



HWE ICB Board Meeting [Public Session]

Friday 22 September 2023

Conference Room 2

The Forum

Hemel Hempstead, HP1 1DN

13:30 - 15:30

Meeting Book - ICB Board Meeting [Public Session] Friday 22 September 2023

Agenda

	ICB Business		
13:30	1. Welcome and apologies		Chair
	2. Declarations of Interest		Chair
13:35	3. Minutes of last meeting held on Friday 28 July 2023	Approval	Chair
	4. Action Tracker	Approval	Chair
13:40	5. Questions from the public	Discussion	Chair
13:55	6. Chair's update report	Information	Paul Burstow
14:05	7. Chief Executive Officer's Report inc. Risk Report	Information	Chief Executive Officer
14:15	8. Integrated reports for finance, performance, quality and workforce	Assurance/Discussion	ICB Executive Team
14:50	9. Primary Dental Services update	Assurance	Avni Shah
15:05	10. EPRR Annual Report	Approval	Jo Burlingham
	Exception reports [Items from reports shared for information – members to notify in advance if members wish to discuss]		
15:15	11. Quality Escalation Report	Assurance	Natalie Hammond
	12. HWE Performance Report	Assurance	Frances Shattock
	13. HWE Finance Report	Assurance	Debbie Griggs
	14. Committee Summary Reports	Assurance	Committee Chairs
	People Board		Ruth Bailey
	Primary Care Board		Nicolas Small
	Performance Committee		Frances Shattock
	Quality Committee		Nicolas Small
	Commissioning Committee		Gurch Randhawa
	Patient Engagement Forum		Michael Watson

Closing Items

15:25

15. What would service users, patients, carers and staff take away from our discussions today?

Chair

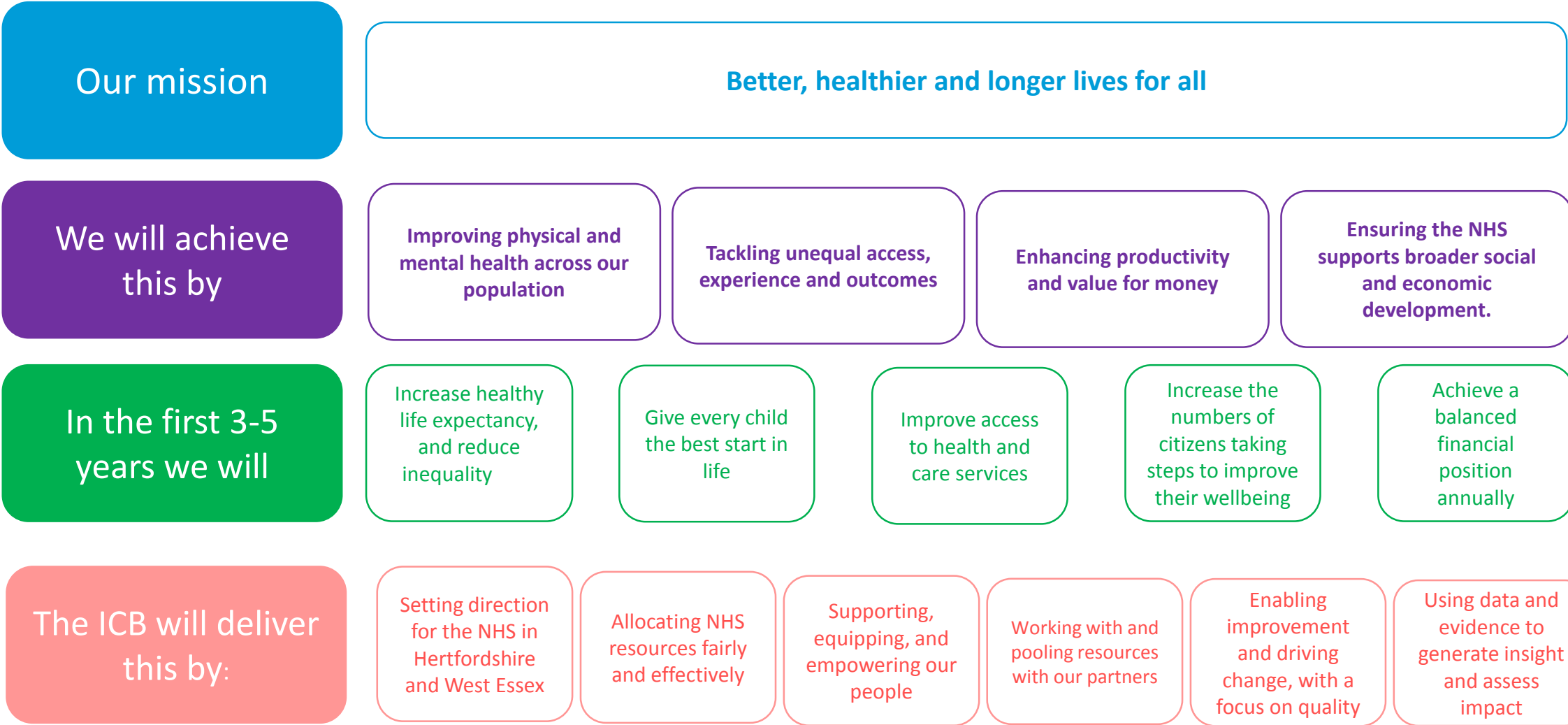
15:30

16. Close of meeting

Chair

Date of Next Meeting: Friday 24 November 2023

Herts & West Essex Strategic Framework- 2022-2027



Hertfordshire and
West Essex Integrated
Care System



Meeting:	Meeting in public		<input checked="" type="checkbox"/>		Meeting in private (confidential)		<input type="checkbox"/>	
	NHS HWE ICB Board meeting held in Public				Meeting Date:		22/09/2023	
Report Title:	Board Declarations of Interest				Agenda Item:		02	
Report Author(s):	Gay Alford, IG and Governance Officer Jas Dosanjh, Governance Manager – Conflicts and Policies							
Report Presented by:	Iram Khan, Corporate Governance Manager, Board & Committees							
Report Signed off by:	Michael Watson, Chief of Staff							
Purpose:	Approval / Decision	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Information	<input checked="" type="checkbox"/>
Which Strategic Objectives are relevant to this report:	<ul style="list-style-type: none"> Relevance to all five ICB Strategic Objectives 							
Key questions for the ICB Board / Committee:	<ul style="list-style-type: none"> Please see the 'Recommendations' section 							
Report History:	<ul style="list-style-type: none"> The full ICB Declarations of Interest Register is routinely reported to the Audit & Risk Committee in line with the Committee Workplan and Terms of Reference 							
Executive Summary:	<p>The ICB is required to publish declaration of interests of the Board, this is in line with statutory guidance and the ICB's Standards of Business Conduct (Conflicts of Interest) Policy.</p> <p>At the point of drafting this report, all Board member/regular attendees have returned their declarations for the 2023/24 financial year.</p>							
Recommendations:	<p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the returned declarations and whether these reflect the current membership/regular attendees for this Committee, Review any potential conflicts of interest that need to be managed at the meeting in accordance with the agenda, Remind members and regular attendees that - whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interests (e.g., where an individual takes on a new role outside the ICB or enters into a new business or relationship), a further declaration should be made to reflect the 							



	change in circumstances as soon as possible, and in any event within 28 days. The revised declaration will countersigned by their Line Manager or lead, and then forwarded to hweicbwe.coi@nhs.net for logging.			
Potential Conflicts of Interest:	<i>Indirect</i>	<input type="checkbox"/>	<i>Non-Financial Professional</i>	<input type="checkbox"/>
	<i>Financial</i>	<input type="checkbox"/>	<i>Non-Financial Personal</i>	<input type="checkbox"/>
	<i>None identified</i>			<input checked="" type="checkbox"/>
	N/A			
Implications / Impact:				
Patient Safety:	N/A			
Risk:	N/A			
Financial Implications:	N/A			
Impact Assessments:	<i>Equality Impact Assessment:</i>	N/A		
	<i>Quality Impact Assessment:</i>	N/A		
	<i>Data Protection Impact Assessment:</i>	N/A		



NHS Hertfordshire & West Essex Integrated Care Board and Executive

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Flowers	Beverley	Director of Strategy, HWE ICB	Non-remunerated non-executive director role with Herts at Home Ltd a company established and fully owned by Hertfordshire County Council to provide care and support within the County. Herts at Home Ltd. Company number 11360947. Registered office address County Hall, Pegs Lane, Hertford, United Kingdom, SG13 8DE.	√						2019	Current	Declare at meetings where relevant Exclude self from decision making process in meetings if necessary	Apr-23	Apr-24
Halpin	Jane	Chief Executive Officer	Son works in admin support for the ICB via an external agency						√	Sep-22	Jan-23		Apr-23	Apr-24
			Son works in admin support to the ICB CHC team 9th Jan 2023						√	09/01/2023	Current			
Howard-Jones	Elliott	Partner Member, NHS and Foundation Trusts	No Interests declared										Oct-22	
Joyce	Dr Rachel	Medical Director, HWE ICB	Married to an NHS consultant who works for East and North Herts Trust.						√	2001	Current	Verbal declaration to be made at the beginning of any meeting when relevant and appropriate	Apr-23	Apr-24
			From 2018 I was a Director for Ranine Ltd a company that provides private medical services by one consultant (spouse as above) to local independent hospitals. From 1 st April 2022, I resigned my role as Director and now act as secretary who also holds shares in the company. The company does not however provide, or intend to provide, services to the NHS, social care, or NHS patients.	√						2018	Current			
Kinniburgh	Jane	Director of Nursing & Quality Hertfordshire & West Essex ICB Left the organisation 14.04.2023.	No Interests declared										Mar-22	Mar-23
Vacancy		Director of Nursing & Quality Hertfordshire & West Essex ICB												
Lavington	Adam	Director of Digital Transformation	No interests declared										May-23	Apr-24
Mapley	Owen	Partner Member, Local Authority	No Interests declared										Oct-22	
Marcus	Tania	Chief People Officer, HWE ICB	No Interests declared										Apr-23	Apr-24
Marovitch	Joanna	Chief Executive, Hertfordshire Mind Network Chair, Herts & West Essex VCFSE Alliance	CEO of Hertfordshire Mind Network	√						2021	Present	Verbal declaration to be made at the beginning of any meeting when relevant and appropriate	Dec-22	
			Registered member of the British Association of Psychotherapy & Counselling		√					2015	Present			
McCarthy	Lance	Partner Member, NHS and Foundation trusts	CEO Princess Alexandra Hospital	√							Present	Verbal declaration to be made at the beginning of any meeting when relevant and appropriate	May-22	May-23
Moodley	Dr Prag	Partner Member, Primary Medical Services	Partner at Stanmore Medical Group 5 Stanmore Road, Stevenage, SG1 3QA	√				√		2004	Present	Verbal declaration to be made at the beginning of any meeting when relevant and appropriate	Apr-23	Apr-24
			Director of AVM Medical. Suite 3 Middlesex House, Rutherford Close, Stevenage, Hertfordshire, United Kingdom, SG1 2EF. Company number 10507387 I use this company to carry out private medicals and nursing home ward rounds	√				√		2012	Present			
			Co-clinical director North Stevenage PCN	√				√						
			Partner Larksfield Medical Practice,	√				√		2019	Present			
			Partner, Dr A Saha is a partner at King George Medical Practice				√		√	2016	Present			
Perry	Dr Ian	Partner Member, Primary Medical Services	Maynard court surgery GP Partner,	√						2013	Present	Verbal declaration to be made at the beginning of any meeting when relevant and appropriate	Jun-22	
			Epping Forest North PCN GP Partner							2019	Present			
			Stelar Healthcare Shareholder							2014	Present			
			My Partner (Dr Corina Ciobanu) is a GP Partner of a Practice associated with HWE ICB (at Haverfield Surgery, Kings Langley) and is engaged as a clinical lead by the HWE ICB.						√	2010	Present	On matters relating to primary care generally, I would always declare my relationship to Dr Ciobanu so anyone could question me on my motives. For matters relating specifically to Haverfield Surgery only, I will excuse myself from any discussion and take no part in any decision making. I will keep confidential any information I receive that could be of benefit to Haverfield Surgery and/or Corina Ciobanu.		

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[illegible]

**DRAFT
MINUTES v2**

Meeting:	NHS Herts and West Essex Integrated Care Board Board meeting held in Public			
	Meeting in public	<input checked="" type="checkbox"/>	Meeting in private (confidential)	<input type="checkbox"/>
Date:	Friday 28 July 2023			
Time:	9:30 – 13:00			
Venue:	Latton Bush Conference Centre, Harlow and remotely via MS Teams			

MINUTES

Name	Title	Organisation
Members present:		
Paul Burstow (PB)	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 (EHJ)	Partner Member (NHS Community Trust)	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
Karen Taylor (KT)	Partner Member (NHS Mental Health Trust)	Herts and West Essex ICB
Lucy Wightman (LW)	Partner Member (Local Authority ECC)	Herts and West Essex ICB
In attendance:		
Charlotte Blizzard-Welch (CBW)	VCFS representative	Herts and West Essex ICB
Rosie Connolly (RC)	Deputy Director Quality, Improvement and Patient Safety	Herts and West Essex ICB
Toni Coles (TC)	Place Director, West Essex	Herts and West Essex ICB
Elizabeth Disney (ED)	Director of Operations	Herts and West Essex ICB
Debbie Griggs (DG)	Deputy Chief Finance Officer	Herts and West Essex ICB

Rachel Joyce (RJ)	Medical Director	Herts and West Essex ICB
Iram Khan (IK)	Corporate Governance Manager	Herts and West Essex ICB
Mark Edwards (ME)	Associate Director for Workforce Transformation	Herts and West Essex ICB
Emma Nicol (EN)	Associate Programme Director	Herts and West Essex ICB
Avni Shah (AS)	Director of Primary Care Transformation	Herts and West Essex ICB
Michael Watson (MW)	Chief of Staff	Herts and West Essex ICB
Tracey Norris (TN)	Meeting Clerk	HFL Education
Via Microsoft Teams:		
Prag Moodley (PM)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Member Apologies:		
Ian Perry (IP)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Alan Pond (AP)	Chief Finance Officer	Herts and West Essex ICB
Lance McCarthy (LM)	Partner Member (NHS Acute Trust)	Herts and West Essex ICB
Joanna Marovitch (JM)	VCFSE Representative	Herts and West Essex ICB
Thelma Stober (TS)	Non-Executive Member	Herts and West Essex ICB



ICB/61/23	Welcome, apologies and housekeeping
61.1	The Chair welcomed all to the meeting. He confirmed that this was not a public meeting but a meeting being held in public (members of the public were welcome to attend to observe the meeting). Prag Moodley was joining the meeting via MS teams, all other members were present in person.
61.2	Apologies for absence had been received from: Members: <ul style="list-style-type: none"> • Alan Pond (deputised by Debbie Griggs) • Joanna Marovitch (deputised by Charlotte Blizzard Welch) • Lance McCarthy • Ian Perry Attendees: <ul style="list-style-type: none"> • Tania Marcus (deputised by Mark Edwards) • Beverley Flowers (deputised by Emma Nicol) • Frances Shattock • Sharn Elton • Matt Webb
ICB/62/23	Declarations of interest
62.1	The Chair invited members to update any declarations relating to matters on the agenda and reminded them of their responsibility to update their declarations: <ul style="list-style-type: none"> • None declared. <p>All members declarations were accurate and up to date with the register available on the website: Declaration of interests – Hertfordshire and West Essex NHS ICB</p>
ICB/63/23	Minutes of the previous meeting
63.1	The minutes of the previous meeting held on Friday 26 May 2023 were approved as an accurate record.
ICB/64/23	Action Tracker
64.1	The action tracker was reviewed, and the status of the following actions were shared, all other items had been completed: <ul style="list-style-type: none"> • ICB/26.6/23: Action plan for DOCP integration: Detailed update scheduled for September meeting.
64.2	The Board noted the updates to the action tracker.
ICB/65/23	Questions from the public
65.1	There were no questions from the public. The Chair explained that consideration would be given to how patient forums could provide a route to engagement with the public but that the opportunity to submit a written question would remain an agenda item.
ICB/66/23	Patient Experience: Mental Health Children and Young People
66.1	Karen Taylor (KT) introduced Lucy and her mother Tracey to the meeting who together described Lucy's experiences and interactions with the adult and young people mental health services in Hertfordshire which started when Lucy was 17. The themes covered included: <ul style="list-style-type: none"> • Long length of stay • Out of area placements and challenges of being far from home • Barriers to autism diagnosis • The importance of seeing a person and not just their condition • Support for those with MH in education • Lack of transition into adult care



66.2	<p>The Chair thanked Lucy and Tracey for being so open with the Board in sharing their experience of such a challenging time. He congratulated Lucy on her recovery and invited questions from the board before summarising the conversation:</p> <ul style="list-style-type: none"> • Early diagnosis of mental health issues, autism/neuro diversity in children was key. • Transition between children's and adult services needed more support to avoid unnecessary trauma. • There was a need to treat the individual as a whole person, rather than the separate diagnoses. • Single point of contact to support/brief the family and single point of contact for the service user. Continuity of staff was crucial. • Out of area placements should be a last resort only. • Wider determinants also play a key role eg housing, financial support, education.
ICB/67/23	Chair's update report
67.1	The Chair's update (pages 24-27 of the document pack) was noted. There were no questions arising.
ICB/68/23	Chief Executive Officer's report
68.1	<p>Jane Halpin (JH) referred to her update (see pages 28-56 of the document pack) drawing the board's attention to the following:</p> <ul style="list-style-type: none"> • The impact of industrial action in different sectors of the workforce has been high and it was expected that more disruption would follow. This was being tracked carefully and where possible the impact was being quantified and would be reported to future board meetings via performance and quality. • Outline funding for the two large capital schemes to build new hospitals in Harlow and Watford had been confirmed as well as some other smaller scale capital projects. • An event to celebrate the innovation and hard work of staff after the first year of the creation of the HWE ICS had been held. Success stories were highlighted: <ul style="list-style-type: none"> ○ Virtual hospital ○ Hospital at home ○ The nomination of several initiatives for national awards. • The Essex independent mental health inquiry was progressing.
68.2	<p>Questions and comments were invited:</p> <ul style="list-style-type: none"> • Workforce pressures: prudence was needed when celebrating the creation of "new" roles, this did not always mean an increase in the total workforce if staff had just moved over from a different role within the ICS. • Early diagnosis for children/SEND review by local authority: when would the waiting times start to fall? Ans: Discussions were underway between NHS Community Trust and HPFT about how to address this, external provision would be used to reduce the waiting list in the short term and a new approach focusing on the three main groupings of diagnosis and the three main age streams were being drawn up to address the matter in the long term. The operational recovery group was working on this long-term model which would be brought to the board for approval. • There was good outcome data from a pilot in West Herts (new pathway model), but it was noted that the issue around waiting lists was complex and interlinked with funding and workforce. This was a problem that all areas of the system were aware of and working hard to address. • Transition issues for community pharmacy/optometry and dentistry (POD): when would the board have a report on this? Ans: The first report would be on dentistry, and this would be shared at the September board meeting. NS noted that the Primary Care Board meeting had met yesterday and received granular level reports on POD. • The board noted that the three out of the four top risks to the ICB were no longer related to acute hospital activity. The ICB's delivery plans would need to change to respond to these new risks, eg paediatric diagnoses and pressure on neuro diversity.



	<ul style="list-style-type: none"> Research: Board members welcomed the spotlight on research and encouraged the ICB to explore opportunities with both Hertfordshire and Essex based institutions. Funding had been secured for a workforce project with the University of Hertfordshire and the recruitment of an interim P/T head of research would help identify national opportunities and establish virtual networks.
68.3	The Board noted the CEO's report
ICB/69/23	Integrated report for finance, performance, quality and workforce
69.1	<p>Michael Watson (MW) introduced the integrated report (see pages 57-69 of the document pack) and highlighted the key strategic issues which the board were recommended to focus their discussion on:</p> <ul style="list-style-type: none"> Paediatric audiology Pressures on children's services Neuro diversity Planned care: there had been reductions in the 63 and 72 weeks wait but an increase in the number of patients waiting for longer than 52 weeks.
69.2	<p>Quality overview</p> <p>Rosie Connolly (RC) provided the following update:</p> <ul style="list-style-type: none"> Rates of <i>c-diff</i> continued to increase both locally and nationally. A system-wide <i>c-diff</i> summit was being arranged and an action plan would be drawn up and shared with the quality committee. Paediatric audiology: there were specific challenges at ENHT about this as well as a wider national context. Support was in place at ENHT and HCT were exploring mutual aid. This would be tracked closely.
69.3	<p>Finance overview</p> <p>Debbie Griggs (DG) summarised the following areas to escalate:</p> <ul style="list-style-type: none"> As of month 2, there was an underspend position of £0.166m and a forecast outturn underspend position of £9.4m. This was in line with the 2023/24 financial plan previously submitted to NHSE. Financial pressures have continued for the first 2 months of the year in the two main ICB direct spend areas: Prescribing and Continuing Healthcare.
69.4	<p>Questions and comments were invited, with themes covered including:</p> <ul style="list-style-type: none"> Workforce challenges across the system and their impact on both financial performance and service delivery. The specific impact of recruitment challenges on paediatric audiology were highlighted. The Board noted the importance of taking action now to increase capacity in the systems workforce now, in addition to the actions set out in the NHS workforce plan. Future population growth: Was enough consideration being given to the anticipated population growth in HWE and how this would impact services and increase demand? The interdependencies between workforce, outcomes and performance were highlighted and the expectation that staff shortages combined with more industrial action would significantly impact performance recovery was noted. The role of the VCFSE sector could also create capacity and synergies which had previously not been utilised. When would the concept of "one workforce across HWE" begin to gain traction? Each partner within the ICS was facing workforce issues, a transformative approach might be the solution. EHJ commented that the phrase in page 56 of the papers, "will need to be considered carefully as we deliver our plans in relation to finance and workforce:" should be strengthened in relation to the escalated areas to read more with more intent. We will need to invest in these specific areas to ensure that we resolve the problem – we can discuss the speed at which we solve the problem, but we will have to be moving the waiting list in the right direction.
69.5	Summary of discussions by Chair where further strategic discussion/oversight was needed:



	<ul style="list-style-type: none"> • Demand and capacity trajectories with population growth factored in. • What mitigation can be applied to factors within the ICB's control, what was outside of its control? • Triangulation of interdependencies between finance, performance recovery, industrial action and workforce. • Workforce plan: need for greater flexibility and changes to strategy mid-year in response to pressure. Further articulation of the route to "one workforce" and how to increase the pipeline of staff. • Multi-morbidity: opportunities to further respond to this growing trend.
69.6	The Board noted the Integrated Report for Finance, Performance, Quality and Workforce.
ICB/70/23	HWE ICB Primary Care Strategic Delivery Plan
70.1	<p>Avni Shah (AS) and Nicolas Small (NS) presented the Primary Care Strategic Delivery Plan (see pages 70-106 of the document pack) drawing the Board's attention to:</p> <ul style="list-style-type: none"> • The final iteration of the plan had been shared but it would evolve over time depending on the direction of travel for the whole of primary care, this included POD. • The board had previously approved primary care's transformative objectives and these had been fleshed out to create the strategic plan following extensive consultation with stakeholders and systems partners. • Workshops had been held with citizens representing all different cohorts of the community (including, patients, carers, people living with learning difficulties, HCC and ECC staff, etc). • Workstream foci for the last three months had been on: <ul style="list-style-type: none"> ○ Workforce: <ul style="list-style-type: none"> ▪ The Peoples' Board undertook a deep dive into primary care workforce (including POD). ▪ Community pharmacy teams were working with the University of Hertfordshire to increase training capacity and integrated workforces. ▪ 9 PCN Learning Organisations had been approved in the last quarter. ▪ 20 new GP trainers had been approved in the last quarter. ▪ 7 new GP practices were now taking on placements. ○ Digital <ul style="list-style-type: none"> ▪ The ICS digital roadmap had been created and shared at a previous ICB meeting. ○ Estates <ul style="list-style-type: none"> ▪ The infrastructure strategy had been created and was ongoing and was linked to the PCN clinical strategy and growth activity projections provided by LA colleagues. • The plan included all known commitments to date including what has been commissioned from primary care on recurrent basis above the national contract and proposed areas of service developments fund for primary care in line with the transformative objectives outlined in delivery plan. • The aim of the transformation resource is aligned to the priorities is to facilitate better integration with a view to improve outcomes. • Links with district and social services wider partners were being forged eg the creation of the care coordinator role; this would be critical to drive the implementation of neighbourhood teams. • AS thanked everybody's input to date in shaping this delivery plan. • NS was pleased to note that all primary care partners had embraced the strategic plan and the changes that it would bring to working practices and this should be celebrated.
70.2	<p>Questions and comments were invited:</p> <ul style="list-style-type: none"> • There would need to be clear articulation of working strategically with district and borough partners in wider areas of planning and housing. • The commitment to the concept of "one public estate" has not yet been fully developed and the use of Section 106 funding could have real impact if properly allocated.



	<ul style="list-style-type: none"> The VCFSE was a valuable sector within primary care which should be recognised with stable funding and longer-term contracts. This sector faced its own workforce issues of recruitment, retention and training. AS agreed with this assessment and noted that the executive lead, Sharn Elton, was working closely with Jo Marovitch to progress this. Q How would the Board seek assurances re the progress of the strategic delivery plan? Ans: There were metrics included in the paper which would be reported on. The board would need to monitor the impact of strategies and interdependencies,
70.3	The Board endorsed the objectives outlined in the Primary Care Strategic Plan including the high-level deliverables across each area including enabling workstreams and the recommendations of funding resources to support transformation.
70.4	The Board noted the deliverables in relation to new delegated responsibility of dental, optometry and community pharmacy which is integrated in the plan with high level milestones building on the work to date
70.5	The Board endorsed the approach used for Primary Care Service Development Fund for 2023/24 to pump prime the transformation and integration of primary care into the wider system with delivery through Health and Care Partnerships
ICB/71/23	Quality Escalation Report
71.1	See pages 107-138 of the document pack
71.2	The Board noted the Quality Escalation Report
ICB/72/23	Performance Report
72.1	See pages 139-189 of the document pack.
72.2	The Board noted the Performance Report
ICB/73/23	Finance Report: Month 2
73.1	See pages 190-200 of the document pack.
73.2	The Board noted the Finance Report
ICB/74/23	Committee summary reports
74.1	<p>Summary reports for the following committees had been prepared by committee chairs and the corporate governance team (see pages 201-216 of the document pack) and were noted:</p> <ul style="list-style-type: none"> Commissioning committee: 13 July 2023 Finance and Investment committee: 11 July 2023 Primary care board: 25 May 2023 Performance committee: 12 July 2023 Quality committee: 13 July 2023 Patient engagement forum: 14 June and 18 July 2023
74.2	The Board noted the committee summary reports
ICB/75/23	Deep dive: Mental Health Adult Services
75.1	<p>Karen Taylor (Chief Executive HPFT) presented this agenda item with colleagues from the ICB, ECC, HCC and EPFT which covered an overview of mental health services, performance issues and challenges, success and opportunities. The slide presentation had been circulated in advance of the meeting and is available to view on the ICB website.</p> <ul style="list-style-type: none"> Oliver McGowan training (LD awareness) for staff.
75.2	<p>Questions and comments were invited, with the themes below being discussed:</p> <ul style="list-style-type: none"> Drugs and alcohol services Bed capacity The importance of early intervention



	<ul style="list-style-type: none"> • Pathways for those in MH crisis • Community transformation work • The link back to the patient story shared earlier in the agenda. • There was a balance between the need for specialist support and recognition of the fact that most mental health patients had additional physical needs as well as possible neurodiverse diagnoses.
75.3	<p>The chair thanked KT and her colleagues for their presentation and detailed slide pack, he summarised the key areas to explore further at a system-wide level:</p> <ul style="list-style-type: none"> • Adverse childhood trauma needed better identification. • Increased sophistication of our understanding of the intersectionality of protected characteristics. • Crisis presentation: what learnings could be taken from other areas of the UK and how would changes in the police approach to mental health support affect this. • KT was confident that the mental health team was bold and outward looking, taking best practice from around the world and adapting it for HWE. The success of co-production was something to celebrate.
75.4	The Board noted the deep dive into mental health adult services
ICB/76/23	What would service users, patients, carers and staff take away from our discussion today?
76.1	The meeting had run over to allow more discussion at agenda item ICB/75/23, so this item was deferred.
Date of next meeting: Friday 22 September 2023	
The meeting closed at 13:00	



Herts and West Essex Integrated Care Board Board Meeting Action Tracker Last updated on 13 September 2023								
Private / Public	Action Tracker Ref No	Date of Meeting	Subject	Action	Responsible Lead	Deadline Date	Comments and Updates	Status
PUBLIC	ICB/45.4/23	26/05/2023	CEO Report	Board paper on dental services to be shared at the September ICB meeting	A Shah	22/09/2023	On the agenda	Closed

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

Meeting:	Meeting in public	<input checked="" type="checkbox"/>	Meeting in private (confidential)	<input type="checkbox"/>
	NHS HWE ICB Board meeting held in Public		Meeting Date:	22/09/2023
Report Title:	Chair's update report		Agenda Item:	06
Report Author(s):	With contributions from the ICB Executive Team and Partner Members			
Report Presented by:	Paul Burstow, ICB Chair			
Report Signed off by:	Paul Burstow, ICB Chair			
Purpose:	Approval / Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
			Discussion	<input type="checkbox"/>
			Information	<input checked="" type="checkbox"/>
Which Strategic Objectives are relevant to this report [Please list]	<ul style="list-style-type: none"> ▪ Increase healthy life expectancy and reduce inequality ▪ Give every child the best start in life ▪ Improve access to health and care services ▪ Increase the number if citizens taking steps to improve their wellbeing ▪ Achieve a balanced financial position annually 			
Key questions for the ICB Board / Committee:	N/A			
Report History:	N/A			
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 is asked to note the contents of the report.			
Potential Conflicts of Interest:	Indirect	<input type="checkbox"/>	Non-Financial Professional	<input type="checkbox"/>
	Financial	<input type="checkbox"/>	Non-Financial Personal	<input type="checkbox"/>
	None identified			<input checked="" type="checkbox"/>
	N/A			
Implications / Impact:				



Patient Safety:	N/A	
Risk: <i>Link to Risk Register</i>	N/A	
Financial Implications:	N/A	
Impact Assessments: <i>(Completed and attached)</i>	<i>Equality Impact Assessment:</i>	N/A
	<i>Quality Impact Assessment:</i>	N/A
	<i>Data Protection Impact Assessment:</i>	N/A



Chairs Report to the Integrated Care Board

Industrial Action

I begin my report to the board by thanking staff across all of the organisations within our Integrated Care System that have been part of the response to the most recent round of industrial action. The cumulative impact of such a prolonged period of industrial action is significant, although through hard work the immediate impact has been mitigated we must acknowledge that those most effected are our residents who have had appointments or procedures cancelled, and those that will have to wait longer for treatment as a result.

Our current challenges

In my report to the last board I emphasised the importance of recognising the challenges that face us as a health and care community - many if not all of which are shared by systems across the country. In recent weeks the NHS has been in the news for all the wrong reasons – with the conviction of Lucy Letby for the despicable and deeply distressing murder of new born babies. The Chief Executive Officer goes into more detail about this in her report, and I discuss the Fit and Proper Person Test below.

Since the frank discussion on the challenges of meeting our financial plan at the July Board, the Board has received two updates on the work taking place across the system to strengthen our capacity and ability to take the difficult decisions we need to meet that plan. I hope that we will again today be able to assess progress and identify further areas where collaborative working will help.

In acknowledging the collective effort and focus required to deliver our financial plan, we should not lose sight of the link between that plan and outcomes for our residents, and the very real performance challenges that we are continuing to grapple with.

I am sure that since the July board you, like me, will have been reflecting on the story Lucy shared with us about her experiences of Mental Health services, and Karen Taylors excellent follow up presentation which gave us the current operating context of those services today. There were many things to reflect on in Lucy's story, but one that has stuck with me is the impact that out of area placements have on the service user, which Lucy articulated so well. Of course, these placements are also a driver for some of the financial challenges we now face as a system. Today's integrated report explores this in more detail and sets out some of the work that is taking place.

The ICBs future ways of working

I am sure that everyone on the board will agree with me that whilst we need to manage the difficult current operational and financial environment, one route to overcoming these difficulties in the future is to be truly radical in the ways that we work together as a system to achieve our objectives.



I am delighted that in our private session today we will be receiving an update on progress in designing and implementing the ICBs operating model, which will of course have implications for the wider system.

I am very excited by the possibilities that the new way of working offer - with a more clearly defined role for the ICB and the formalisation of Health and Care Partnerships as a genuine collaboration of partners in a locality- which will mean that the local services every Hertfordshire and West Essex resident needs are designed and delivered by a genuine partnership of providers, commissioners, local government, the VCSFE sector and patients across their local area- and wherever possible within their neighbourhood.

Fit and Proper Person Test (FPPT)

As mentioned above, the Lucy Letby case has led to national debate around the importance of regulation for senior leaders in the NHS. Prior to the end of the trial, NHS England published their guidance on a strengthened FPPT. The ICB Governance and People teams are presently developing the organisations plans for implementing that strengthened test, and there will be a full briefing for members at our Board Day on the 20th of October.

Patient Engagement Forum

Colleagues will recall from previous updates that the ICB has been developing its Patient Engagement Forum- which will have the crucial role of advising the board and ensuring that the voice of the residents of Hertfordshire and West Essex are at the heart of the board's decisions.

The forum has now had several successful meetings and elected its chair, Alan Bellinger. I am looking forward to working with the group and over the course of the next few meetings I hope that board members will begin to see the impact of this work.

In closing, I do want to reiterate my thanks to everyone working in the NHS in Hertfordshire and West Essex at the present time. Despite the challenges detailed above I, and I am sure all of us, are humbled by the dedication and hard work of staff both in the ICB, and all of our NHS Trust, local government and system partners. This is demonstrated by the huge amount of work, delivering real benefits for patients, that runs through many of our reports today.

Paul Burstow

Chair

Meeting:	Meeting in public	<input checked="" type="checkbox"/>	Meeting in private (confidential)	<input type="checkbox"/>
	NHS HWE ICB Board meeting held in Public		Meeting Date:	22/09/2023
Report Title:	Chief Executive Officer's report		Agenda Item:	07
Report Author(s):	With contributions from the ICB Executive Team and Partner Members			
Report Presented by:	Jane Halpin, Chief Executive Officer			
Report Signed off by:	Jane Halpin, Chief Executive Officer			
Purpose:	Approval / Decision	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
			Discussion	<input type="checkbox"/>
			Information	<input checked="" type="checkbox"/>
Which Strategic Objectives are relevant to this report [Please list]	<ul style="list-style-type: none"> ▪ Increase healthy life expectancy and reduce inequality ▪ Give every child the best start in life ▪ Improve access to health and care services ▪ Increase the number if citizens taking steps to improve their wellbeing ▪ Achieve a balanced financial position annually 			
Key questions for the ICB Board / Committee:	N/A			
Report History:	N/A			
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 is asked to note the contents of the report. The Board is asked to approve the updates made to the ICB Governance Handbook.			
Potential Conflicts of Interest:	Indirect	<input type="checkbox"/>	Non-Financial Professional	<input type="checkbox"/>
	Financial	<input type="checkbox"/>	Non-Financial Personal	<input type="checkbox"/>
	None identified			<input checked="" type="checkbox"/>
	N/A			



Implications / Impact:		
Patient Safety:	N/A	
Risk: <i>Link to Risk Register</i>	N/A	
Financial Implications:	N/A	
Impact Assessments: <i>(Completed and attached)</i>	<i>Equality Impact Assessment:</i>	N/A
	<i>Quality Impact Assessment:</i>	N/A
	<i>Data Protection Impact Assessment:</i>	N/A



Chief Executive Officer's Report

Industrial Action

I would like to again thank everyone across the system who has been involved in maintaining services during the Industrial Action this year, including the most recent round of strikes. On today's agenda is the annual Emergency Preparedness, Resilience and Response report for the board, which goes into greater detail on the work that has taken place to ensure we were able to maintain essential services during this time. However, as the report sets out, this is becoming more challenging as the year continues.

Delivering our 23/24 Financial Plan

As the board will be aware from the updates it has received since our last meeting, work continues across the system to ensure we are taking the action needed to deliver the plan- in the context of a very challenging operational and financial environment.

This work is being led and coordinated by the systems Directors of Finance, with oversight from the System CEO group- both of which are meeting on a fortnightly basis. The finance paper before you today sets out the progress that has been made since our meeting in July and the key areas of focus in the months ahead- including identifying the leadership and delivery infrastructure for each of the key areas of delivery.

I am also delighted to announce that Matt Webb, Place Director for South and West Herts, will be providing senior leadership to our work within the ICB and across the system to deliver the efficiencies required to improve our financial position.

Revising our operating model and governance processes

Since the July meeting the executive team have progressed with work to develop our operating model- and to reduce our running costs following notification from NHS England that the Running Cost Allocation of all ICBs will be reduced by 30%.

We will launch our initial consultation with staff next week (the 25th). This consultation will be on the principles of the operating model, and the impact that it will have on individual teams- with a number of teams moving between directorates. As I have shared previously, we have sought to do all we can to avoid posts being placed at risk- but this has been unavoidable in a small number of cases, and we will be supporting those colleagues impacted during what will be a difficult time.

I am grateful to colleagues across the system who have engaged in the process of designing the new operating model- in particular the further development of the Health and Care partnerships that will be so important. The creation of Integrated Care systems provides a once in a generation opportunity to overcome some of the barriers that prevented the NHS from making the progress we all want to see in recent years, and our operating model seeks to seize this- stepping back from the traditional purchaser/provider split, breaking down organisational boundaries through collaborative working and ensuring decisions about our residents are taken by those that most understand their needs.

As you know we are also currently undertaking a review of our governance to support the above, the outputs of the review will be shared with the board in November.

Ensuring safety in Neonatal services

As you would appreciate the news of the trial and conviction of the perpetrator of the appalling murder and attempted murder of children at the Countess of Chester Hospital has led to questions from residents and Hertfordshire and West Essex, and system partner colleagues, about the safety of Neonatal services in our system.

In the time since these crimes were first discovered a number of changes have taken place across the country to strengthen risk management, mortality reporting and reviews, board reporting and the support of whistle-blowers through Freedom to Speak Up. A significant amount of work takes place within both the ICB and providers to develop assurance on the safety of all services.

The ICB team are also currently reviewing our approach to see if there is any further learning from this case that needs to be applied. As part of this the board will receive a paper in November on the Freedom to Speak up process within our organization.

Delegation of Specialist Commissioning

The pre-delegation assessment framework for the delegation of specialist commissioning by NHS England to the ICB was approved by commissioning committee on the 14th of September. The framework sets out the joint proposal in the East of England that specialised services are managed through a multi-ICB partnership in 24/25. It has not yet clear the extent to which NHS England will be in a position to devolve its staffing resources to ICBs to support this work at the start of 24/25- and this may impact on how the process of delegation is delivered, as set out in the national planned timescale.

Meetings with Local Authorities

I have continued to meet with colleagues from District and Borough Councils across our system, including Stevenage, Hertsmere, St Albans, and Watford Borough Council. What's clear from these meetings is that there is a strong, and very welcome, desire from these local authorities to be part of developing Health and Care solutions for their local communities.

It's also clear that whilst there are many common themes impacting all local areas, progress will best be made through solutions tailored to local circumstance. This is a great example of why our new operating model will make such a difference, as it's designed to ensure that decisions on health and care are taken by in exactly that tailored way.

In closing, I would also like to highlight that Nicolas Small has retired from his role as a partner at the Schopwick Surgery in Elstree after nearly 30 years of service. He will continue to work professionally at local practices and his role as a primary care partner member on the Board. I wanted to recognise the dedication, passion and patient focus that Nicolas has shown in his thirty years as a partner at the practice and wish him every success in whatever he chooses to do next.

Thank you for your ongoing support for the work of the Integrated Care Board.

Jane Halpin

CEO



Appendix A: Key Updates

Contents:

1. Strategy update
2. Primary Care Transformation
3. Operations
4. Place based updates:
 - 4.1 East and North Herts
 - 4.2 South West Herts
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5. Herts Mental Health, Learning Disabilities and Autism Health and Care Partnership
6. Medical Directorate update
7. VCSFE Alliance
8. Local Authority – Herts County Council
9. Local Authority – Essex County Council
10. Workforce update
11. Governance inc. Risk Report

1. Strategy Update:

We received feedback from NHSE on our Joint Forward Plan (JFP) in July. They reported a significant improvement in our plan and felt there was evidence of strong collaboration between partners across our HCPs with a clear focus on prevention and levelling up. They have noted some suggested improvements in relation to providing greater definition of some of the milestones and trajectories, they also raised concern that a lot of the plans only cover the next 2 years, and they encouraged combining the vision for the ICP with the strategic priorities of the ICB so that there is a single narrative. They also noted that there were less E&N Herts actions/ambitions than the other places.

Since the feedback has been received it has been shared with relevant leads and work has been undertaken to obtain high level metrics from leads, further baselining work is being undertaken to support monitoring of impact, this information is also being shared with the lead on the ICS Strategy delivery plan to try and align some of this. A review of the phase 1 process is being undertaken with leads, as part of the planning process for the year 2 refresh, which is due to be completed by March 24, we are also expecting updated guidance from NHSE later in the year about this.

2. Primary Care Transformation update:

2.1 Vaccination update

Covid and Flu

- Due to a new variant, the covid and flu programmes have been brought forward with commencement on 11th September for care homes (residents & staff) and at risk, with all other cohorts coming online from 18th September. As in previous years HWE will include vulnerable cohorts including Severe Mental Health and Learning Disabilities.
- In light of this the funding has been reviewed and additional accelerated payment proposed with a view to prioritise certain cohorts to be immunised latest by end of October.



- Delivery models across HWE is via Primary Care Networks (PCNs), Community pharmacies and targeted outreach support delivered through Hertfordshire Community Trust.
- Co-administration will be encouraged where possible for care homes as well as for other cohorts, recognising some patients will not want both at the same time or that some are unable to have both at the same time.

Research project into immunosuppressed

As outlined previously we are funded through region to conduct a study to further understand what prevents at risk and/or immunosuppressed patients coming forward for a Covid vaccination. This research led by Public Health in Hertfordshire County Council has shown three main barriers:

- beliefs about change (if I get the booster how likely with if be effective and protect me);
- beliefs about consequences (low perception of risk of Covid 19);
- location (need for more local sites to access more easily).

Team have developed a set of recommendations some which are in trail and others will be to support future Spring or Winter vaccination programme.

- development of a FAQ document with invite;
- offering webinars;
- offering a booster when a patient attends other appropriate clinics for their condition
- Availability in easily accessible places including local schools and churches

There were also two recommendations that will be fed up to national level which includes how we can including a blood test to show current immunity levels when blood is being taken for something else to monitor the patients condition; and the use Covid risk tool to give patients a personalised risk score. This research will be used to support plans in HWE for the Spring 24 programme.

2.2 MMR vaccination work in targeted areas

Work has commenced to increase uptake of MMR within the Hertfordshire area. HCT are using Child health Immunisation System (CHIS) data to identify areas of low uptake with a view to highlighting issues to individual GP practices. This data is currently in a raw form and is being validated. The work is in early stages but will be used on a rolling monthly basis to keep GPs engaged and informed. CHIS will be undertaking the same work for the West Essex area but have only recently taken over the contract for the data so this will take more time to come on stream.

2.2 Primary Care Contracting

The Contracting team continue to support commissioning and contracting functions together with ongoing support to practices working closely with Quality Directorate on any issues arising from whistleblowing, contractual concerns, and patient complaints across all primary care contractors. Dental is not included in this update as it is a separate item on the Board for information.

2.1 Primary Medical Services

As outlined in the approved Primary Care Strategic Delivery Plan, we will be looking at way of innovative but sustainable primary care contracting of services. Some of the key updates since last Board meeting include:

- APMS contract award to Stellar Healthcare (GP Federation in West Essex) for the provision of primary care services to Jacobs and Gardens Neurological Rehabilitation Centre in Sawbridgeworth. This is a specialist care home and aim of this contract award is to provide the resilient and long-term support over 3 plus 2-year contract working closely with community and care home provider. The provider commenced provision of services from 1 September 2023.
- The procurement of the APMS Contract at Spring House Medical Centre concluded and following the 10-day standstill period, with no challenges, the ICB were able to award the contract to the successful bidder; Ephedra Healthcare Ltd who are the incumbent provider.



Instead of the standard 3 year contract, this transformational contract has been agreed for 10 years which was approved by NHSE in line with the Delegation Authority.

- The APMS contract at Sollershott Surgery has been extended until 31 March 2024 whilst the appropriate documentation and process is initiated to support a merger with another local GMS practice from April 2024 at which point this will be move from APMS to GMS contract.

Community Pharmacy and Optometry Contracting hosted service.

The Pharmacy and Optometry Team (P&O) have been successfully embedded into HWE as of 1 April 2023. As outlined previously as of July 2023 HWE as host is also responsible for Fitness processes for Pharmacy which has transferred from Professional Standards Team at NHSE. As part of this, we are in the process of transferring the Clinical Advisers from NHSE to HWE who provide support to this process including as case reviewers, providing clinical input in contractual initial and follow up visits with the contracting team. Note this was not a TUPE transfer for these clinical advisors as they will work ad hoc under a contract for service.

The P&O team under the governance of Pharmaceutical Service Regulations Committee have undertaken a review of the processes to develop a Standard Operating Procedure for Fitness and will continue to refine this with the learning to date.

In addition, the Memorandum of Understanding that we have between the 6 ICBs in East of England has been reviewed with suggested amendments to the appendices made in draft to reflect some of the complexity and interdependence, including matters arising as we learn from the process such as engaging legal support and the role of each ICB at appeals, linking with each ICB whistleblowing, freedom to speak and complaints processes etc. Teams are working closely with NHSE

Professional Standards team to clear the backlog of fitness matters whilst having taken on the new ones from July 2023 and follow through with the ones through appeal.

2.3 Primary Care Workforce

Primary Care Awards – HWE Celebrating Primary Care Achievements 2023

The awards ceremony will take place virtually on Wednesday 11 October 2023, 7:00 – 8:30 pm. Nominations have been received for all categories. In total 79 nominations received – see table below: -

Award	Totals
Digital Transformation	7
Excellence in Patient Engagement	9
Excellence in Supporting Staff Health and Wellbeing	5
Excellence in Training and Development	17
Integration and Collaboration	8
Leaders in Innovation	6
The HWE Community Pharmacy of the Year 2023	4
The HWE Dental Practice of the Year 2023	2
The HWE General Practice of the Year	3
The HWE Ophthalmic Service of the Year 2023	3
The HWE Primary Care Network of the Year 2023	8
The HWE Team of the Year	7
Grand Total	79

The aim of this is to celebrate and learn from good practice, share it across the system for it to be adopted.



Enhanced GP Fellowship Programme

Building on the success of the previous year's scheme, the Enhanced GP Fellowship programme has been launched which closes on the 11 September 2023. To date we have already had 19 expressions of interest.

A number of specialist areas are being sort, they are Hertfordshire Community Trust, Hospital @ Home, Chronic Fatigue/long covid, Childrens Mental Health. Central London Community Health Care Trust – care of the elderly, rapid response, long covid, frailty, sexual health. Princess Alexandra Hospital – Women's health, emergency medicine, cardiology, and dermatology. Discussions in place with East and North Herts Hospital Trust and West Herts Hospital Trust.

Teams are working closely with the Medical Directorate in order to ensure there is a joined up approach and we prioritise as outlined in the clinical areas. Evidence from previous year has indicates 85% of the GPs who enrolled in the programme are currently still practicing across HWE ICB as a GP showing good retention and some also continuing to enhanced work in the specialist area part time.

2.4 Update on Transformation

Primary Care Access

All 34 PCNs have an agreed Access Improvement Plan as outlined in the Primary Care Access Recovery Plan. Practices are implementing the areas of development and actions in the plan including some practices transitioning to Modern General Practice through understanding of their ever-changing demand and capacity, maximising the use of cloud base telephony where in place, enrolling for the National GP Improvement Programme (19 practices and 4 PCNs).

Over 20 sites have been identified for the roll out of cloud base telephony which was approved in July 2023. However, delays in implementation via the national procurement hub which may result in these practices unable to show a change and improvement in telephone access for 2023/24. This has been escalated to the regional team.

Good progress being made on online access to GP records. Targeted work with 29 practices to enable access by opting into (EMIS) or following self-enablement process (TPP).

Whilst there is no additional national funding for winter pressures this year specifically aligned to Primary Care, acknowledging the national recovering plans and the system wide responsibilities to deliver a resilient winter, in line with previous years HWE have agreed local primary care funding to commission additional same day access activity in primary care at the same level as last year, £1.43 per weighted patient, which will be subject to a PCN plan being appropriate to meet the local and national priorities. This capacity should support surges in practices in PCNs when reaching OPEL 3 or 4.

In addition, the Community Pharmacy Urinary Tract Infection pilot in 2 localities across HWE is showing some good early results. Following discussion at Primary care Transformation, Clinical leadership are keen to progress this for winter across all localities whilst we wait for the national scheme to be implemented.

Work is progress in each of the three places on same day access hubs which is broader than just primary care. The three areas of focus include – Hertsmere, Stevenage and Harlow.

Asthma Diagnostic Hubs in PCN's

In December 2022 the Primary Care Commissioning Committee approved the business case for the provision of Asthma Diagnostic Hubs at PCN Level.

This new model of care for Asthma Diagnosis is based on the "NHS Rightcare Asthma Toolkit – September 2022". The ICB recognises that most asthma diagnosis should be made in primary care settings and that general practice requires support to deliver these services in line with the national recommendations.

The procurement for the diagnostic toolkit has been complete and teams are working on a phased mobilisation with 9 PCNs launch between October and November.



3. Operations:

Key successes:

- Completion of the regional and national assurance requirements for Winter – narrative and capacity plans – have been submitted. A HWE winter plan and assurance presentation is being developed to present at either the October ICB Board Day or the November ICB Board meeting.
- The first meeting of a revised ICS Virtual Hospital Steering Group took place on 10 August which brought together clinical and operation leaders to agree priorities for ongoing development, utilisation and expansion of virtual hospital and hospital at home capacity.
- Considerable work has gone into producing a plan, including strategic intentions, for commissioning and contracting across the ICB for the next 12 months. The plans have been consolidated into a paper for consideration at Commissioning Committee and seek to address issues of unwarranted variation in service access and outcomes, financial sustainability, and promoting increased levels of collaboration and integrated working.

Upcoming opportunities, key events and challenges:

- Planning for concurrent junior doctor and consultant strikes remains a priority for the EPRR team – this includes providing assurance to NHSE on system resilience, staffing rosters and support during strike periods, and working with system partners on plans for mutual aid and closer system coordination. In addition, ICB commissioners are looking at where additional capacity outside of areas most affected by strikes may be of valuable assistance e.g. in increasing clinical staffing within the 111 and clinical assessment service
- Senior managers of the ICB will be meeting for a day long workshop on 19 September to discuss new ways of working and developing our ICB culture for change in support of the changes outlined in the ICB operating model – this will mark the start of conversations with further engagement planned.

4. Place-based Updates:

4.1 East and North Herts:

Key successes in the last 2 months:

As part of our Care Closer to Home programme we now have an agreed scoping document with partners for the development of our Integrated Neighbourhood Teams (INTs), with two Primary Care Networks being vanguard sites for implementing the approach. We continue to build on the outputs from our culture workshops, focusing on INT development and plan to build on this as part of our business processes, with an agreed plan for the next year. One of the evaluation outcomes the programme was working more closely with District and Borough councils. Initial meetings between Borough and District councils are being convened with partners and work is underway to expand patient involvement by knitting-together existing patient groups with the Community Assembly.

The Clinical and Professional Transformation Group held a deep dive into our respiratory priority and have agreed several actions which include strengthening the Early Supported Discharge Service into Princess Alexandra Hospital, increasing the wellbeing offer to support patients with long term conditions, acute and community rotational posts in two of our localities, addressing the use of high dose inhaled corticosteroids and increasing our focus on hard-to-reach groups. Thirty-one patients have been recruited onto the Managing Heart Failure @ Home pilot and there is a plan in place to



have 50 patients benefitting from the service by the end of September. The mobilisation group for the Integrated Heart Failure Service has been established.

Upcoming opportunities, key events, and challenges:

The partnership will commission a follow-on culture and organisational development programme given the success of the recent workshops which will focus on culture change within INTs. Closer work with the ICB's PHM team to develop a rolling programme to support the INT model in conjunction with local transformation teams. Our refreshed transformation portfolio is being further reviewed to ensure alignment across the partnership and to assess priorities in line with population need.

As part of the HCP development work, we are reviewing the partnerships governance with the ENH Commissioning Committee being refreshed on an interim basis, to facilitate service development and/or coordination of funding allocation to drive delivery of ICP, ICB, and 'place' priorities. Our relationship with wider VCFSE partners continues to evolve, with 14 organisations expressing an interest in working with the Partnership on areas such as, the development of the INT's, frailty, drug and alcohol misuse and developing their understanding of the respiratory programme.

4.2 South and West Herts:

Key successes since the last meeting:

- The South and West Hertfordshire (SWH) musculoskeletal (MSK) procurement process has now been completed and bidders have been notified of the outcome. The team are working towards award of contract. The aim is for the new MSK service to go live from April 2024.
- A decision was made by the ICB Commissioning Committee in July to decommission the community ultrasound service from 31 March 2024 (end of contract). The ICB has since been working with West Hertfordshire Teaching Hospitals Trust (WHTHT) to incorporate ultrasound activity into plans for the development of community diagnostic centres (CDC). The first phase is to develop CDCs at WHTHT's St Albans and Hemel Hempstead hospital sites. At the CDC at St Albans hospital – due to open in March 2024 – there will be a new MRI and CT scanner. These will support patients with suspected or diagnosed cancer, or other conditions that might require surgery. This CDC will also provide ultrasound, a nuclear medicine scanner, and x-ray as well as existing pathology services. We are also working with WHTHT on plans to develop community outreach clinics in Hertsmere to improve equity of access to diagnostic services, to continue to operate some GP direct access pathways and meet the six weeks wait national diagnostics standard.
- South and West Hertfordshire Health and Care Partnership's (SWHHCP) virtual hospital strategy and strategic delivery plan has been approved by the SWH virtual hospital partnership board. Over 1,000 patients have now been onboarded/discharged from our SWH virtual hospital service. This has resulted in a 30% reduction in acute length of stay for step down patients. An operational manager and a performance/delivery manager have been appointed and are due to start mid-September.
- The SWHHCP has been working on a development plan that sets out how we work together as a single team responsible for planning, improving and delivering population-based health and care services for the population of SW Herts. The development plan is being updated to reflect the impact of the changes proposed in the ICB Operating Model. The HCP Development Director role has been appointed to.
- The HCP is working on a set of priorities and deliverables for 2023/24. The delivery of these priorities will be through the existing Locality Delivery Boards. Data packs have been developed for each Locality with support from district, county council public health and ICB



PHM colleagues. These packs are enabling localities to discuss and agree the top three priority areas that locality partnerships will focus on going forward to improve outcomes for their population.

Upcoming opportunities, key events and challenges:

- There has been a delay with the ICS-wide pathology contract and we are working with our current pathology service managers to ensure continuity of service whilst we work out next steps.
- Development of a six bedded HWE Vascular Hub at the Lister hospital is underway, with building and installation due for completion by May 2024 and will be in full operation by the end of 2024. The plan is that major vascular cases from WHTHT and Princess Alexandra Trust (PAH) will move to the hub. This will free up their local critical care bed capacity. The first phase over the first few months will be to move the elective work from Watford and Harlow to Lister. In the second phase, emergency work from WHTHT will move to the hub. The HWE Vascular Hub will be staffed with a specialist team of 10 vascular surgeons, interventional radiologists, vascular anaesthetists and vascular trained staff nurses in theatre and the wards. Outpatient, day cases, minor amputations and day case angioplasty will continue at the networked hospitals (WHTHT and PAH) with vascular consultant ward rounds for inpatients in these hospitals as well as at the Hub in Lister.
- At the July HCP Board meeting, it was agreed that the data packs for each of the five localities in south and west Hertfordshire would be disseminated to and discussed at locality meetings to agree responses to what's the current population data telling us, the top two or three things the locality partnership needs to work on together and what support they will need from the board. These responses will be collated on 15 of September, and a full discussion will take place at HCP Board on the 28 September.
- In support of the work on optimising the HCP Board's capabilities an organisational development programme has been commissioned for the rest of the year to get a better understanding of individual reflections on the values and behaviours that have a positive impact on our partnership. Further work is being explored to support organisational development of locality leadership teams and front-line staff.

4.3 West Essex:

Key successes in the last 2 months:

- **Integrated Neighbourhood Teams- Supporting care homes and future models for intermediate care:** Rollout of the proactive care model with Integrated Neighbourhood Teams continues to make good progress. Loughton and Buckhurst Hill INT focussing on care homes including nursing. South Harlow INT focussing on our "vital few" population as identified through the Intermediate care programme. The work with Harlow will be undertaken as a proof of concept to inform future models for intermediate care in West Essex to improve outcomes for our population. There has been a lot of interest in the INT model with PHM as a key enabler. This work has been shared across Essex and the team were asked to present on an NHS England webinar this August.
- **Mobilising the Transfer of Care Hub (TOCH):** The West Essex Care Coordination Centre (CCC) is a core building block of our Out Hospital model of care and a key enabler for the new intermediate care model. The CCC is currently mobilising the Transfer of Care Hub (TOCH) function within the CCC working alongside acute colleagues to ensure integration with discharge teams. The TOCH function will facilitate the transfer of all hospital referrals



into CCC triage and will monitor and actively update system trackers for intermediate care. The aim of the TOCH function is to improve experience for individuals leaving hospital settings and maximise system capacity by managing effective transfer of care. The TOCH is to be mobilised by the end of October 23.

- **Improving Same Day Access:** The due-diligence process to commission a new all age Integrated Urgent Assessment and Treatment Centre for the population served by PAHT has now concluded with a recommendation to be presented to the board. The IUATC to be provided by a collaboration of local partners coming together to join up and coordinate care for people who need same day access to urgent care.
- **MDT working survey:** The annual WEHCP MDT survey was completed in August which was sent to front line staff across Health and Social Care in West Essex providing insight into integrated working. A joint exercise between the LTC Expert Oversight Group (EOG0 and Out of Hospital EOG focussing on three elements: MDT working, MDT meetings and Care Coordination Centre. The overall rating out of 5 (highest score) was 3.47. The score for MDT meetings was 3.57 both scores similar to the survey results in 2022.
- **Harlow Inequalities Stakeholder Event:** On 6th September the 3rd Harlow Health Inequalities Stakeholder Event took place engaging over 30 colleagues from a range of partner organisations including Essex County Council Public Health, Harlow FE College, Library Services, EPUT, ICB, PAHT, Rainbow Services, Harlow Poverty Alliance, Butterfly Effect Well Being and PCN Clinical Directors. This created an opportunity to exchange information on range of activities addressing health inequalities in Harlow. This included Harlow Community Hub, Suicide Prevention services- Butterfly Effect Wellbeing, the While You are Waiting project-ICB, My Health Matters project – Rainbow Services and many more.
- **Working across the partnership to improve employment:** The WEHCP workforce delivery group is making good progress since coming together for the first time in July. Made up of representatives from the NHS organisations, Essex County Council, local colleges and schools, Anglia Ruskin University and the DWP, the group is focusing on three areas: 1) specifying the skills health and care employers need to education and training providers, and recruitment; 2) busting the barriers to work and improving employability; 3) helping people achieve their potential and retaining them. Activities underway include a WhatsApp group for members to share news and ideas, an employability week at Epping College in early October and the creation of a new health and care college in Harlow. A 'reverse jobs fair' for those with autism and learning disabilities and greater opportunities for work experience and apprenticeships are also planned. The group is linking closely with the Essex Anchors programme.
- **Levelling Up, Harlow:** The West Essex HCP is playing a key part in the Levelling Up programme for Harlow. Tackling health inequalities in the town is one of two key priorities – the other is to improve employability and access to better jobs – and third of three workshops was held on 6 September to develop a joint action plan. This includes work on healthy weight, oral health, mental health and suicide prevention – linking closely with the wider determinants of health and a move to join up and improve access to advice and support for people living in the most deprived areas.

Up-coming opportunities, challenges and key events:

- **Building relationships with key partners:** There are two key events being held in west Essex this autumn. Leaders of Harlow schools and local health services a meeting on 19 October to discuss how they can work closer together. This is being followed on 29 November by the launch of the 'West Essex Connectors Network' – a new forum to connect



those across the public and voluntary sector providing information, advice and support in local neighbourhoods. This includes social prescribers, community engagement teams in local authority, police and fire services and Citizens Advice staff.

- **Developing plans for St Margarets estate:** Partners are working with the ICB Estates team to develop plans for future utilisation of the St Margaret's site. This is in the context of the plans for the development of the Community Diagnostic Centre and opportunities to address underutilisation and voids. This will form part of the ICB Estate Infrastructure Strategy due in December.

5. Herts Mental Health, Learning Disabilities and Autism Health and Care Partnership:

The MHLDA HCP has convened and led multi-agency activity in pursuit of the ICB and ICP's wider ambitions and objectives. We have coordinated system activity around neurodiversity and have supported the development of the ICB's business cases to address the backlog in ASD/ADHD assessments for children and young people.

We are moving ahead on the HWE Integrated Care Partnership supported employment priority, identifying team members across our partnership who will provide baseline information on the practices we currently use to support people with serious mental illness, learning disabilities and autism to access employment opportunities within our organisations.

Our Learning Disability and Autism Strategic Partnership Board recently approved the Annual LeDeR report 2022/23. The annual report for 2022-23 shows an increase in the number of deaths of people with a learning disability reported to the programme in Hertfordshire compared to last year. The report outlines the key themes and findings of the reviews and identifies the key activity required across the system. For example, respiratory conditions continue to be a key focus area and will be a specific area of focus for the LeDeR Leadership group over 2023/24. The Annual Report was also considered by the MHLDA HCP's Clinical and Practitioner Advisory Committee who considered how we align activity around the delivery of the MHLDA HCP Physical Health Strategy with the findings of the LeDeR programme so that we are focussing the system's attention and energy on those issues where we can make tangible improvements.

The MHLDA HCP's Crisis Care Partnership Board convenes partners across Hertfordshire to deliver the National Crisis Care Concordat and Hertfordshire's Declaration on improving outcomes for people experiencing mental health crisis. The Board's terms of reference and membership were refreshed earlier in the year to ensure that it provides senior, multi-agency oversight and leadership for system activity. Co-chaired by Chief Executive of MIND in Mid-Herts and the Deputy Chief Executive of HPFT, the Board is currently progressing activity around frequent attenders, the development of Urgent Crisis Assessment provision and supporting the ICB's UEC Board in relation to winter planning.

It has also been agreed with Hertfordshire Constabulary that the Crisis Care Partnership Board will provide the partnership board to oversee the development and implementation of the Right Care, Right Person model of police resourcing. This will include work to review how the police handle welfare calls alongside the wider system as well as the responsibilities of the police in terms of supporting people who are admitted under Section 136 of the Mental Health. A multi-agency group involving Hertfordshire Constabulary and ICB commissioners are meeting on a weekly basis to progress this work.



6. Medical Directorate:

6.1 PHM:

The PHM team continues to support implementation of Integrated Neighbourhood Teams to develop a PHM approach with the roll out also taking place in SWH and E&NH INTs.

A new needs analysis on End of Life in Herts and West Essex is due to be published at the beginning of September.

Research – in line with the strategic aims described within NHSE's Maximising the benefits of research: Guidance for integrated care systems, the ICB is building its research capacity and capability with the creation of a part time Head of Research and Innovation (funded by NIHR Research Capability Funding). This role will be instrumental in developing an ICS Research Strategy and ICS Virtual Research team.

6.2 Long Term Conditions:

- The cardiovascular workstream continues to progress work to improve hypertension detection and management, with an expansion of the projects. In addition to rolling out home blood pressure devices, developing an integrated primary care diagnostic pathway and delivering blood pressure optimisation training, the ICB will
 - Working with practices with the lowest hypertension detection rates and the lowest proportion of people with hypertension treated to targets. These practices will be provided with additional support, including learning from practices with high performance.
 - Develop a set of actions for all non-primary care providers to deliver. These actions will include identifying a hypertension champion, raising awareness across the Trust and coordinating training. All providers will be asked to complete blood pressure recordings during clinical contacts (e.g. as part of outpatient appointments or pre-operative checks)
 - Work with digital teams in providers to ensure that blood pressure readings taken are shared with the person's general practitioner.
 - Developing a system wide comms campaign to raise awareness of the importance of 'Knowing your numbers', where people can go to have their blood pressure checked and what steps people can take to reduce their blood pressure.
- Work across other long term condition disease areas include progress with implementation of the PCN respiratory hubs to improve diagnosis of asthma, rollout of training and development for primary care on diabetes care process and mapping existing services across diabetes and neurology to identify opportunities for service development and improving population health outcomes.
- The ICB is also support existing services across stroke and cardiology to recover and improve performance.

6.3 Pharmacy and Medicines Optimisation Team:

Two national documents have been published in August, one outlining the arrangements for medicines optimisation in the NHS and the roles and responsibilities of the ICB. The document emphasizes the importance of collaborative system working and having a system wide medicines optimisation committee. We have an established system wide Medicines Optimisation Group the ICB medicines team have good working relationships across the ICS and meet regularly, to share ideas



for efficiencies, to improve the quality of care and to improve safety. The ICS group is committed to working on projects as one pharmacy team and supporting others across the ICS to deliver safe and effective patient care. The document also recommends a review medicines and prescribing budgets across the ICS, rather than in isolation by organisation, alongside consideration of potential clinical pathway and/or service redesign. An ICS approach with multidisciplinary and service user input will ensure medicines are prescribed in the right setting, by the right person, at the right time. This also provides opportunities to improve safety and quality around medicines for improved health and social outcomes, as well as sustainability of resources. We aim to do this. The other document published outlined 16 medicines optimisation opportunities. (NHS England » National medicines optimisation opportunities 2023/24) Nationally it is recommended for medicines optimisation team to choose to work on around 5 indicators, but we have been working on the majority of them which is shown by how we benchmark on the 16 indicators.

England have announced that we can commence implementation of the Pathfinder programme for testing independent prescribing (IP) in community pharmacy. The programme will involve 5 community pharmacy sites across Hertfordshire and West Essex (HWE). The Pathfinder programme will run until March 2024. The pharmacy urinary tract infection service we are piloting in Herts mere and Dacorum Update has seen over 100 women and 11 community pharmacies are signed up to deliver the service.

7. VCFSE Alliance:

The Alliance now has a membership of 243 individuals (from 143 organisations) and work is continuing to expand and diversify the membership. The lead up to elections to the committee in March 2024 will be an opportunity to continue this process. The three officers (Chair and 2 vice-chairs) continue to March 2025 but the other 9 committee roles are up for election and the Alliance is looking to maximise engagement of the sector in the process. Funding for the Alliance is yet to be agreed post March 2024.

A task and finish group on Commissioning of the VCFSE Sector met twice in the summer and a first set of commissioning principles has been drafted. These were shared with HCSG on 18 July and are currently being consulted on prior to being presented to Commissioning Committee in November to ensure the system is maximising its ability to support the sector. Work is also in hand to scope the role of the VCFSE in supporting Integrated Neighbourhood Teams to address the wider determinants of health locally and reach out more effectively to communities facing health inequalities.

A workshop with 50 stakeholders from across the system in July agreed the key principles of the No Wrong Door approach for HWE ICS, namely ensuring public and professionals understand:

- There is always someone who can help.
- The system takes responsibility for networking so that people can find the right help easily.
- The system promotes the No Wrong Door message to public and professionals.

8. Local Authority – Herts County Council:

Hertfordshire County Council (HCC) has approved the roll out of **assistive technology** to residents supported by our adult social care (ACS) teams to enable them to live independently in their homes for longer. Following a successful pilot the Council has agreed to allocate £1.88m to enable assistive technology to become part of the ACS 'business as usual offer' in late 2023. Our assistive technology involves the provision of technology in the home, such as sensors, which produce data to help carers and other professionals plan the person's care and support needs. It helps identify



emerging issues, enabling targeted support to be put in place and preventing the need for crisis intervention.

HertsHelp is currently undergoing a transition from the current provider to the new provider, HAPP (Hertfordshire Advice Providers Partnership) a partnership between Citizens Advice Stevenage and Age UK Hertfordshire. The new service went live on 1 September. HertsHelp is our countywide information and advice helpline which has trained advisors to help people find independent support, guidance and information. More information can be found here - www.hertshelp.net

The government has confirmed plans to withdraw funding for **Local Enterprise Partnerships** (LEP) across England. Hertfordshire LEP's functions will now be transferred to Hertfordshire County Council. There has been a close relationship between HCC and the LEP, and with Hertfordshire's district and borough councils, for many years and planning for a smooth transfer is underway. The change is an opportunity to integrate our work on sustainable economic growth even more closely.

The Hertfordshire Domestic Abuse and Violence Against Women and Girls Partnership has launched a new county-wide **Community Outreach Service (COS) for domestic abuse victims not in imminent danger**. The new Community Outreach Service went live on 1 July and is a two-year pilot. The service will strengthen the existing network of support for domestic abuse victims which includes several services for high-risk victims of domestic abuse.

9. Local Authority – Essex County Council:

Women's Health Hubs

The [Women's Health Strategy for England](#) sets out a 10-year ambitions for boosting the health and wellbeing of women and girls, and for improving how the health and care system listens to women. The strategy encourages the expansion of women's health hubs across the country to improve access to services and health outcomes.

Nationally, £25M non-recurrent funding has been identified and allocated to each Integrated care board (ICB) for use in 2023-24 and 2024/25. It is intended that the additional £600k supports some aspect of work as described in the link below:

<https://www.gov.uk/government/publications/womens-health-hubs-information-and-guidance/womens-health-hubs-core-specification>

Women's health hubs are understood as a model of care working across a population footprint and are not necessarily a single physical place. They will provide an opportunity for partners to work together to deliver the strategy.

Harlow oral health system meeting

ECC Public Health, the West Essex Health and Care Partnership and Harlow District Council hosted an in person oral health system meeting to discuss the current and emerging oral health needs of children in Harlow. Stakeholders in attendance included the Harlow Levelling Up team, West and Herts ICB, Community Dental Services, Essex Child and Family Wellbeing Service, Harlow District Council, Harlow College, and a representative from Harlow primary schools.



Presentations on children's oral health and obesity data prompted discussions and a number of proposals are now being explored as part of a long-term system response. This includes oral health initiatives for schools, considering ways to increase the workforce by exploring opportunities for local oral health training courses and engagement with Children and Families to better understand their needs and any barriers which may be impacting their oral health. Oral health and healthy weight will be discussed further at a meeting between Harlow headteachers and health representatives on 19th October 2023.

The Public Health Accelerator Bids (PHAB) programme

We launched the major grants on the 1st August and we are delighted that in round one we received 75 applications. These have been carefully assessed, and a number have been invited to submit a second stage application. Some expressions of interest have been deferred to seek further clarification from applicants. Expressions of Interest for round 2 of our major grants will open on Monday 6th November and closes on Friday 1st December.

Organisations can now apply for a small grant between £500 and £15,000 to deliver a project that aligns closely with the priorities in the new Essex Wellbeing, Public Health and Communities Business Plan. You can read the plan here: [Wellbeing, Public Health and Communities business plan](#).

More information on the PHAB programme, including the link to application forms, is available at: www.essex.gov.uk/phab.

10. Workforce:

The system has received its level of attainment report for development of E-Rostering and E-Job Planning across clinical roles. Responsibility for continuing to support development and share best practice across organisations will now sit with the ICB, and we are seeking to develop appropriate governance structures to ensure this area continues to make strong progress.

NHS Organisations have submitted interim five-year education commissioning plans, aligned to the system's operational plans to NHS England, which are currently being reviewed.

Up to 45 young people will soon take part in the new cadet scheme being developed with St Johns Ambulance. Four groups will soon be starting virtually to engage young people from across the system around careers in health care, working closely with Health & Care Academy and NHS Ambassadors to promote different roles, as well as learning key emergency aid and career skills, over the 38-week programme.

At the end of September working in collaboration with the University of Hertfordshire, we will launch an app dedicated to providing students and learners on a range of clinical professional courses with a toolkit of support, to aid student and professional retention. The app builds on the success of our 'InterN' app which is dedicated to international recruits on arrival in the system.

The system continues to review how it can improve activity in relation to improved productivity and efficiencies across the system. There is now regular monitoring and improved understanding of bank and agency spend which is being closely monitored by the system's temporary staffing group. In addition to this, the region continues to develop their productivity diagnostic tool, and the system has volunteered to be an early implementer. This piece of work will run alongside the workforce establishment growth review which will review establishments from before Covid to now.



Review of Freedom to speak up processes and ICB responsibilities across the ICS are being explored following the Letby case.

11. Governance inc. Risk Report:

Following the appointment of the ICB Nursing and Quality Director on 31 July 2023, the ICB Governance Handbook has been updated. Changes are included within pages 11, 17, 19 and 20.

The Board are asked to approve the updates made within the Handbook.

Risk:

Building on the risk reports that have been presented to the board previously, we are now in a position to propose a revised Board Assurance Framework, which has been broadened to ensure that it incorporates the key strategic and system risks we hold as an organisation.

The board is invited to review the BAF and comment on its current content and any additions required.



APPENDIX A: Assurance Framework Report (16+)

SO IDs		2022/27 Strategic Objectives				No of risks	Strategic Leads		Assurance Statement				RAG rating of overall performance					
SO1	Increase healthy life expectancy and reduce inequality					2	Rachel Joyce	We would like to provide the Board with assurance that we have reviewed the corporate risks for the ICB. Currently, there are 137 risks on the Datix Risk Register. Out of these, 56 are corporate risks (12+). Of the corporate risks, 10 are listed on the Board Assruance Framework (BAF) as the most significant (16+) to the achievement of the ICB's strategic objectives, including risks IDs 351, 498, 526, 608, 609, 610, 629, 648, 650 and 653. Two of these risks have a score of 20, with the risk IDs 608, and 609 shown on the risk matrix. We assure the Board that the ICB is committed to implementing appropriate measures to manage these risks effectively and mitigate their potential impact.						Green				
SO2	Give every child the best start in life					1	Prof. Natalie Hammond											
SO3	Improve access to health and care services					6	Frances Shattock											
SO4	Increase the number of citizens taking steps to improve their well-being					0	Beverley Flowers	The Audit and Risk Committee on behalf of the ICB (Board) gains further assurance on strategic and system risks that are scored 16 and above, including the rationale for risk scores and the effectiveness of the controls in place to mitigate the identified risks. Additionally, the committee is expected to gain assurance from the alignment of risk management processes with the three lines of defence framework, ensuring that risks are identified, assessed, and managed appropriately throughout the organisation.										
SO5	Achieve a balanced financial position annually					1	Alan Pond											
TRIGGER ZONES FOR MANGEMENT ACTION PLANS														→				
Risk Matrix		Consequence (C)					No#		HWE ICB Directorates		No of risks (12+)		Further breakdown into principal risks scored 16+		Progress			
		1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic	1	Chief of Staff (Communication, Corporate Governance, Information Governance)		<div></div>	4	<div>Risks scored 12+, 56</div> <div>High risk, 10</div> <div>Scored 16, 8</div> <div>Scored 20, 2</div> <div><div></div> Risks scored 12+ <div></div> Scored 16 <div></div> Scored 20</div>						
Likelihood (L)	5. Almost Certain				2 risk	2	Finance, Contract, Premises		<div></div>	8								
	4. Highly Likely				8 risks	3	Medical		<div></div>	4								
	3. Possibly					4	Operations (3 Places & HBLICT)		<div></div>	13								
	2. Unlikely					5	Performance (Business Intelligence, Digital Transformation & Performance)		<div></div>	6								
	1. Rare					6	Primary Care		<div></div>	11								
						7	Quality and Nursing		<div></div>	2								
					8	ICB Strategy (People, Workforce, Strategy)		<div></div>	8									
									<div></div>	56								
RISK ID	Date open	SO ID	Risk Owner	Directorates	Risk Description (16+)		Rational for current risk score		Risk Appetite		L = Likelihood C = Consequence	Current risk score	Key Controls		Directi on	Assurance levels		
10 Records									L	C		L x C = RS				1 st line	2 nd line	3 rd line
351	19/05/2022	SO3	Jo Burlingham	Operations	Pandemic and Infectious Outbreaks: 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)		Existing risk is currently being mitigated by controls in place but further work is required. Completed mitigating actions include: Incident Response Plan, Business Contunity Plan and Oncall system review on 11/1/23. The following are being updated Herts Pandemic Flu Framework, Infectious Disease Framewrok, BIA, & Mutual Aid MOU.		Open	4	4	16	1. Hertfordshire Pandemic Flu Framework in place 2. Business Impact Assessments (BIAs) completed for each team/department 3. Business continuity plans and incident response plans in place for ICB 4. Various training, exercise programs, and vaccination arrangements in place for staff and community	↔		Substantial	Substantial	Substantial
498	05/10/2022	SO3	Tania Marcus	Strategy, People, Workforce	Staffing and Recruitment Difficulties: If staff vacancies and recruitment difficulties in specialist areas persist within Hertfordshire and West Essex, then capacity will continue to be reduced and productivity will be affected. This will result in deteriorating service performance, reduced staff morale and increased turnover.		This statement has been re-articulated to describe the risk. The rational for current risk score is that "there are increasing concerns and issues relating to pay and staff conditions, including staff burnout. The pipeline of students applying to University of Hertfordshire is reported as reducing.". It can hamper the ability of the ICB to achieve each one of its strategic objectives		Open	4	4	16	1. Supply Committee established to prioritize recruitment issues 2. Temporary staffing group monitoring bank/agency use and incentives 3. Reservist model being developed to fill staffing gaps 4. Various initiatives to support recruitment and retention, including international recruitment, a retention pathfinder programme, and collaboration with the Health and Care Academy and the University of Hertfordshire.	↔		Substantial	Substantial	Substantial
526	06/09/2022	SO2	Natalie Hammond	Nursing and Quality	Children's Community Services Demand: If the demand for children's community services continues to increase then statutory requirements will not be met resulting in delays to accessing care, poor patient experience and poorer patient outcomes (wellbeing and educational)The main services impacted include: Community Paediatrics incl. ASD/ADHD, Children's Therapies (OT/SLT), Community Allergy and Dietetics, Community Audiology, Special School Nursing.		November 2022- focused discussion at WE Transformation Committee, highlighting pressures and contributing factors, escalating concerns with the Place Director, WE Health Care Partnership and advising of need to address the capacity gap. Business case in development. There are a few gaps with the controls identified and there are no mitigating actions in place.		Seek	4	4	16	1. Investment made to clear backlogs in ASD and ADHD in Herts and WE. Further investment agreed for ADHD backlog in S&W Herts. 2. Community Paediatric Transformation Programme proposed to review all community paediatric services and ensure consistency and efficiency, with learning shared across ICS and Essex systems. 3. Clinical prioritisation being done in impacted services with transformation programmes in place for some areas. 4. Regular review and monitoring of data through contract management and performance meetings, with risk escalation to ICB and impacted providers.	↔		Reasonable	Reasonable	Reasonable

Hertfordshire and West Essex ICB's Board Assurance Framework

Date: 11/9/2023

RISK ID	Date open	SO ID	Risk Owner	Directorates	Risk Description (16+)	Rational for current risk score	Risk Appetite		L	C	Current risk score	Key Controls	Directi on	Assurance levels		
											L x C = RS			1 st line	2 nd line	3 rd line
10 Records																
608	10/03/2023	SO3	Frances Shattock	Performance, Business Intelligence, Digital Transformation	Emergency Department Targets and Patient Outcomes: If UEC targets are not met and patients are not assessed with a management plan and treated, admitted and/or discharged out of the Emergency Department within 4hrs, then there is an immediate risk to patient health and wellbeing, resulting in a significant risk to patient outcomes. Additionally, there is a reputational risk to the ICB which carries a risk of NHSE interventions. The delays in assessment and treatment could cause patients with serious illnesses/conditions to wait for long periods, increasing the risk of harm to their health. These delays could also negatively impact performance targets, leading to reputational risk.	This is a new risk description, combined with risk 582. UEC standards are not being met with sustained period of deterioration in performance. Performance is behind improvement trajectory delivery for March 23. Plans for 23/24 to meet new 76% target but the risk to delivery is high	Open		5	4	20	See Operations Directorate UEC plans and Board Assurance Framework related to UEC Priority Metrics. Actions linked to Performance Improvement Trajectories. Cross reference to UEC mitigations for ENH / SWH / WE place required	↔	Reasonable	Reasonable	None
609	10/03/2023	SO3	Frances Shattock	Performance, Business Intelligence, Digital Transformation	Mental Health Targets and Patient Health: If Mental Health targets are not met then there is a risk to patients Resulting in: potential deterioration of patients health and wellbeing	<p>The risk description provided is clear and specific about the potential harm to patients if mental health targets are not met. However, it lacks details about the specific targets that need to be met, the factors that could cause them to not be met, and the potential impact on patients.</p> <p>To understand the rational for current risk score, a request has been made for the risk description to could include more specific information about the targets, more details about the potential causes of not meeting the targets, and specify the potential impact on patients in more detail.</p>	Open		5	4	20	Mitigations: work is continuing across the system to ensure system working and improving the performance of particular areas of focus including OOAP which remain high	↔	Limited	Reasonable	Reasonable
610	10/03/2023	SO3	Frances Shattock	Performance, Business Intelligence, Digital Transformation	Waiting Lists and Patient Health: If waiting lists are not reduced, there is a risk to patient health and outcomes, then patients conditions may worsen resulting in deterioration of patient health. Additionally there is a reputational risk to the ICB which carries a risk of NHSE interventions.	The constitutional standards of 18 weeks are not being met. The target to reduce 78ww to be 0 at the end of March 2023 will not be met; specifically at ENHT with pressure in community paediatrics, T&O and Gastro. Plans to meet 65ww target of 0 by end March 2024 in place, although there are risks to that delivery including IA strikes and the current community paediatric pressures at ENHT.	Open		4	4	16	1. Work is continuing at both system and providers to reduce waiting lists with a focus on 78ww and 65ww. 2. Work has begun on HVLC programme with a focus on improving efficiency and increasing theatre utilisation	↓	Reasonable	Reasonable	None
629	24/11/2022	SO1	AM	Operations (including Place and ICT)	Failure to Improve Stroke Performance: If supporting ENHT to improve stroke performance continues to not have impact, there is a risk that the ENHT SSNAP rating will remain at a D, resulting in worse outcomes for patients and ENHT being an outlier within the region.	<p>Risk score has increased from 12 to 16. Significant concerns regarding lack of stroke care/performance recovery and pace of improvement at ENHT. This is an ongoing risk despite efforts to support progression and this lack of improvement in SSNAP scoring over time indicates increasing likelihood that the scoring will remain the same without focused intervention.</p> <p>Mitigating actions include -</p> <ul style="list-style-type: none">- Working with the acute trust to gain action plan assurance and ensure targeted actions set clearly address how they will impact against SSNAP	Seek		4	4	16	Project initiated	↑	Reasonable	Reasonable	Reasonable
648	10/07/2023	SO3	Michael Watson	Chief of Staff	Running Cost Allocation: If the running cost allocation and related new operating model for ICB are ineffective in design or application, then the ICB may fail to effectively implement and achieve the required savings, negatively impact the available workforce, resulting in potential harm to the organisation and its ability to meet required objectives.	<p>This risk was scored at 16 earlier in the week and has been reviewed and lowered to a 12. While the risk management policy stipulates that risks scoring 16 or higher should be included in the BAF, it's noteworthy that this particular risk has been included in the BAF at the request of the CEO. It is important to acknowledge the specific circumstances or rationale that led to this exception.</p>	Open		3	4	12	1. Regular Drop-in Sessions for staff and up to Date FAQs to support staff to ask questions and get assurance around issues that may arise 2. Regular engagement with the Staff Partnership forum on people issues arising 3. Engage staff in the design of the new operating model through Senior managers working with teams 4. Vacancy panel in place to ensure recruitment is in line with ICB delivery of objectives. 5. Implement ICB Change Management Process to ensure open and transparent change process is followed. 6. Regular reporting to executive group/s steering the change process.	↔	None	None	None
650	10/08/2023	SO1	JB	Operations (including Place and ICT)	Industrial action related impacts on elective trajectories: If due to industrial action, the system is unable to recover it's elective trajectories, then there is a risk that delivery of essential services could be compromised, resulting in the increased potential for compromised patient care and safety and organisational business continuity failures.	Considering the existing controls, it is recommended that the risk be lowered from a level of 16 to 12.	Averse		4	4	16	System recovery group to be set up to look at transforming way of working to address this. NHSE SITREP arrangements ICB Business Continuity plans BIA's for each team / department	↓	Substantial	None	None

Hertfordshire and West Essex ICB's Board Assurance Framework

Date: 11/9/2023

RISK ID	Date open	SO ID	Risk Owner	Directorates	Risk Description (16+)	Rational for current risk score			Risk Appetite		L = Likelihood C = Consequence	Current risk score	Key Controls	Directi on	Assurance levels		
10 Records									L	C		L x C = RS			1 st line	2 nd line	3 rd line
653	14/09/2023	SO5	Alan Pond	Finance, Contract, Premises	Financial Efficiency Risk: If the Integrated Care System and its component organisations fail to deliver the agreed efficiencies contained within the 23/24 financial plan, and the additional measures required to deliver that plan, then the system will end the year with a financial deficit, resulting in reduced funding in future years and potential harm to future service delivery and organisational reputation.	New risk being reviewed			Seek	4	4	16	System CEO group meeting fortnightly with Directors of Finance to track delivery of the financial plan. Leads for key areas of work identified. Further actions to be taken identified in the report on finance to today's board	↔	None	None	None

Document coding guide

Over all status (RAG)	Red	Effective controls may not be in place and / or appropriate assurances are not available to the ICB				
	Amber	Effective controls thought to be in place but assurances are uncertain and / or possibly insufficient				
	Green	Effective controls definitely in place and the Board is satisfied that appropriate assurances are available				
Risk Directional Movement	↔	New				
	↑	Higher				
	↔	No Change				
	↓	Lowered				
Overall performance (RAG)	↔	No Change				
	→	Progress, if on amberGood progress, if on green				
	←	Losing progress				
Progress on actions	Complete					
	On schedule					
	Expected delay					
	Delayed					
	Major delay					
Issues	Progress and Assurance / Issues		Provide an overview of the progress and assurances for this, list any identified issues			
	Key workstreams		List the key workstreams that will enable delivery of the objective			
5 x 5 Risk Matrix	Indication of risk score					
Assurance level - measures the quantity	H	High - Oversight functions are provided on the controls. Two or more assurances equals high (H)				
	M	Medium - Oversight functions are provided on the controls. One assurance equals high (M)				
	L	Low - Oversight functions are provided on none of the controls equals (L)				
Assurance rating - measures the quality/strength	None					
	Limited					
	Reasonable					
	Substantial					
Risk Appetite Matrix	Averse	Avoidance of risk is a key objective. Activities undertaken will only be those considered to carry virtually no or minimal inherent risk.				
	Cautious	Preference for very safe business delivery options that have a low degree of inherent risk with the potential and only a limited reward potential				
	Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of reward.				
	Seek	Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)				
	Significant	Confident in setting high levels of risk appetite because controls, forward scanning and respective systems are robust				
ICB Risk Domains	Risk Appetite	Appetite statement				
Financial How will we use our resources?	Seek	Consistently seek to use available funding to develop and sustain the greatest benefit to health and healthcare for our population and partners, accepting the possibility that not every programme will achieve its desired goals, on the basis that controls are in place.				
Compliance and Regulatory: How will we be perceived by our regulator?	Open	Conform with regulatory expectations but challenge them where we feel that to do so would be to improve outcomes for our residents.				
Innovations, Quality and outcomes	Seek	Pursue innovation and challenge existing working practices, seeking out and adopting new ways of working and new technologies to the benefit of the residents of Hertfordshire and West Essex Operate with a high level of devolved responsibility Accept that innovation can be disruptive and to use that as a catalyst to drive positive change				
Reputation How will we be perceived by the public and our partners	Seek	We will be willing to take decisions that are likely to bring scrutiny to the organization but where potential benefits outweigh the risks.				

Meeting:	Meeting in public	<input checked="" type="checkbox"/>	Meeting in private (confidential)	<input type="checkbox"/>
	NHS HWE ICB Board meeting held in Public		Meeting Date:	22/09/2023
Report Title:	Integrated report for finance, performance, quality and workforce		Agenda Item:	08
Report Author(s):	Executive Team			
Report Presented by:	Debbie Griggs, Frances Shattock, Tania Marcus, Natalie Hammond, Michael Watson			
Report Signed off by:	Debbie Griggs, Frances Shattock, Tania Marcus, Natalie Hammond, Michael Watson			
Purpose:	Approval / Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
			Discussion	<input type="checkbox"/>
			Information	<input type="checkbox"/>
Which Strategic Objectives are relevant to this report [Please list]	<ul style="list-style-type: none"> • Increase healthy life expectancy, and reduce inequality • Give every child the best start in life • Improve access to health and care services • Increase the numbers of citizens taking steps to improve their wellbeing • Achieve a balanced financial position annually 			
Key questions for the ICB Board / Committee:	Areas for discussion are identified in the summary section of the paper			
Report History:	N/A			
Executive Summary:	<p>This report provides a summary of the quality, performance and finance reporting shared elsewhere on the agenda, whilst also providing an update on workforce across the ICS.</p> <p>Board members should also review the more detailed reports in the for information section of the agenda</p>			
Recommendations:	The Board is asked to consider the report and the areas highlighted for discussion.			



Potential Conflicts of Interest:	Indirect	<input type="checkbox"/>	Non-Financial Professional	<input type="checkbox"/>
	Financial	<input type="checkbox"/>	Non-Financial Personal	<input type="checkbox"/>
	None identified			<input checked="" type="checkbox"/>
	N/A			
Implications / Impact:				
Patient Safety:	N/A			
Risk: <i>Link to Risk Register</i>	N/A			
Financial Implications:	N/A			
Impact Assessments: <i>(Completed and attached)</i>	Equality Impact Assessment:	N/A		
	Quality Impact Assessment:	N/A		
	Data Protection Impact Assessment:	N/A		



1. Summary

This report is a summary of the Quality, Performance and finance reports that are elsewhere on the board agenda for information. It also includes the perspective of the workforce team on many of the issues raised.

In section two of today's report the executive team members involved in the production of the integrated report have highlighted the areas of most significant concern that they would like to escalate to the board for consideration, more information on these areas can be found in this report and in the Quality, Performance and finance reports before the board today.

2. Key issues highlighted

The executive team would like to bring the follow key areas to the Board's attention, which have an impact on quality and performance- and will need to be considered carefully as we deliver our plans in relation to finance and workforce:



Area of concern	Current situation
Out of Area Placements for MH patients- impact on both patients and the organisations financial position	Across April-June Out of Area Placements, which were already high, increased across Hertfordshire and West Essex. A mitigation plan is in place (see section two) and a proposal is being developed for a Mental Health assessment centre/hub.
Paediatric Audiology (Carried over from the board in July)	A review of audiology services at East & North Herts Trust has identified several areas that require urgent improvement- and the ICB is supporting this process. A more detailed update can be found in the quality section of this report.
Pressures on children's services (Carried over from the board in July)	There are growing waiting lists and lengthening waits in community services, and lengthening time in treatment in Mental Health. This is linked to growing demand/capacity imbalance and workforce pressures particularly in mental health. This is leading to the creation of an inequalities gap- as whilst adult services are pressured, these services are not seeing the same extent of growth in waiting times.
Neurodiversity (Carried over from the board in July)	There are long waits in ASD services across all places. Both South and West Herts, and West Essex have had backlog reduction funding- which ends in March 24 and August 23 respectively. Given the backdrop of increasing demand, waiting lists and waiting times are likely to grow as a result.
Planned Care (Carried over from the board in July)	The total waiting list, and the number of people waiting longer than 52 weeks has continued to increase due to demand/capacity imbalance, workforce shortages in specific areas (eg diagnostics) and exacerbated by the impact of industrial action . This is despite a fall in those waiting for longer than both 72 and 63 weeks.



3. Overview by area

Performance

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
A&E - 4 Hour Standard	Jul 23	65.1%	76.0%			66.6%	61.7%	71.6%
A&E - % spending more than 12 Hours in Dept	Jul 23	9.3%	-			9.8%	7.3%	12.3%
A&E - ED Attendances	Jul 23	41422	-			40292	33959	46626
Trolley Waits	Jul 23	95	-			168	-58	395
2 Hour Community Response	Jul 23	79.1%	-			83.3%	70.1%	96.5%
14 day LOS	Jul 23	25.0%	-			25.0%	21.2%	28.8%
Ambulance - Handover >60 Mins	Jul 23	680	-			979	613	1345
EEAST: Cat 1 - Mean (<7min)	Jul 23	00:08:41	00:07:00			00:09:33	00:07:52	00:11:14
EEAST: Cat 2 - Mean (<18 Mins)	Jul 23	00:41:14	00:15:00			00:52:51	00:15:37	01:30:06
RTT - 18 Weeks	Jun 23	52.8%	92.0%			56.7%	53.7%	59.8%
RTT - 52 Week Waits	Jun 23	10184	-			7628	6202	9055
RTT - PTL Size	Jun 23	151008	-			125683	118370	132996
RTT - 78 Week Waits	Jun 23	597	-			922	592	1253
Diagnostics - 6 Week Wait	Jun 23	66.4%	99.0%			64.6%	57.1%	72.2%
Diagnostics - PTL Size	Jun 23	27813	-			24958	19846	30071
Cancer - 2 Week Wait Standard	Jun 23	85.7%	93.0%			81.1%	68.4%	93.8%
Cancer - 2 Week Wait Referrals	Jun 23	6085	-			5126	3644	6607
Cancer - 62 Day Standard	Jun 23	64.6%	85.0%			72.4%	61.7%	83.1%
Cancer - 62 Day Total Waiting	Jul 23	527	-			587	378	796
Cancer - 104 Day Total Waiting	Jul 23	181	-			157	103	210
Cancer - 28 Day Faster Diagnosis Standard	Jun 23	75.2%	75.0%			70.3%	59.6%	81.1%
Mental Health - Out of Area Bed Days	Jun 23	1171	-			960	604	1316
Mental Health - Recorded >65s Dementia Diagnosis	Jun 23	63.2%	66.6%			61.8%	61.1%	62.5%
Mental Health - IAPT Entering Treatment	Jun 23	2672	-			2410	1420	3399
Early Intervention in Psychosis	Jun 23	85.7%	60.0%			82.2%	61.9%	102.5%

Narrative

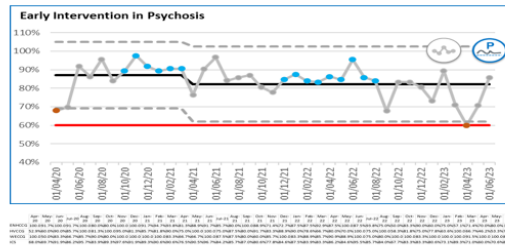
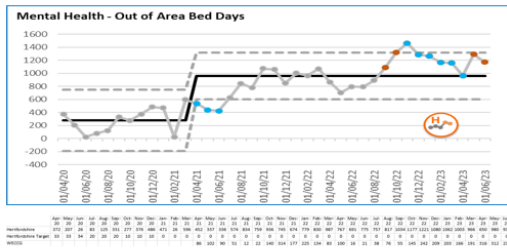
Area	Position Regionally/nationally	Further info
Urgent Care	111 % of calls abandoned improving but remains outside of 3% standard. Category 2 response times stable at 41 mins- performance is ahead of 23/24 recovery trajectory. Ambulance hours lost to handover continues to improve and is ahead of recovery trajectory for 23/24	111 recovery trajectory agreed for 23/24.
Cancer	28 day faster diagnosis performance meeting the 75% standard in June and is above national average . Number of patients waiting >62 days has improved but remains behind recovery trajectory. Performance against 62 day standard remains below target.	Increase in referrals in the last two months, and Industrial Action also slowing recovery.



Planned care	Number of patients waiting >78 weeks has been increasing since March- all trusts remain in breach. Overall list and increase in waits over 52 weeks remains a concern	>78 week backlog is predominantly in community paediatrics.
Diagnostics	Improvements in performance- June performance the highest in 12 months. However, remains below regional and national positions.	
Community	The % of adults waiting less than 18 weeks continues to improve and is now at 93.5% , compared to a national average of 85.2%. Although June was the first month not to see an increase, the waiting list for children's services remains extremely high.	Longest wait for children was 101 weeks in June (vs 60 for adults) with pressure in community paediatrics, therapies and audiology services.
Mental Health	Increase in the number of Out of Area bed days in May and June halted a five-month improving trend. Dementia diagnosis in Hertfordshire remains challenged but improving (63.2% in HWE vs 66.7% national standard)	Vacancies and recruitment remain the key challenges. Recovery plans are in place and performance is on track against those plans.
Primary Care and Continuing Healthcare	The % of CHC assessments completed within 28 days remains a challenge in SW Herts but is improving (An increase to 74% from 62% in the last update)-	



Mental Health – Out of Area Bed Days and Early Intervention in Psychosis (EIP)



ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex	<ul style="list-style-type: none"> Higher than historic use of OOA beds from April through to June. Likely to continue through peak summer 	<ul style="list-style-type: none"> A national shortage of MH beds and use of OOA beds very likely to continue 	<ul style="list-style-type: none"> Review of Essex bed stock continues with system partners Further development of the new Accommodation Pathway contract Review of West Essex Community Rehab requirements 	<ul style="list-style-type: none"> Out of Area Placement (OOAP) Elimination & Sustainability Impact System Group (Essex wide) in place to monitor the impact of the NHSE OOAP Action Plan
Herts	<ul style="list-style-type: none"> Out of Area Bed Days reduced from the peak in November 22, but has seen an increase in May and June 	<ul style="list-style-type: none"> Demand in June exceeded capacity Low number of beds per population A national shortage of MH beds, high occupancy rates and use of OOA beds is likely to continue Challenges finding suitable placements for service users with complex needs who are clinically ready for discharge Inpatient and Community recruitment 	<ul style="list-style-type: none"> Daily OOAP reviews / dedicated clinical ownership for OAP Gatekeeping process, on call gatekeeping consultant and clear reasons for admissions Consultant-led bed management meetings 3 per day, 5 days per week COO sign-off for all out of area placements introduced Introduction of Enhanced Discharge Team, dedicated to supporting discharge pathways Review DTCs and plan discharges with ongoing MADE type events Block beds in place to improve flow across the system Enhanced community offers for rehab and assertive outreach Introducing further alternatives to admission – Crisis House 	<ul style="list-style-type: none"> Continued engagement with national Getting It Right First Time (GIRFT) programme to identify areas of improvement Bed management system being deployed in Herts and new arrangements in place to monitor demand and capacity
EIP	<ul style="list-style-type: none"> Performance achieved above the national target within Herts 	<ul style="list-style-type: none"> No specific issues 	<ul style="list-style-type: none"> Ongoing monitoring 	<ul style="list-style-type: none"> Consistently compliant SWH performance was recovered to 67% in May

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Quality

Key areas

Area	Position	Further info
Infection Prevention and Control- C.difficile.	Worsening	National increase in C. difficile cases. All HWE Integrated Care Board (ICB) places and 3 acute Trusts are now above NHS England trajectories. South & West Herts place, West Essex place, East and North Herts Trust (ENHT) and West Herts Teaching Hospitals Trust (WHTHT) are above East of England infection rates.
National Escalation following trial of Lucy Letby	N/A	Following the verdict in the trial of Lucy Letby it has been announced that there will be an independent enquiry into the events that occurred to ensure lessons are learnt. NHS England has written to all organisations asking each to ensure there are robust processes in place to support everyone including patients, families and staff to raise concerns and be heard. Additionally, all organisations have been asked to review their governance with a number of urgent actions requested. In addition to discussions taking place across HWE, the ICB has added the NHSE letter to the agenda of all main provider quality and performance meetings to discuss and seek the assurances required.

Ophthalmology services	N/A	<p>Two areas are flagged in the quality report to the board:</p> <ul style="list-style-type: none"> Emerging concerns regarding the number of patients (c.12,000) overdue a follow up appointment at East and North Herts Trust The need to reconsider the current absence of OOH provision at PAH- currently being reviewed by ICS steering group.
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Patient Experience and Safety - ICB

ICB Area	Compliments	Complaints	PALS	Member of Parliament (MP)	General Practitioner (GP)	Whistleblowing	Serious Incidents	Never Events
East & North Herts	0	7	55	10	92	0	18	1
South & West Herts	1	13	49	11	53	0	19	0
West Essex	1	5	37	5	44	0	8	0
Other	0	4	40	1	1	0	5	1
Total	2	29	181	27	190	0	50	2

ICB area	Key themes/ Risks	Improvement Actions and Mitigations
ICB wide	Availability of Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) assessment appointments for children and adults and the associated complications of people being started on treatment privately, then wanting to transfer to the NHS	The Mental Health, Learning Disabilities and Autism Collaborative have been working alongside system partners to find a solution to the long waiting times for children and young people. A business case was recently agreed to fund additional services in Hertfordshire for paediatric ADHD patients, in an attempt to reduce the time, it takes to be seen for paediatric ADHD NHS care. The ICB does not support shared care agreements with private providers - this information is being given to all enquirers expecting their GP to take over prescribing that has been started privately. People are directed to NHS services.
ICB wide	Provision of services for chronic fatigue ; equity of access by locality and for individuals with concurrent mental health problems.	Existing pathways and potential developments are in discussion.
ICB wide	Queries from elected local officials where housing developments are planned in relation to associated health provision.	Liaison with the Estates and Capital team to establish position on each case and responding accordingly.



Infection Prevention and Control (IPC)

Area	Issue	Mitigating Action	Timescale
HWE ICB/ Acute Trusts.	National increase in C. difficile cases. All 3 HWE ICB places and the 3 acute Trusts are above their NHSE trajectories (for this period). South & West Herts place, West Essex place, East and North Herts Trust (ENHT) and West Herts Teaching Hospital Trust (WHTHT) are above East of England infection rates.	<ul style="list-style-type: none"> Implementation of the 3 commitments agreed at the first national C. difficile workshop – improving cleaning standards, early specimen collection, review of isolation pathways. Second workshop held to review progress for the 3 commitments. ICS Antimicrobial Stewardship Technical Working Group established - also focusing on reducing the incidence of C. difficile across system. Healthcare associated infection oversight group established. ICB and Trusts further analysing C. difficile data, reviewing themes/ trends and learning identified via case reviews, and monitoring impact of focussed activity on infection numbers. HWE ICS C. difficile system summit and system approach/ action plan developments. System wide C. difficile deep dive at the August HWE System Quality Group. Trial of enhanced surveillance of C. difficile cases in care homes has commenced. Engagement being improved with primary care IPC Champions regarding C. difficile surveillance. 	Ongoing.
HWE ICB/ WHTHT	Several unrelated reported incidents involving pulmonary tuberculosis (TB), including 1 incident involving an extensively drug resistant strain at WHTHT.	<ul style="list-style-type: none"> Attendance and support at the Incident Management Team (IMT) meetings to support the individual organisations. Action plans developed collaboratively and monitored. Liaison with ICB Communications team regarding effective, timely and consistent communication across key organisations. Contact tracing will have financial implications on ICB. This is being followed up with the finance team. Patient and staff screening commenced at WHTHT with several positive results (coincidental findings only). Ongoing monitoring will be implemented over next two years. Case has been reported as a serious incident. Additional meetings with UKHSA and WHTHT scheduled to discuss UKHSA laboratory reporting procedures. 	Ongoing.
HWE ICB/ WHTHT.	Two separate incident reports involving failed decontamination of surgical instruments processed by an external sterile services company.	<ul style="list-style-type: none"> Attendance and support at IMT meetings led by the Trust. No further Trust IMT meetings being scheduled as actions underway and will be monitored via the serious incident process. Decontamination report has been produced by WHTHT. Incidents have been escalated to the national decontamination team who are continuing to look at the wider implications. Separate IMTs are underway. Decontamination company implemented internal investigations for both incidents. Site inspection being scheduled imminently to monitor procedures and assurance processes. If the correct assurances are provided this investigation will be closed. 	Ongoing.

Paediatric Audiology

In the previous report we outlined the current challenges across paediatric audiology services at a local and national level. The ICB continues to work with ENHT and relevant stakeholders to deliver the required improvements that had been identified through the external review undertaken by the United Kingdom Accreditation Service (UKAS) in June 2023. An update will be provided in future reports.

As an ICB we had already started discussions with our other providers of audiology services to seek assurance regarding their services. As anticipated, on 31st August NHS England wrote to all ICBs with a number of recommended actions for immediate implementation. Actions include;

- Having a named senior leader and clear governance for oversight as well as appropriate record keeping within the service
- ICBs to receive regular reports from providers of paediatric audiology services
- Providers to be working towards UKAS accreditation
- All services that are not UKAS accredited to self-assess themselves against a set of quality standards
- Services providing diagnostic auditory brainstem response (ABR) assessment must be actively engaged with internal and external peer review and external quality assurance processes



- Providers to take a risk-based approach to potential historic harm and ensure any harm is raised with their patient safety teams
- Review of workforce competency and support available to staff
- Providers, ICBs and relevant others to link with regional colleagues to identify mutual aid as required.

The ICB is currently working with our providers of audiology services to complete the self-assessments, review our system position, identify any support required, and complete our return to NHS England by 30th October.

Finance

The financial report elsewhere on the agenda provides the board with an update on the financial position of the ICB at Month 5 of 2023/24 position. ICB Year-To-Date Position (YTD):

At Month 4, the Hertfordshire and West Essex (HWE) Integrated Care Board (ICB) reported a YTD overspend position of £2.006m, which is an **adverse variance of £2.388m**, as the ICB is expected to be reporting a £0.332m underspend, reflecting the phasing of the planned underspend of £9.4m for the year, with £1m distributed evenly throughout the year and £8.4m to be delivered in the last six months of the year.

The ICB is continuing to report a FOT position of £9.4m underspend to NHS England, in line with the submitted 2023/24 financial plan. The five Intra Providers are also reporting forecast outturn positions in line with their individual financial plans; collectively £9.4m deficit.

Therefore the HWE Integrated Care System (ICS) is reporting an outturn position of breakeven. Although the ICS is formally reporting a breakeven position, the known risks to achieving this position currently exceed the mitigations identified. There are established workstreams now in place to identify and develop additional mitigations to cover these risks.

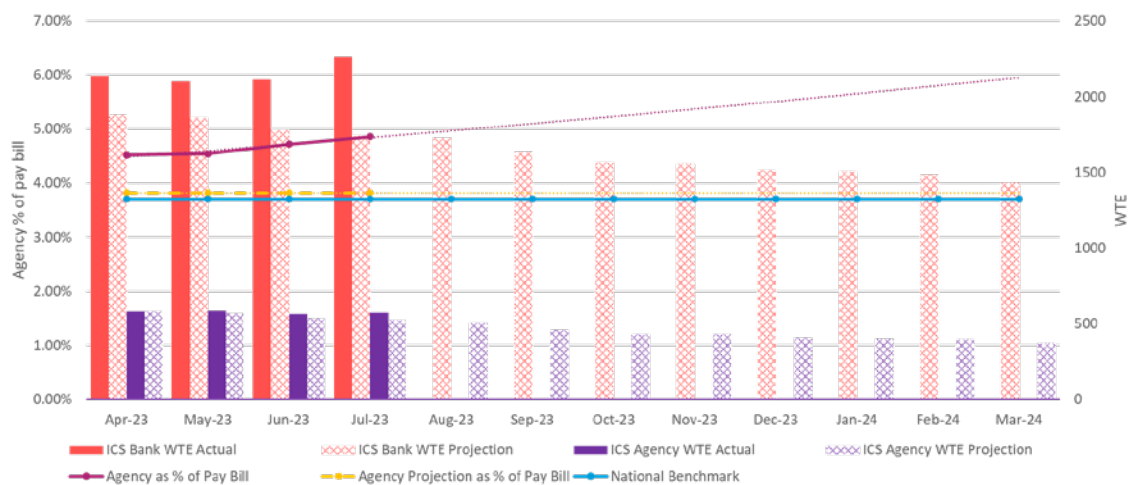


Summary ICB Expenditure Position as at Month 4 (July) 2023/24				
Annual Budget £'000	Expenditure Category	Year to Date		
		Budget £'000	Actual £'000	Variance £'000
1,605,156	Acute Services	545,175	545,553	379
161,638	Continuing Healthcare Services	53,917	57,624	3,707
295,882	Community Services	99,365	99,349	(16)
331,106	Mental Health Services	108,076	107,908	(168)
260,232	Delegated Primary Medical Services (GPs)	86,209	85,290	(919)
136,101	Delegated Pharmacy, Ophthalmology & Dental (POD)	43,901	41,689	(2,212)
52,303	ICB Primary Care Services	16,791	16,854	63
236,833	Prescribing	79,148	81,125	1,977
29,740	Corporate Services (Running Costs)	9,665	9,245	(420)
36,588	Other Commissioned and Programme Services	11,440	11,055	(385)
3,145,580	Sub-Total Expenditure	1,053,686	1,055,692	2,006
(9,400)	Planned Underspend	(332)	0	332
3,136,180	Total Expenditure	1,053,354	1,055,692	2,338

Workforce

Industrial action continues to cause significant disruption to the system and delivery of both performance and financial targets across NHS organisations and will undoubtedly have had an impact on the areas of performance concerns highlighted within this report.

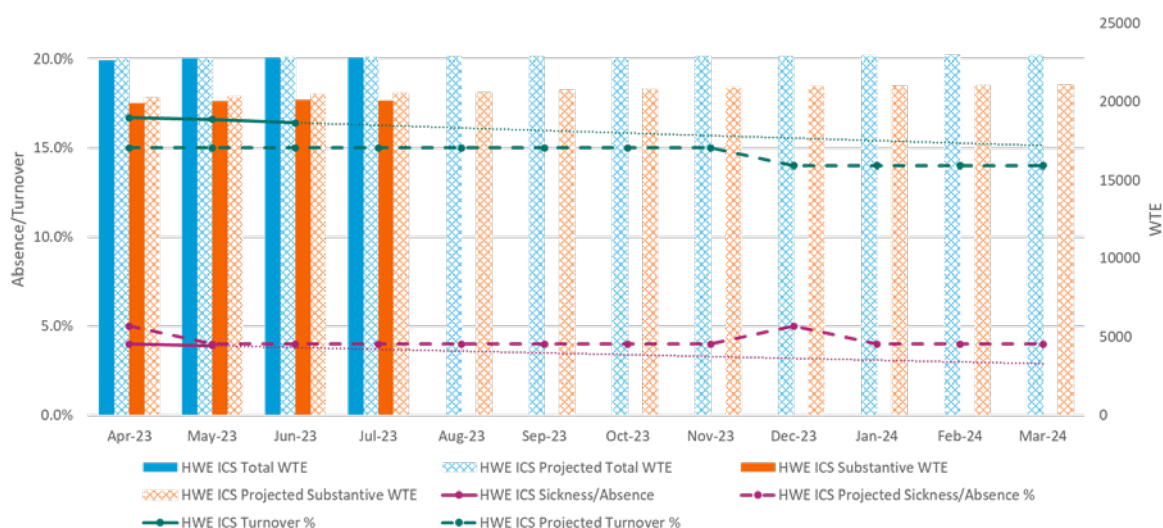
This is also impacting on the system's use of temporary staffing and the projections set out for both use of bank and agency staffing both in terms of usage and while time equivalents, as well as a financial effect through percentage of pay bill are beginning to diverge further from the system's expectations and projections within the operational plan, as set out in the table below:



The system's temporary staffing group are in the process of implementing the national toolkit across all organisations and are now identifying key areas within each organisation where the culture of bank and agency use needs to be challenged and understood further.

Supporting that understanding the system is preparing to undertake an establishment and productivity review comparing our current position to pre-Covid levels in 2019. The system has volunteered to pilot a national diagnostic tool which will hopefully highlight areas of significant change and where investment in workforce has been undertaken to deliver against what service, thereby understanding the true productivity gap.

The system continues to see reduction in turnover, although not quite to our projected levels against the operational plan, meaning that as a system we have not managed to reach the levels of substantive recruitment set out as our target – thereby increasing our reliance on agency and bank staffing as noted above. The sustainable supply committee will be presenting to September's People Board around some of the system level actions being undertaken to support our recruitment and retention activities.



The workforce transformation team have met with healthcare science workforce leads for both the system and region and will seek to provide support to audiology services. While the overall system trend shows a reduction in turnover and leaver, the reverse is true for Scientific, Technical and Therapeutic roles, for which this area comes into. We will seek to work with the Healthcare Science workforce lead for the system in implementing their strategy and providing a focus to paediatric audiology roles.



Meeting:	Meeting in public <input checked="" type="checkbox"/>		Meeting in private (confidential) <input type="checkbox"/>	
	HWE ICB Board meeting held in Public		Meeting Date:	22/09/2023
Report Title:	Update on Dental Services		Agenda Item:	09
Report Author(s):	Michelle Campbell, Head of Primary Care Contracts			
Report Presented by:	Michelle Campbell, Head of Primary Care Contracts			
Report Signed off by:	Avni Shah, Director of Primary Care Transformation			
Purpose:	Approval / Decision <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
Which Strategic Objectives are relevant to this report [Please list]	<ul style="list-style-type: none"> • Increase healthy life expectancy, and reduce inequality • Give every child the best start in life • Improve access to health and care services • Increase the numbers of citizens taking steps to improve their wellbeing • Achieve a balanced financial position annually 			
Key questions for the ICB Board / Committee:	N/A			
Report History:	Regular update on progress have been provided to both ICB Primary Care Commissioning Committee and the ICB Primary Care Board			
Executive Summary:	<p>Since the delegation of the contracting and commissioning functions of the remaining primary care contracting groups; Pharmaceutical, Ophthalmic and Dental, the primary care contracting team – Dental, have been working on understanding the dental provision across Hertfordshire and west Essex to support the development of the workplan.</p> <p>In relation to dental, it should be noted the primary dental services includes community service provision. In addition, secondary care dental has been delegated to ICB with the funding transferred, however NHSE remains as co-ordinating commissioner for 2023/24 as it was under Specialised Commissioning Contracts which allows us to work closely with the providers over this year to understand the activity and pathways into secondary care dental services before taking on the contracts from 2024/25.</p>			



	<p>As part of the delegated, the ICB has also inherited a number of commissioned contracts for dental which were extended to end of March 2024. This has allowed teams working collaboratively with other ICBs in the region to identify where procurement processes could be aligned and working with the NHS England Procurement Hub, Arden and GEM, which has supported the development of the commissioning plan.</p> <p>This paper provides the ICB Board with oversight of the primary care (including community) dental contracts, identified gaps in provision to date and mitigations planned.</p>			
Recommendations:	<ul style="list-style-type: none"> The Board is asked to note the content of the paper 			
Potential Conflicts of Interest:	<i>Indirect</i>	<input type="checkbox"/>	<i>Non-Financial Professional</i>	<input type="checkbox"/>
	<i>Financial</i>	<input type="checkbox"/>	<i>Non-Financial Personal</i>	<input type="checkbox"/>
	<i>None identified</i>			<input checked="" type="checkbox"/>
Implications / Impact:				
Patient Safety:	There are no patient safety risks identified			
Risk: <i>Link to Risk Register</i>	N/A			
Financial Implications:	N/A			
Impact Assessments: <i>(Completed and attached)</i>	<i>Equality Impact Assessment:</i>	N/A		
	<i>Quality Impact Assessment:</i>	N/A		
	<i>Data Protection Impact Assessment:</i>	N/A		



1. Executive summary

The delegated responsibility for primary dental services contracting and commissioning functions transitioned over to the ICB from 1 April 2023 and full responsibility of managing complaints from July. In relation to dental, it should be noted the primary dental services includes community service provision. In addition, secondary care dental has been delegated to ICB with the funding transferred, however NHSE remains as co-ordinating commissioner for 2023/24 as it was under Specialised Commissioning Contracts which allows us to work closely with the providers over this year to understand the activity and pathways into secondary care dental services before taking on the contracts from 2024/25.

This paper specifically focusses on the primary dental contracting and commissioning functions and provides the Board with the current issues that have been identified and planned/potential mitigations to address these.

Access to dental services remains an issue; however, it should be noted that overall Herts and West Essex (HWE) ICB is more fortunate with the service provision than other neighbouring ICBs in the region; however finding an NHS dentist remains difficult as providers are increasingly handing back their NHS contract to go fully private.

There are several factors that contribute to the level of contract hand-back and the 2 main reasons are recruitment and retention of the workforce and the national contracting framework. In HWE, there has been one contract handed back since April but likely this will be an occurring theme over time.

Pre-delegation, there were a number of contracts that due to expire on 31st March 2023 or at some point during 2023-24. These contracts were extended to 31 March 2024, agreed by NHS England to support the transition to ICBs; thus ensuring continuity of care to patients whilst the longer-term commissioning approach is agreed.

Through the development of the ICB dental workplan, there were a number of gaps identified which also need to be addressed over the next 12-18months. These are detailed further later in this paper and plans against it.

Finally, it should be acknowledged that 2.6wte were Tupe'd over from NHSE to support the dental contracting and commissioning function, so the work programme has been prioritised to support the areas of highest priority whilst ensuring business as usual functions can also be maintained. In light of workload in dental, it was agreed to re-purpose vacancy in contracting team to increase dental team to increase the team to 3.6wte which will support the operational delivery immensely. In addition, through delegated funds, primary care commissioning committee supported the recruitment of a Senior Clinical Dental Adviser to support the team.



2. Background

From 1 April 2023, the HWE ICB are responsible for the contracting and commissioning functions of all dental services.

There are 2 types of national dental contracts:

General Dental Services (GDS) – provision of mandatory dental services under contracts in perpetuity.

Personal Dental Services (PDS) – provision of mandatory and/or additional services under contracts which are time-limited and to meet specific needs of the population.

Additional services include the provision of:

- Orthodontic Services (most common form of PDS Contract)
- Advanced Mandatory
- Sedation Services
- Domiciliary services
- Dental Public Health

Additional services can be commissioned under a GDS Contract and can be time-limited within that contractual framework.

In HWE there are 234 General Dental Services (GDS) or Personal Dental Services (PDS) Contracts. This is broken down as follows:

- 23 Orthodontic Contracts
- 207 General Dental Services
- 2 Special Care Dental Services - SCDS (Hertfordshire and Essex)
- 1 Prison Dental Service (not currently managed by the ICB)
- 1 Domiciliary Dental Service

In addition, there are also a number of ancillary contracts to support the above services such as Sedation and Minor Oral Surgery which dental providers can refer into via the Dental Referral Management Service.

We are part of the Hertfordshire Oral Health Alliance with the local authority and the similar forum in Essex whereby we work closely with public health colleagues to look at how we can improve the oral health of the population, specifically children. There are many initiatives underway targeting areas of high deprivation and oral health needs such as screening in schools and early-years settings, dental epidemiology surveys, provision of free toothbrushes and toothpaste to under 5's including information and online training programmes for parents and community dental pop-up clinics within children centres providing examinations and fluoride varnish applications.

The Hertfordshire and West Essex Oral Health Needs Assessment is currently being refreshed by the regional Consultant in Dental Public Health and should be available



towards the end of this year; however, it is unlikely to change our highest areas of need which are currently Harlow, Stevenage, Welwyn/Hatfield and Watford.

Maps of the current Dental and Orthodontic Contracts across the ICB can be found in **Appendix 1**.

3. Contract Performance

The general dental and orthodontic services contracts allow for a 4% under-delivery each year which providers are required to make up within 60 days if the following financial year; delivery less than 96% will require recovery of any contractual over-payments made.

For 2022-23, this tolerance was adjusted to the Covid-19 restrictions in place at the start of the year and dental contractors continuing to experience challenges in contract delivery as a consequence of the pandemic; a revised contract tolerance of 10% for UDA-based contracts was introduced on an exceptional basis. The contract tolerance for Orthodontic contracts remained as per the regulations i.e 4%.

Despite this increase in tolerance, nationally the delivery of GDS Contracts remained in average between 80 – 90%. The average for NHS East of England was 76.37%; HWE ICB delivered the highest across all GDS Contracts at 86.3%

A summary of the contract delivery across each service line is show in the table below for 2022-23 and the year to date position where it is recorded by the NHS Business Services Authority (NHSBSA) monthly reports:

Service Line	Annual Contracted Activity 2022-23	2022-23 Contract Delivery %	Annual Contracted Activity 2023-24	2023-24 Contract Delivery YTD* %
General Dental	2,166,099	87.25%	2,144,357	33.80%
Orthodontic	169,178	99.72%	169,178	36.5%
SCDS	<i>The SCDS activity is recorded as UDAs via the NHSBSA system; however, the contract is based on the number of general contacts, number of General Anaesthetic and sedations provided. We have started to meet with the provider monthly to understand the demand on the service as the contract has not been reviewed for many years and is based on 2012-13 levels. The provider has seen an increase in referrals of 84% with an acceptance rate of 47%.</i>			
Domiciliary	1,600 CoT**	31.88%	1,600	13.09%
Sedation	6,044 CoT**	80.41%	6,044	
Minor Oral Surgery	11,267	N/A	5,108	N/A



(contracts are paid on activity delivered)				
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* Data up to 22 August 2023 as published by the NHS Business Services Authority

** CoT – Courses of Treatments

The Dental Out of Hours Contract is based on number of contacts seen; which equates to approximately 2 patients per hour and the provider is paid on 1/12th of the total contract value each month. The ICB has only been provided with the performance data for Q4 2022-23 which reports there were **1,038 patients seen**. During Q1 2023-24 the service reported **1,105 patients seen**.

We are working with the ICB Business Intelligence (BI) team to develop a contract performance dashboard which will provide monthly oversight on activity delivery and expenditure against each contract. Currently this dashboard only accounts for GDS, Orthodontic, and UDA activity delivered under the SCDS and Sedation contracts.

The activity is based on the activity recorded by the NHSBSA at the point in which the data is extracted; however this does not represent the exact level of activity delivered due to the 2-month lag in which providers are required to submit their claims following completion of treatment.

To mitigate the large under-delivery of the GDS contracts in 2023-24, we will work with providers who are at risk of under-delivery to identify any current issues that are impacting the delivery of their contract i.e workforce issues and look at the option to re-base their contract in-year, either temporarily or permanently in order to commission this activity from providers who are over-delivering thereby reducing the loss of activity from the system and maintaining access. (From 2024-25, Commissioners can unilaterally rebase contracts where they have persistently under-delivered for the preceding 3 financial years and there have been no exceptional circumstances that have led to this under-delivery).



4. Gaps and or Issues currently identified

This section identifies the gaps or issues identified following the delegation of contracts and provides an update on how the team are planning to mitigate them.

SERVICE AREA	BACKGROUND	GAPS / ISSUES	MITIGATION	TIMELINE
Access, including In-Hours urgent dental care	<p>The 2022-23 GP Patient Survey includes questions regarding the success of getting an NHS dental appointment in the last 2 years.</p> <p>HWE ICB came top third with 82% behind NHS Mid and South Essex (83%) and NHS Coventry and Warwickshire (87%).</p> <p>Out of all the respondents who indicated they did not try to get an NHS dental appointment; the highest responses were due to preference of seeing a Private Dentist (32%) with 21% of respondents saying they didn't think they could get an NHS dentist.</p>	Urgent dental care is part of dental mandatory services, however, patients are finding it increasingly difficult to find an NHS Dentist as they are not taking on new patients.	<ul style="list-style-type: none"> • Ongoing work with providers to maximise the delivery of their contract by taking on new patients. • Discussions underway with providers to re-base their contract in-year, Temporarily or Permanently to re-commission the activity within other local contracts. • Development of a "Dental Winter Enhanced Access" service to increase access to urgent, same day access 7 days a week, including Bank Holidays and test a new model for this coming winter 2023/24 	<p>Ongoing</p> <p>October 2023</p>
Domiciliary Dental Services	The domiciliary service is embedded within the Essex SCDS main contract and covers all care home and housebound patients.	Activity for West Essex is reported against the full contract activity and domiciliary care is delivered as required.	Review of the current Hertfordshire community dental contract underway (Transformation section) In the interim introduction of	October 2023



	In Hertfordshire, this is currently provided by SCDS Provider as a stand-alone contract in addition to their main contract. This service only provides care to residents in residential and nursing homes in Hertfordshire.	Activity within the Hertfordshire contract is low year on year. This is largely due to patients in these settings are not usually exempt from patient charges and therefore do not consent to treatment because of the cost and does not cover housebound patients.	screening and oral health promotion within care home settings agreed in Hertfordshire.	
Level 2 Endodontic and Periodontal Pilot	These pilots were commissioned by NHSE across East of England and are currently being evaluated.	There are no pilot contracts in Hertfordshire and the nearest pilot service is in Luton which will see a number of Hertfordshire patients. There are pilots in Epping and Colchester which will cover patients in west Essex but fall outside the remit of contract management for HWE ICB. Referrals are sent through the Dental Referral Management Service and patients are directed to the closest service to their home address.	These contracts have been extended to 31 March 2024 with evaluation to be reported back in January to support future commissioning options.	January 2024
Level 1 Sedation contracts	There are 2 types of sedation services, those with inhalation sedation and those with Intravenous (IV) sedation. There are currently 3 providers in Hertfordshire and 1 in West Essex.	Providers are seeing an increase in referrals to sedation services and more complex patients. In addition, there is an increase in referrals for anxious children requiring sedation. (under children pathway below)	Following review of the service it has been recommended to include a developmental opportunity to align sedation providers with the SCDS to provide training and peer support to General Dental Practitioners (GDPs) to manage anxious patients more effectively.	April 2024



Referral Management Service (RMS)	There is a contract which covers Hertfordshire and BLMK and a separate contract which covers Essex. When these were delegated to the ICB, there were inconsistencies in the referral pathways.	All dental referrals for Hertfordshire are via the RMS, however only Oral Surgery referrals go through this service in Essex.	We have sought approval to vary the contract to include 2WW referrals across the ICB and Orthodontic referrals for west Essex to ensure there is consistency in how referrals are managed across HWE	End of September 2023
Level 2 Minor Oral Surgery (MOS)	There are 11 providers who provide this service alongside their GDS Contracts in Hertfordshire and 4 in west Essex	No gaps or issues currently identified	This service will be reviewed to determine if the current level of provision is meeting the needs of the population.	2024/25 timeline for review to be agreed
Orthodontic PDS Contracts	The national contract is time-limited but has been extended by NHSE since its inception in 2006.	No security for current providers to continue to keep extending contracts for a time-limited period.	NHSE, prior to delegation, agreed to extend for a further 4 years (March 2027) to enable ICBs to undertake a full review and look at a phased procurement approach so that not all Contracts end at the same time; this provides some security for providers and also continuity of access to treatment for those patients in an open Orthodontic course of treatment which spans on average 18mths – 2 years.	Review across HWE to be prioritised during 2024/25 to inform future commissioning plan
Out of Hours Dental Service	Provision of out of hours urgent dental treatment weekday evenings, weekends and bank holidays.	Post delegation NHSE put the contract out to procurement as the contract was due to end September 2023; however, the procurement was abandoned due to the transition to the ICB and the development of the primary care strategic delivery plan to include primary care, including dental.	Current contract is being reviewed and learning from the implementation of the Enhanced Dental winter scheme for 2023/24 will be embedded to inform future commissioning plans	April 2024



Access to Bariatric Chair	Access for Bariatric patients to primary dental services; dental chairs can take up to a maximum weight of approximately 140kg	<p>Post delegation, it was identified there was a gap in access for bariatric patients who need dental treatment and could not access high street dental practices in Hertfordshire.</p> <p>West Essex, GPs can refer to the Essex SCDS who have a chair within their Colchester clinic; however, this is some distance from west Essex.</p>	Agreement with the Bedfordshire SCDS to see Hertfordshire patients who were willing to travel whilst Primary Care Commissioning Committee approved to procure 2 to 3 mobile bariatric chairs for HWE GPs to access – these will be installed within the Herts SCDS with one being close to the west Essex border to support residents there.	November 2023
Access for anxious children	Access to general dental services for children who require additional support to a) improve their oral health and b) overcome their anxieties using a range of methods to transition them back into mainstream, high street dental practices.	<p>In west Essex this pathway is embedded within the Essex SCDS service.</p> <p>In Hertfordshire, children are seen within the SCDS service on a case by case basis with additional funding to support.</p>	Work is underway with the Hertfordshire SCDS provider to develop a more appropriate specification, including an anxiety management pathway within the main contract including sedation pathway.	March 2024
Epidemiology Surveys	Participation in the national programme of oral health epidemiology surveys to support the identification of oral health needs. The 2023-24 survey focuses on Year 5 children; including screening children in 20 schools from a Lower Tier or Unitary Authority.	This is usually embedded within the SCDS main contract; however, this was not commissioned within the Hertfordshire SCDS Contract and additional funding needed to be sought every year. Historically this was not agreed and therefore there are gaps in data to support the oral health needs assessment. (Current OHNA is using data from 3 years ago).	Funding was approved through the ICB Primary Care Commissioning Committee for the Hertfordshire SCDS provider to participate in this programme for 2023-24 which is due to commence in January 2024. This element will form part of the overall review of the Hertfordshire SCDS contract to ensure there is a consistent approach across Herts and West Essex by April 2024	April 2024



5. DENTAL TRANSFORMATION

The following table identifies areas of transformation that the team will be focussing on over the next 12-24 months to address health inequalities and gaps in provision of services that have been identified in the previous section but also ensuring we have the level of performance metrics presented as part of the primary care dashboard in the integrated board performance report around dentistry whether that is unit of dental activity across HWE or waiting times across community and secondary care pathways. This will be part of the transformation and development work.

	Transformation Area	Action	Timeline
1.	Review of the current contract of SCDS across Hertfordshire and west Essex	Work underway ensure a robust specification with key performance indicators and rebased contract activity is negotiated to bridge the gaps in the current contract and build on addressing health inequalities of the population. This will include the developments in sedation pathways.	On track for implementation from April 2024
2.	Dental Access for Asylum/Migrants	To commission dental support for Asylum/Migrant Seekers including initial assessment of oral health needs and necessary treatment when placed within ICB boundary. This will be inreach into the various settings across HWE.	December 2023
3.	Increase Dental Access	<ul style="list-style-type: none"> - Currently developing a specification to pilot an “enhanced dental access scheme” to support urgent, same day access both in and out of hours. - Working in partnership with local providers and the Local Dental Committees to scope out how to increase capacity and provide innovation/collaboration with SCDS i.e. anxiety management pathway 	<p>October 2023</p> <p>January 2024</p>
4.	Domiciliary Care – housebound and residential and nursing homes	To develop a domiciliary specification for primary dental practices to see housebound patients; supported by the SCDS working with residential and nursing home residents.	April 2024



5.	Secondary Care Dental Pathways	Working collaboratively with the acute trusts, Local Dental Network and Dental Managed Clinical Networks to develop primary/secondary care integrated pathways.	April 2024
6.	Level 1 Endodontic and Periodontal Services and the EoE Trauma Pathway	Have oversight of the current evaluations of these pilot services to understand the opportunity for commissioning these within HWE ICB.	April 2024

Dental Workforce - Underpinning all of the above will be reliance of a stable and available workforce. Work underway as outlined in the Primary Care Strategic Delivery plan with the East of England Postgraduate Dean to scope opportunities for working together to attract newly trained dentists and clinical workforce into the local area and available training programmes in which we can utilise to support the upskilling of our existing workforce.

There is no dental school within the East of England; these are located in Birmingham, Sheffield or in London. Links are being made with University of Suffolk in relation to dental hygienist and therapists. HWE are more fortunate than neighbouring ICBs in attracting dentists to the area but recruitment still remains an issue.

IT/Digital – although this has not been delegated to ICBs, IT/Digital solutions will be considered in any development of a business case to support areas of transformation.

6. Resource implications

The dental budget is ring-fenced for 2023-24 and is currently reporting an underspend. The intention is to use this underspend to support the review of services and pathways as identified above sections and to support increasing access to meet that national priority. NB: it should be noted that a **Dental Access Recovery Plan** is expected but no definitive timelines on when this will be.

This is the current YTD Budget against expenditure and full-year forecast against each of the dental budget lines.

			Values				
CC Category	Cost Centre	Cost Centre Description - ICB	Annual Budget (£000)	YTD Budget (£000)	YTD Actual (£000)	YTD Variance (£000)	FOT Variance (£000)
PRIMARY CARE Dental	922214	DELEGATED COMMUNITY DENTAL	2,585,277	1,086,455	1,086,455	0	-
	922215	DELEGATED PRIMARY DENTAL	67,957,873	27,286,635	24,321,117	-2,965,518	- 7,117,243
	922216	DELEGATED SECONDARY DENTAL	20,974,850	9,058,243	9,058,243	0	-
PRIMARY CARE Dental Total			91,518,000	37,431,333	34,465,815	-2,965,518	- 7,117,243
Grand Total			91,518,000	37,431,333	34,465,815	-2,965,518	- 7,117,243

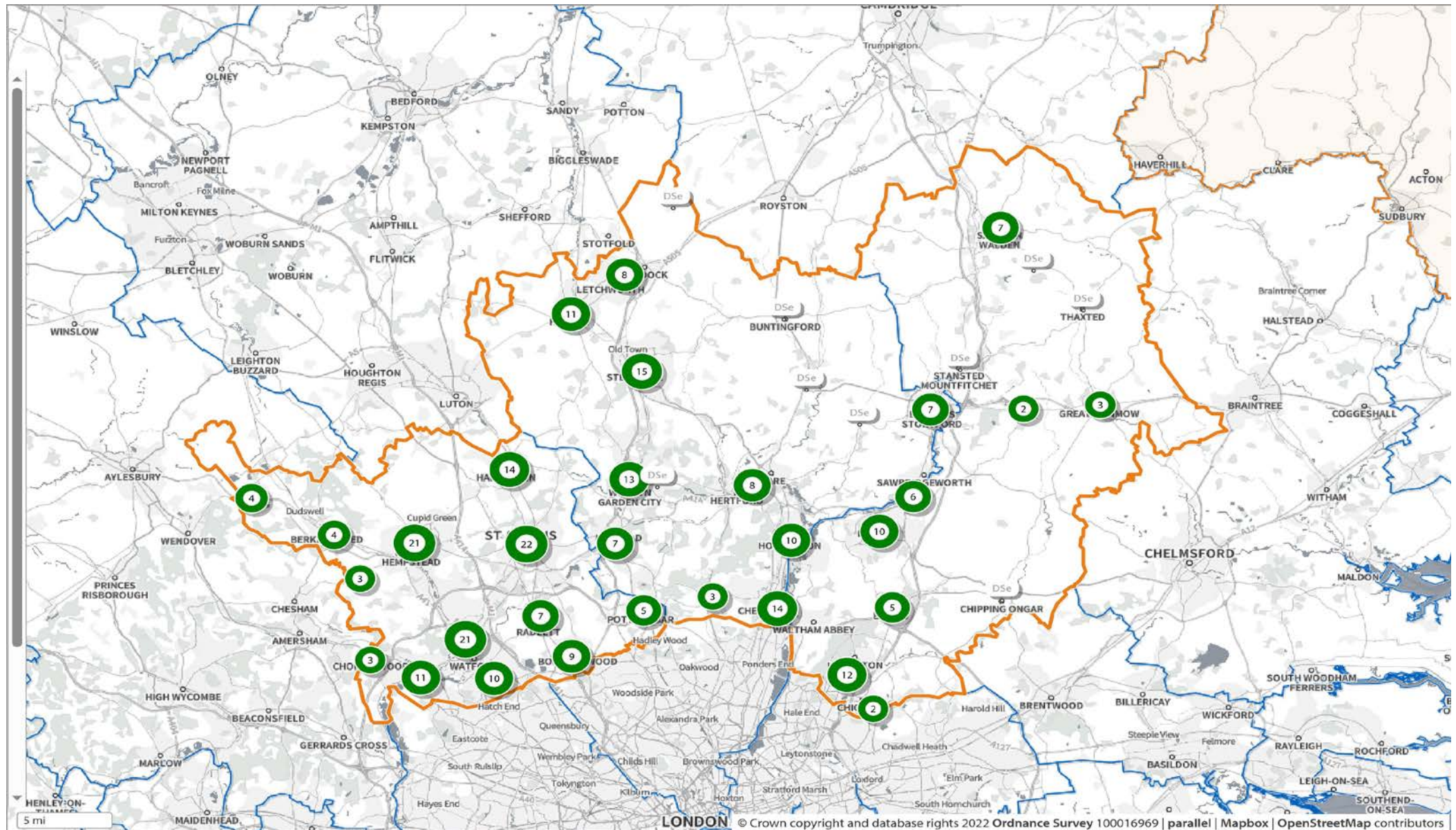


7. Recommendations

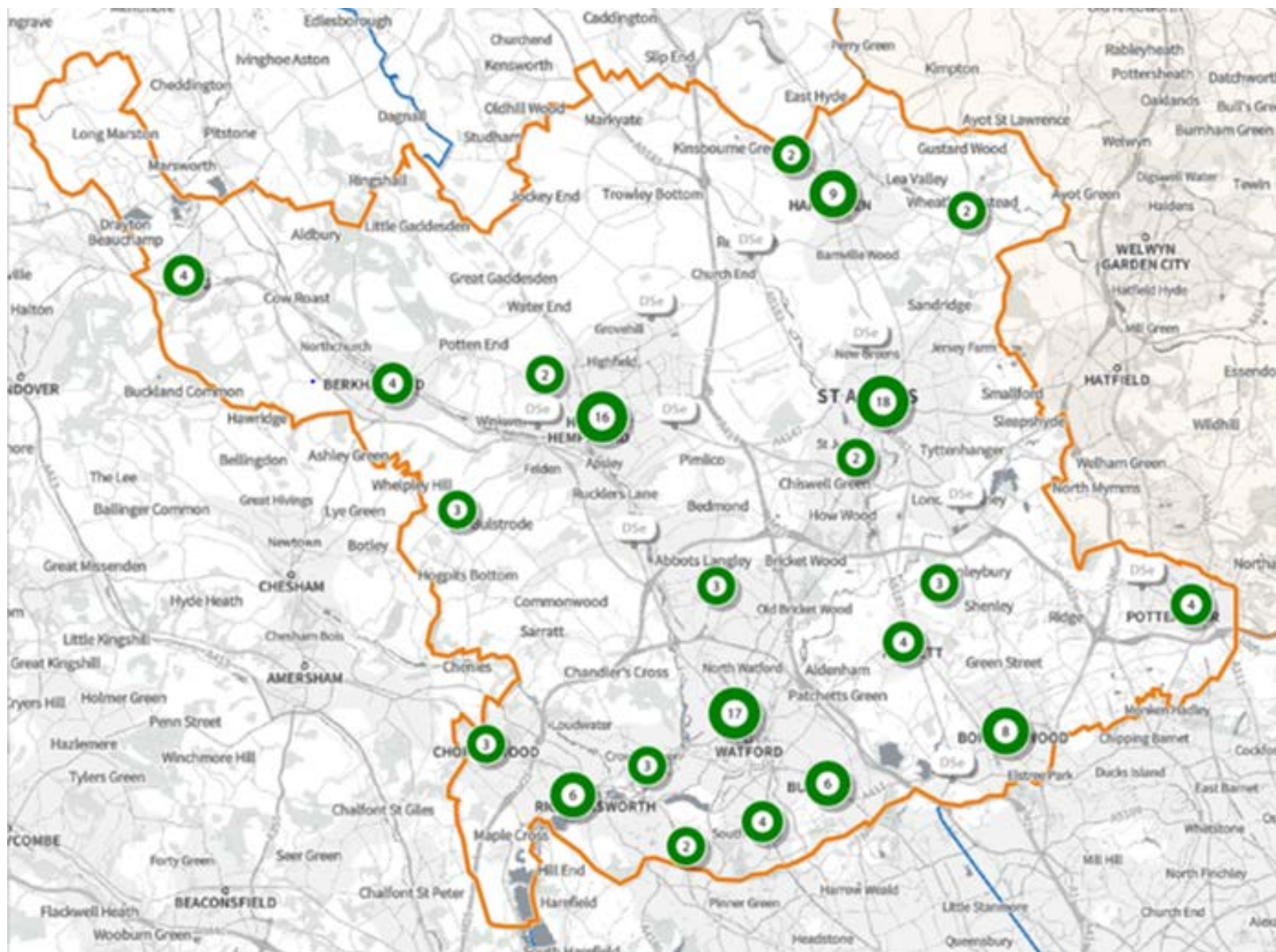
The Board is asked to note breadth of the dental contracts delegated, the current gaps identified and to note the transformation/development areas identified as part of the work for the next 12-24 months. Progress on each of the areas will be shared at the Primary Care Board and Primary Care Commissioning Committee for oversight of delivery and performance.



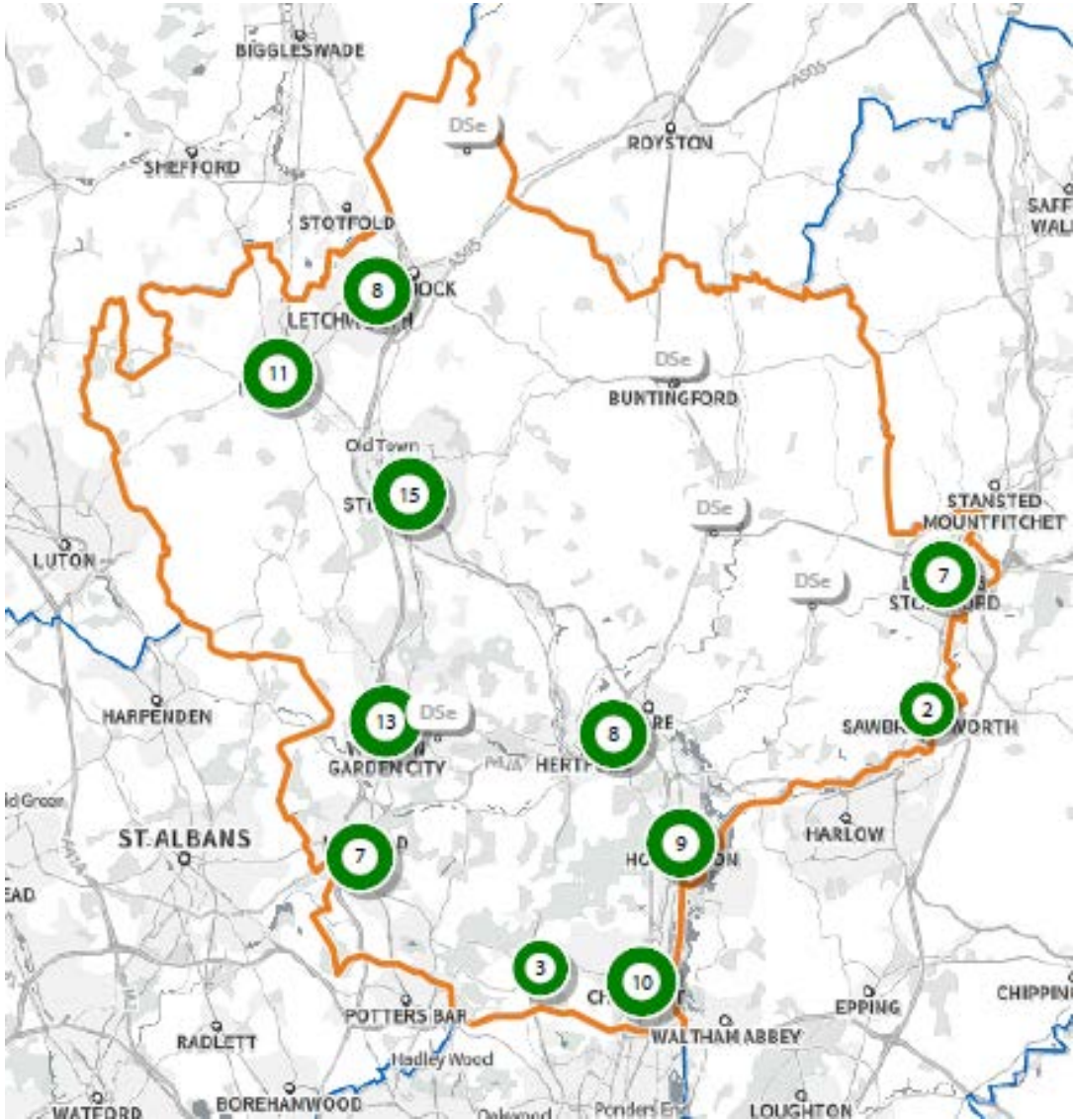
The number denotes the number of dental contracts in that local area



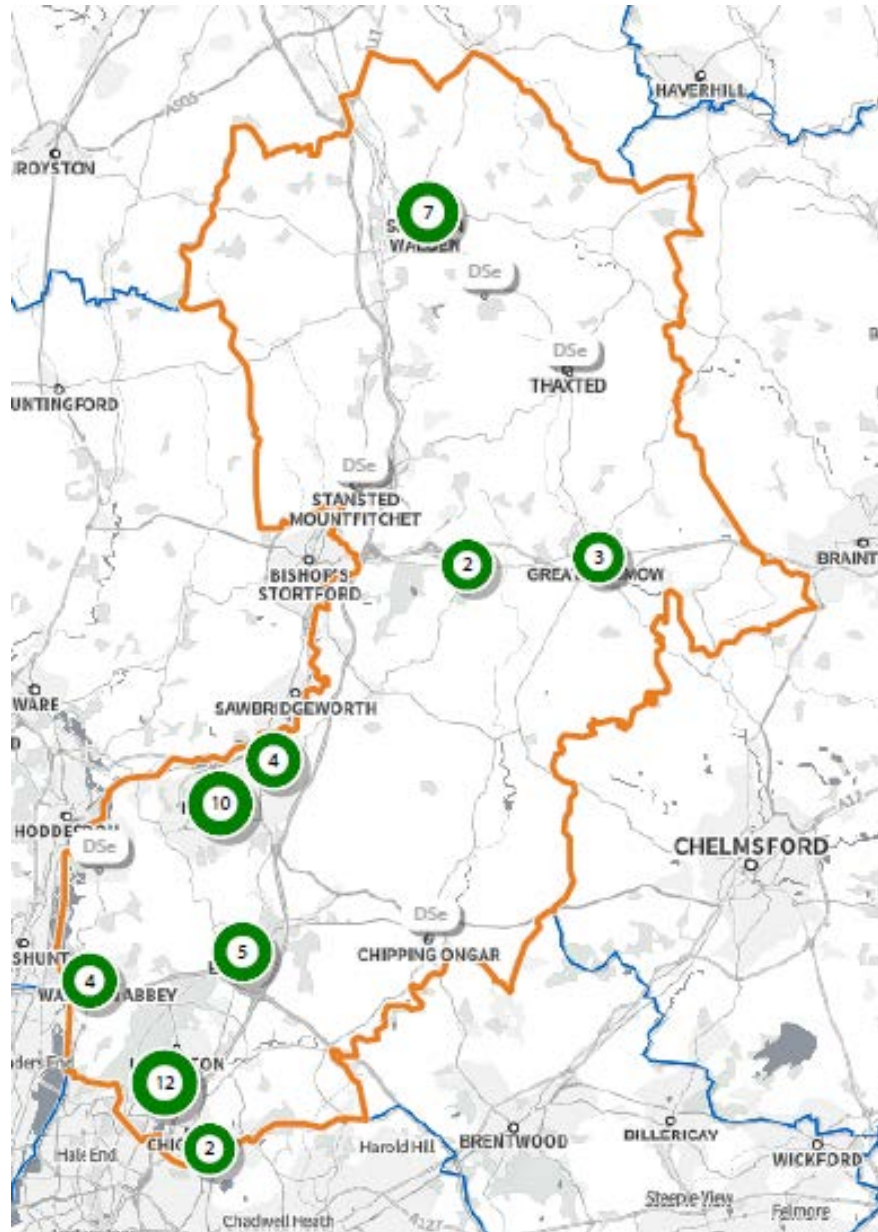
Dental Contracts SWH



Dental Contracts ENH



Dental Contracts West Essex



Meeting:	Meeting in public		<input checked="" type="checkbox"/>	Meeting in private (confidential)		<input type="checkbox"/>	
	NHS HWE ICB Board meeting held in Public			Meeting Date:		22/09/2023	
Report Title:	EPRR Annual Report			Agenda Item:		10	
Report Author(s):	Amanda Yeates, Head of Emergency Planning, Resilience and Response						
Report Presented by:	Jo Burlingham, Deputy Director of Operations						
Report Signed off by:	Elizabeth Disney, Director of Operations						
Purpose:	Approval / Decision	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Information <input checked="" type="checkbox"/>
Which Strategic Objectives are relevant to this report [Please list]	<ul style="list-style-type: none"> Improve access to health and care services 						
Key questions for the ICB Board / Committee:	<ul style="list-style-type: none"> Does the ICB Board feel fully assured around EPRR work streams and compliance with national legislation and EPRR good practice based on the contents of this report? Does the ICB Board support the ICB self-assessment of substantial compliance? 						
Report History:	The report has previously been circulated to the Joint Executive Team						
Executive Summary:	<p>This paper contains the annual report to Board in public on organisational Emergency Preparedness, Resilience and Response (EPRR). The report includes the results of our self-assessment against NHSE Core Standards for EPRR for 2023 which show us to be “substantially compliant.”</p> <p>Please note: Embedded documents provided separately – please refer to appendices document</p>						



Recommendations:	The Board is being asked to: <ul style="list-style-type: none"> Note the information in relation to Emergency Preparedness, Resilience and Response (EPRR) for annual assurance and the work undertaken during the last 12 months Note the planned work for 2023/24 Approve the EPRR core standards and deep dive assurance self - assessment recommendation of 'substantially compliant' for 2023 																								
Potential Conflicts of Interest:	<i>Indirect</i>	<input type="checkbox"/>	<i>Non-Financial Professional</i>	<input type="checkbox"/>																					
	<i>Financial</i>	<input type="checkbox"/>	<i>Non-Financial Personal</i>	<input type="checkbox"/>																					
	<i>None identified</i>			<input checked="" type="checkbox"/>																					
	N/A																								
Implications / Impact:																									
Patient Safety:	N/A																								
Risk: <i>Link to Risk Register</i>	Current EPRR links to the Corporate risk register are as below: <table border="1"> <thead> <tr> <th>Risk No.</th><th>Risk</th><th>Risk Score</th></tr> </thead> <tbody> <tr> <td>5 & 253</td><td>Cyber attack</td><td></td></tr> <tr> <td>351</td><td>Pandemic</td><td></td></tr> <tr> <td>353</td><td>Terrorist & malicious attacks</td><td></td></tr> <tr> <td>354</td><td>Severe Weather</td><td></td></tr> <tr> <td>358</td><td>Industrial Action</td><td></td></tr> <tr> <td>640</td><td>SCC receipt & dissemination of patient identifiable data</td><td></td></tr> </tbody> </table>				Risk No.	Risk	Risk Score	5 & 253	Cyber attack		351	Pandemic		353	Terrorist & malicious attacks		354	Severe Weather		358	Industrial Action		640	SCC receipt & dissemination of patient identifiable data	
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Financial Implications:	N/A																								
Impact Assessments: <i>(Completed and attached)</i>	<i>Equality Impact Assessment:</i>	N/A																							
	<i>Quality Impact Assessment:</i>	N/A																							
	<i>Data Protection Impact Assessment:</i>	N/A																							





1. Executive summary

This report provides annual assurance to the Board that the HWE Integrated Care Board (ICB) meets the NHS Emergency Preparedness, Resilience and Response (EPRR) statutory requirements outlined in the Civil Contingencies Act (2004) and the NHS Act (2006) as amended by the Health and Social Care Act (2012) and the Health and Care Act (2022), as required by the NHS England EPRR Framework (2022). It also outlines the results of the ICB's initial self-assessment against the annual NHSE/I Core Standards for EPRR of "substantially compliant" and details the work that will be undertaken over the next 12 months to achieve full compliance against these standards next year.

2. Background

EPRR is a core function of the NHS and is a statutory requirement of the Civil Contingencies Act (CCA) 2004. Responding to emergencies is also a key function within the NHS Act (2006) as amended by the Health and Social Care Act (2012) and the Health and Care Act (2022).

The EPRR framework being embedded at HWE ICB ensures that we are prepared for any service interruption or emergency that may occur, which threatens our ability to exercise our civil protection and/or statutory functions, as required as a Category 1 Responder by the Civil Contingencies Act 2004. The role of HWE ICB relates to responding to potentially disruptive threats and the need to take command of the local NHS system, as required, during emergency situations. These are wide ranging and may be anything, including, for example, extreme weather conditions, an outbreak of an infectious disease, a major transport accident or a terrorist incident; this is not an exhaustive list. HWE ICB must ensure that it can continue to deliver critical services, support the local community and partner organisations before, during and after an emergency.

This report summarises the EPRR work that has been carried out in 2022/23 by HWE ICB to ensure that the organisation meets its legal obligations in relation to EPRR.

In addition to this, the ICB is required to self-assess against the NHSE Core Standards for EPRR annually in order to assure NHSE that the ICB has appropriate EPRR arrangements in place. Details of our self-assessment are included within section 9 of this report.

3. Incidents

Since the COVID19 outbreak in 2020, vaccines, antibody and antiviral treatments have become readily available and there have been multiple variants of the virus, as well as recombination's. We are all essentially living, working, and operating in an environment where COVID19 is to all intents and purposes endemic, persistent, and not immediately vaccine eradicable. The response to COVID19 is now considered as business as usual by the Health Protection Board. COVID19 reporting is now part of the daily UEC sitrep and mortality is captured via standard system reporting mechanisms too. Discussions are currently ongoing within NHSE about stepping down the current incident level from 3 to level 2. Formal notification of a step down is likely to be issued at the NHSE Board Meeting in September 2023.

There have been a number of other incidents within the past 12 months running concurrently with COVID19, which have required a response from HWE ICB. These include:



- Operation Silver Puncture
- Asylum Seekers (SPOT Hotels)
- Industrial Action
- Asylum Seekers (Sudan Evacuation)
- Baldock Fire

Further details of these incidents are included in appendix A, together with information about lessons learned from formal debriefings and how changes to address these will be embedded to improve health system and ICB resilience in the future.

4. Risks / mitigation measures

Key EPRR risks are logged on the EPRR team risk register and escalated to the Board Assurance Framework as and when required. These risks are reviewed on a regular basis to ensure that they are appropriately managed. In addition, the Hertfordshire Local Health Resilience Partnership (LHRP) has signed off the following documents to ensure appropriate EPRR risk mitigation and emergency preparedness across the HWE ICS in relation to key health risks logged on the Local Resilience Forum Community Risk Register, which score high and very high:

- Herts LHRP / HWE ICS 3 year exercise plan (2022/4) – see section 6
- Herts LHRP / HWE ICS Training plan (2022/3) – see section 7
- Herts LHRP 3 year strategy (2022/4). A draft interim Strategic Plan for Essex LHRP will be presented at the meeting scheduled for October 2023.



Hertfordshire LHRP
Strategic Plan.pdf

5. EPRR plans

Following transition on 1 July 2022, the following HWE ICB plans were implemented to ensure emergency preparedness; these plans have recently been reviewed and updated to reflect revised national guidance, legislation, good practice and learning identified from incident debriefs and exercise.

- HWE ICB EPRR policy
- HWE ICB Business Continuity policy and plan
- HWE ICB Incident Response plan
- HWE ICB Severe Weather plan
- HWE ICC plan

6. EPRR Exercising

One of the ways in which we can ensure staff are capable and aware of their roles and responsibilities during an incident is to regularly exercise emergency plans. A small number of planned exercises this year have been deferred due to the pressures of ongoing industrial action and the fact that key EPRR staff have been involved with the response in some way. However, incident responses themselves negate the need for exercising the same things which are covered by the incident response itself and we continue to meet our legal obligations in relation to the exercising of organisational emergency plans.

HWE ICB have participated in a number of exercises during the past 12 months in order to ensure compliance with statutory exercise requirements. Please see appendix B for specific details of the exercises undertaken, the learning taken from these and how changes have been implemented and embedded as a result of this to improve future incident responses.



The Herts LHRP has previously approved a 3 year exercise plan which will help to ensure that HWE ICB continues to meet its' statutory exercise obligations until 2024. This plan has also been signed up to by West Essex provider organisations and is noted by Essex LHRP. This is a live document and additional exercises will continue to be added as appropriate.



HWE ICS Exercise
summary Board versic

7. EPRR Training

The ICB co-ordinates an annual training plan across the Integrated Care System (ICS) and the annual training needs assessment ensures that the plan for 2023/24 incorporates the requirements of the Minimum National Occupational Standards for EPRR for ICB staff. This plan has been signed off by Herts LHRP and West Essex provider organisations and is noted by Essex LHRP.

The ICB has set a minimum level of overall compliance for EPRR training which specifies that at least 70% of ICB staff at any one time must be fully trained in their incident response roles to ensure that the ICB has a sufficient number of staff qualified that can assist with incident management.

Data showing the level of training compliance for all EPRR roles is shown in the table below.

	DOC	DOC	SMOC+DEPT HEAD	SMOC	LOGGIST	AD+DEPT HEAD+SMOC/DEPT HEAD+COMMS/DEP T HEAD	AD+DEPT HEAD+SMOC/DEPT HEAD+COMMS/DEP T HEAD	EPRR LEAD	EPRR LEAD	INCIDENT ROOM SET UP	EPRR SUPPORT	COMMS+COMM S/DEPT HEAD	CEO	AEO	AEO	
Incident Response Role	Strategic Commander	DOC On Call Staff	Tactical Commander	SMOC On Call Staff	Loggist	Operational Commander	Business Continuity Lead	EPRR Specialist	EPRR Advisor	INCIDENT ROOM SET UP	Command Support Roles	Comms Officer	CEO	AEO	Strategic Commander	TOTAL
Establish total number of staff for each Incident Response role	11	11	36	32	34	58	58	5	5	51	2	16	1	1	1	321
Establish total number of staff for each response role have been trained and also have planned training	9	9	29	29	29	48	48	5	5	37	N/A as No mandatory training recommended	14	1	1	1	265
% of staff trained for each response role or have training booked.	82	82	81	91	85	83	83	100	100	73	N/A as No mandatory training recommended	88	100	100	100	89%
Number of staff who have training booked	7	7	7	7	3	1	1	4	4	14	N/A as No mandatory training recommended	0	1	0	0	56
% of staff who have training booked	64	64	19	22	9	2	2	80	80	27	N/A as No mandatory training recommended	0	100	0	0	34%

This data shows that HWE ICB is compliant in all areas with the minimum standard of 70% compliance for staff EPRR training that we have set in all areas.

8. External Audit

An external EPRR audit was completed in January 2023 and the subsequent report is attached below for information. The audit showed that substantial assurance was provided that the HWE ICB's control and risk management framework is effective in its design and that the testing of key controls identified the consistent application of this. Furthermore, the audit results confirmed that the processes established for the completion of the ICB's Emergency Preparedness, Resilience and Response (EPRR) annual core standards return were good and the self-assessments were accurate, based upon the evidence available for review.

The audit identified 3 minor management actions for completion (2 of which were already identified on the EPRR team work plan) and commended the ICB on the audit results, given the relative infancy of the ICB, established during the national COVID incident while still in response mode and performing command and control functions.





The actions identified within the work plan for completion were added to the EPRR team work plan and have been / are being progressed accordingly in line with the specified timelines agreed.

9. NHSE/ I Core Standards for EPRR self-assessment

HWE ICB has self-assessed its current emergency planning arrangements against the NHS Core Standards for EPRR as “substantially” compliant for 2023.

Compliance against each standard has been assessed by the EPRR team and signed off by the Director of Operations (Accountable Emergency Officer). The statement below provides an overview of HWE ICB compliance for the NHS Core Standards for 2023/24.

Compliance Statement

HWE ICB currently fully meets 45 requirements of the 47 core standards across the nine domains applicable in this year’s (2023-24) core standards submission and is partially compliant with 2 of the standards at this time. Therefore, the ICB has self-assessed as being “substantially” compliant with the NHSE Core Standards for EPRR overall this year. However, the ICB does expect to be able to fully meet core standard 14 in relation to countermeasures shortly and therefore be able to demonstrate full compliance with 46 of the 47 core standards by the time of our peer review with NHSE in October 2023. This will not change the ICB’s overall score of “substantially” complaint though as in order to achieve an overall score of “fully” compliant, organisations must be compliant with 100% of the individual core standards.

While the ICB also self-assessed as “substantially” compliant last year, progress has still been made towards full compliance with the NHSE core standards for EPRR in 2023/24. In 2022/23 we were fully compliant with 42 of the core standards, and this year the ICB is currently fully compliant with 45 of the core standards, with the expectation of demonstrating full compliance with 46 of the core standards by the time of NHSE peer review, as previously mentioned.

We were only able to demonstrate partial compliance with 1 of the core standards because the Regional Mass Casualty plan owned and led by NHSE Regional Team requires updating and this piece of work is not likely to be completed until after Exercise Enterprise has taken place in September 2023. The requirement for the regional Mass Casualty plan to be updated was highlighted to NHSE as part of the core standards assessment process for 2022/23 so it is disappointing that this piece of work has yet to be completed.

Domain	Self-assessment rating
Governance	FULL
Duty to assess risk	FULL
Duty to maintain plans	PARTIAL
Command and Control	FULL
Training and exercise	FULL
Response	FULL
Warning and informing	FULL
Co-operation	FULL
Business Continuity	FULL
Overall rating	SUBSTANTIAL



This year's "Deep Dive" was in relation to EPRR training. HWE ICB was fully compliant with 10 of the 10 deep dive criteria and therefore we can demonstrate full compliance in relation to this. However, it should be noted that the results of the "Deep Dive" do not affect the ICB's overall core standards self-assessment rating.

Full details of the HWE ICB core standards submission can be found below



Copy of
PRN00236_ii_NHS-cor

An action plan has been put in place to ensure that the ICB achieves full compliance against the NHSE/I Core Standards for EPRR next year. Please see appendix C.

9. Recommendations

Based on the evidence that the ICB is able to provide, as detailed in the submission spread sheet, it is recommended that the ICB self-assesses against the NHSE/I Core Standards as "substantially" compliant for 2023.

10. Conclusion / Next Steps

Next steps in relation to the NHSE/I core standards submissions will be to:

- Peer review the core standards self-assessments submitted by providers and primary care; agree their scoring in order to produce an overall core standards submission for NHSE/I which represents the overall position of the ICS. The Herts and Essex LHRPs will be asked to approve this before it is submitted to the NHSE/I regional team on 1st November 2023.
- Progress our core standards action plan over the next 12 months with a view to achieving full compliance for 2023/2024.

In relation to EPRR generally, key priorities going forward are:

- The Accountable Emergency Officer (AEO) and the EPRR team for the HWE ICB will focus on the response to and recovery from the protracted, ongoing industrial action.
- Ensuring that the HWE ICB System Co-ordination Centre (SCC) aligns with the purpose, key deliverables and the minimum operating requirements outlined in the 20 NHSE SCC Required Operational Standards, in readiness for winter operations 2023/2024.
- Maintaining 24/7 on-call functions across the HWE ICB; rolling out the SHREWD/JESIP app to HWE ICB On-Call staff with a requirement to install these apps onto their work mobiles.
- Ongoing preparation work required for the upcoming COVID public inquiry; we are still awaiting further information about the inquiry to understand the level of evidence, if any, that will be required at ICB level.
- Reviewing business continuity arrangements, aligning to new team structures within the ICB and enhancing arrangements due to the heightened risk of cyber security incidents and our reliance on Microsoft Teams.
- Continuing to ensure that all ICB EPRR plans/policies/arrangements align to the new NHSE EPRR framework
- Ensuring lessons from incidents and exercises are learned and any necessary changes to processes and procedures are implemented
- Developing SHREWD capability and implementing the new OPEL framework.



- Overseeing and managing clinical risks within the HWE ICS with specific reference to UEC Demand and Capacity via the UEC Safety Oversight Group
- Implementing a new virtual logging process to replace the current Redkite electronic logging system
- Continuing to consider the HWE incident response to a National Power Outage
- Considering the impact of a RAAC incident within the HWE ICS and ensuring robust plans are in place to respond
- Considering how EPRR is managed in primary care; ensuring GP practices are aware of their EPRR and business continuity responsibilities; preparing for the future roll out of annual core standards assurance to all practices within primary care



Appendix A – Incidents

Full reports have been compiled on each of the below incidents and can be made available on request.

Operation Silver Puncture

4th August – 2nd September 2022

Advanced, a third-party software supplier, advised that they had been subject to an external cyber incident as a result of a ransomware attack on 4th August 2022. While an investigation was carried out Advanced isolated all services and took them offline to mitigate the risk of further impact. This meant that users (including the 111 service and some urgent care centres) were not able to access the Adastra clinical patient management system and several community providers were unable to use e-financials software for purchasing/payroll.

While Advanced worked to resolve their software problems, the NHS immediately put in robust defences to protect its own networks, in line with cyber security advice that had been widely circulated to data leads, digital and cyber security teams. The priority for the NHS was the knock-on impact of the Adastra system being offline, particularly as this related to referrals and access to patient records. The services within Herts and west Essex that were impacted mobilised tried and tested business continuity measures to ensure that services to patients are still available. Unfortunately, these measures were more labour intensive and as a result services, including NHS 111, GP out of hours and Urgent Care services, were heavily impacted and therefore extremely busy. Adastra was restored to all HWE providers by early September 2022.

This incident did not directly affect the ICB and was managed nationally by NHSE, with regular returns submitted by all providers up until 1st November 2022 when the last of the Advanced systems were fully restored. Actions identified through the NHSE debriefing were around safeguarding, and required providers to return a statement confirming there were robust child and adult safeguarding procedures in place. ICB safeguarding professionals were also asked to confirm they were aware of the risks of a potential gap in records during this outage and ensure that there was a searchable record system to record the NHS number of all patients contacting a service during a period of outage as a mandatory component of future contingency and business continuity plans.

Asylum Seekers (SPOT Hotels)

31st October 2022 – 13th January 2023

In October 2023, asylum seekers housed in centres in Manston and Kent were redistributed by the Home Office to SPOT hotels around the UK. SPOT hotels were set up in Hertfordshire and West Essex, with asylum seekers being redistributed with little or no notice. SPOT sites were classified by the Home Office as temporary sites that support asylum seekers for a short stay (24 to 72 hours only). Initial instructions from NHS England to HWE ICB were that no routine health services should be provided (including GP registration), rather that residents of the hotels should access health services via 111 or 999 only. A subsequent directive from UK Health Security Agency (UKHSA) was received advising that, due to a diphtheria outbreak at Manston, all people transferring into SPOT hotels after 31st October 2022 should be offered a diphtheria vaccination and prophylaxis.

Initial advice was that asylum seekers would only be resident at the SPOT hotels for 24/48 hours. However, this was not the case and the majority of residents stayed much longer; some were not moved on at all and many remain in these hotels. The initial emergency response was co-ordinated by HWE ICB via the Health Economy Tactical Coordination Group (TCG) and a health task and finish group. HWE ICB also provided input to the Strategic Migration Group (SMG) as part of a wider response involving the county council, district councils and the third sector.



Lessons learned from this incident included how to manage increased demand and impacts on local GP surgeries, Emergency Departments and Urgent Care Centres; and how to best manage prescription charges and scabies outbreaks in hotels including a requirement for access to clean changes of clothes. Previous learning from the Afghan Resettlement incident was utilised with the reinstatement of clinical pathways for maternity and mental health. In addition, a number of issues were escalated to NHSE for consideration and future learning around communication, lack of access to national stocks of antibiotic prophylaxis and the unsuitability of some of the sites chosen for SPOT hotels.

Industrial Action

15th December 2022 (ongoing)

There has been a protracted period of NHS staff taking industrial action which commenced on 15th December 2022. Staff groups who have undertaken industrial action so far include nurses, ambulance staff, junior doctors, physiotherapists, consultants and radiologists. The vast majority of unions representing health accepted an increased government Agenda for Change pay offer in May 2023 which was implemented in June 2023. RCN and UNITE members voted to reject this pay offer. The RCN subsequently announced that they did not achieve a mandate for further industrial action following a subsequent ballot of their members – however, it is possible that they will now encourage members to take “action short of strike” and we are awaiting any further information and update in relation to this. The junior doctor, consultant and radiologist’s industrial action is still ongoing.

HWE ICS has become well practised in responding to periods of industrial action - command and control and system communications are always highlighted as areas of response that we have learned to do well. Numerous lessons have been learned in relation to previous industrial action responses including the need for better involvement of primary care; how to best utilise the clinical care hub; how to best manage recovery periods following bouts of action, including providing additional capacity for 111 services and Patient Transport Services (PTS); and how to best manage planning meeting agendas and derogation processes. A number of issues have been escalated to the NHSE Regional team for consideration and future learning about timeframes for pre-assurance and debriefing, problems with national infection and control procedures and national communications.

It should be noted that periods of industrial action are becoming harder to manage with business as usual workload being impacted, reduced staff morale and fatigue, BMA pay rate disputes and an instruction that agency staff can no longer be used to cover staff taking industrial action from August 2023 onwards.

Asylum Seekers (Sudan Evacuation)

30th April 2023 – 3rd May 2023

On 26th April 2023 a series of flights arrived into Stansted airport bringing evacuees from Sudan. Uttlesford district council stood up TCGs and SCGs to arrange appropriate reception facilities which operated until 3rd May 2023. Between 30th April 2023 and 3rd May 2023 HUC provided GPs for the Humanitarian Aid Centre and one of the hotels accommodating arrivals in Hertfordshire. The GPs helped to ensure the health needs of the evacuees were met during their short stay before they travelled elsewhere in the UK.



The health system debrief recognised the rapid establishment of command and control, the support of voluntary sectors in the humanitarian aid centres and the quick response from health when a need was identified. This was facilitated through lessons learned from previous Afghan and Ukrainian arrivals. The debrief also identified concerns around communication from the Strategic Coordinating Group (SCG) about the anticipated length of stay of evacuees and the potential health needs of those arriving, as well as the lack of direction given to health from the SCG at the outset of the incident.

A series of actions were identified from this debrief, including the development of an action card for senior ICB on call managers to support any subsequent unanticipated asylum seeker arrivals to Hertfordshire and West Essex. This action card flags pathways developed during previous incidents and outlines the basic health response, as well as proposing some alternative potential actions that may be required in certain circumstances.

Baldock Fire **11th – 13th July 2023**

On 11th July 2023, Herts Fire and Rescue Service (HFRS) received multiple calls regarding a fire that began in an industrial unit in Baldock. The fire rapidly escalated and 43 units were affected. The buildings were significantly damaged, with some buildings and asbestos rooves collapsing. The fire was extinguished and was predominantly out by the morning of 12th July 2023, although there were still some hot spot areas where vehicles were trapped under collapsed buildings. Fifteen fire engines attended the site and overhead drones were used. The smoke plume was the key initial concern once the fire had been extinguished. There was a Tesco store in proximity which remained open the following day; some local schools were closed, and some remained open with safety mitigations in place. There were some local road closures. Fire crews remained actively on site until 13th July 2023. The smoke plume changed over the course of the day on 11th between thick black smoke and a light haze.

A local GP surgery was affected. Baldock surgery had reported concerns of thick smoke causing staff to cough and had implemented their business continuity plan to allow some staff to work from home, cover staff absence due to the closure of schools and rearranged some appointments to prevent patients travelling to the surgery due to the smoke plume and local road closures. Following multi-agency Tactical and Strategic Management meetings the following day, public health advice was issued to assist the GP surgery with their management of the incident and the incident was stood down on 14th July 2023.

Lessons learned from this incident included the requirement for further training for ICB on call staff and better communication between the emergency services and health; the earlier involvement of Public Health via a Strategic Co-ordinating Group would have allowed public health messaging to be issued earlier; and the GP Surgery may benefit from having access to more laptops to facilitate home working during future incidents and being more aware of what their responsibilities are in relation to EPRR, business continuity and incident response.



Appendix B – Exercises undertaken 2021/22

Exercise Fox

On 20th April 2023 Exercise Fox was designed to test the region's response to a RAAC plank Incident, requiring the evacuation of patients from Queen Elizabeth Hospital King's Lynn. The scenario was based upon the heightened risk of a RAAC Plank failure at any of the RAAC Plank hospitals within the region. The aim of the exercise was to walk through in real time the operational expectations of the Patient Distribution Coordination Cell (PDCC), exploring the regional response to patient distribution following a catastrophic RAAC Plank failure within an Eastern Region Hospital. The objectives were:

- To stress test the NHS E regional PDCC response utilising a sample of patients to be distributed
- To test the SMART evacuation and sharing patient records
- Ensure that the PDCC has a whole system approach to distribution and discharge

The exercise highlighted that there was more work to be done by NHSE so that the PDCC operated effectively during an incident. A summary of lessons learned and associated recommendations are included in the below post exercise report. There were no resulting actions to be taken forward by HWE ICB.



Essex LHRP Fox
Briefing 20042023 (1).

Power Outage - LRF Exercise Lemur, Exercise Mighty Oak and Health Exercise Lemur

On 25th January 2023 *LRF Exercise Lemur* brought LRF partnership organisations together to engage with the strategic and operational implications of a national power outage scenario. The aim of the exercise was to build a shared understanding of these implications when responding to a failure of the National Electricity Transmission System, leading to a national power outage. The objectives of the exercise were to:

- Consider the effectiveness of current multi-agency response arrangements in managing the impact of an NPO incident
- Understand how command and control will be stood up and operationalised in the context of an NPO incident
- Draw out existing capabilities, interdependencies, gaps in preparedness, and areas for improvement
- Identify next steps for individual responder organisations and the wider multi-agency (LRF) community in responding to an NPO incident

A summary of lessons learned and associated recommendations are included in the below exercise report.



2023.01.23 Exercise
Lemur Report Final V6



Exercise Mighty Oak was run on 27th-30th March 2023 and both the Essex and Hertfordshire LRFs took part. The scenario looked at what days 1, 3 and 4 of a national power outage might look like, with the phased return of power and concurrent flooding / severe weather. Essex LRF participated in full, with representation from two of the three Essex ICBs (MSE and HWE). Hertfordshire took a more passive approach to the exercise due to the recent LRF power outage exercise run on 25th January 2023. They instead addressed the most pressing issue identified, that of communications. The objectives of the exercise were to:

- Provide confidence and assurance to ministers and permanent secretaries that priorities are shared, challenges are accounted for, impacts have been assessed and interdependencies are understood by the key partners in a national power outage response.
- Validate across all levels of government the critical elements of the notification process, the activation of response functions, communications and information flow, the use of response plans and powers, and the early stages of recovery from a national power outage.
- Rehearse the co-ordination of a national response to a national power outage across relevant government and industry partners and assure the coherence of arrangements in the event of a National Power Outage (NPO).

A summary of lessons learned and associated recommendations are included in the below exercise report.



FINAL Mighty Oak
PXR DESNZ - OS v0.3

Following LRF Exercise Lemur, HWE ICB hosted “*Health Exercise Lemur*” on 16th of May 2023. This exercise was held specifically to identify the resilience of health system partners, any significant issues associated with prolonged power outage on the health system and to look at potential mitigations possible through system working. The aims of the exercise were:

- To build a shared understanding of the implications for the Integrated Care Board (ICB) and provider organisations when responding to a failure of the National Electricity Transmission system, leading to a national power outage (NPO).
- To consider appropriate mitigation for the risks identified and / or escalate risks to NHSE for consideration

The objectives of the exercise were to:

- Consider the effectiveness of current provider response arrangements in managing the impact of an NPO incident
- Understand how command and control will be stood up and operationalised in the context of an NPO incident
- Draw out existing capabilities, interdependencies, gaps in preparedness, and areas for improvement
- Identify next steps for individual providers and the wider ICB in responding to an NPO incident
- Identify core elements for a response framework for the ICB and provider organisations when responding to an NPO and subsequent rota load disconnection

A summary of lessons learned and associated recommendations are included in the below exercise report. ICB actions taken to address the lessons learned and embed these in the response to future incidents are outlined in the ICB action plan.



HWE Ex Lemur report
for comment 17.07.23



Exercise Lemur
Action Plan (1).pdf



A regional EPRR “Consortium” was hosted in Cambridge on 30th May 2023 and ICB EPRR leads from across the East of England region came together to share lessons learned from all of the power national (NPO) exercises. HWE ICB shared learnings from the Mighty Oak, LRF Exercise Lemur and Health Exercise Lemur exercises. The group agreed to work collaboratively across the region on an action plan to address the areas of work identified as being necessary as a result of the exercises that have been undertaken in 2023.

Exercise Arctic Willow

The aim of this exercise in December 2022 was to explore the health response to multiple, concurrent operational and winter pressures in England, and the interdependencies with Local Resilience Forum (LRF) partners in responding to these pressures. The exercise covered the following objectives:

- To exercise the EPRR arrangements in place within Integrated Care Boards (ICBs) as a Category One responder facing concurrent operational issues and winter pressures.
- To identify the likely type and range of decisions that would need to be made by senior leaders across health and partner organisations when responding to multiple, concurrent operational issues and winter pressures.
- To explore the practicalities of mutual aid support from resilience partners, in order to identify areas for further development, and to explore the response to simultaneous operational issues and winter pressures that reduce the facility for mutual aid.
- To identify options for maintaining patient flow during multiple, concurrent operational issues and winter pressures.
- To explore business continuity arrangements, at NHS Trust and ICB level, in relation to potential medical supply disruption, energy supply disruption, adverse winter weather, and prolonged and significant industrial relations action, including strikes, and reduced staffing numbers resulting from multiple concurrent operational issues and winter pressures.

There were lessons learned about command and control, EPRR training, mutual aid, co-ordinated planning, business continuity planning, protected sites, vulnerable individuals and power outage as a result of this exercise, as outlined in the below post-exercise report. ICB actions taken to address the lessons learned and embed these in the response to future incidents are outlined in the ICB action plan.



Report on Exercise
Arctic Willow v01.00 ('



Ex Arctic Willow
Action Plan.pdf

Exercise Toucan 2

The aim of this exercise in October 2022 was to validate the cascade processes in and out-of-hours from national to provider level following the establishment of ICBs. The objectives were:

- To validate contact information is correct at national. Regional and ICB level
- To validate dedicated mechanisms and structures are in place for on call / nominated individuals in and out of hours; and
- To validate the functionality of the notification systems and equipment as appropriate



Lessons were learned around appropriate contact routes, minimising multiple contacts, validating contact information, the consideration of alternative points of contact, the use of single points of contact, exercise awareness and scheduling, as outlined in the below post-exercise report. ICB actions taken to address the lessons learned and embed these in the response to future incidents are outlined in the ICB action plan below.



Exercise Toucan 1
and Toucan 2 Post Ex



Ex Toucan 1 and 2
Action Plan.pdf

Exercise Geopony

Exercise Geopony was held at Essex Fire Headquarters on 28th April 2023. This was a mass casualty scenario, based on a major incident that required a multi-agency response and tested various aspects of multi-agency and single-agency plans, including that of a RAAC incident response. A debrief took place on 13th June 2023. The following summarises positive actions and outcomes from this exercise:

- Reinforced the need to have an up-to-date mass casualty plan in place, revisiting previous arrangements – regional and locally (including P3 treatment centres – identification and testing)
- Reinforced the need to further exercise the regional casualty distribution co-ordination cell model at a regional/local level
- Further discussion to be explored around the rapid release of capacity for those patients with no criteria to reside.
- Good networking / relationship building opportunity to enhance multi-agency working
- Clear aims and objectives which helped to structure conversations and decisions. These were also reflected back on, on several occasions to ensure attendees were still on track.

Aspects of the exercise that didn't go so well were the disparity between the information received from health Tactical Co-ordinating Group (TCG) colleagues, versus that which was formally fed back to the Strategic Co-ordinating Group (SCG) by the TCG. Also, due to external pressures, there were several key players who were missing from the exercise. Key recommendations included ensuring that all exercise attendance is physical, rather than a mixture of physical and virtual. Some feedback received indicated that this created difficulties on the day. Earlier engagement in terms of appropriate attendance at each level of structures was also requested. We are awaiting the formal exercise debriefing report.

Exercise Flamingo Silk

This exercise took place on 25th May 2023 and the aim was to validate receipt and action of notifications through dedicated / established mechanisms and structures in the event of an incident. The objectives were to:

- Provide assurance to NHS leadership on the ability for an incident notification to be cascaded, received, and actioned from National to provider level in a timely manner.
- Confirm there are dedicated EPRR mechanisms and structures in place for action and receipt of notification.
- Validate the functionality of the organisational notification systems, contact methods and equipment as appropriate.

The exercise highlighted some incorrect or missing contact details, notification delays experienced by staff with pagers and learning for planning future exercises. An ICB action plan has been drafted to address these issues and embed the learning for future incident responses while the full regional debrief report is awaited.





Cyberattack Exercise

As part of the HWE Local Health Resilience Partnership (LHRP) exercise programme HBLICT carried out two consecutive cyber exercises with the themes of “coordinating crisis” and “data for sale”, on the 22nd June 2023. These exercises required a physical presence at Kao Park’s board room and both were well attended by ICB and system providers, including their ICT representatives.

One exercise was based on a severe weather event with high winds and flooding leading to health organisations being put under additional strain, closely followed by their loss of internet connectivity. The other exercise saw trusts notified that confidential patient records with their branding were being hosted for sale on the ‘Dark Web’, with details suggesting these had been extracted from hospital IT systems over the last three months. There was uncertainty regarding how the attacker obtained the information, or if they were still able to access the systems compromised.

Hot and cold debriefs were carried out and a post-exercise debrief report outlining learning and recommendations from these exercises is now awaited.

Exercise Creeping Mist

Exercise “Creeping Mist” was held on 10th and 17th May 2023 and created a scenario in which a toxic gas cloud caused by an oil refinery explosion at the Buncefield Oil Depot (located in Hemel Hempstead) was spreading across all sites within the Hertfordshire and West Essex area.

A lockdown scenario was worked through on 10th May 2023 with system providers and internal ICB teams participating, going through the motions of coordinating communications to be circulated to internal staff, locating keys and advising relevant departments to secure windows and doors. The exercise outlined areas of improvement for the ICB and system partners who participated and provided insight into how the SCC would function during an incident, allowing us to understand the staffing resource requirements

The ICB then required internal staff to conduct a call cascade on 17th May 2023 within their directorate and complete a spreadsheet return for the SCC. Although previous cascade exercises had taken place at CCG level, the EPRR and newly formed SCC needed to identify how the ICB would coordinate a cascade scenario following the organisational structure changes. All directorates responded before, or slightly after, the 2 hour target response time. In total 700* staff had acknowledged the cascade out of circa 815 ICB staff (*excluding the expected number of duplicate staff acknowledgements). An exercise debriefing report is being drafted and will outline the results of the exercise and further recommendations for the ICB Executive Team. Further work will be required to develop the ICB cascade process and templates.

4.2.4 CBRN Training and Exercise

CBRN training and exercise sessions were held in May and June 2023 at the Great Notley Resilience Base in Great Notley by EEAST and staff from all health organisations within the HWE ICS were offered the opportunity to attend. The training and exercise provided an opportunity for attendees to learn about the correct processes for the following:

- Clinical Decontamination Unit (CDU) set up
- Dry decontamination
- Wet decontamination
- Self decontamination

The aim of the training and exercise was to introduce attendees to the principles of decontamination (Improvised, Interim & Clinical) and the equipment needed for each type. The objectives were for staff to:



- Be able to assess and react to a contaminated patient in an ambulatory and non-ambulatory state.
- Be able to perform dry decontamination after gathering the required equipment.
- Be aware of Fire & Rescue service's role in decontamination
- Understand how different decontamination methods cascade and merge to ensure effective decontamination.

All attendees undertook an initial, face to face training session at the start of the day and this was followed by a practical exercise so that they could practice what they had learned. The practical exercise involved attendees either acting as a contaminated casualty or a member of GP surgery staff and they performed the initial operational response and dry decontamination of an ambulatory casualty.

Lessons were learned around the need to be appropriately prepared for CBRN incidents and the requirement for further promotion of decontamination procedures, training and exercise within primary care, as outlined in the below post-exercise report. ICB actions taken to address the lessons learned and embed these in the response to future incidents are outlined in the ICB action plan included within the document.



CBRN exercise and
training report.doc.pdf

Appendix C - Core Standards Action Plan 2022/23

Action Required	Responsible Owner	Due Date
Liaise with NHSE/I to ensure MASCAS plan is signed off and circulated	Amanda Yeates	1/11/2023
Supplier business continuity Framework to be drafted and signed off	Ben Hallam	18/10/2023



Meeting:	Meeting in public		<input checked="" type="checkbox"/>		Meeting in private (confidential)		<input type="checkbox"/>	
	NHS HWE ICB Board Meeting in Public				Meeting Date:		22/09/2023	
Report Title:	Quality Escalation Report				Agenda Item:		11	
Report Author(s):	Multiple authors including relevant quality leads, collated by Shazia Butt, Assistant Director for Quality Assurance and Improvement, HWE ICB.							
Report Presented by:	Natalie Hammond, Director of Nursing and Quality							
Report Signed off by:	Natalie Hammond, Director of Nursing and Quality							
Purpose:	Approval / Decision	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Information	<input checked="" type="checkbox"/>
Which Strategic Objectives are relevant to this report [Please list]	<ul style="list-style-type: none"> • Increase healthy life expectancy, and reduce inequality • Give every child the best start in life • Improve access to health and care services • Increase the numbers of citizens taking steps to improve their wellbeing 							
Key questions for the ICB Board / Committee:	<ul style="list-style-type: none"> ▪ Does the report provide sufficient information for the Board to be assured regarding the work undertaken to manage risks and drive forward needed quality improvements? <p>Alongside this question, the Board is asked to note that work is ongoing to develop and refine the Quality Escalation Report alongside the Quality Dashboard. Discussions have recently taken place at the Quality Committee around how future iterations of the Quality Escalation Report effectively identify all key quality issues within the local system.</p>							
Report History:	<p>The report was presented and discussed at the ICB Quality Committee on 7th September 2023. This version has had very minor edits to ensure appropriate for public discussion.</p> <p>At the Committee this is presented alongside the quality dashboard that contains additional information relating to a number of key metrics and quality performance.</p>							



Executive Summary:

This paper provides a summary position relating to quality and safety across Hertfordshire and West Essex.

Areas included relate to sharing of best practice and learning from excellence as well as highlighting key areas of challenge and risk.

Areas of best practice include;

- The West Essex Care Education and Treatment Review Team have established an effective single CETR & Children and Young People (CYP) Dynamic Support Register (DSR) service for the Autism & Learning Disabilities Programme.
The service has continued to receive positive feedback from CYP and their families and system partners who have attested the positive outcomes of the CETR process in preventing unnecessary admissions and strengthening the care for high risk CYP.
- 5 projects, teams of services have been shortlisted for the 2023 Health Service Journal (HSJ) Celebrating Healthcare Excellence Awards
- Some positive results in the national staff survey, with HPFT being 4th highest for Mental Health Trusts. Clearly also many areas to work on across our system.

Key challenges include;

- ENHT Paediatric child hearing impairment service, progression of ongoing work to support urgent improvements in several areas including estates, workforce, equipment and governance and oversight of the service.
- Ongoing demand on all services across the system, alongside periods of industrial action, are impacting on delivery of safe and timely care.
- Rates of C.difficile with a national and local increase in rates being seen.
- Ophthalmology challenges linked to waiting lists and timely care at ENHT and also out of hours provision at PAH.
- WHTHT has flagged as an outlier in the MBRRACE perinatal reporting in the latest data for 2020/21.
- Ongoing support to EPUT following their CQC inspection earlier in 2023, to work with the Trust and relevant ICBs to support improvement.
- Ongoing focus on termination of pregnancy services following national and regional concerns relating to the British Pregnancy Advisory Service (BPAS).
- System wide implementation of the new Patient Safety Incident Response Framework (PISRF) by Autumn, including all main providers and over 50 independent sector providers.



	The report also references the national escalation and learning following the trial and verdict for Lucy Letby.			
Recommendations:	The Board is asked to note the contents of the report.			
Potential Conflicts of Interest:	<i>Indirect</i>	<input type="checkbox"/>	<i>Non-Financial Professional</i>	<input type="checkbox"/>
	<i>Financial</i>	<input type="checkbox"/>	<i>Non-Financial Personal</i>	<input type="checkbox"/>
	<i>None identified</i>			<input checked="" type="checkbox"/>
	N/A			
Implications / Impact:				
Patient Safety:	Patient Safety is a driving principle and at the core of the Quality Report. The paper flags areas of good practice, identifies risks to patient safety and provides information about mitigation and actions to manage risks to patient safety.			
Risk: <i>Link to Risk Register</i>	The Nursing and Quality Team have been working to develop our risk register as well as consider our ICS system wide risks in common. As the risk register develops and the quality escalation report is refined the Board will be able to clearly identify the work being undertaken relating to the key risks throughout this report.			
Financial Implications:	N/A			
Impact Assessments: <i>(Completed and attached)</i>	<i>Equality Impact Assessment:</i>	N/A		
	<i>Quality Impact Assessment:</i>	N/A		
	<i>Data Protection Impact Assessment:</i>	N/A		



Herts and West Essex Integrated Care Board (HWE ICB) Quality Escalation Report (Board Meeting)

September 2023



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Executive Summary (1/3)

UPDATE TO PREVIOUS POSITION OR NEW. Area of Focus	Headlines	Slide Number	Position since Previous Report
NEW: WHTHT Perinatal reporting.	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) Perinatal Mortality Trend (PMRT) data has identified WHTHT as worsening by 2 Red Amber Green (RAG) categories in latest year (2020 2021) for perinatal. Processes in place to provide robust scrutiny of all deaths, including external scrutiny. Assurance sought regarding any learning relating to risk factors such as smoking, obesity as well as ethnicity. To date no themes have been identified.	18	Ongoing assurances required.
NEW: ENHT Ophthalmology Service.	Emerging concerns regarding approximately 12,000 patients overdue for follow up appointments. ENHT Recovery meeting in place, aligned to Trust risk register. Key actions include linked to risk stratification and oversight of waiting lists, alongside workforce requirements. 2 new consultant posts and locum role under recruitment.	n/a	Emerging Concerns with further work underway to fully understand risks.
NEW: Princess Alexandra Hospital Trust (PAHT) – Ophthalmology out of hours (OOH) cover.	Currently there are no formal arrangements for OOH cover for Ophthalmology patients. Contracted service at PAHT closes at 5:00 pm weekdays and there is no provision at weekends. Patients previously referred to either Moorfields or Whipps Cross. Integrated Care System (ICS) Ophthalmology steering group has created an out of hours workstream with initial focus on PAHT and ENHT due to inter-related impacts. Options appraisal due to ICS Planned Care Group by September 2023.	n/a	Emerging concerns with further work underway to fully understand risks and actions.
NEW: National Escalation following trial of Lucy Letby	Following the verdict in the trial of Lucy Letby it has been announced that there will be an independent enquiry into the events that occurred to ensure lessons are learnt. NHS England has written to all organisations asking each to ensure there are robust processes in place to support everyone including patients, families and staff to raise concerns and be heard. Additionally, all organisations have been asked to review their governance with a number of urgent actions requested. In addition to discussions taking place across HWE, the ICB has added the NHSE letter to the agenda of all main provider quality and performance meetings to discuss and seek the assurances required.	n/a	Urgent assurances required.

Executive Summary (2/3)

UPDATE TO PREVIOUS POSITION OR NEW. Area of Focus	Headlines	Slide Number	Position since Previous Report
UPDATE : Herts and West Essex (HWE) Infection Prevention & Control.	National increase in C. difficile cases. All HWE Integrated Care Board (ICB) places and 3 acute Trusts are now above NHS England trajectories. South & West Herts place, West Essex place, East and North Herts Trust (ENHT) and West Herts Teaching Hospitals Trust (WHTHT) are above East of England infection rates.	14	Deteriorating position with ongoing assurances required.
UPDATE : East & North Herts NHS Trust Paediatric Child Hearing Impairment (PCHI) Service.	ICB led bi-weekly and ENHT weekly internal meetings continue to obtain assurances and oversee actions following United Kingdom Accreditation Service (UKAS) concerns and identification of 2 harms to date. Steady progress includes greater visibility of patient tracking list (data quality issues remain). Mutual aid support agreements under discussion for a range of areas with support for time critical Auditory Brainstem Responses (ABRs) in place. Clarification provided around approach for reporting new moderate and significant harms aligned to overarching Serious Incident (SI). Communications approach under development.	23	Progressing position with significant concerns remaining.
UPDATE: Mount Vernon Cancer Centre (MVCC) Gynaecology Outcomes.	Progress on concerns raised via a review of gynaecology cancer pathway outcomes includes Incident management processes in place to review harm alongside governance for tumour management groups, and clinical pathway redesign approach. Full review of Systemic Anti -Cancer Therapy (SACT) 30-day mortality cases underway.	23	Progressing position with further assurances required.
UPDATE: Essex Partnership University Trust (EPUT). Adult Mental Health Inpatient Service.	Following the conclusion for the CQC inspections carried out in early 2023 , EPUT has shared its improvement action plan with Essex Integrated Care Board (ICB) Partners. Support, monitoring and oversight monthly via 'Quality Together' collaborative meeting, and Southend , Essex and Thurrock (SET) Strategic Improvement Group.	26	Progressing position with further assurance Required.

Executive Summary Continued (3/3)

UPDATE TO PREVIOUS POSITION OR NEW. Area of Focus	Headlines	Slide Number	Position since previous report
UPDATE: Termination of Pregnancy Services (ToPS)	Following national and regional concerns focus continues with local providers to obtain assurances. Ongoing collaboration at all levels with British Pregnancy Advisory Service (BPAS) including regional approach to undertake a future quality visit. Quality visit in June 2023 to Marie Stopes (MSI) identified no urgent concerns.	25	Positive progress with further assurances required.
UPDATE: West Herts Teaching Hospital Trust (WHTHT) Incidents.	Internal investigations via outsourced decontamination company underway regarding 2 incidents related to surgical tray contamination. Site inspection scheduled to monitor procedures and additional Incident Management Team (IMT) has taken place with United Kingdom Health Security Agency (UKHSA), NHS England, ICB and the decontamination company to establish wider implications and learning.	14	Progressing position with ongoing assurances required.
UPDATE: WHTHT Heart Failure Chest Pain / Rapid Access Clinic Backlog.	Recovery action plan progressing with reductions in backlog of 500 patients, against 2week wait pathway. Discussions underway around approach to implement clinical harm review process. Additional workforce capacity confirmed and action plan trajectories under review to reflect additional resource and clinics.	22	Positive progress with backlog reduction. Ongoing assurances required.

Sharing Best Practice/ Learning from Excellence

Reasons to be Proud

West Essex Care Education and Treatment Review (CETR) Team.

The CETR have an established effective single CETR & Children and Young People (CYP) Dynamic Support Register (DSR) service for the Autism & Learning Disabilities Programme. The team carry out the highest numbers of CETR's regionally and have achieved 100% compliance with the Key Performance Indicator for CETR's which requires all Children and Young People (CYP) accessing a Tier 4 (T4) admission to have had a CETR which is not older than 28 days in the period leading to June 2023.

The team have recently expanded following successful recruitment and now looking to gradually increase the CETR offer to those Children and Young People (CYP) on Moderate and Low Dynamic Support Register (DSR) Risk rating from November 2023, revamping the early intervention work of the service to reduce access to Acutes and T4 settings.

The service has continued to receive positive feedback from CYP and their families and system partners who have attested the positive outcomes of the CETR process in preventing unnecessary admissions and strengthening the care for high risk CYP.

Hertfordshire Partnership Foundation Trust (HPFT) Staff Survey Results.

Positive results for HPFT staff survey (fourth highest for best mental health trust to work at). Headlines include;

- Proud to work for HPFT & recommend them
- Proud of the standard of care they provide
- Service users are their top priority
- Highly engaged, motivated and emotionally invested
- Strong compassionate culture.

Staff are supported and looked after through;

- Excellent health and wellbeing support
- Work-life balance and flexible working
- Opportunities for learning & development & to fulfil potential
- Safety culture, confidence to raise concerns and will be addressed

Health Service Journal (HSJ) Shortlist 2023

The shortlist for the 2023 Health Service Journal (HSJ)'s Celebrating healthcare excellence awards has been announced, and there are several Hertfordshire and west Essex projects which have been named finalists in their categories. These are:

- Clinical leader of the year - Dr Niall Keenan, Associate Medical Director for Innovation and Quality - West Hertfordshire Teaching Hospitals Trust
- Innovation and improvement in reducing health inequalities – Hertsmere Council
- Mental health innovation of the year - Essex Partnership University NHS Foundation Trust
- Mental health innovation of the year- Hertfordshire Partnership Foundation Trust
- Primary and community care innovation - Stort Valley and Villages Primary Care Network (PCN) - Waiting well with suspected Autism Pathway.

Key Priority Areas

Patient Experience and Safety - ICB

ICB Area	Compliments	Complaints	PALS	Member of Parliament (MP)	General Practitioner (GP)	Whistleblowing	Serious Incidents	Never Events
East & North Herts	0	7	55	10	92	0	18	1
South & West Herts	1	13	49	11	53	0	19	0
West Essex	1	5	37	5	44	0	8	0
Other	0	4	40	1	1	0	5	1
Total	2	29	181	27	190	0	50	2

ICB area	Key themes/ Risks	Improvement Actions and Mitigations
ICB wide	Availability of Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) assessment appointments for children and adults and the associated complications of people being started on treatment privately, then wanting to transfer to the NHS	The Mental Health, Learning Disabilities and Autism Collaborative have been working alongside system partners to find a solution to the long waiting times for children and young people. A business case was recently agreed to fund additional services in Hertfordshire for paediatric ADHD patients, in an attempt to reduce the time, it takes to be seen for paediatric ADHD NHS care. The ICB does not support shared care agreements with private providers - this information is being given to all enquirers expecting their GP to take over prescribing that has been started privately. People are directed to NHS services.
ICB wide	Provision of services for chronic fatigue ; equity of access by locality and for individuals with concurrent mental health problems.	Existing pathways and potential developments are in discussion.
ICB wide	Queries from elected local officials where housing developments are planned in relation to associated health provision.	Liaison with the Estates and Capital team to establish position on each case and responding accordingly.

National Patient Safety Strategy Implementation

Priority area	Current position	Status (for Herts and West Essex ICB)
Just Culture	Ongoing work with HR within ICB (for example staff survey results) and working with providers regarding psychologically safe and just culture across system.	In progress, significant ongoing work required
Medical Examiner System for community deaths	All 3 local Medical Examiner Offices continue to roll out scrutiny to community providers including primary care. Delay to statutory timeframes impacting on implementation as some practices have decreased level of engagement citing other priorities. progress remains positive, ICB supporting and facilitating system approach.	On track locally, some national delays impacting on delivery
Patient Safety Incident Response Framework (PSIRF)	Monthly implementation workshops ongoing to support ICS system implementation for main NHS Trusts. Support also provided to all smaller providers to ensure plans and policies are proportionate and robust. System training has been facilitated by the ICB. Governance processes within ICB approved and PSIRF panels established.	In progress, significant ongoing work required. On track to implement by 1 st October.
Involving Patients in Patient Safety	First two Patient Safety Partners joined ICB on 1st February and are currently going through induction, and attending Quality Committee and System Quality Group and have led aspects of the Quality Committee patient experience deep dive including local patient survey.	On track
National Patient Safety Alerts	Robust processes within ICB and across main NHS Trusts to review and act upon alerts.	On track
Transition from NRLS and STEIS to Learning from Patient Safety Events (LFPSE)	Assurance being sought from providers regarding transition plans- national timescale delayed from April 2023 to September 2023. ICB developing plans for transition from STEIS to LFPSE.	On track, working with primary care to introduce LFPSE
Improving quality of patient safety incident reporting	Robust processes for oversight of provider incident reporting, ongoing work with primary care	On track, focus to be on primary care incident reporting
Patient safety education and training	Level 1 training made mandatory within ICB with good uptake (approximately 85%). Level 2 training made mandatory within ICB and launched on 3rd February 2023.	On track
National Patient Safety Improvement Programmes	All programmes led by local Patient Safety Collaboratives, await publication of local plans for the 5 key programmes.	On track, await Patient Safety Collaborative update

Safeguarding Children

Theme	Issue and Impact	Mitigating Actions
Child Safeguarding Practice Review (CSPR).	<p>West Essex; Conclusion of Child S , Child Safeguarding Practice Review (CSPR) for an 11-week-old baby murdered by mother. CSPR will be published imminently following conclusion of the criminal trial.</p> <p>Hertfordshire; National Panel agree a review is required- 12-year-old with severe neglect, following successful resuscitation, this child is now looked after.</p>	<p>Press communication strategy regarding the court case shared with HWE ICB from Essex Safeguarding Childrens Board (ESCB). Emerging actions and key themes continue to be embedded in practice and will be evaluated as part of the assurance processes.</p> <p>Key concern was failure of services to identify and report significant deterioration in his physical and emotional health. Lack of challenge of mother's care and failure to identify neglect. Awaiting a briefing and Named GPs to share emerging learning.</p>
Staffing and resources.	Insufficient capacity for Princess Alexandra Hospital Trust (PAHT) to complete child protection (CP) medicals from community within time frame.	PAHT working with new model of care to ensure CP medicals undertaken within time and with robust reporting. Escalation to ICB Designate as necessary.
Children in Care.	<p>Phase 2 of the national review is in progress for children with Special Education Needs and Disabilities (SEND) and complex needs within residential settings.</p> <p>Significant improvement in the west Essex Initial Health assessment (IHA) backlog.</p>	<p>Agreed joint quality assurance processes in place.</p> <p>Work to strengthen the Local Authority Designated Officer (LADO) process has commenced.</p> <p>Terms of reference for the child in care (CIC) strategic meeting to include Designated Clinical Officer (DCO) and Designated Clinical Medical Officer (DCMO).</p> <p>Staffing resources have improved outcomes.</p>
Child Death Overview Panel (CDOP). Electronic Child Death Overview Panel (ECDOP).	<p>Mobilisation of the commissioned service for CDOP to Hertfordshire Community Trust (HCT) is on schedule for completion in November.</p> <p>Recruitment transfer of ECDOP licence is progressing according to timescale. There is a continued reduction in backlog.</p>	<p>Robust action plan in place to manage transfer to HCT.</p> <p>Specification, recruitment, coroner, funding, training.</p>

Safeguarding Adults

Issue	Mitigating Actions
<p>Domestic Abuse (DA) - Hertfordshire: Independent Domestic Violence assessor (IDVA) advise limited referrals received from GPs. Refuge workers - there is limited capacity to attend GP safeguarding conferences leading to paucity of direct training and on-site support to GPs.</p>	<p>Re-embedding Primary Care Domestic Abuse Toolkit. ICB collaboration with partners regarding the domestic abuse perpetrators programme.</p>
<p>Mental Capacity Act 2005 (MCA) - Hertfordshire and West Essex (HWE): Lack of sufficient workforce capacity and expertise relating to MCA. Complex case discussion in July 2023 highlighted that GPs are not confident completing MCA for compliance/non-compliance of health medication prescribed by same GP service.</p>	<p>Associate Director, Designated professionals for adult safeguarding in place to offer advice and guidance to support (MCA) training. A request for assurance of MCA application across all partners including Primary Care.</p>
<p>Workforce – Hertfordshire and West Essex: System gap in suitably skilled staff in safeguarding, leading to recruitment and retention issues.</p>	<p>Substantive Designated Professional Adult Safeguarding started June 2023. Secondment (Sept 2023) Designated Professional Adult Safeguarding ending and dovetailing with a start date for substantive person. Variety of recruitment solutions under review to attract, develop and retain skilled workforce. Benchmark model against neighbouring/similar ICBs.</p>

Basic Care Measures

Area	Issue	Mitigating Action	
Venous Thrombo-embolism (VTE).	East and North Hertfordshire NHS Trust (ENHT) achieved increased compliance of 90.6% in June 2023 for VTE risk assessment stage 1 completed (target 85%).	Several clinical areas have Quality Improvement projects in progress that show local improvements. In June the Trust implemented a 'combined' assessment and single measure in line with exemplar sites.	
Sepsis.	ENHT inpatient and Emergency Department (ED) sepsis six bundle compliance declined from 69.2% in March to 42.9% in June 2023 for inpatients, and 73.8% in March to 58.9% in June 2023 for ED. The overall sepsis six compliance shows normal variation.	The sepsis team continue to provide education to staff on the wards and training.	
Pressure Ulcers (PUs).	In May 2023 West Hertfordshire Teaching Hospital (WHTHT) saw a further increase in category 3 PUs, with 7 reported, however remains within normal variation. No category 4 PUs were reported. Central London Community Healthcare Trust (CLCH) reported 2 category 2 PUs within bedded units in May 2023, reduced from previous report in March 2023. Princess Alexandra NHS Hospital Trust (PAH) reported 2 PUs grade 3, 4 & unstageable in June 2023, an improvement from 5 reported in April 2023. ENHT reported 15 category 2-4 PUs in June 2023, a decrease from 24 in March 2023. Updated Pressure ulcer data for Herts Community Trust (HCT) is not due for this reporting period and will be provided in the next Committee report.	PUs remain a focus for all Trusts and continues to be closely monitored. Visibility and training provided by the Tissue Viability Nurses continues with a prevention training focus. The data-driven approach enables identification of gaps in care, targeted training and broader improvement planning and implementation. PAH have produced a 2023-2027 PU prevention strategy with a workplan to reduce moderate and severe pressure ulcers by 50% in the current year.	
Falls.	WHTHT remain consistent, reporting 7 falls with harm in May 2023. PAH reported 16 falls (minor, moderate and severe) in June 2023, an increase from 8 reported in April 2023.Updated Falls data for HCT is not due for this reporting period as above.	WHTHT frailty-focused quality visit agreed in partnership with Trust in autumn and will incorporate a review of the low-rise bed trial. HCT- Trial of new brand of sensor mat is on-going; equipment to notify when patient moves from a chair.	
ICB Risk	Issue	Mitigating Action	Timescale
Herts and West Essex	Reporting for full set of basic care measures as above has not been available from PAHT for an ongoing period, hence a gap in assurance.	Approach for provision of needed reporting based on gaps to be discussed/agreed at next Service Performance Quality Review Group (SPQRG) between ICB and PAHT.	By end of September 2032.

Infection Prevention and Control (IPC)

Area	Issue	Mitigating Action	Timescale
HWE ICB/ Acute Trusts.	National increase in C. difficile cases. All 3 HWE ICB places and the 3 acute Trusts are above their NHSE trajectories (for this period). South & West Herts place, West Essex place, East and North Herts Trust (ENHT) and West Herts Teaching Hospital Trust (WHTHT) are above East of England infection rates.	<ul style="list-style-type: none"> Implementation of the 3 commitments agreed at the first national C. difficile workshop – improving cleaning standards, early specimen collection, review of isolation pathways. Second workshop held to review progress for the 3 commitments. ICS Antimicrobial Stewardship Technical Working Group established - also focusing on reducing the incidence of C. difficile across system. Healthcare associated infection oversight group established. ICB and Trusts further analysing C. difficile data, reviewing themes/ trends and learning identified via case reviews, and monitoring impact of focussed activity on infection numbers. HWE ICS C. difficile system summit and system approach/ action plan developments. System wide C. difficile deep dive at the August HWE System Quality Group. Trial of enhanced surveillance of C. difficile cases in care homes has commenced. Engagement being improved with primary care IPC Champions regarding C. difficile surveillance. 	Ongoing.
HWE ICB/ WHTHT	Several unrelated reported incidents involving pulmonary tuberculosis (TB), including 1 incident involving an extensively drug resistant strain at WHTHT.	<ul style="list-style-type: none"> Attendance and support at the Incident Management Team (IMT) meetings to support the individual organisations. Action plans developed collaboratively and monitored. Liaison with ICB Communications team regarding effective, timely and consistent communication across key organisations. Contact tracing will have financial implications on ICB. This is being followed up with the finance team. Patient and staff screening commenced at WHTHT with several positive results (coincidental findings only). Ongoing monitoring will be implemented over next two years. Case has been reported as a serious incident. Additional meetings with UKHSA and WHTHT scheduled to discuss UKHSA laboratory reporting procedures. 	Ongoing.
HWE ICB/ WHTHT.	Two separate incident reports involving failed decontamination of surgical instruments processed by an external sterile services company.	<ul style="list-style-type: none"> Attendance and support at IMT meetings led by the Trust. No further Trust IMT meetings being scheduled as actions underway and will be monitored via the serious incident process. Decontamination report has been produced by WHTHT. Incidents have been escalated to the national decontamination team who are continuing to look at the wider implications. Separate IMTs are underway. Decontamination company implemented internal investigations for both incidents. Site inspection being scheduled imminently to monitor procedures and assurance processes. If the correct assurances are provided this investigation will be closed. 	Ongoing.

Mental Health - Adults

Key Metric	East & North Herts	South & West Herts	West Essex
Routine referrals to community mental health team meeting 28 day wait.	97.92% - June. Quarter 1 98.53%	41.45% - June. Quarter 1 37.44%	100%
Delayed transfers of care to be maintained at a minimal level (target 3.5% from Sept-17 previously 5.4%).	12.91% - June. Q1 12.78%		3 %
Reduction in Inappropriate Out of Area Placements (OOAP) across ICB.	Inappropriate out-of-area placements for adult mental health services (cumulative for quarter) (cumulative target in brackets) 2568/2548 for Quarter 1 and June 2023		Number of days for remains consistent across the months (325 +/-)

ICB Risk	Area	Issue	Mitigating Action	Timescale
Delayed transfers of care to be maintained at a minimal level.	HPFT	Increase in number of delayed bed days in June. Data for the number of people who are ready to move on from inpatient services but are delayed has shown improvement over last 5 months. HPFT continue to experience difficulties in finding suitable placements/ care packages for service users with complex needs.	HPFT have made changes to put social care at the forefront of the pathway and expect this to have a positive effect on delays. HPFT expect the actions that have been put in place to reduce their delays in line with National expectations, to an agreed level by Quarter 4 2023/24.	By Quarter 4 2023/2024
Adult Community Mental Health Team.	HPFT	Concerns identified during Quality visit related to waiting list management around allocation of care coordination and treatment. Oversight of service user compromised due to backlog.	Focused work in South & West Herts Community Mental Health Team resulting in waiting list reduction from 500 to 100. Data cleansing also undertaken.	Ongoing.
Demands on Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) Services.	ICB wide	Increasing demand for Right to Choose (RTC) adult ADHD. Increasing nationwide demand since pandemic. Wait times for assessment locally exceed 2 years risking detrimental impacts on patient safety and experience.	Adults ADHD to be reviewed by ICB once children's RTC for ADHD is resolved. Out-sourcing to Psychiatry UK to help reduce the waiting list. Areas of priority focus presented to HWE Mental Health Learning Disability and Autism Board. Ongoing oversight via HWE ICB Senior Responsible Officer (SRO). Support from NHS England in August. Workshop arranged with London services to explore service models.	Ongoing.

Mental Health – Children and Young People

Issues and Actions – West Essex Southend, Essex and Thurrock Child and Adolescent Mental Health Service

North- East London Foundation Trust (NELFT) continue to monitor the 18 week waits on a weekly basis. Those waiting more than 18 weeks are predominantly in mid Essex where the team are experiencing significant staffing pressures and are currently supported under a business continuity plan (BCP), and within the sub-contracted HCRG (Virgin Care) element of the service. There is a clear action plan in place which is reviewed at contract management meetings monthly. It should be noted that 95% of children and young people accessing the service are seen in under 18 weeks. As a month end June 2023 there were 77 children or young people waiting longer than 18 weeks on the referral to treatment pathway. Referrals accepted into the service remain high at circa 1500 per month.

Recruitment remains biggest challenge within service particularly for senior roles. Within Mid Essex hub this is significantly impacting staff as no seniors in team to support with systems and processes. There is a Business Continuity Plan (BCP) in place and monthly check in with staff to see if they feel supported. Clinical leads leading work around competencies to enable staff to progress in their roles. NELFT have recruited to all Band 7 posts, an 8A post remains outstanding. For West it is hoped BCP is lifted September 2023.

Issues and Actions - Hertfordshire

Hertfordshire continues to be an outlier with regards to the number of current inpatients as part of the Transforming Care cohort and currently have 13 inpatient Children and Young People (CYP). Escalation meetings have been set up with regard to those CYP who are cases of significant interest (COSI) with the aim to consider any barriers that may be preventing discharge. Care Education and Treatment Reviews (CETRs) continue to be implemented and the system is working to formulate successful discharge plans. Complexity of the Young Person is challenging, impacting discharge.

There have been some improvement with access numbers since the last Committee update with access numbers increasing across the ICB CYP Mental Health footprint, however, Hertfordshire still remains below the access target. There is continued work with providers in Hertfordshire to address access targets. Support has been provided from Regional NHSE team to work with providers to improve data submissions and ensure improved content.

ICB Risk	Area	Issue	Mitigating Action	Timescale
Transforming Care (TC) Inpatient numbers increase – NHSE interest.	Herts	Target is 4. Currently 13 inpatient TC cohort. There has been a steady increase in numbers of TC. This requires to be brought under control.	Actions as above. Additionally, there is requirement to ensure consideration is given to needs of CYP holistically, including social and environmental, that could support effective discharge.	Ongoing.
Access Numbers.	HWE	HWE is not achieving needed access targets.	Actions as above. Herts have begun to see an increase but will be required to ensure momentum is retained.	Ongoing.

Learning Disabilities and LeDeR

ICB Risk	Area	Issue	Mitigating Action	Timescale
Hertfordshire.	Notifications and identified gaps from thematic learning.	LeDeR (Learning Disability Mortality Review) notifications for autistic adults continues to be low. This is a regional and national issue. Themes identified from the reviews are consistent with findings from the Autism review highlighting gaps in the provision of reasonable adjustments, effective coordination across the system and equitable access to services.	Improved awareness about LeDeR incorporated into Learning disabilities and Autism training and safeguarding training and public engagement events. Planned roll out of Oliver McGowan training in progress. Benchmarking audits (Greenlight toolkit and hospital improvement standards) are incorporated into the system LeDeR governance with ongoing monitoring at organisational/commissioning level through KPIs and QAVs and sharing of learning and actions through Improving health outcomes group.	March 2024. March 2024.
West Essex.	Learning Opportunities.	Dissemination of lessons learnt across and between system partners.	In addition to Essex wide clinical reviews, LeDeR Quality Panels are being held at place specific to the West Essex population. The Panel is inclusive of all services, and mental health / primary care leads to identify training and support requirements where needed.	September 2023.

Maternity and Children

Priority Area	Issues and Overview		Mitigation	
Care Quality Commission (CQC) Inspections.	West Hertfordshire Teaching Hospitals Trust (WHTHT) continue focus on the one remaining 'Must Do' action from the October 2021 inspection relating to Entonox (nitrous oxide) levels.		Interim use of cannisters and masks to reduce leakage in addition to extraction units demonstrated safe limits. Piped nitrous oxide systems have been serviced, and on return to use levels increased – a return to in cannister is likely as a result. The Trust have more body monitors to record staff exposure, and data is reviewed weekly. A Trust-wide working group is reviewing other areas where nitrous oxide is used within services.	
	East and North Hertfordshire NHS Trust (ENHT).		Improvement plan in place which continues to be monitored and tracked through the weekly maternity improvement committee and monthly maternity senate. Outcome of CQC visit in June 2023 is reported as positive, written response awaited.	
	Princess Alexandra Hospital Trust (PAHT).		PAHT remain supported by the Maternity Safety Support Programme implemented following the last CQC inspection. A draft sustainability plan is being circulated and is awaiting agreement from the Trust and the regional team before the sign off process begins; this will include involvement of HWEICB for ongoing assurance.	
WHTHT Perinatal Mortality Trend Data.	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) Perinatal Mortality Trend (PMRT) data has identified WHTHT as worsening by 2 Red Amber Green (RAG) categories in latest year (2020-2021) for perinatal. This excludes congenital abnormalities.		WHTHT have a good understanding of their local data with appropriate processes in place to provide robust scrutiny of all deaths, including external scrutiny. The ICB has sought assurance from WHTHT regarding any learning relating to risk factors such as smoking and obesity as well as ethnicity and demographic data. The Trust have confirmed all areas are reviewed as part of the individual case reviews using the Perinatal mortality review tool (PMRT), and trends will continue to be reviewed to identify any further learning. To date, for the cases reviewed no themes have been identified in relation to these risk factors. MBRRACE-UK perinatal mortality report covering 2022 births is expected to be published in March 2024.	
ICB Risk	Area	Issue	Mitigating Action	Timescale
Maternity Workforce.	HWE ICB	Maternity workforce related issues continue to impact delivery, experience and potential safety.	Detailed recruitment and retention plans in place alongside mitigations, recovery plans and trajectories. Further details are provided in the following slide.	Ongoing.

Local Maternity Neonatal System (LMNS)

ICB Risk	Area of Focus and Issue	Mitigating Action	Timescale
Midwifery Staffing.	<p>Due to current vacancy and absenteeism rates within midwifery staffing there is a risk that;</p> <ul style="list-style-type: none"> •Midwife Led Unit (MLU) or Homebirth services may need to be suspended to maintain safety across the unit •Units may close or divert •May not be able to achieve the National deliverables within currently expected timeframes. •May not be able to achieve the ambitions set out in the Three-year delivery plan for maternity and neonatal services. 	<ul style="list-style-type: none"> •Recruitment and retention plans in place. •Support offers for psychological support from various agencies and platforms. •Funds allocated through a bidding process to support capacity between establishment and birth rate +, all trusts successful in securing funding. •Birthrate + review completed. •Regional lead to build capacity across the East of England. •International recruitment and support from ICS workforce leads. Redeployment of seconded and specialist Midwives to improve clinical capacity. •Implementation of Regional divert and closure policies. •Senior teams meet regularly to monitor workstreams re key actions from the Three year and local Strengths, Weaknesses, Opportunities, Threats analysis. •Ongoing audits of compliance and action plans where indicated. <p>This risk has been reduced from 16 to 12.</p>	Monitored monthly/ Ongoing.
Training.	<p>Due to current vacancy and absenteeism rates within midwifery staffing there is a risk that training may be cancelled. There are also vacancies in the obstetric and anaesthetic rotas which have resulted in low levels of attendance at training by medical staff. We may, therefore, not reach full compliance with the Core Competency Framework and three- year delivery plan.</p>	<p>Mitigations, recovery plans and trajectories in place.</p> <p>Redeployment of Senior and Specialist Midwives to improve clinical capacity.</p> <p>Recruitment and retention plans in place.</p> <p>Use bank and locum staff to backfill.</p> <p>Forward planning for medical staff attendance.</p> <p>This risk is currently a 12.</p>	Monitored monthly/ Ongoing.

Local Maternity Neonatal System (LMNS) Continued

ICB Risk	Area of Focus and Issue	Mitigating Action	Timescale
Obstetric and Neonatal Medical Staffing.	Due to the vacancy and absenteeism in obstetric and neonatal staffing there is a risk, to maternity and neonatal services to provide to women/pregnant and birthing people and babies with care set out in local and national guidance. Impact on compliance with training, the Three-year delivery plan, British Association of Perinatal Medicine (BAPM) standards.	<p>Rota management to identify gaps in a timely manner</p> <p>Use of short- and long-term locums.</p> <p>Consultants work down to cover Trainee doctor's gaps</p> <p>Continue the recruitment drive.</p> <p>Full utilisation of the obstetric and maternity Ockenden workforce funds to be tracked through LMNS financial processes.</p> <p>Business case to fund additional post</p> <p>To participate in the work being done at the national level to address work culture, leadership, and succession planning, which includes using the tools developed by the General Medical Council and NHS Resolutions, in the hopes that this will result in an improved culture and make obstetrics more appealing to Trainee doctors and, ultimately, improve recruitment and retention</p> <p>New risk added April 2023 following LMNS Partnership Board.</p> <p>This risk is currently a 12 (risk key below)</p>	Monitored monthly/ Ongoing.

Frequency or Likelihood	Severity of Harm				
	1 None	2 Minor	3 Moderate	4 Major	5 Death, Catastrophe
5 Certain	Yellow: low 5	Yellow: low 10	Orange: moderate 15	Red: high 20	Red: high 25
4 Likely	Yellow: low 4	Yellow: low 8	Orange: moderate 12	Red: high 16	Red: high 20
3 Possible	Green: very low 3	Yellow: low 6	Orange: moderate 9	Red: high 12	Red: high 15
2 Unlikely	Green very low 2	Green: very low 4	Yellow: low 6	Orange: moderate 8	Red: high 10
1 Rare	Green: very low 1	Green: very low 2	Yellow: low 3	Orange: moderate 4	Red: high 5

Provider Oversight and Assurance

Assurance and Oversight - Acute and Urgent Care (1/3)

Area	Risk	Mitigating Action	Timescale
HWE acute Trusts Cardiology Services.	Lack of contemporaneous data for ST elevated myocardial infarction (STEMI) performance data across cardiac centres in Eastern Region. ENHT Serious Incident-delay in recognition of the need for activation of the Primary Percutaneous Coronary Intervention (PCCI) pathway to treatment.	Partnership working continues with key acutes. WHTHT/Princess Alexandra Hospital Trust (PAHT) - no related Serious Incident (SIs) or complaints regarding cardiology services are known to HWE ICB. ENHT Serious Incident (SI) confirmed. Action plan in progress includes review of triage resources, roles of staff and training. Review of Emergency Duty (ED) consideration to look at grades and numbers of staff. Dissemination of learning from SI. Digital solution review for timestamp of Electrocardiogram (ECG) and direct upload to electronic record system. Purchase of additional ECG machines for the department.	Ongoing.
West Herts Hospital Teaching Trust (WHTHT) Rapid Access Clinic.	WHTHT currently have an 8 week wait for Chest Pain Rapid Access Clinic. Waiting list exceeds more than 500 patients on the waiting list.	Additional clinics set up to address backlog (noting previous additional clinic cancellations due to system pressures). Triage strategy in place. Recovery plan trajectory being revised to reflect cancellations and set up of additional clinics and start of 2 new additional consultants. No linked Serious Incident (SIs) to date. Oversight via WHTHT/HWE ICB Quality and Assurance Meetings.	By mid -July 2023 re trajectory.
WHTHT	Concerns highlighted through Human Tissue Authority (HTA) report in May 2023, noting significant number of critical high-risk areas for focus and actions around capacity, workforce, governance, estates and Infection Prevention and Control. Serious Incident reported in March 2023 and Trust divisional incident investigation highlights aligned high risk areas noted in HTA report.	Improvement and learning includes Partnership Quality Assurance Visits to both Watford General Hospital (August 2023) and Hemel Hospital (planned for Sept 2023) underway to support improvements in response of HTA findings.	End of September 2023

Assurance and Oversight - Acute and Urgent Care (2/3)

Area	Risk	Mitigating Action	Timescale
East & North Herts Trust (ENHT) Mount Vernon Cancer Centre (MVCC).	Risk of increased patient mortality - Ovarian 30- day Systemic Anti-Cancer Therapy (SACT) .	MVCC -Duty of candour external candidate appointed and NHSE/ICB oversight in place, pathway design, biochemistry strengthened. External gynaecology oncology peer support identified via University Central London Hospital (UCLH). Short term changes implemented for treat & transfer gynaecology patients. Speak up training in place. Honorary contracts, research governance reviewed. PALs/complaints related to gynae being reviewed. Serious Incident investigation commenced.	Ongoing.
ENHT Paediatric Audiology Services.	Identification of and risk of further harms to children and young people due to a range of factors including lack to governance, risk stratification , capacity with limitations around mutual aid options.	<p>National, regional and local oversight. United Kingdom Accreditation Services (UKAS) accreditation visit undertaken with action plan. Mutual aid in place from providers and being sought around identified gaps. Risk stratification on all cohorts in progress. Urgent cases escalated. Recruitment, estates and equipment under review. Guys and St Thomas commissioned to assess staff competency, provision of advice/expertise. SI review in progress with duty of candour.</p> <p>ENHT is one of 5 Trusts currently identified as needing significant support following a review of the Trusts identified as having a lower-than-expected yield for permanent childhood hearing impairment. NHSE will shortly be asking all Trusts to review their audiology services; local discussions with HWE services have commenced.</p>	Ongoing.

Assurance and Oversight - Acute and Urgent Care (3/3)

ICB Risk	Issue	Mitigating Action	Timescale
Herts and West Essex.	<p>National Cancer Patient Experience Survey:</p> <ul style="list-style-type: none"> • Scores across the ICB vary with more challenged positions at East & North Hertfordshire Trust (ENHT) and Royal Free London (RFL). • ENHT scored within the same range as most acute trusts in 19 questions and lower in 42 which is a declined position compared to 2020. • ICB-level improvements include involving family and/or carers in decisions about treatment options and reviews of cancer care by GP practices. • The national report provides the opportunity to reflect on experience of patients from different community groups. <p>Note : There are considerable differences in how cancer services are delivered by the acute trusts and scores from one acute could be reflecting inpatient experience from another, therefore shared learning opportunities are important to support ICB-level improvements.</p>	<ul style="list-style-type: none"> • Discussions around planned improvement areas related to Cancer and UEC patient experience surveys will be discussed at acute Quality & Performance meetings. • Improvement opportunities and action related discussions will be linked to cancer system network meetings. 	To be confirmed.
	<p>National Care Quality Commission (CQC) Urgent and Emergency Care Patient Experience (UEC) Survey:</p> <ul style="list-style-type: none"> • ENHT, PAHT and West Herts Teaching Hospitals Trust (WHTHT) scored lower in overall experience at Accident and Emergency (A&E), both in comparison to the previous survey (2020) and the national average. • In comparison to scores achieved by all trusts, PAH performed lower than expected on 48% of the questions used for the comparison. • The overall national average saw a decline in 2021. 	<ul style="list-style-type: none"> • Opportunities for focussed joint quality and performance UEC discussions are under discussion to agree next steps. 	To be confirmed.

Assurance and Oversight - Community

Area	Risk	Mitigating Action	Timescale
British Pregnancy Advisory Service (BPAS).	Care Quality Commission (CQC) 'Well Led' review report published on June 1st 2023. Key concerns noted and Section 29 Warning Notice issued related to governance and oversight within the organisation centrally but do not relate to safety concerns around treatment received by women at local units.	BPAS are working closely with CQC and NHS England including through an assigned Improvement Director to deliver on areas of action outlined within agreed improvement plan. Norfolk and Waverly Integrated Care Board (N&W ICB) leading for our region – Herts and West Essex ICB will remain linked in for assurance via this route in recognition that HWE patients may attend clinics within neighbouring Integrated Care Systems (ICSs).	Ongoing.
Herts Community Trust (HCT) Workforce and Waiting List Back -Log.	Challenge in Children Services capacity and demand, particularly related to Community Paediatrics ,Audiology, and specialist services. Community Paediatrician demand and capacity Business Case funding process is awaiting approval to support continued waiting lists workflows.	Ongoing recruitment and retention programme and Safer Staffing tool to be implemented to review caseload and complexity. Programme of work across system to review current demand and capacity, focussing on two key parts ; <ul style="list-style-type: none"> • Clearance of the back log for Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) diagnostics • Developing wider biopsychosocial model of support with key stakeholders. 	Ongoing.
Complex Case.	Staff continuously supported to protect the safety of and provide quality care to a patient in face of adversity and threat.	Good practice noted with appropriate escalation. Patient moved to inpatient care under court order. Lessons learnt review may be helpful although this is noted as a unique situation and case.	

Assurance and Oversight – Adult Mental Health

Area	Update	Actions	Timescale
Herts and West Essex ICB.	<p>Health Services Safety Investigations Body (HSSIB).</p> <p>Further to the above announcement the Secretary of State for Health and Social Care announced that the future Health Services Safety Investigations Body (HSSIB) will undertake a series of investigations focused on mental health inpatient settings, the investigations will commence when HSSIB is formally established on 1 October 2023.</p>	<p>The HSSIB will conduct investigations around;</p> <ul style="list-style-type: none"> •How providers learn from deaths in their care and use that learning to improve their services, including post-discharge. •How young people with mental health needs are cared for in inpatient services and how their care could be improved. •How out-of-area placements are handled. •How to develop a safe, therapeutic staffing model for all mental health inpatient services. <p>The recommendations from these investigation will help service providers to improve safety standards in mental health facilities across the country, the HSSIB will build on the work of the Healthcare Safety Investigations Branch (HSIB) which has been operation since April 2017 as part of NHS Improvement, to conduct high level investigations into patient safety incidents in the NHS. The new HSSIB will conduct investigations and its remit will be extended to include the independent sector.</p>	October 2023 / onwards.
West Essex.	Essex Partnership University Trust(EPUT) Care Quality Commission (CQC) Improvement Plan.	<p>EPUT CQC – Following the conclusion and reporting of The CQC inspections carried out earlier in 2023. The Trust has shared the detailed plan and associated supporting information to its Improvement action plan with Essex ICB Partners.</p> <p>Support, monitoring and oversight will be via Monthly "Quality Together" collaborative meeting, and the Southend, Essex and Thurrock (SET) Strategic Improvement Group, and updates will be provided to the Quality Committee and Mental Health Oversight Boards as this work progresses.</p>	Ongoing

Assurance and Oversight- Care Homes

ICB Place	Outstanding	Good	Requires Improvement	Inadequate	No published rating	Total
East & North Herts	2	86	19	2	8	117
South & West Herts	7	94	25	2	7	135
West Essex	1	40	8	0	0	49
Total	10	220	52	4	15	301

ICB Risk	Area	Issue	Mitigating Action	Timescale
1.	ICB S&W place base	<p>Avoidable admissions to secondary care increased in July. Learning identified around;</p> <ul style="list-style-type: none"> New staff requiring support in understanding admission avoidance pathways. Falls with no injuries – linked to understanding admission avoidance pathways. 	<p>Avoidable admissions discussed with homes as identified.</p> <p>Training offered to support admission avoidance decision making in future.</p>	Ongoing
2.	ICB wide	<p>Home closures – 5 in process - 246 beds</p> <p>2 S&W – residential, 2 ENH nursing, 1 WE – residential consultation in progress</p> <p>Home openings – 4 (156 beds) 2 S&W 2 ENH</p>	<p>Support where required to homes closing to ensure residents safely moved to new placements. Visit new homes and offer Care Home Improvement Team (CHIT) support.</p>	Ongoing
3.	ICB wide	<p>Service Improvement Process(SIP)/Quality Assurance Monitoring (QAM);</p> <p>8 homes are currently being monitored within these processes, led by the county council.</p> <p>Reasons for escalating to this processes</p> <ul style="list-style-type: none"> Leadership oversight Poor documentation Care planning Governance Staff culture Staff training <p>Two homes have an admission embargo.</p>	<p>Joint visits undertaken by CHIT clinical and county council colleagues for action planning support/ improvement oversight. 6 weekly system-wide formal strategic management meetings, led by county council held to ensure assurance, improvement and sustainability.</p> <p>Planned / routine monitoring visits, led by county councils, with attendance by clinical CHIT. Concerns discussed at Support to Care Homes Meetings (Herts) and Multi Agency Care Provider Hub meetings in West Essex.</p>	Ongoing

Assurance and Oversight - Primary Medical Care

Primary Care	ICB Place	Inadequate	Requires Improvement	Good	Outstanding	No published rating	Total
	East North Herts (ENH)	0	3	45	0	0	48
	South and West Herts (SWH)	0	1	50	1	1	53
	West Essex (WE)	0	1	28	1	0	30

GP Practice	Issue	Mitigating Action	Timescale
East & North Herts: <ul style="list-style-type: none"> Stockwell Lodge Buntingford Garden City Practice West Essex: <ul style="list-style-type: none"> Lister Medical Centre South & West Herts: <ul style="list-style-type: none"> Elms Surgery 	5 practices within Herts and West Essex (3 in ENH , 1 in WE and 1 in SWH) are currently rated as 'Requires Improvement' overall by the Care Quality Commission (CQC).	<ul style="list-style-type: none"> Support offered/provided by ICB Primary care & Quality Teams to address the issues raised by the CQC. Support from ICB specialist teams as required for example, Medicines, Infection Prevention Control , Safeguarding. Action Plan monitoring with support offered. 	During the time up to the next CQC inspection – usually within 1 year of the previous one.
ENH Whistleblowing	Concerns raised to CQC and ICB regarding governance, leadership and prescribing.	<ul style="list-style-type: none"> Whistleblowing summit with actions agreed. Visit planned for early September. 	Visit planned for early September
Lister Medical Centre, Harlow, West Essex.	Practice rated 'Inadequate' overall (June 22) & placed in special measures by CQC. Practice re-inspected January 2023 (published 24.3.23)- now rated as 'Requires Improvement' overall and in all domains, removed from special measures.	<ul style="list-style-type: none"> Regular ICB formal & informal meetings with practice continue. July 2023- Progress review meeting by ICB Evidence of Quality Improvements. Practice focus is on embedding processes & sustainability. Support provided with action planning. 	ICB to carry out a 'focussed mock CQC' visit in October/ November 2023 as requested by the practice.
All Practices in Hertfordshire & West Essex.	There is a risk that there are practices yet to be identified as not meeting the required Quality standards. CQC have recommended routine inspections and are changing their priorities for these.	<ul style="list-style-type: none"> All 3 place areas are now using the ICB wide Resilience Index within Place Risk and Information sharing meetings to enable timely support offer & reduce potential risks. Development of a Contract/ Quality visit programme – visit prioritisation process. 	Ongoing.

Acronyms

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BLMK	Bedfordshire Luton and Miton Keynes
CETR	Care Education and Treatment Review
CAMHS	Child Adolescent & Mental Health Services
CHIT	Child Safeguarding Practice Review
CSPR	Care Home Improvement Team
CLCH	Central London Community Healthcare NHS Trust
CQC	Care Quality Commission
DTA	Discharge to Assess
EEAST	East of England Ambulance Service NHS Trust
ED	Emergency Department
ENHT	East and North Hertfordshire NHS Trust
EPUT	Essex Partnership University NHS Foundation Trust
GP	General Practitioner
HCPA	Health Services Journal
HSJ	Hertfordshire Care Providers Association
HCT	Hertfordshire Community NHS Trust
HPFT	Hertfordshire Partnership University NHS Foundation Trust
HSSIB	Health Services Safety Investigations Body
HUC	Herts Urgent Care
HWE	Hertfordshire West Essex
HTA	Human Tissue Authority
ICB	Integrated Care Board
ICS	Integrated Care System
IPC	Infection Prevention and Control
LeDER	Learning Disability Mortality Review
LMNS	Local Maternity and Neonatal System
MBRRACE-UK	Mothers and Babies :Reducing Risk through audits and confidential enquiries across the UK
MCA	Mental Capacity Act

Acronyms Continued

MVCC	Mount Vernon Cancer Centre
MDT	Multi Disciplinary Team
NHS	National Health Service
NHSE	NHS England
NELFT	North East London NHS Foundation Trust
OOAP	Out of Area Placement
PAHT	Princess Alexandra Hospital NHS Trust
QAM	Quality Assurance Monitoring
RFL	Royal Free London NHS Trust
SIP	Safety Improvement Process
UKHSA	UK Health Security Agency
UCLH	University College London Hospitals NHS Foundation Trust
VCSE	Voluntary Community and Social Enterprise
WHTHT	West Hertfordshire Teaching Hospitals NHS Trust

Meeting:	Meeting in public	<input checked="" type="checkbox"/>	Meeting in private (confidential)	<input type="checkbox"/>
	NHS HWE ICB Board meeting held in Public		Meeting Date:	22/09/23
Report Title:	HWE ICS Performance Report		Agenda Item:	12
Report Author(s):	<ul style="list-style-type: none"> • Stephen Fry, Head of Performance West Essex, Hertfordshire & West Essex ICB • John Humphrey, Head of Performance East and North Herts, Hertfordshire and West Essex ICB • Jo O'Connor, Deputy Director of Performance, Hertfordshire & West Essex ICB • Alison Studer, Head of Performance, South and West Herts, Hertfordshire & West Essex ICB 			
Report Presented by:	Frances Shattock, Director of Performance and Delivery, Hertfordshire & West Essex ICB			
Report Signed off by:	Frances Shattock, Director of Performance and Delivery, Hertfordshire & West Essex ICB			
Purpose:	Approval / Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
			Discussion	<input checked="" type="checkbox"/>
			Information	<input checked="" type="checkbox"/>
Which Strategic Objectives are relevant to this report	<ul style="list-style-type: none"> ▪ Improve access to health and care services ▪ Increase healthy life expectancy, and reduce inequality 			
Key questions for the ICB Board / Committee:	<ul style="list-style-type: none"> ▪ Are there any further actions the Board would recommend for assurance beyond those already being taken by the Performance Committee? 			
Report History:	<p>HWE ICB Performance Committee, 13th September 2023</p> <p>Recommendations of note to Board:</p> <ul style="list-style-type: none"> ▪ Cancer: Performance against 62-day standard has moved into highest risk category with performance against 62-day backlog remaining behind trajectory. Industrial action continues to impact recovery. Urology and Lower GI are the key areas of challenge with improvement plans in place across the system. Committee discussed and agreed areas of action including appropriateness of referrals and triage, FIT testing and proactive capacity planning to include LINAC downtime; 			



- **Elective:** Performance against 78-week recovery and 52 week waits remain in highest risk category with 65 weeks also moving into high risk this month. The majority of the 78 backlog remains in Community Paediatrics with system plans in development to address. All ICS acute Trusts have 78-week breaches; industrial action continues to effect recovery with analysis of impact reviewed by Committee. Committee also discussed Follow Up waits, Theatre Productivity and the new Patient Choice agenda with a recommendation for elective IP waits and Theatre productivity to be the next area of deep dive focus;
- **UEC:** Although some performance improvement has been seen across UEC, performance against the 4-hour standard and percentage of patients spending more than 12 hours in ED remains static. UEC action plans are in place with the newly formed UEC Programme Board to further challenge on impact. Committee discussed and agreed areas of action including the business case to establish Mental Health crisis hub, further utilisation of Call before Convey and Access to Stack work programmes and Frailty and End of Life pathways;
- **Mental Health:** Out of Area Bed Days has moved into high-risk category with an increase in numbers in May and June halting a 5-month improving trend. Complexity of pathways were discussed and staffing challenges. Performance improvements have been seen in other areas of MH.
- **Children's Services Deep Dive:** In-depth discussion concerning the assurance of children's services and waiting times including a focus on Paediatric Audiology, Children's Therapy Services, and Community Paediatric / Neurodiversity. The following actions were agreed:
 - Performance reporting across Children's Services to be overseen by ICS Children's Board for full visibility (with ongoing reporting to ICB Performance Committee);
 - There should be an agreed and consistent approach to measuring and reporting performance across the ICS;
 - To quickly agree where investment is needed to tackle long waits – these have a high impact on CYP;
 - We should recognise that investment in CYP services helps prevent more problems for key childhood transitions, adulthood and mental health services;
 - In the context of a long term sustainable plan, look to provide mutual aid across the system;
 - To continue and accelerate a co-ordinated approach between Health, Education, Social Services and VCSFE to change and improve services for CYP.



	<ul style="list-style-type: none"> Next Deep Dive areas agreed for Performance Committee: <ul style="list-style-type: none"> Elective IP waits and Theatre Productivity Call Before Convey and Access to Stack Outpatients 			
Executive Summary:	<p>The ICS Performance report provides an overview of the performance 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.</p> <p>Performance is challenged in many areas as highlighted in the Executive Summary on pages 2 and 3 of the report.</p> <p>Urgent and Emergency Care (UEC) 4-hour standard, Elective and Cancer backlogs and Children's Community Services are areas of highest risk with performance against the 62-day standard for Cancer moving into the highest risk category this month. Performance against Elective 65-week waits has also moved into the high-risk category from variable risk. Elective waits and Cancer backlogs have been impacted by the recent industrial action.</p> <p>Mental Health (MH) out of area bed days has moved into the high-risk category this month from variable risk, and although MH adult 28-day standard is also high risk, performance has seen an improvement from highest risk. HPFT Early Memory Diagnosis (EMDASS) has also seen an improvement in performance moving from high risk to variable risk.</p> <p>Improvements have also been seen in some UEC indicators; although ED over 12 hours is high risk, performance has improved from highest risk this month. Ambulance handover performance has moved down to variable risk with 2-hour urgent community response moving into low risk. Community waits for adults has also seen an improvement and moved into the low-risk category.</p> <p>New additions to this report include performance information on Integrated Care Teams, Autism Spectrum Disorder (ASD) and Learning Disability Health Checks.</p>			
Recommendations	<ul style="list-style-type: none"> To note areas of highlight from Performance Committee 			
Potential Conflicts of Interest:	<i>Indirect</i>	<input type="checkbox"/>	<i>Non-Financial Professional</i>	<input type="checkbox"/>
	<i>Financial</i>	<input type="checkbox"/>	<i>Non-Financial Personal</i>	<input type="checkbox"/>
	<i>None identified</i>			<input checked="" type="checkbox"/>



Implications / Impact:		
Patient Safety:	Actions detailed by programme area to support timely patient flow through the system, reduce length of waits for treatment and mitigate risk to patient safety where performance is poor	
Risk: <i>Link to Risk Register</i>	<i>Linked to Performance Directorate Risk Register:</i> <ul style="list-style-type: none">• UEC: non delivery of key standards and some performance improvement trajectories• Elective recovery: non delivery of 78 weeks and subsequent impact to delivery of 65 and 52 weeks• Cancer recovery: non-delivery of 62-day standard. Patients waiting greater than 62 days is not meeting recovery trajectory• Mental Health: continued high demand, non-delivery of some standards. Out of area bed days remain high	
Financial Implications:	N/A	
Impact Assessments:	<i>Equality Impact Assessment:</i>	N/A
	<i>Quality Impact Assessment:</i>	N/A
	<i>Data Protection Impact Assessment:</i>	N/A





Hertfordshire and
West Essex Integrated
Care System

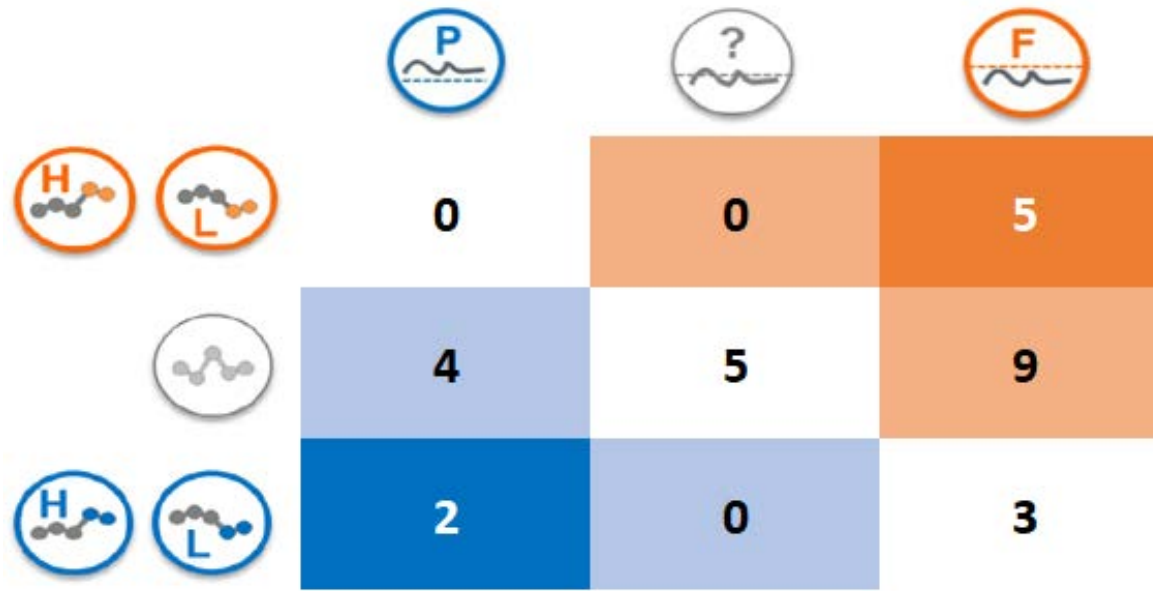
Presentation to: HWE ICB Board HWE ICS Performance Report

September 2023

Working together
for a healthier future



Executive Summary – KPI Risk Summary



Highest Risk	Programme
ED 4 Hour Standard	UEC
62 Day Standard	Cancer
RTT 78 Week Waits	Elective
RTT 52 Week Waits	Elective
Community Waits (Children)	Community

Lowest Risk	Programme
Learning Disability (LD) Health Checks	Primary Care
CHC Assessments in Acute	Community

Low Risk	Programme
2 Hour UCR	UEC
Adult Crisis 4 Hour	Mental Health
Mental Health EIP	Mental Health
Community Waits (Adults)	Community

Variable Risk	Programme
GP Appointments	Primary Care
Dementia Diagnosis	Primary Care
NHS 111 Calls Abandoned	UEC
Ambulance Handovers	UEC
90% Stroke Unit	Stroke
28 Day Faster Diagnosis	Cancer
HPFT Early Memory Diagnosis (EMDASS)	Mental Health
CHC Assessments < 28 Days	Community

High Risk	Programme
Ambulance Response Times	UEC
% in ED > 12 Hours	UEC
4 Hour Stroke Unit	Stroke
Thrombolysed < 1 Hour	Stroke
62 Day Backlog	Cancer
Out of Area Bed Days	Mental Health
Adult 28 Day Standard	Mental Health
RTT 65 Week Waits	Elective
6 Week Waits	Diagnostics

Moved to lower risk category
 Moved to higher risk category
 No change to risk category

Executive Summary

URGENT CARE, Slides 7-12: Calls abandoned performance = better than regional and national position; ED 4 hour performance = worse than regional and national position

- 111 percentage of calls abandoned continues to improve overall but remains outside the 3% standard. Recovery trajectory agreed for 23/24;
- Cat 2 mean ambulance response times remain similar to previous months at 41 minutes for the ICS; whilst this is outside the 18 minute standard, performance is ahead of the 23/24 recovery trajectory;
- Ambulance hours lost to handover has continued to improve over the last three months and whilst not meeting target, is currently ahead of the 23/24 recovery trajectory;
- ED 4 hour performance remains at similar levels to previous months and below the agreed 23/24 recovery trajectory, with the variance to plan increasing;
- Whilst data suggests that plans are starting to deliver improvements in some areas, performance against improvement trajectories for UEC remain off track in some areas.

CANCER, Slides 28-29: 62 day first and 28 day FDS performance = better than regional and national positions, but 62 day backlogs behind recovery trajectory

- 28 day Faster Diagnosis performance returned to meet the 75% standard in June and continues ahead of the national average;
- Patients waiting >62 days has improved however remains behind recovery trajectory. Referrals remain high, increasing further in last two months and on-going industrial action continues to impact recovery;
- Performance against 62 day standard remains below target as providers continue to treat the longest waiting patients, however performance remains above both regional and national positions.

PLANNED CARE, Slides 24-27: 18 week performance = better than regional but worse than national position

- The number of patients waiting >78 weeks has been increasing since March and all HWE acute trusts had breaches at the end of June. The remaining 78 week backlog is predominantly in Community Paediatrics. The 65 weeks recovery trajectory was achieved in June but will fall behind plan in July with numbers also increasing since March. On-going industrial action continues to impact;
- ENHT remain in Tier 1 management for elective recovery;
- The total PTL and the number of patients waiting over 52 weeks continues to increase and remains of concern.

DIAGNOSTICS, Slide 26: 6 week performance = worse than regional and national position

- Improvements have been seen in diagnostic performance, with June performance the highest in over 12 months. Performance remains below regional and national positions, with PTL remaining static;
- System-wide diagnostic improvement plan in place, with 23/24 operational plan building on existing work to increase activity levels and decrease waiting times.

COMMUNITY, Slides 12-23

- The percentage of adults waiting less than 18 weeks has continued to improve and is now at 93.5% against a national average of 85.2%. Children's waiting lists remain extremely high (however June was the first month not to see an increase) and 18 week performance of concern; inequality in access to services between adult and children continues to widen;
- Longest wait for children was at 101 weeks in June (60 for adults) with pressures predominantly in community paediatrics, as well as therapies and audiology services;
- Waits for Autism Spectrum Disorder (ASD) assessments and diagnosis are challenged in all three Places, with waits of up to 175 weeks. System wide plan being developed to address the current backlog.

MENTAL HEALTH, Slides 32-39

- Demand remains high in Adult, Older Adult and CAMHS services with some KPIs remaining below standard. Vacancies and recruitment remain the key challenges;
- Pressure for Mental Health Assessments and acute beds continues. An increase in the number Out of Area Bed Days in May and June halted a 5 month improving trend;
- Dementia diagnosis in Primary Care remains challenged in Hertfordshire, but is an improving position. 63.2% was achieved in June against the 66.7% national standard.

PRIMARY CARE AND CONTINUING HEALTHCARE, Slides 40-41

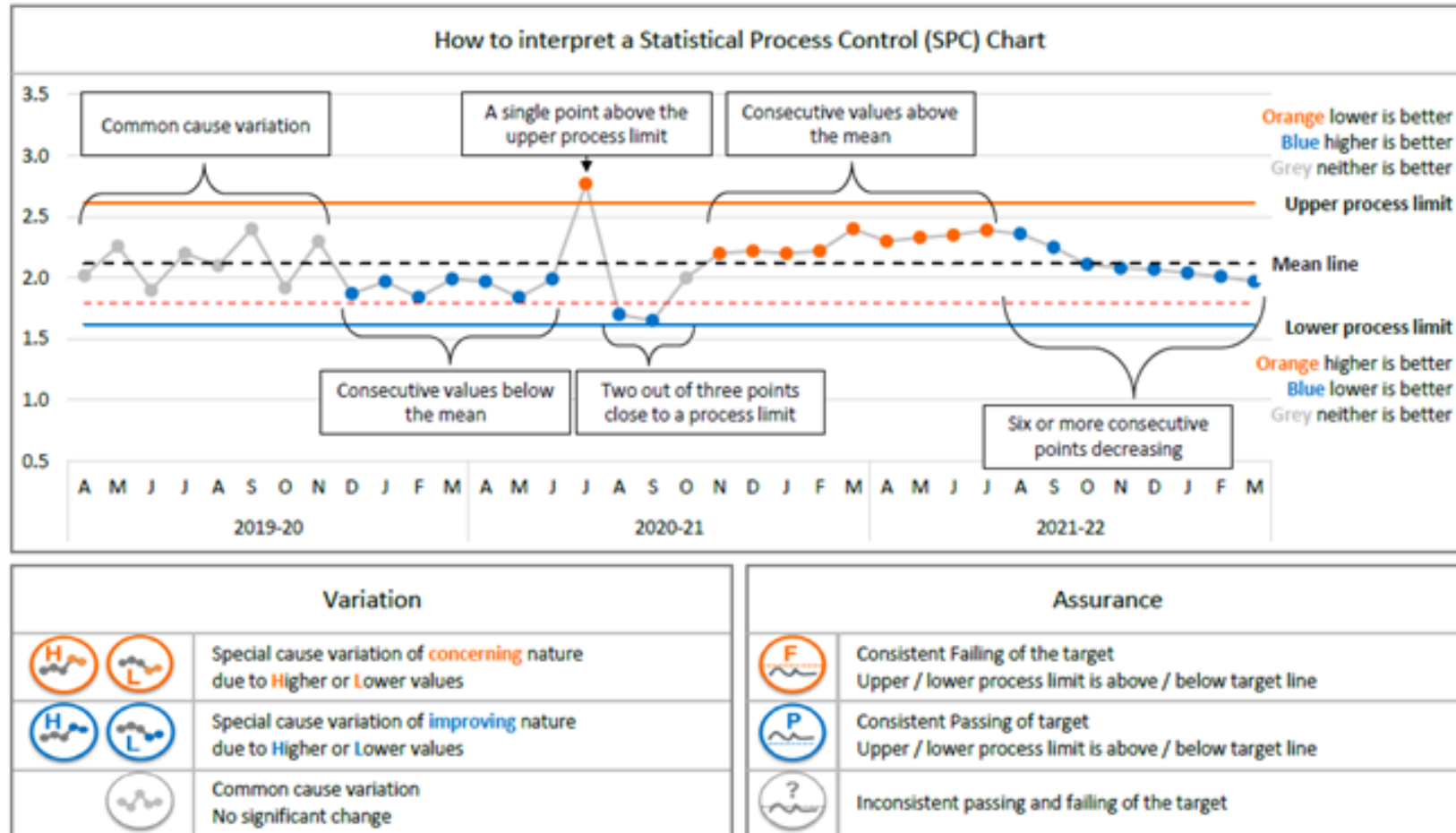
- Total number of GP appointments are variable but remain higher than pre-pandemic levels with the proportion of face to face appointments continuing around 70%. Further Primary Care reporting is being developed for inclusion in the next report;
- The percentage of CHC assessments completed within 28 days remains challenged in SWH but continues to improve (74%) with an action plan in place; ICS returned to meet the 80% standard in June.

Executive Summary – Performance Overview

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
A&E - 4 Hour Standard	Jul 23	65.1%	76.0%			66.6%	61.7%	71.6%
A&E - % spending more than 12 Hours in Dept	Jul 23	9.3%	-			9.8%	7.3%	12.3%
A&E - ED Attendances	Jul 23	41422	-			40292	33959	46626
Trolley Waits	Jul 23	95	-			168	-58	395
2 Hour Community Response	Jul 23	79.1%	-			83.3%	70.1%	96.5%
14 day LOS	Jul 23	25.0%	-			25.0%	21.2%	28.8%
Ambulance - Handover >60 Mins	Jul 23	680	-			979	613	1345
EEAST: Cat 1 - Mean (<7min)	Jul 23	00:08:41	00:07:00			00:09:33	00:07:52	00:11:14
EEAST: Cat 2 - Mean (<18 Mins)	Jul 23	00:41:14	00:15:00			00:52:51	00:15:37	01:30:06
RTT - 18 Weeks	Jun 23	52.8%	92.0%			56.7%	53.7%	59.8%
RTT - 52 Week Waits	Jun 23	10184	-			7628	6202	9055
RTT - PTL Size	Jun 23	151008	-			125683	118370	132996
RTT - 78 Week Waits	Jun 23	597	-			922	592	1253
Diagnostics - 6 Week Wait	Jun 23	66.4%	99.0%			64.6%	57.1%	72.2%
Diagnostics - PTL Size	Jun 23	27813	-			24958	19846	30071
Cancer - 2 Week Wait Standard	Jun 23	85.7%	93.0%			81.1%	68.4%	93.8%
Cancer - 2 Week Wait Referrals	Jun 23	6085	-			5126	3644	6607
Cancer - 62 Day Standard	Jun 23	64.6%	85.0%			72.4%	61.7%	83.1%
Cancer - 62 Day Total Waiting	Jul 23	527	-			587	378	796
Cancer - 104 Day Total Waiting	Jul 23	181	-			157	103	210
Cancer - 28 Day Faster Diagnosis Standard	Jun 23	75.2%	75.0%			70.3%	59.6%	81.1%
Mental Health - Out of Area Bed Days	Jun 23	1171	-			960	604	1316
Mental Health - Recorded >65s Dementia Diagnosis	Jun 23	63.2%	66.6%			61.8%	61.1%	62.5%
Mental Health - IAPT Entering Treatment	Jun 23	2672	-			2410	1420	3399
Early Intervention in Psychosis	Jun 23	85.7%	60.0%			82.2%	61.9%	102.5%

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

Statistical Process Control (SPC)

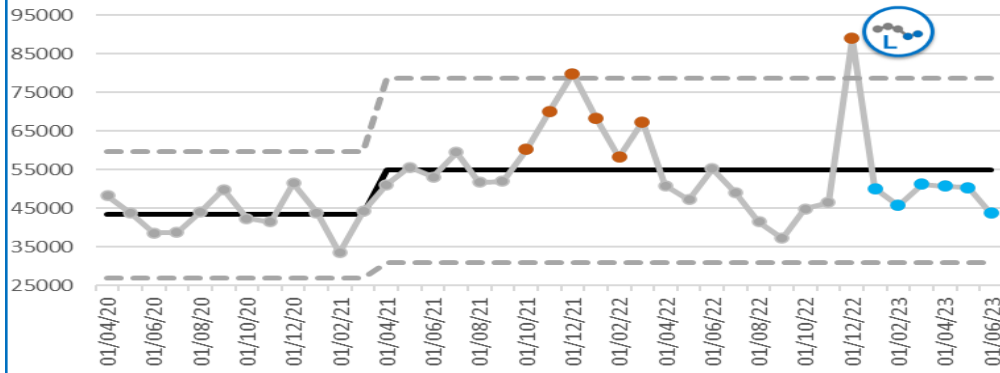


Performance by Work Programme

Slide 7: NHS 111
Slide 8: Urgent & Emergency Care (UEC)
Slide 12: Urgent 2 Hour Community Response
Slide 13: Community Wait Times
Slide 17: Community Beds
Slide 19: Integrated Care Teams
Slide 21: Autism Spectrum Disorder (ASD)
Slide 24: Planned Care PTL Size and Long Waits
Slide 26: Planned Care Diagnostics
Slide 27: Planned Care Theatre Utilisation
Slide 28: Cancer
Slide 30: Performance against Operational Plan
Slide 31: Stroke
Slide 32: Mental Health
Slide 40: Continuing Health Care
Slide 41: Primary Care
Slide 42: Appendix A, Performance Dashboard
Slide 43: Appendix B, Commissioned Community Services
Slide 45: Glossary of Acronyms

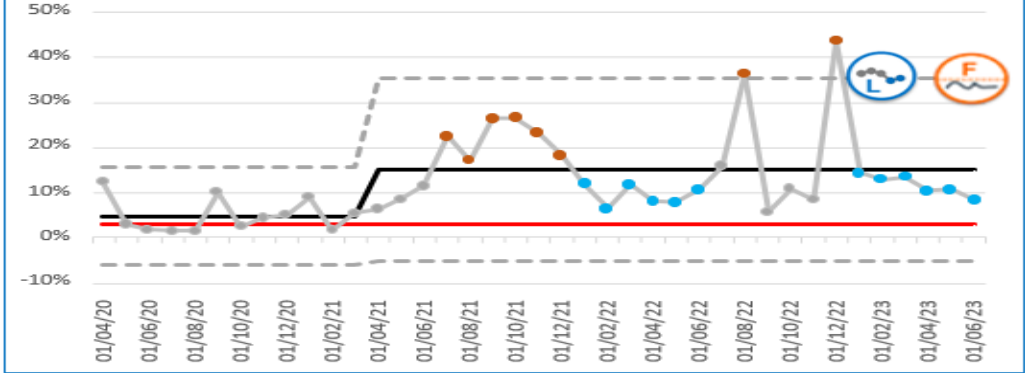
NHS 111

111 - Calls received by telephony system



	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	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Hertfordshire	38,47	35,15	31,51	31,16	35,55	40,33	34,00	33,32	41,30	35,15	26,87	35,41	40,96	44,29	42,71	47,28	41,15	41,25	58,09	67,42	58,72	50,28	58,01	40,99	38,10	44,67	39,74	33,48	30,01	35,97	37,40	72,59	40,95	37,02	41,37	40,90	40,64	35,30	35,30
West Essex	9,752	8,593	7,090	7,572	8,586	9,523	8,378	8,229	10,30	8,718	6,717	8,877	10,19	11,29	10,45	12,19	10,59	10,78	12,17	10,98	12,41	9,549	8,013	9,977	9,904	9,165	10,64	9,452	8,020	7,255	8,861	9,121	16,41	9,145	8,739	9,878	9,924	9,715	8,465
ICS	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	37,26	44,84	46,52	89,01	50,09	45,76	51,24	50,83	50,35	43,77

ICS - % abandoned calls

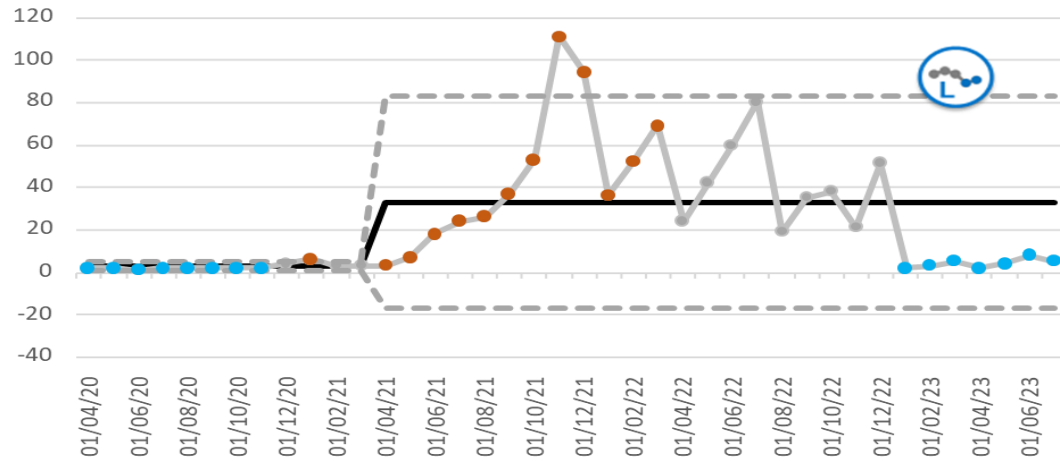


	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Hertfordshire	12.0%	3.0%	1.8%	1.5%	1.5%	9.7%	2.3%	4.3%	4.9%	8.7%	1.6%	5.2%	6.1%	8.3%	11.2%	21.7%	16.4%	25.6%	25.7%	22.5%	18.0%	11.7%	6.5%	11.6%	7.8%	7.4%	10.3%	15.0%	35.5%	5.6%	10.9%	8.1%	42.7%	13.8%	12.7%	13.0%	10.2%	10.3%	8.2%
West Essex	13.0%	2.3%	1.1%	1.0%	1.4%	10.0%	2.3%	4.8%	5.0%	10.2%	1.4%	6.0%	7.1%	9.4%	12.4%	25.1%	19.2%	29.1%	29.0%	25.1%	19.0%	11.8%	6.3%	11.9%	8.5%	9.4%	11.8%	18.5%	38.5%	6.2%	11.8%	9.0%	46.2%	16.2%	13.7%	14.7%	10.9%	12.1%	8.7%
ICS	12.3%	2.8%	1.7%	1.5%	1.4%	9.9%	2.3%	4.4%	5.0%	9.0%	1.6%	5.3%	6.3%	8.5%	11.5%	22.4%	17.0%	26.3%	26.4%	23.0%	18.2%	11.7%	6.4%	11.6%	7.9%	7.8%	10.6%	15.7%	36.1%	5.7%	10.7%	8.4%	43.4%	14.3%	12.9%	13.4%	10.3%	10.6%	8.3%
Target	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%

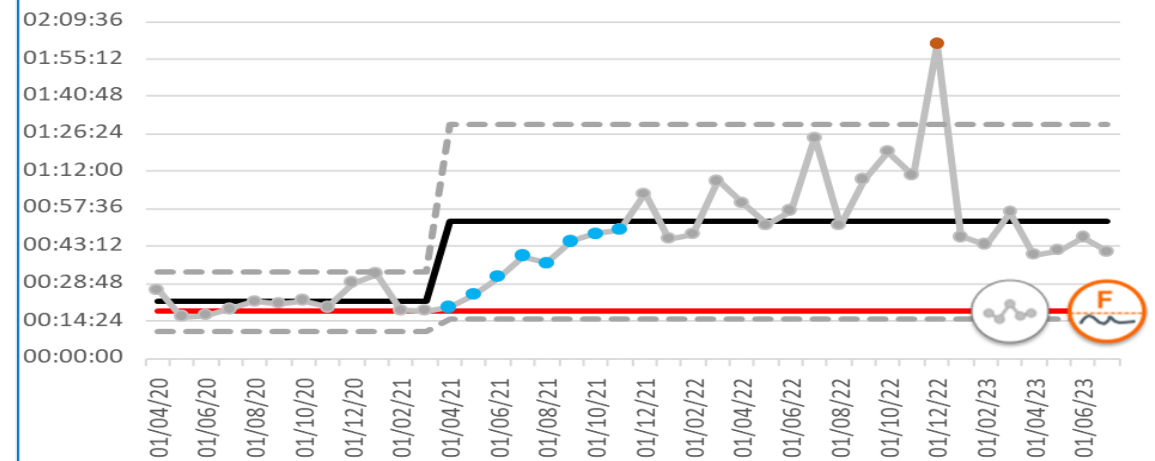
ICB Area	What the charts tell us	Issues	Actions	Expected Outcomes
HUC	<ul style="list-style-type: none"> Call volumes have been trending below the historic mean for the last 6 months Hertfordshire abandoned calls in June improved to 8.2% West Essex abandoned calls improved to 8.7% The level of variation between Hertfordshire and West Essex reduced from 1.8% to 0.5% 	<ul style="list-style-type: none"> Increased pressures resulting from Industrial Action Recruitment challenged for weekend and part time posts High attrition rates and short notice sickness Call volumes remain high at weekends Increasing 111 online activity Variation in performance between West Essex and Hertfordshire, but improving 	<ul style="list-style-type: none"> Review of West Essex call routes to understand the variance with Hertfordshire Regular rota fill meetings to assign staff to peak call times Continue to promote Health Advisor home working Non-clinical "floorwalker" to support Health Advisors in call turnaround times. E.g. DOS query resolution Review of recruitment processes Range of staff support and welfare measures in place HUC Footprint group fortnightly meetings in place to oversee 23/24 contracts as well as identify and implement efficiencies improving the service 	<ul style="list-style-type: none"> Sharing CAS resource to strengthen clinical support where required across HUC Footprint (HWE, BLMK, C&P) Efficiency findings planned to strengthen the services Minimising gaps within the clinical rota fill

UEC - Ambulance Response and Handover

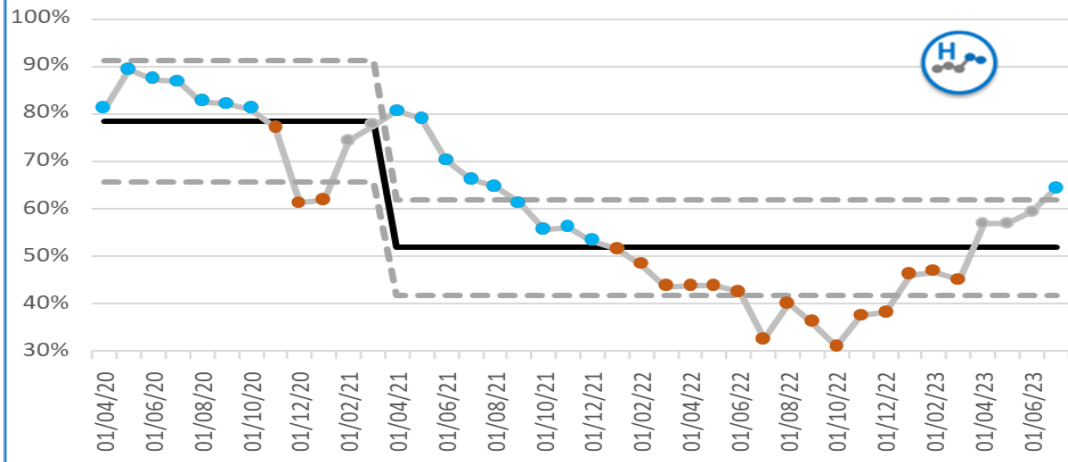
ICS - Mean 999 call answering times (seconds)



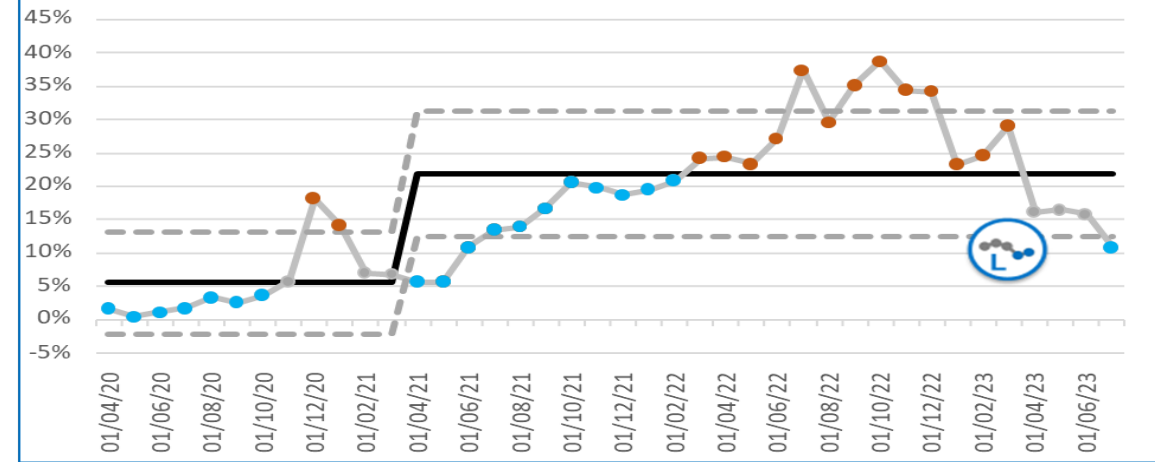
ICS - CAT 2 mean response times



ICS - Ambulance Handovers <30 Mins

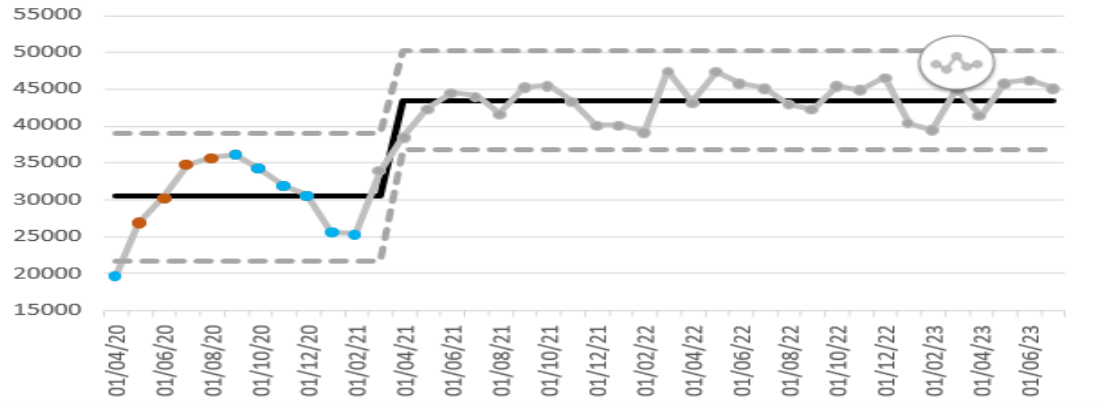


ICS - Ambulance Handover >60 mins



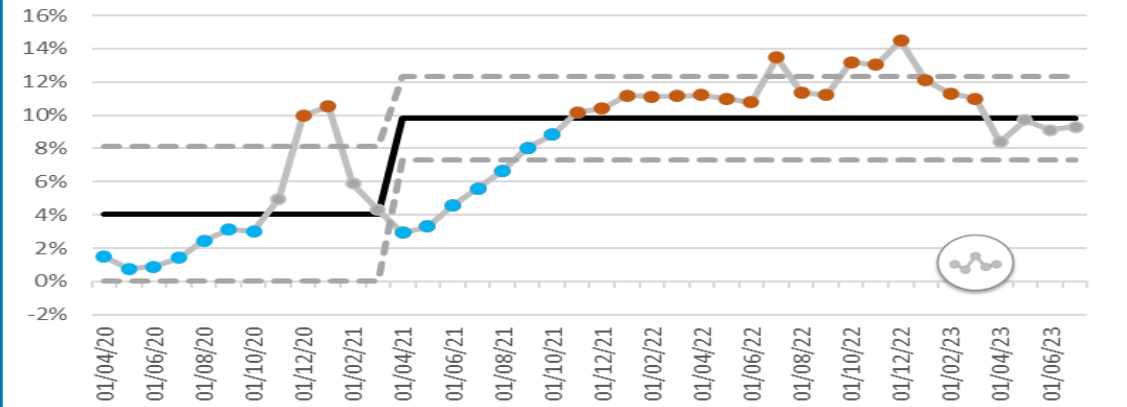
Urgent & Emergency Care (UEC)

ICS - ED Attendances



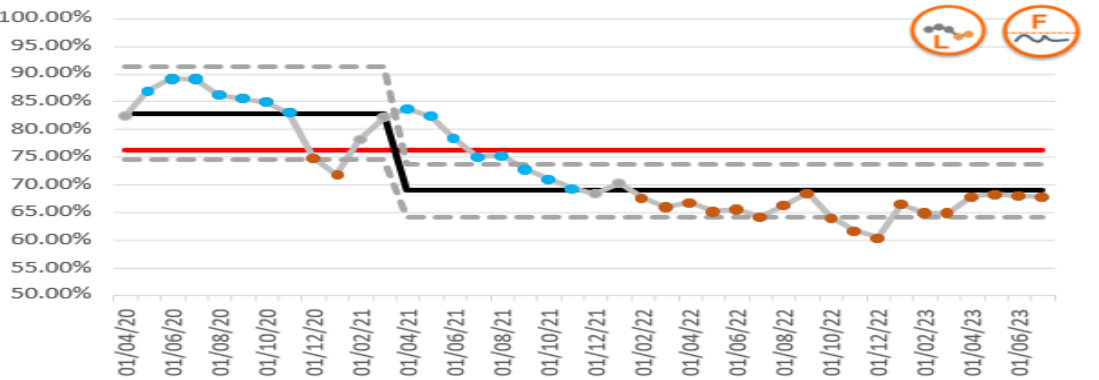
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23			
East And North Hertfordshire Place (ENHT and HUC)	8,100	10,95	12,29	13,82	14,15	14,50	13,69	12,73	12,00	10,30	10,06	13,49	15,23	16,85	17,78	17,60	16,81	16,58	18,41	17,50	16,21	15,98	15,95	19,19	17,01	10,00	16,00	18,23	17,11	16,80	17,83	17,42	17,78	15,77	15,55	17,58	15,95	18,22	18,13	17,59			
West Hertfordshire Hospitals NHS Trust	6,419	8,846	9,891	12,74	12,11	12,00	11,38	10,89	10,79	8,864	8,889	11,49	13,20	14,41	15,17	15,22	13,84	14,97	15,20	14,53	13,42	13,53	13,02	15,53	14,75	15,89	15,88	15,14	16,80	14,13	15,54	15,95	16,66	14,11	13,70	15,79	14,75	16,02	16,07	15,88			
West Essex Place (PAH and HCT)	4,976	7,041	7,972	9,101	9,118	9,578	9,101	8,533	7,862	6,583	6,584	8,927	10,03	11,22	11,53	11,21	10,79	11,78	11,75	11,38	10,33	10,50	10,16	12,61	11,39	12,57	12,00	11,68	10,89	11,37	11,96	11,80	12,01	10,33	10,31	11,58	10,58	11,52	11,88	11,54			
ICS	19,69	26,85	30,25	34,66	30,36	25,09	43,11	43,92	43,59	43,33	43,85	43,47	44,44	44,44	44,03	44,43	45,14	45,14	37,43	30,38	40,03	39,12	28,43	19,47	21,45	64,45	06,42	14,45	33,44	78,46	46,40	22,39	37,44	40,41	29,45	47,46	09,45	03					

A&E - % spending more than 12 Hours in Dept



	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	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23				
East And North Hertfordshire NHS Trust	2.3%	1.2%	0.9%	1.1%	1.0%	4.0%	3.6%	6.3%	9.1%	9.9%	5.1%	2.6%	2.0%	2.4%	4.7%	6.3%	6.6%	10.2%	11.0%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%	11.3%	
West Hertfordshire Hospitals NHS Trust	1.1%	0.7%	0.9%	1.5%	3.2%	1.9%	2.2%	3.0%	12.6%	11.4%	3.2%	2.3%	1.5%	2.4%	2.6%	3.2%	3.4%	3.1%	2.9%	5.4%	8.1%	7.9%	6.1%	7.5%	8.6%	8.7%	7.5%	6.7%	9.6%	9.9%	12.4%	10.9%	7.1%	5.6%	5.7%	4.6%	5.6%	8.3%						
The Princess Alexandra Hospital NHS Trust	1.1%	0.5%	0.9%	1.7%	2.4%	3.3%	3.2%	5.3%	6.6%	10.3%	9.2%	7.7%	4.2%	5.0%	5.9%	6.9%	7.2%	9.7%	10.9%	11.2%	9.8%	11.2%	10.9%	11.2%	10.9%	11.2%	10.9%	11.2%	10.9%	11.2%	10.9%	11.2%	10.9%	11.2%	10.9%	11.2%	10.9%	11.2%	10.9%	11.2%	10.9%	11.2%	10.9%	11.2%
ICS	1.5%	0.8%	0.9%	1.4%	2.4%	3.1%	3.0%	5.0%	10.0%	10.5%	8.9%	4.3%	2.9%	3.3%	4.5%	5.6%	6.7%	8.1%	8.8%	10.2%	11.2%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	

ICS - 4-hour standard



	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	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23			
East And North Hertfordshire Place (ENHT and HUC)	80.4%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%	80.5%
West Hertfordshire Hospitals NHS Trust	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%
West Essex Place (PAH and HCT)	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
ICS	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%	82.3%

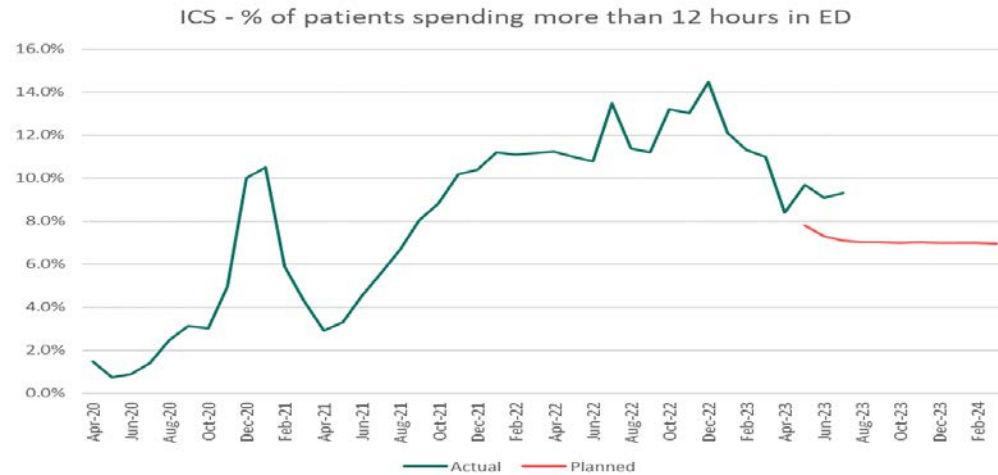
- Attendance and 4 Hour performance data from the ICS's Minor Injuries Units (MIUs) is now included in our monthly UEC reporting. Overall 4 Hour performance has improved by 2.6% as a result
- No Criteria to Reside (NCTR) data has not been included in this report due to data quality issues. Expected to be reinstated from next month

Urgent & Emergency Care (UEC) Improvement Trajectories

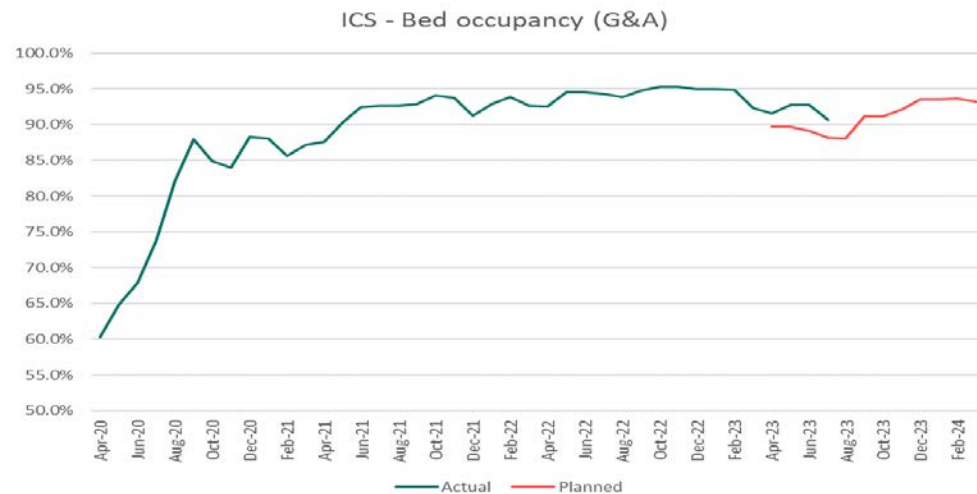
4 Hour Standard



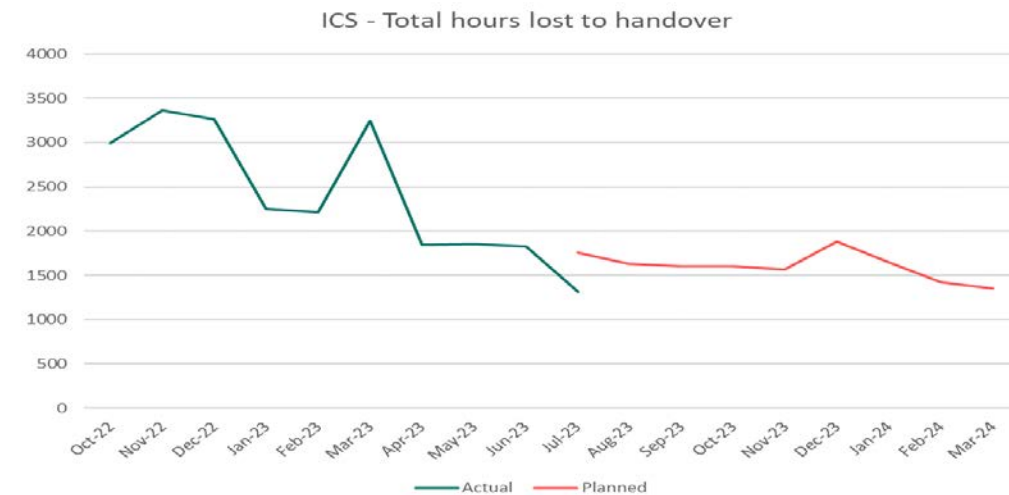
% of Patients Spending > 12 Hours in ED



Bed Occupancy



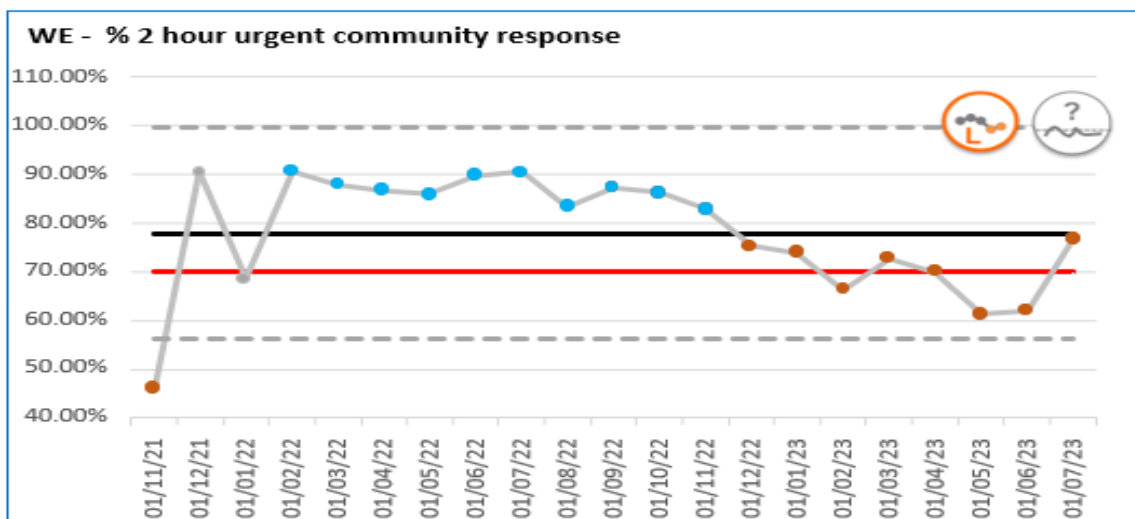
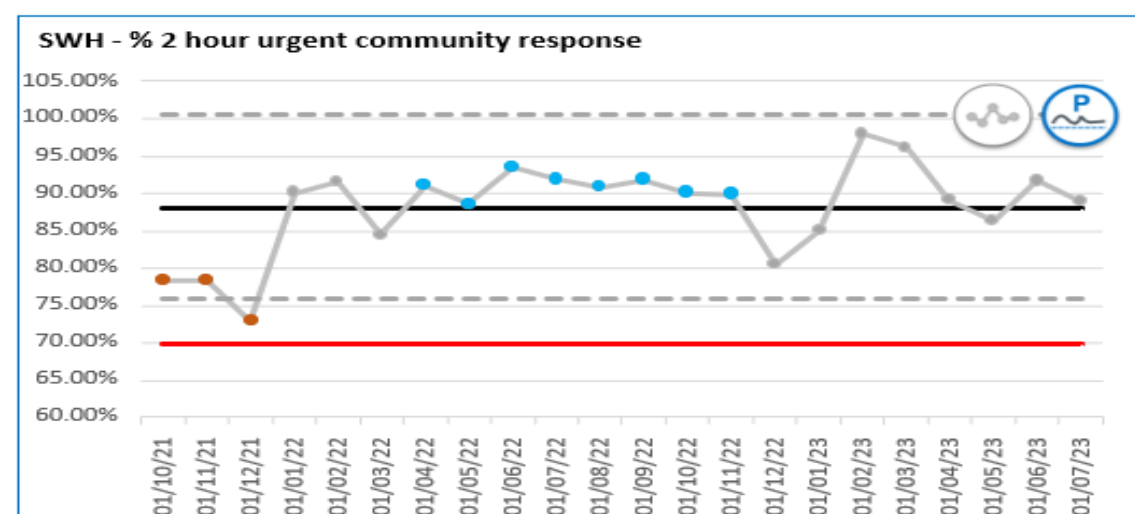
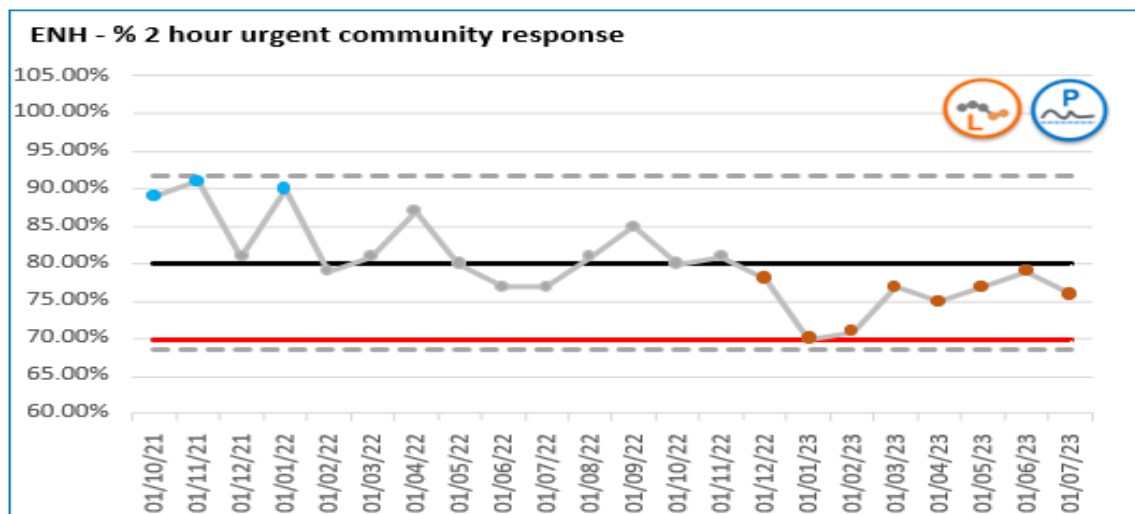
Hours Lost to Handover



Urgent & Emergency Care (UEC)

ICB Area	What the charts tell us	Issues	Actions
ICB	<ul style="list-style-type: none"> 999 call answering times have remained low with an average of 5 seconds in July. This is the 7th consecutive month with performance between 2 and 8 seconds Average category 2 ambulance response times were 41 minutes in July. This is a similar performance to previous seven months and remains above the performance standard of 18 minutes. However, this performance is ahead of the recovery target for Jul-23 of 44 minutes. Category 2 response times at a place level have not been available since Mar-23 At an ICS level, ambulance handover performance has continued to improve during recent months. In July there were 1316 hours lost to handover across the ICS which is ahead of the recovery trajectory of 1757 hours for Jul-23 Performance against the 4 hour ED standard reached 67.7% in May. This is behind the recovery trajectory of 74.8%. The reported 4 hour ED performance for the ICS now includes the two minor injuries units in Cheshunt and Bishops Stortford There remains considerable variation at a Trust level for performance against the 4 hour standard in May: <ul style="list-style-type: none"> WHHT = 71.3% ENHT = 65.2% PAH = 55.5% The percentage of patients spending longer than 12 hours in ED has been largely static at an ICS level over the last four months and is currently at 9.3% in July. This is above the recovery trajectory of 7.1% for July 	<ul style="list-style-type: none"> Continued high demand and high acuity of patients for UEC services. However, ED attendances across the health system are lower in Jan-Jul 2023 than they were in Jan-Jul 2022 Across the ICS, the average daily ambulance arrivals in Jul-23 was 24% higher than during the Jan-23 to Mar-23 period Ongoing industrial action across various staffing groups has impacted recent performance Staffing vacancies – e.g. c.80 vacancies at EEAST; 18 medical vacancies in PAH ED; 40% of staffing at St Albans Integrated Urgent Care Hub are agency Staffing rotas in ED not always aligned to daily peaks in demand Mental Health presentations remain high, coupled with a shortage of beds / assessment space Low utilisation of virtual wards in West Essex ED departments have a view that batches of ambulances are arriving at the same time and that intelligent conveyancing is not working as well as it should be Hospital flow remains challenging with high occupancy rates, especially at PAH Non-emergency patient transport delays 	<p>ICB</p> <ul style="list-style-type: none"> Handover@home / Access-to-stack - since June EEAST paramedics have physical presence in Robertson House to pass patients over to EPUT / CLCH / HCT and reduce conveyances. In July there was an average of 12.5 patients per day accepted from the stack. This compares to 6 patients per day in May-23, but is lower than during the trial in Oct-22. However, the overall number of conveyances are still increasing HUC commencing a 3 month test phase for a single call queue across a number of providers. Anticipated that this should further reduce call waiting times and call abandonment % ICB People Board focus on reducing vacancy rates across all providers <p>East and North Herts</p> <ul style="list-style-type: none"> The number of discharges per day has been increasing over recent months as a result of increased focused on ward rounds and also increased resources in the integrated discharge team ENHT recently appointed a new paediatric ED locum to support with paediatric ED performance and the Trust has recently agreed a new medical rota for adult ED on the Lister site <p>West Essex</p> <ul style="list-style-type: none"> PAH have refreshed medical roster to improve flexibility within the dept and to increase the WTE during the 24hrs Working with SDEC to create capacity and increase numbers of patients seen on the day <p>South West Herts</p> <ul style="list-style-type: none"> St Albans Integrated Urgent Care Hub (IUCH) now well established and utilisation has increased month-on-month WHHT corridor nursing in place including a joint Trust and EEAST corridor SOP. Has had a significant impact on hours lost to handover

UEC - Urgent 2 Hour Community Response

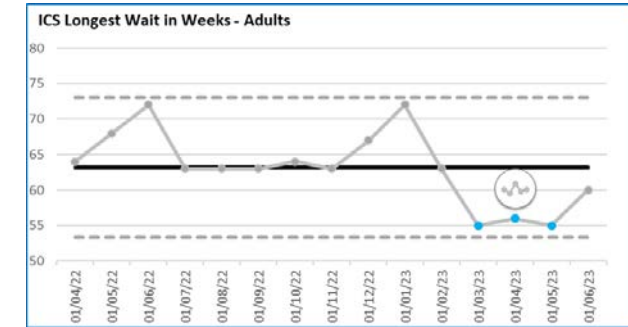
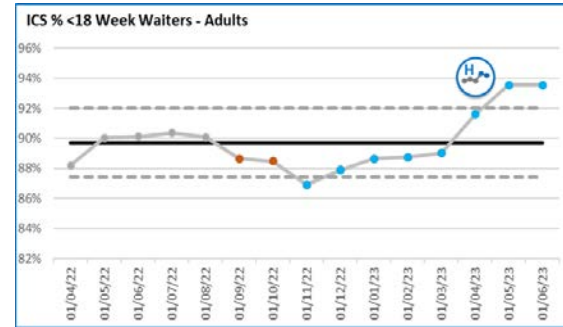
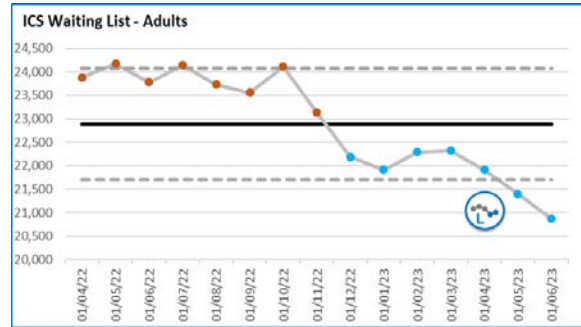
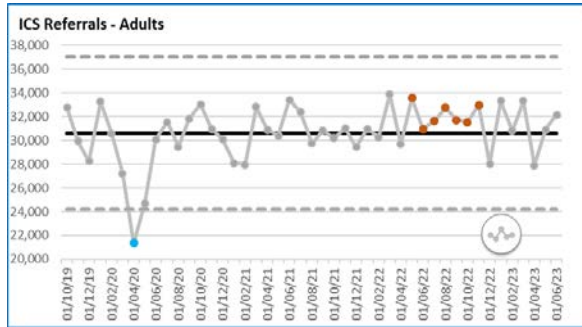


Activity	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
West Essex	428	337	451	519	395	403	442	466	376	348	472	429
East & North Herts	312	327	336	305	396	512	459	471	454	545	545	439
South & West Herts	165	124	163	139	165	154	103	136	203	222	196	232

ICB Issues, escalation and next steps

- West Essex performance returned to compliance with all three Places achieving the national 70% standard
- The SWH EIV activity is now being captured and activity levels have increased as a result
- SWH activity is still comparatively low however, indicating that the service is managing less patients than the other two places. Further investigative work is required to understand the data and ensure it is correct

Community Waiting Times (Adults)



Place	Age	Referrals			Patients Waiting			% waiting <18 weeks			Longest wait (weeks)			Latest data
		Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
ICS	Adults	30908	32166	↑	21402	20873	↓	93.56%	93.56%	⇒	55	60	↑	June

Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	8697	8312	↓	8546	8258	↓	91.19%	91.03%	↓	55	60	↑	June
ENH	AJM/Millbrook	83	114	↑	323	331	↑	78.95%	76.74%	↓	39	43	↑	June
ENH	All	8780	8426	↓	8869	8589	↓	90.74%	90.48%	↓	55	60	↑	June

Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
SWH	CLCH	5884	6536	↑	3112	2363	↓	93.09%	92.51%	↓	54	57	↑	June
SWH	Connect	3835	4111	↑	5289	5900	↑	96.54%	96.95%	↑	52	52	⇒	June
SWH	HCT	984	1133	↑	1114	1138	↑	94.61%	93.67%	↓	53	57	↑	June
SWH	AJM/Millbrook	106	143	↑	407	416	↑	76.17%	76.68%	↑	40	40	⇒	June
SWH	All	10809	11923	↑	9922	9817	↓	94.41%	94.64%	↑	54	57	↑	June

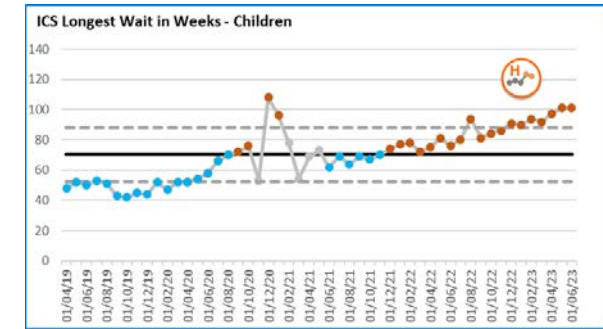
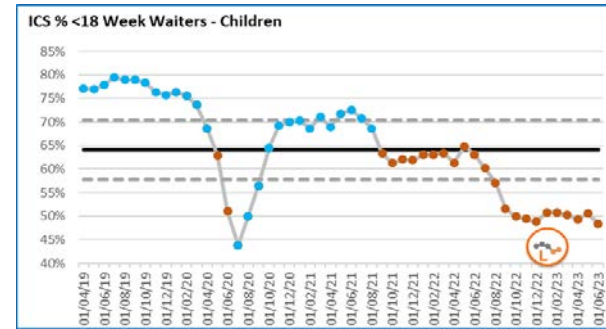
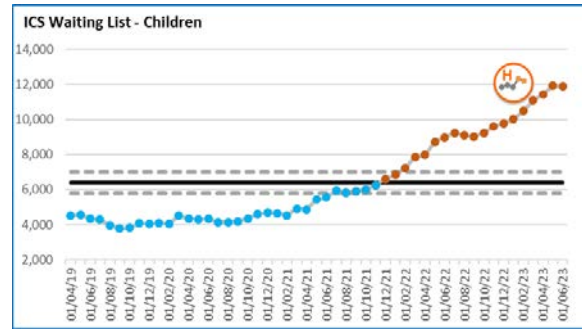
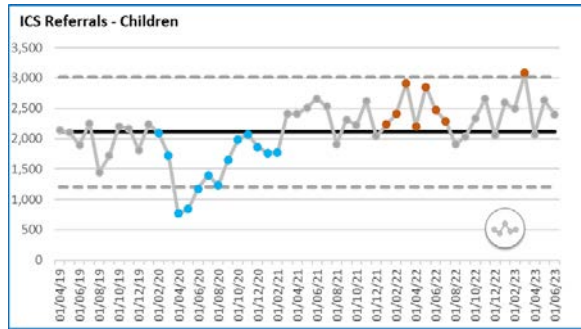
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
WE	EPUT	11208	11697	↑	2482	2329	↓	100.00%	100.00%	⇒	17	17	⇒	June
WE	EPUT - Wheelchairs	111	120	↑	129	138	↑	98.45%	99.28%	↑	20	19	↓	June
WE	All	11319	11817	↑	2611	2467	↓	99.92%	99.96%	↑	20	19	↓	June

Community Waiting Times (Adults)

The NHS 18 week Referral to Treatment (RTT) standard only applies to consultant led services. For Adult community services this include Skin Health (ENH), Respiratory (S&W), and Podiatric Surgery (WE). Other services have locally agreed waiting times standards which may be 18 weeks or less. All services are shown compared to an 18 week target for an overall view of waiting time performance. Full detail of commissioned services in HWE is contained within Appendix B.

ICB Area	What the charts tell us	Issues	Actions
ICB	<ul style="list-style-type: none"> Referrals are variable but within expected common cause variation The % of patients waiting less than 18 weeks continues to improve. Current performance is 93.5%, compared to the national average of 85.2% The total number of adults waiting on waiting lists continues to show special cause variation of an improving nature Longest waits within HCT services in East & North Hertfordshire increased from 55-60 weeks Consultant led 18 week RTT performance: ENH Skin Health – 89.3% SWH Respiratory – 92.8% WE Podiatric Surgery – 100% 	<p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> Overall waiting within target performance is more favourable compared to the pre-pandemic baseline Waiting times for the MSK Physio Service continue to show clear improvement, and against the 12 week contracted target are better than 2019/20 <p>South & West Hertfordshire (SWH)</p> <ul style="list-style-type: none"> Referrals have increased across most service lines which is reflected in the increase in referrals from previous month Overall number of patients on waiting list have reduced. This is reflected in particular within Bladder & Bowel and Respiratory service where there were high number of patients waiting Slight increase in RTT position. This is due to long sleep waits within respiratory service Longest waiter currently within the Neuro service. This is a patient on PD nursing caseload Staff sickness and vacancies are improving and processes are in place to monitor progress <p>West Essex (WE)</p> <ul style="list-style-type: none"> Pulmonary Rehab - increased demand, return to face to face classes and long term sick impacting capacity Bladder & Bowel issues previously reported are now resolved - zero breaches remain within the service Small numbers of wheelchair breaches due to supplier delays 	<p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> Increasing MSK Physio capacity though estates and recruitment. Also continuing to review pathways. Initiatives are working well All waits are closely monitored and are subject to robust internal governance <p>South & West Hertfordshire (SWH)</p> <ul style="list-style-type: none"> Continue to review Respiratory long waits daily (in particular sleep studies and clinics). Additional sleep clinics have been put in place and it is expected that this will much improve position going forward WHTH are unable to provide required consultant provision for respiratory and therefore, temporary respiratory consultant capacity remain in place. This is via bank, agency and external provider. This has helped the position and current wait for a 1st appointment is at 3-4 weeks, which is well withing the 18 week target External provider in place to support Neuro Rehab long waits. Initially 100 appropriate patients have been referred and seen. Further 175 patients identified. External provider seeing approximately 5 patients per week In addition, external provider now sourced to provide PD nursing support. Service has also recruited to substantive post. Both to be in place by end of September Division specific recruitment plan developed which includes developing videos to compliment adverts and targeting social media channels On going discussions with internal Divisions and system partners to look how resilience can be built for Neuro Trajectories now in place for all services where there are waiting times concerns. These are reviewed and monitored weekly <p>West Essex (WE)</p> <ul style="list-style-type: none"> Pulmonary Rehab deep dive completed and 23/24 funding agreed. Recruitment for additional capacity has commenced and longest waiting patients being prioritised Wheelchair temporary equipment supplied where impact from supplier delays

Community Waiting Times (Children)



Place	Age	Referrals			Patients Waiting			% waiting <18 weeks			Longest wait (weeks)			Latest data
		Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
ICS	Children	2630	2395	↓	11925	11891	↓	50.52%	48.47%	↓	101	101	⇒	June

Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	416	356	↓	979	1038	↑	80.80%	83.53%	↑	46	45	↓	June
ENH	AJM/Millbrook	20	29	↑	107	111	↑	72.90%	68.47%	↓	38	40	↑	June
ENH	ENHT Community Paeds.	280	286	↑	4297	4461	↑	25.67%	25.53%	↓	101	101	⇒	June
ENH	All	716	671	↓	5383	5610	↑	36.63%	37.11%	↑	101	101	⇒	June

Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
SWH	HCT	1420	1276	↓	5462	5454	↓	55.00%	52.82%	↓	72	70	↓	June
SWH	AJM/Millbrook	18	28	↑	91	97	↑	72.53%	72.16%	↓	39	39	⇒	June
SWH	All	1438	1304	↓	5553	5551	↓	55.29%	53.16%	↓	72	70	↓	June

Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
WE	EPUT - Wheelchairs	19	16	↓	29	27	↓	96.55%	100.00%	↑	20	14	↓	June
WE	HCRG / Virgin	457	404	↓	960	703	↓	99.48%	100.00%	↑	26	17	↓	June
WE	All	476	420	↓	989	730	↓	99.39%	100.00%	↑	26	17	↓	June

NOTE: ENHT Community Paediatrics data is included above to give a full picture for Children's Services, but is also included in the Planned Care position described in Slides 24 & 25

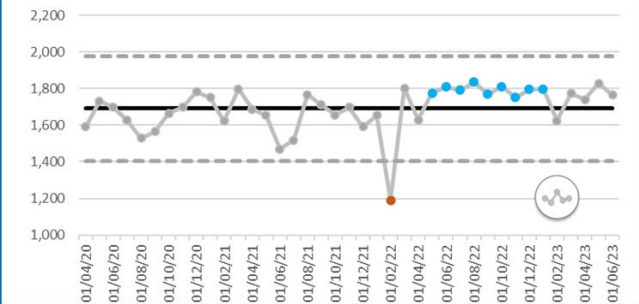
Community Waiting Times (Children)

The NHS 18 week Referral to Treatment (RTT) standard only applies to consultant led services. For Children's community services this include Community Paediatrics (ICS wide) and Children's Audiology (SWH). Other services have locally agreed waiting times standards which may be 18 weeks or less. All services are shown compared to an 18 week target for an overall view of waiting time performance. Full detail of commissioned services in HWE is contained with Appendix B.

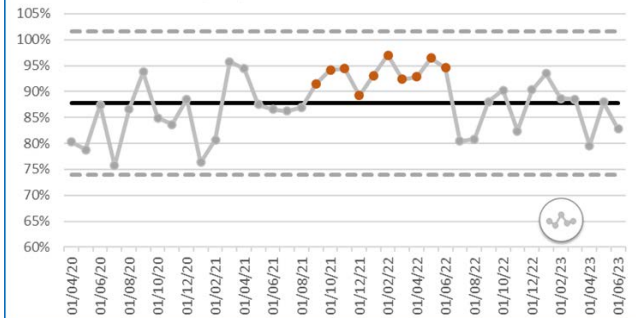
ICB Area	What the charts tell us	Issues	Actions
ICB	<ul style="list-style-type: none"> Referrals are variable but within expected common cause variation The total number of children on waiting lists remains extremely high, however overall, there was no increase in June Waiting lists continue to grow in East & North Hertfordshire, but the increase in June was offset by reductions elsewhere, predominantly in West Essex The % of children waiting less than 18 weeks remains of concern. Performance in June was 48.5%, compared to the national average of 61.6% The longest waits are within the ENHT Community Paediatrics Service at 101 weeks. There are also long waits of up to 70 weeks within HCT services in South & West Hertfordshire Consultant led 18 week RTT performance: <p>SWH Community Paediatrics – 44.0% SWH Children's Audiology – 41.0% ENH Community Paediatrics – 25.5% WE Community Paediatrics – 100%</p>	<p>Hertfordshire</p> <ul style="list-style-type: none"> Referrals to children's specialist service have increased by more than 30% compared to 2019/20, with the majority of services seeing a marked increase in demand Waiting times in the SWH HCT Community Paediatrics service remains challenged. Service productivity shows clear improvement since 2019/20, but referrals have increased by c.30% There is a rise in longer waits for Paediatric Audiology in SWH. The service is also currently supporting ENHT new born hearing pathways Waiting times across Hertfordshire for Children's Therapies (OT, Speech & Language and Physiotherapy) remain under pressure, including in particular the Education, Health & Care Plan (EHCP) element The ENHT Community Paediatrics position is described within the Planned Care and ASD slides of this report <p>West Essex (WE)</p> <ul style="list-style-type: none"> The volume of children on the Community Paediatrics waiting list has stabilised in recent months following a trend of steady increase There are no longer any patients exceeding 18 weeks across all services, excluding ASD 	<p>Hertfordshire</p> <ul style="list-style-type: none"> HCT has established BI forecasting which will be further developed in coming months to integrate with demand and capacity measures Community Paediatrics is working with NHSE Elect to optimise waiting list management Key focus on avoiding 78 and 65 week waits Community Paediatrics in SWH is receiving non-recurrent additional investment, increasing workforce capacity and introducing new specialist nursing posts. Risk remains on recruitment to these roles. Transformation Programme Group established to take forward service redesign Paediatric Audiology in SWH is focusing on higher priority appointments, especially follow up appointments. Signposting to interim advice whilst awaiting assessment. Analysis for workforce business case has resulted in Increasing capacity with recruitment of two posts, as capacity is not currently sufficient to meet demand Children's Therapies – increasing capacity through recruitment, waiting list initiatives and outsourcing Working closely with commissioners on wider improvements across Special Education Needs (SEN) / Education, Health & Care Plan (EHCP) processes focusing on initial assessments <p>West Essex (WE)</p> <ul style="list-style-type: none"> WE Community Paediatrics Business Case discussions are ongoing. The ask for additional investment into the overall continues to be negotiated Speech & Language Therapy (SLT) waiting list has significantly reduced in month. Pre-school children who would not be seen prior to September have been removed from the waiting list. Schools (supported by SLT) will assess children's needs and refer into the school age SLT service as appropriate

Community Beds (Stroke & Non-Stroke)

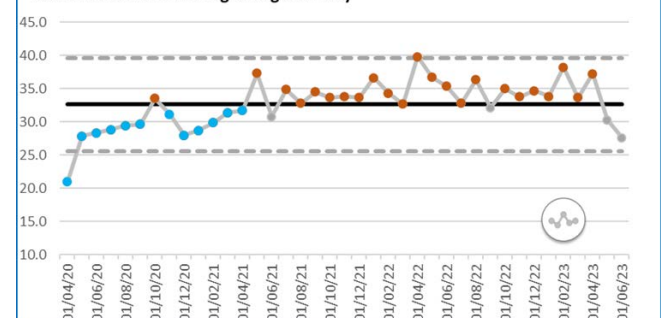
ICS Stroke Wards - No. of available beddays



ICS Stroke Wards - Occupancy Rate

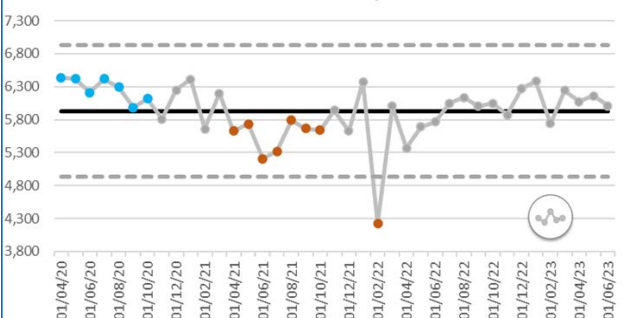


ICS Stroke Wards - Average Length of Stay

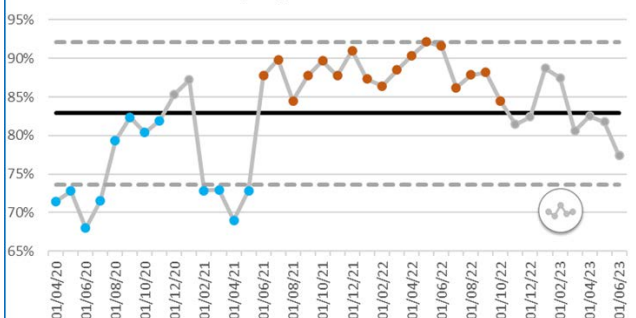


Stroke Wards		Number of available beddays			Occupancy Rate			Average length of stay (days)			Latest data
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
ENH	HCT	744	720	↓	94.09%	92.36%	↓	28.2	15.7	↓	June
SWH	CLCH	620	594	↓	73.55%	62.63%	↓	29.0	26.4	↓	June
WE	EPUT	465	450	↓	97.42%	94.22%	↓	35.0	47.4	↑	June
ICS	All	1829	1764	↓	87.97%	82.82%	↓	30.3	27.6	↓	June

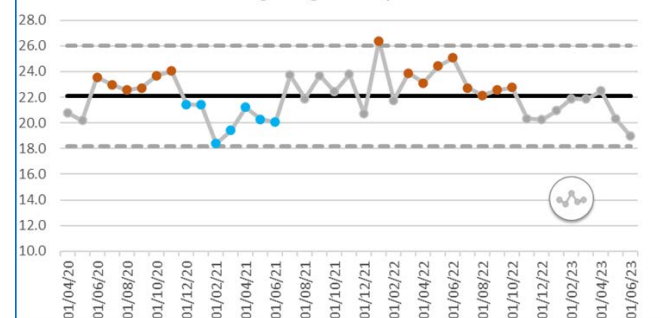
ICS Non Stroke Wards - No. of available beddays



ICS Non Stroke Wards - Occupancy Rate



ICS Non Stroke Wards - Average Length of Stay



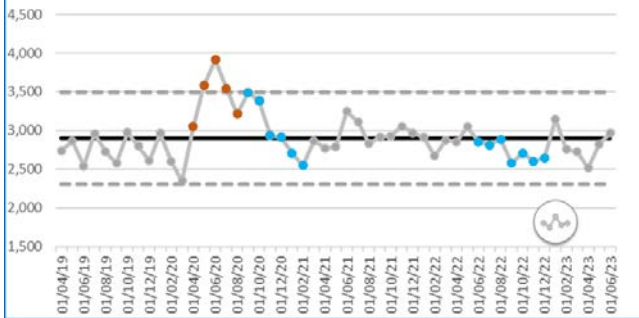
Non-Stroke Wards		Number of available beddays			Occupancy Rate			Average length of stay (days)			Latest data
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
ENH	HCT	1643	1636	↓	87.52%	88.14%	↑	20.4	16.5	↓	June
SWH	CLCH	2315	2244	↓	76.20%	61.45%	↓	25.4	23.1	↓	June
WE	EPUT	2201	2130	↓	83.28%	85.92%	↑	15.4	17.8	↑	June
ICS	All	6159	6010	↓	81.75%	77.39%	↓	20.3	19.0	↓	June

Community Beds (Stroke & Non-Stroke)

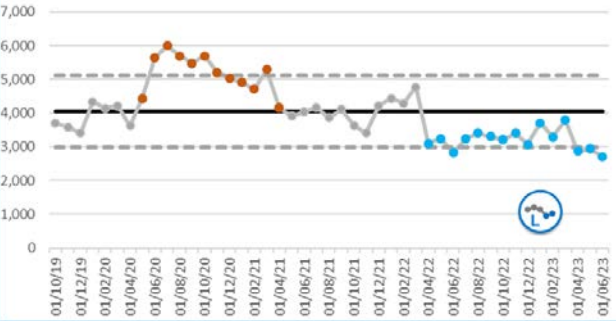
ICB Area	What the charts tell us	Issues	Actions
ICB	Stroke Beds Days <ul style="list-style-type: none"> Available stroke bed days reduced across the system but remain within expected common cause variation limits Overall occupancy rates reduced across the system but are within common cause variation limits. There remains notable variation across the 3 Places. CLCH occupancy in June was 62.6%, with EPUT at 94.2% occupancy Overall length of stay reduced in May and June, but again there is variation across the 3 Places. HCT was 15.7 days in June, with EPUT at 47.7 days 	East & North Hertfordshire (ENH) <ul style="list-style-type: none"> Bed occupancy remains the highest at Danesbury with an average of 93% over the past two years. Herts & Essex and QVM have an average occupancy of 84% and 82% respectively Average length of stay for Herts & Essex shows normal variation with an average of 24 days. For QVM and Danesbury, there has been a recent increase in average length of stay since April 2023 (following a period of a lower trend since July 2022); with QVM currently at 26 days and Danesbury 35 days Admissions rates are stable 	East & North Hertfordshire (ENH) <ul style="list-style-type: none"> Introduction of Discharge Medicines Service (DMS) is being taken forward Note: NHSE has published data showing that patients who receive the DMS are less likely to be readmitted (5.8% vs 16% at 30 days), and spend fewer days in hospital (7.2 days on average compared to 13.1 for patients who did not receive the service) in instances where they are readmitted
	Non-Stroke Beds Days <ul style="list-style-type: none"> Available bed days reduced across the system but within expected common cause variation limits Overall occupancy rates across the system are within common cause variation limits but there remains notable variation across the 3 Places. CLCH occupancy in June was 61.5%, with HCT at 88.1% occupancy Overall length of stay reduced in May and June, but again there is variation across the 3 Places. HCT was 16.5 days in June, with CLCH at 23.1 days 	South & West Hertfordshire (SWH) <ul style="list-style-type: none"> Small reduction in number of stroke and non-stroke bed days available due to on going building works across some sites West Essex (WE) <ul style="list-style-type: none"> High levels of referrals and admissions resulting in high occupancy rates Two long stay stroke patients > 6 weeks High volume of Discharge to Assess (D2A) patients awaiting Care Homes; 1 long stay patient > 3 months 	South & West Hertfordshire (SWH) <ul style="list-style-type: none"> Delay assurance calls remain in place with HCC with clear escalation process in place Currently reviewing all processes to manage patients in and out of wards In collaboration with system partners, action plan agreed to support flow and winter plan also drafted West Essex (WE) <ul style="list-style-type: none"> All patients awaiting Care Homes reviewed on daily social care escalation call

Integrated Care Teams

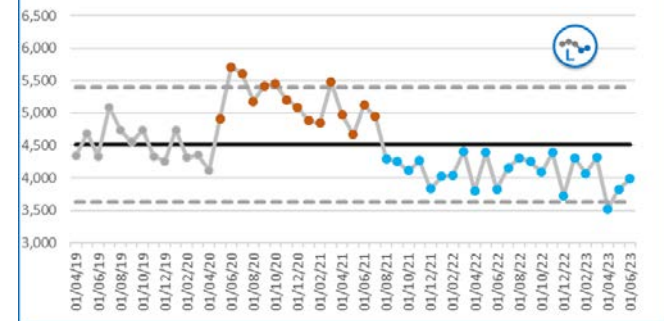
ENH Referrals - Integrated Care Team



SWH Referrals - Integrated Care Team

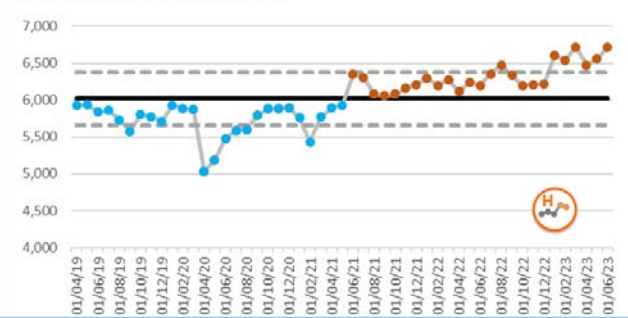


WE Referrals - Integrated Care Team

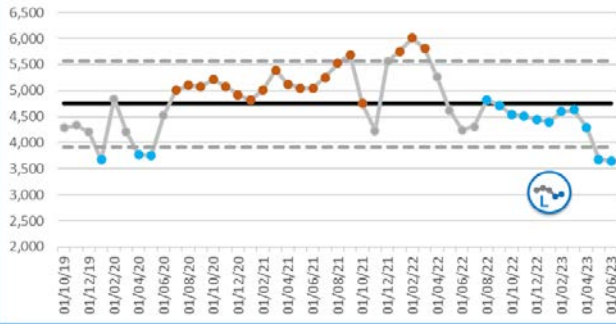


Place	Provider	Age	Referrals			Referral Rate per 1,000 Population			Latest data
			Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
ENH	HCT	All	2824	2967	↑	4.8	5.0	↑	June
SWH	CLCH	All	2936	2716	↓	4.3	3.9	↓	June
WE	EPUT	All	3828	3986	↑	12.0	12.5	↑	June
ICS	All	All	9588	9669	↑	6.0	6.0	↑	June

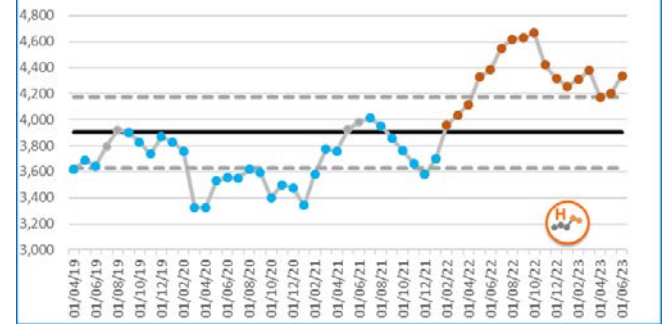
ENH Integrated Care Team Caseload



SWH Integrated Care Team Caseload



WE Integrated Care Team Caseload



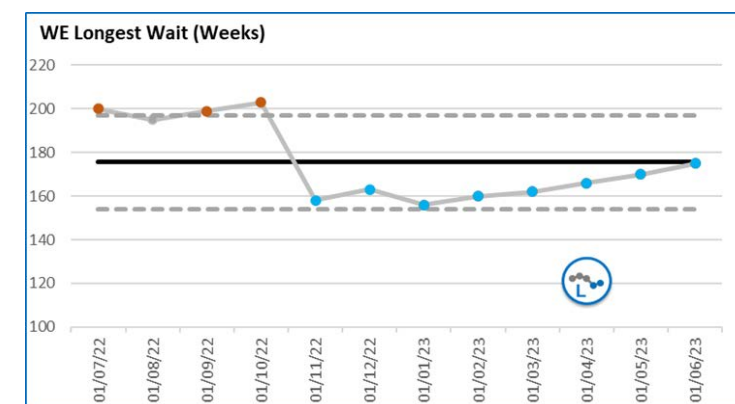
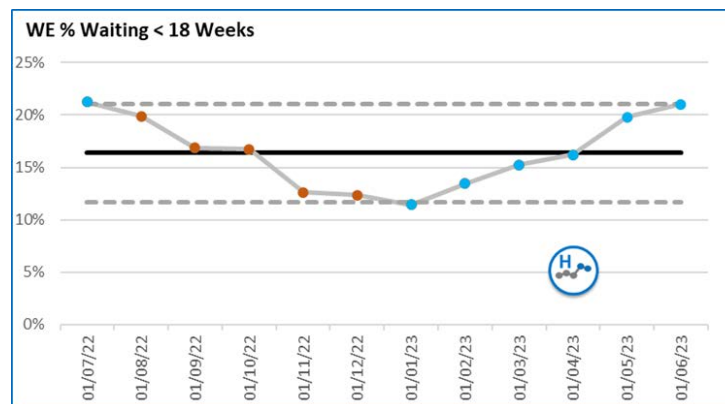
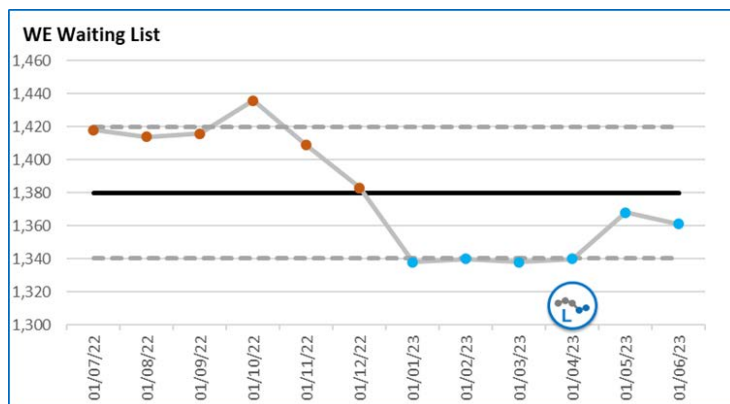
Place	Provider	Age	Caseload			Caseload per 1000 population			Latest data
			Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
ENH	HCT	All	6557	6722	↑	11.1	11.4	↑	June
SWH	CLCH	All	3679	3650	↓	5.3	5.3	↓	June
WE	EPUT	All	4203	4337	↑	13.1	13.6	↑	June
ICS	All	All	14439	14709	↑	9.0	9.2	↑	June

Integrated Care Teams

ICB Area	What the charts tell us	Issues	Actions
ICB	<ul style="list-style-type: none"> Overall referral volumes to Integrated Care Teams have been consistently reducing since the restoration of services post-Covid West Essex referral volumes appear disproportionately high given the relative population size Integrated Care Team caseloads in East & North Hertfordshire and West Essex are consistently high, and notably above the pre-Covid baseline South & West Hertfordshire caseload appears disproportionately low given the relative population size – under investigation 	<ul style="list-style-type: none"> The 3 Providers BI teams have investigated the high referral numbers in West Essex compared to Herts. Initial investigations have not identified any specific recording issues suggesting that teams are reporting consistently, however this may require further analysis <p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> Overall, referrals show a small increase compared to pre-pandemic although this differs significantly at Locality level Increasing patient complexity has driven an increasing caseload and an increasing first to follow up ratio <p>South & West Hertfordshire (SWH)</p> <ul style="list-style-type: none"> SWH – slight reduction in number of referrals from previous month Further work required to understand why referrals and caseload numbers are so different to ENH and ensure correct numbers are captured and services are being measured like for like. For example in SWH service is called planned care and unplanned care is separate. Where as in ENH, planned care is integrated with unplanned care. 	<ul style="list-style-type: none"> Community services review underway across HWE to reduce variation and shift to reporting outcomes and impact to compliment the activity driven data that exists <p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> A comprehensive support programme in place focused on workforce, wound care and diabetes management with the ICT <p>South & West Hertfordshire (SWH)</p> <ul style="list-style-type: none"> Review of workforce and criteria with ENH to understand differences. Ensure like for like comparisons between providers

Autism Spectrum Disorder (ASD) – West Essex

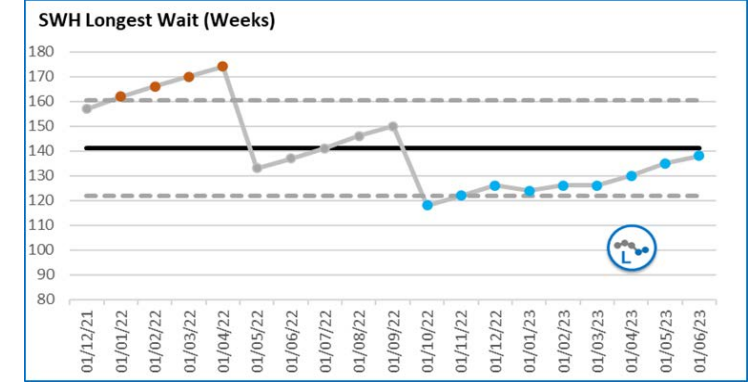
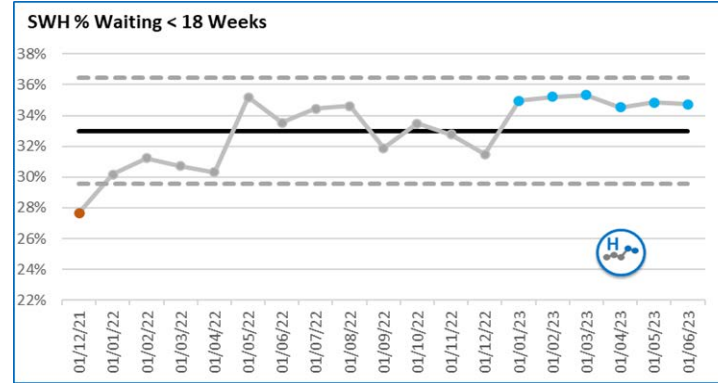
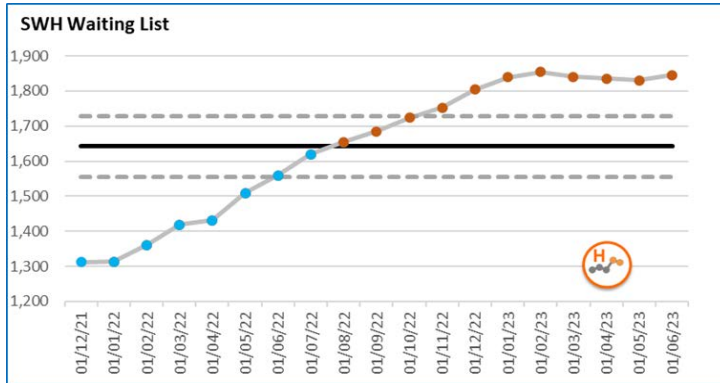
Place	Provider	Age	Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			Latest data
			Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
WE	HCRG	Children	1368	1361	↓	19.81%	21.01%	↑	170	175	↑	June



ICB Area	What the charts tell us	Issues	Actions
West Essex	<ul style="list-style-type: none"> The ASD waiting list showed good improvement following agreement of a recovery plan in late 2022 There has been no further reduction to the waiting list since January and the recovery plan is behind trajectory The % of ASD waiters < 18 weeks has improved for five consecutive months, but remains comparatively low at c.21% Longest waits in the service have improved from a high of 200 weeks, but have been steadily increasing over recent months, and are also behind trajectory. However there are just 3 patients > 155 weeks 	<ul style="list-style-type: none"> Reconciliation of backlog funds against activity to date is estimating current funding to be exhausted by mid-Sep 23, after which waiting lists will return to a growth position Referral rate remains above core commissioned capacity Further 31% projected demand increase by 2026 Prescribing costs have increased by 188% since the start of the contract (17/18), mainly driven by ASD/ADHD medications, creating a £60k cost pressure Outstanding Exec. decision with regard to business case to increase core capacity for sustainable delivery and address prescribing gap 	<ul style="list-style-type: none"> Business case submitted to Exec to increase core capacity for sustainable delivery and address prescribing gap – decision remains outstanding Community Paediatric capacity fully staffed and recruited to at-risk, with additional Associate Specialist doctors focusing on ASD Potential project management support identified for driving forward 'waiting well' workstream, working closely with HCRG Patient level review of 3 patients > 155 weeks requested from HCRG

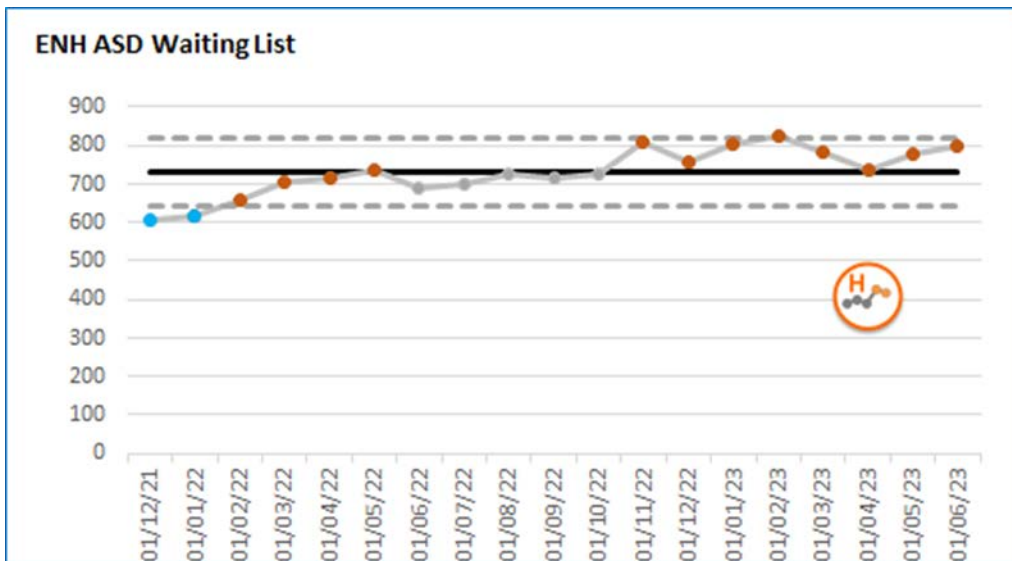
Autism Spectrum Disorder (ASD) – South & West Hertfordshire

Place	Provider	Age	Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			Latest data
			Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
SWH	HCT	Children	1831	1845	↑	34.84%	34.74%	↓	135	138	↑	June



ICB Area	What the charts tell us	Issues	Actions
South & West Herts	<ul style="list-style-type: none"> The overall waiting list is relatively stable following the sharp increase seen during 22/23, but remains notably above the historic mean The % of ASD waiters < 18 weeks fluctuates around a historic mean of c.33% The longest waits have been slowly increasing in recent months, with the longest now at 138 weeks Impact of the increased internal and outsourced capacity for autism assessments seen in the latest local data 	<ul style="list-style-type: none"> Neurodiversity Support Centre (Single Point of Access for parents, carers and professionals) is a pilot with funding ending in Sept 2024. Longer term investment decision required by October 2023 to allow for procurement. Capacity in existing services does not meet demand Further increases in demand predicted 	<ul style="list-style-type: none"> Significant additional diagnostic assessments have been delivered through joint outsourcing to Avenue Therapies Ltd and The Owl Centre Ltd and outsourcing is continuing at pace through The Owl Centre with increased face to face assessments for CYP aged 5 and 6 Additional internal capacity and improved processes In 2023/24 HCT will continue with outsourcing using the remaining funding from the initial business case at £437k Learning Disabilities, Mental Health and Autism Collaborative are continuing to develop support offer for parents, carers, families and CYP with behaviours and / or needs associated with autism and / or ADHD. Currently pilot funding and decisions with regards to long term funding will need to be made EPs allocated to clinics with SLTs for quality check assessments Clinicians have agreed future best practice clinical pathway and model for Hertfordshire and this is due to be reviewed by operational teams to plan staff model and capacity required

Autism Spectrum Disorder (ASD) – East & North Hertfordshire



- In East and North Hertfordshire patients have a first appointment with Community Paediatrics. If the clinician then considers that the patient requires an ASD assessment then they are added to the ASD waiting list.
- Data is available on the waiting times for the first community paediatrics appointments and also for ASD assessments once a patient has been added to the ASD assessment waiting list. However, data is not available for both pathways combined
- The chart opposite shows the trend in the number of patients waiting for an ASD assessment once they have been referred by a community paediatrician
- The table below summarises how long patients on the ASD waiting list have been waiting (as of Jul-23):

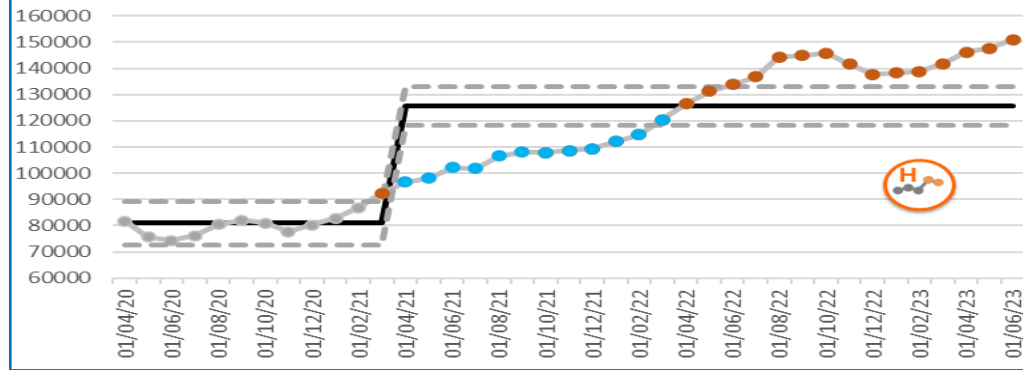
Summary of ENHT ASD assessment waiting list

Waiting list bucket	Number of patients (Jun-23)	Number of patients (Jul-23)
<18 weeks	139	153
18 – 65 weeks	444	344
66 – 78 weeks	64	75
>78 weeks	152	126

ICB Area	What the charts tell us	Issues	Actions
East & North Herts	<ul style="list-style-type: none"> • The ASD waiting list continues to fluctuate between 700 and 800 patients – slightly above the historic mean • Indicative data for July suggests there has been good improvement in the 18-65 week cohort • The waiting list shown above does not include patients who are waiting for their first community paediatrics appointment, even if they have been referred by their GP as query ASD. It only shows patients who have been assessed by a community paediatrician and referred for a detailed ASD assessment 	<ul style="list-style-type: none"> • Data not currently reportable on the same basis as the other two ICB Places • ENHT is currently subject to fortnightly Tier 1 Oversight and Scrutiny meetings for Community Paediatrics with NHSE/I as a result of increasing >78 week waiters • Backlog funding will end December 2023. Without additional investment, waiting lists will return to a position of growth • Further increases in demand predicted • Neurodiversity Support Centre (Single Point of Access for parents, carers and professionals) is a pilot with funding ending in Sept 2024. Longer term investment decision required by October 2023 to allow for procurement 	<ul style="list-style-type: none"> • ENHT and HWE ICS are currently putting in place a recovery plan for the community paediatrics service in ENH. Actions from this plan relating to ASD include: <ul style="list-style-type: none"> • Exploring whether there is an opportunity to outsource additional ASD diagnostic assessments • For those with suspected ASD over age of 7yrs, exploring new pathway direct from primary care to OWL to undertake the assessment from initial appointment to discharge • Learning Disabilities, Mental Health and Autism Collaborative continuing to develop support offer for parents, carers, families and CYP with behaviours and / or needs associated with autism and / or ADHD. Currently pilot funding and decisions with regards to long term funding need to be made • Clinicians have agreed future best practice clinical pathway and model for Hertfordshire. To be reviewed by operational teams to plan staff model and capacity

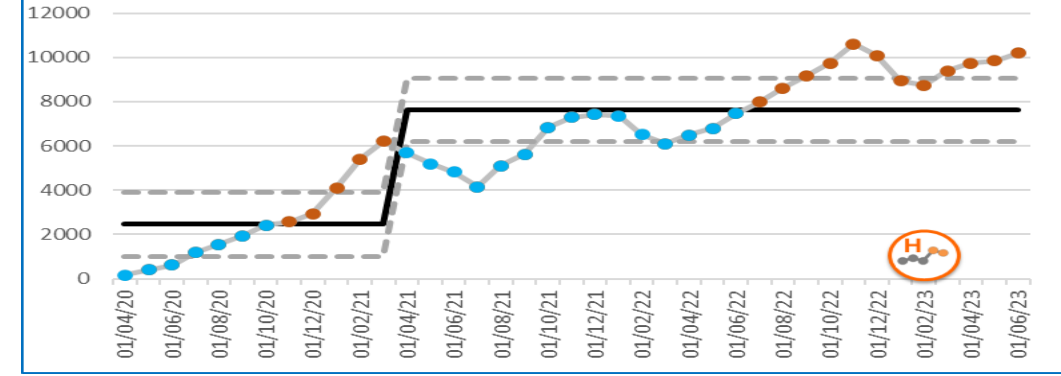
Planned Care – PTL Size and Long Waits

RTT - PTL Size



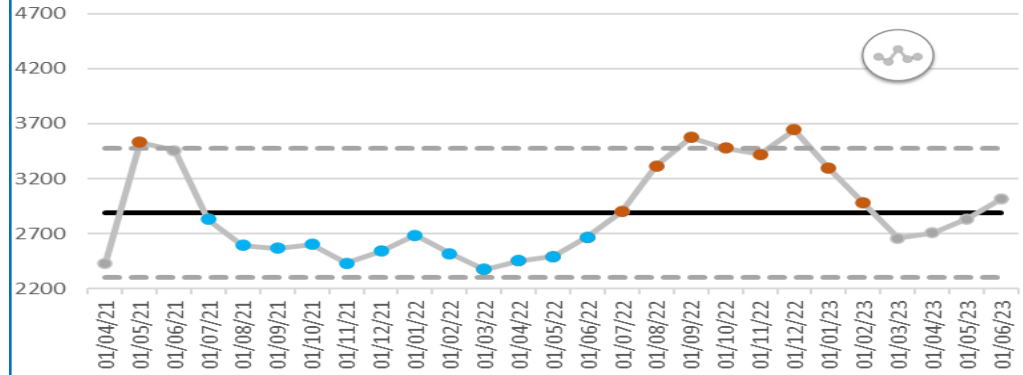
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EAST AND NORTH HERTFORDSHIRE NHS TRUST	51722	49493	46875	45845	46563	46178	43775	40218	42268	43796	45699	48160	50103	52368	51326	54504	54794	54200	53331	49521	48264	47103	49182	51259	52241	51993	55737	59679	58006	59917	60713	60999	60488	61406	61782	62296	62295	63245							
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	15493	13037	13455	13552	13757	18663	19192	19531	20409	21525	22593	24415	25025	25842	27093	27823	28401	28438	28390	28017	30809	36130	40241	45205	49522	53145	54626	55530	57611	60205	59727	53811	49377	50343	50169	52995	56574	57933	60626						
THE PRINCESS ALEXANDRA HOSPITALS NHS TRUST	14584	14057	13944	15012	16310	17274	18029	17927	17479	17493	18642	19863	21297	22126	22654	22796	23706	24827	25359	26196	27081	27688	27444	26157	25780	25862	25287	25579	26759	26623	26287	27093	27172	27408	27247	27012	27372	27523	27137						
ICS	81799	75587	74274	76209	80413	82115	80996	77677	80180	82361	86844	92438	96634	100711	102118	101859	106613	108059	107930	105448	109461	112063	114708	120474	126563	131249	139008	146843	144349	144958	145883	141613	137108	132795	138802	141789	14642	14775	151008						

RTT - 52 Week Waits



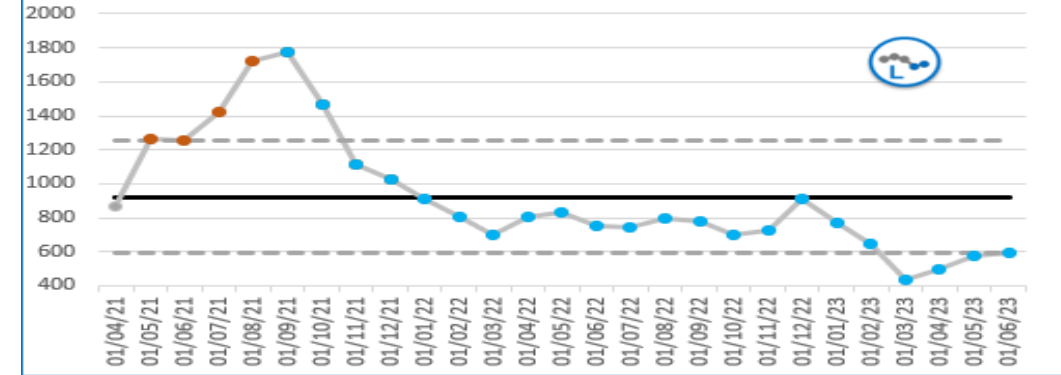
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun																					
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3																					
	200021																								202122												202324											
Other	101	179	891	564	741	917	1021	1068	1197	1577	2004	4082	3740	3182	2782	2578	2447	2441	2394	2296	2321	3348	2853	2868	3033	2496	2412	2648	2532	2437	2533	2570	2728	2691	2641	2782	3133	3318	3109									
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	27	60	140	213	272	363	420	467	657	914	1177	1286	1302	1249	1143	1269	1394	1536	1543	2321	2486	2613	2221	1737	1818	1674	1785	1911	1909	1808	1804	1721	1773	1850	1814	1870	1973	2098	2280									
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	53	135	302	484	669	855	1075	1112	1131	1463	1733	1702	1462	1162	898	789	800	858	878	862	927	1006	1103	1059	1193	1431	1660	1783	2078	2587	3413	4272	3544	2681	2315	2729	2694	2439	2504									
EAST AND NORTH HERTFORDSHIRE NHS TRUST	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	4638	4688	4327	4618	4778	4404	4618	4797	5064	5308	5400									

RTT - 65+ Weeks



	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	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	0	722	673	650	665	719	776	744	715	772	780	685	701	679	739	768	765	745	636	572	636	658	592	549	604	707	816
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	1026	1007	783	578	477	431	399	351	390	437	461	413	459	480	499	480	566	680	719	767	831	819	607	548	495	504	524
EAST AND NORTH HERTFORDSHIRE NHS TRUST	1405	1799	1998	1601	1452	1417	1428	1338	1438	1475	1279	1278	1289	1334	1428	1653	1983	2150	2124	2081	2178	1816	1778	1562	1610	1621	1673

RTT - 78 weeks

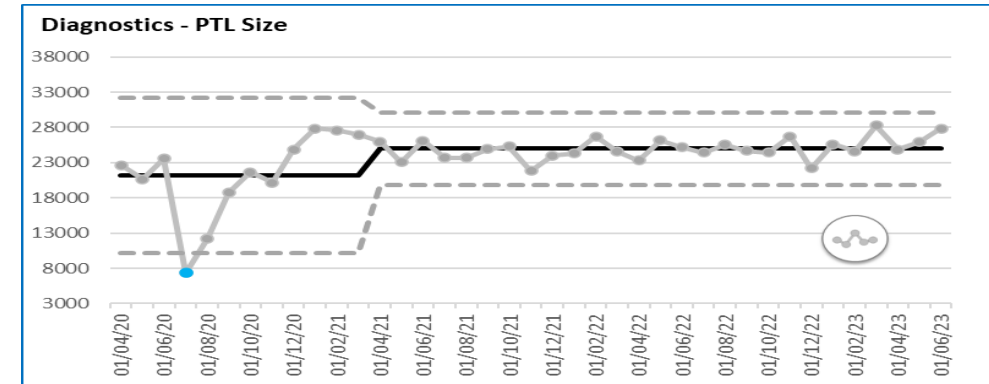
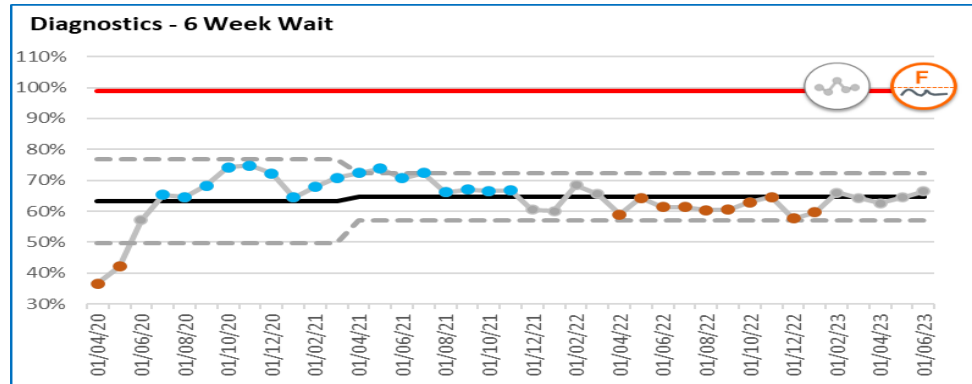


	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	0	231	218	288	378	434	399	325	283	260	243	190	223	266	281	296	248	208	141	108	157	147	95	14	23	37	37
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	353	389	364	388	407	362	271	189	169	162	140	111	144	155	143	133	137	116	92	69	69	69	38	15	11	9	7
EAST AND NORTH HERTFORDSHIRE NHS TRUST	516	646	674	748	940	983	800	598	577	492	420	401	439	408	324	312	407	458	464	548	689	551	516	405	461	532	553

Planned Care – PTL Size and Long Waits

ICB Area	What the charts tell us	Issues	Actions	Mitigation
HWE	<ul style="list-style-type: none"> The overall PTL size has been steadily increasing over the last six months, mainly at WHTH and ENHT, whilst PAH has remained steady. The driver for the growth in the PTL is outpatients. May & June have seen an increased number of patients >78 weeks with ENHT increasing whilst WHTH & PAH have remained steady. The number of patients waiting >65 weeks saw a significant drop between Dec '22 – March '23 however, there has been a steady increase since April, with July reaching similar numbers to February. The number of patients waiting over 52 weeks has seen an increase over the last five months and therefore remains an area of high concern. 	<ul style="list-style-type: none"> Not enough activity is being delivered to manage the backlog effectively Staffing remains a challenge, particularly Anaesthetics & Community Paediatrics at ENHT ENHT 78 week waits is primarily in Community Paediatrics Trauma and Orthopaedics and Community Paediatrics remain the main areas of pressure The impact of on-going industrial action is seen in the increasing waiting lists although Trusts are managing the IA well The continued industrial action has impacted the 78ww trajectory; the forecast for the end of August (as of 23/8) is 718 for the system (ENHT 655 / WHTH 7 / PAH 54 / HCT 1 / ISP 1) 	<p>Management of waiting lists:</p> <ul style="list-style-type: none"> System focus on reducing number of patients waiting >78 weeks and >65 weeks, with regional and national oversight Demand, capacity & recovery plans are in place to monitor 78 & 65 weeks Weekly KLOEs in place with NHSE to track 104/78/65 week position Fortnightly performance meetings with each of the three acute Trusts are in place with NHSE support (ENHT remains Tier 1 for elective recovery) Validation and robust PTL management in place <p>Increasing Capacity and Improving productivity:</p> <ul style="list-style-type: none"> Pro-active identification of pressured specialties with mutual aid sought via local, regional & national processes Outpatients has a full programme of work to increase productivity including PIFU (patient initiated follow up), reducing follow ups including discharging where appropriate, and increasing take up of advice & guidance Maximising use of ISP capacity and WLIs where possible Theatre Utilisation Programmes in place including an ICB wide programme Anaesthetist recruitment Three accelerated pilot schemes identified to reduce community paediatrics waits in ENHT: 1) ENHT ADHD diagnosis and ongoing management combined with HPFT to form a single Hertfordshire service, 2) Implement primary care-led ADHD follow-up service for ENH patients and 3) explore if the Owl Centre (non consultant led ASD diagnostic service) can provide 200 additional ASD diagnostic assessments under the current procurement up until March 2024 	<ul style="list-style-type: none"> Actions delivering overall reductions to 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 System wide Community Paediatrics plan in development

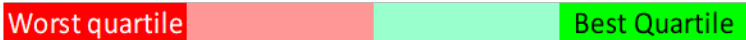
Planned Care – Diagnostics



APRIL 2020: 35.0%, MAY 2020: 38.0%, JUNE 2020: 40.0%, JULY 2020: 42.0%, AUGUST 2020: 45.0%, SEPTEMBER 2020: 48.0%, OCTOBER 2020: 50.0%, NOVEMBER 2020: 52.0%, DECEMBER 2020: 55.0%, JANUARY 2021: 58.0%, FEBRUARY 2021: 60.0%, MARCH 2021: 62.0%, APRIL 2021: 65.0%, MAY 2021: 68.0%, JUNE 2021: 70.0%, JULY 2021: 72.0%, AUGUST 2021: 75.0%, SEPTEMBER 2021: 78.0%, OCTOBER 2021: 80.0%, NOVEMBER 2021: 82.0%, DECEMBER 2021: 85.0%, JANUARY 2022: 88.0%, FEBRUARY 2022: 90.0%, MARCH 2022: 92.0%, APRIL 2022: 95.0%, MAY 2022: 98.0%, JUNE 2022: 100.0%, JULY 2022: 102.0%, AUGUST 2022: 105.0%, SEPTEMBER 2022: 108.0%, OCTOBER 2022: 110.0%, NOVEMBER 2022: 112.0%, DECEMBER 2022: 115.0%, JANUARY 2023: 118.0%, FEBRUARY 2023: 120.0%, MARCH 2023: 122.0%, APRIL 2023: 125.0%, MAY 2023: 128.0%, JUNE 2023: 130.0%

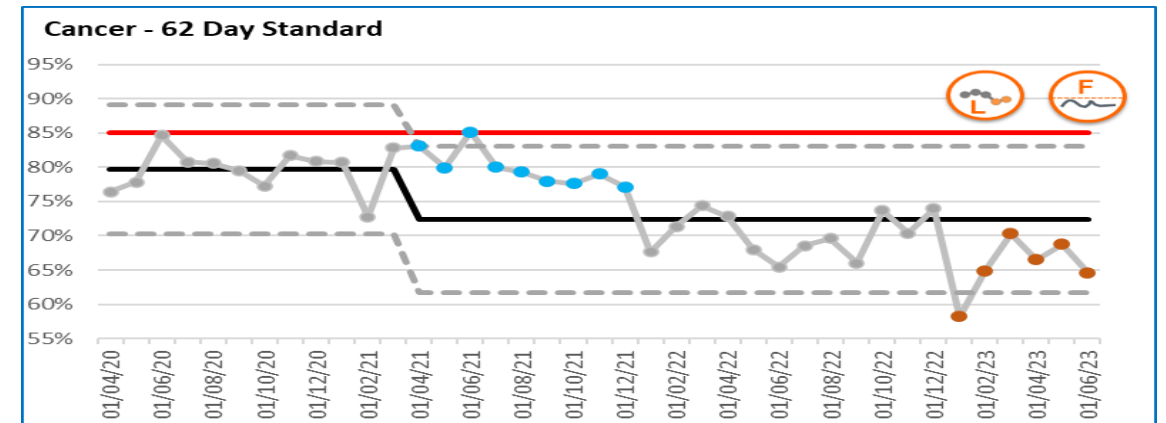
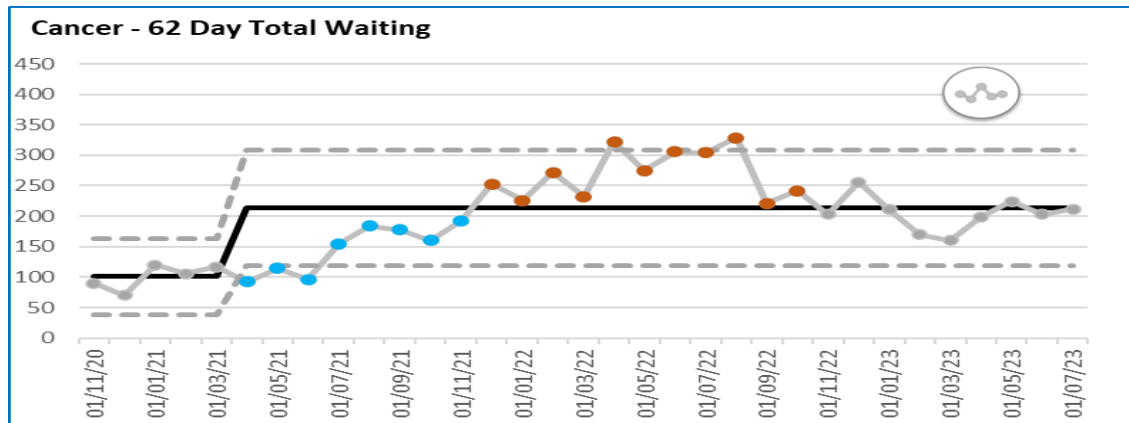
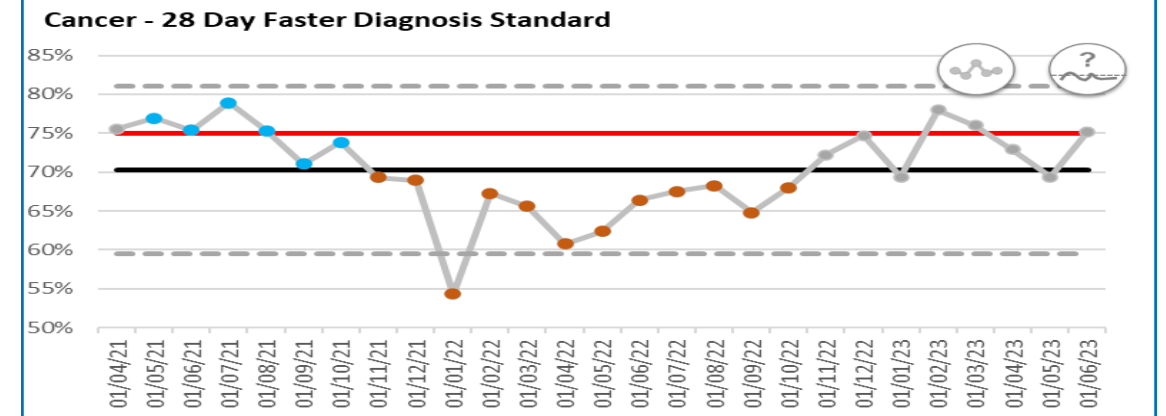
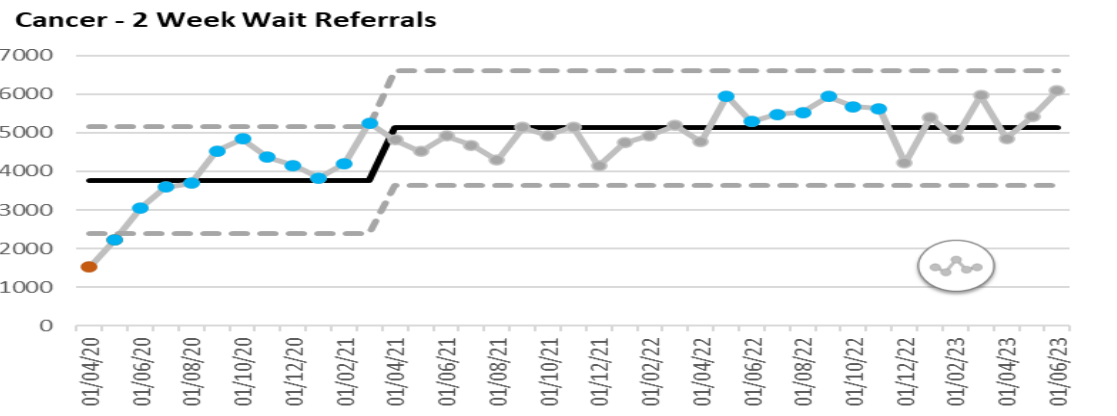
ICB Area	What the charts tell us	Issues (DM01 figures given are % of patients waiting over 6 weeks, June data)	Actions	Mitigation
HWEICB	<ul style="list-style-type: none"> 6 week wait performance across the system improved by 3.8% between April and June Performance improved at all three acute trusts Demand continues to increase, but the overall PTL remains within common cause variation limits 	<ul style="list-style-type: none"> Workforce remains the key area of concern DEXA continues to be a key risk area at ENHT and WHTH; this is mainly a staffing issue, but also WHTH has a scanner down awaiting a part. DM01 is 74.2% across both MRI (51.2%) & CT (44.1%) performance at ENHT remains challenged Audiology (82%) and Endoscopy (37.9%) (esp. Cystoscopy) are the key challenges at PAH PAH have had issues covering a staffing gap for Echos which has impacted waiting times WHTH is challenged around Echos (62.4%) and Audiology (63%) 	<ul style="list-style-type: none"> DEXA has been escalated to the Imaging Network (IN) and NHSE for additional support Funding has been approved for an imaging network DEXA practice educator to support training of staff WHTH are looking to outsource to a 2nd provider, but they are awaiting CQC registration. Also looking at mutual aid to support WHTH during repair to scanner. ENHT CDC DEXA performance has improved PAH Audiology – have had funding approved from NHSE for additional CDC activity that they will use for an insourcing provider Revised WHTH Endoscopy bid approved. Need to resolve an issue with the capital profile New QEII CDC is live for all modalities and they are expecting to recover activity for any under performing modalities. A number of imaging modalities are also over performing, although this may not be sustained as no guarantee of funding from NHSE for overperformance WHTH have had funding approved for a Care Navigator role to support Endoscopy, but also working closely with other modalities such as Radiology CDC Pathway funding approved for breathlessness funding (PAH), Urology (WHTH) and Telederm (System) 	<ul style="list-style-type: none"> Continued use of insourcing / outsourcing where funding permits Use of mutual aid Use of telephone assessments being trialled Validation of lists Workforce paper presented to Workforce Supply Committee Continue to apply for NHSE funding opportunities

Planned Care – Theatre Utilisation

Theatres	ENH	PAH	W Herts
Number of cases*	315	78	273
Average cases per 4 hour session*	2.4	1.8	2.0
Utilisation - Capped	87.5%	76.9%	72.5%
Average late starts (Minutes)†	22	37	35
Average inter case downtime (Minutes)	15	12	14
Average early finish (Minutes)†	58	55	95
Average unplanned extensions (Minutes)†	51	30	129
% Emergency cases on elective lists *	2.5%	0.0%	1.5%
BADS Day Case	85.1%	75.2%	74.2%
Conversion from day case to inpatient	7.0%	17.0%	12.0%
* no national target			
† where list started late / finished early /extended time			

ICB Area	What the charts tell us	Issues	Actions
HWEICB	<ul style="list-style-type: none"> Comparison of Model Health System theatre utilisation data presentation supplied by NHSE (July 23) Theatre data w/e 2.7.23 for ENHT and WHTH, and w/e18.6.23 for PAH Day case metrics Jan-March 23 	<p>Potential areas for review of action identified in NHSE slides:</p> <ul style="list-style-type: none"> ENH – high emergency surgery rate in general surgery (10.4%) and Gynaecology (6.3%) PAH – consistently high conversion from day case to inpatient rate (44%), alongside a low day case rate (38%) WH – lower efficiency and increased emergency surgery rate on Watford site 	<p>GIRFT High Value Low Complexity Targets (HVLC):</p> <ol style="list-style-type: none"> Theatres Capped Touch time Utilisation = 85% BADS Day Case Rates = 85% <ul style="list-style-type: none"> A series of reviews of DQ issues and solutions have taken place with Trusts through the GIRFT theatre programme team Learning session to be planned for the Autumn to allow Trusts to share areas of good practice and look at challenges

Cancer



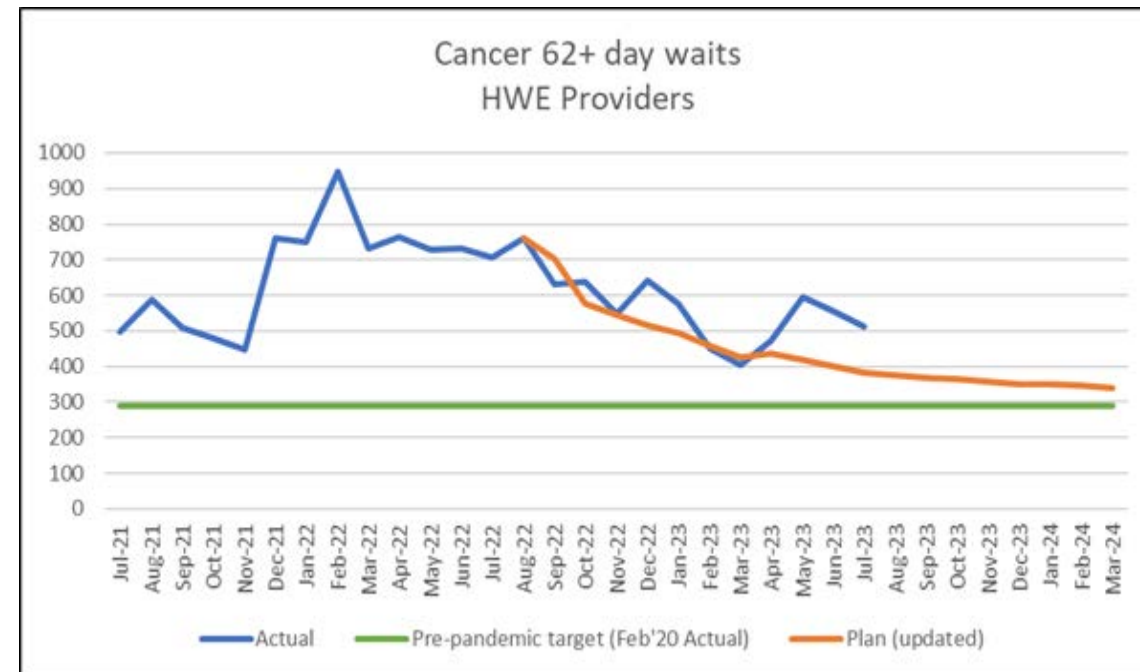
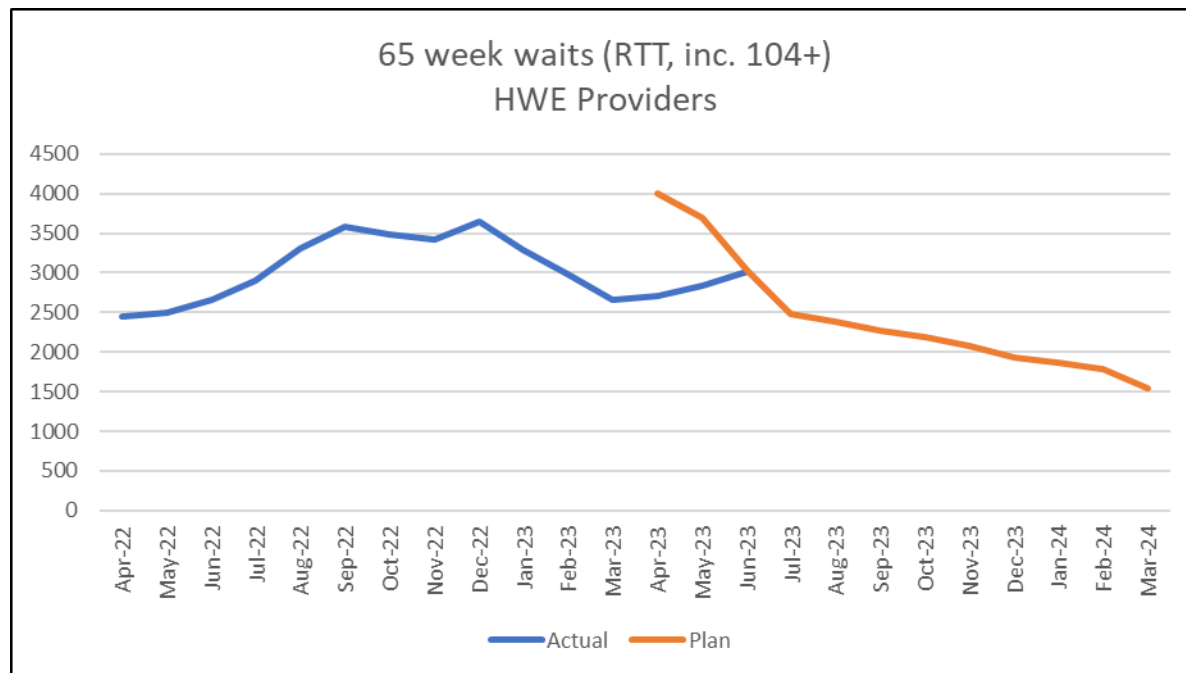
	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	73	76	96	105	79	83	109	88	132	179	130	128	129	331	347	374	307	261	297	297	277
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	129	118	200	187	127	107	141	161	212	224	201	190	127	175	176	303	194	182	156	128	125
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	329

	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	Oct-22	Nov-22	Dec-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%	69.7%	71.5%	71.7%	77.4%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	81.3%	79.8%	81.4%	82.1%	77.8%	77.7%	71.9%	64.7%	47.0%	59.2%	54.6%	51.3%	57.7%	55.6%	60.3%	60.2%	57.8%	63.2%	71.5%	72.7%	65.8%
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%	68.3%	70.4%	73.7%	74.5%
ICS	75.6%	76.5%	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%	64.8%	68.0%	72.2%	74.7%

Cancer

ICB Area	What the charts tell us	Issues	Actions	Mitigation
ICB	<ul style="list-style-type: none"> 2week wait referrals increased sharply in both May and June 28 day Faster Diagnosis Standard performance declined in May but improved in June, in line with target Performance stabilised for the number of patients waiting >62 days, in June and July Performance against the 62 day standard remains below standard with the treatment of the longest waiting patients, which although improved slightly in June, declined again July, showing an overall declining pattern 	<p>ENHT</p> <ul style="list-style-type: none"> Theatre capacity for skin and breast has been challenging and has impacted the performance for the 31 day subsequent treatments for surgery Radiographer staffing vacancies and delayed replacement of linac machines have impacted the 31 day subsequent radiotherapy performance 62 day treatment performance is being impacted by colonoscopy capacity, TP biopsy capacity and breast radiology delays High, and variable, weekly volumes of 2WW referrals <p>WHTH</p> <ul style="list-style-type: none"> Increase in demand and insufficient capacity for diagnostics, across both services and clinical support (histopathology particularly) Dermatology particularly challenged Although cancer patients were prioritised during the recent industrial action, overall capacity was compromised <p>PAH</p> <ul style="list-style-type: none"> Urology and Lower GI capacity and workforce. These two services hold 75% of the total backlog 	<p>ENHT</p> <ul style="list-style-type: none"> Additional WLI agreed to cover backlog in skin and breast surgeries Additional radiographers have been recruited and it is expected that the 31 day subsequent radiotherapy performance will recover by September. Doing additional Saturday lists in the meantime Locum radiologist appointed which has enabled breast one stop service to be offered again ICB and ENHT have conducted a review of 2WW referral trends but no significant findings <p>WHTH</p> <ul style="list-style-type: none"> Breast Pain pathway set to ‘go live’ September 2023 Work to improve the gynae urgent cancer referral form has begun, aimed at improving the quality of referrals and ensuring pre referral investigations are completed. Plans to re-review the Urology and Dermatology forms Patients tracked bi-weekly, escalation process in place and weekly huddle meetings for each tumour type to ensure early sight of issues and improve communication Performance reviewed in weekly Access meetings. All services are working on improvements Patient-level scrutiny for all long waiters during the weekly Cancer Long Waiters’ meeting has resulted in a reduction in long waiters. Long Waiters Reviews now beginning at 40 days across all specialties Plans in place for every patient >100 – service and clinical lead for each service to own these plans and will be monitored against these separately to reduce this number <p>PAH</p> <ul style="list-style-type: none"> PAH 62 day backlog has significantly improved during June, July and August. As of 20/8/23 the gap to year end plan is 44 patients Majority of theatre lists, outpatients and MDTs maintained during industrial action Prioritisation and rebooking of the small number cancelled Urology and Lower GI recruitment underway following receipt of Cancer Alliance funding MDT tracker / coordinator recruitment - full establishment once final recruit starts 2/10/23 Super PTL days is in place to target booking and validation on a service by service basis Ongoing demand / capacity / planning analysis across all tumour sites and diagnostics 	<p>ENHT</p> <ul style="list-style-type: none"> Additional case per list being added to TP biopsy lists Additional colonoscopy capacity is being sought from the independent sector Seeking funding to replace obsolete LINAC machines which are less reliable than newer models <p>WHTH</p> <ul style="list-style-type: none"> All patients who are treated after Day 62 will be subject to a Clinical Harm Review Clinical review is requested by MDT trackers as they track patients and escalated as necessary using new escalation process. Any patient found to have cancer will be subject to a clinical harm review after treatment The Dermatology service are putting on additional clinics where possible and seeking to increase the workforce to address the issues. Referrals are being reviewed as they come in to ensure that those clinically urgent are prioritised and not delayed <p>PAH</p> <ul style="list-style-type: none"> System support and oversight in place, with Cancer Alliance & NHSE attendance Cancer “Real-time” Harm Review process Safety netting in place to review any patient cohorts remaining on PTL inappropriately

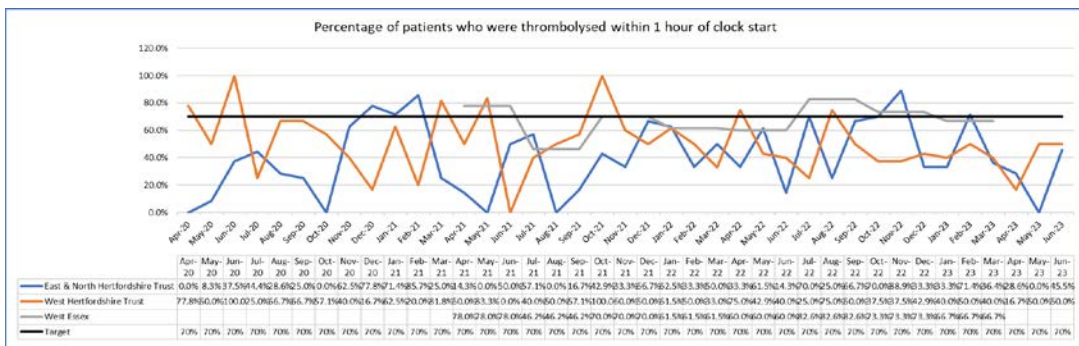
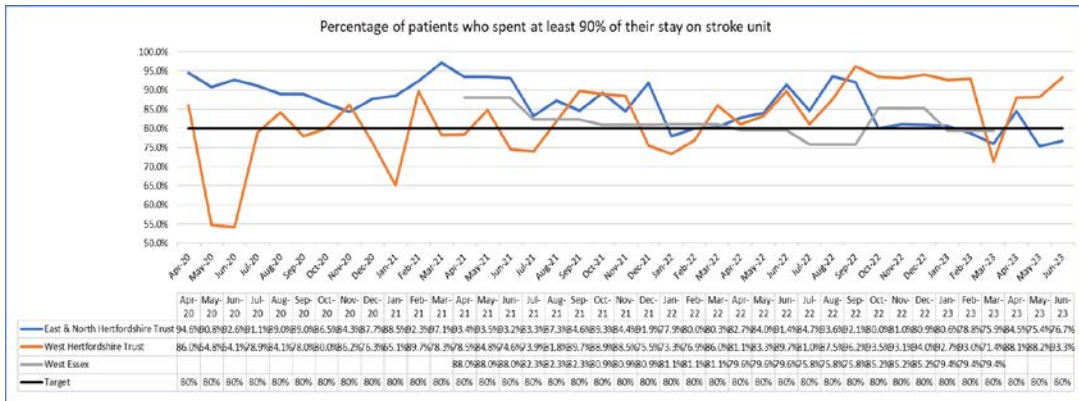
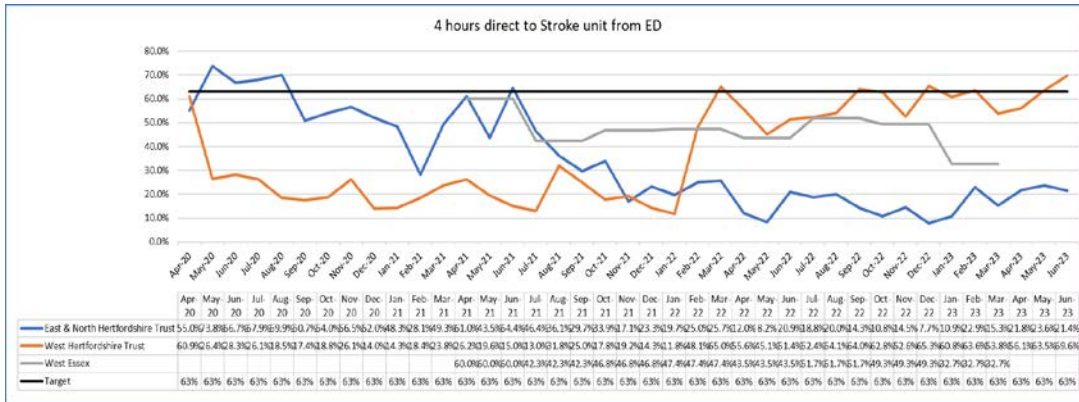
Performance v. 23/24 Operational Plans



ICB Issues and escalations

- 65 week and 62 day cancer recovery continues to be impacted by the ongoing Junior Doctor and Consultant Industrial Action
- 65 week backlog recovery was just on plan in June, but will be off trajectory from July. As of 13th August the latest unvalidated position is 3278
- Cancer 62 day backlogs improved in June and July but are not meeting trajectory. As of 13th August, the latest unvalidated 62 day backlog is 496

Stroke



ICB Issues, escalation and next steps

West Essex: Barking, Havering and Redbridge Trust (BHRT) is the main provider of Stroke for WE patients, reported quarterly via SSNAP. BHRT overall 22/23 Q4 SSNAP rating is C. At the time of writing 23/24 Q1 is yet to be published

- Pre-hospital Stroke Video Assessment pilot: Ambulance crews suspecting a stroke can call a consultant directly via ipad to support the most appropriate / timely next steps. Project evaluation due August 23
- Stroke Association contract extended to March 25 to allow for broader review across HWE and alignment of contracts
- ICB Squire bid £13K, 0.2wte successful for CLCH and HCT nominated staff to complete a gap analysis of community across the ICB. Work being progressed through NHSE led Task & Finish groups
- Catalyst funding bid £183K successful to pilot the implementation of vocational rehab. EPUT are the lead provider across the ICB. Final specification of the service to be worked through with the staff recruited

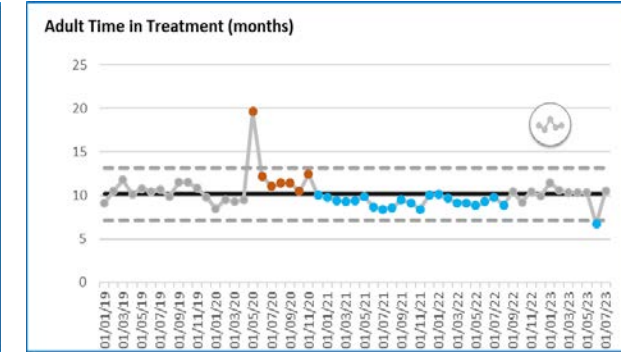
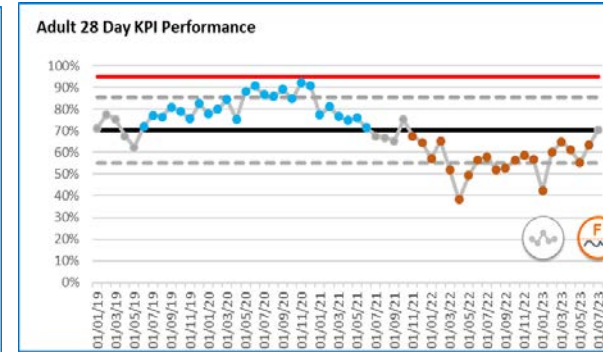
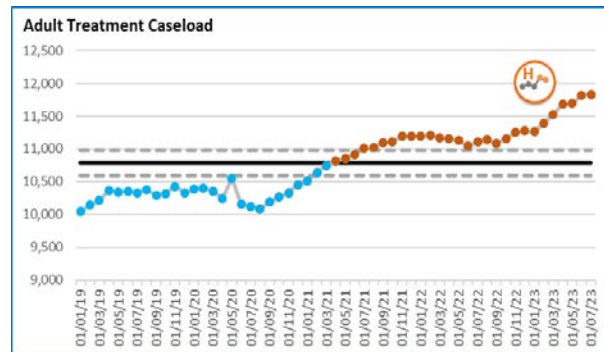
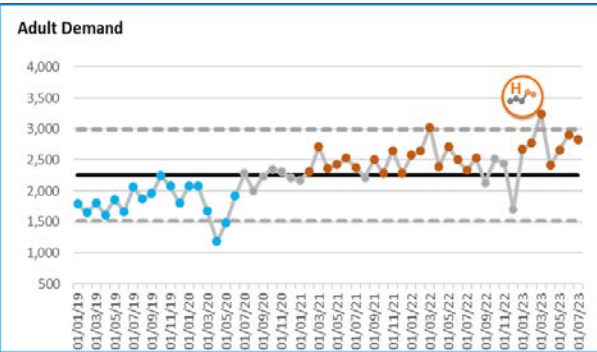
ENH

- The ENHT SSNAP performance for Q4 FY2223 remained as a D rating
- In Jun-23, 76.7% of stroke patients at ENHT spent 90% of their stay on a stroke unit. This is below the national standard of 80%. Four ring-fenced stroke beds remain in place
- In Jun-23, only 21.4% of patients met the 4 hours direct to stroke unit from ED target. To address this, out-of-hours medical clerking has been strengthened with allocated support from the medical on call team. In hours, subject to bed capacity, patients are taken direct from ED to the stroke unit and clerking takes place on the ward by Stroke on-call team.
- In Jun-23, 45.5% of eligible patients were thrombolysed within 1 hour of arrival in ED. EEAST and the stroke team are working to improve communication to support crews on site and awareness of patients attending ED. Specific roles have been implemented to improve the thrombolysis pathway across ED and Stroke
- There are ongoing challenges with the percentage of patients seen by a dietician. Escalation process are being followed and an action plan has been developed to improve performance

S&W Herts

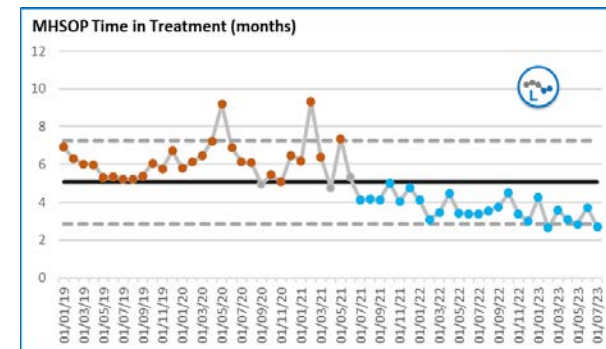
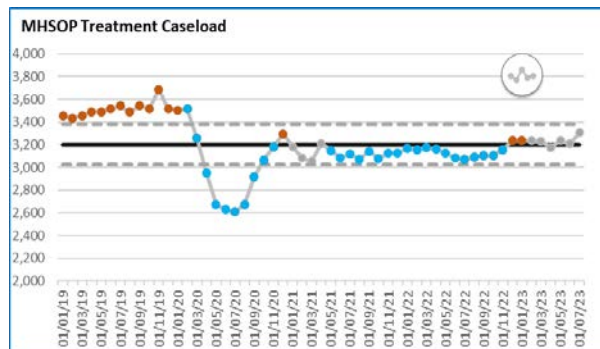
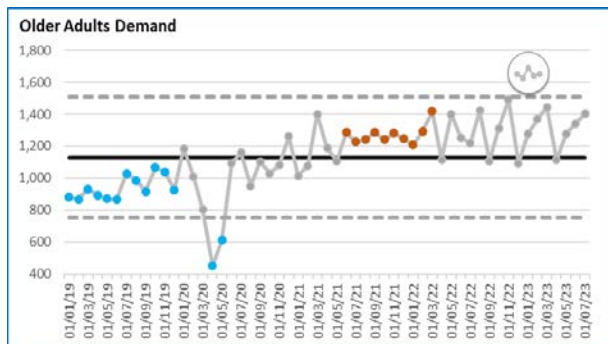
- SSNAP performance is at WHHT is at a B rating (22/23 Q4) which is attributed to continued pressures on the system as a whole, ongoing the therapy workforce
- The % thrombolysed within 1 hour of clock start not meeting the one-hour target is most often due to delays in telemedicine/out of hours consultation or the need for CT perfusion
- Performance remains below standard (90%) at for 4 hours direct to stroke unit from ED. Although above the local WHHT standard of 60% and reflects a sustained return to pre covid performance. Patients receive stroke consultant input for their care while waiting for admission to the stroke unit
- ESD performance continues to be impacted by increased referrals and workforce issues, current wait times for ESD is around 14 days. Patients are contacted on referral, assessed, prioritised, and informed about how to access alternative support and self-manage while they are waiting to be seen
- Rehabilitation Gym in WHHT continues to be used as a bed occupancy surge area, which impacts gym usage which impacts on patient dependency along the whole pathway
- New Nurse Consultant post to be introduced as Medical Consultant vacancies remain. (1.5WTE vacant)
- Trust NOSIP (National Optimal Stroke Imaging Pathway) action plan in place overseen by the ISDN NOSIP Team, aimed at improving access to scanning and efficiency in reporting

Mental Health – Adult Services



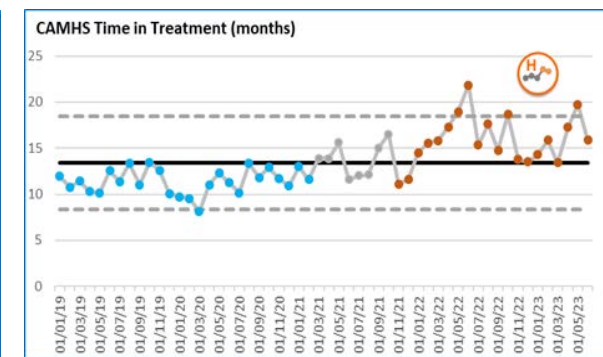
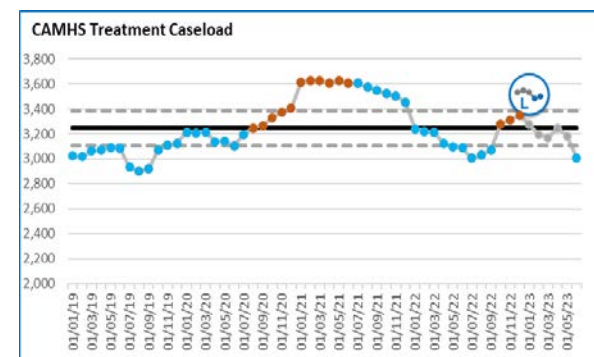
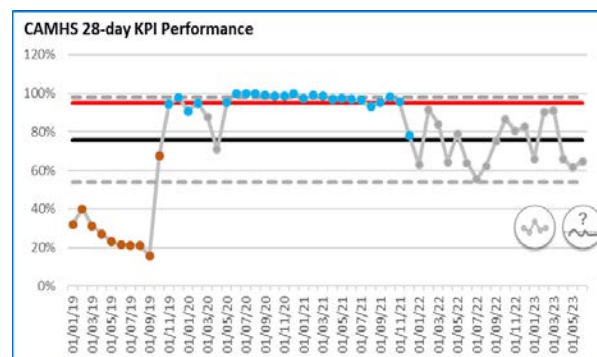
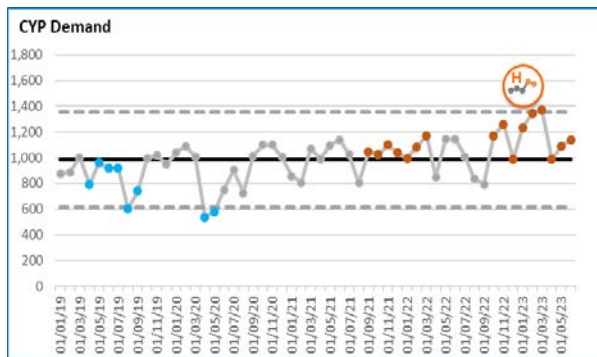
ICB Area	What the charts tell us	Issues	Actions	Mitigation
Adult Community Mental Health Services Herts & West Essex	<p>Referral demand remains high across the ICS.</p> <p>The caseload in community services continues to increase in Herts but remains stable in West Essex.</p> <p>The time it takes from referral to assessment has increased in line with high referral volumes and caseloads in Herts. The target for carrying out initial assessments within 28 days of referral is not met; delayed recovery in southwest herts due to continued difficulties in recruitment.</p> <p>EPUT continue to meet the 28 day target.</p> <p>Overall time spent on treatment pathways remains stable.</p>	<p>Across the ICS, sustained high demand continues, impacting on waiting lists for initial assessments in Herts.</p> <p>Despite good recovery in other parts of Herts, recovery in southwest quadrant is delayed due to significant issues in recruiting to vacancies and increased demand.</p> <p>Increased referrals for adult ADHD diagnosis impacting on capacity which is a recognised trend across the NHS.</p>	<p>Additional assessments slots being provided weekly, including out of hours clinics. Continue to use agency resources to improve capacity.</p> <p>Recruitment deep dive into areas most challenged with access.</p> <p>Additional admin support to community MH teams in Herts.</p> <p>Demand and capacity review being undertaken in Herts as part of the community transformation programme. ADHD review is ongoing with commissioners with a view to provide a proposal to address increased demand.</p> <p>HPFT is implementing digital solution to support initial assessments.</p> <p>Focus on effective and efficient triage to increase the numbers of people being signposted to more appropriate services from SPA, rather than being signposted following initial assessment.</p> <p>Deep dive informed by CQI principles into key drivers and actions for Southwest ACMHS to recover and improve within 6 months.</p>	<p>Robust waiting list management and risk management protocols in place with daily and weekly reviews.</p> <p>Recovery of performance in the Herts southwest quadrant is expected in Quarter 3, however, increased referrals and ability to recruit to vacancies present a risk to recovery.</p>

Mental Health – Older Adults Services



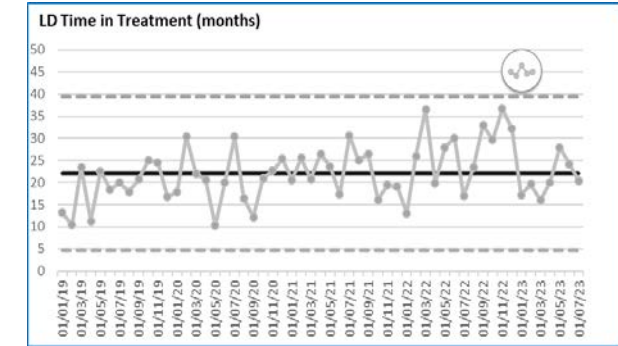
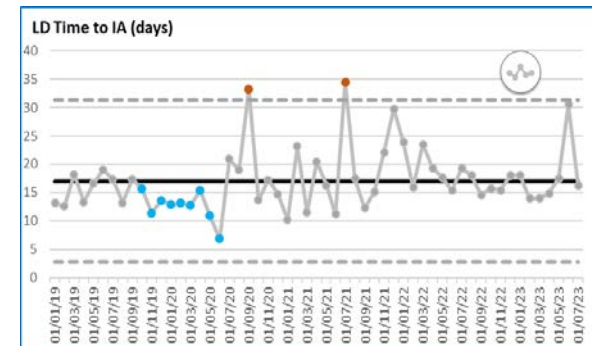
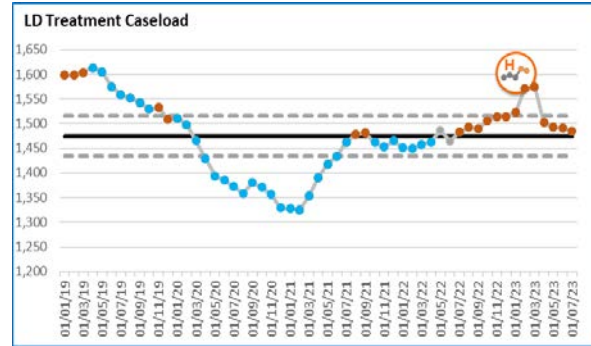
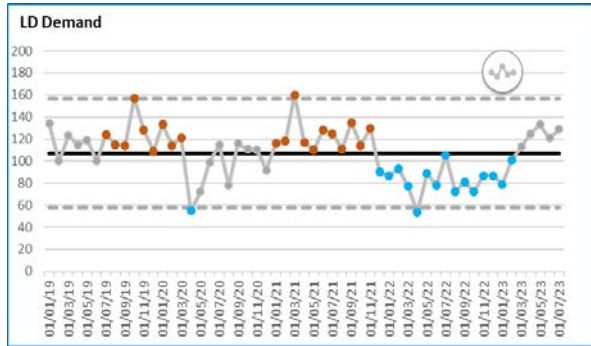
ICB Area	What the charts tell us	Issues	Actions	Mitigation
Older Adult Community Mental Health Services	Demand has stabilised for a number of months at a higher level across the ICS, however random variation continues.	In Herts pressure from the backlog of diagnosis continues.	A recovery plan remains in place in Herts, which includes providing additional clinic appointments and primary care diagnoses from nurses.	Risk review and prioritisation for service users who have been waiting.
Herts & West Essex	<p>Caseloads continue to be stable.</p> <p>Hertfordshire performance against providing a diagnosis within 12 weeks referral remains below target in Herts, but performance has improved significantly.</p> <p>Overall time spent on treatment pathways has improved.</p> <p>West Essex continues to meet 6 week to dementia diagnosis appointment ambition. in addition to early identification via the new Mild Cognitive Impairment (MCI) pathway.</p>	<p>Recruitment to vacancies continues to be a significant issue across the ICS.</p> <p>In Herts demand for dementia diagnosis remains high. There is still a significant waiting list for dementia diagnosis but it is gradually decreasing in line with the recovery trajectory.</p>	<p>MD led recovery programme continues with fortnightly planning meetings in Herts and weekly reports on progress.</p> <p>A primary care transformation plan is underway to diagnose more people in primary care in Herts. This will go through the coproduction board and the dementia strategy workstream.</p>	<p>Additional clinics for evening and weekends to improve waiting times.</p>

Mental Health – CAMHS Services



ICB Area	What the charts tell us	Issues	Actions	Mitigation
<p>CAMHS</p> <p>Herts and West Essex.</p> <p>The CAMHS 28 day KPI Performance target relates to Herts only</p>	<p>CAMHS referrals received into the Single Point of Access (SPA) were high at the end of 2022/23, and although a reduction was seen in April demand remains significant.</p> <p>28 days from referral to initial assessment target in Herts remains below target. Although West Essex does not have a KPI for 28 day, this is being monitored in contract management meetings.</p> <p>Treatment caseloads show early signs of improvement and time in treatment continues to remain high.</p>	<p>Some services in West Essex & Hertfordshire have seen unexpected demand (e.g. Specialist CAMHS ED, Crisis, and Children Looked After) in recent months. Although these have now recovered.</p> <p>Active issue regarding recruitment to vacancies across Herts and West Essex impacting on capacity and performance.</p> <p>There has been successful recruitment in West Essex CAMHS, but will take time for the post to start and embed within the service to have an impact. Service remains under business continuity.</p> <p>East quadrant in Herts continues to have significant vacancies impacting on performance which is an area of focus.</p>	<p>Ongoing focus on recruitment and retention in both HPFT/NELFT, including recruitment incentives in NELFT.</p> <p>Weekly recovery meeting led by MD in Herts to monitor East and Southwest Quadrant progress, including cover and replacement for current vacancies and job planning for individual care professionals.</p>	<p>SPA Triage Tool improved to meet 5 day pass on to teams target in Herts.</p> <p>Ongoing job planning in all quadrants to ensure qualitative approach in Herts.</p> <p>Caseload and resource management across quadrants to support areas under pressure in Herts.</p> <p>Hertfordshire recovery for referral to assessment times to 28 days expected at the end of Q4 2023/24. However the ability to recruit to vacancies continues to present a risk to recovery.</p> <p>West Essex business continuity arrangements are expected to be lifted following recruitment to senior clinical roles.</p>

Mental Health – Learning Disabilities Services



ICB Area	What the charts tell us	Issues	Actions	Mitigation
<p>Learning Disabilities Service</p> <p>Herts and West Essex for demand and caseload</p> <p>LD services are 18+ years and includes those with a learning disability who may have a diagnosis of Autism</p>	<p>Referrals remain stable, and caseloads are reducing following a spike last winter.</p> <p>Service Users are seen consistently within 28 days of referral.</p> <p>As part of the North Essex services which includes west Essex – 97.3% of patients started treatment within 18 weeks.</p> <p>Time in treatment is subject to common cause variance. Within the LD&F Care Group there is a wide range of treatment times ranging from many years to a few days.</p>	<p>Frailty is a very clear area of focus, particularly on interactions between mental and physical health needs for our LD care group and the associated reasonable adjustments based on the outcome of LeDeR reviews and find.</p> <p>Quality of annual health checks needs ongoing improvements including having consistent health actions plans for adequate follow up.</p> <p>Increase in referrals to LD services for adults in Q1 – Essex Wide. June saw 26 referrals compared to 10 received in April – although 5 related to West Essex and nearly half being North East Essex, the referral numbers from other areas impacts on services overall.</p>	<p>Service user and carer engagement and involvement programme continues aimed at improving care planning, service delivery and outcomes for LD service users across Herts and Essex.</p> <p>Enhanced physical health clinics, health co-ordination.</p> <p>Increased working relations with primary care leads to support GP practices with annual health checks.</p> <p>Review of Essex services with system partners across all age and identify wider impact at place.</p>	<p>Continuing work with commissioners to ensure that GPs are aware and know how to refer directly into LD services.</p>

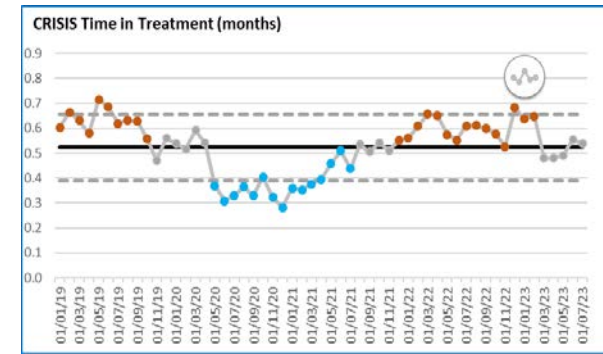
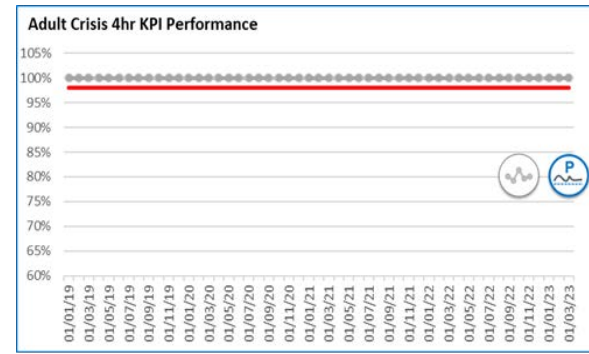
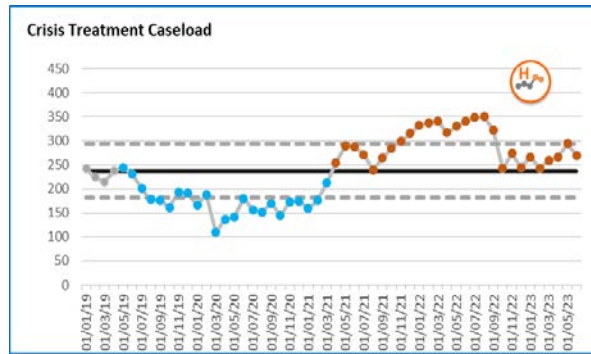
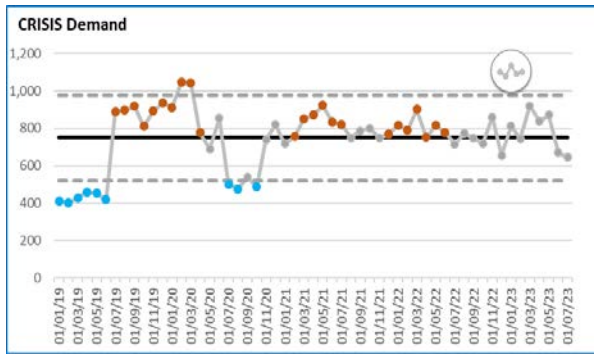
Mental Health – Learning Disability (LD) Health Checks

LD Health Checks June 2023	Total LD Register (age 14+)	Completed health checks	Health Checks Declined	Patients NOT had a health check	% Completed health checks *	Comparison to June 2022
NHS Hertfordshire and West Essex ICB	7,351	728	19	6,604	9.9%	11.6%
East & North Hertfordshire	3,026	335	9	2,682	11.1%	13.4%
South & West Hertfordshire	3,254	271	6	2,977	8.3%	9.9%
West Essex	1,071	122	4	945	11.4%	11.5%

*** 75% Year End Target**

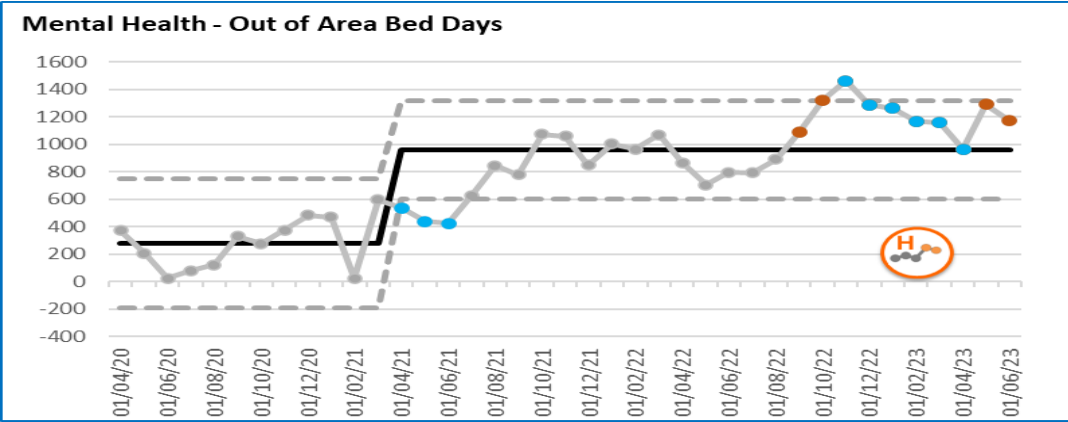
- It is challenging to forecast end of year performance against the 75% LD Health Checks standard, as a large proportion of health checks are carried out towards the end of the year, and particularly in Quarter 4
- At June 2023, all three Places are slightly behind their equivalent 2022 positions

Mental Health – Crisis Services

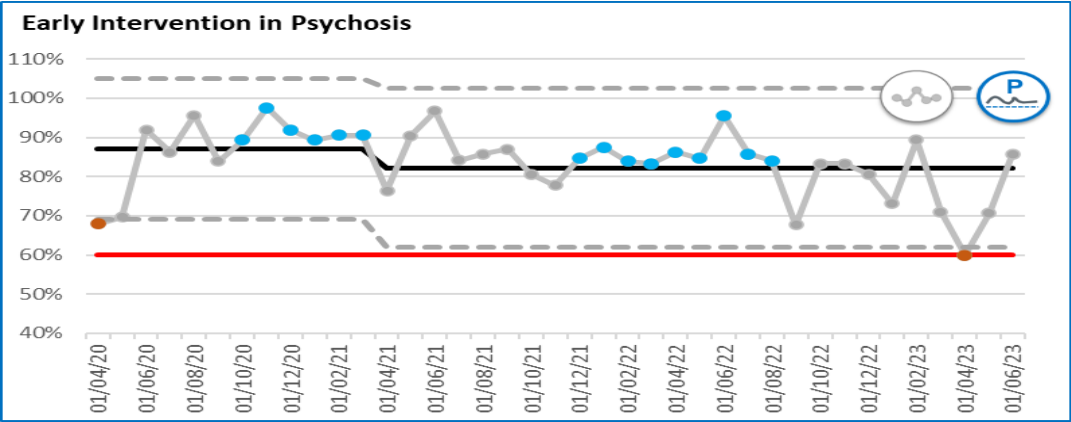


ICB Area	What the charts tell us	Issues	Actions	Mitigation
<p>Crisis Services – Adults and Older Adults</p> <p>West Essex data included in Demand and Time in Treatment charts only chart only. Addition of the remaining data is being worked on</p>	<p>Crisis demand remains high against historical baselines, but remains stable.</p> <p>Caseloads are now stabilising, but remain higher than historical levels.</p> <p>May and June performance on 4 hour waiting time standard is not available whilst the service migrates from manual recording to electronic recording against the new national 4 hour and 24 hour waiting time standards.</p> <p>The average time under caseload management in the Crisis and Home Treatment Team is 1 month.</p>	<p>Recruitment to vacancies continues to be a significant issue across the ICS.</p> <p>HPFT Crisis teams are currently using manual process for recording and reporting against the contractual four-hour response target.</p> <p>Last reporting above is from March 23. The service is migrating to electronic recording and reporting of the activity in line with the new 4 hour and 24 hour waiting time standards. Reporting will resume with August data.</p> <p>Increasing footfall into PAH ED for those in MH crisis (both Herts and Essex residents), however usage of West Essex 24/7 crisis line has dipped.</p>	<p>Ongoing focus on recruitment to vacancies and retention of existing staff.</p> <p>Development and implementation of a digital solution in HPFT to improve efficiency and quality of the reporting against the new waiting time standards.</p> <p>Review of community mental health caseloads to improve flow.</p> <p>ICB wide communications piece to be developed to promote 24/7 crisis lines (through NHS 111 for public and dedicated professionals lines).</p>	<p>Continue to identify DTCs on crisis caseload.</p> <p>Ongoing monitoring and MDT discussion to identify treatment pathway, discharge plan and PDDs.</p>

Mental Health – Out of Area Bed Days and Early Intervention in Psychosis (EIP)



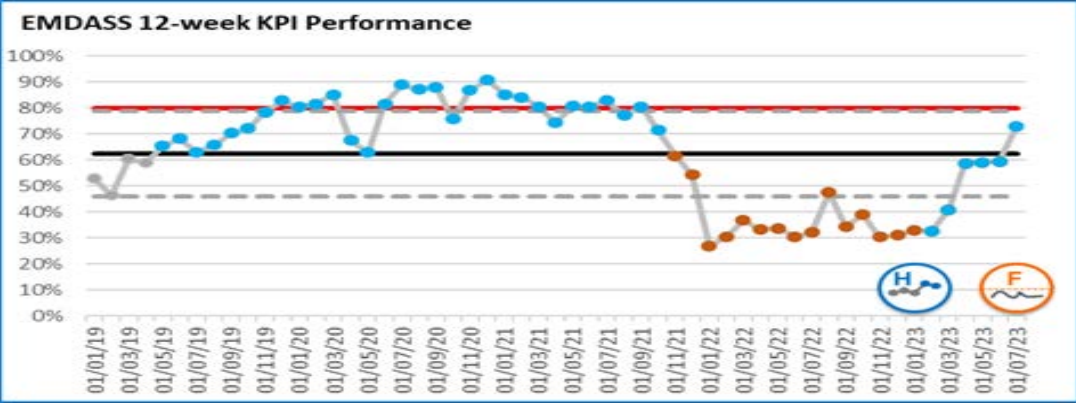
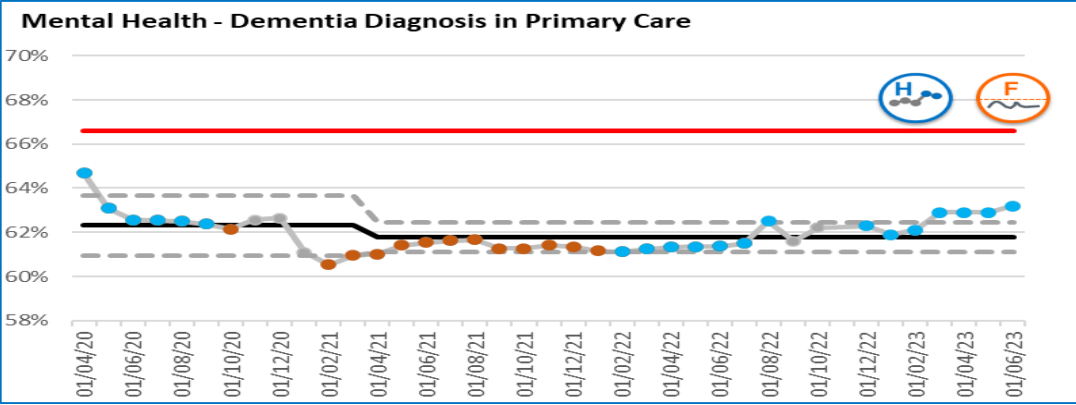
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Hertfordshire	372	207	26	83	125	331	277	376	486	471	26	596	452	337	336	574	834	759	936	745	674	779	830	987	767	691	775	757	817	1034	1177	1221	1080	1062	1003	966	650	980	938	
Hertfordshire Target	33	33	34	20	20	20	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
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ENHCCG	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
HVCCG	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%	52.9%
WECCG	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
ICS	68.0%	68.0%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	79.8%	

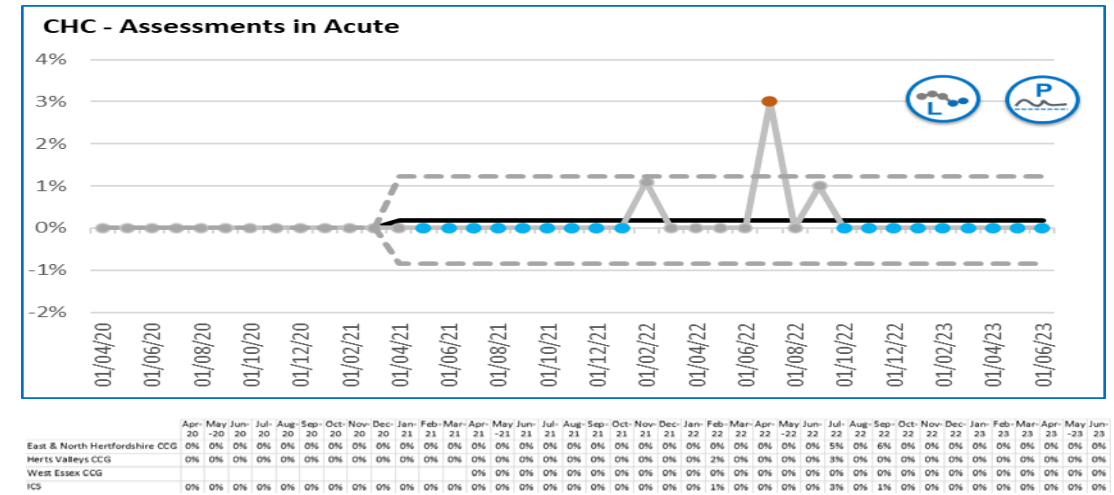
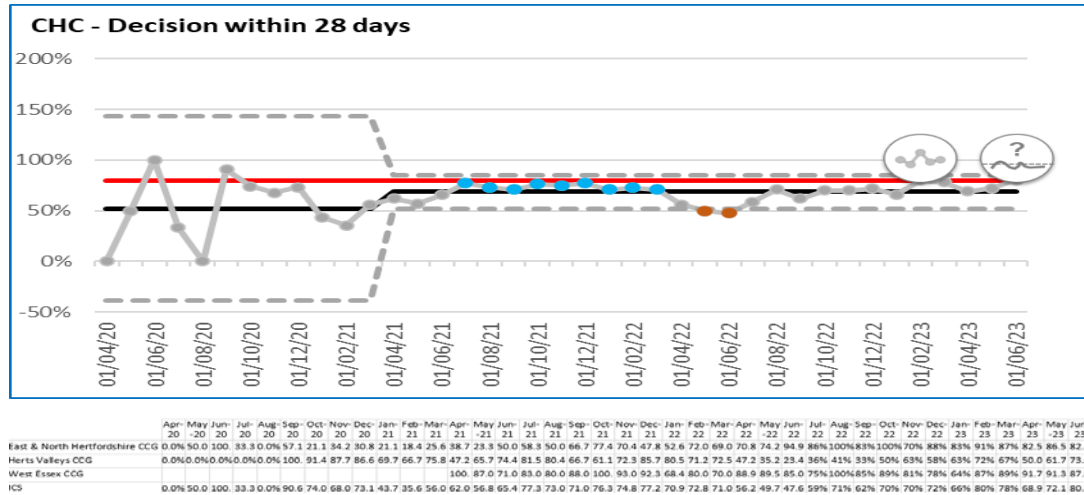
ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex	<ul style="list-style-type: none">Higher than historic use of OOA beds from April through to June. Likely to continue through peak summer	<ul style="list-style-type: none">A national shortage of MH beds and use of OOA beds very likely to continue	<ul style="list-style-type: none">Review of Essex bed stock continues with system partnersFurther development of the new Accommodation Pathway contractReview of West Essex Community Rehab requirements	<ul style="list-style-type: none">Out of Area Placement (OOAP) Elimination & Sustainability Impact System Group (Essex wide) in place to monitor the impact of the NHSE OOAP Action Plan
Herts	<ul style="list-style-type: none">Out of Area Bed Days reduced from the peak in November 22, but has seen an increase in May and June	<ul style="list-style-type: none">Demand in June exceeded capacityLow number of beds per populationA national shortage of MH beds, high occupancy rates and use of OOA beds is likely to continueChallenges finding suitable placements for service users with complex needs who are clinically ready for dischargeInpatient and Community recruitment	<ul style="list-style-type: none">Daily OOAP reviews / dedicated clinical ownership for OAPGatekeeping process; on call gatekeeping consultant and clear reasons for admissionsConsultant-led bed management meetings 3 per day, 5 days per weekCOO sign-off for all out of area placements introducedIntroduction of Enhanced Discharge Team, dedicated to supporting discharge pathwaysReview DTCs and plan discharges with ongoing MADE type eventsBlock beds in place to improve flow across the systemEnhanced community offers for rehab and assertive outreachIntroducing further alternatives to admission – Crisis House	<ul style="list-style-type: none">Continued engagement with national Getting It Right First Time (GIRFT) programme to identify areas of improvementBed management system being deployed in Herts and new arrangements in place to monitor demand and capacity
EIP	<ul style="list-style-type: none">Performance achieved above the national target within Herts	<ul style="list-style-type: none">No specific issues	<ul style="list-style-type: none">Ongoing monitoring	<ul style="list-style-type: none">Consistently compliantSWH performance was recovered to 67% in May

Mental Health – Dementia Diagnosis in Primary Care & Herts EMDASS Service



ICB Area	What the charts tell us	Issues	Actions	Mitigation
Dementia Diagnosis in Primary Care & Herts EMDASS Service	<ul style="list-style-type: none">As at June 2023 the Dementia Diagnosis rate for Herts was 61.4%, 8946 people aged 65 and over diagnosed with dementia out of an estimated prevalence of 14566.7.The estimated prevalence rate of people with dementia increases month on month - constant growth.The dementia diagnosis rate for Herts is steadily increasing.West Essex is consistently achieving the national target	Herts: <ul style="list-style-type: none">There is still a significant waiting list for dementia diagnosis but it is gradually going down.Issue with the quality of referrals from GPs to SPA & EMDASS which causes delays.The above issue has impacted on the many referrals waiting in SPA to be triaged.System reliance on diagnosis by consultants in secondary service (EMDASS). Need to diagnose more in primary careQuality of the referrals from GPs to SPA & EMDASS need improvement.	Dementia Diagnosis Herts: <ul style="list-style-type: none">A recovery plan remains in place which includes providing additional clinic appointments and primary care diagnoses.Weekly MD led meetings continue to monitor progress. A weekly performance report is produced.A Primary Care Transformation plan is underway to diagnose more people in primary care. This will go through the Coproduction Board and the Dementia Strategy workstreams.	Herts: <ul style="list-style-type: none">Herts EMDASS recovery expected in Q3 2023/24 remains on track.

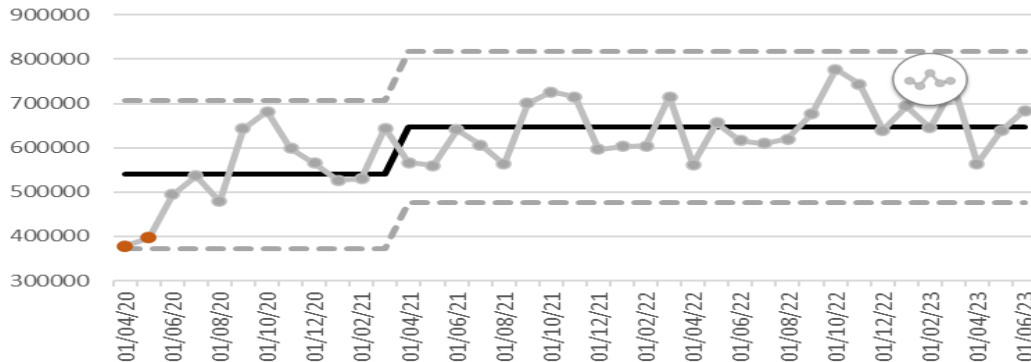
Continuing Health Care (CHC)



ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	<ul style="list-style-type: none"> Continued compliance with the 28 day assessment standard Zero assessments in an acute setting 	<ul style="list-style-type: none"> Ongoing increasing backlog of CHC, FT and FNC reviews due to prioritising new assessments and D2As. New reviews project paused due to number of D2A assessments coming through. New nurse has started and will help with this backlog as they become more confident 	<ul style="list-style-type: none"> The West Essex CHC Team continues to work alongside EPUT to provide additional resource and support Mentorship for new staff in role Weekly tracking of 28 day assessment ongoing. EPUT full engaged with this process 	<ul style="list-style-type: none"> SWH action plan in place, supported by NHSE- improving Performance standards continue to be monitored, issues escalated and risks mitigated
South West Herts / WHTHT	<ul style="list-style-type: none"> Performance against decisions within 28 days significantly improved, however target not yet being met Zero assessments in an acute setting 	<ul style="list-style-type: none"> Workforce improving. Majority of band 6 Nurse Assessors are now substantive- however are junior in role Ongoing backlog of CHC & FNC reviews due to prioritising new DSTs and checklist completion Referrals numbers continue to be high which impact on 28 day performance 	<ul style="list-style-type: none"> Ongoing recruitment and 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 Timely decision making panels, verification & monitoring of recommendations Focus on checklist completion, resulting in backlog reducing 	<ul style="list-style-type: none"> Agency cover reducing Setting trajectory and drive on clearing cases over 28 days
East & North Herts / ENHT	<ul style="list-style-type: none"> 28 day standard compliance continues Zero assessments in an acute setting 	<ul style="list-style-type: none"> Workforce issues such as sickness and annual leave Ongoing delays continue receiving signed assessment paperwork from community, particularly Mental Health, may impact performance going forward 	<ul style="list-style-type: none"> Weekly tracking of referrals over 28 days by caseload and CHC manager 28 day case backlog reducing- expected to meet target by end of quarter 	

Primary Care

Primary Care - Attended Appointments



GP Appointments - Mode (ICS Overall)



ICB Area	What the charts tell us	Issues	Actions	Mitigation
ICB	<ul style="list-style-type: none"> Total appointments are variable but fluctuate within common cause variation limits The proportion of face to face appointments is steady at just over 70% since Q3 2022/23. There is however variation at practice level Data does not include appointments delivered at hub sites as part of Extended Access 	<ul style="list-style-type: none"> General Practice continues to see increases in demand against a backdrop of working through the backlog, workforce pressures and negative media portrayal Significant pressure from Respiratory illness Rapid increase in 'spot booking' hotels New 23/24 contractual requirement for an offer of assessment, an appointment, signposting to occur when the patient contacts the practice 	<ul style="list-style-type: none"> Data sets shared with practices / PCNs via Ardens and developing patient questionnaires to support analysis Continue to implement offsite storage of notes Access dashboard now available and used by MDT group – updated regularly and available to PCNs via Teams shared work space Offer of 3m extension for to achieve QOF targets to recognise prioritisation of on the day demand over winter Engagement with the National Access Recovery Plan including: Cloud Based Telephony transition support – 28 practices identified as high priority as still using analogue systems National GP Improvement Programme (NGPIP) <ul style="list-style-type: none"> Webinars re 5 key priority areas. Advice on making practical changes and improvements in general practice Intermediate/Intensive/Hands On facilitated support. Place teams encouraging practice & PCN engagement Care navigation training: each practice can nominate one member of staff for training – details awaited Support Level Framework (SLF) <ul style="list-style-type: none"> Self assessment tool delivered through a facilitated conversation with members of the practice team to support in gaining an understanding of what they do well, what they might wish to do better, and where they might benefit from development support. Aim for all practices to have had a facilitated discussion using the SLF during the year Transformation support funding <ul style="list-style-type: none"> Indicative £13.5k per qualifying practice. ICB offer sent to all practices setting out requirements to access this funding Other <ul style="list-style-type: none"> Comms. to support ICB and practice websites, media statements and patient comms re the Delivery Plan Attendance at NHSE regional weekly drop-in sessions to escalate any issues or questions for clarification All PCNs supported by place teams to develop their Access plans, to be submitted to the ICB for review 	<ul style="list-style-type: none"> ECF reviewed and streamlined for 23/24 Trend analysis to identify individual practices with poor access via complaints and patient contacts PCCC and Primary Care Board oversight of the GPPS results, and action plan developed through the Access MDT Group Recruitment & Retention of Primary Care Workforce. Initiatives for Primary Care Workforce to support recruitment and retention which are supported by the HSE ICB Training Hub Continued funding for spot booking hotels for health checks and MDT site visits agreed by PCCC at the February meeting Daily review of OPEL reporting by practices and follow up by place Primary Care Teams with individual practices continuing Continued work to promote use of the Community Pharmacy Consultation Service (CPCS) Oversight of all Access plans as submitted and sharing of best practice across the ICB

Appendix A – Performance Dashboard

June 2023			Herts & West Essex ICS (Commissioner)									Individual Trust								
Area	Activity	Target	Latest published data	Data published	Trend ^{*1}	Variation	Assurance	NATIONAL position (ICB vs National)	REGIONAL position (ICB vs EoE Region)	ICB Ranking	ICS Aggregate Provider	Trend ^{*1}			ENHT	Trend ^{*1}	PAH	Trend ^{*1}	WHTHT	Trend ^{*1}
111	Calls answered < 60 seconds	95%	58.0%	June 23	10.63%			60.74% (Worse)	54.81% (Better)	16 th lowest	58.0%	10.63%								
	Calls abandoned after 30 seconds	5%	8.3%	June 23	-27.68%			8.73% (Better)	7.85% (Better)	15 th highest	8.34%	-27.68%								
A&E	% Seen within 4 hours	76%	65.1%	July 23	-0.092%			73.99% (Worse)	72.34% (Worse)	7 th lowest	65.08%	-0.09%		65.16%	0.79%	55.49%	3.26%	71.30%	-2.51%	
	12 Hour Breaches	0	95	July 23	-51.58%			23,934	2,111	11 th highest	95	-51.58%		3	-2133.33%	92	16.30%	0	0.00%	
Cancer	2ww All Cancer	93%	83.5%	June 23	3.70%			80.52% (Better)	72.21% (Better)	20 th highest	85.69%	4.71%		94.75%	-1.03%	83.21%	15.74%	78.96%	-0.35%	
	2ww Breast Symptoms	93%	92.9%	June 23	0.83%			74.75% (Better)	66.88% (Better)	4 th highest	94.12%	1.67%		98.84%	7.03%	89.09%	-0.33%	95.28%	-1.07%	
	31 day First	96%	93.9%	June 23	-1.26%			91.35% (Better)	91.66% (Better)	11 th highest	94.62%	-1.72%		96.20%	2.06%	87.04%	-10.30%	97.02%	-2.44%	
	31 day Sub Surgery	94%	89.7%	June 23	3.40%			79.05% (Better)	77.39% (Better)	6 th highest	93.42%	5.19%		91.30%	3.21%	80%	0.00%	100%	5.88%	
	31 day Sub Drug	98%	98.5%	June 23	-0.99%			97.98% (Better)	96.57% (Better)	20 th lowest	99.57%	-0.43%		100%	0.00%	96.67%	-3.45%	100%	0.00%	
	31 day Sub Radiotherapy	94%	73.3%	June 23	3.44%			86.63% (Worse)	87.20% (Worse)	6 th lowest	65.73%	7.99%		65.73%	7.99%	N/A	N/A			
	62 day First	85%	61.7%	June 23	-7.26%			59.24% (Better)	56.48% (Better)	16 th highest	64.65%	-6.34%		81.71%	-6.28%	40.29%	-8.74%	60%	1.96%	
	62 day Screening	90%	71.4%	June 23	34.12%			62.23% (Better)	68.91% (Better)	8 th highest	74.14%	26.43%		90.91%	42.38%	42.86%	-3.70%	77.27%	16.81%	
	62 day Upgrade	85%	69.3%	June 23	7.82%			72.88% (Worse)	69.94% (Worse)	15 th lowest	72.59%	9.92%		77.42%	10.37%	66.25%	9.43%	76.36%	11.29%	
	28 days Faster Diagnosis	75%	73.9%	June 23	7.15%			73.49% (Better)	68.72% (Better)	17 th highest	75.24%	7.76%		76.44%	9.41%	74.68%	4.72%	74.83%	9.10%	
RTT	Incomplete Pathways <18 weeks	92%	56.3%	June 23	-1.05%			59.2% (Worse)	55.7% (Better)	14 th lowest	52.76%	-0.91%		49.83%	-0.11%	53.48%	1.25%	55.49%	-2.79%	
	52 weeks	0	12,602	June 23	0.91%			383,083	57,240	6 th lowest	10,184	3.33%		5,400	1.70%	2,280	7.98%	2,504	2.60%	
	65 weeks	0	3,557	June 23	2.14%			97,275	14,788	6 th lowest	3,013	6.01%		1,673	3.11%	816	13.36%	524	3.82%	
	78 weeks	0	567	June 23	2.47%			7,177	1,364	2 nd lowest	597	3.18%		553	3.80%	37	0.00%	7	-28.57%	
Diagnostics	6 week wait	5%	31.1%	June 23	-4.89%			25.16% (Worse)	28.01% (Worse)	16 th lowest	33.59%	-6.08%		39.68%	-5.39%	32.72%	-4.55%	23.96%	-10.48%	
			Herts & West Essex ICS (Commissioner)									Individual CCGs								
Area	Metric	Target	Latest published data	Data published	Trend ^{*1}	Variation	Assurance	National position (ICB vs National)	Regional position (ICB vs EoE Region)	ICB Ranking	ICS Aggregate Provider	Trend			East & North Herts	Trend ^{*1}	South & West Herts	Trend ^{*1}	West Essex	Trend ^{*1}
111	Calls answered < 60 seconds	95%	58.0%	June 23	10.63%			60.74% (Worse)	54.81% (Better)	16 th lowest	N/A				57.98%		9.94%	58.28%	13.48%	
	Calls abandoned after 30 seconds	5%	8.3%	June 23	-27.68%			8.73% (Better)	7.85% (Better)	15 th highest					8.24%		-24.94%	8.75%	-38.05%	
Mental Health	Dementia Diagnosis rate	66.6%	63.2%	July 23	0.50%			63.5% (Worse)	61.3% (Better)	19 th lowest					61.31%	1.07%	61.51%	0.37%	69.85%	-0.17%
	OOA placements	0	1,171	June 23	-10.33%			n/a	n/a	n/a					938		-4.48%	233	-33.91%	
CHC	% of eligibility decisions made within 28 days	80%	80.3%	June 23	10.22%			73.94% (Better) ^{*2}	79.42% (Better) ^{*2}	16 th lowest ^{*2}					82.14%	-5.29%	73.58%	16.15%	87.88%	-3.90%
	% of assessments carried out in acute	15%	0.0%	June 23	0.00%			n/a	n/a	n/a					0%	0.00%	0%	0.00%	0%	0.00%
LEGEND 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: HWE Adult Community Services

Elective & Specialist	E&NH	S&WH	West Essex
Cardiac Rehab	HCT/ENHT	CLCH	EPUT
Diabetes	HCT	HCT	EPUT
Continence services	HCT	CLCH	EPUT
Nutrition and Dietetic Service	HCT	HCT	EPUT
Speech and language therapy	HCT	CLCH	EPUT
Podiatry	HCT	CLCH	EPUT
Specialist palliative care	HCT	CLCH	EPUT
Heart failure service	-	CLCH	EPUT
Lymphoedema	HCT	CLCH	HCT
Tissue Viability	HCT	CLCH	EPUT
Leg Ulcer	HCT	CLCH (Herts one)	EPUT
Respiratory	HCT/ENHT	CLCH/WHHT	EPUT
MSK	HCT	Connect	EPUT
Chronic pain management	HCT	Connect	EPUT
Community Neuro/rehab	HCT	CLCH	PD/MS only
Pulmonary Rehab	HCT	CLCH	EPUT
Specialist Dentistry	HCT	HCT	-
Community Dermatology	HCT	-	GP Fed
Community ENT	-	Communitas	-
Community Gynaecology	-	The Gynaecology partnership	-
Long Covid	HCT	CLCH	EPUT
Diabetes eye screening	ENHT	HCT	Health intelligence Ltd
Sexual Health Services	CLCH	CLCH	Provide

Urgent & Emergency Services	E&NH	S&WH	West Essex
2 hour urgent response	HCT	CLCH	EPUT
Hospital at home/rapid response	HCT	CLCH	EPUT
Discharge to assess (at home)	HCT	CLCH	EPUT
Virtual ward/hospital	HCT	CLCH/WHHT	EPUT
Inpatient rehab beds	HCT	CLCH	EPUT
Inpatient stroke Neuro rehab beds	HCT	CLCH	EPUT
Respiratory services	HCT	CLCH	EPUT
Stroke (Early supported discharge)	HCT	CLCH	EPUT
Neuro ESD (NETT)	-	CLCH	-

Core community Services	E&NH	S&WH	West Essex
District Nursing	HCT	CLCH	EPUT
Community therapies (OT/PT)	HCT	CLCH	EPUT
Frailty clinics	HCT	CLCH	PAH
Enhanced health in care homes	HCT	CLCH	EPUT

Appendix B: HWE Children's Community Services

Children's Services within Hertfordshire and West Essex ICS is complex with a range of existing governance forums and a broad range of services provided primarily by NHS Trusts, but with a number of independent and 3rd sector organisations

Service	E&NH	S&WH	West Essex	Service	E&NH	S&WH	West Essex
ADHD	ENHT	HPFT	HCRG	Family Hubs/Children's Centres	Family Centre Services/Family Support Services/HCT	Family Centre Services/Family Support Services/HCT	HCRG
Advocacy	KIDS	KIDS	Rethink / Open Door	Health Visiting	HCT	HCT	HCRG
Allergy	ENHT	WHHT	HCRG / PAH	Hospice Care	Keech	Keech/Noah's Arc/Rennie Grove	Haven House, EACH
ASD	ENHT	HCT	HCRG	Infant Mental Health	HCT	HCT	EPUT
Asthma Nurse specialist	n/a	HCT	To be established	LAC	HCT	HCT	HCRG
Audiology	ENHT	HCT	PAH	Lymphoedema	HCT	n/a	HCT
Wellbeing Practitioners	HCT	HCT	HCRG	Mental Health Support Teams	HPFT/HCT	HPFT/HCT	West Essex Mind (mainstream) / HPFT (special schools)
CHIS	HCT	HCT	Provide	Neuro-Rehab	Specialist commissioned	Specialist commissioned	Tadworth Children's Trust
Com. Nursing	ENHT	HCT	HCRG	Palliative Care Respite Service (EPIC)	Noah's Arc	Noah's Arc	Little Haven's
Comm Paeds	ENHT	HCT	HCRG	Palms	HCT	HCT	n/a
Continence	n/a	HCT	HCRG	Parenting Support	HCC	HCC	Triple P (YCT from April)
Continuing Care	ENHT	HCT	HCRG & Various Independent	Perinatal Mental Health	HPFT	HPFT	EPUT
CSAIS	EPUT (s/c HCT)	EPUT (s/c HCT)	EPUT	School Nursing	HCT	HCT	HCRG
CYP Counselling	YCT, Youthtalk, Signpost, Rephael House & Safespace.	YCT, Youthtalk, Signpost, Rephael House & Safespace.	YCT	Sickle cell	HCT	HCT	PAH
CYP Therapies	HCT	HCT	HCRG (SLT inclusive of dysphagia, PT inclusive of MSK)	Special care dentistry	HCT	HCT	PAH
Designated Medical Officer for SEND	ENHT	HCT	HCRG	Specialist CAMHS	ENHT	HPFT	NELFT
Diabetes Nurse Specialist	ENHT	WHHT	PAH	Specialist Healthcare Tasks	n/a	n/a	Provide
Dietetics	HCT	HCT	HCRG / PAH	Specialist school nursing	ENHT	HCT	HCRG
Eating Disorders	HPFT	HPFT	NELFT / BEAT	Step 2 Service	JHCT	HCT	n/a
Epilepsy Nurse Specialist	ENHT	WHHT	PAH	Therapeutic Health Based Coaching	n/a	n/a	NOW
Equipment	HCT	HCT	EPUT	Tier 4 CAMHS	HPFT	HPFT	EPUT
Eye Care	ENHT	HCT/WHHT	PAH	Transition coordinators	HCT	HCT	HCRG
				Weight Management & other wellbeing services	Beezee Bodies	Henri/ Beezee Bodies	Provide

N.B. Virgin Care has now been transferred to HCRG Care Group

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
DMAS	Digital Mutual Aid System
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
EIP	Early Intervention in Psychosis
EMDASS	Early Memory Diagnosis and Support Service
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
FDS	Cancer 28 day Faster Diagnosis Standard
FHAU	Forest House Adolescent 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
HUC	Hertfordshire Urgent Care
HVCCG	Herts Valley Clinical Commissioning Group
IAG	Inspection Action Group
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
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
MDT	Multi Disciplinary Teams
MH	Mental Health
MHSOP	Mental Health Service for older People
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
NLMCTR	No Longer Meets Criteria To Reside
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
SRG/LDB	System Resilience Group / Local Delivery Board
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

Meeting:	<i>Meeting in public</i>		<input checked="" type="checkbox"/>	<i>Meeting in private (confidential)</i>		<input type="checkbox"/>		
	NHS HWE ICB Board meeting held in Public			Meeting Date:	22/09/2023			
Report Title:	ICB Finance Report for Month 4 2023/24			Agenda Item:	13			
Report Author(s):	Debbie Griggs, Deputy Chief Finance Officer							
Report Presented by:	Debbie Griggs, Deputy Chief Finance Officer							
Report Signed off by:	Alan Pond, Chief Finance Officer							
Purpose:	Approval / Decision	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Information	<input checked="" type="checkbox"/>
Which Strategic Objectives are relevant to this report [Please list]	<ul style="list-style-type: none"> ▪ Achieve a balanced financial position annually 							
Key questions for the ICB Board / Committee:	N/A							
Report History:	This report has been through the ICB's Finance and Investment Committee on 20 September 2023.							
Executive Summary:	<p>This report provides the ICB Board with information on the financial position of the Herts and West Essex (HWE) Integrated Care Board (ICB) for Month 4 2023/24.</p> <p>At Month 4, the ICB is reporting a year-to-date overspend position of £2.006m, which increases to an adverse variance of £2.388m, as the ICB is expected to be reporting a year-to-date underspend of £0.332m. This reflects to the phased planned underspend of £9.4m for the year, which is line with the 2023/24 financial plan previously submitted to NHS England.</p> <p>The ICB is continuing to report a forecast outturn position of £9.4m underspent. The five Intra Providers are also reporting forecast outturn positions in line with their individual financial plans; collectively £9.4m deficit. Therefore, the HWE Integrated Care System (ICS) is reporting an outturn position of breakeven.</p> <p>The financial pressures for the ICB have continued for the first 4 months of the financial year in the two expected areas: Prescribing and Continuing</p>							



	Healthcare. These areas continue to be financial risks for the delivery of the ICB's 2023/24 financial plan.			
Recommendations:	It is recommended that the Board: <ul style="list-style-type: none"> ▪ Note the ICB's year to date position of £2.388m adverse variance. ▪ Note the ICB is required to deliver a forecast outturn position of £9.4m underspend, in line with the 23/24 financial plan, and is reporting this position to NHS England. ▪ Note the pressures in the financial position specifically linked to CHC, GP Prescribing and the achievement of efficiencies. 			
Potential Conflicts of Interest:	<i>Indirect</i>	<input type="checkbox"/>	<i>Non-Financial Professional</i>	<input type="checkbox"/>
	<i>Financial</i>	<input type="checkbox"/>	<i>Non-Financial Personal</i>	<input type="checkbox"/>
	<i>None identified</i>			<input checked="" type="checkbox"/>
Implications / Impact:				
Patient Safety:	N/A			
Risk: <i>Link to Risk Register</i>	N/A			
Financial Implications:	N/A			
Impact Assessments: <i>(Completed and attached)</i>	<i>Equality Impact Assessment:</i>	N/A		
	<i>Quality Impact Assessment:</i>	N/A		
	<i>Data Protection Impact Assessment:</i>	N/A		





HWE ICB - Financial Report for Month 4 2023/24

Executive Summary

ICB Year-To-Date Position (YTD):

At Month 4, the Hertfordshire and West Essex (HWE) Integrated Care Board (ICB) reported a YTD overspend position of £2.006m, which is an **adverse variance of £2.388m**, as the ICB is expected to be reporting a £0.332m underspend, reflecting the phasing of the planned underspend of £9.4m for the year, with £1m distributed evenly throughout the year and £8.4m to be delivered in the last six months of the year.

Forecast Outturn Position (FOT):

The ICB is continuing to report a FOT position of £9.4m underspend to NHS England, in line with the submitted 2023/24 financial plan. The five Intra Providers are also reporting forecast outturn positions in line with their individual financial plans; collectively £9.4m deficit. Therefore the HWE Integrated Care System (ICS) is reporting an outturn position of breakeven. There is a national protocol in place should HWE ICS decide to move the FOT away from breakeven, the protocol is the same as last year and requires agreement from NHS England; we are also only allowed to change it once during the financial year.

Although the ICS is formally reporting a breakeven position, the known risks to achieving this position currently exceed the mitigations identified. There are established workstreams now in place to identify and develop additional mitigations to cover these risks.



HWE ICB – Year to Date Financial Position for Month 4 2023/24

Summary ICB Expenditure Position as at Month 4 (July) 2023/24				
Annual Budget £'000	Expenditure Category	Year to Date		
		Budget £'000	Actual £'000	Variance £'000
1,605,156	Acute Services	545,175	545,553	379
161,638	Continuing Healthcare Services	53,917	57,624	3,707
295,882	Community Services	99,365	99,349	(16)
331,106	Mental Health Services	108,076	107,908	(168)
260,232	Delegated Primary Medical Services (GPs)	86,209	85,290	(919)
136,101	Delegated Pharmacy, Ophthalmology & Dental (POD)	43,901	41,689	(2,212)
52,303	ICB Primary Care Services	16,791	16,854	63
236,833	Prescribing	79,148	81,125	1,977
29,740	Corporate Services (Running Costs)	9,665	9,245	(420)
36,588	Other Commissioned and Programme Services	11,440	11,055	(385)
3,145,580	Sub-Total Expenditure	1,053,686	1,055,692	2,006
(9,400)	Planned Underspend	(332)	0	332
3,136,180	Total Expenditure	1,053,354	1,055,692	2,338

The financial position for the ICB for the four months (April to July 2023) is £2.006m overspent, which increases to **£2.338m overspent** when the planned underspend of £0.332m is taken into consideration.

The YTD position includes the financial position of efficiencies that are embedded into budgets. It does not include the £8.4m of efficiencies where plans are not yet fully developed. It should be noted that the ICB needs to deliver against all efficiencies by the end of the financial year to achieve the agreed financial plan.

Slides 5 to 13 provide detailed information on the financial position for each of the functional areas of the ICB and includes the level of risk within each area.

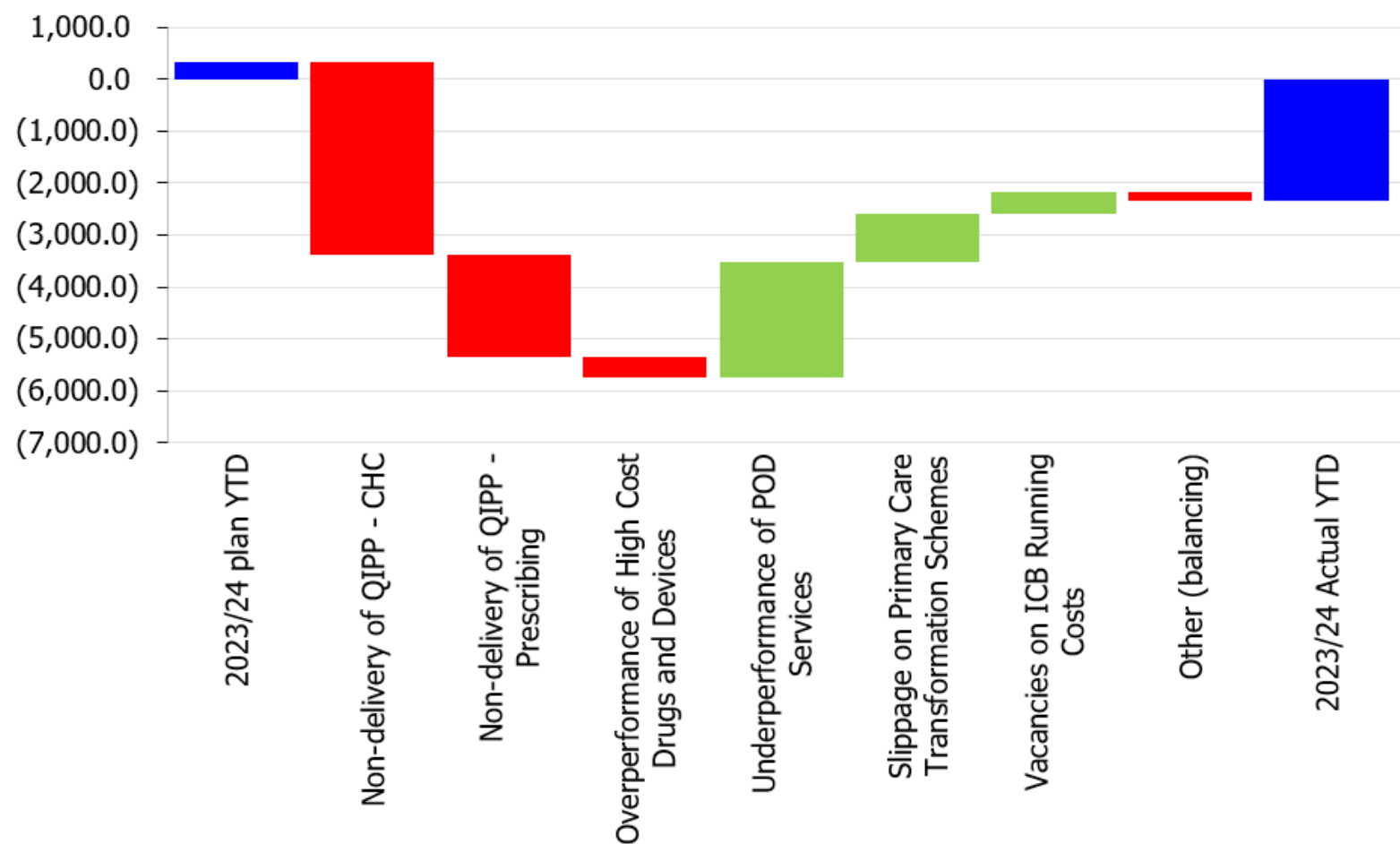


Hertfordshire and
West Essex Integrated
Care System



HWE ICB – Bridge from Plan to Month 4 Position

HWE ICB BRIDGE

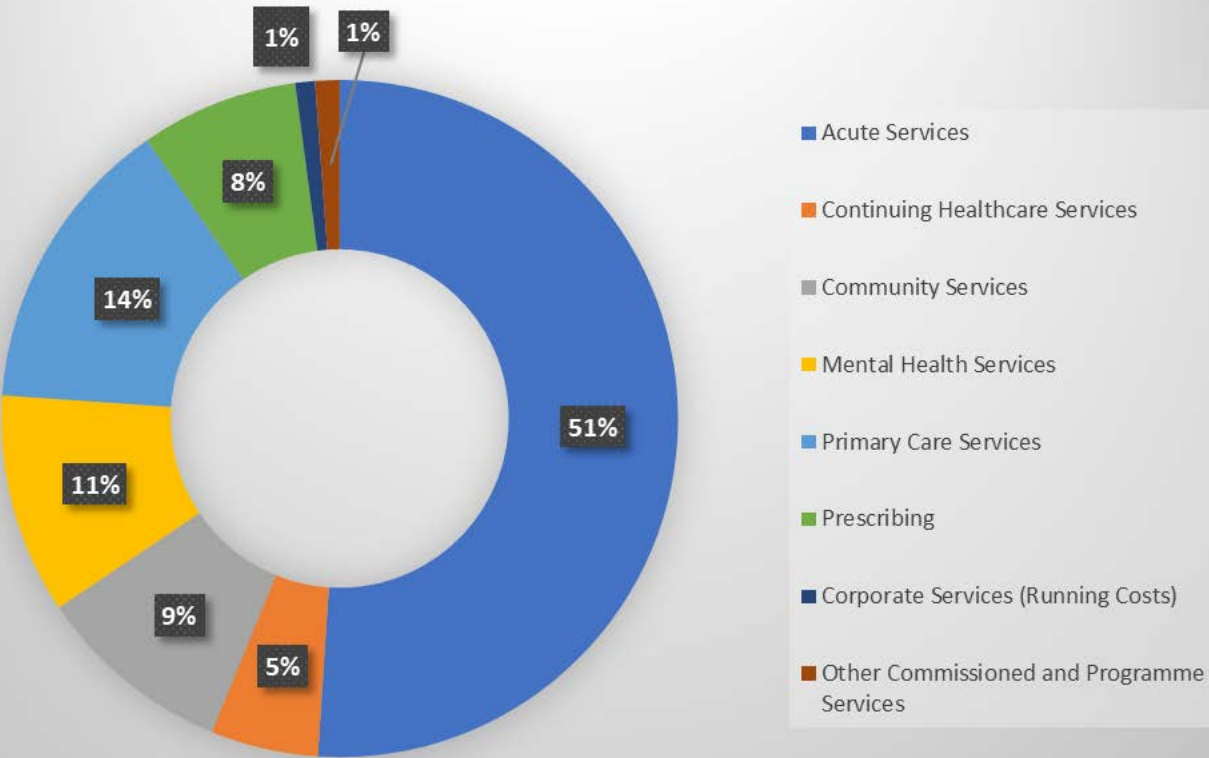


Hertfordshire and
West Essex Integrated
Care System



HWE ICB – Where does our funding go in 2023/24?

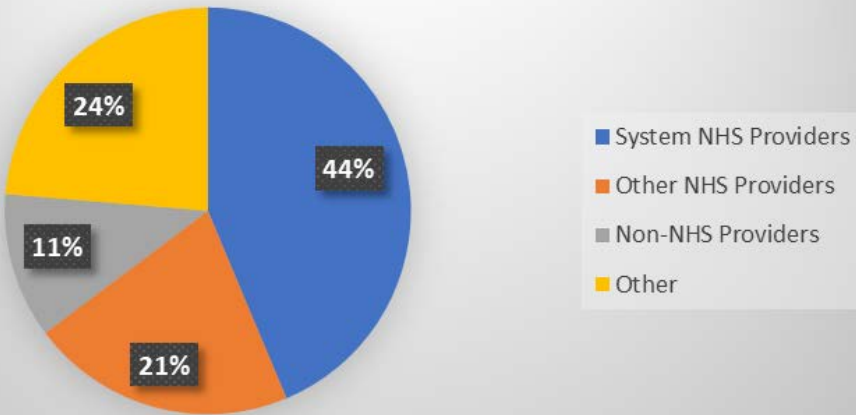
Distribution of ICB Resources



The first chart (left) shows the proportion of spend against the reported categories, with 51% of ICB resources being spent in Acute Services.

The second chart (below) shows the type of Providers that the ICB spends it resources with, and 44% of the ICB’s total resource being spent with the five Intra System Providers.

Category of Providers



Updates on the Financial Positions as at Month 4 2023/24

Acute Services

Forecast Outturn Position: £1m deficit	Annual budget:	£1,605.2m	51% of the total ICB Budget
	Month 4 YTD Variance	£0.379m overspent	
	Run rate:	Current run rate: £136.4m per month	Recovery run rate: £133.7m per month
	Efficiency Target:	£5.684m	✓ £1.2m – Reduction in inflationary uplifts of 1.1% - delivered ✓ £4.5m – Maximising Independent Sector overperformance in Elective Services – on track to deliver
Risks identified: Level of Risk Medium	<p>This category of spend is predominantly contract backed, with fewer areas of volatility. However, at Month 4, the contract negotiations with NHS Providers have not been fully concluded and these have been escalated to CFO level for resolution. We are also seeing overperformance in High Cost Drugs and Devices, which sits in the variable element for some NHS Provider contracts.</p> <p>Risk: Outstanding contract agreements with Inter NHS Providers could be agreed at a higher value than the current planned value.</p>		
Cost Pressures in the Forecast Outturn Position: <ul style="list-style-type: none">IFRPatient TransportHigh Cost Drugs	<p>At Month 4, the following areas are currently experiencing cost pressures:</p> <ul style="list-style-type: none">➤ IFR budget is currently overspent by £314k with SWH Place accounting for 64% of the spend. The providers with the highest level of spend are: Dexcom UK (£319k), Insulet International (£201k) and Medtronic (£117k).➤ Patient Transport is currently overspent by £85k which relates to the additional spend to facilitate discharges at WHTH; this is unfunded. High Cost Drugs and Devices at ENHT is currently overperforming by £482k. <p>Mitigating Actions:</p> <ul style="list-style-type: none">➤ IFR – The IFR Team is aware of the pressures but have not confirmed any mitigating actions➤ Patient Transport – no known mitigations in place at this time✓ PMOT Team is aware and is proactively working with all Intra Acute Trusts to reduce drug spend		

Updates on the Financial Positions as at Month 4 2023/24

Continuing Healthcare Services			
Forecast Outturn Position: £12.7m deficit	Annual budget:	£161.6m	5.1% of the total ICB Budget
	Month 4 YTD Variance	£3.7m overspent	
	Run rate:	Current run rate: £14.4m per month	Recovery run rate: £13.0m per month
	Efficiency Target:	£10.5m	<ul style="list-style-type: none">➤ £4m – Review of Fast Track packages of care➤ £1.7m – Reduction in inflationary uplifts of 1.1%✓ £1m – PHB Clawback – on track to deliver➤ £1m – Review of 1:1 levels in Care Homes➤ £1m – Review of equipment supplied to patients❖ £1.8m – Schemes not yet identified
Risks identified: Level of Risk High	<p>This category of spend is significantly volatile and has been consistently overspent in previous years. The financial plan for 2023/24 funded the outturn position reported at Month 9 2022/23, which was an additional £20.4m. This was then reduced by the establishment of an efficiency programme of £10.5m.</p> <p>In the national settlement, the CHC funding was increased by 9.5%, with an assumption that there would be 2.2% of efficiencies found. However, the growth in patient numbers plus the actual increase in core inflation resulted in an increase of costs of 13%, which resulted in an efficiency ask of 6.3% because of the understated level of inflation and demand in the national settlement.</p> <p>Risk: Actions taken by the CHC Operational Team will not counteract the increased pressure on the budget, nor deliver the required level of efficiencies.</p>		
Cost Pressures in the Forecast Outturn Position: <ul style="list-style-type: none">• Inflationary Uplifts• Increased patient numbers	<p>At Month 4, the CHC Services is heading for a £12.7m deficit year end position. Where there are contracts or established negotiations, the inflation increases are being closely managed. Where the packages of care are spot purchased or put into place for Fast Track patients, the inflation increases are higher than funded levels.</p> <p>Mitigating Actions: Full delivery of the Efficiency Schemes will improve the current trajectory and weekly meetings between the CHC Operational Team and the Finance Team have started and will monitor the financial impact of the identified schemes.</p>		

Updates on the Financial Positions as at Month 4 2023/24

Community Services			
Forecast Outturn Position: £1.2m deficit	Annual budget:	£295.9m	9.4% of the total ICB Budget
	Month 4 YTD Variance	£0.016 underspent	
	Run rate:	Current run rate: £24.8m per month	
	Efficiency Target:	£4.1m	➤ £1m – Reduction of spend through future procurements ✓ £2.1m - Reduction in inflationary uplifts of 1.1% - delivered ✓ £1m – Under performance against the Connect Contract – on track to deliver
Risks identified: Level of Risk Medium	This category of spend is a mixture of block contracts and cost and volume contracts, with some spot purchasing of care packages. Risk: Cost and Volume contracts and/or Spot Purchasing could over perform and exceed the funded plan.		
Cost Pressures in the Forecast Outturn Position: • Neuro Rehabilitation	At Month 4, the following areas are currently experiencing cost pressures: ➤ Neuro Rehabilitation is currently overspent by £395k with placements at St Andrews Healthcare (£753k) for both ENH and SWH Place accounting for 33% of the spend. Full Year Impact: £1.2m using current run rates Mitigating Actions: ➤ The ICB Commissioners are aware of the pressures but have not confirmed any mitigating actions		

Updates on the Financial Positions as at Month 4 2023/24

Mental Health Services			
Forecast Outturn Position: Breakeven	Annual budget:	£331.1m	10.5% of the total ICB Budget
	Month 4 YTD Variance	£0.168m underspent	
	Run rate:	Current run rate: £27.0m per month	
	Efficiency Target:	£2.8m	✓ £2.8m – Reduction in inflationary uplifts of 1.1% - delivered
Risks identified:	The ICB is mandated to increase spend on Mental Health services above the level of inflation; for 2023/24 the expected level of investment is 6.81%. The 2023/24 Financial Plan is compliant with the Mental Health Investment Standard (MHIS).		
Level of Risk Low	Risk: The ICB does not spend the required level of investment in mental health to achieve the Standard. It should be noted that the MHIS does not cover the entire Mental Health budget, as Dementia, Learning Disabilities and Autism Services are outside of the Standard.		
Cost Pressures in the Forecast Outturn Position: • Out of Area Placements	At Month 4, the West Essex Place is seeing an increase in the number of inpatient placements made outside of Essex Partnership University NHS Foundation Trust's (EPUT) bed stock, which is overspend by £195k , heading for a £585k deficit position at year end using the current run rate. Similar pressures exist within HPFT but due to the nature of the contract, the financial challenge that results is visible in the Trust's financial position rather than the ICB's. Mitigating Actions: West Essex Place are also seeing a reduction in the number and cost of complex placements made via the Individual Placements Team (IPT) hosted by Suffolk and North East Essex ICB (£78k), which is currently offsetting the above cost pressure.		

Updates on the Financial Positions as at Month 4 2023/24

Delegated Primary Medical Services (GPs) and Primary Care Services			
Forecast Outturn Position: £5.5m underspent	Annual budget:	£312.5m	9.9% of the total ICB Budget
	Month 4 YTD Variance	£0.9m underspent	
	Run rate:	Current run rate: £25.5m per month	
	Efficiency Target:	£4.9m	✓ £1.7m – Reduce LES and QOF budgets from 100% to expected levels of achievement – delivered ✓ £3.2m – Reduction in inflationary uplifts of 1.1% - delivered
Risks identified: Level of Risk Low	This category of spend is split into two areas: <input type="checkbox"/> Delegated Primary Medical Services (£260m) relates to the contracts with GPs and associated payments such as Quality Outcome Framework (QOF), Directed Enhanced Services (DES), Additional Roles Reimbursement Schemes (ARRS), Primary Care Network (PCN) payments and Premises costs, which is principally determined through a notional patient calculation. <input type="checkbox"/> ICB funded Primary Care Services supports the Local Enhanced Services (LES), the Out of Hours GP Service, GP IT schemes and Primary Care Transformation (PCT) Schemes. Risk: Additional Roles Reimbursement Scheme has a national cap which, if exceeded, would mean costs being incurred without the relevant funding to support.		
Forecast Outturn Position:	YTD is underspent by £0.9m, which due to slippage on transformation schemes. The FOT position assumes that the current level of slippage remains, that the contingency funding will not be utilised and the anticipated rate rebates on GP Premises are also realised. Mitigating Actions: Not applicable		

Updates on the Financial Positions as at Month 4 2023/24

Delegated Pharmacy, Ophthalmic and Dental Services (POD)			
Forecast Outturn Position: £6m underspend	Annual budget:	£136.1m	4.3% of the total ICB Budget
	Month 4 YTD Variance	£2.212m underspent	
	Run rate:	Current run rate: £10.4m per month	
	Efficiency Target:	Not Applicable	
Risks identified: Level of Risk Low	<p>The Delegated Pharmacy, Ophthalmic and Dental Services (POD) are new to the ICB this year, with the transfer of resources both, workforce and funding, being actioned in April 2023.</p> <p>Risk: The financial plan assumes a higher level of Dental Patient Charge Revenue (PCR) than is actually being achieved. The income is lower because of the reduction in activity being delivered, which is currently reported to be at 70%. The position assumes that 10% of the Dental contracts activity underperformance will be clawback by the ICB.</p>		
Forecast Outturn Position: <ul style="list-style-type: none"> Dentistry 	<p>The budget for the Delegated Dental Services is ringfenced and in previous years, NHS England have been able utilised the underspend for other areas within their commissioning remit. However, the ICB is unclear at this stage as to what processes NHS England will implement for clawing back any underspend within the ICB's ringfenced budget which should be acknowledged as a risk.</p> <p>NHS England is holding a POD Contingency Reserve for 2023/24 and is expected to distribute this to the regional ICBs, based on a fair share apportionment; this is not expected to be ring fenced.</p> <p>Mitigating Actions: Not applicable.</p>		

Updates on the Financial Positions as at Month 4 2023/24

Prescribing			
Forecast Outturn Position: £6.5m deficit	Annual budget:	£236.8m	7.5% of the total ICB Budget
	Month 4 YTD Variance	£2.0m overspent	
	Run rate:	Current run rate: £20.3m per month	Recovery run rate: £19.5m per month
	Efficiency Target:	£5.4m	<ul style="list-style-type: none"> ➤ £2.5m – Reduction in inflationary and growth pressures ➤ £1.7m – Implementation of Scriptswitch to make cost effective choices ➤ £0.4m – Reduction of overprescribing for opiates, medicines with a high anticholinergic burden, stoma and oral nutritional supplements in Care Homes ➤ £0.4m – Use of cost effective DOAC, gliptin, blood glucose testing strips ➤ £0.4m - Reduction of medicines wastage
Risks identified: Level of Risk High	<p>This category of spend will fluctuate each month and notification of actual spend is two months behind (May's data received). This area was overspent last year and the financial plan for 2023/24 funded the outturn position reported at Month 9 2022/23, which was an additional £11.2m. This was then reduced by the establishment of an efficiency programme of £5.4m.</p> <p>In the national settlement the Prescribing funding was 4.6% with an assumption that there would be 2.2% efficiencies found. However, the growth in patient numbers plus the increase in core inflation was higher than 2.4%, which resulted in an additional efficiency ask because of the understated level of inflation and demand in the national settlement.</p> <p>Risk: Actions taken by the Pharmacy Medicines Optimisation Team (PMOT) will not counteract the increased pressure on the budget, nor deliver the required level of efficiencies.</p>		
Cost Pressures in the Forecast Outturn Position: <ul style="list-style-type: none"> • Inflationary Uplifts 	<p>At Month 4, the Prescribing budget is heading for a £6.5m deficit year end position, which is an improvement on the Month 3 trajectory, which was £7.5m.</p> <p>Mitigating Actions: Both the PMOT and Finance teams are reviewing the details of the drugs charged to the ICB (via a national feeder), which are currently higher in all three Places. The PMOT have progressed work on the delivery of the identified Efficiency Schemes and this will be reported here in future months.</p>		

Updates on the Financial Positions as at Month 4 2023/24

Corporate Services (Running Costs)			
Forecast Outturn Position: £2m underspend	Annual budget:	£29.7m	0.9% of the total ICB Budget
	Month 4 YTD Variance	£0.4m underspent	
	Run rate:	Current run rate: £2.3m per month	
	Efficiency Target:	£2.3m	✓ £2.3m – Reduction of pay spend to remain within Running Costs – on track to be delivered
Risks identified: Level of Risk Low	<p>This category of spend is the Running Costs Allocation and is predominantly payroll costs; this can be impacted by leavers, sickness and maternity leave cover during the year. The agreed pay award uplift of 5% for 2023/24 has not been fully funded and all ICBs have been tasked with reducing costs by 20% in 2024/25 with a further 10% in 2025/26. As the reduction will be effective from April 2024, no efficiency target has been set, although planning for the reduction is in the advanced stages.</p> <p>Risk: The review of Running Costs does not secure the recurrent reduction of 20% ahead of the financial year 2024/25 starting.</p>		
Cost Pressures in the Forecast Outturn Position: • Non-pay spend	<p>At Month 4, the several Corporate teams have incurred non-pay expenditure which is non-recurrent in nature, such as additional procurement support (£96k), Training and Leadership invoices (£43k), hire of rooms (£19k) and computer licences (£21k)</p> <p>Mitigating Actions: Not applicable.</p>		

Updates on the Financial Positions as at Month 4 2023/24

Other Commissioning Services

Forecast Outturn Position: £8.4m underspend	Annual budget:	£36.6m	1.2% of the total ICB Budget
	Month 4 YTD Variance	£0.385m underspent	
	Run rate:	Current run rate: £2.8m per month	
	Efficiency Target:	£1.1m	✓ £1m – Reduction of SDF funding available – delivered ✓ £0.1m – Reduction in inflationary uplifts of 1.1% - delivered
Risks identified: Level of Risk Low	<p>This category of spend covers a variety of services which are detailed below:</p> <ul style="list-style-type: none"> ❑ Service Development Funding (SDF) Schemes ❑ NHS 111 Service ❑ Efficiency requirements that have not been fully distributed to the relevant functional area ❑ Control Total - £9.4m underspend ❑ ICB Estates and Facilities ❑ Staffing Budgets funded through Programme (Core) Allocation <ul style="list-style-type: none"> ○ IFR Team ○ Safeguarding Team ○ Nursing and Quality Team ○ Clinical Leads <p>Risk: The staffing budgets outside of Running Costs have a 5% vacancy factor applied to them; this efficiency may not be achieved if the teams do not have any vacancies.</p>		
Forecast Outturn Position:	<p>The expected year end position for this Other Commissioning is recognising the requirement to achieve the planned underspend for the ICB. This underspend is expected to be achieved through the deployment of the ICB's reserves.</p> <p>Mitigating Actions: Not applicable.</p>		

2023/24 HWE ICB Efficiencies

The Hertfordshire and West Essex (HWE) Integrated Care Board (ICB) submitted a Financial Plan for 2023/24 with a £9.4m underspend in order to bring the whole HWE system to a breakeven position.

In the March planning submission, the ICB was reporting a £9.9m overspend position, which included £51.8m of efficiencies. The level of efficiencies increased further to £61.2m to bring the HWE System Financial Plan to breakeven and is supported through the ICS risk share agreement. The balance of efficiencies (£8.4m) required to deliver the ICB's underspend position has not been built into individual budgets nor into the YTD position.

The table shows the known schemes, the progress on delivery and whether the efficiencies have been found recurrently.

HWE ICB EFFICIENCIES - 2023/24	£'000	Area Applied	Delivered	Rec / Non-rec	Mitigation
Application of 1.1% Efficiencies and 0.71% Convergence to Provider contracts and other ICB funding	2,616	Acute	Achieved	Rec	
Maximising income received for Independent Sector Providers overperformance in Elective Services	4,500	Acute	Achieved	Rec	
Application of 1.1% Efficiencies and 0.71% Convergence to Provider contracts and other ICB funding	3,080	Community	Achieved	Rec	
Reduction of spend through future procurements	1,000	Community	On track	Rec	Schemes in place
Sustained reduction of demand for Connect contracted services	1,000	Community	On track	Rec	Schemes in place
Application of 1.1% Efficiencies and 0.71% Convergence to Provider contracts and other ICB funding	2,908	Mental Health	Achieved	Rec	
Application of 1.1% Efficiencies and 0.71% Convergence to Provider contracts and other ICB funding	1,675	CHC	Outstanding	Rec	Development of schemes
Reduction of spend through the review of Fast Track care packages	4,000	CHC	Outstanding	Rec	Development of schemes
Reduction of spend through the review of PHB funding	1,000	CHC	On track	Rec	Development of schemes
Reduction of spend through the review of 1:1 levels in Care Homes	1,000	CHC	Outstanding	Rec	Development of schemes
Reduction of spend through the review of CHC Equipment	1,000	CHC	Outstanding	Rec	Development of schemes
Unidentified CHC efficiency schemes	1,820	CHC	Outstanding	Rec	Inflationary uplift in Month 5
Application of 1.1% Efficiencies and 0.71% Convergence to Provider contracts and other ICB funding	5,082	Primary Care	Achieved	Rec	
Known achievement levels below 100% for LES and QOF	1,000	Primary Care	Achieved	Rec	
Application of 1.1% Efficiencies and 0.71% Convergence to Provider contracts and other ICB funding	2,499	Prescribing	Outstanding	Rec	Development of schemes
Implementation of Scripts witch to make cost effective choices	1,662	Prescribing	On track	Rec	Development of schemes
Reduce overprescribing	400	Prescribing	Outstanding	Rec	Development of schemes
Use of cost effective DOAC, gliptin, blood glucose testing strips	400	Prescribing	Outstanding	Rec	Development of schemes
Reduce medicines wastage	400	Prescribing	Outstanding	Rec	Development of schemes
Application of 1.1% Efficiencies and 0.71% Convergence to Provider contracts and other ICB funding	133	Other Commissioned	Achieved	Rec	
Reduction in SDF funding allocated	1,000	SDF	Achieved	Non-Rec	
Application of SURGE funding to improve position	2,654	Various	Achieved	Non-Rec	
Additional efficiencies to balance 30 March 2023 Plan	1,734	Various	Achieved	Non-Rec	
Reduction of pay spend to remain within budget	2,270	Various	Achieved	Rec	
Additional efficiencies to balance 30 March 2023 Plan	7,923	Various	Outstanding	Non-Rec	Non-recurrent flexibility
HWE ICS Risk Share Efficiency - unidentified	8,400	Various	Outstanding	Non-Rec	Reserves
Total Value of Efficiency Schemes	61,156				

Meeting:	Meeting in public	<input checked="" type="checkbox"/>	Meeting in private (confidential)	<input type="checkbox"/>
	NHS HWE ICB Board meeting held in Public		Meeting Date:	22/09/2023
Report Title:	ICB Committee Summary Reports		Agenda Item:	14
Report Author(s):	Governance Leads, HWE ICB			
Report Presented by:	Committee Chairs / Executive Leads			
Report Signed off by:	Michael Watson, Chief of Staff			
Purpose:	Approval / Decision	<input type="checkbox"/>	Assurance	<input type="checkbox"/>
			Discussion	<input type="checkbox"/>
			Information	<input checked="" type="checkbox"/>
Which Strategic Objectives are relevant to this report [Please list]	<ul style="list-style-type: none"> ▪ Increase healthy life expectancy, and reduce inequality ▪ Give every child the best start in life ▪ Improve access to health and care services ▪ Increase the numbers of citizens taking steps to improve their wellbeing ▪ Achieve a balanced financial position annually 			
Key questions for the ICB Board / Committee:	N/A			
Report History:	N/A			
Executive Summary:	<p>Each ICB Sub-Committee has produced a summary document providing an update from the last meeting.</p> <p>People Board – Ruth Bailey</p> <p>Primary Care Board – Nicolas Small</p> <p>Performance Committee – Frances Shattock</p> <p>Quality Committee – Nicolas Small</p> <p>Commissioning Committee – Gurch Randhawa</p> <p>Patient Engagement Forum – Michael Watson</p>			



Recommendations:	The Board are asked to note the contents of the report.			
Potential Conflicts of Interest:	<i>Indirect</i>	<input type="checkbox"/>	<i>Non-Financial Professional</i>	<input type="checkbox"/>
	<i>Financial</i>	<input type="checkbox"/>	<i>Non-Financial Personal</i>	<input type="checkbox"/>
	<i>None identified</i>			<input checked="" type="checkbox"/>
	N/A			
Implications / Impact:				
Patient Safety:	n/a			
Risk: <i>Link to Risk Register</i>	n/a			
Financial Implications:	n/a			
Impact Assessments: <i>(Completed and attached)</i>	<i>Equality Impact Assessment:</i>		N/A	
	<i>Quality Impact Assessment:</i>		N/A	
	<i>Data Protection Impact Assessment:</i>		N/A	





ICB Committee Summary Document

People Board, 20 th July 2023	
Signed off by Chair and Executive Lead:	Ruth Bailey, Tania Marcus
Key items discussed: (From agenda)	<ul style="list-style-type: none"> • Programme Report • 23-24 Plan Close Down Letter • Primary Care Workforce (Deep Dive) • Equality, Diversity and Inclusivity (Deep Dive) • People Board Risk Register
Key points made / Decisions taken:	<ul style="list-style-type: none"> • Work being undertaken to ensure NHS Long Term Workforce plan and Equality, Diversity and Inclusivity Improvement plan are reflected in the HWE 2023- 2025 People Plan. • New regional Temporary staffing and productivity implementation group and Medical workforce committee. MHL D Collaborative reviewing system workforce priorities, outputs to come back to People Board. • T&F group established for Qlik Sense planning tool implementation. Exploring workforce modelling for the University of Hertfordshire innovative research care cluster, working with local authority to review workforce modelling for D2A models. NHS providers coming together to consider educational commissioning and planning for the next 5 years. PAH and ENHT are seeking to develop a system wide scheme to improve support to CESR (Certificate of Eligibility for Specialist Registration). • The Health and Care Academy supported a careers event for 500 school students at Anglia Ruskin University in July. Working with Harper Brown re attracting ex-service personnel, developing a cadetship entry route into NHS with St John's Ambulance. Improving links VCSFE groups to create a pathway from volunteer to career. Admin and clerical staff conference held in June. • System received additional funding to roll out delivery of the Oliver McGowan training across the system. • A new fixed term post starting in Sept to coordinate approach to work experience and development of apprenticeships. • All People Board Sub-committees now formed and SROs in place. The deep dives now commencing and future themes set out in the workplan. • Close down letter was discussed, the importance of all providers working to reduce bank and agency spend in line

	<p>with the operational plan highlighted. Further exploration agreed to identify sickness hotspots and social care use of bank and agency.</p> <ul style="list-style-type: none"> • Primary Care Deep Dive – Analysis of data demonstrated demographic changes impacting staff groups, identification of staff groups which difficult to recruit to and projected retirement figures. Approaches to recruitment and retention of both clinical and non-clinical staff – Further exploration of AHP placements, retention of GPs training within the system, good work of the Training Hub recognised and importance of protected learning time highlighted. Non-recurrent funding recognised as a significant issue. Further collaboration to address barriers to integrated care teams to be scheduled. • EDI Deep Dive – Highlighted the EDI Improvement plan and 6 high impact actions. First steps outlined to embed EDI and improve workplace culture. Progress made but more needs to be done to achieve the targets set by NHS England. EDI strategy in development, being co-produced, focusing 4 main priorities (Culture & Leadership, Recruitment & Retention, Delivering on the EoE Anti-Racism Strategy, Talent Management) • Progression paper demonstrated stark statistics. In the last 5 years, 555 staff on management development programme (only 23 were BME) 498 staff on leadership development programme (only 13 were BME) Many BME staff progression ceiling at band 5 (similar for disabled staff) this impacts aspiration and urgent need to break down barriers to progression. Inclusive Recruitment Training Manuals developed for B4-6. Reflection on the challenges of having enough Inclusion Ambassadors – further work to recruit further volunteers. Need to identify and share areas of good practice. Need to call out poor behaviour however uncomfortable to transform culture. • Need to identify progression against the EoE Anti-racism strategy. • Cultural Intelligence Programme being rolled out in October - needs commitment to attend all 3 sessions. • People Board risk register to be reviewed ahead of the next meeting.
Committees to note:	As above
Board to note:	EDI update to come to Board in November
Forward plan issues:	<ul style="list-style-type: none"> • Deep dive on VCSE • Turnover • Long term workforce plan
Date of next meeting	21 st September 2023

ICB Committee Summary Document

Primary Care Board – Thursday 27 July 2023

Signed off by Chair and Executive Lead:	Nicolas Small and Avni Shah
Key items discussed: (From agenda)	<ul style="list-style-type: none"> • Questions from the public – the below questions were submitted around primary care workforce, with a detailed written response sent back to the patient: <ul style="list-style-type: none"> ▪ <i>How many people of working age in the ICB area are qualified as GPs?</i> ▪ <i>How many of them are working as GPs?</i> ▪ <i>Of that number, how many are working in NHS GP surgeries?</i> ▪ <i>Of the number working in NHS GP surgeries, how many are part-time?</i> ▪ <i>How many vacancies for GPs are there in NHS GP surgeries?</i> • Primary Care Directorate Report (Inc. Risk update) • Primary Care Transformation: <ul style="list-style-type: none"> ○ Primary Care Digital Priorities ○ Primary Care Delivery Plan • Primary Care Contracts Update: <ul style="list-style-type: none"> ○ Progress on Access Recovery Plan ○ Update on Dental • Update from Healthwatch • Patient Comms and Engagement Report • Reports/minutes from sub-groups
Key points made / Decisions taken:	<ul style="list-style-type: none"> • Primary Care Directorate Report (Inc. Risk update) – team are preparing for autumn vaccination programme, working alongside HCT to address inequalities. A deep dive into primary care workforce was presented at the July People board. A successful comms and engagement event was held with over 100 citizens/patients attending to discuss the direction of travel of primary care delivery plan. Development of Patient Participation Groups (PPG) were gaining traction at both practice and PCN level. The Risk Register had been reviewed in the light of ICB discussions on the appropriate approach to risk. Risks would be measured from a programme perspective and an updated risk register would be shared at the end of August. • Primary Care Transformation: • Primary Care Digital Priorities: Key themes inc. empower patients, implement the modern general practice

	<p>model, reduce bureaucracy and building capacity. Challenges faced are around funding. The following seven priorities have been identified; Digital inclusion; Advanced telephony; NHS App; Automation; Digital workforce; Community pharmacy integration; and Infrastructure. The board approved the road map/priorities for primary care digital which have been endorsed by the ICS Digital Transformation Board.</p> <ul style="list-style-type: none"> • Primary Care Strategic Delivery Plan – final iteration of the plan includes feedback which was received from stakeholders inc. information around funding, integrating deliverables for POD, enabling workstreams including delivery actions under primary care workforce, digital, premises and prevention and inequalities and enhancing the work with voluntary sector. • Proposed new funding 2023/24 (page 94): <ul style="list-style-type: none"> ○ £3m: development of INT which includes the support for clinical leadership and care co-ordination and leadership and management from PCN which is agreed through national contract. ○ £1.2m: on the day access with the highest need integrating with system provision. ○ £1m PC digital deliverables including training and support ○ £200,000: prevention and health inequalities working with Voluntary Care Sector through the wider work on inequalities under the personalised agenda ○ £40,000: ongoing communication and patient participation and engagement work building on the work through Healthwatch and National Patient Association and local communications team • Primary Care Contracts Update: Progress on Access Recovery Plan – National plan released in May which looks are the main tasks of, reduce silo working practice; Bring together ongoing work re access improvements; Move to the modern general practice model; Meet patient need and Reduce bureaucracy. Funding will be made available for practices to move to cloud-based systems. • Update on Dental workplan and procurement plan - 48 contracts inherited in April were due to expire in early 2024 and required urgent attention. Priority areas inc. out of hours and on the day access. Collaboration with local authorities was ongoing re oral health promotion and prevention. A report on oral health has been commissioned across HWE. • Update from Healthwatch – future reports to inc. input from PPG and PCNs. The agency and advocacy of the voluntary sector was highlighted; the ICB should start thinking about different service design in recognition of the work that the voluntary sector was already doing. COPD is a priority area for the ICB; synergies were possible with the long-term conditions group who would have oversight of the work and initiatives underway by community partners. • Patient Comms and Engagement Report - the trajectory of work is good with almost 50% of practices now engaged. Support is available online offering templates, tools and workshops. Engagement by the public was strong but patchy; a recent healthy living event organised by a PCN was attended by over 600 people.
Date of next meeting:	Thursday 28 September 2023

ICB Committee Summary Document

Performance Committee – 13 September 2023

Signed off by Chair (Executive Lead):	Frances Shattock
Key items discussed / Decisions taken:	<ul style="list-style-type: none"> • The Committee meeting was held virtually, there was no Non-Executive member present and therefore the meeting was not quorate, it was noted that there are no items for approval and no escalations will be made to the Board. • Declarations of Interest – members and regular attendees reminded to ensure that submitted declarations are up to date. No additional declarations raised for specific agenda items. • Minutes from 12 July 2023 – noted and approved by the Committee as a true reflection of the meeting. • Performance Overview – noted that performance is challenged in many areas; <ul style="list-style-type: none"> - Urgent and Emergency Care (UEC) 4-hour standard, Elective and Cancer backlogs and Children's Community Services are areas of highest risk with performance against the 62-day standard for Cancer moving into the highest risk category this month. Performance against Elective 65-week waits has also moved into the high-risk category from variable risk. Elective waits and Cancer backlogs have been impacted by the recent industrial action. - Mental Health (MH) out of area bed days has moved into the high-risk category this month from variable risk, and although MH adult 28-day standard is also high risk, performance has seen an improvement from highest risk. HPFT Early Memory Diagnosis (EMDASS) has seen an improvement in performance moving from high risk to variable risk. - Improvements have also been seen in some UEC indicators; although ED over 12 hours is high risk, performance has improved from highest risk this month. Ambulance handover performance has moved down to variable risk with 2-hour urgent community response moving into low risk. Community waits for adults has also seen an improvement and moved into the low-risk category. - New additions to the report include performance information on Integrated Care Teams, Autism Spectrum Disorder (ASD) and Learning Disability Health Checks. • Performance Risk Register – discussion regarding current performance risks, it was agreed that the risk scoring and mitigating actions reflect the current position in relation to risk areas discussed in the Performance Review [Community Waits (Children's), Cancer, Elective Recovery, UEC, Mental Health, Diagnostics] • Operating Plan 2023/24 August update – noted the progress against the operating plan close down letter.

	<ul style="list-style-type: none"> Deep Dive: Community Children's services – discussion of the concerns about the limited assurance of children's services, current known and unknown waiting times and issues, despite significant focus and improvement effort, key areas discussed included, Pediatric Audiology, Children's Therapy Services, and Community Pediatric / Neurodiversity. Improvement work is underway, alongside development of a systemwide model for neuro diversity. Agreed the following actions: <ul style="list-style-type: none"> Performance reporting across Children's Services should be overseen by ICS Children's Board for full visibility (with ongoing reporting to ICB Performance Committee), There should be an agreed and consistent approach to measuring and reporting performance across the ICS, We should agree, quickly, where investment is needed to tackle long waits – these have too much of an impact of CYP, We should recognise that investment in CYP services helps prevent more problems for key childhood transitions, adulthood and mental health services, In the context of a long term sustainable plan can look to provide mutual aid across the system, We need to continue and accelerate a coordinated approach between Health, Education, Social Services and VCSFE to change and improve services for CYP. Committee Workplan – noted that the End-of-Life deep dive has been removed as the UEC Board directly escalates any issues. Agreed to remove the deep dive on Community Services as issues were discussed during the meeting. Agreed to add deep dives into elective long-waits and the impact of industrial action, call before convey and outpatients.
Committees to note:	<ul style="list-style-type: none"> The Committee is to note the discussions and decisions above.
Board to note: <i>(Highlight quality oversight and identify where further work is required)</i>	<ul style="list-style-type: none"> The Board is to note the discussions and decisions above, particularly the performance challenges. All ICB Sub-Committees Terms of Reference and Workplans remain under review for 2023/24 – being checked for potential inclusion of items concerning newly delegated areas for the ICB (Dentistry, Community Pharmacy and Optometry).
Forward plan:	<ul style="list-style-type: none"> N/A
Date of next meeting:	<ul style="list-style-type: none"> 08 November 2023

ICB Quality Committee Summary Document

Quality Committee – Thursday 7 September 2023 [Meeting held in-person]	
Signed off by Chair and Executive Lead:	Nicolas Small and Natalie Hammond
Key items discussed: (From agenda)	<ul style="list-style-type: none"> • ICB Quality Committee Workplan 2023-24 • ICB Risk Register (Nursing & Quality) and Strategic and Corporate Risk Register (Quality related) • ICB Quality Escalations Report and dashboard (inc National Patient Safety Strategy update) • ICB Quality Dashboard • ICB Continuing Healthcare Report • Patient Safety Incident Response Framework (PSIRF) policy • ICB Safeguarding Annual Report (Adults & Children) • Annual Child Death Overview Panel Report (CDOP) – West Essex • Patient Experience Deep Dive • CQC System Review • Draft ICS Quality Strategy Delivery Plan and updates against ICB key quality priorities • Minutes/Summary from sub-groups • New risks and escalations from Committee • Reflections and feedback from the meeting on assurance and on addressing equality and diversity issues in reports
Key points made / Decisions taken:	<ul style="list-style-type: none"> • Quality Escalations Report – Key escalations include ongoing improvement work regarding ENHT paediatric audiology and national audiology concerns; WHTHT perinatal mortality; EPUT CQC and national concerns regarding termination of pregnancy services, Ophthalmology Services are an emerging concern. This relates to patient follow-up appointments backlog at ENHT and no formal Out of Hours cover for patients at PAHT. An Out of Hours workstream has been created by the ICS Ophthalmology Steering Group with focus on both Trusts due to inter-related impacts. Options appraisal due at ICS Planned Care Group in September 2023. • ICB Quality Dashboard – New metrics included for ‘Friends and Family’ rates and responses within the community and Mental Health Trusts. The team are looking at ways for further input and engagement to increase the response rate and feedback. Next steps in Dashboard development: identification of metrics for social care. • Continuing Healthcare Report – CHC re-structure concluded with recruitment of remaining vacancies commenced. New Associate Director and South-West Herts CHC Service Manager have been appointed. Quality premium target continues to improve. Project initiated to turn around ‘Fast Track’ backlog. • ICB Safeguarding Annual Report (Adults and Children) – Introduction of new Domestic Abuse Sexual Violence Toolkit in Primary Care, alongside review and development by Safeguarding team of the health-based domestic abuse risk matrix. • Annual Child Death Overview Panel Report (West Essex) – A deep dive of modifiable factors, identified during the

	<p>analysis of child deaths, is being undertaken across the NHSE East of England CDOP. It is anticipated findings will influence both strategic and operational planning.</p> <ul style="list-style-type: none"> • System Quality Improvement update – QI network and futures platform are both up and running. • Patient Experience Deep Dive – First system wide view of patient experience across HWE. Led by Healthwatch, Local Authority and Patient Safety Partner representatives. Presentations included an update from Healthwatch around common quality concerns for people with learning disabilities, people with autism and carers accessing healthcare, cost of living impact. Adults survey results following the Adult Care Services survey, Hertfordshire and West Essex. Findings from multiple National Patient Experience surveys. ICB Local Patient Survey findings and next steps including building key measures into the quality strategy delivery plan. • CQC System Review – ICS assessments will be between September 2023-2025, initially with pilot sites (SNEE for East of England). The assessment and rating approach will be structured specifically around the context, aims and roles of an ICS and the four statutory purposes. it will focus on three themes: Quality & Safety; Leadership and Integration. A working group has been established with executive and operation leads from across the Hertfordshire & West Essex Integrated Care System, meeting every two weeks to begin preparations for future assessments. • Draft Quality Strategy Delivery Plan – Really good input and discussion at the workshop resulting in the agreement and approach of the delivery of each of the Quality Principles and how they can be weaved into measures and metrics 'of value'. • The Committee will be keeping a watching brief on: <ul style="list-style-type: none"> ➤ Workforce challenges, specifically in mental health and learning disability services, and the challenges faced by international colleagues.
Committees to note:	<ul style="list-style-type: none"> • As above
Board to note:	<ul style="list-style-type: none"> • ICB Nursing & Quality Risk Register – the Committee accepted the recommendation to close risks 349 and 622. • Patient Safety Incident Response Framework (PSIRF) policy - the Committee recommended approval. • In view of the verdict of the 'Letby' case, the Committee expressed their concerns and will be seeking assurance that outcomes and lessons learned should be at the forefront and will be part of future deep dives and in-depth conversations. Agreed whistleblowing concerns will be included in future reporting alongside safety incidents etc.
Forward plan:	<ul style="list-style-type: none"> • Update to be brought to the Committee on the 'Waiting Well' programme which is an initiative to support lower risk patients on surgical waiting lists.
Date of next meeting	<ul style="list-style-type: none"> • Thursday 02 November 2023

ICB Committee Summary Document - Public

NHS Hertfordshire and West Essex ICB – Commissioning Committee – 5 th September 2023 (Extraordinary Meeting) and 14 th September 2023	
Signed off by Chair and Executive Lead:	G Randhawa & E Disney
Key items discussed with decision: (From agenda)	<ul style="list-style-type: none"> Minutes – Approved for both July meeting, and Extraordinary Commissioning Committee meeting held on 5th September 2023. Meetings for the 5th September and 14th September - quorate Agenda items for noting: <ul style="list-style-type: none"> PDAF NHS Specialised Services Hertfordshire and West Essex Area Prescribing Committee Report - approved ICB Clinical Policies – noted and approved <ul style="list-style-type: none"> Breast Surgery Prior Approval requirements for ISPs across the ICS. Alignment of Prior Approval requirements for primary care providers. Implementing ICB-wide Blueteq IFR Primary Care Commissioning Committee Summary - noted
Key points made / Decisions taken:	<ul style="list-style-type: none"> As noted above.
Committees to note:	<ul style="list-style-type: none"> An updated position to be received by November Committee concerning a Commissioning outline for Children, Young People and Maternity.
Board to note:	<ul style="list-style-type: none"> The recommendation for a separate agenda item concerning PDAF NHS Specialised Services.
Forward plan issues:	<ul style="list-style-type: none"> No additional points to note.
Date of next meeting	9 th November 2023

Patient Engagement Forum – 12 September 2023

Signed off by Chair and Lead:	Patient Chair: Alan Bellinger Michael Watson, Chief of Staff	
Members and Attendees:	<p>Patient representatives</p> <p>Martin Norman (East and North Herts patient representative)</p> <p>Rajwant Kaur Singh (West Essex patient representative)</p> <p>Kevin Minier – Vice Chair (shared South and West Herts Health and Care Partnership Co-production Board patient representative)</p> <p>Michael Carn (East and North Herts Community Assembly patient representative)</p> <p>Nila Hibbert (West Essex Citizens panel patient representative)</p> <p>Leighton Colegrave (ICB Primary Care Board patient representative)</p> <p>Claire Unwins (Patients Association task and finish patient representative)</p> <p>Alan Bellinger- patient Chair (ICB Buddy Scheme patient representative)</p> <p>Helen Clothier (South and West Herts patient representative) – part meeting</p> <p>Ewa Merlo, Policy Manager, Herts County Council</p> <p>Fiona Corcoran (Deputy CEO Healthwatch Herts)</p>	<p>Herts and West Essex Integrated Care Board staff</p> <p>Michael Watson (Chief of Staff)</p> <p>Lauren Oldershaw (Senior Communications and Engagement Officer)</p> <p>Heather Aylward (Engagement Manager)</p> <p>Dr Holly Jenkins (Associate Medical Director)</p> <p>Elizabeth Disney (Director of Operations)</p> <p>Susan Haigh (Senior Communications and Engagement Manager)</p> <p>Apologies</p> <p>Justin Jewitt (Patient Safety Partners and Quality Committee patient representative)</p> <p>John Wigley – Vice Chair (shared South and West Herts Health and Care Partnership Co-production Board patient representative)</p>
Key items discussed: <i>(From agenda)</i>	<ul style="list-style-type: none"> Urgent and Emergency Care Strategy – the forum members welcomed this important piece of work and were keen to collaborate as it develops. Key issues document – this had been compiled in a short space of time to capture the issues that the members were hearing from their patient and community networks. 	

	<ul style="list-style-type: none"> Questions for the board – it was agreed that the forum would ask questions of the board.
Agreed Actions:	The key issues and questions to be shared with the Board
Items for escalation / Committees / Board to note:	The Board to consider and respond to the key issues and questions
Date and time of next meeting:	14 November, 2023