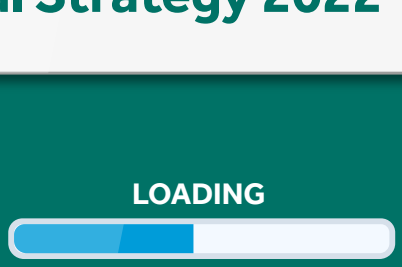
Current overall Hertfordshire and West Essex ICS WGLL maturity assessment average scores*

WGLL Measure	Ave Score	%
Well Led	3.2	64%
Ensure Smart Foundations	3.5	69%
Safe Practice	3.7	74%
Support People	3.4	68%
Empower Citizens	2.3	46%
Improve Care	3.0	59%
Healthy Populations	2.5	50%
ICS total - all measures	**3.1**	**63%**

*Average scores calculated July 2022

Hertfordshire and
West Essex Integrated
Care System

Digital Strategy 2022 – 2032



Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Board Meeting held in Public				**Meeting Date:**	**18/11/2022**	
Report Title:	**Hertfordshire & West Essex ICS People Strategy 2022**				**Agenda Item:**	**15**	
Report Author(s):	Mark Edwards, ICS Workforce Transformation Lead Tania Marcus, Chief People Officer						
Report Signed off by:	Tania Marcus, Chief People Officer						
Purpose:	**Approval**	☒	**Decision**	☒	**Discussion**	☐	**Information** ☐
Report History:	▪ The People Strategy has been consulted on, developed and discussed in several forums across health and care partners in Hertfordshire & West Essex, including people board, system leaders, HRD meetings, with Trade union colleagues at staff partnership meetings, with social care and primary care colleagues and across various professional groups. ▪ At People Board on 29th September 2022 the People Strategy was recommended to go to the ICS full Board for approval.						
Executive Summary:	**INTRODUCTION** Workforce is a significant issue for all our partners, and we recognise that there are immediate workforce pressures facing system partners as well as longer term strategic considerations which need to be addressed. We can be proud of our achievements and the significant amount of work undertaken by the People Board over the last few years. The collaborative approaches to system working, improvements that have been made, especially recognising the role and contribution of all those that work in care and health, and the impact on both colleagues and the public alike is impressive. Programmes such as Here for You , our Health & Care Academy, the work on international recruitment, the development of our equality, diversity and inclusion approach has laid a strong foundation for our approach to joint system working and putting the care and health workforce at the heart of what we do. We hope this strategy speaks to all system partners, balances both the short- and longer-term considerations and will lead to full system						

ownership of the priorities set out in the strategy. The people strategy will be reviewed annually and in light of any overarching strategic priorities agreed by the ICB and ICP.

HWE ICS PEOPLE STRATEGY

In the development of the strategy our People Board identified 4 core priorities:

1) the biggest concern was **workforce supply** across the system,
2) and closely linked to this **retention and attraction** activities.
3) stakeholders were also keen to progress an **integrated** approach to **workforce planning** across the system.
4) it was considered fundamental to have **diversity and inclusion** at the heart of all that we do

The HWE ICS People Strategy looks to address

- the priority issues identified;
- meet our designated responsibilities aligned to the various national frameworks as detailed in the strategy; and
- move forward a transformative agenda for workforce, through the delivery of six core ambitions:

1.We will produce a long-term workforce plan for the whole system, based on the needs of our population and accounts for the skills required to deliver those services.
2.We will create communities empowered and enabled to provide the best possible care through innovation and integrated working.
3.We will develop sustainable workforce attraction strategies, particularly through domestic supply routes, to reduce system vacancies.
4.We will ensure that our staff are representative of our local population by making Hertfordshire and West Essex a place of equal opportunity and inclusion.
5.We will reduce staff turnover by delivering the best possible staff experience and ensuring our workforce are healthy and happy.
6.We will ensure ALL staff are given the opportunity to develop their skills and careers, with talent effectively and equitably identified and nurtured across the system.

We will seek to achieve these ambitions through the development of six core delivery workstreams detailed in the strategy.

STRATEGIC CLINICAL AND CARE WORKFORCE TRANSFORMATION PATHWAYS

In looking to address some of the key operational and transformational pressures the People Board agreed that to progress the six core delivery workstreams and meet the national health and care workforce requirements, as set out in the various frameworks and strategies, we would seek to identify a number of strategic clinical and care workforce transformation pathways.

In identifying suitable pathways five design principles have been applied:

- Low - medium complexity
- Core delivery priority
- In need of service transformation
- Targeted at an area where we have known population health inequalities
- Needs system partners to work in collaboration

Suggested considerations for clinical and care pathways to be supported with workforce transformation are listed below for discussion and decision with an intention that we pick 3 areas to focus on:

Work stream area	**Transformation**
Children's services	
Autism	Neurodevelopmental needs and specifically Autism are growing service challenges and have a significant impact on schools, life chances and impact on CJS. We need to consider how we plan and model the health and educational workforce needed to meet the demand, both in terms of specific roles, wider reasonable adjustment requirements and training requirements as well as different models of engagement.
UEC	
Integrated SDEC (inc EEAST)	HARIS / handover @ home
Integrated care	
Integrated local teams	Support training to enable integration across care and health roles and a 'no wrong door' approach. Establishing a secure care service workforce including VCFSE and care

	home / domiciliary staff (scale required and training needed) Integrated team for same day care? -- role of paramedics/ development of community & acute ECP roles (system)/ primary care model
Virtual hospital	Physician training and skill set – the medical role in non-surgical specialities- what do you need to support training grades, whilst developing virtual ward models – to shape future nature of role? Cultural engagement across the system to increase utilisation
Improving retention in OOH services / care	Address factors that lead to high turnover / vacancy rates
Enhancing support to sustain new roles	eg SPs, care navigators Developing a robust community nursing/carer workforce – community teams/practices/care agencies etc
Other	
Extended practice eg AHPs	AHP workforce is a significant area of risk for the system. Vision for allied health professionals – retention, numbers, enhanced training etc
Reshaping surgical training	Surgical training requirements & how this might need to re-shape services and integrated working
Specific clinical priorities	linked to the clinical pathway priorities e.g. diabetic workforce
“Future of work” – being attractive to potential employees	Significant retention activities across health and care supporting specific hot spot areas

CONCLUSION

	The People Board have fully endorsed the HWE ICS People Strategy and are committed to its delivery. The ICB Board are asked to note that to deliver the commitments outlined this will require wider system support and collaboration, workforce issues cannot be the responsibility of our HR departments alone, we must work in partnership and take system wide accountability for addressing these. This approach will need to be supported by a funded substantive workforce transformation team (which currently does not exist) as well as further investment in workforce planning and analysis. It is recognised that this strategy will not address the full remit of the workforce challenges across the system but by breaking down the issues and starting to address these systematically we will make progress against these. We are motivated and optimistic about the opportunities implementation of this strategy will bring to both our workforce and population of HWE.
Recommendations:	▪ The Board is asked to approve the People Strategy and its regular review. ▪ The Board is asked to discuss strategic clinical and care workforce transformation pathways and indicate preference for the top 3 initiatives to be further explored by the People Board. ▪ The Board is asked to signal its commitment to support a funded workforce transformation team to deliver the HWE ICS People Strategy.

Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☐
	NA			

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	< Yes/ No / N/A >
	Quality Impact Assessment:	< Yes/ No / N/A >
	Data Protection Impact Assessment:	< Yes/ No / N/A >
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☐
	Tackling inequalities in outcomes, experience and access	☐
	Enhancing productivity and value for money	☐
	Helping the NHS support broader social and economic development	☐
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☐
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☐

Hertfordshire and West Essex Integrated Care System

Hertfordshire and West Essex ICS
People Strategy

2023 to 2025
DRAFT v0.4

Working together
for a healthier future

EXECUTIVE SUMMARY

People who work across health and social care do incredible work to keep our population healthy and well. They have shown immense fortitude over the last few years in the face of the pandemic. For this we say a heartfelt thank you. This strategy aims to address issues that get in the way of staff and volunteers doing their best for patients, service users, their families and the population of Hertfordshire and West Essex.

The system's workforce has undergone substantial change since our initial strategy and vision of 'one workforce' in 2019. The Covid-19 pandemic provided immense challenges to our sector and overall workforce, but also showed the significant pace of change possible.

With the recent system changes and transition to Integrated Care Boards and introduction of place based working we considered it a good time to review and refresh our strategy going forwards. The Integrated Care Partnership are concurrently developing a ten-year system strategy and we are pleased to note that workforce is identified as key system priority and enabler for delivery of that strategy.

We have engaged with stakeholders across the system to gather views – priorities have been identified relating to staff supply, retention and integrated planning. We acknowledge and have highlighted these as key areas to progress, but believe that we need to ensure we continue to progress areas of wider transformation and ensure equity across health, social, primary and VCSE areas of our workforce. We believe delivering this People Strategy will make Hertfordshire and West Essex a great place to live, learn, work and stay.

This executive summary shows the core ambitions for the system's workforce as well as a high-level plan.

The People Strategy aims to achieve the following system ambitions:

1. We will produce a long-term workforce plan for the whole system, based on the needs of our population and accounts for the skills required to deliver those services.
2. We will create communities empowered and enabled to provide the best possible care through innovation and integrated working.
3. We will develop sustainable workforce attraction strategies, particularly through domestic supply routes, to reduce system vacancies.
4. We will ensure that our staff are representative of our local population by making Hertfordshire and West Essex a place of equal opportunity and inclusion.
5. We will reduce staff turnover by delivering the best possible staff experience and ensuring our workforce are healthy and happy.
6. We will ensure ALL staff are given the opportunity to develop their skills and careers, with talent effectively and equitably identified and nurtured across the system.

HWE People Strategy: 2023-2025

VISION

AN INTEGRATED WORKFORCE THAT OPERATES SEAMLESSLY THROUGH POSITIVE COLLABORATION ACROSS HERTFORDSHIRE AND WEST ESSEX; DELIVERING HIGH QUALITY, PERSON CENTRED CARE

Priority areas

Diversity and Inclusion

Workforce Planning | **Attraction and Recruitment** | **Retention**

Delivery Work streams

Integrated Workforce Planning

- Consistent methodology in collecting and reporting workforce data – including primary and social care.
- We will align workforce reporting to performance measures.
- We will develop long-term skills-based workforce planning, based on population need.
- We will develop workforce planning that ensures our workforce is representative of our communities.
- We will have a centre of excellence for planning, providing a training pathway to support staff across the system.

Innovation and New Ways of Working

- We will have teams that operate across the system and that freely move and work across organisations.
- We will collaborate with our communities, empowering self-care and prevention.
- We will enable our workforce to adapt their practices and skills to best meet the needs of all cultures and communities.
- We will improve productivity through effective job planning, digital innovation and integrated working.
- We will improve collaboration and integration with the VCFSE.
- We will support system colleagues in exploring new models of delivering care.

Sustainable Workforce Supply

- We will have action plans addressing key areas of workforce supply concern,
- We will broaden our international recruitment activity and adopt an ethical and sustainable approach.
- We will develop new entry points, new roles and career pathways.
- We will ensure all applicants are treated fairly and equitably.
- We will have flourishing training and development academies.
- We will actively engage with schools, colleges, and community groups.
- We will support the professionalisation and recognition of all roles.

Staff Wellbeing and Experience

- We will improve our staff engagement and morale scores staff survey responses.
- We will reduce the 12 month rolling turnover rates across health and care.
- We will develop and deliver on innovative action plans to ensure those most affected by increased cost of living are supported and improve access to affordable housing.
- We will ensure our staff can work safely and improve the working environment.
- We will deliver a compassionate working culture at all levels and address health inequalities within our workforce.
- We will ensure that staff are able to access wellbeing and psychological support.

Education, Talent and Leadership Development

- We will embed a culture of training and development across the system.
- We will develop and deliver a system oriented career and leadership pathway.
- We will ensure that staff from all backgrounds can access appropriate training and development opportunities.
- We will increase spend of the Apprenticeship levy, developing new apprenticeship programmes.
- We will have a system-led talent management process.
- We will work with educational institutions to develop training and placement opportunities to address key skills gaps.

GOALS

Equality and Inclusion

- We will create an open and just culture, where the principles of equality, diversity and inclusion are embedded as the personal responsibility of every leader and member of staff.
- We will ensure staff have equity of opportunity across the system by developing understanding and reducing unconscious bias.
- We will seek to ensure fair representation of staff from protected characteristics at all levels and forums across our system, and address the barriers to progression.
- We will develop a compassionate culture, free of bullying and harassment across our system, and act swiftly on any allegations.

CONTENTS

INTRODUCTION

After two years of operating on an emergency response footing, providing care and support to our population through the Covid-19 pandemic, we have all recognised that the most important resource within our health and care systems, is our workforce. We thank them for their courage, their contribution and their dedication to serving our community over the course of the pandemic and beyond.

As we continue to look to adapt to the 'new normal' and ensure full recovery of our services, the health and social care workforce continues to face significant pressure and challenges that we have to collectively address.

With the transition in system working, and the introduction of Integrated Care Boards (ICBs) and place-based working, now is the time to reassess our longer-term workforce strategy, ensuring our workforce strategies deliver effective and efficient joint working for the best outcome for our population.

The following strategy provides a transformational agenda for the forthcoming three years. Within it we set out a road map to ensure the supply and retention of a skilled, sustainable workforce that supports the vision of the Integrated Care Partnership (ICP), meets needs of our residents and the changing population demography.

We need to ensure we care for all staff, and create the best possible environment for our workforce to work safely, feel motivated, as well as learn and develop within care and health organisations so that we retain that vital knowledge and experience. The cost of living crisis is yet another immediate challenge we will have to navigate and support our staff through.

This will ensure we meet the demands of and achieve the system's strategic ambitions. We need to ensure we have a workforce fit for the future in terms of supply and skills, and we need to understand what that workforce looks like to innovate and provide the best possible care.

Within all of this, we need to ensure our workforce is representative of our population, and that all of our staff, regardless of race, gender, religion, disability or any other characteristic are given equal opportunity to progress and be their best.

We understand that this is only the beginning of the conversation. There will undoubtedly be new challenges, but also exciting opportunities ahead.

We ask you to help us make this strategy a success for our staff and the people of Hertfordshire and West Essex who depend on our services.

Tania Marcus,
Chief People Officer,
HWE ICB

Ruth Bailey
Chair of People Board
HWE ICB

OUR JOURNEY SO FAR

Our original workforce strategy was published at the start of 2019 and saw the development of five work streams linked to the long term plan. Further adjustments were made to the strategy in June 2020 and January 2021 as we redressed our priorities in light of the Covid-19 pandemic, creating an eight point plan to aid the system's recovery and align with the National People Plan and population health needs.

We can be proud of our achievements and the significant amount of work undertaken by the People Board over the last few years. The collaborative approaches to system working, improvements that have been made, especially recognising the role and contribution of all those that work in care and health, and the impact on both colleagues and the public alike is impressive. Programmes such as *Here for You*, the work on international recruitment, the development of our equality, diversity and inclusion approach has laid a strong foundation for our approach to joint system working and putting the care and health workforce at the heart of what we do.

This People Strategy is being developed against the backdrop of an unprecedented workforce pressures. More than ever before, addressing workforce challenges is the biggest barrier to improving the way we provide health and care in our communities. It is vital that we get it right for our workforce so we can provide the best possible care for the people of Hertfordshire & West Essex.

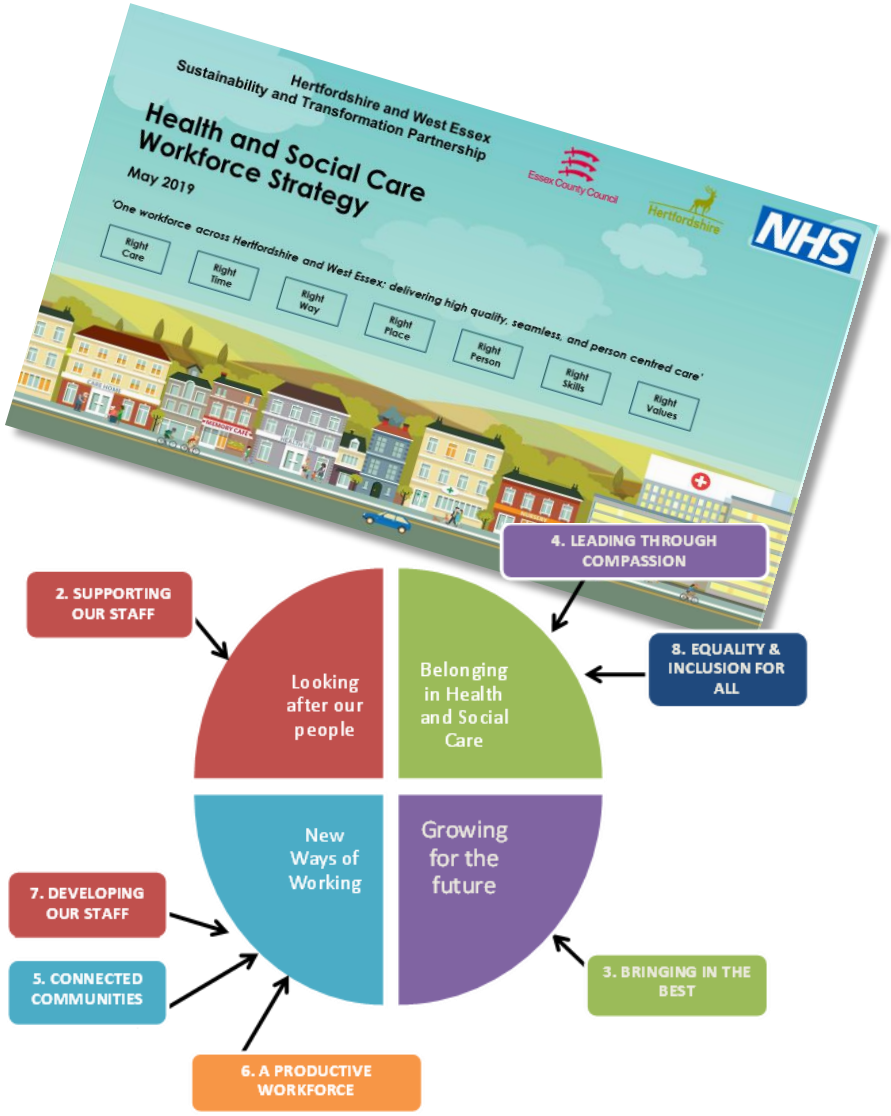
Key workforce challenges include recruitment, retention, sickness and wellbeing, as well as the lack of diversity amongst our workforce, particularly at senior levels, and the lack of parity in pay and conditions, career pathways and professional recognition between NHS employers and care providers.

However with these challenges come significant opportunities to change the landscape; to develop integrated pathways, develop new roles, to truly work collaboratively with our system partners and to deliver care differently where it is needed.

This strategy recognises that care and health services are interdependent on each other and we need to ensure that our most valuable resource, our workforce, is attracted to join, stay and develop within and across our system.

Never before have there been so many educational and development opportunities to attract people to come and work within our health and care system.

With the formation of the Integrated Care Board (ICB) it is the right time to reset and engage with our stakeholders and partners to develop a relevant and updated People Strategy which seeks to further deliver on our vision to have one workforce across Hertfordshire & West Essex; delivering high quality, seamless and person centred care.



ABOUT HERTFORDSHIRE AND WEST ESSEX

Our community

The Hertfordshire and West Essex Integrated Care System (ICS) provides health and social care to just over 1.5 million people living in Hertfordshire and Essex, in 13 district and borough council areas.

Our community is economically active, with 64.8% of the population in paid work or full time employment.

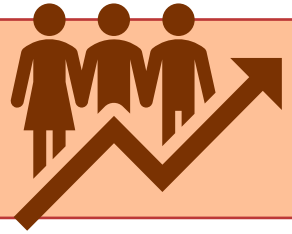
Our area is home to some of the healthiest people in the country, but there are communities where life expectancy is relatively low, and people are struggling with deprivation and poverty.

The system's population is older than the national average with a higher proportion of the population is aged over 65 years.

A similar proportion of our population compared to the UK average have caring responsibilities (17.5%)

We understand that good health and wellbeing is not just about good NHS or social care services. Our life chances, caring responsibilities, support networks, crime, education, environment and housing all have a huge impact too. That's why our ICS includes councils, the voluntary, community, faith and social enterprise sector, the NHS and host of other organisations.

We want to make sure that people living here have the best opportunities to live happy and healthy lives, and get the support they need, when they need it.



Overall the system's population is projected to rise by 2.9% by 2033. This masks the true care demand though as we see the over-65 population increase to 328,255, a rise of 24.2% over the same time frame, while the working age population reduces by 0.8%.

The average life expectancy is approximately 80 years of age for males and 84 years for females There is variation in life expectancy that approximates to the areas with greater deprivation, with particular challenges in Harlow, Broxbourne, Stevenage and Watford. Variation exists between and within our communities

ABOUT HERTFORDSHIRE AND WEST ESSEX

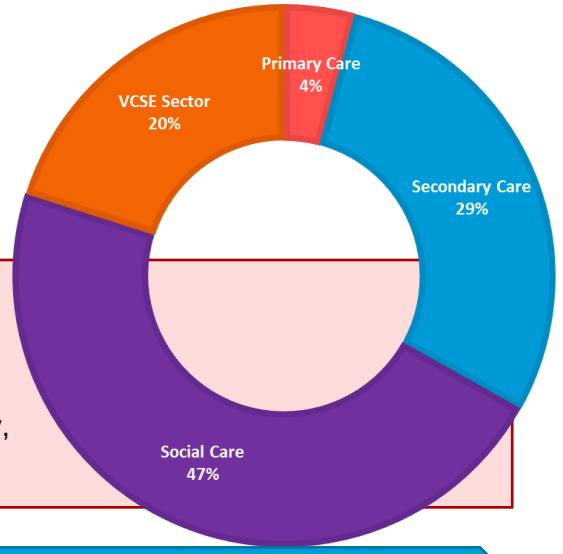
Our sector and workforce

In Hertfordshire and west Essex we have 135 GP practices serving our communities, working in groups of 35 ‘Primary Care Networks’. 295 community pharmacies provide vital medicines expertise and advice on minor ailments in the heart of their communities. Thousands of community and voluntary organisations help to support our residents.

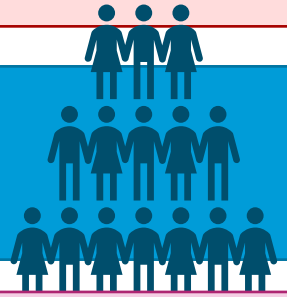
Our area has a number of hospitals to meet people’s physical and mental health needs. Watford General Hospital, Lister Hospital in Stevenage and Princess Alexandra Hospital in Harlow are our three biggest ‘acute’ hospitals. Residents in our area can also access care and support from a range of mental health and community organisations. A full list of organisations involved and covered by this strategy is given on page X.

The health and care sector currently employs over 61,000 people within Hertfordshire and West Essex, with over half of those (33,000) working in over 350 social care providers.

While there is improved understanding of the size, shape and requirements of our workforce we need to go further in integrating this understanding, and being better prepared for our population’s health needs, with the appropriate skills, resources and ensuring our service users are being cared for in the right environment.



Hertfordshire and West Essex has a total workforce of over 61,000 within the health and social care sector. Over half of that workforce (33,000) is based within social care. There are a further 15,000 staff estimated in the voluntary, community and social enterprise sector within Hertfordshire.



The system sits around the national average in terms of number of GPs per population, with one GP per 1,753 residents, however we are significantly above the national average for nurses (one nurse for every 5,183) and direct patient care roles (one role per 4,820).

In a recent study of social care staff in the Eastern region 81% of respondents staff stated they were either very happy or happy in their role. However 40% of respondents found their salary as being the hardest element of being in their role, a further 28% had issue with the travel time involved.

Our workforce is predominantly female, with 82% and 78% of the workforce declaring to be female in social care and secondary care respectively.
In relation to ethnicity, 60% of secondary care staff are white, 35% BAME; compared to 74% and 26% for social care staff respectively.
Four per cent of secondary care staff declared having a disability.

THE CHALLENGES WE FACE

At this current time there are significant issues being faced to recruit, support, develop and retain our workforce.

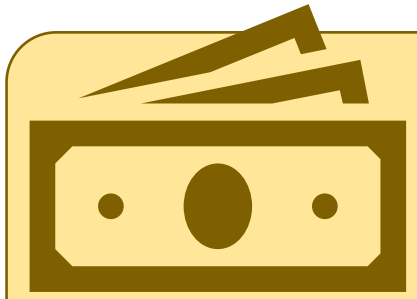
Coming out of the pandemic staff survey responses and increasing turnover show that we have a workforce tired and burnt out from responding to Covid-19.

These feelings have been heightened by increasing inflation and rising cost of living. As such, staff are looking for opportunities with independent providers or alternative sectors and geographical locations.

Hertfordshire and West Essex is one of the most expensive places to live in the south east, and research has shown that there is a significant drain on staff being drawn to work in London for higher rates of pay and support.

We have an aging staff profile and an aging population, particularly within key primary care services. Staff who volunteered to remain within service to support us through the pandemic are now choosing to retire or change roles to suit their lifestyle.

Looking after and supporting our staff is fundamental to ensuring we can support our population effectively and meet targets set for areas such as access to primary care, supported discharge and elective recovery etc.



Inflation has continued to rise, reaching a 40-year high in April 2022. Higher fuel and food costs has seen our Consumer Prices Index (CPI) rise by 9.0% in the 12 months to April 2022, up from 7.0% in March.

This is compounded by salary differences between social care and health. The average hourly wage for care workers within social care providers is £9.39, compared to entry level positions within the NHS beginning at £10.95.

Turnover is a particularly significant challenge for our system. Social care turnover is 27.3% across Hertfordshire and West Essex. Within secondary care, turnover hit historic lows during the Covid pandemic, but since March 2021 it has gradually risen and in the most recent months has risen above pre-pandemic levels to 20%

The workforce in primary care are older than the national average, with 35.3% of staff over the age of 55 in HWE; compared to 28.9% nationally. This issue is particularly prevalent in our nursing staff, where 37.6% of HWE nurses are over 55, compared to 33.2% nationally.

High living costs mean that attracting and retaining health and care workers with the right skills can be difficult. The average monthly rent in St Albans is £1,150, compared with nearby Bedford which is £675*. That's 70% higher. * (source Esri UK)

THE NATIONAL, REGIONAL AND LOCAL CONTEXT

The Government and national bodies represent social care and health recognise the value and importance of clear plans to improve the supply and quality of our workforce.

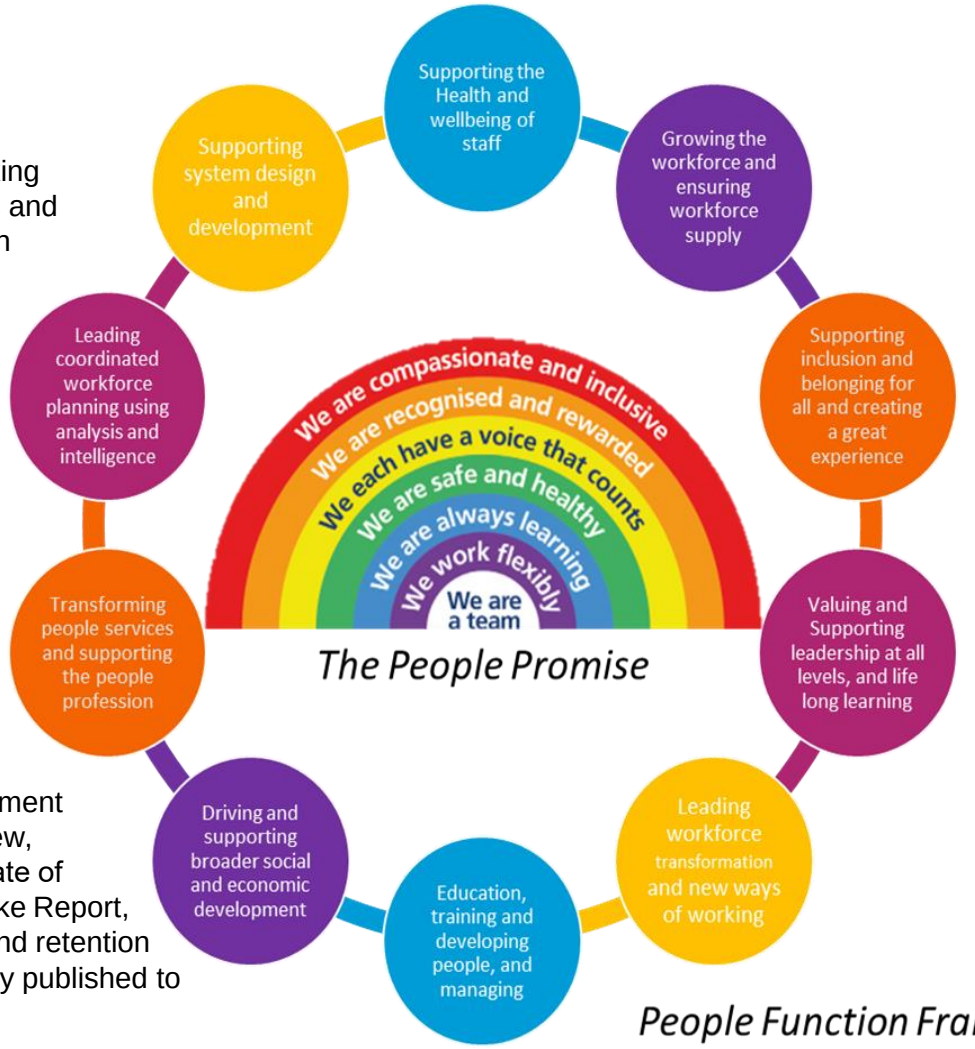
To support our workforce at this time NHS England (NHSE)) have introduced the People Promise – a set of seven core values to uphold and ensure that our workforce recognise within themselves. NHS staff survey responses are now measured against these values, and we have placed them at the heart of our strategy and our objectives going forwards.

Alongside the People Promise NHSE/I have published guidance on the People Function for Integrated Care Systems'; *Building strong systems integrated everywhere: guidance on the ICS people function*. This sets out a framework of ten functions that are required to support delivery as part of the development of the Integrated Care Board, and to support the development of integrated care systems. We have focussed our future strategy around delivery of this framework, aligned to our own needs and priorities.

The cost of living crisis gripping the country is creating added pressure and strain on the whole population, especially for those on lower incomes. This disproportionally impacts on staff working in social care. Our ICS recognises this and will do all it can to support staff through this to ensure we can provide the important care and health services to our residents.

Currently there is no national workforce plan or strategy specifically designed to address the pressure and challenged within social care. There is guidance around social care reform which alludes to a workforce strategy, but in advance of this, local systems must consider how best to support those that work in social care.

Our strategy is supported by a wide range of academic papers and government reports including the Messenger Review, Ockenden Report, Skills for Care's State of Social Care report, The Fuller Stocktake Report, The Workforce: recruitment, training and retention in health and social care paper recently published to name just a few.



…CONTEXT CONTINUED

We are active contributors to the regional workforce co-production group established by the Association of Directors of Adult Social Services (ADASS), and will continue to contribute and share best practice as a stakeholder within that regional group. We will be cognisant of the upcoming reform to social care and the introduction of the care cap. Our priorities and areas of work align well with the priorities and vision identified by the Local Government Association and the national workforce strategy.

This strategy also recognises the role and contribution of the many thousands of unpaid carers and volunteers who also make up an important part of the wider workforce, of whom we are so dependent and grateful for.

The voluntary, community and social enterprise sector plays a key role in ensuring effective delivery of health and social care services. Some of these services are directly commissioned, but many others are conducted as part of organisational core purpose and charitable am and provide key support to our sector. This strategy seeks to enable greater integration of the VCSE sector and provide greater levels of support and recognition to this vital area of workforce support. To achieve this, the People Function, will be significant contributors and supporters of the developing health creation strategy in Hertfordshire and West Essex.

The system's Integrated Care Partnership is committed to addressing health inequalities across our population. Our People Strategy will be a significant contributor to achieving this, both in terms of ensuring the make-up of our staff is appropriate and able to provide support that addresses our population's needs, but also that recognised and responds to the health inequalities and disparities within our own workforce, and particularly between health and social care.

Both the system and wider regional and national stakeholders, including Health Education England (HEE) are currently in transition, and there are substantial changes to the way in which system workforce transformation will be funded and remain sustainable throughout the life-time of this strategy.

Additional activities are being delegated to the ICB, including responsibility for primary care, ophthalmology and dentistry. We know that there are significant issues faced in relation to areas of workforce linked to these areas of service which we will need to respond to.

As part of this strategy we have proposed an operational delivery model and a refined governance structure beneath People Board to ensure effective delivery, but also further development and refinement of the strategy in response to new challenges or opportunities.

STRATEGY ENGAGEMENT, ALIGNMENT AND PRIORITISATION

Partners across the system agree that aligning and harmonising workforce strategies and priorities will be key to achieving transformation success and innovation.

Concurrently the Integrated Care Partnership (ICP) is in the process of developing their ten-year strategy for the ICS, which will be published at the end of this year (2022). The ICB People Function is actively engaging with those discussions and pleased to note that workforce has been recognised as a fundamental 'enabler' to the success of that strategy. There is recognition that "workforce issues" are the responsibility of the wider ICP rather than the HR and People functions..

In developing this strategy we have sought to engage widely with a variety of system partners, staff networks and stakeholders to understand their needs and prioritise the workforce requirements for the future.

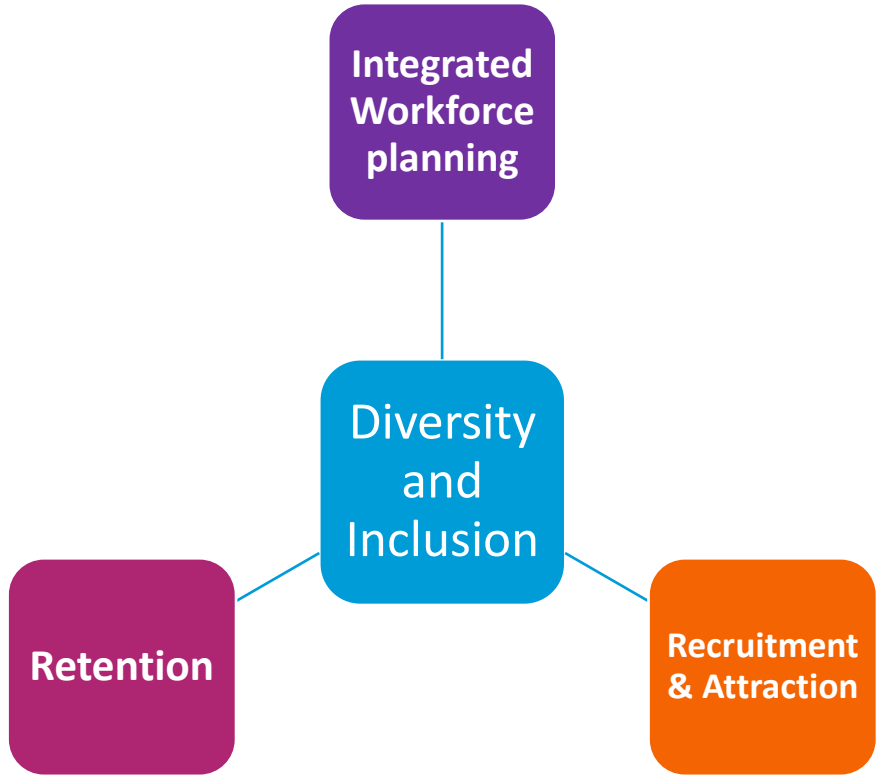
Surveys, in-depth interviews and a wider focus group development session at one of our People Board meetings have been held to agree key areas, followed up with discussions with HR Directors to understand the key areas of focus for their organisation.

Four areas of priority were identified:

1) The biggest concern was **workforce supply** across the system,
2) and closely linked to this **retention and attraction** activities.
3) Stakeholders were also keen to progress an **integrated approach to workforce planning** across the system.
4) It was also considered fundamental to have **diversity and inclusion** considered throughout each of these areas.

There has been system wide engagement with key stakeholders in the development of the ICS People Strategy and consequently ownership of the priorities set out in the strategy.

We acknowledge that there is an urgent need to address these areas across the system to enable the immediate service recovery required. However, to affect long term change, and ensure we break the vicious cycle relating to workforce supply, we need to ensure progression and deliver of the wider workforce transformation agenda.



DEVELOPING OUR VISION

An integrated workforce that operates seamlessly through positive collaboration across Hertfordshire and West Essex; delivering high quality, person centred care.

Over the course of the last three years we have worked towards achieving our original strategic vision of one workforce; delivering high quality, seamless, and person centred care. In developing this strategy the concept of 'one workforce' provided the most discussion and debate.

In responding to the pandemic we saw a radical shift in transformation delivery, with significant shifts in integration and joint working across teams and staff based on a common thread of trust. We need to further foster that integrated culture and ensure that we build on those successes and encourage more efficient and effective system working to achieve the best possible outcomes for our population.

However, we also want to retain the areas of best practice within our organisations, the values and areas of good culture that our staff recognise and welcome while working within Hertfordshire and West Essex.

The broader Integrated Care Partnership strategic vision is: A healthy Hertfordshire and West Essex, enabling everyone to live long, healthy and happy lives, with the greatest possible independence.

Achieving this vision will require a significant shift in mindset for our People Strategy. Not only do we need to support and develop our staff and workforce directly employed by organisations within our system, we need to take responsibility for our wider population and acknowledge the role they play in helping us to achieve these aims, including volunteers, the voluntary, community and social enterprise sector and wider community support organisations.

We need to encourage greater collaboration with our communities and ensure they are provided with the best possible health outcomes and are supported in living healthy lives. We need to recognise and respect the role of unpaid carers in supporting our population. We need to play our part in promoting a preventative agenda to our people and wider population, and we need everyone to recognise the part they play in delivering this People Strategy. This will play a significant part in realising the health and care sector as 'anchor' organisations for our local communities.

As such we have updated our vision to the following: An integrated workforce that operates seamlessly through positive collaboration across Hertfordshire and West Essex; delivering high quality, person centred care.

By achieving this we will ensure Hertfordshire and West Essex is a great place to live, learn, work and stay, along with delivery of our updated vision for the health and care sector.

DELIVERING THE STRATEGY

The People Strategy looks to address the priority issues identified, meet our designated responsibilities, while moving forward a transformative agenda for workforce, through the delivery of six core ambitions:

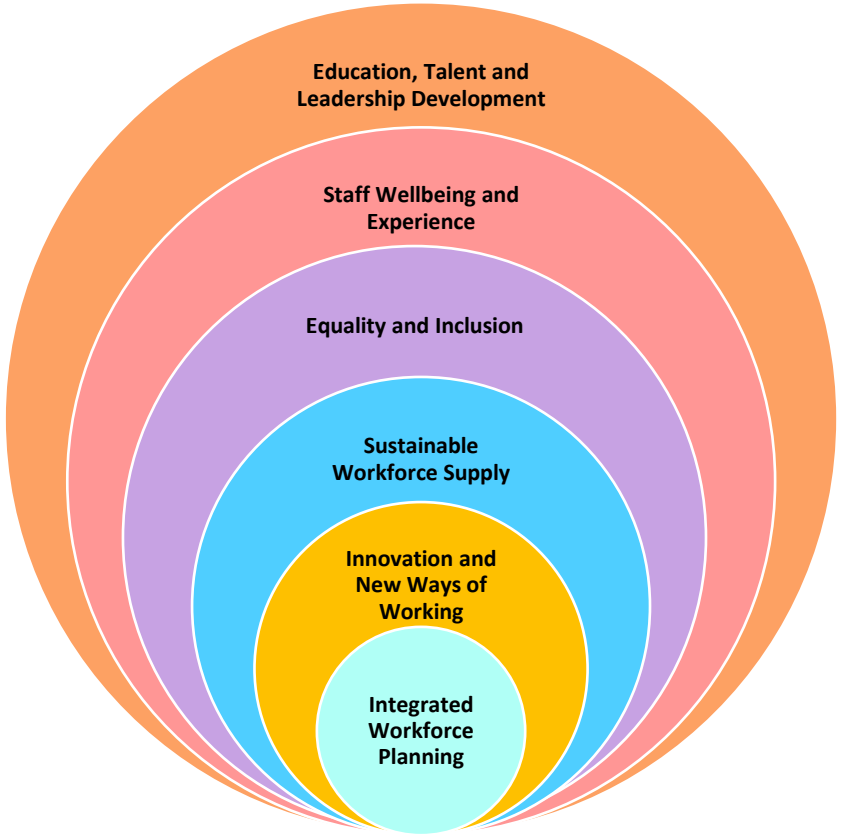
1. We will produce a long-term workforce plan for the whole system, based on the needs of our population and accounts for the skills required to deliver those services.
2. We will create communities empowered and enabled to provide the best possible care through innovation and integrated working.
3. We will develop sustainable workforce attraction strategies, particularly through domestic supply routes, to reduce system vacancies.
4. We will ensure that our staff are representative of our local population by making Hertfordshire and West Essex a place of equal opportunity and inclusion.
5. We will reduce staff turnover by delivering the best possible staff experience and ensuring our workforce are healthy and happy.
6. We will ensure ALL staff are given the opportunity to develop their skills and careers, with talent effectively and equitably identified and nurtured across the system.

We will seek to achieve these ambitions through the development of six core delivery workstreams, which are detailed throughout the remainder of this strategy.

We are committed to delivering these ambitions across the whole of our system – i.e. within health, social and voluntary care sectors. Some of the proposed activities may need to be adapted to meet the needs and specific working requirements and conditions of those sectors, but our core ambition is for a consistent approach across Hertfordshire and West Essex, and in some circumstances to the wider region.

Workstreams will have Senior Responsible Officers who will report progress to People Board, and we commit to having equitable representation and input from primary, secondary, social care and voluntary, community and social enterprise sector communities.

We hope that this will begin to achieve parity of esteem between health and social care, but also ensure effective engagement and networking across primary care and the VCSE.



PROGRAMME GOVERNANCE AND DELIVERY MODEL

The People Board is currently being developed with a refreshed terms of reference, purpose and membership. To support effective delivery and ensure accountability as part of this strategy we are proposing a change in delivery structure – enabling and empowering a group of decision making committees to refine and act upon this strategy.

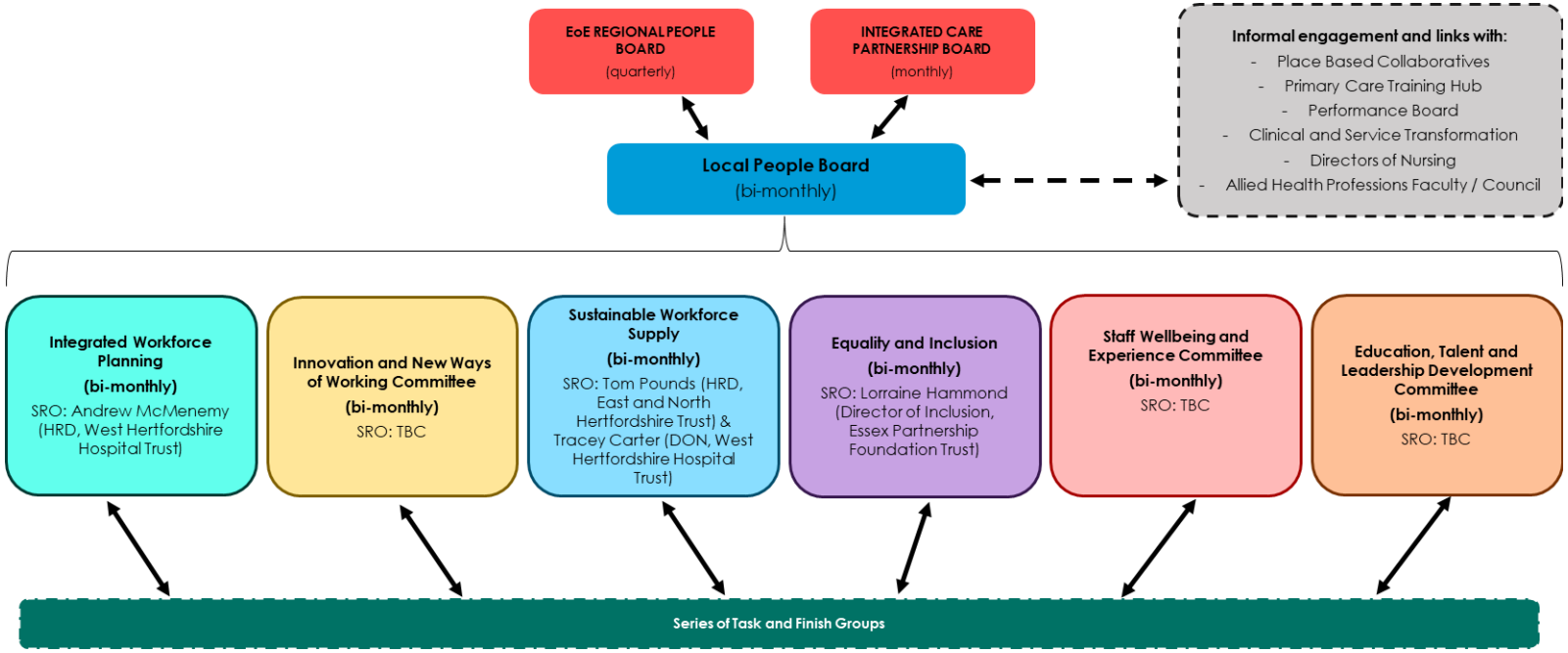
We have broken this into six key committees, matching the workstreams identified above that will report directly into the People Board.

Each workstream will have a Senior Responsible Officer/Chair or host joint responsibility where appropriate.

Committees will establish appropriate Task and Finish groups to support the activity set out in the action plans and will be responsible for monitoring progress – e.g. the retention pathfinder project will report to the staff wellbeing and experience committee.

Currently the transformation programme is supported by a hybrid approach of a small number of staff at the centre, funded through non-recurrent awards from HEE or NHSE/I, or from staff within organisations across the system taking a lead responsibility on areas of delivery. To ensure the continued delivery and administration of this strategy we believe we will need to continue to balance that approach, Proposed ICB People Function structures are currently being considered as part of the Integrated Care Board's transition.

The programme will also seek to ensure public opinion and expertise is represented in development and delivery of the strategy, and we will start this process by engaging with Healthwatch representatives from across our system.



HWE People Strategy: 2023-2025

VISION

AN INTEGRATED WORKFORCE THAT OPERATES SEAMLESSLY THROUGH POSITIVE COLLABORATION ACROSS HERTFORDSHIRE AND WEST ESSEX; DELIVERING HIGH QUALITY, PERSON CENTRED CARE

Priority areas

Diversity and Inclusion

Workforce Planning | **Attraction and Recruitment** | **Retention**

Delivery Work streams

Integrated Workforce Planning

- Consistent methodology in collecting and reporting workforce data – including primary and social care.
- We will align workforce reporting to performance measures.
- We will develop long-term skills-based workforce planning, based on population need.
- We will develop workforce planning that ensures our workforce is representative of our communities.
- We will have a centre of excellence for planning, providing a training pathway to support staff across the system.

Innovation and New Ways of Working

- We will have teams that operate across the system and that freely move and work across organisations.
- We will collaborate with our communities, empowering self-care and prevention.
- We will enable our workforce to adapt their practices and skills to best meet the needs of all cultures and communities.
- We will improve productivity through effective job planning, digital innovation and integrated working.
- We will improve collaboration and integration with the VCFSE.
- We will support system colleagues in exploring new models of delivering care.

Sustainable Workforce Supply

- We will have action plans addressing key areas of workforce supply concern,
- We will broaden our international recruitment activity and adopt an ethical and sustainable approach.
- We will develop new entry points, new roles and career pathways.
- We will ensure all applicants are treated fairly and equitably.
- We will have flourishing training and development academies.
- We will actively engage with schools, colleges, and community groups.
- We will support the professionalisation and recognition of all roles.

Staff Wellbeing and Experience

- We will improve our staff engagement and morale scores staff survey responses.
- We will reduce the 12 month rolling turnover rates across health and care.
- We will develop and deliver on innovative action plans to ensure those most affected by increased cost of living are supported and improve access to affordable housing.
- We will ensure our staff can work safely and improve the working environment.
- We will deliver a compassionate working culture at all levels and address health inequalities within our workforce.
- We will ensure that staff are able to access wellbeing and psychological support.

Education, Talent and Leadership Development

- We will embed a culture of training and development across the system.
- We will develop and deliver a system oriented career and leadership pathway.
- We will ensure that staff from all backgrounds can access appropriate training and development opportunities.
- We will increase spend of the Apprenticeship levy, developing new apprenticeship programmes.
- We will have a system-led talent management process.
- We will work with educational institutions to develop training and placement opportunities to address key skills gaps.

GOALS

Equality and Inclusion

- We will create an open and just culture, where the principles of equality, diversity and inclusion are embedded as the personal responsibility of every leader and member of staff.
- We will ensure staff have equity of opportunity across the system by developing understanding and reducing unconscious bias.
- We will seek to ensure fair representation of staff from protected characteristics at all levels and forums across our system, and address the barriers to progression.
- We will develop a compassionate culture, free of bullying and harassment across our system, and act swiftly on any allegations.

INTEGRATED WORKFORCE PLANNING

We will produce a long-term workforce plan for the whole system, based on the needs of our population and accounts for the skills required to deliver those services.

WHERE WE ARE NOW

The system currently has access to, and presents, a range of different workforce data. This currently presents a chequered position of the whole health and care workforce within Hertfordshire and West Essex with little consistency in method or assumptions made of workforce data collated across the system.

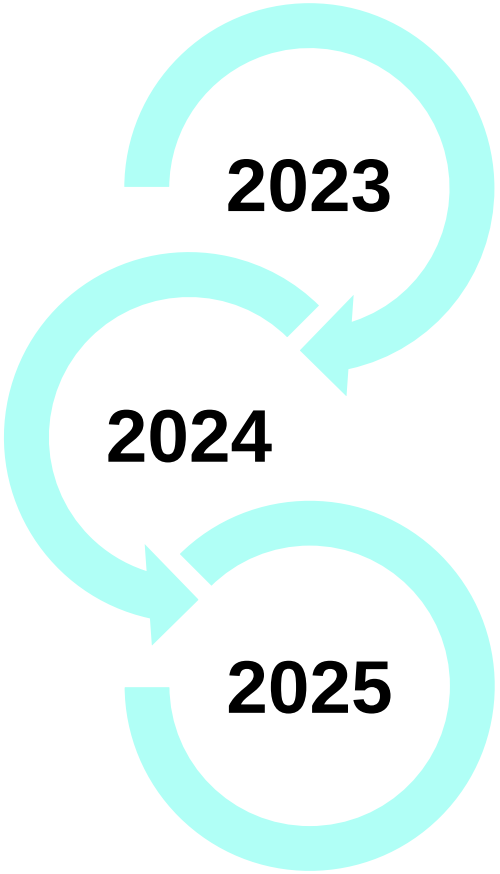
While recent workforce operational planning submissions have sought to improve their triangulation with financial and activity responses, they are still created in isolation by each organisation, predominantly focus on the short-term and are restricted by professional role, rather than service or population need.

While areas of data collection from primary and social care have improved, they are still a long way from the levels of data collected and analysed within secondary care Trusts. We have established a network of workforce planners from across the system and have recently recruited to the Health Education England funded posts so develop our system wide approach to workforce planning which will underpin the delivery of this strategy. Similarly. NHS East and North Hertfordshire Trust have begun to participate in the regional workforce planning masterclass.

WHERE WE WANT TO BE

- We will have consistent methodology in collecting and reporting workforce data – including improved staff data for primary and social care within our system and ensuring we have a fuller understanding of our entire workforce.
- We will align workforce reporting to performance measures to gain improved understanding on the workforce issues across our sector.
- We will work with providers, and key stakeholders to develop long-term skills-based workforce planning, based on population need, embedding education and training requirements within our future service and workforce plans.
- We will look to support workforce planning that ensures our workforce is representative of our communities, and is equitably represented at all levels.
- We will have a centre of excellence for planning, providing a training pathway to support staff across the system and create a sustainable pipeline of expertise in this area.

INTEGRATED WORKFORCE PLANNING



KEY DELIVERABLE PRIORITIES

1. Production of a system-wide workforce dashboard, linked to performance BI.
2. Support and develop the system's capability for integrated planning, enabling an effective understanding of (and projection for) activity, finance and workforce across the system.
3. Establish links with service transformation and understand the priorities of the Integrated Care Partnership strategy to enable effective future workforce planning.
4. Engage primary, social care and VCFSE sector providers to begin to understand how, as a system, we could collate and compare workforce data across all areas of the sector.
5. Review workforce data and provide analysis of requirements for new areas of responsibility relating to primary care, ophthalmology and dentistry for the ICB.
6. Skills audit to be undertaken, enabling improved understanding and embedding of training requirements within service and workforce planning.
7. Support the Equality, Diversity and Inclusion workstream in future workforce planning to ensure our workforce is representative of our community.
8. Participation and expansion of the Health Education England regional workforce planning master classes and dissemination of knowledge throughout the system.
9. Consultation and completion of the requested planning exercises from stakeholders. Where feasible these should incorporate social care and primary care data.

MONITORING AND EVALUATION:

The workstream will be monitored by the Integrated Workforce Committee through delivery of the following:

- Routine reporting and analysis of the system's workforce to People Board
- Delivery of skills audit and analysis compared to LEP/education projections
- Delivery and triangulation of multi-year planning submission for NHSE/I to deadline
- Project reports and evidence from committee members

INNOVATION AND NEW WAYS OF WORKING

We will create communities empowered and enabled to provide the best possible care through innovation and integrated working.

WHERE WE ARE NOW

The University of Hertfordshire has been granted funding from Health Education England to research and explore opportunities linked to health and care workforce transformation.

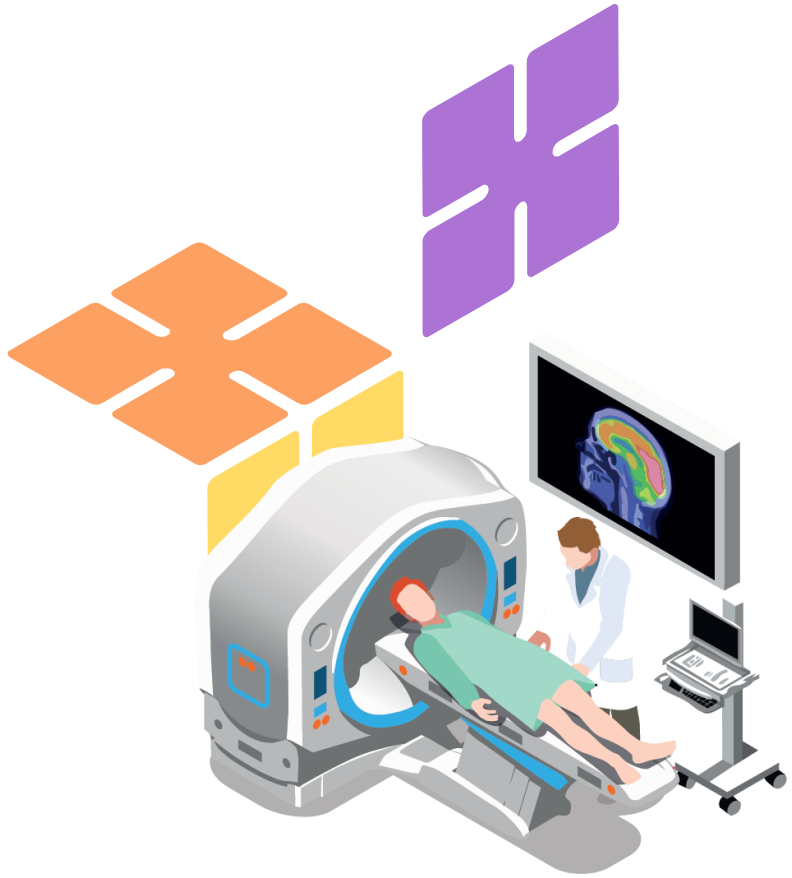
We are in the process of piloting a new care support role within care settings that integrates key skills and development opportunities across health and social care. Building on this we need to ensure development of integrated and rotational roles is conducted at pace and enables the system to gain the benefits from such roles.

We have established a task and finish group to review digital passport products on offer to be followed up by implementation across the system. Additionally we have established a rostering task and finish group that reports into the retention pathfinder programme.

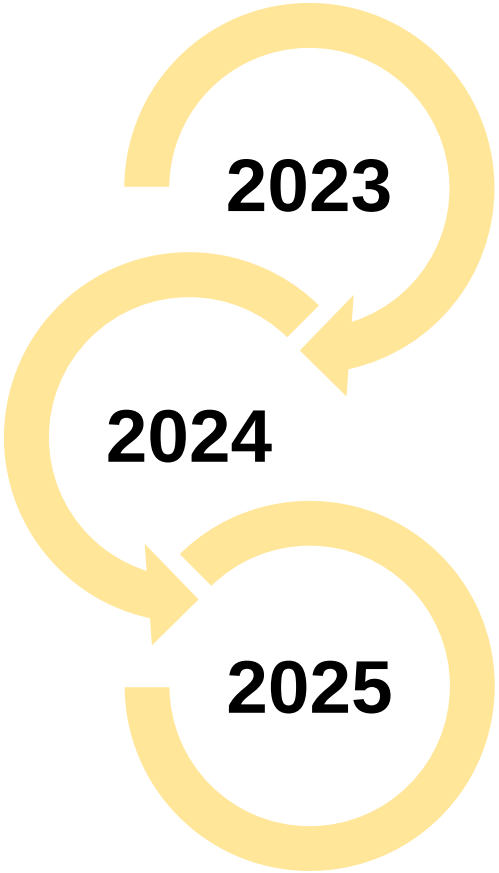
With the Health Creation Strategy we are keen to support the development of an effective model for collaborating with our communities as well as the wider integration of the volunteer, community and social enterprise sector. We must provide greater levels of support to ‘hidden’ areas of health and care support, such as unpaid carers, of whom 4 in 5 (81%) were providing more care than before lockdown.

WHERE WE WANT TO BE

- We will have roles and teams that operate across the system for the greater benefit of our population, enabling staff (and volunteers) to freely move and work across organisations.
- We will directly collaborate with our communities, providing support to empower self-care, promote good health and prevention.
- We will enable our workforce to adapt their practices and skills to best meet the needs of residents from all cultures and communities within Hertfordshire and West Essex.
- We will improve productivity through effective job planning, digital innovation and integrated working.
- We will enable improved collaboration and integration of the voluntary, community and social enterprise workforce and volunteer base.
- We will support system colleagues in exploring new models of delivering care and support areas of innovation across the system, including implementation of the system’s digital strategy.



INNOVATION AND NEW WAYS OF WORKING



KEY DELIVERABLE PRIORITIES

1. We will support the University of Hertfordshire's in further developing the research-based Health and Care Cluster, providing leadership in the areas to be identified and progressed and applying the learning and implementing opportunities across the system.
2. A task and finish group will support delivery and implementation of the digital passport product, and look for options to extend this to social care and volunteer opportunities, enabling easier movement of staff across the system.
3. The programme will link into system areas of expertise relating to health inequalities and population health management to proactively support and engage our residents and enable our workforce to adapt their practices to support all cultures and communities.
4. A dedicated workstream will be established to develop rotational teams and roles, providing effective engagement and expertise to clinical workstreams and areas of service transformation, enabling cross-sector and organisation working.
5. The retention pathfinder programme's sub-group will deliver an action plan aiming to achieve efficiencies and innovation relating to e- and self-rostering across the system.
6. The programme will contribute to system enablers including the health creation and digital strategies and implement identified actions.
7. The Health and Care Academy will renew it's links to volunteer leads across health and social care organisations and develop system approach to our volunteer workforce.
8. We will review People Function activities across the system and explore opportunities for shared working and efficiencies.

MONITORING AND EVALUATION:

The workstream will be monitored by the Innovation and New Ways of Working Committee through:

- Productivity dashboard
- System performance board report
- Model Hospital data
- Project reports and evidence from committee members

SUSTAINABLE WORKFORCE SUPPLY

We will develop sustainable workforce attraction strategies, particularly through domestic supply routes, to reduce system vacancies.

WHERE WE ARE NOW

The system has shown declining levels of staff growth over the course of the last five years. The latest figures available showed vacancies within social care at 9.1% and in secondary care at 9.7%. Within this, there are particularly prevalent professions, including care workers, midwives, occupational therapists, physiotherapists and diagnostics staff.

The system is exceeding it's target for growth relating to nurses, although this has predominantly due to a reliance on international recruitment. This has created greater disparity between care and health following the UK's departure from the EU.

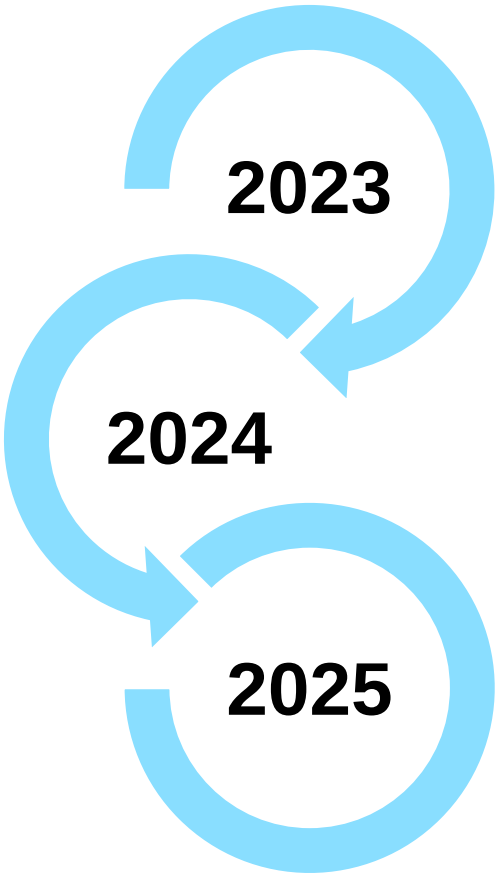
Organisations primarily operate independently to recruit staff, but there is appetite to apply learning and best practice across the sector. The system's Health and Care Academy and Herts Care Providers Association's, Talent Academy, have provided support through advertising campaigns, career guidance to local communities and are managing the system's work experience offer.

We have ambitious targets for transferral of staff from agency and bank to substantive. We have been successful in recruiting good numbers to the reservist model in our system.

WHERE WE WANT TO BE

- We will have active workforce attraction action plans addressing key areas of workforce supply concern,
- We will broaden our international recruitment activity to professions beyond nursing, as well as adopting an ethical and sustainable approach.
- We will develop new entry points, new roles and career pathways, to make health and care professions more attractive.
- We will ensure all applicants are treated fairly and equitably and applications are shared and encouraged from all communities.
- We will have flourishing training and development academies that are considered the first point of reference for career guidance and vacancies.
- We will actively engage with schools, colleges, and community groups to promote career opportunities within health and social care to all, supported by a work experience programme which is free and accessible to all.
- We will support the professionalisation and recognition of all roles across care and health.

SUSTAINABLE WORKFORCE SUPPLY



KEY DELIVERABLE PRIORITIES

1. Development of innovative attraction action plans to support key areas of workforce shortage across the system, specifically: care support workers, midwifery, diagnostics, allied health professionals, primary care nursing and pharmacy.
2. Year-round activity promotional campaign through the Health and Care Academy website and appropriate channels to raise the profile of career opportunities and vacancies across the system, including apprenticeship opportunities.
3. Continued system support in international recruitment, exploring new opportunities for recruitment within new professions and areas.
4. Development and delivery of a system-wide work experience and volunteer offer, which is free and accessible to all local communities and promoted within local schools and colleges.
5. The Health and Care Academy will proactively engage and establish links with key community groups and local educational establishments to promote career opportunities and review role offerings appropriate to our community, including the potential for a cadet scheme.
6. We will recruit to new models of employment, such as reservists, and will provide intelligence and feed views into the system in developing new routes into health and care, such as portfolio careers.
7. Conduct a review of retire and return opportunities across the system and seek to apply best practice and develop new ideas to support this area of recruitment.

MONITORING AND EVALUATION:

The workstream will be monitored by the Sustainable Workforce Supply committee through:

- Staff in Post figures
- System-wide vacancy figures
- International Recruitment figures
- Apprenticeship applications
- Work experience applications
- Contact numbers of the Health and Care Academy
- Health and Care Academy website analytics
- Appropriate promotional campaign analytics
- Project reports and evidence from committee members

EQUALITY AND INCLUSION

We will ensure that our staff are representative of our local population by making Hertfordshire and West Essex a place of equal opportunity and inclusion.

WHERE WE ARE NOW

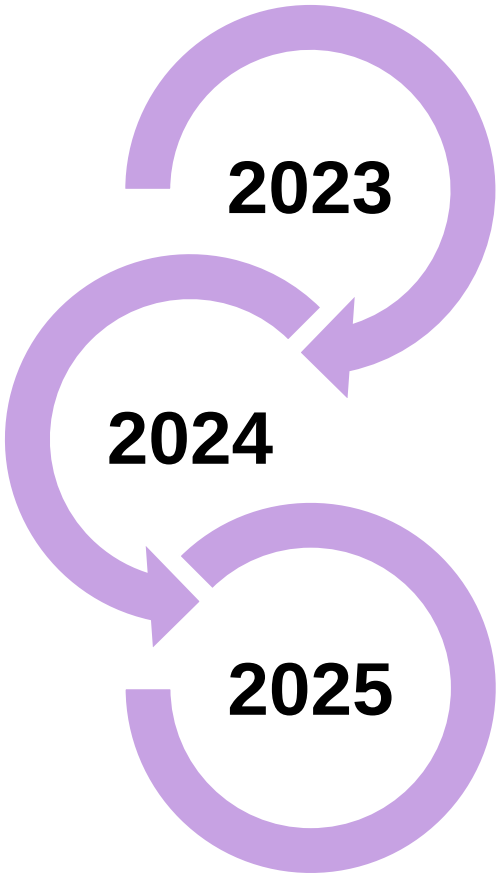
During the pandemic we became more critically aware of the need for enhancing social justice, equality, diversity and inclusion. Our workforce is predominantly female (78% in secondary care), although these figures drop when looking at higher pay-grades. This is the same pattern for our workforce's ethnicity, with a significant number of BAME staff within Band 5 roles, but with little signs of progression to more senior roles. There are clear barriers to progression, as recognised by our WRES and staff survey results including more BAME staff being in performance management and higher levels of bullying and harassment.

We continue to host series of inclusion based webinars encouraging system understanding, discourse and reduction of bullying, harassment or any other form of victimisation of people from protected characteristics. Our system-based work has focussed on race, including a commitment to deliver the regional anti-racism strategy. We have sought to address the difference in BAME representation at senior levels by developing an inclusive career development programme, as well as the development of inclusion ambassadors to support equitable recruitment practices to senior positions.

WHERE WE WANT TO BE

- We will create an open and just culture, where the principles of equality, diversity and inclusion are embedded as the personal responsibility of every leader and member of staff.
- We will ensure staff have equity of opportunity across the system by developing understanding and reducing unconscious bias.
- We will seek to ensure fair representation of staff from protected characteristics at all levels and forums across our system, and address the barriers to progression.
- We will develop a compassionate culture, free of bullying and harassment across our system, and act swiftly on any allegations.

EQUALITY AND INCLUSION



KEY DELIVERABLE PRIORITIES

1. The system will develop and embed a programme which focusses on creating a culture of civility and respect across our system. We will prioritise our senior leaders across the system and extend across all staffing areas.
2. Freedom to speak up guardians will be promoted and we will ensure that they are accessible and available to all staff.
3. We will play an active part in developing and delivering the Equality Delivery System (EDS) and develop an appropriate action plan in response to its findings.
4. The system will support developing an understanding of race issues within primary care across the system, applying learning from other regions, and develop an appropriate action plan in response.
5. The system will continue to support implementation and development of the regional anti-racism strategy.
6. Attraction activities will be targeted to ensure all areas of our population can access and apply for opportunities within health and social care and inclusion ambassadors will become a routine feature of recruitment and selection processes.
7. The system will further develop it's inclusive career development programme and apply learning to encourage progressions from members of protected characteristics, and enable better representation at senior level.

MONITORING AND EVALUATION:

The workstream will be monitored by the Equality and Inclusion committee through:

- Workforce Race Equality System Data
- Workforce Disability Equality System Data
- Organisational recruitment and retention data
- Equality Delivery System reporting
- Staff Survey analysis
- Contact reports of the Health and Care Academy
- Appropriate promotional campaign analytics
- Project reports and evidence from committee members

STAFF WELLBEING AND EXPERIENCE

We will reduce staff turnover by delivering the best possible staff experience and ensuring our workforce are healthy and happy.

WHERE WE ARE NOW

The system's staff turnover rates are particularly concerning – within secondary care our 12 month rolling turnover rate is over 20% and within social care it is 27.3%. There are particular concerns relating to care support workers and allied health professions.

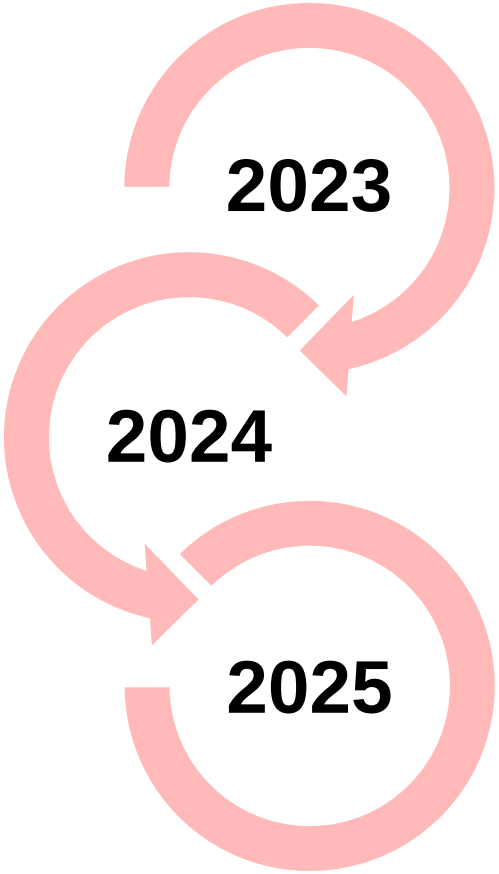
The cost of living crisis is becoming the key area of concern for retaining our workforce. Currently organisations are adopting individual responses to this issue and sharing best practice, including support from Herts County Council's Money Service Unit and Citizens Advice. However, it is acknowledged that we will need more radical solutions, particularly with the additional financial incentives available within other sectors and geographic areas.

Staff survey results showed a mixed picture, with the system performing the best in the region across all People Promise areas, but at/or below the wider national trend. Staff absence has remained high following the pandemic, currently at around 5.5%. While we have provided several successful health and wellbeing initiatives across the system, including the award-winning psychological support initiative, '*Here for You*', we must ensure continued support and access to appropriate wellbeing services required.

WHERE WE WANT TO BE

- We will improve our staff engagement and morale scores from 2022 staff survey responses.
- We will reduce the 12 month rolling turnover rates across health and care, improving staff stability and reducing organisational recruitment costs.
- We will develop and deliver on innovative action plans to ensure those most affected by increased inflation and cost of living are supported and seek to improve access to affordable housing
- We will ensure our staff can work safely and improve our staffs' working environment.
- We will deliver a compassionate working culture at all levels.
- We will seek to address health inequalities within our workforce.
- We will ensure that all staff are able and know how to access appropriate wellbeing and psychological support.

STAFF WELLBEING AND EXPERIENCE



KEY DELIVERABLE PRIORITIES

1. The system will develop a specific task forum to address cost of living and inflation pressures, review and implement staff reward and recognition schemes and engage appropriate networks to develop affordable housing schemes for staff.
2. Delivery of the retention pathfinder programme and it's identified sub-groups: onboarding, flexible working, rostering and career development.
3. The Health and Care Academy will house links through to system-orientated health and wellbeing initiatives, internally promoting wellbeing support as well as development tools relating to compassionate leadership.
4. The *Here for You* service will review delivery models to ensure the most effective and efficient delivery of wellbeing support to all stakeholder organisations across the system.
5. A staff survey response network will be created to support activity and help analyse pulse survey responses.
6. The system will develop a programme of work to review workplace environment and seek to identify resource and support to improve staff rest and relaxation areas.

MONITORING AND EVALUATION:

The workstream will be monitored by the Staff Wellbeing and Experience committee through:

- Turnover rates
- Staff stability index
- Organisational recruitment costs
- Staff Sickness/Absence Rates and reasons
- Staff survey and pulse survey responses
- Stay and exit interview intelligence
- Project reports and evidence from committee members

EDUCATION, TRAINING AND LEADERSHIP

We will ensure ALL staff are given the opportunity to develop their skills and careers, with talent effectively and equitably identified and nurtured across the system.

WHERE WE ARE NOW

While the system has crated some effective networks on key educational and training initiatives, there is still significant areas of progress to further develop.

The Health and Care Academy has introduced an innovative CPD portal to manage and monitor applications for education and development.

We have productive links with local Higher Education Institutes, Further Education and the Local Enterprise Partnership, but need to expand and develop our provision in this area.

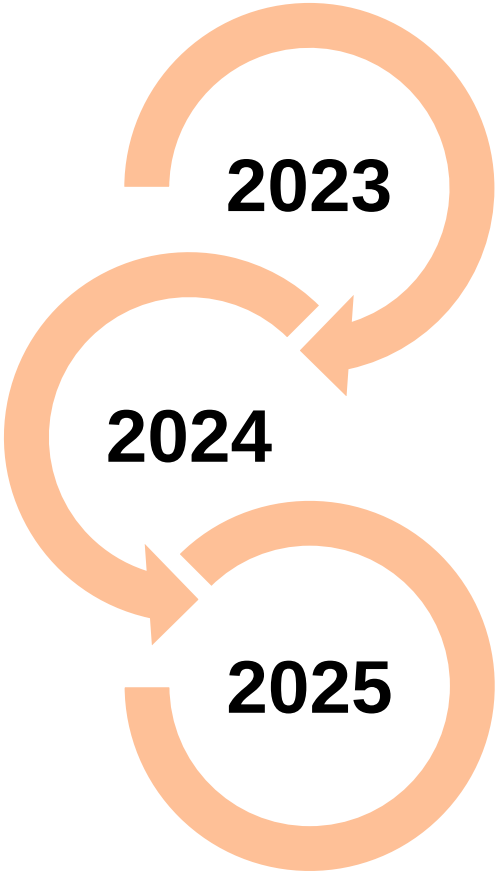
An apprenticeship strategy has been developed and extensive work has been undertaken relating to the introduction of Nursing Associates across the system. We recognise that the take up of apprenticeships is more challenging for care providers. We commit to supporting them to find a solution to bring in more staff through this route.

The system has combined on key leadership initiatives, such as the Aspiring Director Development Scheme (ADDS), as well as the compassionate leadership approach – five questions created by East and North Herts Trust, which now need to be offers expanded across the system.

WHERE WE WANT TO BE

- We will have embedded a culture of training and progressive development across the system and in all roles.
- We will develop and deliver a system oriented career and leadership pathway.
- We will ensure that staff from all backgrounds are given access to appropriate training and development opportunities to progress their career.
- We will increase spend of the Apprenticeship levy, and look to develop new apprenticeship programmes, offering alternative career entry points.
- We will have a system-led talent management process, including succession planning.
- We will work with educational institutions to develop training and placement opportunities to address key skills gaps, identified by workforce planning in both care and health settings.

EDUCATION, TRAINING AND LEADERSHIP



KEY DELIVERABLE PRIORITIES

1. Clinical and non-clinical education and training analysis will be fundamental to workforce planning and development and will be embedded across all roles.
2. Roll-out of core system orientated education and training, for example the Oliver McGowan training.
3. The system will create a dedicated career and leadership development pathway that enables staff to develop their role and access placements, training, mentoring and coaching support across the system, generating a systemised career management function.
4. The Talent Forum will take an enhanced lead on management and succession planning. Career conversations will become the norm, with organisations linking in to learning from the Scope for Growth pilot programme, and applying a consistent process for appraisal/development review.
5. We will explore options for expansion of apprenticeship opportunities (including rotational placements and provider status) through the development and delivery of the apprenticeship strategy across the system.
6. Expand placement capacity through innovation and development and joint working with higher education institutions.
7. Shared access to education and training opportunities with primary, social care and VCSE, enabling development of a ‘skills passport’ across the system.

MONITORING AND EVALUATION:

The workstream will be monitored by the Sustainable Workforce Supply committee through:

- Staff Survey and pulse survey responses
- Apprenticeship applications
- CPD site analysis and reporting
- HEE Demand Scoping exercise
- Contact numbers of the Health and Care Academy
- Health and Care Academy website analytics
- Project reports and evidence from committee members

Measuring the Outcome

This People Strategy will be reviewed annually by the system's People Board, and reviewed in response to the wider 10-year Integrated Care Partnership strategy, to ensure it delivers against the priorities set by the ICP and ICB.

We have detailed areas of monitoring and evaluation from each of the workstream areas. We anticipate that the remodelled governance structure around People Board will enable the system to provide assurance and understanding of the progress being made.

Data will be regularly updated and presented to both work stream committees and the People Board, with a deep dive of each area undertaken as part of the Board's forward planner and linked to key publication dates, for example staff survey analysis.

Upon publication of the Integrated Care Partnership strategy we will establish links to outcomes sought from that strategy, and how the People Strategy can provide effective support in meeting this area.

WORKSTREAM	METRIC	SOURCE	LINKED ICP OUTCOME
Integrated Workforce Planning	Not Applicable	Not Applicable	TBC
Innovation and New Ways of Working	Agency / Bank Spend	East of England Bank/Agency report	
	Productivity	National Workforce Dashboard / Model Hospital	
Sustainable Workforce Supply	Staff in Post	HEE E-Portal	e.g. service accessibility
	Vacancies	National Workforce Dashboard	
	HEI Applications	University of Herts	
	Apprenticeship applications	Organisational data	
Staff Wellbeing and Experience	Staff Turnover	HEE E-Portal	
	Staff Survey	Staff Survey dashboard	
	Pulse Surveys	Organisational data	
Equality and Inclusion	WRES Data	Organisational data	
	WDES Data	Organisational data	
	EDS Return	System collation	
	Staff Surveys	Staff Survey dashboard	
Education, Training and Leadership	CPD Reporting	HEE / System portal	
	Apprenticeship Levy Spend		

STRATEGIC RISKS

People Strategy programme risks will be reviewed and monitored by the People Board and escalated where appropriate.

ID	RISK	RATING	MITIGATION	TARGET	REVIEW
495	If there is a lack of capacity and engagement from system stakeholders the full extent of the workforce strategy can not be realised, and transformation ambitions can not be achieved.	9	The proposed governance structure is supported by additional networks and engagement opportunities to ensure effective linkages across the system.	3	Bi-monthly
497	If programme staff continue to work on fixed-term contracts there is a risk that they will seek substantive roles across the system or elsewhere, leading to increased recruitment costs, and loss of skills.	9	A substantive and sustainable structure for the transformation team is being developed and will be shared with the ICB to review.	3	Bi-monthly
496	There is a risk that the workforce transformation programme is not financially sustainable, as predominantly reliant on non-recurrent grants and bidding for funding from Health Education England and NHS England, meaning that the ambitions of the people strategy can not be realised.	6	With the development of a sustainable team and the new governance structure we will seek to address the system's workforce priorities, and develop a business case methodology for approval across the system.	6	Bi-monthly
498	If the Integrated Care System does not address the workforce supply issues within key hot-spot areas as well as broader entry/support roles performance issues will continue to be effected.	16	The programme has developed a series of activities to address workforce recruitment and retention, which are to be considered and prioritised by the supply and wellbeing committees respectively.	12	Bi-monthly
499	If the heavy reliance on international recruitment as a key source of workforce supply is not reversed, then workforce growth will not be sustainable.	9	The Health and Care Academy support domestic recruitment and long-term engagement with our community to encourage workforce supply from our local community.	4	Bi-monthly

STRATEGIC RISKS

ID	RISK	RATING	MITIGATION	TARGET	REVIEW
500	If the rising cost of living for staff is not addressed then those most vulnerable (including care and care support workers) are likely to look for improved opportunities and increase turnover and consequently recruitment costs.	12	Best practice is shared across our HRD network on a fortnightly basis and a specific work stream has been developed as part of the retention pathfinder programme to address concerns in this area.	8	Bi-monthly
501	If staff turnover continues to rise then there will continue to be performance issues and use of greater expense through temporary staff across the system.	12	The retention pathfinder is developing and organisations have been asked to complete the nursing and midwifery retention tool.	4	Bi-monthly
503	If the system does not address staff experience and wellbeing requirements staff sickness absence and turnover will continue to rise, leading to inefficiencies and greater expense through temporary staffing solutions.	12	System support is provided through the enhanced health and wellbeing and here for you services. Further development work is being undertaken to ensure there is effective support across the system through the wellbeing and experience workstream	6	Bi-monthly
504	If the system does not ensure equitable representation of our population within our workforce and within our leaders there is a risk of increased staff turnover and HR appeals.	9	The equality. Diversity and inclusion committee is reviewing activities and priorities to address these areas, including improving understanding of the issue. A pilot of an inclusive staff development programme is being tested across the system.	4	Bi-monthly
505	If the system does not collaborate and work effectively on winter pressures in sharing access to workforce, skills and knowledge system performance will worsen and there will be increased risk of staff absence and turnover from burn out.	12	A winter workforce plan has been developed, ensuring effective collaboration on key activities. Knowledge and experience will be shared across the system through regular HRD network and other appropriate operational networks.	4	Bi-monthly

For further information
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Hertfordshire and West Essex Integrated Care System

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Board meeting held in Public				**Meeting Date:**	**18/11/22**	
Report Title:	**Governance Report**				**Agenda Item:**	**16**	
Report Author(s):	Simone Surgenor – Associated Director of Integrated Governance & Organisational Alignment Iram Khan – Corporate Governance Manager Shirley Potter – Programme Manager Leon Adeleye – Corporate Governance Manager Jas Dosanjh – Corporate Governance Manager Gay Alford – Governance & Senior Business Support Officer Anna Cason – Corporate Governance and Risk Manager						
Report Signed off by:	Michael Watson – Chief of Staff						
Purpose:	**Approval**	☒	**Decision**	☒	**Discussion**	☒	**Information** ☒
Report History:	The paper will take the Board through a sequence of governance related items, clearly referencing what actions are being sought from NHS Hertfordshire and West Essex Integrated Care Board.						
Executive Summary:	1.1 This is the third meeting of NHS Hertfordshire and West Essex Integrated Care Board. 1.2 The Board will be asked to consider the following: a) ICB Constitution update, recommendation for the addition of a new Board member b) ICB Governance Handbook – updates including ICB sub-committee Terms of Reference and the ICB Standing Financial Instructions. c) Policy Update d) Delegated Responsibilities e) ICB Board dates for the 2023-2024 financial year. f) Risk Register.						
Recommendations:	**For approval –** • **ICB Constitution –** the Board is asked to approve: • Placing NHS England on formal notice of the Boards approval to increase its membership by one – with the						

<table>
<tr><td></td><td>appointment of a formal VCFSE member to the Board. This role is currently met as a regular participant at paragraph 2.3.2 in the ICB's Constitution;
• Subject to NHS England accepting the above, the Board is asked to approve a submission to NHS England for an amendment to its Constitution at paragraphs 2.2.2(b), 2.2.3, 2.3.2 and 3.12, and subsequent adoption of these amendments.
• ICB Governance Handbook: to approve the amendments referenced at section 2 of this paper.

For noting -
• Policy updates.
• ICB Delegated Responsibilities
• ICB Board and committee dates for the 2023-2024 financial year
• Risk Report</td></tr>
<tr><td>Potential Conflicts of Interest:</td><td>
<table>
<tr><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☐</td></tr>
<tr><td colspan="4">The current VCFSE regular participant to the Board, has no voting rights and will not be asked to comment on the above proposal due to their clear conflict.</td></tr>
</table>
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Impact Assessments (completed and attached):	***Equality Impact Assessment:***	The work forms part of an overarching transition Equality Act compliance, with impact assessments connected to the specific pieces of work.
	Quality Impact Assessment:	< Yes/ No / N/A >
	Data Protection Impact Assessment:	< Yes/ No / N/A >
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	*Yes*
	Tackling inequalities in outcomes, experience and access	*Yes*
	Enhancing productivity and value for money	*Yes*
	Helping the NHS support broader social and economic development	*Yes*
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	*Yes*
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	*Yes*

1. Executive summary

1.1 This is the fourth meeting of NHS Hertfordshire and West Essex Integrated Care Board.

1.2 The Board will be asked to consider the following:

a) ICB Constitution update, recommendation for the addition of a new Board member
b) ICB Governance Handbook – updates including ICB sub-committee Terms of Reference and the ICB Standing Financial Instructions.
c) Policy Updates
d) ICB Mission Objectives
e) Delegated Responsibilities
f) ICB Board dates for the 2023-2024 financial year
g) Risk Register

1.3 The points referenced above will be addressed in turn.

2 Items for Consideration

2.1 NHS Hertfordshire and West Essex ICB Constitution update – for an additional member to be appointed to the Board representing the VCFSE sector

2.1.1 Further to Schedule 2 of the Health and Care Act 2022, an Integrated Care Board must have a Constitution.

2.1.2 On 1st July 2022, HWE ICB adopted its Constitution having received formal approval for this document from NHS England on 1st June 2022.

2.1.3 On 13th September 2022, the ICB received notification of further amendments sought by NHS England to the Constitution. These amendments were approved by the Board for submission to NHS England on 23rd September 2022 – with NHS England approval for adoption being received on 4th October 2022.

2.1.4 In order to ensure that the Boards wish to be a fully unitary board is achieved, amendments are proposed to the constitution in order to ensure that in future the current VCFSE regular participant is to be recognised as a full member of the Board. Whilst it is understood the ICB cannot create a new Partner Member category, this would support the importance placed on the voice of this sector within our ICB.

2.1.5 If the Board approves the proposal detailed in paragraph 2.1.4 above, a formal request for this increase will be made to NHS England who have already been placed on initial notice. At this point and subject to NHS England accepting the proposal, a revised Constitution will be lodged with NHS England encompassing the following proposed changes:

a) Paragraph 2.2.2 (page 12) of the Constitution, would include a sub-section b) with the following wording - *An Ordinary Member bringing knowledge and experience from the local*

VCFSE sector has also been appointed. This member will contribute the perspective of their sector to the decisions of the board, they are not to act as delegates for those sectors.

b) Paragraph 2.2.3 (page 13) would have "Chair from the VCFSE Alliance" added as a member.

c) Paragraph 2.3.2 (page 13) would have "A Voluntary, Community, Faith and Social Enterprise (VCFSE) sector representative" removed as a Regular Participant.

d) Paragraph 3.12 (page 27) would have the following:

Other Board Members

Voluntary, Community, Faith and Social Enterprise (VCFSE) Alliance Board Member

3.12.1 This member is nominated by the Hertfordshire and West Essex VCFSE Alliance.

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

a) Be the Chief Executive or hold a relevant Executive level role in one of the VCFSE sector legal entities in Hertfordshire and West Essex; and

b) Any criteria set out in NHS England's guidance from time to time

3.12.3 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply; and

b) any criteria as set out in NHS England guidance applies.

3.12.4 This member will be appointed by a panel subject to the approval of the Chair.

3.12.5 The appointment process will be as follows:

a) Nomination:

- *The nomination will be received from the VCFSE Alliance.*

a) Appointment:

- *This member will be appointed by the ICB Chief Executive, subject to approval of the ICB Chair.*

3.12.6 The term of office for this Partner Member two years, with a review of tenure and composition of the Integrated Care Board after eighteen months from 1st July 2022.

e) Appendix 1 (page 48) – the definition of VCFSE.

2.1.5 Upon receipt of the Boards approval to the above changes being submitted to NHS England, an updated Constitution including the above would be supported by:

- A template NHS England ICB Constitutional Change Request
- Equality Impact Assessment
- Covering letter from the ICB Chief Executive Officer and Chair.

2.1.6 Board is asked to note and comment on the above, approving the proposed steps.

2.2 ICB Governance Handbook – approval of proposed updates

2.2.1 The current NHS Hertfordshire and West Essex Governance Handbook, was adopted on 1st July. This adoption was on the understanding that further changes would be sought as the ICB bedded down, sub-committees started to meet and the governance supporting this new organisation evolved.

2.2.2 In support of this development the following material changes are sought:

- Page 8 – a revised and updated Governance Structure Chart
- Page 11 – section 5.2 – an updated Executive Team, to include place directors
- Page 18 – an updated Board and Committee meeting programme
- Pages 23 and 24 of the ICB's Financial Authorisation Limits – 1 written quote to be obtained for clinical and non-clinical tenders and quotations with a value of up to £24,999 (inclusive of VAT). Updated sign-off limits.
- Page 36 – Audit and Risk Committee – Terms of Reference:
    - Paragraph. 4.2 – the appointment of three Independent Non-Executive Members of the Board. With the Committee referencing an ambition to recruit an

independent co-opted member with requisite financial, audit and risk management skills.
    - Paragraph 4.4 – Committee membership –
        - To include a third NEM, with a deputy for this post being drawn from the fourth Non-Executive member to the Board.
        - For the Acute Trust Partner Member, and Local Governance Partner Member to be removed as members.
    - Paragraph 4.6 – to include the ICB Risk Review Group Chair.
- Page 45 – Remuneration Committee – Terms of Reference:
    - Inclusion of the ICB Chair as a member
    - The addition of a further Primary Care Partner Member, as a member of this Committee
- Page 50 – Commissioning Board – Terms of Reference
    - To be renamed to Commissioning Committee (with all changes to this name replicated throughout the Governance Handbook)
    - Following Commissioning Committee that sat on 10th November 2022 – paragraph 5.2 quoracy will be met by: a minimum of one non-executive member, two ICB executive members and one partner member is required, *in addition to* the Chair.
- Page 60 – Population Outcomes and Improvement Committee – Terms of Reference
    - Paragraph 3.1 – updated objectives
- Page 65 – Finance and Investment Committee – Terms of Reference
    - Paragraph 2 – updated Authority
    - Paragraph 4.2 – update to reference the Chairs independence and would be precluded from chairing any other committee in a similar way to the ICB Audit and Risk Committee Chair.
    - Paragraph 6 – updates to the responsibilities of this Committee
    - Due to the extensive changes to this Terms of Reference
- Page 71 - Quality Committee – Term of Reference
    - Paragraph 2.1 – Health and Care Bill, amended to read Health and Care Act
    - Paragraph 4.6 and 4.7 – revised membership and attendees
    - Paragraph 7.1 (o) – amended with all HWE ICB clinical and quality policies coming before this committee for oversite, scrutiny and comment prior to approval and adoption by the ICB.
- Page 86 – Performance Board – Terms of Reference – verbal update to be provided to Board, as the Committee will sit after the Board papers have been submitted.
    - To be renamed to Performance Committee (with all changes to this name replicated throughout the Governance Handbook)
    - Paragraph 2.1 - (b) and (d) amended
    - Paragraph 4.1 – membership amended and updated.
    - Paragraph 4.3 – attendees amended to include VCFSE representative(s) – with those sought being connected to agenda items, and a 999 service representative.
    - Following Performance Board meeting on 9th November 2022 - Paragraph 5.4 – Quorum – amended to read: For a meeting to be quorate *at least fifty percent of*

members will be present with a minimum of two independent Non-Executive members of the Board, including the Chair or Vice Chair.

- Page 253 - updated Standing Financial Instructions to include:
  - Update Committee names as referenced above
  - Addition of CEO – authenticated use of the ICB seal

2.3 Policy Updates

2.3.1 On 8th November 2022 – the Executive Committee approved the ICB Procurement Policy.

2.3.2 The ICB Commissioning Committee and Executive – retain delegated authority to approve ICB policies.

2.4 Delegated Responsibilities

The Board is asked to note three updates in relation to delegated responsibilities:

2.4.1 **NHS England Director Commissioning Pre-Delegation Assessment Framework (PDAF) for Specialist Services**

The readiness of Integrated Care Boards (ICBs) to take on delegated responsibility for specialised commissioning functions is being assessed by NHSE through responses to a series of questions within a Pre-Delegation Assessment Framework (PDAF). Each ICB has submitted a completed Assessment Proforma to NHSE England - East of England (NHSE-EoE) on the 25th October 2022. The proposal for ICB and regional arrangements for specialised services will be tabled at a Regional Leadership Team meeting on the 3rd November. The NHS-EoE Regional Director will submit their recommendations, on delegation of specialised services, to a National Moderation Panel by 23rd November.

The potential arrangements for delegation have been reviewed within H&WE ICB. Discussion and joint working have also taken place with the other five East of England ICBs and with NHSE-EoE. The consensus and therefore the completed PDAF proposes that delegation to ICBs in the East of England is deferred until April 2024; and 2023/24 is used as a 'shadow' year to test out the potential working arrangements for ICBs to take on delegated responsibilities. The jointly agreed Regional PDAF is attached at Annex 1.

Commissioning committee has reviewed and agreed a paper that summarises H&WE ICB's Pre-Delegation Assessment Framework Proforma submission and seeks endorsement for the Proforma submitted under delegated authority to NHSE-EoE.

Ahead of April 2023 an NHS England Statutory Commissioning Committee will be put in place that will sit throughout 2023/24. ICBs will have representation and voting rights, but responsibility and funding will remain with NHS England. This paper provides an initial summary on how we intend to operate through the 'shadow' year.

2.4.2 The Board is asked to note that Commissioning Committee has reviewed the pro forma for Herts and West Integrated Care

2.4.3 In addition the board is asked to note at this stage that the current proposal is for Bedford, Luton and Milton Keynes to act as host on behalf of all Integrated Care Systems through the due diligence process, and potentially once they are delegated.

2.5 ICB Board Committee Dates for the 2023-2024 financial year:

The Board is to note that the following dates have been set for the financial year 2023 to 2024 –

- 26th May 2023
- 28th July 2023
- 22nd September 2023
- 24th November 2023
- 26th January 2024
- 22nd March 2024

The Board are asked to note the wider committee dates for the same period. (attached as appendix.

2.6 Risk Report and updates- for noting and comment

2.6.1 Following the last report to this Board, work has continued in fully review all current risks, including work to:

1) Ensure historic risks that originally sat in the Clinical Commissioning Group registers and remained, with none being have been lost.
2) to bring all new risks into the new world providing an ICB perspective.
3) Map all risks and their progress through from Health Care Partnerships/Place to the ICB, and mitigate against the patient's voice being lost; and
4) Support a programme of organisations development not just at Board level, surrounding Risk Appetite.
5) The ICB will also look to implement "heat mapping" against risks, to provide a clear visual presentation of how the risks is progressing with the mitigations in place; and
6) Where possible, to ensure the number of risks are reduced as following the transition of Clinical Commissioning Groups to the ICB, one observation made is that we have too many with some of these risks possibly needing to sit at project/working group level.

2.6.2 The Board will find below a summary document containing all HWE ICB Assurance Risks with a score of 16 and above. A full assurance report has been received by the Audit and Risk committee.

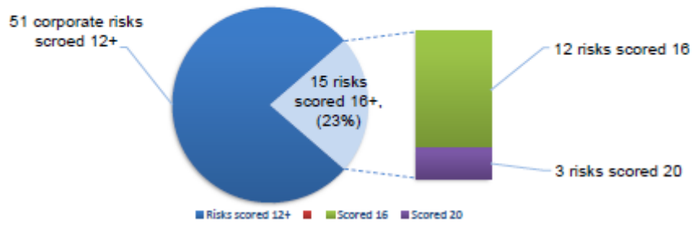
SO IDs	STRATEGIC OBJECTIVES (ICS PRIMARY PURPOSES)	IMPACTED
1	Improving outcomes in population health and healthcare	Yes
2	Tackling inequalities in outcomes, experience and access	Yes
3	Enhancing productivity and value for money	Yes
4	Helping the NHS support broader social and economic development	

TRIGGER ZONES FOR MANGEMENT ACTION PLANS

Risk Matrix

Likelihood (L)	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
5. Almost Certain				3 risks	
4. Highly Likely				12 risks	
3. Possibly					
2. Unlikely					
1. Rare					

Analysis



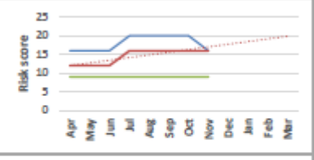
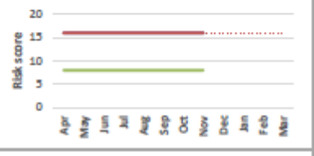
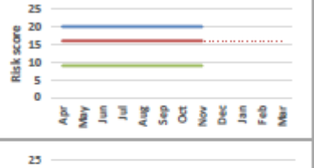
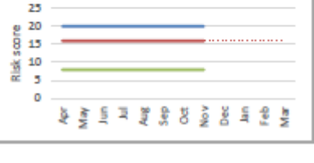
RAG rating of overall perfomance: Amber → Progress

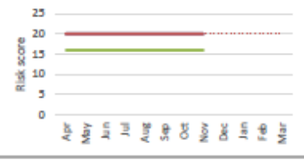
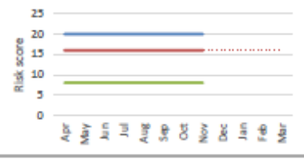
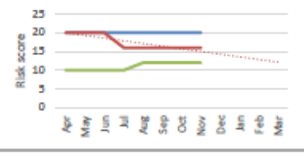
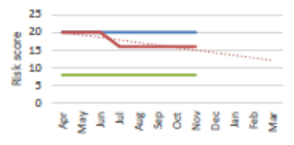
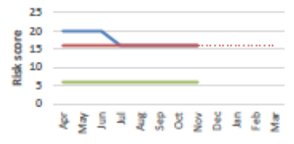
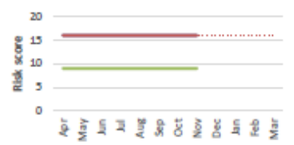
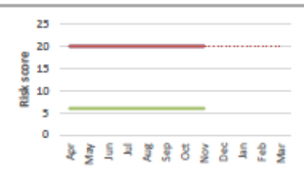
Brief comments on the adequacy of assurance

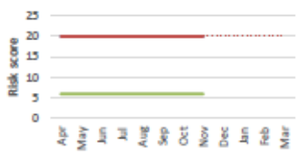
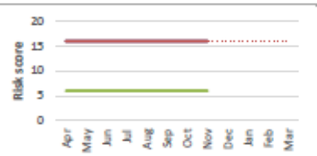
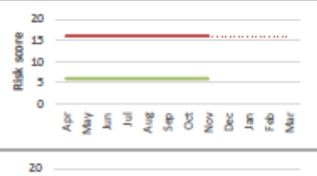
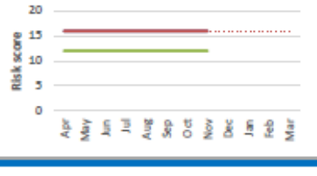
Of the 66 corporate risks currently reported on the risk register, 15 risks are scored 16+. The pie chart above shows a further breakdown of numbers to indicate that three of these risks are scored at 20. The risk matrix table on the left shows that all 15 risks are highly likely or almost certain to have a major impact on objectives 1, 2, and 3.

While we have gained assurance on the adequacy of controls in place for risks ID, 123, 351, 387, 391, 368, 369, and 386, risk IDs 209, 282, 325, 333, 455, 485, and 498 are yet to be provided. Following the Primary Care Board in September 2022, it was agreed to close risk ID **325**, based on the rationale that the position regarding the recruitment process and funding has, since 1 April 2022, been harmonised across the ICB. It is proposed that a new broader risk regarding the PCN ARRS (additional roles reimbursement scheme) is added, noting that current PCN ARRS plans for 2022–2023 do not see the full allocation across HWE invested.

As part of the risk management implementation plan, risks are being reviewed, and risk leads are being supported with risk/datix training to update their risks. The list below provides further intelligence on each risk.

RISK ID	SO ID	RISK LEAD	RISK DESCRIPTION	CURRENT SCORE	Current risk score directional movement		ASSURANCE LEVEL		
15 records		Initials	Directorates	L x C = RS	Initial — Current — Target		1st line	2nd line	3rd line
123	1	AR, SG	Medical	16		↑	Substantial	Substantial	Substantial
209	1	ME	Nursing and Quality	16		↔	None	None	None
282	3	SA, JE	Finance	16		↔	None	None	None
325	2	JG	Primary care	16		⇆	None	None	None

RISK ID	SO ID	RISK LEAD	RISK DESCRIPTION		CURRENT SCORE	Current risk score directional movement		ASSURANCE LEVEL		
15 records		Initials	Directorates		L x C = RS	Initial — Current — Target		1st line	2nd line	3rd line
333	2	JG, AT	Primary care	If Transfer of the GP Extended Access Service from the IUC Contract to PCNs - Cost pressure CCG may be required to fund PCNs at a higher value Then- can be disaggregated from the HUC Integrated Urgent Care (IUC) contract, Resulting in- a cost pressure Extracting the equivalent PCN value from the IUC contract may destabilise the remaining NHS111, Out of Hours and CAS services(Primary Care but specific to WECCG only).	20		↔	None	None	None
346	1	ME, DW, CH	Nursing and Quality	If the ICB is ineffective in supporting our acutes to progress from RI to Good, and the Trusts fail to adequately address current and emerging quality issues. Then- there is a risk relating to the quality and safety of care provided. Resulting in- harm to patients(N&Q).	16		↔	Reasonable	Reasonable	Reasonable
351	1	JB, MH, GS, AY	Operations	If there is a pandemic flu/Influenza type disease (pandemic), infectious outbreak or disease including - Localised legionella or meningitis outbreak - Major outbreak of a new or emerging infectious disease Then- this will cause additional pressure on healthcare services and organisational business continuity issues. Resulting in- the increased potential for compromised patient care and safety and organisational business continuity failures(EPRR)	16		↓	Substantial	Substantial	Substantial
387	2	MP, KC, RF	Nursing and Quality	Increased demand for EHCPs in Community Paediatric services across ICB due to 2015 & 2018 SEND reforms. (Around 40-50% increase in demand). This is resulting in long waiting times throughout the community paediatric services and if additional resource (staff and investment) are not made available these waits will continue to increase. There is a risk that children will not receive the support required in both health and education environments which will impact on their health, well being and educational attainment.	16		↔	Reasonable	None	None
391	2	MP, KC, RF	Nursing and Quality	Special school nursing. The number of special school places has increased in Hertfordshire alongside the acuity of the children and yet in E&N Hertfordshire the nursing establishment has not increased. The establishment is 41% under the required number of nurses needed to provide the service required. Local Authority planning of new special schools does not take account of additional capacity required of health services to effectively support children attending the school. The resulting issue is that some elements of the service cannot be provided, and this is adversely impacting children, families, and schools. It is also putting significant strain on the existing workforce.	16		↔	Reasonable	None	None
455	3	CH, AS	Nursing and Quality	IF there is a lack of information from NHSE&I regarding delegation of functions to the ICB including timescales and expectations, THEN there is a risk that relevant Teams will have inadequate time to prepare for the delegation of primary care quality oversight and improvement, primary care complaints, additional safeguarding and IPC requirements etc, RESULTING IN a lack of robust processes being in place to maintain oversight of quality and safety, and provide a responsive services. Transition Workstream Risk Register Ref: R029	16		↔	None	None	None
468	1	CH	Nursing and Quality	There is a risk that poor data quality is leading to a significant lack of oversight of patients waiting to access services including patients waiting for more services. This is due to the introduction of a new Electronic Patient Record (EPR) at WHHT. The Trust have outlined the key risks of EPR implementation that are affecting services as: Data quality, configuration, awareness, hardware issues. There is potential unless action is taken of delays in assessment and treatment, increased waiting times, national waiting time targets will not be achieved, patient harm and poor patient experience. Risk to be reviewed at the West Herts Place discussion and proposal for next steps will be reported to Quality Committee in November	20		↔	Reasonable	Reasonable	Reasonable

RISK ID	SO ID	RISK LEAD		RISK DESCRIPTION	CURRENT SCORE	Current risk score directional movement		ASSURANCE LEVEL		
15 records		Initials	Directorates		L x C = RS	Initial — Current — Target		1st line	2nd line	3rd line
469	1	CH	Nursing and Quality	There is an increased risk of severe and moderate patient harm as a result of poor performance in cancer pathways. There is a deterioration of all cancer 2 week wait pathways alongside increased total numbers of people waiting above 62 days resulting in increasing 104 day breaches therefore delays to patient treatment. Key factors impacting this risk: Increased numbers of patient referrals particularly within breath and LGI Administration issues within the trusts resulting in a lack of timely removal of patients from the PTL-EPR system -recovery from multi system issues that affected many areas of clinic administration and capacity.	20		↔	Reasonable	Reasonable	Reasonable
485	2	SG, RA, AK	Medical	If HWE ICB publish updated summary guidance based on national recommendations for managing patients with gender dysphoria (GD), on the assumption GPs would prescribe and monitor medicines outside of license with limited support from specialist teams then there could be renewed concern expressed by GPs that there is still no support for them to prescribe and monitor medicines outside of license in a very vulnerable group of people resulting in patient safety risk and patients not receiving the support they need.	16		↔	*None*	*None*	*None*
486	1	AR, SG, AK	Nursing and Quality	If HWE ICB do not publish a decision on continuous glucose monitoring (CGM) following the publication of NICE guidelines NG 17, NG 18 and NG 28 published 01/04/22 then healthcare professionals will continue to receive patient enquiries on when can they access the technology and the ICB will continue to receive PALS complaints from patients and their MPs resulting in reputational damage including MP letters, patient complaints, FOI requests and Patha Kar, NHSE Diabetes Lead tweets damaging messages about organisations which are slow in the uptake of diabetes technologies.	16		↔	Reasonable	*None*	*None*
498	1	ME	Strategy	If the Integrated Care System does not address the workforce supply issues within key hot-spot areas as well as broader entry/support roles performance issues will continue to be effected.	16		↔	*None*	*None*	*None*

NHS Herts and west Essex Integrated Care Board and Committee meeting dates April 2023-24													
	Integrated Care Partnership (ICP) Committee Meeting	Integrated Care Board (ICB) Board Meeting	Integrated Care Board (ICB) *Board Development Sessions*	ICB Exec Meeting	Remuneration Committee	People Board	Population Outcome & Improvement Committee	Quality Committee	Finance and Investment Committee	Performance Committee	Commissioning Committee	Audit & Risk Committee	Primary Care Board
Chair		Paul Burstow	Paul Bustow	Jane Halpin	Ruth Bailey	Ruth Bailey	Gurch Randhawa	Thelma Stober	Owen Mapley	Thelma Stober	Gurch Randhawa	Catherine Dugmore	Nicolas Small
Executive Lead		Jane Halpin	Jane Halpin	n/a	Tania Marcus	Tania Marcus	Beverely Flowers	Jane Kinniburgh	Alan Pond	Frances Shattock	Elizabeth Disney	Alan Pond	Avni Shah
Nature		Decision Making	n/a		Internal Decision Making	Decision Making, Assurance & System-wide delivery oversight	Decision making, Assurance & Strategy setting	Assurance & Oversight	Decision Making, Assurance & Oversight	Oversight & Assurance	Decision Making, Assurance & Oversight	Oversight & Assruance	Assurance & Oversight
Timing	14:00 - 16:30	09:30 - 12:00 PUBLIC 12:30 - 14:00 PRIVATE	09:30 - 13:30 PRIVATE	13:30 - 15:30 PRIVATE	08:30 - 09:30 PRIVATE	09:30 - 12:00 PRIVATE	09:00 - 12:00 PRIVATE	09:00 - 12:30 PRIVATE	09:00 - 12:00 PRIVATE	09:30 - 12:00 PRIVATE	13:00 - 15:00 PRIVATE	09:00 - 12:00 PRIVATE	09:30 - 11:30 PUBLIC 11:30 - 12:30 PRIVATE
Reports Due in & Circulated		Reports are due in to the governance team 9 days before the meeting Final meeting papers are circulated 1 week before the Board/Committee meeting											
Frequency		*Fourth Friday of the month*		*Every Monday*	*Fourth Friday of the month*	*First Tuesday of the month*	*First Wednesday of the month*	*First Thursday of the month*	*Second Tuesday of the month*	*Second Wednesday of the month*	*Second Thursday of the month*	*Third Tuesday of the month*	*Fourth Thursday of the month*
Apr-23			28 April Development Session										
May-23		26/05/2023			26/05/2023	02/05/2023	03/05/2023	04/05/2023	09/05/2023	10/05/2023	11/05/2023	16/05/2023	25/05/2023
Jun-23			23/06/2023 Development Session										
Jul-23		28/07/2023			28/07/2023	04/07/2023	05/07/2023	06/07/2023	11/07/2023	12/07/2023	13/07/2023	18/07/2023	27/07/2023
Aug-23			25/08/2023 Development Session										
Sep-23		22/09/2023			22/09/2023	05/09/2023	06/09/2023	07/09/2023	12/09/2023	13/09/2023	15/09/2023	19/09/2023	28/09/2023
Oct-23			*27/10/2023* 20/10/2023 Development Session										
Nov-23		24/11/2023			24/11/2023	07/11/2023	08/11/2023	09/11/2023	14/11/2023	15/11/2023	16/11/2023	21/11/2023	23/11/2023
Dec-23			15/12/2023 Development Session										
Jan-24		26/01/2024			26/01/2024	*02/01/2024* 09/01/2024 - 12:30 - 15:00	*03/01/2024* 10/01/2024 - 13:00 - 16:00	*04/01/2024* 11/01/2024 - 09:00 - 12:30	09/01/2024	10/01/2024	11/01/2024	16/01/2024	25/01/2024
Feb-24			*23/02/2024* 16/02/2024 Development Session										
Mar-24		22/03/2024			22/03/2024	05/03/2024	06/03/2024	07/03/2024	12/03/2024	13/03/2024	14/03/2024	19/03/2024	28/03/2024

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Board meeting held in Public				**Meeting Date:**	**18/11/2022**	
Report Title:	**Committee Summary Reports**				**Agenda Item:**	**17**	
Report Author(s):	Governance Leads, ICB						
Report Signed off by:	Simone Surgenor, Associate Director of Integrated Governance and Organisational Alignment						
Purpose:	**Approval**	☐	**Decision**	☐	**Discussion**	☒	**Information** ☒
Report History:	Not applicable						
Executive Summary:	Each ICB Committee has produced a summary document providing an update from their last meeting. Audit and Risk Committee – Catherine Dugmore Population Outcomes and Improvement Committee – Gurch Randhawa Primary Care Board – Nicolas Small People Board – Ruth Bailey Quality Committee – Thelma Stober Summary document not available for below committees at this time and will presented at the next Board meeting; Commissioning Committee – Gurch Randhawa Finance and Investment Committee – Owen Mapley Performance Committee – Thelma Stober						
Recommendations:	The ICB Board are asked to **discuss and note** the content of the committee summary reports						
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			
	Not applicable						

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☒
	Tackling inequalities in outcomes, experience and access	☒
	Enhancing productivity and value for money	☒
	Helping the NHS support broader social and economic development	☒
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☒
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☒

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

Audit and Risk Committee: 5th October 2022	
Key items discussed: ***(From agenda)***	• Terms of Reference • Risk Management Policy
Key points made / Decisions taken:	• The Chair's recommendation is for the committee membership to consist of at least 3 non-Executive member and an independent member with NHS experience. • CCG ledger merger completed successfully • Q1 CCG accounts are subject to amendments due to availability of information • Risk Management Policy approved • Internal Audit plan approved • Local Counter Fraud plan approved.
Committees to note: **As example of information sought:** ***(Positive progress on numbers waiting for specialist CAMHS in-patient care (for MHLDA collab to note, for cross-ref by performance committee)***	None
Board to note: ***(Highlight quality oversight and identify where further work is required)***	Recommendation for additional non-Executive membership
Forward plan issues:	None
Date of next meeting	15th November 2022

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

Population Outcomes and Improvement Committee – Wednesday 02 November 2022	

Key items discussed: ***(From agenda)***	• Deep dive into VCFSE.
	• Populations and Outcomes:
	  ○ Review capacity and whether any amendments in scope are required
	  ○ Development of capabilities
	  ○ Embed segmentation model
	  ○ Support to create evidence-based ICS strategy
	• BI and PHM platform – update and ongoing reporting
	• Review of strategic priority areas: what is our process for finalising these
	• Governance
	  ○ Finalised terms of reference
	  ○ Workplan

Key points made / Decisions taken:	• Terms of reference were reviewed, and recommendations made for amendments to membership and quoracy. Meeting scheduled with both Directors of Public Health to ensure system wide approach. • A deep dive into VCFSA Alliance was presented to the committee to understand and address issues in a more effective partnership way. • Population and outcomes - The committee received an update on the segmentation approach of starting to group the population with similar needs into cohorts or segments and the difference in demographics and makeup of the population, as well as different needs within groups, recognizing a heterogonous population. By doing this we can describe different needs within the population to develop and design care and services around those different groups. • PHM and BI platform – successfully completed a procurement and have a names supplier to work with to create longitudinal health and care record and the tools that sit on top. • Strategic priorities - The Committee discussed how we think about our priorities and then ensure we are tackling inequalities to focus on priority communities within our patch. • Research - Work is underway within individual organisations in fulfilling the duties of the ICB around research and how we align research to how we help support the system priorities being discussed and taken forward.
Committees to note: **As example of information sought:** ***(Positive progress on numbers waiting for specialist CAMHS in-patient care (for MHLDA collab to note, for cross-ref by performance committee)***	As above.

Board to note: ***(Highlight quality oversight and identify where further work is required)***	The issues identified above.
Forward plan issues:	- Paper on priorities and assurance to be presented at the next meeting as outlined above. - Paper on research to show where we are now and where we think we need research to be for us to fulfil our duties as and ICB with research capability and skills instilled within it.
Date of next meeting	4th January 2023

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document

HWE ICB Primary Care Board (PCB) Thursday 22 September 2022	
Key items discussed: ***(From agenda)***	• Terms of Reference • Risk Register • GP Patient Survey results • Primary Care workforce delivery plan • *Primary Care Access Winter Plan [Private meeting]* • *Primary Care Performance Committee Deep Dive [Private meeting]* • *Community Pharmacy [Private meeting]*
Key points made / Decisions taken:	• PCB recommended the amended Terms of Reference to the ICB for approval. • Primary care risk register was reviewed noting that further work is required to interlink risks across the ICB when considering system risks and impact on system. It was noted vaccination and future delegation of primary care contracts to be included in the risk register • 2022 GP patient survey results were discussed noting that estate restrictions are a major barrier. A national programme has been commissioned across East of England which will support development of the clinical and estates strategy across HWE Primary Care Networks. At present looking to deliver this through 10-15 PCNs. It was agreed this is broader than just using GP estates and how this includes partners including VCSFE. • Primary Care team developing a access framework which is in development and will include a range of information including bringing together the impact of some of the initiatives including advance telephony etc. • The Board discussed the proposal to enhance primary care capacity for winter with focus on reducing pressures on A&E, 111/999. The board supported the recommendation which will be presented to Primary care Commissioning Committee for Approval. • Community pharmacy contractual framework – With the delegation of Community pharmacy, dental and optometry to ICB from April 2023, Board had a good discussion on understanding the current community pharmacy contractual framework and the services commissioned including some of the key challenges facing community pharmacy which resonate with general practice including workforce, development opportunities, enhancing services and integrating as part of the transformation pathway and protected time for education and training etc.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Committees to note:	Continued progress made on improving access in general practice
Board to note:	• Amended Terms of Reference • National Programme on the development of PCN Clinical Strategies with the key output being estates strategy
Forward plan:	A deep dive into training hubs
Date of next meeting	Thursday 26 January 2023

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

People Board Thursday 29 September 2022	
Key items discussed: ***(From agenda)***	• Terms of Reference – discussed and agreed subject to membership and quoracy needing further refinement. • Workforce Transformation Programme Report • People Strategy 2023-2025 • Ways of working • University of Hertfordshire partnership programme • Committee forward plan
Key points made / Decisions taken:	• **Terms of Reference** – discussed and agreed subject to membership and quoracy needing further refinement. • **Workforce Transformation Programme Report** – updates provided on the key areas of progress including system collaboration in relation to cost of living, system workforce winter plans being submitted to region, two workforce planning posts have been appointed to and the H&WB team being shortlisted for a national menopause friendly award. The report also highlighted HCT's high turnover rate relating to mass vaccination staff. • **People Strategy 2023-2025** - Positively received by system partners, the need for strong SROs was highlighted and further discussion is needed on delivery. All HRDs agreed to take to their respective boards before November to enable ICB Board approval. • **Ways of working** – it was agreed that the People Board would meet as a formal Board and also in 'workshop' style so we could work across the system to address workforce challenges and barriers. • **University of Hertfordshire partnership programme** – Proposal to deliver workforce education, support and development with £3m investment over 3-4 years with UoH acting as an anchor institution. • **Committee forward plan** – 6 workstreams being set up, forward plan will be populated with deep dives timed at pertinent points throughout the year.
Committees to note: **As example of information sought:** ***(Positive progress on numbers waiting for specialist CAMHS in-patient care (for MHLDA collab to note, for cross-ref by performance committee)***	• As above
Board to note: ***(Highlight quality oversight and identify where further work is required)***	Recommend approval of the People Strategy in November ICB Board
Forward plan issues:	6 workstreams being set up, forward plan will be populated with deep dives timed at pertinent points throughout the year.
Date of next meeting	01 November 2022

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Quality Committee – Wednesday 03 November 2022	
Key items discussed: ***(From agenda)***	• Quality Committee Governance update including terms of reference and GP Domestic Abuse & Sexual Violence Toolkit • ICB Nursing & Quality Risk Register • ICS Quality Strategy • ICB Quality Dashboard • ICB Quality Escalation report • Continuing Healthcare report • Safeguarding Children's Annual report, West Essex • Annual Complaints reports, Hertfordshire and West Essex • Annual Child Death Overview Panel reports, Hertfordshire and West Essex • Annual Infection Prevention and Control report, Hertfordshire and West Essex • Annual Hertfordshire and Essex LeDeR reports, Hertfordshire and Essex County Councils • Minutes/notes from sub-groups of Quality Committee: *System Quality Group* *Patient Safety Specialist Network* • ICB Quality Committee draft workplan • New risks and escalations from Quality Committee
Key points made / Decisions taken:	• The updated Quality Committee Terms of Reference were agreed and recommended for ICB Board approval. • GP Domestic Abuse & Sexual Violence Toolkit was noted and recommended for approval. Final approval will be sought from the Commissioning Committee on 10th November 2022. Action for the toolkit to go before the ICB Primary Care Committee to note. • The Committee agreed to recommendation of six risks from the ICB Nursing and Quality risk register to be either closed or to be reviewed by Place.
Committees to note: **As example of information sought:** ***(Positive progress on numbers waiting for specialist CAMHS in-patient care (for MHLDA collab to note, for cross-ref by***	• The following reports came to the committee and were discussed in detail: The West Essex Annual Children's Safeguarding report, Annual Complaints reports 2021/2022 for Hertfordshire and West Essex, Annual Child Death Overview Panel (CDOP) Reports Hertfordshire & West Essex, Annual Infection Prevention and Control report Hertfordshire & West Essex, Learning Disabilities Mortality Review (LeDeR) report Hertfordshire and Essex County councils.

performance committee)	• Minutes were noted from sub-groups – Patient Safety Specialist network. System Quality Group. • New risks and escalations from the Committee: *Use of hotels for asylum seekers and the clear pathway*. *Risks relating to Nursing and Quality requirements for Primary care delegation.* *Workforce concerns across the whole ICB and impact on patient safety as well as staff wellbeing.*
Board to note: ***(Highlight quality oversight and identify where further work is required)***	• The impact that hotels housing asylum seekers are having across our system. • Risks relating to Nursing and Quality requirements for Primary care delegation. • Workforce concerns across the whole ICB and impact on patient safety as well as staff wellbeing. • Risks from the Risk Register recommended for closure or transfer to Place.
Forward plan:	• Draft Work Plan – Reviewed by the Committee. Suggested maternity is a deep dive for the next meeting in January 2023
Date of next meeting	• 2nd week of January 2023 – date to be confirmed