NHS HWE ICB Board Meeting [Public Session]

Friday 24 November 2023

Latton Bush Conference Centre

Southern Way

Harlow , CM18 7BL

11:30 - 15:00

Meeting Book - NHS HWE ICB Board Meeting [Public Session] Friday 24 November 2023

Agenda

11:30	1. Welcome, apologies and housekeeping		Chair
	2. Declarations of Interest		Chair
11:35	3. Minutes of last meeting held on Friday 22 September 2023	Approval	Chair
	4. Action Tracker	Approval	Chair
11:40	5. Deep Dive - Workforce	Discussion	Tania Marcus
12:40	6. Chair's Update Report	Discuss / Information	Paul Burstow
12:50	7. Chief Executive Officer's Report	Discuss / Information	Jane Halpin
	13:00 - 13:30 Lunch break		
13:30	8. Integrated reports for finance, performance, quality and workforce	Assurance	ICB Executive
14:00	9. Freedom to Speak Up Guardian Report – Q1 & Q2 2023-24	Assurance	Shaun Butler
14:15	10. Quality Escalation Report	Assurance	Natalie Hammond
	11. Performance Report	Assurance	Frances Shattock
	12. ICB Finance Report for Month 6 2023/24	Assurance	Alan Pond
	13. HWE ICS Finance Report	Assurance	Alan Pond
	14. Committee Summary Reports	Assurance	Committee Chairs
14:45	15. Questions from the public	Information	Chair
14:55	16. What would service users, patients, carers and staff take away from our discussions today?	Discussion	Chair
15:00	17. Close of meeting		Chair
	Date of next Meeting: Friday 26 January 2024		

Herts & West Essex Strategic Framework- 2022-2027

Our mission

Better, healthier and longer lives for all

We will achieve this by

- **Improving physical and mental health across our population**
- **Tackling unequal access, experience and outcomes**
- **Enhancing productivity and value for money**
- **Ensuring the NHS supports broader social and economic development.**

In the first 3-5 years we will

- 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

The ICB will deliver this by:

- Setting direction for the NHS in Hertfordshire and West Essex
- Allocating NHS resources fairly and effectively
- Supporting, equipping, and empowering our people
- Working with and pooling resources with our partners
- Enabling improvement and driving change, with a focus on quality
- Using data and evidence to generate insight and assess impact

Hertfordshire and West Essex Integrated Care System

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**24/11/2023**	
Report Title:	**Board Declarations of Interest**				**Agenda Item:**	**02**	
Report Author(s):	Gay Alford, IG and Governance Officer						
Report Presented by:	Iram Khan, Corporate Governance Manager, Board & Committees						
Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	☒	**Information**	☒
Which Strategic Objectives are relevant to this report:	▪ Relevance to all five ICB Strategic Objectives						
Key questions for the ICB Board / Committee:	▪ Please see the 'Recommendations' section						
Report History:	▪ 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:	▪ 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. ▪ At the point of drafting this report, all Board member/regular attendees have returned their declarations for the 2023/24 financial year.						
Recommendations:	The Board is asked to: ▪ 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:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
	N/A			
Implications / Impact:				
Patient Safety:	N/A			
Risk:	N/A			
Financial Implications:	N/A			
Impact Assessments:	***Equality Impact Assessment:***		N/A	
	Quality Impact Assessment:		N/A	
	Data Protection Impact Assessment:		N/A	

Hertfordshire and West Essex Integrated Care System

Herts and West Essex ICB Register of Interests

Name:		Current position(s) held in the ICB	Declared Interest (Name of the organisation and nature of business)	Type of Interest					Date of Interest		Action taken to mitigate risk
Surname	Foreame			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct interest	Indirect interest	From	To	
Bailey	Ruth	Non-Executive Member, NHS HWE ICB Deputy Chair. NHS HWE ICB	Expert advisor to Boston Consulting Group in the Middle East on a public sector project that is not healthcare related.	√					2021	Ended 2022	Verbal declaration to be made at the beginning of any meeting when relevant and appropriate
			Associate HR Consultant for 3XO. Not engaged on any healthcare related projects.	√					2022	Ended 2022	
			Husband is a Director in UK Health Protection Agency.					√	2016	Current	
			Executive Director of People and Organisational Effectiveness for the Nursing and Midwifery Council (job share)	√					2022	Current	
			Non-Executive member of South West London ICB.		√				2022	Current	
Burstow	Rt. Hon. Paul	Non-Executive Member, NHS HWE ICB Chair NHS HWE ICB	I am chair of the trading charity, the Social Care Institute for Excellence. The charity undertakes consultancy and improvement support in social care and beyond	-		-	-		2017	Present	I play no part in the charity's tendering processes nor do I play a role in selecting contractors within the ICS. Should a discussion or paper relate to this provider, I will declare an interest either in advance of the meeting or at the point a direct or perceived conflict is identified.
			I am chair of the trading charity, St Andrew's Healthcare. The charity provides a range of secure mental health services, primarily in the Midlands, and several community-based specialist services	-		-	-		Oct-20	Present	I play no part in the charity's tendering processes nor do I play a role in selecting contractors within the ICS. Should a discussion or paper relate to this provider, I will declare an interest either in advance of the meeting or at the point a direct or perceived conflict is identified.
			I am the chair of the CIC, Technology Enabled Care Services Association. The CIC mission is the product agnostic and non-proprietorial promotion of TEC and the setting and auditing of industry standards. The CIC also offers consultancy services to local government, housing associations, NHS etc	-		-	-		2018	Present	I play no part in the CIC's tendering processes nor do I play a role in selecting contractors within the ICS. Should a discussion or paper relate to this provider, I will declare an interest either in advance of the meeting or at the point a direct or perceived conflict is identified.

			I am the chair of Tavistock and Portman NHS FT. The Trust runs a number of specialist services including some national services.	-		-	-		2015	2022 Ended	
			I am the Managing Director of Indy Associates Limited. The company is jointly owned by myself and my wife and undertakes a limited amount of consultancy, advisory and public policy work including acting as an adviser to MHP Communications working with clients in the charity and life sciences sectors.	-		-	-		2015	Present	The company does not tender for work from NHS organisations. If any NHS organisation within the ICS were to engage the MHP Communications, I would declare the interest and would take no part in the delivery of the work. Should a discussion or paper relate to this provider, I will declare an interest either in advance of the meeting or at the point a direct or perceived conflict is identified.
			I was a Trustee, Action on Smoking and Health. The charity is a research, public policy and advocacy organisations. I stepped down in September 2020.						2015	Sep-20 Ended	N/A
Coles	Toni	Place Director - West Essex	Nil	-	-	-	-	-	-	-	-
Disney	Elizabeth	Director of Operations, HWE ICB	Sister is employed by the ICB on a fixed term basis within the ICB Medical Directorate	-	-	-	-	√	Jan-23	Feb-24	No involvement in recruitment process or decision to employ
Dugmore	Catherine	Non -Executive Member, NHS HWE ICB	Cambridgeshire Community Services NHS Trust, Non Executive Director	√					Apr-22	Present	Declare as required.
			Hertfordshire Partnership Foundation NHS Trust, Non Executive Director	√					Aug-16	Ended Jul - 2022	
			Natural England, Board Member	√					Mar-18	Present	
			Housing 21, Board Member	√					Sep-21	Present	
			WWF-UK, Trustee			√			2017	Present	
			School Governor			√				Present	
Elton	Sharn	ENH Place Based Director	Parish Councillor, Sutton Parish Council, Central Bedfordshire	-	-	√	-	-	May-23	Mar-27	-

Flowers	Beverley	Director of Strategy , HWE ICB Deputy CEO	Non remunerated 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.)	-	√	-	-	√	01/01/2019	Ongoing	Declare at meetings where relevant. Exclude self from decision making process in meetings if necessary.
Halpin	Jane	Chief Executive Officer, NHS HWE ICB	Son works in admin support for the ICB via an external agency	-	-	-	-	√	Sep-22	Ended 01/01/2023	-
			Son works in admin support to the ICB CHC team 9th Jan 2023					√	09.01.2023	Ended 22.06.2023	
Hammond	Natalie	Director of Nursing & Quality, HWE ICB	Husband - company - Aqua Kare, leak detection.	√						Ongoing	Does not commission/tender for work.
Howard -Jones	Elliott	Partner Member - Community Provider Representative	Role of CEO at Hertfordshire Community NHS Trust	√	√	-	-	-	-	Present	I recuse myself from making any decisions that may cause a conflict.
Joyce	Rachel (Dr)	Medical Director	Married to an NHS consultant who works for East and North Herts Trust.	-	-	-	-	√	Jun-01	On-going	To be logged on ICB DoI registers and declared if relevant in meetings/ work
			Director for Ranine Ltd - a company that provides private medical services by one consultant (spouse as above) to local independent hospitals. From 1st 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	Ongoing	
Khan	Iram	Corporate Governance Manager - Board & Committees	Nil	-	-	-	-	-	-	-	-
Lavington	Adam	Director of Digital Transformation	Nil	-	-	-	-	-	-	-	-
Mapley	Owen	Partner Member	As Chief Executive of Hertfordshire County Council, decisions made by the ICB are likely to have a direct impact on the operational and financial management of health and care services provided by the County Council.			√			01/07/2022	Ongoing	Remain alert to specific potential conflicts and flag ahead of decision making to ICB Chair.
Marcus	Tania	Chief People Office	NIL								
Marovitch	Joanna	Partner Member - Voluntary Community Faith and Social Enterpirse (VCSFE) Alliance	CEO of Hertfordshire Mind Network	√					2021	Current	Verbal declaration to be made at the beginning of any meeting
			Chair of VCFSE Board			√			2022	Current	Verbal declaration to be made at the beginning of any meeting
McCarthy	Lance	Partner Member, NHS and Foundation Trusts - Acute	CEO of PAHT - provider in the system	√					May-17	Current	Verbal declaration to be made at the beginning of any meeting as appropriate
			Member of NHS Employers Policy Board		√				Jan-23	Current	Verbal declaration to be made at the beginning of any meeting as appropriate
Moodley	Pragasen	Partner Member for the ICB - Primary Medical services	Partner at Stanmore Medical Group 5 Stanmore Road, Stevenage, SG1 3QA	√	-	-	√	-	2004	Continuing	Verbal declarations to be made at the beginning of any meeting
			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	Continuing	

			Co-clinical director North Stevenage PCN	√	-	-	√	-			
			Partner at Larksfield Medical Practice	√	-	-	√	-	2019	Continuing	
			Partner, Dr A Saha, is a partner at King George Medical Practice	-	-	√	-	√	2016	Continuing	
Perry	Dr Ian	Partner Member, Primary Medical Services	GP Partner in Maynard Court Surgery	√	-	-		-	2013	To date	Verbal declaration to be made at the beginning of any meeting
			Epping Forest North PCN GP Partner	√					2019	To date	
			Stellar Healthcare Shareholder		-	-		-	2014	To date	
Pond	Alan	Chief Finance Officer, HWE ICB	I am the public sector appointed Director of Assemble Community Partnership Ltd (Company Number 06471276) and associated companies Assemble Fundco 2 Ltd (Company Number 08309498) Assemble Holdco 2 Ltd (Company Number 08309495) Wolverton Holdings (Company Number 08307564) Wolverton Fundco 1 Ltd (Company Number 08306830 Assemble Fundco 1 Ltd (Company Number 06471659) Assemble Holdco 1 Ltd (Company Number 06471233) Assemble (MKHQ) HoldCo Ltd (Company Number 06710941) Assemble (MKHQ) Ltd (Company Number 06711023) All of 128 Buckingham Palace Road, London, SW1W 9SA.			√			Jul-08	Current	My role on the Board of the LIFT Company Group is to represent the interests of the local public sector, provide insight, but also to oversee the financial and governance arrangements of the companies. The Group of Companies was created to provide benefits to the NHS locally and a conflict is highly unlikely to occur. Should any conflict of interest arise, I would excuse myself from both parties for the relevant matter and should an ongoing conflict arise I would resign my director position with the Group of Companies.
			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.	-	-	-	-	√	Aug-10	Current	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.

Randhawa	Professor Gurch	Non Executive member, NHS HWE ICB	Professor of Diversity in Public Health & Director, Institute for Health Research University of Bedfordshire. Honorary Academic Contract, UK Health Security Honorary Academic Contract, Office for Health Improvement & Disparities Expert Expert Advisor, NICE Centre for Guidelines, UK Facilitator, faculty of Public Health accredited Practioner Program, UK Faculty of Public Health Non-Executive Director, Forestry England. Adjunct Professor, Ton Due Thang University, Vietnam, Trustee, Race Equality Foundation, UK National Member, National Black and Minority Ethnic Transplant Alliance, UK Member, British Medical Association Ethics Committee, UK Deputy Lieutenant, Bedfordshire Patron of the Bedfordshire Rural Communities Charity Ambassador, Keech Hospice Care Volunteer, Luton Sikh Soup Kitchen Junior Cricket Coach, Harpenden Cricket club							Current	To be declared as appropriate.
Shah	Avni	Director of Primary Care HWE ICS	Spouse works for a Pharmaceutical Industry – Scope, who distribute a number of eye products across the UK.					√	Nov-20	Current	As Director of Primary Care I am not directly involved in the local decision making process of new drugs hence managing conflict
			Spouse provides supervision and support via CPPE to foundation year community pharmacist who required support. This is commissioned through HEE and covered London and South East Area					√	Apr-23	Current	This is commissioned directly from HEE to CPPE hence NO involvement in commissioning and contracting of this
Shattock	Frances	Director of Performance	Nil	-	-	-	-	-	-	-	-
Small	Dr Nicolas	Partner Member Primary Medical Services	Partner Schopwick Surgery Elstree. Provider of GMS Services	√	-	-	√	-	1996	Present	To be declared as appropriate
			Schopwick Surgery is part of the Herts Five Primary Care Network (PCN)	√							
			Practice has shares in GP provider Federation Herts Health & Herts One providing extended GP and community services across south & west Hertfordshire	√	-	-	√	-	2008	Present	
			Schopwick Surgery provides extended GP services to Sunrise Assisted Living, Elstree & Kestrel GroveNursing Home, Bushey	√					1997	Present	
			GP Trainer Schopwick Surgery for North Hertfordshire GP Vocational Training Scheme & Northwick Park Hospital VTS	-	√		-		2007	Present	
			Siblings hold NHS primary and dental care contracts as providers of GP and dental services	-	-		-	√	2001	Present	
			Sibling - associate medical director primary care services, NW London ICS.		-	-		√	2022	Present	
Stober	Thelma	Non-Executive Member, NHS HWE ICB	Patient , Surgery Berkhamsted	-	-	√	-	-	2018	Current	HWE Conflict of interest Policy . NHS England » Managing conflicts of interest in the NHS and Best practice in corporate governance
			Patient, RNOH Stanmore			√			2005		
			Patient, Stoke Mandeville Hospital			√			2010		
			Employee of Local Government Association	√	-	-	-	-	2013	Current	
			Trustee of London Emergencies Trust						2016	Current	
			Trustee of the National Emergencies Trust						2020	Current	

			Non-Executive Director, Peabody Trust Board committee						2021	Current	
			Deputy Lieutenant Greater London						2022	Current	
Surgenor	Simone	Deputy Chief of Staff - Governance & Policies	Dependant with Type 1 Diabetes	-	-	-	-	√	2019	Ongoing	Declaration made in meetings where papers or discussions relate to this condition..
Taylor	Karen	Mental Health Trust partner member (Hertfordshire Partnership Foundation Trust)	Chief Executive and employee of HPFT	√					Dec-21	Current	Declare interest
			Board Trustee - NHS Providers		√				Jul-23	Current until Jul-26	Declare interest
			Chair of Hertfordshire - MH & LD Autism Health & Care Partnership		√				Dec-21	Current	Declare interest
Turnock	Philip	Managing Director of HBL ICT Shared Services	Nil	-	-	-	-	-	-	-	-
Watson	Michael	Chief of Staff, NHS HWE ICB	Nil	-	-	-	-	-	-	-	-
Webb	Matthew	Hertfordshire & West Essex ICS Transition Director	Partner is employed by AGEM CSU as a Programme Director	-	-	√	-	√	10.01.22	Continuing	
			Daughter is an employee of Central & North West London NHS Trust	-	-	√	-	√		Continuing	
Wightman	Lucy	Partner Member, Local Authority	Member of international Advisory Panel for Academic Healthy Solutions	√					Apr-22	Present	Exclusion from related/conflicted agenda items/papers
			Board Member for Northamptonshire Sport		√				Apr-22	Present	Exclusion from related/conflicted agenda items/papers
			Member of Reform Health Council						Sep-22		Exclusion from related/conflicted agenda items/papers
			Board Member for Intelligent Health & Sport England Advisory Board		√				Aug-22	Present	Exclusion from related/conflicted agenda items/papers
			Student at Anglia Ruskin University		√				Jan-23	Present	Exclusion from related/conflicted agenda items/papers

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

DRAFT MINUTES

Meeting:	**NHS Herts and West Essex Integrated Care Board** **Board meeting held in Public**			
	Meeting in public	☒	*Meeting in private (confidential)*	☐
Date:	**Friday 22 September 2023**			
Time:	**13:30 – 15:00**			
Venue:	**The Forum, Hemel Hempstead and remotely via MS Teams**			

MINUTES

Name	Title	Organisation
Members present:		
Paul Burstow (PB)	ICB Chair	Herts and West Essex ICB
Catherine Dugmore (CD)	Non-Executive Member	Herts and West Essex ICB
David Evans (DE) Deputising for Karen Taylor	Executive Director, Strategy and Partnerships	Hertfordshire Partnership Foundation Trust
Debbie Griggs (DG) Deputising for Alan Pond	Deputy Finance Officer	Herts and West Essex ICB
Jane Halpin (JH)	Chief Executive Officer	Herts and West Essex ICB
Natalie Hammond (NH)	Director of Nursing and Quality	Herts and West Essex ICB
Elliot Howard-Jones (EHJ)	Partner Member (NHS Community Trust)	Herts and West Essex ICB
Rachel Joyce (RJ)	Medical Director	Herts and West Essex ICB
Lance McCarthy (LM)	Partner Member (NHS Acute 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
Lucy Wightman (LW)	Partner Member (Local Authority ECC)	Herts and West Essex ICB
In attendance:		
Toni Coles (TC)	Place Director, West Essex	Herts and West Essex ICB
Elizabeth Disney (ED)	Director of Operations	Herts and West Essex ICB
Beverley Flowers (BF)	Director of Strategy	Herts and West Essex ICB
Iram Khan (IK)	Corporate Governance Manager	Herts and West Essex ICB
Tania Marcus (TM)	Director of workforce	Herts and West Essex ICB

Avni Shah (AS)	Director of Primary Care Transformation	Herts and West Essex ICB
Frances Shattock (FS)	Director of Performance	Herts and West Essex ICB
Simone Surgenor (SS)	Director Corporate Governance	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:		
Thelma Stober (TS)	Non-Executive Member	Herts and West Essex ICB
Joanna Marovitch (JM)	Board Member – VCSFE	Herts and West Essex ICB
Member Apologies:		
Ruth Bailey (RB)	Non-Executive Member	Herts and West Essex ICB
Alan Pond (AP)	Chief Finance Officer	Herts and West Essex ICB
Karen Taylor (KT)	Partner Member (NHS Mental Health Trust)	Herts and West Essex ICB
Prag Moodley (PM)	Partner Member (Primary Medical Services)	Herts and West Essex ICB

ICB/77/23	**Welcome, apologies and housekeeping**
77.1	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).
77.2	Apologies for absence had been received from: Members: • Alan Pond (deputised by Debbie Griggs) • Karen Taylor (deputised by David Evans) • Ruth Bailey • Prag Moodley Attendees: • Sharn Elton • Matt Webb
ICB/78/23	**Declarations of interest**
78.1	The Chair invited members to update any declarations relating to matters on the agenda and reminded them of their responsibility to update their declarations: • None declared. 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
ICB/79/23	**Minutes of the previous meeting**
79.1	**The minutes of the previous meeting held on Friday 28 July 2023 were approved as an accurate record.**
ICB/80/23	**Action Tracker**
80.1	The action tracker was reviewed, all items had been completed.
80.2	**The Board noted the updates to the action tracker.**
ICB/81/23	**Questions from the public**
81.1	There were several questions from members of the public as well as the Patient Engagement Board. Michael Watson summarised the questions which covered: • Arrangements for waiting well • Access to Modern GP • Risks of digital exclusion • Learnings and assurances arising from Countess of Chester case • Stroke after care He confirmed that full written answers would be published on the ICB website w/c 25 September as well as being recorded in the minutes (see Appendix 1 at end of document). In addition, Paul Burstow would attend the next meeting of the Patient Engagement Board.
ICB/82/23	**Patient Story / Deep Dive**
82.1	Due to the Herts and Essex ICB Annual Review meeting held in the morning the patient story and deep dive is postponed to the next meeting.
ICB/83/23	**Chair's update report**
83.1	The Chair's update (pages 20-23 of the document pack) was noted.
83.2	Questions and comments were invited: • In relation to the events at the Countess of Chester hospital, would the executive share a substantive report with board members on culture and the processes in place to allow colleagues to "speak up" at a future board meeting?

	• The People Board met on 21 September, and this was attended by the Speak Up Champion and discussions were held on culture, listening to staff, reflections and outcomes. These topics would continue to be explored and developed. • Members of the Quality committee noted how the events at Chester had energised their approach and assured board members that this matter was frequently discussed from a quality point of view. Various measures had been implemented in recent years to ensure any similar practice was picked up, for example: o Patient safety strategy o Medical examiner's office. o Mortality surveillance of all departments including maternity and neo-natal. o Quality assurance visits were starting to capture mother/family voice. • It was acknowledged that there were always improvements to be made but that the system as a whole had much better risk management procedures in place and reporting on mortality rates (compared to 5+ years ago).
83.3	**The Board noted the Chair's update**
83.4	***Action: Report on system providers' response to learnings from Countess of Chester hospital to a future meeting.***
ICB/84/23	**Chief Executive Officer's report**
84.1	Jane Halpin (JH) referred to her update (see pages 24-44 of the document pack) drawing the board's attention to the following: • Her report noted that the board would receive a paper in November on the Freedom to Speak up process within the ICB. • She congratulated Nicolas Small on the announcement of his retirement from his GP partnership.
84.2	There were no questions or comments arising.
84.3	**The Board noted the CEO's report**
84.4	**The Board approved the changes to the ICB Governance Handbook (pages 11, 17, 19 and 20) in relation to the appointment of the ICB Nursing and Quality Director on 31 July 2023.**
ICB/85/23	**Integrated report for finance, performance, quality and workforce**
85.1	Michael Watson (MW) introduced the integrated report (see pages 45-56 of the document pack) and highlighted the key strategic issues which the board were recommended to focus their discussion on: • Out of area placement for MH patients and the impact of this on both the patient/family and the organisation's financial position • Paediatric audiology (also an issue nationally) • Pressures on children's services (community services) • Neurodiversity assessments: backlog and long waits • Planned care
85.2	**Performance overview** Frances Shattock (FS) provided the following update: • 62-day cancer standard: the number of patients waiting more than 62 days has improved but remained behind the recovery trajectory. Whilst the standard has deteriorated in HWE it remains higher than the England average and HWE was the only EOE ICB compliant with diagnosis targets. • Elective care: the trajectory to reduce waiting times has been impacted by days lost to industrial action. Regional analysis shows that HWE had been the most impacted by strike days, with the highest number of staff absences recorded. Regional meetings were being held w/c 25 September to review this further. • There have been no known incidents of harm as a result of industrial action but there has been a growth in priority two patients (patients who require surgery within four weeks).

	• Urgent care: attainment of the four-hour standard was static despite some improvements in some areas eg long waits, handover times. • The impact of industrial action on performance and financial targets has been high with an increase in the cost of agency staff. • Tania Marcus (TM) reported that the ICB had implemented the national toolkit to support the reduction of the use of bank/agency staff but that this was challenging. • The three acute providers in HWE were using the workforce productivity toolkit but this showed a very complex picture, for example, staff sickness levels were higher than before the pandemic. • There had been a small decline in the volume of staff turnover, but this was still high.
85.3	**Quality overview** Natalie Hammond (NH) provided the following update: • Rates of *c-diff* continued to increase both locally and nationally. A system-wide *c-diff* summit was held in July and an action plan has been developed. • Point of care testing was working well in the acute sector and this approach had also been included in the IPC Strategy. • Paediatric audiology: As expected, on 31st August NHS England wrote to all ICBs with a number of recommended actions for immediate implementation. The ICB continued to work closely with national and regional colleagues and there was now a clearer position on mutual aid.
85.4	**Finance overview** Debbie Griggs (DG) summarised the financial position for the ICB and ICS: • At Month 4,the ICB reported a YTD overspend position of £2.006m, which was an adverse variance of £2.388m, as the ICB was 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 was 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 ICB Providers had also reported forecast outturn positions in line with their individual financial plans; collectively £9.4m deficit. • Therefore, the HWE Integrated Care System (ICS) continued to report an outturn position of breakeven. Although the known risks to achieving this position currently exceed the mitigations identified. There are established workstreams in place to identify and develop additional mitigations to cover these risks.
85.5	Questions and comments were invited: • What could be done to improve and streamline the pathways and services on offer to stroke patients? GPs spend a lot of time explaining the different pathways to patients and their families. • Rachel Joyce (RJ) summarised the vast amount of work that had been put into stroke provision, in response to deteriorating metrics following the pandemic. This was a complex picture and covered such areas as: o Pre-stroke assessment o Rapid access service o Cardiology o Flow issues (affected by infection control procedures) o Bed issues at all providers o Out of hospital care was complex due to the high number of providers involved, both community and voluntary. • A single version of a patient's care plans was needed which should be visible to all providers via the NHS App. • The Performance team were tracking the availability of community beds for stroke patients and noted an improvement in metrics, a dedicated group working across performance and quality were now tracking stroke data.

	• Q How could the ICB better track the impact of investment and innovation in terms of outcomes? For example, when would admissions fall as a result of innovative preventative workstreams? • JH noted that when a business case was presented to a committee for approval it would include projections re impact, these need to be tracked. For example, the smoking cessation project was expected to impact the number of heart attacks over a year and lung cancer cases over time. These metrics should then be monitored through the quality and performance committees. • The new integrated data pack was being worked on and would adopt a case management approach; interventions would be given a clinical code so the results can be tracked and compared to a control group. It was essential to be able to measure if interventions were successful or not. • Q What further steps were being taken to address the problems in Childrens' community services and paediatric audiology? It was noted that Childrens' community services waiting times were increasing compared to adult community service waiting times which had fallen. • There had been an increase in referrals in Childrens' community services for neuro-diversity diagnosis, with different service models across the three geographical places. The Childrens Board was working on a single model to minimise the waiting time, but this was a big piece of work and would take time to complete. • Partner members noted that extra capacity was needed to meet this increasing demand and that neuro diversity covered a wide range of disciplines some of which were harder to recruit/source than others (even with mutual aid in place), eg EPs and audiologists. This resulted in priority being given to those areas where recruitment was likely to be successful. • The number of applications for EHCPs (education health care plans) was increasing across Hertfordshire in terms of volume and complexity. The inconsistency of provision was impacting the approval and delivery of these plans. • The board reflected on the potentially lifelong impact on a child from delays to diagnosis and treatment. It was essential that the backlog to these pathways were resolved as quickly as possible. • The increasing pressure on wating lists meant that many patients were moving from priority 3 status to priority 2 whilst waiting. • Partner members commented on the cumulative impact of longer waiting lists; patients deteriorated and increased the number of priority 2 cases, despite the regular clinical reviews and re-prioritisation. These more acutely unwell patients took longer to operate on and longer to recover with the associated costs of care rising with little overall impact on the size of the waiting list because more patients were being added all the time. • Q What opportunities were there to increase elective capacity? • Capacity had been lost due to strike action; this had inevitably impacted the ICB recovery plan. Plans for increasing capacity were constantly under review and included: o Moving patients to different pathways o Improving productivity in theatres, getting the treatment/procedure right first time. o Using resources as effectively as possible. o Two additional theatres had come online through the elective hubs - to treat less complex procedures. • Q What steps were in place to address the risks in ophthalmology (highlighted in the Quality report)? • An ophthalmology group was looking at the risks and working on a clinical service model to address these risks NB, follow up on waiting lists and levelling up community provision to free up acute services. • The wider impact of industrial action was highlighted, beyond the cancelling of activity, support staff had to spend time cancelling and rearranging appointments and staffing costs had risen as bank/agency staff were recruited to cover shifts.

	• There was growing frustration from support staff on this wider impact and additional workload created from the strikes as well as increasing anxiety, concern and frustration from patients and their families. • RJ suggested that a deep dive into clinical focus challenge areas might raise awareness of the work going on across the ICS to address capacity/access issues. • The Chair summarised the discussion: o The board needed to have sight of BAU performance and a clearer view of the impact of service transformation activity and how these were measured. o The turbulence, uncertainty and risk from industrial action and inflation would impact how well the ICS achieved against its financial plan. o Pressures on staff to deliver against the plan under these conditions were creating mounting tensions.
85.6	**The Board noted the Integrated Report for Finance, Performance, Quality and Workforce.**
ICB/86/23	**Primary Dental Services Update**
86.1	Avni Shah (AS) presented the primary dental services update (see pages 57-73 of the document pack) drawing the Board's attention to: • Engagement with stakeholders has been good and the team now have a clear overview of the contracts in place, the gaps in provision and the mitigation needed or underway to address these and the plans for transformation. • There were 234 contracts in place across HWE. • Some dentists were handing back contracts (17 in the last three years, one since April 2023). • Four new contracts have been issued. • The spread of activity levels and the issue of equality of access was still being examined. • Community dental contracts have not been reviewed nationally since 2012 so there was an opportunity to address the inconsistencies in access. The ICB was testing new ways of commissioning to provide greater flexibility and responsiveness eg winter dental access scheme, out of hours provider. • Secondary care dental services would move to the ICB in April 2025. • The local authorities were doing a huge amount of work on prevention.
86.2	Questions and comments were invited: • Q What is the trajectory for addressing the geographical gaps in provision? Was there capacity within the commissioning team to facilitate this? • Resources from the contract team had been redeployed to the dental contract team and a transformation team at place was also supporting this work. The analysis of gaps in provision and where residents across HWE go for their dental services would be completed by the end of November. • 111 data would be analysed to see which postcodes access this pathway (to identify a lack of local provision). • Learnings and best practice from Suffolk and London re university/MSC offering should be undertaken. • Planning for the dental workforce was complicated. Currently many trainees opt to enter private dental practice. To alter this, the NHS contract offer and environment to perform both community and private work needed to be enhanced. For example, would it be possible to have salaried dental work? • Over time, the role of the dentist could mirror that of a GP as a coordinator of care. • The lack of funding for digital solutions within dentistry was raised and the need for dentistry to be part of an integrated neighbourhood team. • The existing contract arrangements were complicated; many dentists did both NHS and private work which resulted in a "clumping" of NHS dental access in geographical areas that generated sufficient volumes of private dental care. • Prevention was an essential area to develop and the role of the dental hygienist in this was critical.

	• The potential for the introduction of fluoridisation of water supply was raised. It was noted that within HWE there were multiple water operators. AS thanked Michelle Campbell and Steve Clayton for their efforts in progressing this workstream.
86.3	**The Board noted the Primary Dental Services update**
ICB/87/23	**EPRR Annual Report**
87.1	Elizabeth Disney (ED) presented the EPRR Annual report (see pages 74-291 of the document pack) drawing the Board's attention to: • The team had assessed the ICB's preparedness for potential disruption as substantially compliant. The highest level of assurance possible. • This was based on exercises/simulation and training events as well as learnings and actions from actual events (five incidents had been managed in addition to covid). • All learnings and actions had been included in the report and embedded into workplans and followed up throughout the year. • The ICB had high staff training rates: 89% • Two areas required further work (following the initial self-assessment) and one of these would be closed by October. • The report listed the priority areas. ED noted the good core of expertise within the EPRR team and the distributive management of this work.
87.2	Questions and comments were invited: • Q Had the situation regarding RAAC changed, since Appendix B (page 86) had been written? • The RAAC plan set out at Appendix B had been updated in response to the recent changes in risk assessment by DfE in relation to RAAC in schools. The team was well aware of the cascade of consequences within the ICS footprint and neighbourhood. • JH confirmed that there was no RAAC in any of the acute providers within HWE. Other ICBs in the region were affected and the knock-on impact for HWE providers was on their ability to take patients from another hospital in the event of a sudden closure. • Beverley Flowers (BF) added that checks had already been made in all acute, primary care practices and community provision: o One roof in Saffron Walden had been affected but had been repaired in 2022. o 4% of Primary Care property was affected but all were tenanted properties so the responsibility to repair was the landlords. • The board congratulated and thanked ED for the huge amount of work undertaken to create the EPRR annual report, this demonstrated the collaborative approach across all areas of the ICB and the effectiveness of the many simulations coordinated by the EPRR team.
87.3	**The Board approved the EPRR Annual Report**
ICB/88/23	**Quality Escalation Report**
88.1	See pages 292-324 of the document pack
88.2	**The Board noted the Quality Escalation Report**
ICB/89/23	**Performance Report**
89.1	See pages 325-375 of the document pack.
89.2	**The Board noted the Performance Report**
ICB/90/23	**Finance Report**
90.1	See pages 376-392 of the document pack.

90.2	**The Board noted the Finance Report**
ICB/91/23	**Committee summary reports**
91.1	Summary reports for the following committees had been prepared by committee chairs and the corporate governance team (see pages 396-405 of the document pack) and were noted: • People Board: 20 July 2023 • Primary Care Board: 27 July 2023 • Performance Committee: 13 September 2023 • Quality Committee: 7 September 2023 • Commissioning Committee: 5 September 2023 • Patient Engagement Forum: 12 September 2023
91.2	**The Board noted the committee summary reports**
ICB/92/23	**What would service users, patients, carers and staff take away from our discussion today?**
92.1	The following observations were made: • Could future board papers reflect what progress was being made towards the ICB's 5-year strategy which had been approved in May this year? • It was powerful to remember that behind the figures and statistics in all metrics were people and children NB access of children to MH services/maternity and audiology. • Appreciation should be shown more often to staff who were working tirelessly to deliver services working under significant capacity challenges.
Date of next meeting: Friday 24 November 2023	
The meeting closed at 15:00	

APPENDIX 1: QUESTIONS FROM THE PUBLIC

Question 1: From Sara Betsworth

Given that stroke is a leading cause of death and disability, with stroke survivors leaving hospital with an average of 7 disabilities, many needing complex and life-long care and contributing to delays in discharge and pressures across the health and social care system, how does Hertfordshire and West Essex ICB plan to appropriately fund and resource East of England (South) Integrated Stroke Delivery Network as the essential delivery mechanism for meeting guideline level standards of care and achieving the Long Term Plan's stroke commitments?

What protection and security can you provide to the committed and valuable stroke network staff who are working tirelessly to improve the quality and safety of local services for this clinical priority?

HWE ICB Response:

The ICB does not fund the ISDN, it is funded and resourced centrally from NHS England. The ISDN (South) work closely with the HWE ICB stroke team and local providers to support improvement in stroke care. The ICB is currently working with the ISDN on a number of projects that support improvements in stroke care and delivery of national ambitions as set out in the NHS Long Term Plan. These include working with acute stroke centres to recover their SSNAP rating following the pandemic; and working with community providers towards full implementation of the Integrated Community Stroke Service, including a current test site for a vocational rehabilitation service. Stroke improvement is managed through the Long-Term Conditions programme, with a senior advisory group that includes membership from all parts of the ICS as well as the ISDN (South). These structures ensure that there is a strong network within the ICS for stroke and a single route for driving improvements in care.

Question 2:

Part A: *What is the reported use of the NHS App by the population of the ICB (is it regularly reviewed as a KPI?*

HWE ICB Response:

A dashboard has been developed by NHS England for update of the NHS app for the HWE population including number of registrations and appointments booked. However, usage figures are not generally supported, but are used by providers and GP IT teams to target and develop campaigns to improve the uptake numbers, for example if a practice has low registrations they can be approached to support patients on the benefits of the NHS App.

This is monitored through the ICB Primary Care Digital Board and reported through ICB Primary Care Board. Meeting papers for the ICB Primary Care Board meeting are available on the ICB website and can be accessed here:

Part B: *What, if any, is an acceptable level of variance in the mortality statistics of any Acute provider before any intervention by the ICB?*

HWE ICB Response:

When reviewing mortality data the ICB look at a range of indicators as assessing mortality is complex, with multiple factors potentially impacting on mortality rates. However, there are 3 main mortality indicators that are monitored; crude mortality, Hospital Standardised Mortality Ratios (HSMR) and Summary Hospital-level Mortality Indicator (SHMI).

- A hospital's crude mortality rate looks at the number of deaths that occur in a hospital in any given

year and then compares that against the amount of people admitted for care in that hospital for the same time period. The crude mortality rate can then be set as the number of deaths for every 100 patients admitted.

- HSMR takes a hospital's crude mortality rate and adjusts it for a variety of factors – population size, age profile, level of poverty, range of treatments and operations provided, etc. Nationally the expected HSMR score for hospitals is set as being 100.
- The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.

Each of the data sets are not a direct measure of quality of care, and NHS England advise that HSMR and SHMI cannot be used to directly compare mortality outcomes between trusts.

When reviewing mortality information, the ICB will look at data available over time through Statistical Process Control (SPC) charts. SPC helps to monitor trends over time and identify where a Trust is an outlier. Using this process, we can determine what is normal or warranted variation, and what is unwarranted variation, and then explore this further with the Trust as appropriate. There is no set value or threshold that would be used to determine intervention as there are a number of potential criteria that would be used to identify a Trust as an outlier.

In addition to the above the providers may receive notifications where the national data indicates they are an outlier in a particular condition. Where this is the case further focused review is undertaken by the Trust.

Any areas identified where there are unwarranted variation or specific outliers are discussed through the regular quality and performance meetings with the Trusts. Appropriate actions are then agreed, examples may include review of care pathways or audits, and the ICB continues to seek assurances and monitor progress.

Question 3: *How do patients appeal against an ICS decision to refuse prescribing of an NHS approved medication?*

HWE ICB Response:

NHS resources need to be directed to the treatments and interventions where they can best benefit patients, therefore the effective use of these resources is both a national and local priority. Hertfordshire and west Essex Integrated Care Board (HWE ICB) has a responsibility to ensure that safe, evidence based, clinically effective treatments and services are prioritised appropriately for the whole of its population, as well as considering the clinical needs of individual patients. These decisions are made within Integrated Care Systems (ICSs) involving local Clinicians.

The HWE Area Prescribing Committee (APC) is the strategic local decision-making group with responsibility to promote rational, evidence-based, high quality, safe and cost-effective medicines use and optimisation across Hertfordshire and West Essex ICS, in order to ensure equity of access to medicines for all patients. The APC provides a forum for local stakeholders to consider and make recommendations in ways that are robust, transparent, consistent and take account of regional and national recommendations using an explicit ethical framework and decision-making criteria. The APC promotes the widest levels of clinical engagement.

There is a systematic approach to whole therapeutic areas, not only looking solely at single drugs in isolation from the care pathway; there will be consideration of other health-system costs to support and facilitate service redesign. Service redesign recommendations can and will be made but this is outside scope of the HWE APC.

The HWE APC is part of a system-wide approach to supporting evidence-based investment, and disinvestment, in line with the strategic priorities of the Integrated Care System and Integrated Care Board. In this task the APC's activities are coordinated with those of the HWE strategic Medicines Optimisation Group, HWE Priorities Forum and Long-Term conditions groups, recognising the "opportunity cost" of each decision on services for similar or different groups of people in the HWE system of health and social care.

If a patient wishes to appeal a decision, they should discuss this with their NHS Clinician and if the clinician managing their care agrees they can submit an application to the APC or Individual Funding Request (IFR) team depending on the circumstances.

QUESTIONS FROM THE PATIENT ENGAGEMENT BOARD

Questions 1: *We hear constant stories of patients' elective surgery being re-scheduled at the last minute and these experiences are having a significant social and mental health impact as well the consequences for their own health and wellbeing. Is everything possible being done to ensure that the most in need are supported in "waiting well" and can we be assured that decisions are being made to prioritise those with the greatest clinical need?*

HWE ICB Response:

Elective surgery is sometimes cancelled, last minute due to pressures from the urgent care pathway (availability beds) and the current industrial action (availability of staff). These cancellations are at an absolute last resort and every effort is made to find an alternative to treat these patients and not cancel. Our providers are proactive and do not plan treatment sessions when industrial action is planned - this ensures that patients are not cancelled.

The HWE system has a waiting well programme which is supporting patients' whist they wait.

All patient's treatment are clinical prioritised based upon the clinical need, as assessed by the treating clinician. Patients are then treated according to their clinical priority and then their wait time.

Questions 2: *Is the ICB fully on track to deliver 'Modern General Practice Access' and tackle the '8 am rush' in line with the 'NHS Delivery plan for recovering access to primary care', and how will success be measured?*

HWE ICB Response:

As outlined in the NHS Delivery Plan for recovering access to primary care, all PCNs across HWE have developed Access Improvement Plans for 23/24, focusing particularly on improving patient experience & the ease of access for patients, including the implementation of digital/advance cloud-based telephony systems for the practices currently on analogue systems.

Following on from these plans, the ICB has requested that each practice confirm their individual plans and progress in implementation of Modern General Practice Access. These plans are currently being reviewed and as part of this practices have the opportunity to receive some transition funding to support them with the implementation phase. Key to understanding the success of new access approaches will be through local patient engagement including practice patient surveys and engagement through respective patient participation groups.

The highlights from the PCN level and practices plans will be a key aspect of the HWE System Access Improvement Plan, which will provide a comprehensive update on HWE progress in respect of the Delivery Plan for Recovering Access to Primary Care. Regular updates on progress of Primary Care Access are discussed at the Primary Care Board with a complete system plan being reported to the ICB board in November.

Question 3: *The Patient Engagement Forum ("PEF") fully supports the move to maximise the use of*

digital technology and AI, and its adoption; but the PEF recognises that not everyone is "tech savvy" and requests assurance that everything is being done to minimise the probability of digital exclusion.

HWE ICB Response:

The ICS ten-year digital strategy for HWE, has identified 5 key themes, one of which is specific to Digital Skills, which covers both workforce and our citizens, specifically to supporting digital inclusion. The strategy also has a theme identified as Digital Collaboration, which covers working more closely with the voluntary sector and social care to enhance the work done in the digital inclusion space already, including the Captain Tom programme of work and the recycling of IT equipment into the community to assist with access to online digital health and care services. For further information in relation to our ICS digital strategy, please review the documentation, including an animated version of the digital strategy and supporting digital future citizen stories for HWE, which can be found here: Digital Strategy – Hertfordshire and West Essex Integrated Care System (hertsandwestessexics.org.uk)

Question 4: *Patients have been horrified by the Letby case and families of pregnant mothers in HWE are asking the question: what is the probability of that happening in our area?*

HWE ICB Response:

The appalling crimes that have taken place at the Countess of Chester Hospital have shocked and sickened staff across the NHS including Hertfordshire and West Essex, and understandably have led to questions from the public. These crimes were the actions of a single individual, however this case is a stark reminder of how important it is that the NHS listens carefully to the concerns of patients, families, and staff and has robust assurance and review processes in place.

Hertfordshire and West Essex ICB is committed to the public enquiry and any recommendations and actions that are identified through the enquiry process; we are keen to learn and do all we can to help prevent such events. This process will take time, and in the meantime, we are reviewing all of our processes to ensure they are robust and fit for purpose to ensure it is as unlikely as possible that such incidents could occur within our local system.

There are multiple processes and systems in place to review patient safety and any deaths that occur as well as the strategies and guidance in place to support strong leadership and improved culture both locally and nationally. Examples of these have been detailed below;

A key element of the National Patient Safety Strategy is the new Patient Safety Incident Response Framework (PSIRF) and all organisations within our system are working hard to implement this during the Autumn. The new framework shifts the way we respond to safety incidents and has a particular focus on how we engage and listen to our patients, families and staff in order to drive safety improvement.

The Medical Examiner scrutiny of all hospital deaths has been in place since 2021 and the implementation of non-coronial community deaths is currently taking place with full implementation by April 2024 when it will also be a statutory requirement.

There are many other mortality review processes looking at neonates including use of the Perinatal Review Tool which was introduced to support standardised perinatal mortality reviews across NHS maternity and neonatal units and designed with user and parent engagement. The Child Death Overview Panel process, plus MBRRACE-UK is responsible for looking at information about mothers and babies who die during pregnancy or soon after in the UK.

Within our system we do have a strong Local Maternity and Neonatal System (LMNS) who also provide support, oversight and challenge to ensure delivery of high quality and safe care, and Maternity Voice Partnerships at each of our acute hospitals to ensure we are listening and working with our service users.

Herts and West Essex is also part of the East of England Neonatal Operational Delivery Network which

supports all 17 units in the region and their work includes mortality reviews and monitoring of deaths within the units.

All organisations across our system are reviewing our Freedom to Speak Up processes and policies to ensure we are supporting and encouraging our staff to raise any concerns they may have about the care being provided. We also have the national processes for all our healthcare professionals through their regulators as well as the oversight of the Care Quality Commission.

NHS England recently wrote to all Trusts and commissioners following the crimes at Countess of Chester Hospital with a number of actions required and our local system is working to ensure all are fully implemented. Many of the actions link to leadership and ensuring Boards have appropriate oversight of available data and information relating to services as well as seeking assurance that all staff are able to speak up when they have concerns. As a Board we are committed to doing this.

A specific action relates to the Fit and Proper Person Test and NHS England has recently published guidance on a strengthened test; our ICB is currently developing our plans for implementing that strengthened test.

As an ICB and ICS we are also working to the national NHS People Plan and have a local strategy to support our workforce development and improve our culture and leadership.

Nationally there are currently discussions ongoing regarding the implementation of Martha's rule, following the sad death of Martha Mills from sepsis. Martha's rule supports parents, carers and families to have the right to a rapid review or second opinion from a doctor within the same hospital where they have a serious concern. We understand NHSE is currently looking to develop guidance to support a consistent approach to implementing across the country.

The systems and processes described above should provide some reassurance that events such as those in the recent media would not occur in our system. However, we are not complacent, and we do want everyone to feel safe and confident to speak up. If any of our patients or their families have any questions or concerns about the care they are receiving or want to raise a safety concern at any of our local services, please contact our patient feedback team.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Herts and West Essex Integrated Care Board Board Meeting Action Tracker Last updated on 13 November 2023								
Private / Public	**Action Tracker Ref No**	**Date of Meeting**	**Subject**	**Action**	**Responsible Lead**	**Deadline Date**	**Comments and Updates**	**Status**
PUBLIC	ICB.83.4/23	22/09/2023	Chair's update report	**Report on system providers' response to learnings from Countess of Chester hospital to a future meeting.**	N Hammond T Marcus F Shattock	**26/01/2023**		**Open**

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

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐
	NHS HWE ICB Board meeting held in Public		**Meeting Date:**	**24/11/2023**
Report Title:	**Deep Dive: ICB Equality, Diversity and Inclusion Work stream**		**Agenda Item:**	**05**
Report Author(s):	Karanvir Jhajj, Workforce Transformation Project Manager, HWE ICB; Leah Bailey, System Culture Transformation lead, NHS England and HWE ICB			
Report Presented by:	Tania Marcus, Chief People Officer, HWE ICB; Lorraine Hammond, Director of Employee Experience and Senior Responsible Officer (SRO) Inclusion - MSE & HWE ICS, Essex Partnership University Foundation Trust			
Report Signed off by:	Tania Marcus, Chief People Officer, HWE ICB			
Purpose:	**Approval / Decision** ☐	**Assurance** ☐	**Discussion** ☒	**Information** ☐
Which Strategic Objectives are relevant to this report **[Please list]**	▪ Improve the general health and wellbeing of our residents, and improve health and care services in the area ▪ Tackle the inequalities which affect people's physical and mental health, such as their ability to get the health services they need, and the quality of those services to help tackle health and wider inequalities ▪ Get the most out of local health and care services and make sure they are good value for money ▪ Help the NHS to support social and economic development in west Essex and Hertfordshire.			
Key questions for the ICB Board / Committee:	1. What are your roles going to be to embed this direction? 2. What is the appetite to do something as a system? 3. Do you recognise how different the lived experience for someone from the protective characteristics is to your own? 4. How are you going to reflect on what you have heard today?			
Report History:	N/A			
Executive Summary:	This paper sets out the system's current position relating to equality, diversity and inclusion. It reports on the statutory requirements of the ICB Board and the broader system, and then equates to our current position			

<table>
<tr><td></td><td colspan="4">through WRES and WDES submissions from NHS providers within the system.

The presentation summarises both the system's actions and responses as well as showcasing regional activity that the system is involved in supporting. This includes improvements to recruitment processes, successful data monitoring on a system-wide basis, introduction of cultural awareness training programmes.

In addition to the presentation given this item will include additional input from a member of staff at Hertfordshire Community Trust as well as an alumni of the system's Inclusive Career Development Programme.</td></tr>
<tr><td>Recommendations:</td><td colspan="4">▪ To acknowledge the system's position with equality, diversity and inclusion and note it's importance.
▪ To consider both the board's and individual's responsibilities and objectives relating to equality, diversity and inclusion.</td></tr>
<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4">N/A</td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">N/A</td></tr>
<tr><td>Risk: Link to Risk Register</td><td colspan="4">N/A</td></tr>
<tr><td>Financial Implications:</td><td colspan="4">N/A</td></tr>
<tr><td rowspan="3">Impact Assessments:
(Completed and attached)</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Quality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Data Protection Impact Assessment:</td><td colspan="2">N/A</td></tr>
</table>

Hertfordshire and West Essex Integrated Care System

NHS

ICB Equality, Diversity and Inclusion Work stream deep dive

November 2023

Working together
for a healthier future

Contents

- Context
- What do we know
- What are we doing
- Responsibilities
- Recommendations
- Discussion

Context

- Equality Act 2010
- NHSE EDI Improvement plan
- Anti-racism strategy
- ICS People Strategy
- Long Term Workforce Plan
- Statutory obligations – WRES / WDES / Public sector equality duty / EDS

What do we know

WRES

- **33%** Overall BME Representation (**11.1%** higher than national & **11.5%** higher than East of England)
- **31.5%** BME staff face harassment and abuse from members of the public
- **15.1%** BME staff face discrimination from managers, lower than East of England (**17.4%**), but higher than national data (**6.7%**)

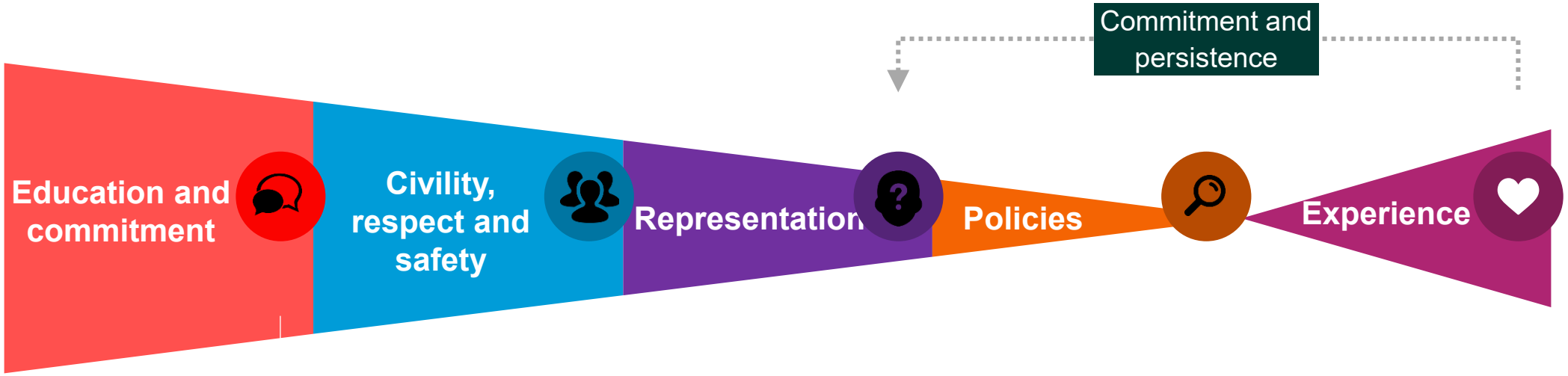
WDES

- Disability declaration rates **4.2%** vs **4.9%** nationally
- Individuals with a disability are **2.96** times less likely to be appointed
- Metrics for harassment, bullying or abuse from patients (**33.6%**), managers (**16.7%**) colleagues (**25.1%**) all above the national level for people with a disability

Diagnostic findings

- Inconsistent approaches to the implementation of EDI process and practices
- Maturity of staff networks, mentoring programmes, EDI training and frequency of Board reporting varies
- No formal framework to track the compliance of organisations
- Minimal system EDI engagement has taken place with primary care, local authority and VCSFE
- System has limited data intelligence on workforce experience outside NHS
- Further work is required to evaluate the impact of EDI programmes

Addressing the issues with the anti-racism 5 pillars



We will support our leaders, managers & people to understand what racism is & their role in accelerating change

Create cultures of civility, respect & safety.

Address the lack of representation in leadership and decision making

Review our policies through an anti-racist lens. Recruitment & promotion practices will be reviewed to remove inherent biases

People will feel safe when they are supported, valued & can bring their whole selves to work

What are we doing to address the findings

- Recruitment training manuals completed
- Equality, Diversity & Inclusion Dashboard
- Culture Transformation Programme
- Equality, Diversity & Inclusion networks
- Inclusive Career Development programme
- Equality, Diversity & Inclusion Online Hub

Aspirations and Recommendations

1. Embed EDI across the system as everyone's role

2. Every Board member must have a Board objective

3. System EDI strategy

4. Model Hospital data – we are in the lower 25% quarter of EoE

QUESTIONS

1. What are your roles going to be to embed this direction?

2. What is the appetite to do something as a system?

3. Do you recognise how different the lived experience for someone from the protective characteristics is to your own?

4. How are you going to reflect on what you have heard today?

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**24/11/2023**	
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**	☐	**Assurance**	☒	**Discussion**	☐	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	▪ 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***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			
	N/A						
Implications / Impact:							

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

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Chairs Report to the Integrated Care Board

Appointment of an Additional Non-Executive Member

I am delighted to be able to announce that we have appointed Nick Moberly to be the 5th Non-Executive Member of the ICB- with his term of office scheduled to begin on the 1st of December.

Nick brings a wealth of experience to the board. He is currently the Chief Executive Officer of the MS Society, is a non-executive member of the Board of NHS Property services and was previously in executive roles in a number of NHS trusts, including CEO of Kings College Hospital NHS Trust.

I have asked Nick to take up the chair of the Finance and Investment Committee. I would also like to express my thanks to Owen Mapley for chairing the committee over the last year.

I am sure you will all join me in giving Nick a warm welcome to the board and I look forward to working with him in the months ahead.

Governance review

Thank you to everyone that has participated in the Governance review over the last few months and have helped to further refine its recommendations. Whilst we had intended for those recommendations to come before the board today, the importance of ensuring that the review takes into account the emerging thinking around our Health and Care Partnership means that further conversations are required before we can bring a comprehensive proposal.

The recommendations will be further developed over the next few weeks and then will be shared with the Board ahead of our board day in December. A paper seeking agreement of the new approach will come to the board at its meeting in January, with implementation (assuming approval is granted) to begin in April 2024.

October Board Day

All members present at the board day contributed towards making it a successful session which covered a wide range of important topics. In particular, I am grateful to Chris Badger, the Director of Adult Social for Herts County Council and Peter Fairley, Director of Strategy and Healthcare integration at Essex County Council, who gave us a fantastic presentation on social care across the system which generated a lot of discussion.

We also discussed work underway to build capacity and prepare for winter- and I am sure this will be a theme of many of our conversations today. Thank you to the teams across the system that have helped to develop our winter plan and are engaged in it is implementation.

Visit from Clare Fuller

I was delighted recently to join a visit to the system from Claire Fuller- the Medical Director for Primary Care at NHS England and the Chief Executive of Surrey Heartlands ICB.

It was great to have the opportunity to discuss the future of primary care in Hertfordshire and West Essex with Claire and she was very positive about what she described as “the broad scope of excellence” in the work we are doing in the system.

Integrated Care Partnership

I have been delighted to have been able to contribute to the continued progress of partnership working through the ICP in recent months. This progress was highlighted at the Healthy Hertfordshire event that I attended in October- which was a celebration of the opportunities for progress in the system if we seize the chance to work together in a different way.

To help ensure that the ICB and the ICP are working towards a set of shared objectives and to discuss a number of issues of mutual interest we will be having a joint ICP/ICB meeting in February. I would be grateful if all board members could prioritise this in their diaries.

In recognition of the important role of our District Councils in supporting the health and wellbeing of our residents the ICP has been running a programme of work with our Districts to work out how they would like to be better involved in the work of our Integrated Care System and our Health and Care Partnerships. The ICP met yesterday to discuss the report of this work and next steps and we will be bringing an update to the Board in January.

Operational and Financial Position

Throughout the papers for today’s meeting, we can see the continued operational and financial pressure the system is under. We are not alone in this- I am very conscious that the whole of the NHS is facing one of the most challenging periods in its history. I have been working with the Chairs of our NHS Trusts to consider what more we as a group can do to support colleagues through this challenging time.

I would however like to take this opportunity to recognise so much of the good work being done by our ICB teams in partnership with our NHS Trust, local government and CVFSE partners across the system. On today’s agenda we can see multiple examples of work to improve and maintain performance across the system in the most difficult of circumstances, and we have a system agreed financial recovery plan which goes beyond anything that could have been achieved before the creation of the Integrated Care System. We should feel buoyed by the progress that has been made, whilst always striding to achieve more.

The Rt Hon Paul Burstow

Chair

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**24/11/2023**	
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**	☒	**Assurance**	☒	**Discussion**	☐	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	▪ 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***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			
	N/A						

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

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Chief Executive Officer's Report

Finance

Understandably, a key focus of our discussions at the board today will be the system's financial position. In common with all national ICSs, Hertfordshire and West Essex continues to face significant challenges in delivering the financial plan we agreed as a system at the start of the year. As the finance update on today's agenda sets out there are a number of underlying reasons for this. Several are outside of the system's control, including multiple episodes of industrial action and the high levels of ongoing inflation. It is anticipated that these two factors have had a negative impact on our financial position of around £18m in the first six months of this year, and this will likely continue for the remainder of 23/24.

Thank you to those board members who have been involved in the process of developing the system's Financial Recovery Plan, which is set out elsewhere on today's agenda. This plan, which we are confident will have a significant impact on our current position, has been supplemented by the recent announcement from NHS England that systems will be receiving additional funding to cover the ongoing costs of industrial action.

However, we do need to recognise in our discussions today that even with this additional funding, successfully delivering our financial plan and achieving a breakeven position at year end will require dedication, effort and transformational change across the ICB and the system as a whole.

Planning for winter

I would like to thank colleagues from across the Integrated Care System for all of the work that has taken place this year to build our system Urgent and Emergency Care (UEC) capacity and prepare for the operational challenges of winter.

We should be rightly proud of the action we are taking together as a system in this area. We are building an enhanced and connected set of services designed to ensure urgent assessment and treatment in the right place with a focus on reducing the need for people to attend an Emergency Department (ED), alternatives to inpatient admission and improved patient flow, leading to more sustainable use of resources.

As a result of our system's approach to building UEC capacity and implement a system wide plan for winter:

- The number of patients reallocated from calls assessed by the ambulance service to community based services has been steadily increasing throughout 23/24
- The number of "call-before-convey" contacts has also been increasing since January
- SWH and ENH are typically above or close to the 80% target for virtual ward utilisation, with West Essex increasing usage in recent months – overall system at 81% in Oct slightly improved from 79% in Sept
- Our ICB Mental Health Urgent Care Assessment centre is opening in Q3
- We have developed a new local provider collaborative approach to delivering urgent assessment and treatment for PAH which started on the 1st November 2023
- Integrated neighbourhood teams in North Uttlesford are using population health management (PHM) data to predict frailty and likelihood of admission and providing anticipatory care
- £2.1m has been invested to develop additional capacity in primary care.

Q3 Review meeting with NHS England

Winter planning was, along with workforce and our financial position, the key focus of our Quarter 3 review meeting with NHS England, which took place at the beginning of November.

We were joined at that meeting by our system CEOs and we were able to present plans developed and delivered across those three key areas. Whilst we have more to do to embed and develop a system approach across Hertfordshire and West Essex (see the section on the operating model below), I do think that it is important that we acknowledge the significant progress in our system planning we have made since July of last year.

Future Operating Model

The consultation with ICB staff on our proposed future operating model and the measures we need to take to reduce our running costs has now concluded, and a response to the feedback received has been shared with all staff. There will now be a further phase of consultation on specific proposals for structures with the teams that are most impacted by the changes.

There remains a great deal of work to do before the new operating model goes live in April, and this will be a key focus of our ICB Executive team and our wider senior leadership group in the months ahead.

Data Platform

The board will recall that ICB awarded a contract to Cerner for an ICB PHM and data platform in Q3 of 23/23. Unfortunately, it has taken a number of months to satisfy the various Information Governance requirements but I am delighted to say that we now have approval from the NHSE SIRO to proceed imminently.

This is fantastic news for the system, as we are proposing an innovative approach to bring together data warehouse and PHM requirements, the benefits of which include:

- Access Cerner's **advanced PHM offering** including data scientists to perform advanced PHM analytics;
- **Avoiding the interoperability issues** other ICBs have experienced when they have "bolted on" PHM functionality to an existing data warehouse.

Once operational, by end Q4 23/24 the new platform will:

- Bring together all our data into a **single platform for sharing across the ICB and system partners**
- Enable us to link the data to create a **comprehensive longitudinal record** which will enable us to show a true patient pathway for both Health and Social Care;
- allow us to start looking at **prevention and health inequality strategies** using tools such as Risk Stratification, Population segmentation etc;
- take **a full system view of all the data we have**, regardless of what lens/view we require, PCN, Place or ICB.

Other activity in October/November

I was pleased to be able to join a visit from the NHS CEO Amanda Pritchard to West Herts Hospital Trust in October. The visit focused on the work of the South and West Herts Health and Care Partnership, the redevelopment plans for the trust and some other key activity such as work on the Virtual Hospital. Amanda's feedback on the visit was very positive.

Earlier this month Paul and I joined the board of the Hertfordshire Partnership Foundation Trust for their regular meeting. This was a fantastic opportunity to hear more about the approach of the Board and the Executive team at the trust, and I am grateful for the invite.

I was also able to attend 'Healthy Hertfordshire' an event run by Hertfordshire County Council, which was an opportunity for partners to come together to consider our joint approach to giving people the opportunity to live well at all stages of life. It was a really helpful day and I know the ICB and our NHS partners are committed to working with local authorities and other system partners on this important agenda.

Finally, it was a real pleasure to be able to open the Hertfordshire and West Essex Celebration of Primary Care Achievement event on the 11th of October. The nominees for the various awards demonstrated the sheer breadth and depth of innovative approaches taking place across Primary Care in Hertfordshire and West Essex, and I would like to take this opportunity to congratulate the award winners.

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

Dr Jane Halpin

CEO

Appendix A: Key Updates

Contents:

Appendix B – Better Care Fund 2023-25 Approval Letter

1. Strategy Update:

Update on The Specialist Residential Service (SRS)

The SRS, located on the HPFT Kingsley Green site, opened in 2000 taking people from Leavesden, Harperbury and Cell Barnes hospitals who were, at the time, deemed as not being suitable to move directly from hospital /institutional care into the community. Most of the people who moved into the SRS had been in hospitals/ institutions in Hertfordshire since their childhood and originated from both Hertfordshire and a number of London ICBs. As at September 2023 there were five Hertfordshire residents at the SRS, who had spent between 23 and 68 years in specialist hospitals.

In June 23, following extensive consultation with families, patients, their advocates, and staff, the Avenues Group were successful in tendering for the development of a supported living service on the Forest Lane SRS site. Avenues Group is a well-established national charity specialising in supporting people with learning disabilities, autism, and complex support needs, enabling them to enjoy fulfilling lives in the community.

A transition road map has been developed to progress the handover of four bungalows on the Forest Lane site in stages. The first bungalow, which included two Hertfordshire residents was transferred to Avenues Group in October 2023. (A further person has also moved to their own bespoke accommodation in Hertfordshire). It is anticipated transition of the remaining bungalows and two remaining Hertfordshire residents to the supported living service will be completed by the end of January 2024.

This was a complex multi-agency programme with:

- The Supported Living tender process led by Hertfordshire's Community Commissioning for Disabled Adults (CCDA) Team on behalf of Hertfordshire and London ICBs.
- Overall programme management and the tender process for the 'not for profit' housing association EHSL (the interim housing provider) was led by Barnet commissioners.

Following Best Interests proceedings in the Court of Protection in 2011 the transfer of the SRS from a hospital to a supported living services has been legally complex and The Official Solicitor has been kept fully informed throughout. Transfers to the Forest Lane supported living service or moves to independent supported living services off site have been in accordance with Best Interests Assessments.

Down Syndrome Act

The Down Syndrome Act was established in 2022 and makes provision about meeting needs of persons with Down syndrome, including responses to their specific health and care needs. Senior staff from the ICB have recently met with the national Down Syndrome Association to discuss their work and understand how they can support us as a system to better support the needs of individuals. This includes active engagement on the co-production of local services and a better understanding of the specific health needs of those with Down syndrome. A national government led symposium is planned for late November to help systems proactively shape responses and this is likely to include a focus on raising awareness of specific needs to support education & employment, the need for reasonable adjustments in some health services e.g. dementia diagnosis, wider training and awareness in primary care in terms of conditions where people with Down syndrome may be at increased risk and the need to strengthen the approach to annual health checks. Further updates will be shared with the board as this work progress.

Better Care Fund (BCF) 2023/25

The ICB, is a partner in two statutorily required Better Care Funds, one in Essex and the other in Hertfordshire, which are overseen by the relevant Health & Well Being Board. The BCF is the only mandatory national policy to facilitate the integration of health, social care and housing funding. This is the second time that the BCF Policy Framework has covered two financial years to align with NHS planning timetables and to give areas the opportunity to plan more strategically. There is a strong focus on the need for integrated planning and service delivery in terms of hospital admission avoidance, discharge planning, and supporting people to live independently for longer. Our plans for delivery were submitted earlier in the year and both systems received confirmation in September that plans had been approved and that the required section 75 agreements can now be drawn up.
In our approval letters NHS England noted 'We are grateful for your commitment to developing and producing your agreed plan and we recognise that there are many pressures on local system colleagues, despite the early publication of the planning requirements.'.

Progress on delivering the expectations of the BCF will be overseen the Health & Wellbeing Boards with a half yearly update included in this report to the wider ICB Board.

[**Appendix B** - Better Care Fund 2023-25 approval letter]

An independent statutory inquiry into the deaths of mental health inpatients in Essex – status update November 2023

The Essex Mental Health Independent Inquiry was established in 2021 investigating matters surrounding the deaths of mental health inpatients across NHS Trusts in Essex between 2000-2020 and has previously been reported through the ICB Quality Committee.

Following a review by the Secretary of State for Health and Care earlier in the year, the Inquiry has now been granted Statutory status as a Public Inquiry, with Baroness Kate Lampard CBE appointed as the new Chair. Following this key appointment, the inquiry has been renamed as *The Lampard*

*Inquiry**. One of the first acts of Baroness Lampard has been to review and propose amendments to the both the Terms of reference and scope of the inquiry.

A Public Consultation period was launched on 1st November running until 28th November '23 to seek feedback on these matters.
The 3 ICBs which jointly oversee the Commissioning and assurance of Mental Health services across Essex continue to work collaboratively and have agreed to prepare a joint initial response to the revised ToR and scope for review and approval by each ICB CEO prior to submission. This is being coordinated by the Quality Leads in each ICB.
Additionally, work progresses across the 3 ICB's to ensure robust governance arrangements are in place to prepare and respond to the requirements of the Inquiry when it recommences in 2024.
* https://lampardinquiry.org.uk/

2. Primary Care Transformation update:

2.1 Primary Care Contracting

Oversight and Assurance of Delegated Functions

Following full delegation for Primary Medical, Dental, Optometry and Pharmacy commissioning from April 2023, ICBs became responsible for the delivery of these functions on behalf of NHS England, who retain overall accountability for the discharge of its responsibilities under the Health and Care Act and therefore requires the necessary assurances that its functions are being discharged safely, effectively and in line with the legal requirements. NHS England remains legally accountable to the Department of Health and Social Care (DHSC), led by the Secretary of State, which is in turn accountable to Parliament. The Framework for NHS England sets out the accountabilities and responsibilities of NHS England and ICBs.

The Primary Care Assurance Framework sets out how NHS England will be assured that integrated care boards (ICBs) are exercising the delegated functions safely, effectively, and in line with legal requirements. The aim of the framework is to provide ICBs with details of what NHS England will need to be assured of and how they can evidence this to demonstrate compliance. NHS England's approach is intended to be supportive, developmental and collaborative, and enable emerging issues or risks to be identified early and to help identify where support may be required.

The ICB will be required to submit a report to NHS England during 2023/2024 however a date for this has yet to be confirmed. Quarterly Assurance and Oversight meetings have been established by NHS England East of England team with individual ICBs and the first meeting with Herts and West Essex took place on 10 October 2023, at The Forum in Hemel Hempstead.

Elements of assurance

The assurance of the delegated functions is structured around a number of domains that relate specifically to the core commissioning and contracting requirements that have been set out in the standard delegation agreement. For consistency across each of the delegated functions, the assurance requirements have been grouped into four distinct domains, each covering core components of commissioning assurance.

It is important to note that there will be some differences in the elements required for assurance between contractor groups due to differences in the functions that have been delegated. The

expectations across functions and domains have been developed jointly with national and regional teams and much of the information to demonstrate assurance will be collected through pre-existing data collections or through the self-declaration process, so as not to create additional burden on ICBs.

Domain 1: Compliance with mandated guidance issued by NHS England

This domain concerns assurance that ICBs are complying with all nationally set operating procedures, including confirmation that operating procedures are updated in line with changes to national amendments to guidance, where necessary.

Domain 2: Service provision and planning

This domain covers areas of assurance related to how ICBs identify local health needs, ensure that the necessary services are in place and commission new services where unmet needs are identified. This domain also includes general commissioning planning assurance, where appropriate.

Domain 3: Contracting

This domain covers elements of assurance related to how contracting takes place, that local processes comply with the necessary published guidance for contracting, and that ICBs are participating appropriately in any contracting specific processes that are required.

Domain 4: Contractor/Provider compliance and performance

This domain covers elements of assurance related to how ICBs evidence due diligence in respect of in year contract management, and how ICBs ensure that appropriate levels of contractor/ provider performance and compliance are being met.

Feedback from NHSE – 10th October 2023

The meeting was in person at The Forum, Hemel Hempstead and led by Jatinder Garcha, Regional Director for Primary Care and Public Health Commissioning, NHS England – East of England. The meeting was supportive in nature with open questions on key lines of enquiry, looking at the learning to date and success in embedding transferred staff and new systems and processes as part of the delegation. Noting the dual responsibility for ensuring the safe and effective delivery of business as usual alongside transformation.

There was a good discussion on Dentistry, noting the steep learning curve to understanding our patient need and provider landscapes. HWE provided feedback on the significant work to date to address the inequity of provision across the ICB geography, noting in particular the differential commissioning of Community Dental Services between Hertfordshire and West Essex and highlighted the work presented in the recent deep dive report to Board.

We also discussed the current challenges in Community Pharmacy, noting that the national contractual framework has limited levers for commissioners and that as with other parts of Primary Care there are significant workforce constraints and cost pressures which mean providers are less resilient which impacts on transformation. We discussed governance and processes for performance monitoring.

HWE is the host for Pharmacy and Optometry Contracting including Fitness matters in relation to Pharmacy Regulations and this has proved to have some additional challenges in terms of process and access to previous historic information which was raised as an area requiring support from NHSE.

2.2 System-level Access Improvement Plan

As outlined in the national Primary Care Recovery Plan, each ICB is required to develop a system level access improvement plan to include summary of practice/PCN improvement plans, challenges, wider support needs and barriers and ICB actions, with a report to be provided in public board updates by November. Due to the timing and release of the latest data, a detailed report will be shared to the Primary Care Board in Public in November and will be shared with Board members as part of the Primary Care Board summary in January. A high level summary of the key components in the plan are included below which are all in line with the Primary care strategic delivery plan approved by ICB Board in July 2023.

PCN Improvement Plans and Implementing Modern General Practices

All 34 PCNs have an agreed Access Improvement Plan as outlined in the Primary Care Access Recovery Plan and place teams are engaging with PCNs to review progress. In addition, all practices have been asked to confirm their plans regarding the implementing of modern general practice; this model involves practices:

- having a full understanding of demand and available capacity
- providing easy to use access routes to patients
- collecting consistent information from the patient at the point of contact
- using this information to give the most appropriate help to patients based on need; and
- improving management of non-patient facing workload to help release capacity.

This links to the new GMS contractual requirement *that patients will be offered an assessment of need, an appointment, or signposted to an appropriate service when they contact their practice and should not be advised to 'call back another day'.*

Key data sources being used to monitor plans, including GPAD appointment data, Friends & Family Test responses and online consultation rates. Many PCNs are undertaking local patient surveys to understand patient experience and particularly to monitor in light of implementation of modern general practice. As part of the national Access Recovery Plan, Transition Cover funding is available to support practices with implementing modern general practice access at an average level of £13,500 per practice for both 23/24 and 24/25. Primary Care Teams are reviewing and approving practice plans to release this funding appropriately.

GP Improvement Programme and SLF approach

Primary Care Teams continue to promote and encourage participation in the National GP Improvement Programme (18 practices and 4 PCNs). We are currently formulating an approach to offer the Support Level Framework (SLF), which is a tool intended to support practices in gaining an understanding of what they do well, what they might wish to do better, and where they might benefit from development support to achieve those ends. Agreement to send out the SLF for practices to use Protected Time to Learn to reflect in line with Access Improvement Plan and refine as appropriate. Facilitation and clinical support is currently being sourced with support from primary care locality manager– implementation from November 23 onwards

CBT implementation

Over 20 sites with analogue telephony systems have been identified for the roll out of cloud based telephony which was approved in July 2023. Following delays with the national procurement hub, this has now progressed with three contracts signed to date and we are aiming to sign all contracts by end of December 23.

Digital/NHS app

Supporting practices to actively promote NHS app and maximise functionality available to patients. Commenced an ongoing campaign to support cultural change across population through all networks. Plan to use Digital Leads and delivery partners to work with practices where uptake and benefits not seen. Progress being made on online access to prospective GP records, although some practices are challenging the approach, quoting BMA guidance and stipulating an opt-in process only. The ICB approach from both a digital support and contractual perspective is being considered. To date 50% of practices across HWE have enabled prospective access to records which is in line with national uptake as of 31st October 23.

Empowering patients – self-referral pathways

Further work underway, working with the planned care programme on defining self-referral pathways, building on the success of patient-initiated follow-up (PIFU) and working through each place to integrate the pathway, adopting the IAPT referral model for potentially physiotherapy, audiology and podiatry and empowering patients to self-refer following an initial clinician assessment.
Continued work on Community Pharmacy Consultation Service; pharmacy hypertension service with target approach via the PCN Community Pharmacy Clinical Leads and roll out of the self-referrals for urinary tract infections to community pharmacy learning from the pilot in Dacorum and Hertsmere.

Reducing Bureaucracy - Primary and Acute and Community interface

This is one of the key areas of work established through the various interface meetings with each provider in the system. Good progress in some areas including agreement of the Primary and Secondary Care Consensus document between Primary Care and the following providers – WHTH, PAH, HPFT and ENHT. Open transparent discussions on issues with pathways including progress made on discharge summaries which would include actions for general practice. Next steps are to embed this in the NHS standard contract with each provider including role of secondary care on fit notes, discharge summaries, consultant to consultant referrals.

2.3 Update on Primary Medical Services

Following an options appraisal and market engagement event, the ICB Primary Care Commissioning Committee took the decision to explore an innovative approach to re-procurement of the Limes Surgery APMS Contract. The preferred option identified was to explore the possibility of awarding a GMS contract to the local PCN. This option was selected as it met with our long-term goals around sustainability, resilience and transformation of primary medical services in line with the national and local primary care strategic plan, approved by board July 23. This proposal is novel and therefore we have worked closely with NHSE and taken legal advice to ensure we mitigate against possible risks. We issued a Voluntary Ex Ante Transparency (VEAT) notice to the whole market to ensure we were open with our intentions.

The publication of the VEAT Notice attracted some media attention from HSJ, Pulse, GP Online and GP Business during the standstill period. These enquiries appeared to be mainly about the overarching policy of Herts and west Essex ICB of awarding a GMS contract as opposed to an APMS and were received positively, noting that the ICB were being innovative.

There were no challenges from the market in the statutory period of 30 days. We have now commenced due diligence including wider patient engagement to ensure the preferred provider has the capability and capacity to deliver the service. No contract will be awarded until this due diligence process is complete.

2.4 Update on General Dental Services

The Board received a detailed paper at the September meeting outlining the full position across all dental and orthodontic services that transitioned across from NHS England on 1 April 2023. Since that meeting, approval has been sought from the Primary Care Commissioning Committee on 17th October for funding to 2 key service areas:

a) Dental Enhanced Access Pilot – Commissioning of urgent access sessions in 5 sites across the ICB to support patient access to urgent, same day dental services. This will be available 7 days a week including, bank holidays, for a 6-month period. These sessions will align with the peak call times to NHS 111 who will be able to directly book appointments into these sessions. The pilot also enables GDS Contractors to provide follow-up treatment where identified to stabilise patients' oral health. Expressions of interests have been received with teams following up with potential providers with a view to mobilise these services in the first 2 weeks of December.

   The service will be evaluated at four months to inform long-term commissioning model.

b) Development of the Herts Special Care Dental Service (SCDS) – it is recognised that the SCDS in Herts is not commissioned at the same level as the service that covers west Essex. In order to 'level up' the service to provide equity across the ICB, funding has been approved to implement an anxiety management pathway for patients with severe dental phobias who cannot access services from high street services. The service will initially treat young children and will phase up to include all children and adults over the next two years. Currently there is no service available in the ICB so patients are referred out of area to receive treatment; however we are beginning to see an increase in rejected referrals due to being "out of area". The SCDS were also awarded additional funding to increase capacity to its core special needs service due to a significant increase in referrals since 2019.

Work continues with our dental contractors to support requests for contract changes i.e Activity increases/reductions and uplifts to the units of dental activity (UDA) rate. A similar process is about to be extended out to all Orthodontic Contractors across the ICB following a meeting with representatives of the Hertfordshire Local Orthodontic Committee where several issues raised on the future commissioning of the Orthodontic contracts.

The mid-year dental performance data is due to be available in the next 2-3 weeks which will support the team in working with those providers who projected to under-deliver by 31 March to identify actions or additional support needed to ensure maximum contract delivery can be achieved to minimise the level of clawback.

2.5 Update on Community Pharmacy

Stansted Mountfitchet

Members of the board will remember requests from local residents on the gap of pharmacy service provision in this area. This was also highlighted in the Primary Care commissioned Healthwatch Report on community pharmacy across HWE. Board to note of a successful appeal to NHS Resolution of a refusal of an unforeseen benefits application for a new pharmacy in Stansted Mountfitchet. This has been ongoing for some time with regular applications and appeals as the Pharmaceutical Needs Assessment did not identify need for an additional pharmacy.
This reflects a lot of work by local residents and work commissioned by the ICB from Healthwatch to support the case for change but also how we to develop a supporting commissioning document which supplements the Pharmaceutical Needs Assessments whose sole purpose is for market entry.
A notice of commencement has been received for a new pharmacy was open on 4 November 2023.

2.6 Update on Optometry

Eye Screening in Special Schools

The Long-Term Plan 20191 committed to the provision of in school eyesight testing for children with a learning disability and or autism attending a residential special school. To help understand how best to deliver this service NHS England set up a proof of concept (POC) model which has operated in 83 schools in England since April 2021. Following a positive evaluation of this proof of concept, on 19th June 2023 NHS England announced its intention to extend in-school eye testing to pupils in all special schools (day and residential settings) in England from April 2024 onwards.

NHSE has shared information on the number and type of special schools in each ICB, and pupil numbers. For HWE this is:

Number of Residential Special Schools	7
Number of Residential Special School Pupils	534
Number of Day Special Schools	36
Number of Day Special School pupils	2,871
Total number of Special Schools - Residential and Day	**43**
Total number of Special School Pupils - Residential and Day	**3,405**

Further engagement with stakeholders including close working with Local Authorities is planned and a service specification and commissioning guidance scheduled for release in November/December 2023. Each ICB will receive a funding allocation to be confirmed later in the year, with £10 million recurring funding available nationally for this programme.

2.7 Primary Transformation – system wide programmes

Progress on Vaccinations across the system

COVID and Flu

The AW23 programme for Covid and Flu commenced in September 2023. This is a key system wide programme which supports our Urgent Care strategy. There were some operational issues resulting from the late change of start date, which the ICB, PCNs, Community pharmacies and HCT rallied together to resolve including onboarding of an extra 56 pharmacies across the ICB geography. This has raised the number to 118 from the 62 that were delivering the spring programme.

As at the end of October, all care homes across HWE have now been visited by the roving teams from PCNs and HCT. HWE ICB was the first system in EoE to achieve 100% coverage, which has supported EoE to achieve 99.39% of homes visited which is the highest nationally (as at 2.11.23). **A massive thank you to all the PCNs and HCT who have supported us with this achievement.** Housebound patients have been completed, though some patients were identified late so mop up

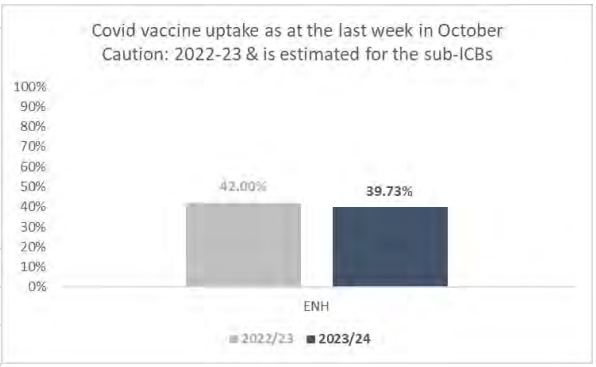
[1] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

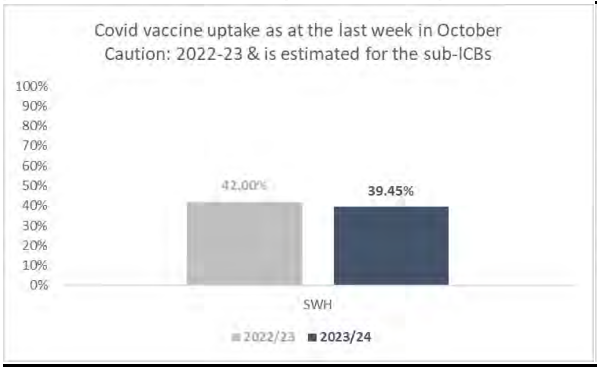
sessions are being organised. Any newly housebound patients are being addressed as and when they arise.

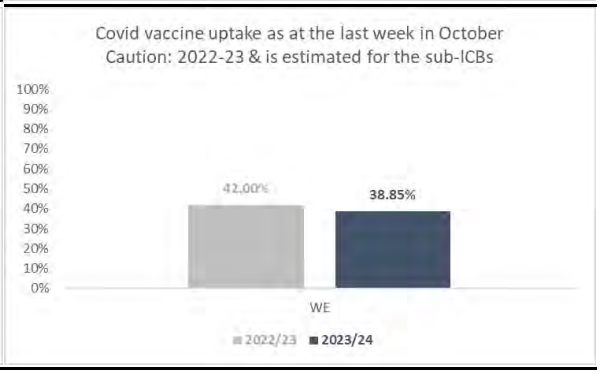
Primary Care Board agreed to ensure we have a consistent service for our migrant population. All the hotels looking after asylum seekers have been visited by both PCN teams and a team from HCT. The ICB team is currently looking to support visits into the MH inpatient units which are being coordinated alongside the Nursing & Quality team.

Covid update data comparison (caveat 2022/23 data based on average for the ICB from national figures)

Covid vaccine uptake as at the last week in October Caution: 2022-23 & is estimated for the sub-ICBs	2022/23	2023/24
ENH	42.00%	39.73%
SWH	42.00%	39.45%
WE	42.00%	38.85%

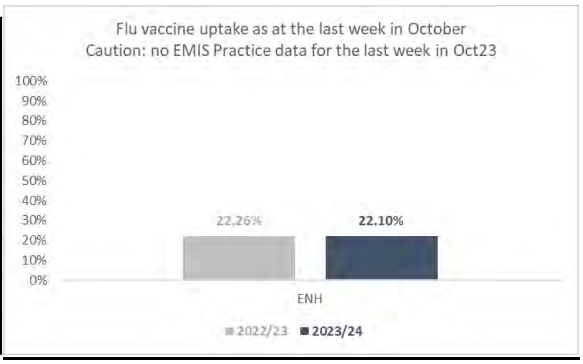


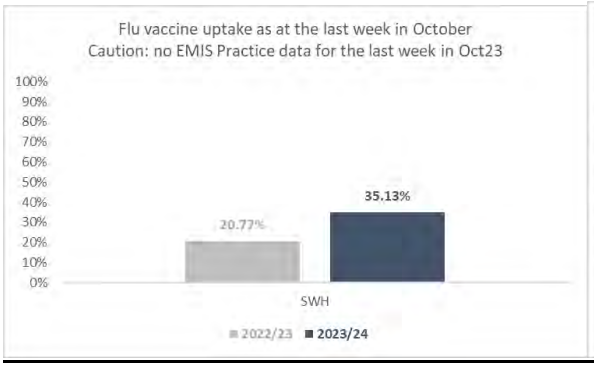


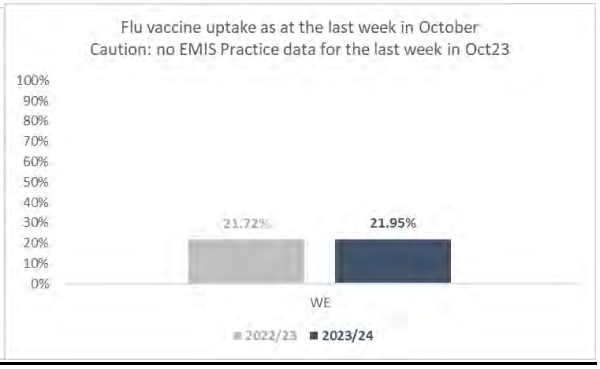


Flu data uptake data comparison (caveat currently no date for EMIS practices for last week in Oct)

Flu vaccine uptake as at the last week in October Caution: no EMIS Practice data for the last week in Oct23	2022/23	2023/24
ENH	22.26%	22.10%
SWH	20.77%	35.13%
WE	21.72%	21.95%





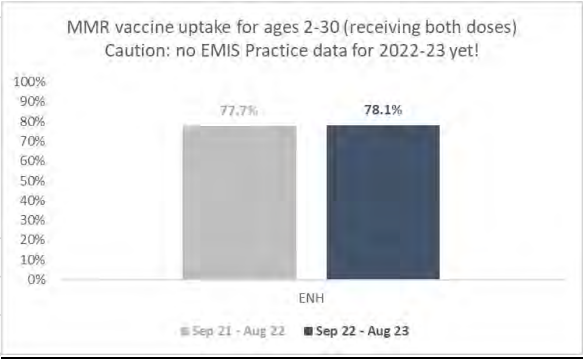


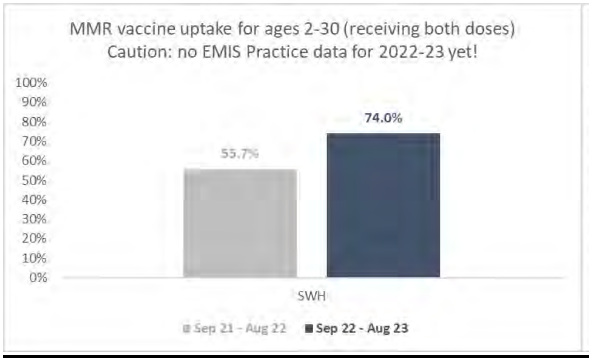
MMR vaccinations

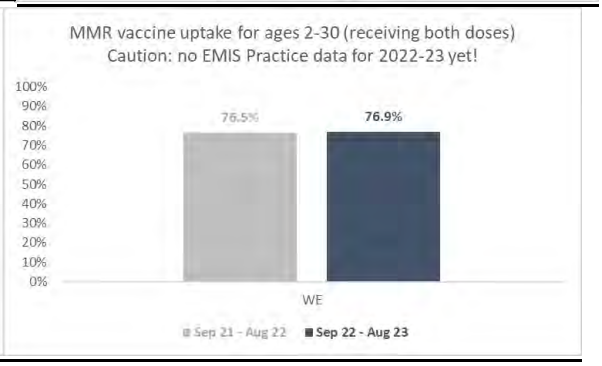
There is clear national data that measles is on the rise. EoE region have been undertaking a piece of work that will show practices which patients they need to target to either increase uptake to the MMR vaccine or to ensure that they have correct and up to date information in relation to vaccination status. Initially the information by practice was only available for Hertfordshire, has recently extended to include West Essex. Primary Care Place teams are working with practices to ensure they aware of the data and how to use it.

MMR uptake data comparison (caveat that this does not include EMIS data for 2022-23)

MMR vaccine uptake for ages 2-30 (receiving both doses) Caution: no EMIS Practice data for 2022-23 yet!	Sep 21 - Aug 22	Sep 22 - Aug 23
ENH	77.7%	78.1%
SWH	55.7%	74.0%
WE	76.5%	76.9%







Update on Learning Disabilities Annual Health checks

Work continues to increase the number and quality of Learning Disability Annual Health Checks (LDAHC) across the region. The two county councils have some differences in their working practices relating to these checks. Primary Care Place based teams communicate regularly to ensure there is as much as a consistent approach as possible. Some of the work undertaken

includes:

- Support letters have been sent to six practices across HWE whose data shows no health action plans have been completed, offering to support them and to identify whether this is a coding issue or if there is another reason for not completing.
- LD nurses in Hertfordshire continue to contact all practices with a large difference noted in the delivery of LD AHCs between this year and last year.
- Primary Care Managers have linked in with Herts County Council and Essex CC, to share data about practices who have taken up the offer.
- Information around Oliver McGowan training has been shared to practices increasing awareness and uptake.
- Some feedback from practices to the reason for difference in activity on year-on-year basis:
    - The closure of a large specialist care home in the region reduced the eligible cohort.
    - Staff changes in practice. Practice Nurses leaving, resulting in LDAHC being completed by GPs and other senior clinicians.
- Discussions with practice managers have included using the new Ardens template modified by ICB Clinical lead Dr Vicky McCulloch with the correct Read codes to ensure the intervention is captured correctly and that an action plan is completed and shared with the patient.
- Education and training through Protected learning time across each place
- Feedback from practices is they will be on track to complete the health checks as most tend to combine with the flu/covid vaccination.

Place Updates

South and West and East North - There are 52 practices and 16 PCN's.

	SWH	**ENH**
% practices Purple Star Accredited	**30%**	**65%**
% of practices have utilised the LD nursing support offer to meet STOMP Targets	**40%**	**56%**
% of practices have utilised the LD nursing support offer to meet Cancer Screening targets for LD patients	**46%**	**54%**
% of practices have utilised the LD nursing support offer for Hard-to-Reach LD patients for Annual Health Checks	**44%**	**52%**
% of practices have utilised the community LD nursing support for individual referrals to overcome barriers to accessing health care	**42%**	**54%**

Overall, the practices are aware t*hat training of staff to treat this cohort of patients is mandatory*. The Health Checks also offer an opportunity to do a wider check-up including medication and long-term condition review.

There is ongoing work to reduce the variation across practices and PCNs to support this further.

3. Operations:

Key successes:

- Ongoing implementation of the new OPEL framework across the system, including development of the System Coordination Centre and revised on-call model for the ICB – all in support of Winter preparations.
- Meeting with HWE Patient Engagement Forum and receipt of written feedback in response to the developing ICS UEC Strategy. The final version of the Strategy is expected to be presented to ICB Board early in the new year.
- Successful HWE Winter Preparedness Event attended by over sixty individuals from across all partners and sectors – system agreed top five priorities for Winter to be taken forward at both system and place levels.
- Setup of the UEC Programme Board to oversee agreed priority areas for delivery.
- Leadership development sessions for senior managers of the ICB in support of developing the operational details of the new ICB operating model and consultation.
- Outline programme plan developed for next phase of HCP development drafted – under discussion with system CEOs, ICB Exec and HCP Development Network. Programme plan outlines work streams to enable HCPs to operate with delegated authority from 1 April 2024.

Upcoming opportunities, key events and challenges:

- Following up from the senior managers leadership development session, next steps are to agree how the roadmaps developed around ICB operating model shifts are further refined and implemented.
- Ongoing winter preparations and coordination including managing and measuring actions taken intended to improve and prevent deterioration in key UEC metrics.
- HCP operating model development via workshops in December.

4. Place-based Updates:

4.1 East and North Herts:

Key successes in the last 2 months:
Two workshops have been held in Welwyn Garden City PCN and one in Broxbourne and Hoddesdon PCN on our Integrated Neighbourhood Teams (INT) development which focussed on the use of population segmentation to support PCN work. We have finalised the specification for our follow-up culture workshops and will be continuing our focus on INT development.

The Clinical and Professional Transformation Group (CPTG) held a deep dive into the cardiovascular disease priority following which a decision was taken to establish a specific ENH Delivery Group. A local transformation plan has been developed for our respiratory priority following October's deep dive. Roles have been recruited to for the new Integrated Heart Failure Service (IHFS) and mobilisation continues. Our partnerships with borough and district councils is developing with a focus on shared priorities. Work is underway to expand patient involvement by knitting-together existing patient groups with the Community Assembly. Our partnership governance continues to be reviewed, aligned with the HCP Development Network.

Upcoming opportunities, key events, and challenges:
The data set to support the development of our INTs continues to be developed in conjunction our transformation teams. There are significant opportunities to improve co-ordination, collaboration, and delivery through resolving systemic challenges via HCP Development Network which creates an

opportunity to begin developing a place-based Medium Term Operational Plan. In line with winter planning, we are focusing on those actions which maximise the use of our current capacity with a particular focus on out of hospital and community services.

4.2 South and West Herts:

Key successes since the last meeting:

Community MSK Mobilisation
Following a rigorous open market procurement process by the ICB, a new provider, Circle Integrated Care, has been appointed to deliver the south and west Hertfordshire (SWH) community musculoskeletal (MSK) service. Circle Integrated Care will provide community MSK services in south and west Hertfordshire from 1 April 2024.

South and West Hertfordshire Health and Care Partnership (SWHHCP)
The HCP continues to establish a single team responsible for the future planning, improvement and delivery of population-based health and care services in SWH. Delivered by a locality working model, the HCP's five localities will be supported by locality leadership teams who will provide operational input. The teams will help the HCP's ambition to deliver 'care closer to home' through the re-design of care pathways. These pathways will integrate primary and secondary care and help to address the wider determinants of health and care.

As per the last report, the five locality delivery boards in SWH have been working with partners to agree 2-3 key priority areas based on population health and care needs. This will determine the programmes of transformation work that each locality, working with integrated neighbourhood teams, will deliver in 2024/25.

Upcoming opportunities, key events and challenges:

SWH Integrated Gynaecology Service due diligence process
An internal due diligence process for the future commissioning of the SWH integrated gynaecology service was carried out in October. This followed approval from the ICB Commissioning Committee in July. A team of subject matter experts evaluated the response from the provider collaborative. This was to assess matters such as the collaborative's understanding of and ability to assure good quality delivery of the service requirements within the financial envelope. The outcome of the evaluation process will be taken back to the committee and ICB Board in November. They will decide whether to award a five-year contract for the service.
Collaborative work across the ICS will continue to align the delivery of gynaecology services across Hertfordshire and west Essex. Leads from the Getting It Right First Time national programme are recommending this model in SWH is replicated and rolled out across other ICB areas.
Ultrasound service transition plans

As detailed in the last report, the community ultrasound service will be decommissioned on 31 March 2024. From April 2024, ultrasound activity will return to local trusts using existing and planned community diagnostic centres (CDCs). National investment of £12 million has been allocated to West Hertfordshire Teaching Hospitals Trust (WHTHT) to develop new diagnostic facilities in SWH. The initial phase of local CDC development is in progress to develop centres at St Albans and Hemel Hempstead hospital sites. The CDC in St Albans is due to open in March 2024, aligning to the contract end date of the community ultrasound service. To prepare for the transition of services, the ICB is working with all relevant partners.

SWH HCP:

The HCP continues to work on the development plan which sets out the future work of the HCP as a single team from April 2024. This is happening in line with proposed updates to the ICB's operating model. A skills mapping exercise is taking place so the HCP can understand its capabilities. This will help to identify any gaps that may need to be addressed.

The HCP Board is also holding a series of development sessions to refine ways of working as a partnership to enhance joint efforts. The first session was held in October with further sessions planned for the rest of 2023.

The pace of activity remains a challenge for the HCP due to the need to deliver change through doing.

4.3 West Essex:

Key successes in the last 2 months:

Focus continues on delivery of our proactive care model: Rollout of the proactive care model with Integrated Neighbourhood Teams (INT), underpinned by Population Health Management (PHM), continues to make good progress. First evaluation stage is end of November. There continues to be a lot of interest in the west Essex INT model with the team presenting to Essex partners this month and the development team including PHM colleagues attended the Regional Public Health Conference on October 27th to join a panel discussion on the subject. The outcomes from the evaluation scheduled for November will be presented to the UEC Board.

New model for intermediate care: Following the jointly commissioned review of West Essex Intermediate Care services with ECC, we have now commenced a proof of concept in South Harlow INT focussing on our "vital few" population, these are the high intensity users of intermediate care services, with the aim of proactively supporting these adults and maximise their independence through winter and beyond. Findings from the initial review identified that the "vital few" equated to a disproportionate 18.6% of all work activity, non-value interactions and the £25m annual budget. The work with Harlow will inform a new future model for intermediate care in both west Essex and wider Essex system.

Prioritising improving discharge and flow: The West Essex Care Coordination Centre (CCC) is a core building block of our Out of 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 working alongside acute colleagues to ensure integration of the CCC with the hospital discharge team. 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 HCP is currently working with PRISM to codesign a new integrated model due to be completed in November.

The new Integrated Urgent Assessment and Treatment Centre (IUATC) at PAHT went live on 1st November: The HCP is leading on the commissioning of a new innovative partnership of local providers to come together as a collaborative to develop and deliver a primary care led all age IUATC. The partnership is made up of our GP Federations, community providers, NHS111 and PAHT. Overtime it will also include community pharmacy and the voluntary sector. The new hub and spoke model will make best use of existing same day access services such as PAHT UTC, GP appointments and GP out of hours to improve local peoples experience of accessing urgent on the

day services and help protect PAHT Emergency Department for those people requiring emergency specialist care.

Working across the partnership to improve employment: Recruitment teams from NHS providers and Essex CC social care came together on 4th October and took part in an induction event for new health and care students at New City College in Loughton. A team of nurses and carers talked to around 200 students about their work and how they have progressed their careers. Representatives from Princess Alexandra Hospital, EPUT and the HCP then spoke to other students, studying business-related and professional/technical subjects, about the many opportunities in non-clinical roles, such as project management, digital programming, estates, and plumbing. The event concluded with a recruitment session open to the public, organised in conjunction with the Dept of Work & Pensions (DWP). Similar events are planned across west Essex, including a 'reverse jobs fair' on 21st November in Harlow for those with autism and learning disabilities.

Forging links between education and health: Over 40 leaders from Harlow schools and health organisations came together on 19th October to forge what is hoped will be a fruitful partnership in which the sectors can not only help each other but, most importantly, benefit the children, young people and families of Harlow. Topics discussed included early years and pre-school readiness, mental health and wellbeing, healthy weight, nutrition, and oral health. Lots of ideas emerged and action plans will be developed over the coming weeks around parenting skills, English as an additional language (EAL), healthy weight/oral health and transitioning from preschool through to further education. The partnership will be linking closely with the West Essex Health & Care Partnership, the Harlow Futures Board and Harlow Levelling Up programme.

Up-coming opportunities, challenges and key events:
Supporting patients whilst waiting to access their next stage of treatment: Two projects are now underway in west Essex. While You Are Waiting is a project focussed on health inequalities in Harlow providing holistic support to address wider determinants of health for people and their carers experiencing waits between 7-41 weeks on multiple lists at PAHT. Waiting Well Project is an ICB wide project supporting people and their carers experiencing waits between 42-77 weeks. Service commenced 1st October.

WEHCP Development: WEHCP Board development session in November will focus on the role of Local Government within the HCP building on the outcomes of the report produced by the ICS Local Government Task and Finish Group and the role of localities and INTs as part of the HCP. This forms part of the wider stakeholder engagement in the development of HCPs as part of the ICB operating model.

Improving communication between partners - Harlow Connected: Two initiatives are underway in Harlow to improve communication between those involved in the delivery of the town's health and care and other public sector/voluntary services. Harlow Connected – a fortnightly bulletin for organisations and groups to share news, information and events – was successfully launched on 9th October. The Harlow Connectors Forum is taking place on 29th November to bring front-line teams from council and health services, Essex Police, charities, the voluntary sector and others together to identify what they can do for each other to provide better help and support for the public. Similar initiatives are planned for the other parts of west Essex.

Health and Growth - future planning: A common interest between the NHS and Local Government is planning for future housing growth and creating 'healthy' towns. With planned developments across west Essex, and the need to consider not only the increased demand on health and care services but also the prevention of ill health in the longer term, the HCP together with the HWE ICB estates team and others, have prioritised the need to identify how they can collectively strategically respond to future planning/growth applications and developments.

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

September has been a busy month for the MHLDA HCP as it continues to lead system-wide activity and deliver against its transformation priorities. Many of the MHLDA HCP's sub-boards have met, progressing a wide range of activity in support of local people.

Following approval by the HWE ICB on 22 September, significant work is now underway to mobilise the new Mental Health Crisis Assessment Centre. This represents a major investment in how we support people in crisis. The full model will require renovation activity on the Lister site but prior to this, the service will be partially mobilised so that it can begin to support people and patient flow over the winter period. Discussions are underway with system partners across the Health and Care Partnership to ensure that this new Crisis Assessment Centre complements existing provision and to consider what changes might be made to existing pathways and practices to support its delivery. A face-to-face, multi-agency workshop will take place on 20 October 2023 to consider the phasing of this work and the development of the model.

The MHLDA HCP convened system partners on 26 September to pilot NHS England's new Urgent and Emergency Care Mental Health Services Assessment Tool (MEN-SAT). Through facilitated discussions, system partners were able to have open and honest discussions about what is and isn't working well and what improvements can be made within the UEC Mental Health pathway. This highlighted positive practice and approaches, but also how current operational pressure are impacting on pathways and the ability of partner agencies to support one another. We are excepting the outputs and analysis from NHS England and will consider these at a future meeting of the MHLDA HCP's Crisis Care Partnership Board.

The MHLDA HCP Board meeting on 13 October 2023, was dedicated to the Children and Young People's agenda. Alongside updates on the development of the new neurodiversity pathway and HCC's Making SEND Everyone's Business programme, the HCP Board received an update from its CYP Emotional and Mental Wellbeing Board which highlighted the impact of system work to improves access to Mental Health services, including a 44% increase in accepted referrals and the growth of Early Help access by 54%.

MHLDA HCP priorities for the next period include our response to HWE ICB proposals regarding the future role of HCPs and the coordination and winter planning and winter funding across our partnership so that we can prioritise the most effective activity.

6. Medical Directorate:

Prescribing

Prescribing is the most common intervention in healthcare and the second highest area of NHS spend. Prescribing budgets for the ICB are a significant proportion of the ICB spend, usually around 10 to 12% of the overall ICB budgets. The ICB primary care annual spend on prescribing totals approximately £238 million. Early indicators are that the prescribing budget is likely to end the year overspent. Hertfordshire and west Essex ICB benchmark well on primary care prescribing when compared both regionally and nationally. In addition, in 22-23 and 23-24 we have financial pressures caused by rising generic prices of medicines totalling around £10M in 2022-23 and predicted £13M in 2023-24. Our aim is to achieve the greatest possible health gain for our patients within our available resources.

A system wide prescribing plan has been agreed and is being implemented with all partners across the ICS focussing on prescribing efficiencies in diabetes (using the most cost effective medicines and blood glucose testing strips); optimising the use of the best value biosimilar medicines (A biosimilar medicine is a biological medicine which has been shown not to have any clinically meaningful differences from the originator medicine in terms of quality, safety and efficacy); using the most cost effective anticoagulants; safe prescribing of opiate analgesics and appropriate prescribing of oral nutritional supplements. In addition, the team are working with GP Practices on prescribing the best value medicines, so they are ensuring we are getting the best value from the medicines budget.

PHM

The PHM network met for the second time in October, at this forum partners come together to share information and learn more about the PHM work programme. Items for the next PHM network include the ICB High Level Needs Analysis and Outcomes Framework outputs which will come to the ICB Board in January. In addition the PHM team and BI are working with the ICB Workforce Development Team to build future analytical capabilities. More information will be shared via the new PHM Newsletter.

Research

The ICB using NIHR funding has recruited a Head of Research and Innovation to build capacity around its statutory duties with regard to research including the facilitation and promotion of research in matters relevant to the health service, and the use in the health service of evidence obtained from research. To this end the ICB has worked closely with the University of Hertfordshire to create a virtual ICS Research hub to consolidate existing research and researchers across HWEICS and UH to understand what research is happening, where, and use it to better meet system wide priorities, in a co-ordinated way. This has been funded from HEE monies and is expected to be self-funding in two years.

Medical

- Reducing premature mortality from cardiovascular disease remains an ICB clinical priority alongside the development of proactive and preventative models of care for long term conditions.
- A key area for the LTC programme is to improve the detection and management of hypertension within the ICS, aiming to achieve the target of 77% of people with hypertension treated to age specific targets by the end of March 2024. Some key actions that have taken place in the last couple of months include:
    - o The programme has developed a set of actions for non-primary care providers to deliver that have been agreed by the cardiovascular Senior Advisory Group,
    - o The CVD team are undertaking targeted practice visits with our practice that have the lowest detection or treatment to target, with a focus on practices in areas of greater deprivation.
    - o Working with the communications and engagement team, the CVD team have developed a plan for an ICS-wide comms and engagement plan to raise awareness of hypertension and the need to ‘Know your numbers’.
    - o The ICB submitted an Expression of Interest for funding to support the hypertension programme and extend the planned activities to ensure that there is a focus on underserved communities and address inequalities, particularly in Black and Mixed ethnicity groups.

- A further area of work addressing CVD prevention is the development of lipid services and adoption of national lipid management pathways. The ICB is working with ICS partners to develop a model for lipid services that will ensure access to novel lipid lowering medications, reduce the number of cardiovascular events and reduce the pressures on outpatient services which have seen a high number of referrals for lipid management in the past 12-18 months.
- The ICB is now rolling out the asthma diagnostic hubs across PCNs, with associated training and support. These hubs will ensure that there is access to FeNO testing as part of the diagnostic process and that people receive an accurate diagnosis for their long-term respiratory condition (starting with asthma). This will result in fewer complications from delayed diagnosis as well as overprescribing in cases of inappropriate diagnosis.
- To support frailty and urgent and emergency care, ENH have implemented the ICS long lie pathways in September and they are currently training their staff on the patient who has fallen on anticoagulants who sustains a head injury pathway. We are working with Quantum to pilot within their care homes. It is hoped this will go live by the end of the year.
- The medical directorate supported the winter planning event and ongoing winter planning actions.
- A senior clinical engagement session for frailty, comorbidity and EOL is taking place on the 10 Nov, aimed at clinicians and operational managers who are not specialists. This is to support transformation in both urgent and planned care pathways.
- Supported the development of a digital bid to scope and implement digital advance care plans across HWE for all providers to have live access to, and edit advance care plans.

7. VCFSE Alliance:

We are now able to confirm that the Assura Community Fund Assura Community Fund PLC | Assura (assuraplc.com) has approached the VCFSE Alliance with a fund of £75k to support just such grass roots groups in the ICS footprint and Primary Care has agreed to match that funding in year. There is therefore the opportunity to run a similar process with an approximate allocation of £4k per PCN to support addressing a specific local Health Inequality and assist in building local networks around the developing Integrated Neighbourhood Teams.

It is proposed that learning from this process over coming months is fed into discussions about how to develop a grants and micro-commissioning processes at HCP level (in partnership with Local Authorities, local infrastructure organisations, PCNs and the VCFSE Alliance). This links to the Asset Based Community Development strand of the Health Creation Strategy and to Priority 2 of the ICP Integrated Care Strategy.

Other key updates since last time:

- The Alliance is in the process of building its own website and launch is imminent.
- The Alliance presented to People Board on 21 September on the size and impact of the VCFSE; the pressures upon it (recruitment of staff and volunteers, cost of living etc) the new pilot looking at skills share through the ICB volunteering policy (see below under Volunteering) and the importance of an integrated approach between sectors.
- Some graduate trainees have now being given opportunities to shadow VCFSE organisations as part of their development.
- A review of the committee and meetings structures of the Alliance is under way to maximise the diversity of membership through upcoming elections planned for early next year.
- The ICB has accessed £5k of NHSE funding to support detailed work to evaluate the impact of the Alliance so far, using a tool the Alliance helped ‘road test’ and to make proposals for further development.

8. Local Authority – Herts County Council:

Financial pressures: like many other councils, Hertfordshire County Council is facing very significant financial and operational pressures. The impact of sustained high inflation and interest rates, coupled with continued increases in demand and complexity for many of the council's services, particularly children's services, has created a forecast full year budget deficit of £13m and significant financial challenges projected for future years.

The Ofsted and CQC **inspection of Hertfordshire's joint local area arrangements for children and young people with special educational needs and/or disabilities** took place earlier this year. The inspection assessed arrangements for all children and young people aged 0 to 25 covered by the SEND code of practice, including those who have an education, health and care (EHC) plan and those who receive special educational needs (SEN) support. The inspection report identified 'widespread and/or systemic failings' across the local area partnership led by Hertfordshire County Council and the NHS Hertfordshire and West Essex Integrated Care Board (ICB), leading to 'significant concerns about the experiences and outcomes of children and young people with SEND'. The Hertfordshire local area partnership accept the findings of the report and are sorry too many children and young people with SEND and their families have not received the service and outcomes they need and deserve and are taking urgent action to address the priority actions and areas for improvement in the report. The local area partnership has recognised the scale of the issues confirmed by this report and which are also seen across other areas of the country. In response to the inspection report the local area partnership is strengthening the extensive improvement plan we already have in place, building on the good practice identified by inspectors and will be submitting a detailed priority action plan to Ofsted / CQC within 35 days.

A Prevention of Admission service for South and West Herts was launched in October. The service, run by multi disciplinary teams including social care practitioners and community trust and voluntary sector colleagues, provides urgent support to residents facing circumstances that may lead to a hospital, residential or inpatient admission within 48 hours, such as an exacerbation of chronic illness, carer breakdown, or provider failure. The service is co-located within the Care Coordination Centre at Central London Community Healthcare NHS Trust (CLCH) and provides a single point of access whereby integrated, clinical triage is available for all 2 hour urgent community response services across South and West Hertfordshire. The service mirrors a similar service for ENH Herts known as the Community Rapid Response Team and enables there to be a County-wide offer for Hertfordshire residents.

Sarah Perman started as Hertfordshire County Council's **Interim Director of Public Health** in October. Sarah was previously Director of Health and Care Integration at the Council. This has been a critical role in supporting the council's interface with the NHS and establishing the Integrated Care Partnership for Hertfordshire and West Essex. Sarah is looking forward to building on the experience and relationships she developed in her previous role in order to strengthen the position of the Council's public health team within the wider system.

9. Local Authority – Essex County Council:

Essex Sexual Health Service:

'Asking for a Friend' is a new online platform hosted by Essex Sexual Health Service, designed to empower young people with confidential access to sexual health services and resources. The platform hosts a range of information for young people with a focus on key topics as highlighted by young people through the Essex Relationships and Sex Education survey. Thank you to everyone for their ongoing support with the development of this platform in particular the young people who have worked with the service to suggest content and test accessibility of the site.
https://askingforafriend.org.uk/

Creating a smokefree generation and tackling youth vaping consultation:

- **Creating a smokefree generation**: consulting on the smokefree generation policy and its scope.
- **Tackling youth vaping**: consulting on several options to ensure we take the most appropriate and impactful steps, building on England's analysis of the youth vaping call for evidence.
- **Enforcement**: consulting on the proposal to introduce new powers for local authorities in England and Wales to issue fixed penalty notices to enforce age of sale legislation of tobacco products and vapes.

Essex County Council position statement on vaping and tobacco:

EoE ADPD Vaping position statement.pdf

10. Workforce:

The programme is developing plans to support the ICB's wider Workforce Financial Recovery workstream for the ICS. £7.8million of savings are being targeted across the whole system, and areas are now being identified to support meeting that target. As part of this work a deep dive is being undertaken to review the system's establishment and productivity difference since Covid.

The system recently celebrated National Learning Disability Day (Weds 1 November), this included showcasing roles and apprenticeship opportunities within local events, raising awareness and communications around the importance of LD roles, as well as hosting a charity event to raise money for Electric Umbrella who provide music sessions for People with a learning disability.

The first cohort of the system's Transforming Culture programme is due to start at the beginning of November. Three cohorts are being held within the system, giving 60 key managers across the system an insight into compassionate and inclusive culture to take forward within their organisations, led by Dr Eden Charles.

The programme is seeking to build on successful areas of work progressed around self-rostering, including a piece of work developed by the maternity department at West Herts Hospital which was recently nominated for a Nursing and Midwifery Council Award for best use of technology. The project has seen a reduction of manual rostering by 60%, utilising innovative software which enables improved staff retention, flexible working and improved work/life balance. It is the Trust's ambition to expand this to become organisation wide and learning is being shared across the system.

In addition, funding has been secured to support 2 projects;

- A project focussing on delivery of the carers covenant and identifying routes into careers in the NHS and care sector for care leavers.
- Following the publishing of NHS England's intermediate care framework and community rehabilitation and reablement model the system has been selected to pilot a new strategic workforce modelling project. We are working closely with the AHP Council and partners and undertaking the pilot at place level within East and North Hertfordshire.

Several projects in collaboration with the University of Hertfordshire are now coming to fruition. The Research Care Cluster project has awarded funds for the establishment of a shared research centre enabling improved integration of research projects across the system and with the University.
The system's Multi-Professional Learner App, to support students, has been live for a month, and is already beginning to showcase key benefits in retaining them within the system. As an example, a learner reached out to the team for support and guidance on future career prospects, interview techniques and how to write a good job application. From this support, they were successful in application for their newly qualified post. To top this off, members of staff from across the ICB and wider system were invited to tour the University and learn more about its work, capabilities and facilities.

International and Domestic nurses, well as colleagues who have supported international colleagues, from the system have been invited to a reception Buckingham Palace celebrating the contribution of International Nurses and Midwives to the sector on 14th November.

11. Governance inc. Declarations and the ICB Risk Report:

As part of the ICBs ongoing evolution, the Board will note the following for ratification and formal approval:

- Finance and Investment Committee Terms of Reference

- Updates to HWE ICB Governance Handbook:
  Updated ICP Constitution

- Scheme of Reservation and Delegation (SoRD)
  Update to the Better Care Fund

Declarations:

The ICB has continued to pause updating its Standards of Business Conduct Policy (Incorporating Conflicts of Interest), pending the new NHS wide Conflicts of Interest Guidance and module 1 e-learning. These two revised items were due to be circulated in October 2023, this has now been delayed until December 2023. ICB colleagues are reminded to review the ICBs current policy regarding declaration of interests, gifts and hospitality. Alongside policy positions surrounding sponsorship and general business conduct for and on behalf of this ICB.

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.

Hertfordshire and West Essex ICB's Board Assurance Framework

Date: 13/11/2023

APPENDIX A: Assurance Framework Report (16+)

SO IDs	2022/27 Strategic Objectives	No of risks	Strategic Leads
SO1	Increase healthy life expectancy and reduce inequality	1	Rachel Joyce
SO2	Give every child the best start in life	1	Prof. Natalie Hammond
SO3	Improve access to health and care services	5	Frances Shattock
SO4	Increase the number of citizens taking steps to improve their well-being	0	Beverley Flowers
SO5	Achieve a balanced financial position annually	2	Alan Pond

Assurance Statement

We would like to provide the Board with assurance that we have reviewed the corporate risks for the ICB. Currently, there are 138 risks on the Datix Risk Register. Out of these, 53 are corporate risks (12+). Of the corporate risks, 9 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, 644, 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.

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.

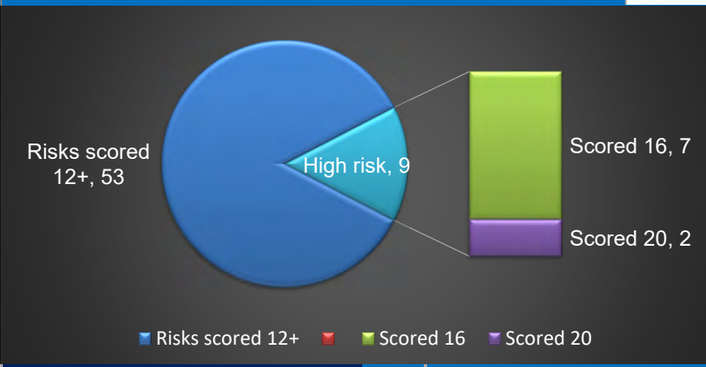
RAG rating of overall perfomance: Green → Progress

TRIGGER ZONES FOR MANGEMENT ACTION PLANS

Risk Matrix	Consequence (C)				
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
Likelihood (L) 5. Almost Certain				2	
4. Highly Likely				7	
3. Possibly					
2. Unlikely					
1. Rare					

No#	HWE ICB Directorates	No of risks (12+)
1	Chief of Staff (Communication, Corporate Governance, Information Governance)	4
2	Finance, Contract, Premises	8
3	Medical	4
4	Operations (3 Places & HBLICT)	13
5	Performance (Business Intelligence, Digital Transformation & Performance)	6
6	Primary Care	9
7	Quality and Nursing	2
8	ICB Strategy (People, Workforce, Strategy)	7
		53

Further breakdown into principal risks scored 16+



RISK ID	Date open	SO ID	Risk Owner	Directorates	Risk Description (16+)	Rational for current risk score	Risk Appetite	L = Likelihood C = Consequence L	C	Current risk score L x C = RS	Key Controls	Direction	Assurance levels 1st line	2nd line	3rd line
9										1					
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-artculated 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 identfied 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: 13/11/2023

RISK ID	Date open	SO ID	Risk Owner	Directorates	Risk Description (16+)	Rational for current risk score	Risk Appetite	L = Likelihood C = Consequence L	C	Current risk score L x C = RS	Key Controls	Direction	Assurance levels 1st line	2nd line	3rd line
9										1					
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 thent there isa risk to patients Resulting in: potential deterioration of patients health and wellbeing	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. To understand the ratonal for current risk score, a pequest 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.	**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	↔	Limted	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 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*
644	19/06/2023	SO5	Tania Marcus	Strategy, People, Workforce	**Overspend and Productivity Loss from increased establishment and Bank & Agency Staff Reliance:** If we do not address the increase of staff establishment and the accompanying use of bank and agency staff across the system, then we will see continuing trends of losses in productivity and increased financial pressures and overspend.	Monitoring of increased use of bank and agency month by month and utilisation of the national diagnostic tool suggests that the system is losing productivity since pre-covid in certain areas of acute activity	**Cautious**	4	4	**16**	System's operational plan setting out key targets across all organisations to reduce staff bank and agency usage Regional requirements set out ensuring new protocols to be put in place for use of agency staffing Temporary staffing group in place for the system to review activity and lead on new initiatives to reduce bank and agency spend. Series of workforce transformational projects encouraging transfer from bank to substantive posts, e.g. flexible working and job planning. Workforce workstream established as part of the ICS financial recovery programme Pilot activity within the national ICS diagnostic tool	↑	Substantial	Reasonable	Reasonable
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 BIAs for each team / department	↔	Substantial	*None*	*None*
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*

Hertfordshire and West Essex ICB's Board Assurance Framework

Date: 13/11/2023

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	Direction	Assurance levels		
								L	C	L x C = RS			1st line	2nd line	3rd line
9										1					

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.

Report Author:

Leon Adeleye, Governance Manager - Risk

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Wellington House
133-155 Waterloo Road
London,
SE1 8UG
E-mail:
england.bettercarefundteam@nhs.net

To: *(by email)*
Cllr Fiona Thomson, Chair, Hertfordshire Health and Wellbeing Board
Sharn Elton, Integrated Care Board Chief Executive or Representative(s)
Owen Mapley, Chief Executive, Hertfordshire County Council

18 September 2023

Dear Colleagues,

BETTER CARE FUND 2023-25

Thank you for submitting your Better Care Fund ("**BCF**") plan for regional assurance and approval. I am pleased to let you know that following this process, your plan has been classified as '**approved**'. You should now proceed to finalise your section 75 agreements with a view to these being signed off by 31 October 2023.

We are grateful for your commitment to developing and producing your agreed plan and we recognise that there are many pressures on local system colleagues, despite the early publication of the planning requirements.

The BCF is the only mandatory policy to facilitate the integration of health, social care and housing funding. This is the second time that the BCF Policy Framework covers two financial years to align with NHS planning timetables and to give areas

the opportunity to plan more strategically.

BCF Conditions for financial year 2023/4

The BCF funding from NHS England for the financial year 2023/24, which includes additional discharge funding, can now be formally released subject to compliance with the following conditions (referred to as "the **BCF Conditions**"):

- The BCF funding is used in accordance with your final approved plan.
- The national conditions ("the **National Conditions**") set out in the BCF Policy Framework for 2023-25 and further detailed in the BCF Planning Requirements for 2023-25 continue to be met.
- Satisfactory progress is made towards meeting the performance objectives specified in your BCF plan.
- Reports on your area's progress and performance are provided to NHS England in accordance with relevant guidance and any requests made by NHS England and governmental departments. This includes quarterly reporting on the BCF overall and fortnightly reporting on use of the Additional Discharge Funding, as set out in the Planning Requirements document.

Escalation

The BCF Conditions have been imposed through NHS England's powers under sections 223G and 223GA of the NHS Act 2006. This means that if the BCF Conditions are not complied with NHS England can, under section 223GA:

- withhold any payment, if any of the BCF Funding has not already been made available to the ICB;
- recover any of the funding (either from the current financial year or a subsequent financial year); and/or
- direct the ICB or ICBs in your Health and Wellbeing Board area as to the use of the funding.

Where an area is not compliant with one or more BCF Conditions or there is a material risk that a BCF Condition will not be met, an area may enter into escalation, as outlined in the BCF Planning Requirements 2023-25. This could lead to NHS England exercising the powers outlined above. Any intervention will be proportionate to the risk or issue identified.

Local authority funding for financial year 2023/4

Grants to local government (improved Better Care Fund, Additional Discharge Fund

and Disabled Facilities Grant) will continue to be paid to local government under s31 of the Local Government Act 2003, via the Department of Levelling Up, Housing and Communities, with a condition that they are pooled into one or more pooled funds under section 75 of the NHS Act 2006 and spent in accordance with your approved BCF plan.

Reporting and compliance

Ongoing support and oversight regarding the spending of BCF funding will continue to be led by your local Better Care Manager ("**BCM**"). Following regional assurance, we are asking all BCMs to feed back to local systems where the process identified areas for improvement in plans, including where systems may benefit from conversations with other areas. Nationally, we will also be reflecting on the data and what further support we can consider in the future.

Reporting on the overall BCF programme for 2023-25 will resume in September with quarterly reporting and an end of year return. In preparation for winter and to ensure ongoing alignment with urgent and emergency care recovery plans, the Quarter 2 report will include a check that your Intermediate Care Capacity and Demand plans are still fit for purpose as we enter months where capacity is often stretched. Your refreshed Intermediate Care Capacity and Demand plan needs to be submitted by 31 October 2023. All templates and guidance will be published on the Better Care Exchange. Further information on quarterly and end of year reporting will be confirmed in due course.

You will be aware that there are additional reporting requirements for the Additional Discharge Fund. The Government maintains a strong interest in improving timely discharge of patients; details of additional reporting on this part of the fund have been published. NHS England also requires a monthly return on packages provided to date, spend to date and forecast spend data on an ICB footprint. There is a commitment to review these reporting arrangements for 2024-25.

BCF Conditions for financial year 2023/24

As explained above, the BCF Policy Framework covers the financial years 2023/24 and 2024/25. NHS England expects that before any BCF funding for 2024/25 is made available it will write to areas to notify them that the BCF Conditions for 2023/24 set out in this letter will also apply to 2024/25.

If your area is in breach of its BCF Conditions or there is a material risk that it will breach a BCF Condition, then further conditions may be applied to BCF funding for

2024/25.

Once again, thank you for your work and best wishes with implementation and ongoing delivery.

Yours sincerely,

Nicola Hunt

Senior Responsible Officer for the Better Care Fund
NHS England

Copy (by email) to:

Clare Panniker, Regional Director, NHS England
Rosie Seymour, Programme Director, Better Care Fund team, Better Care Fund Programme, NHS England
Isla Rowland, Better Care Manager, Better Care Fund Programme, NHS England

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐				
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**24/11/2023**		
Report Title:	**Integrated reports for quality, finance, workforce and performance**				**Agenda Item:**	**08**		
Report Author(s):	Executive Team							
Report Presented by:	Alan Pond, Frances Shattock, Tania Marcus, Natalie Hammond, Michael Watson							
Report Signed off by:	Alan Pond, Frances Shattock, Tania Marcus, Natalie Hammond, Michael Watson							
Purpose:	**Approval / Decision**	☐	**Assurance**	☒	**Discussion**	☐	**Information**	☐
Which Strategic Objectives are relevant to this report **[Please list]**	• 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:	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. **Board members should also review the more detailed reports in the for information section of the todays board agenda.**							
Recommendations:	The Board is asked to consider the report and the areas highlighted for discussion.							

Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
	N/A			
Implications / Impact:				
Patient Safety:	*N/A*			
Risk: *Link to Risk Register*	*N/A*			
Financial Implications:	*N/A*			
Impact Assessments: *(Completed and attached)*	***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/ improvement	Current situation
System financial position	To month 6 the System is overspent against plan by £22.5m, with a prediction that this will increase without action. A financial recovery plan has been developed which would bring the overspend across the year down to £38.6m. Further actions will be necessary to deliver the required breakeven position
Out of Area bed days for MH patients- impact on both patients and the organisations financial position	In Hertfordshire Out of Area bed days have reduced for the last three months, meeting the recovery trajectory for August and September. In West Essex the number of Out of Area bed days remains challenged. It should be noted that whilst this reduction in Hertfordshire will be a welcome improvement in the experience of patients and their families, the financial impact of mental health admissions to providers outside of HPFT but within area remains significant.
Paediatric Audiology **(Carried over from the board in July)**	Previous updates to Board have outlined the challenges relating to ENHT paediatric audiology services as well as explaining the requirements laid out by NHS England regarding review of other provider's paediatric audiology services. 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. A more detailed update is in the quality section of this report.
Reduction in ERF Target	The board is asked to note the 2% reduction in the Elective Recovery Fund activity targets detailed elsewhere on today's agenda.
UEC performance	Performance remains challenged. There is an agreed system wide programme being implemented and shared confidence that delivery of this plan will lead to improved performance – however it is not yet feeding through into improvement in the UEC metrics. A more detailed update can be found in the performance section of this report.
Cancer performance	Whilst performance against 62d target remains below the 85% constitutional standard, it should be noted that our performance in this area is above both the regional and national average and above the national expectation of 70% by March 2024. Performance against Faster Diagnosis Standard is also ahead of regional and national average.

West Herts Teaching Hospital- Heart Failure/ Rapid Access Clinic	Previously the Board has been made aware of an 8 week wait for patients to access the WHTHT heart failure and rapid access chest pain clinics which should have a wait of no longer than 2 weeks. Following implementation of a recovery plan and associated actions, including a revised triage strategy, there has been significant improvement. The Heart Failure clinic is back to a wait of 2 weeks for patients, and chest pain clinics have also reduced to 2 weeks and 3 days. Ongoing monitoring will continue both within the Trust and through the oversight functions within the ICB.

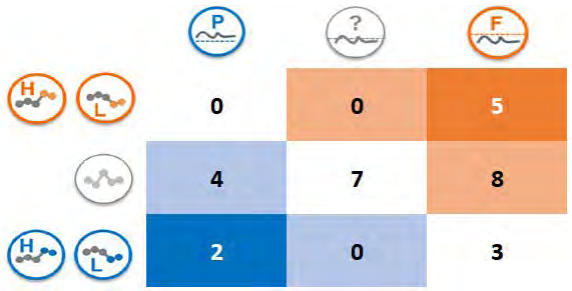
3. Overview by area

Performance

Area	Current position	Additional notes
Urgent Care	111 % of calls not answered declined Sept/October. Category 2 ambulance response times at 51 mins in September- above recovery trajectory of 41 mins. Hours lost to handover increased in September. 4 hour ED standard ahead of recovery target.	HWE worse than average both regionally and nationally.
Cancer	28 day faster diagnosis performance ahead of national average although slight dip in performance. Number of patients waiting >62 days has remains stable but behind recovery trajectory. Performance against 62 day standard remains below target. But above regional and national average.	HWE better than average regionally and nationally.
Planned care	Number of patients waiting >78 weeks has been increasing since March- all trusts remain in breach. 65 weeks recovery trajectory no longer being achieved as industrial action continues to impact. ENHT have been de-escalated from tier 1 to tier 2 management for elective recovery	HWE is better than average regionally, but worst than average nationally.
Diagnostics	PTL remains static. Slight dip in performance June-August but within common cause variation.	HWE is worse than average regionally and nationally.
Community	The % of adults waiting less than 18 weeks remains strong. The waiting list for children's services remains extremely high. Some improvement in waits for Autism Spectrum Disorder services.	

Mental Health	Demand High in Adult, Older Adult and CAMHS services with some KPIs remaining below standard. Vacancies and recruitment the key challenges. Access to community MH services remains challenged. Improvement seen in dementia diagnosis and Out of Area bed days.	Materially improved position on OOAP and dementia diagnosis over the last 6mths.
Primary Care and Continuing Healthcare	The % of CHC assessments completed within 28 days remains a challenge in SW Herts and has deteriorated in the last 2 months.	

Executive Summary - KPI Risk Summary



Highest Risk	Programme
ED 4 Hour Standard	UEC
RTT 78 Week Waits	Elective
RTT 65 Week Waits	Elective
RTT 52 Week Waits	Elective
Community Waits (Children)	Community

Lowest Risk	Programme
Learning Disability (LD) Health Checks	Primary Care
2 Hour Urgent Community Response	Community
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
No Criteria to Resite (NCTR)	UEC
90% Stroke Unit	Stroke
28 Day Faster Diagnosis	Cancer
Out of Area Bed Days	Mental Health
62 Day Backlog	Cancer
HPFT Early Memory Diagnosis (EMDASS)	Mental Health
CHC Assessments < 28 Days	Community

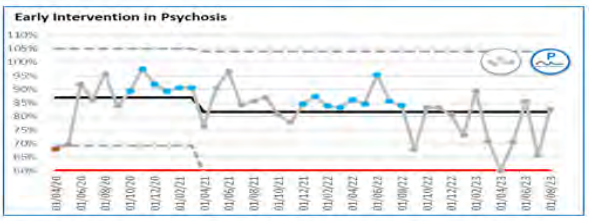
High Risk	Programme
Ambulance Response Times	UEC
Ambulance Handovers	UEC
% in ED > 12 Hours	UEC
4 Hour Stroke Unit	Stroke
Thrombolysed < 1 Hour	Stroke
62 Day Standard	Cancer
Adult 28 Day Standard	Mental Health
6 Week Waits	Diagnostics

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

2

Narrative

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



ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex	Out of Area Bed Days remain challenged and higher than pre-23/24 levels.	A national shortage of MH beds and use of inappropriate OOA beds is very likely to continue.	• Review of Essex bed stock continues with system partners and the Essex wide risk share contract continues with system partners • Review of West Essex Community Rehab requirements remains on going	• Out of Area Placement (OOAP) Elimination & Sustainability Impact System Group (Essex wide) in place to monitor the impact of the NHSE OOAP Action Plan • 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
Herts	Out of Area Bed Days have reduced for the last 3 months. Recovery trajectory for August and September was achieved.	• 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	• Daily OOAP reviews / dedicated clinical ownership for OAP • Gatekeeping process and on call gatekeeping consultant • 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 • 10 additional block beds in place – total 42 • Enhanced community offers for rehab and assertive outreach • Introducing further alternatives to admission – Crisis House • Wider system work, led at Executive level, to support placement of longer-term delayed transfers of care	
EIP	Performance achieved above the national target within Herts	No specific issues	Ongoing monitoring	Consistently compliant

Cancer

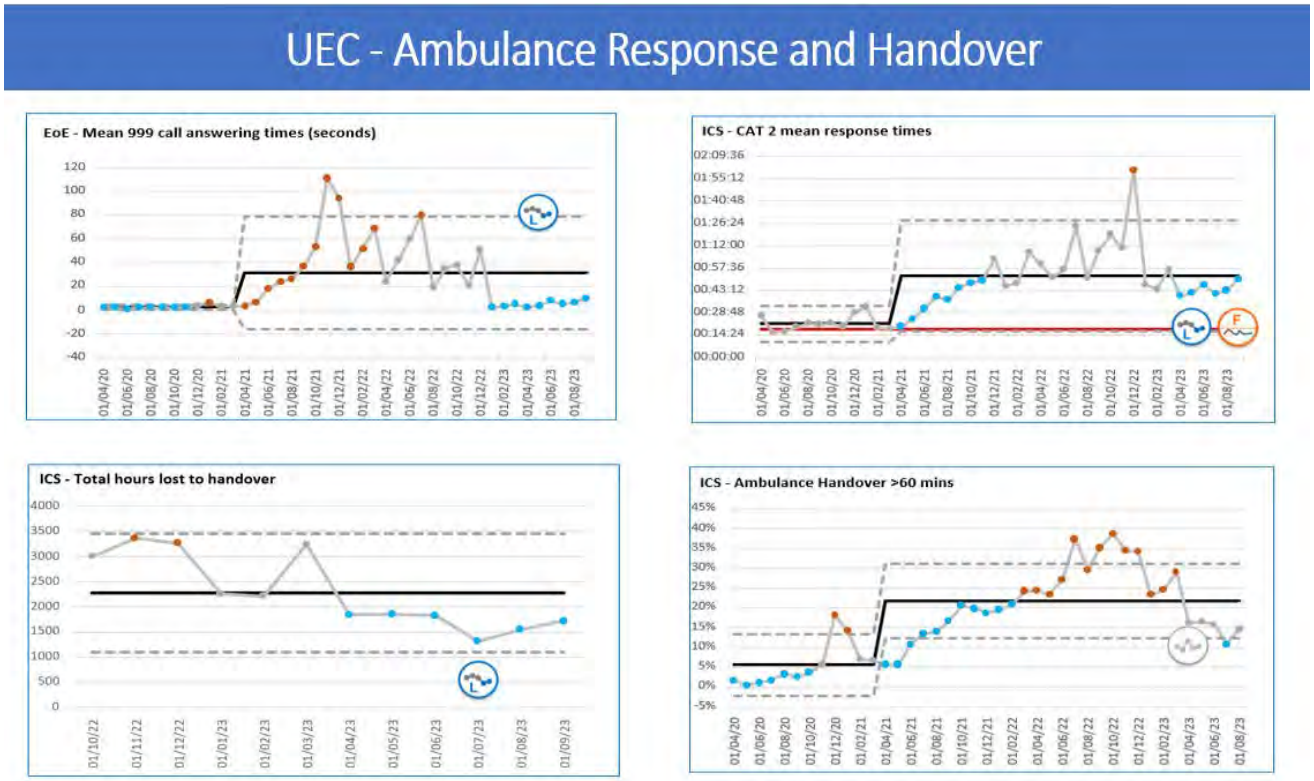
ICB Area	What the charts tell us	Issues	Actions	Mitigation
ICB	• 2 week wait referrals decreased in August • 28 Day Faster Diagnosis Standard(FDS) performance declined in both July and August, and is below target • PAH achieve the 75% FDS standard in September • Performance remained stable for the number of patients waiting >62 days, in July, August and September • Performance against the 62 day standard remains below standard showing an overall declining pattern with particular challenges at PAH	**ENHT** • >62 day backlog increased during August but has started to come down again during September and October • The increased backlog was caused by: o patient choice (especially Skin, Urology and Head & Neck pathways); o Upper GI patients waiting for EUS at Royal Free; o TP biopsy capacity; o annual leave and IA over the summer; o delayed transfers to ENHT • In August, four out of nine performance standards were met. Of those which were missed, all were within five percentage points of the standard **WHTH** • Increase in demand and insufficient capacity for diagnostics and clinical support, particularly in CT guided biopsy and histopathology • Dermatology Service continues to be significantly challenged • Although cancer patients were prioritised during the recent industrial action, overall capacity is compromised • Delays in results being reviewed by clinicians **PAH** • Ongoing Industrial Action. The Trust's good progress to date on 62 day backlog reduction faltered in September due to the joint Junior Doctor and Consultant action • 62 day % performance is low as a direct impact of continued focus on treating the longest waiting patients • Urology capacity and workforce. This service accounts for 56% of the total backlog	**ENHT** • Saturday radiotherapy sessions done through June, July and August whilst there have been radiographer vacancies. Vacancies now recruited to • TP biopsy capacity increased to 5 per list • Colonoscopy outsourcing capacity has commenced, and new FIT guidelines started • Additional theatre capacity introduced for RALP • Increased regularity of meetings with leads at Watford, Hillingdon, Luton and Northwick Park **WHTH** • Cancer Improvement Program Board now established and overseeing service level improvement plans and service development • Breast Pain pathway live from September 2023 and clinics commenced • Benign diagnosis project underway, aimed at increasing efficiency in communication of benign diagnosis directly from MDT, as well as a review of results and virtual clinic processes • Review of Urgent Cancer Referral Forms continuing, Dermatology Form reviewed, now focusing on Gynae and Urology • Hoping to repurpose Cancer SDF to support Dermatology Pathway with additional Dermoscopy clinics and consideration of outsourcing **PAH** • Complete refresh of Cancer Improvement Plans at service level – end October • "Hot Week" scheduled for w/c 30th October – only Cancer and >78 week operating • Dedicated Cancer PTL management Event 1st November • Urology recruitment successful for all vacant registrar posts – start dates TBC • On commencement of new Urology appointments, the service will be at full staffing aside from one consultant on restricted duties • PAH 62 day backlog recovery faltered during September, but the trend is still positive. As of 22/10/23 the gap to March 24 plan is just 41 patients • All cancer MDTs maintained during latest industrial action	**ENHT** • Starting EUS service at Lister • New Urology Consultant starting in November • Skin WLIs **WHTH** • 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 • Dermatology FDS performance now under scrutiny as part of the EOE Cancer Alliance RCAT project **PAH** • 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

		M5 Only					Year To Date				
POD	Description	Plan	Actual	Actual vs Plan %	Change	Performance	Plan	Actual	Actual vs Plan %	Change	Performance
EM13	Number of attendances at all type A&E departments	40,492	39,141	-3.34%	-1,351		213,159	202,931	-4.80%	-10,228	
EM11a	Number of specific acute non-elective spells in the period with a length of stay of zero days	3,438	2,748	-20.07%	-690		17,610	14,690	-16.58%	-2,920	
EM11b	Number of specific acute non-elective spells in the period with a length of stay of one or more days	6,229	6,650	6.76%	421		30,859	33,307	7.93%	2,448	
EM10a	Elective day case spells	8,798	9,728	10.57%	930		42,310	47,070	11.25%	4,760	
EM10b	Elective ordinary spells	1,143	876	-23.36%	-267		5,473	4,282	-21.76%	-1,191	
EM32g	Outpatient attendances (all TFC; consultant and non consultant led) - First attendance	43,071	42,089	-2.28%	-982		211,172	203,469	-3.65%	-7,703	
EM32h	Outpatient attendances (all TFC; consultant and non consultant led) - Follow-up attendance	50,393	62,247	23.52%	11,854		257,524	312,257	21.25%	54,733	
EB20	The number of incomplete Referral to Treatment (RTT) pathways (patients yet to start treatment) of 65 weeks or more	2,303	3,425	48.72%	1,122		13,165	14,962	13.65%	1,797	

ICB Issues and escalations

- Urgent care activity and zero day length of stay are within plan; 1+ day length of stay is above plan
- Elective recovery and activity in all areas continues to be impacted by the ongoing Junior Doctor and Consultant Industrial Action
- Elective inpatient activity is below plan; day cases are significantly above plan; net total activity is up



Quality

Key areas

Area	Position	Further info
Infection Prevention and Control- C.difficile.	Ongoing assurances continue to be required	National increase in C. difficile cases. All HWE Integrated Care Board (ICB) places and 3 acute Trusts are now above NHS England trajectories.
National Escalation following trial of Lucy Letby	N/A	Following the verdict in the trial of Lucy Letby and announcement of a public enquiry, key actions have been taken forward. Progress to date includes Integrated Care Board (ICB) responses to multiple stakeholder groups as well as a member of the public enquiry, in addition to a review of systems and processes including mortality reviews and speaking up as examples. NHSE letter has been added to agenda for key joint provider and ICB meetings, for oversight and assurance and work is also underway in the ICB around development of plans to implement a strengthened Fit and Proper person Test.
Ophthalmology services	N/A	There is an increased demand for the service across the system, with high numbers of patients waiting more than 52 weeks at ENHT. Challenges continue in balancing the

		need to meet 65 week waits(ww) reduction and manage follow ups. For oversight there is a monthly Ophthalmology Clinical network work stream and outpatient network reporting to the Integrated Care System (ICS) Planned Care Board. Serious Incidents (SIs) have been reviewed by the ICB SI Panel and robust action plans with identified learning noted. ENHT Ophthalmology Recovery Meetings remains in place with ICB representation.
Paediatric Audiology		Previous updates to Board have outlined the challenges relating to ENHT paediatric audiology services as well as explaining the requirements laid out by NHS England regarding review of other provider's paediatric audiology services. 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. Current focus is on mapping of pathways against multiple workstreams so areas of improvement work can be prioritised to recommence services as quickly and safely as possible. Significant focus also remains on supporting and developing the workforce, ensuring accurate and timely updates for families, and securing mutual aid. With regard to the national return, the ICB responded within the deadline of 30th October, having worked with our providers of paediatric audiology services to complete the review against key actions. Actions include having a named senior leader and clear governance, to be working towards UKAS accreditation, to undertake a review of workforce competency and support to staff, and to identify mutual aid as required. Through completion of the self-assessment no significant concerns have been identified at HCT, WHTHT or PAH, however none of the Trusts are currently UKAS accredited. Assurance has been provided against the majority of standards applicable for each provider, with actions in place where work is required to reach full compliance, including accreditation. During the completion of the self-assessments a further provider of audiology services has been identified and work is ongoing to seek the required assurances regarding quality standards. Across the system risk remains regarding potential financial implications of undertaking all necessary improvement work at ENHT as well as all providers achieving UKAS accreditation. There are also ongoing risks regarding lack of specialist audiology workforce, and therefore limited mutual aid. There is work ongoing at regional and national level to help address this.

Reasons to be Proud

East and North Herts Trust (ENHT):

- Six finalists for the Nursing Times Award have been selected from the Royal College of Emergency Medicine (RCEM) project.
- Queen Elizabeth II (QE2) Urgent Treatment Centre has been nominated for an award from the Royal College of GP (RCGP).

The Southend, Essex and Thurrock Child and Adolescent Mental Health Service (SET CAMHS):

SET CAMHS Commissioning team supported BEAT Eating Disorder Charity to deliver a face-to-face conference entitled Empowering care: Enhancing eating disorder awareness and support in Essex. Beat are commissioned to provide a range of training, workshops and resource packages throughout Essex for professionals, parent/carers and their families. The conference was attended by 170 delegates from a variety of backgrounds including Health, Education, Carers and Voluntary sector services and it afforded attendees many opportunities to gain an insight into services available and enhance partnership working to support Children, Young people and their families experiencing eating disorder challenges. A further conference will be held in spring 2024.

Waiting Well Initiatives:

Waiting Well Herts - East and North Herts Trust (ENHT) and West Hertfordshire Teaching Hospital Trust (WHTHT) - Herts Community Navigator Services (HCNS) have been undertaking wellbeing calls to patients who have been the longest waiters on Orthopaedic , Pain management and Ophthalmology Pathways. The service began 1st February 2022 and is a 'live' project until March 2024 (extension from April 2023). On average approximately half the patients contacted required support while waiting and were independently able to navigate this. 10% were referred into HCNS for Social Prescribing support. The main intervention for individuals who have required social prescribing input to date was equipment and aids , followed by ' benefits' related support.

Whilst You're Waiting West Essex - Work is underway with Harlow Primary Care Networks (PCNs) on reaching out to people on multiple waiting lists , and from the most deprived backgrounds. This should also start in November 2023. There is a focus on ensuring that Princess Alexandra Hospital Trust (PAHT) waiting well patients are not called twice and so an aligned approach will be taken forward.

Pathway 0 (P0) - This service started at West Hertfordshire Teaching Hospital Trust in March 2021, Princess Alexandra Hospital Trust in March 2022 and East & North Hertfordshire NHS Trust in July 2022. Approach is around contacting all patients over 65 who have been discharged from hospital where no formal care was required. Wellbeing check is offered on Day 1 and Day 5 with the aim to reduce readmissions by 6% for individuals on this pathway. HCNS contacted 39,200 patients from WGH, Lister & PAHT. 12% of patients needed support on Day 1 following discharge (4704 patients.) There has been in reduction in 7-day re-attendance from 8% to 6% compared to previous year.

Patient Experience and Safety - ICB

ICB Area	Compliments	Complaints	PALS	Member of Parliament (MP)	General Practitioner (GP)	Whistleblowing	Serious Incidents	Never Events
East and North Herts.	1	15	77	12	86	0	12	0
South and West Herts.	1	19	67	11	61	1	13	0
West Essex.	0	13	58	9	53	0	2	0
Other.	0	8	58	0	1	0	4	0
Total.	2	55	260	32	201	1	31	0

ICB area	Key themes/ Risks	Improvement Actions and Mitigations
Herts and West Essex (HWE).	Access to service – a third of the patient feedback queries including some MP queries relate to primary, secondary, acute and mental health and dental appointments	During this period there were no specific themes in terms of locations or specialities. The data is being monitored to identify emerging themes as early as possible and take appropriate action/discuss with relevant providers and commissioners.
Herts and West Essex.	Referrals and waiting time (and patient choice) for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) adults and children .Raised by patients/parents, Primary care and prospective private providers.	An Integrated Care Board (ICB) position statement is being finalised. The ICB Patient Choice group is including this type of referral in discussions and planning. An ICB position statement on private/NHS shared care is already in place and being shared as appropriate.
Herts and West Essex.	Queries and concerns re In Vitro Fertilisation (IVF) policy and funding decisions.	IVF policy in review and public consultation underway.

Infection Prevention and Control (IPC)

Area	Issue	Mitigating Action	Timescale
HWE ICB/ Acute Trusts.	National increase in Clostridium difficile cases. All 3 HWE ICB places and the 3 acute Trusts are above their NHSE trajectories (for this period). East and North (E&NH) and South and West (S&W) place and Princess Alexandra Hospital Trust (PAHT) are below that of the East of England rate. West Essex place and E&NH Herts and West Herts Teaching Hospital Trust (WHTHT) are above the regional rate.	• Implementation and review of 3 commitments agreed at national C. difficile workshop (cleaning standards, early specimen collection , isolation pathways. • 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 /Trusts further analysing C. difficile data, reviewing themes/ trends and learning via case reviews, and monitoring impact of activity on infection rates. • HWE ICS C. difficile system summit and system approach / action plan progress. System C. difficile deep dive at 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. • Potential implementation of gastrointestinal point of care testing being investigated.	Ongoing.
HWE ICB/ Acute Trusts.	National Point Prevalence survey on healthcare associated infections (HCAI) and antimicrobial use. Only one of the 3 acute Trusts and 3 of the 4 non acute Trusts are participating in the survey – this may not provide an accurate picture of what the current practice is within the provider organisations	• Monitoring of HCAI infection rates via the monthly HCAI reporting data published by United Kingdom Health Security Agency (UKHSA). • Healthcare associated infection oversight group established • ICS and provider organisations scheduling Antimicrobial Stewardship Technical Working Group meetings where the usage and monitoring of antimicrobials is discussed. • ICB Pharmacy team monitoring the Commissioning for Quality and Innovation (CQUIN) Intravenous/oral switch prescribing target. • Review of antimicrobial guidelines at PAHT and ENH Trust.	Ongoing.
HWE ICS Tuberculosis (TB.)	United Kingdom Health Security Agency (UKHSA) indicates cases of TB in England increased by 7% in first half of 2023 compared to same time in 2022. There is no designated clinical lead for TB within HWE ICB.	• National and local incidence data being collated by UKHSA. • HWE non-clinical lead in place within the Primary Care Directorate. • ICB process in place for arranging TB screening during outbreaks. • Regional Tuberculosis Board attended by local respiratory consultants.	Ongoing.

Finance

HWE ICS – Financial Report for Month 6 2023/24

Executive Summary

ICS Year to Date Position (YTD) – Month 6

At month 6, the HWE system reported a deficit position of £39.5m, against a plan of £17.0m deficit, being an adverse variance of £22.5m.

ICS Forecast Outturn Position (FOT)

At month 6 the HWE system continued to report it would break even at the end of the year. This is due to the NHSE protocol which advises no system should report a forecast away from plan without meeting the requirements of the protocol.

A financial recovery plan and governance has been implemented across the system and is set out in the detail of this report. This forecasts a final outturn position of a deficit of £38.6m for the system.

Capital

The HWE system reported YTD spend of £20.2m in system capital against a YTD plan of £33.0m, with the full allocation of £69.2m being spent by the end of the year.

System Drivers of YTD Variance from Plan

	M6
Plan YTD	**-17.0**
Industrial Action Summary	-9.0
Premium cover for medical staff	-8.7
Clinical supplies / Drugs incl HCD	-5.2
CHC Cost Pressures	-5.2
Emergency & Elective Pressure	-4.7
Excess Inflation	-3.2
Pressure re MH patients in Acute	-1.8
Out of Area Beds - MH	-1.5
Estates Issues	-1.2
CSW - additional WTE/INR	-1.2
Medical staff pay award	-0.5
Unidentified efficiencies / slippage	0.7
ICB Running Costs - vacancies	1.3
Income (excl MOU)	1.6
Other	2.0
ERF	2.2
POD Services	2.2
Interest Receivable	2.3
MOU Early Income Release	7.4
Actual YTD	**-39.5**
Total Gap to Plan	**-22.5**

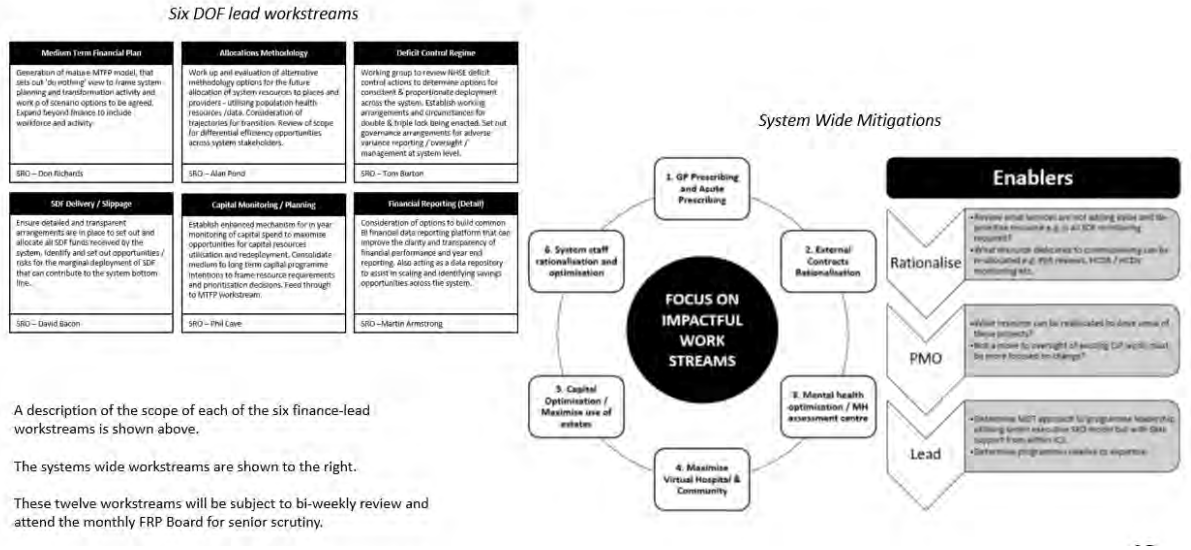
The table shows the drivers of the YTD deficit position by organisation. The biggest areas of challenge are:

- Industrial action £9m
- Premium cover for medical staff £8.7m
- Clinical supplies and drugs £5.2m
- CHC pressures £5.2m

There have also been some favourable impacts to the position:

- High inflation has improved interest rates and income receipts are higher as a result - £2.3m
- Underspends in delegated dentistry (POD) services contribute £2.2m

Components of the System Financial Recovery Plan



A description of the scope of each of the six finance-lead workstreams is shown above.

The systems wide workstreams are shown to the right.

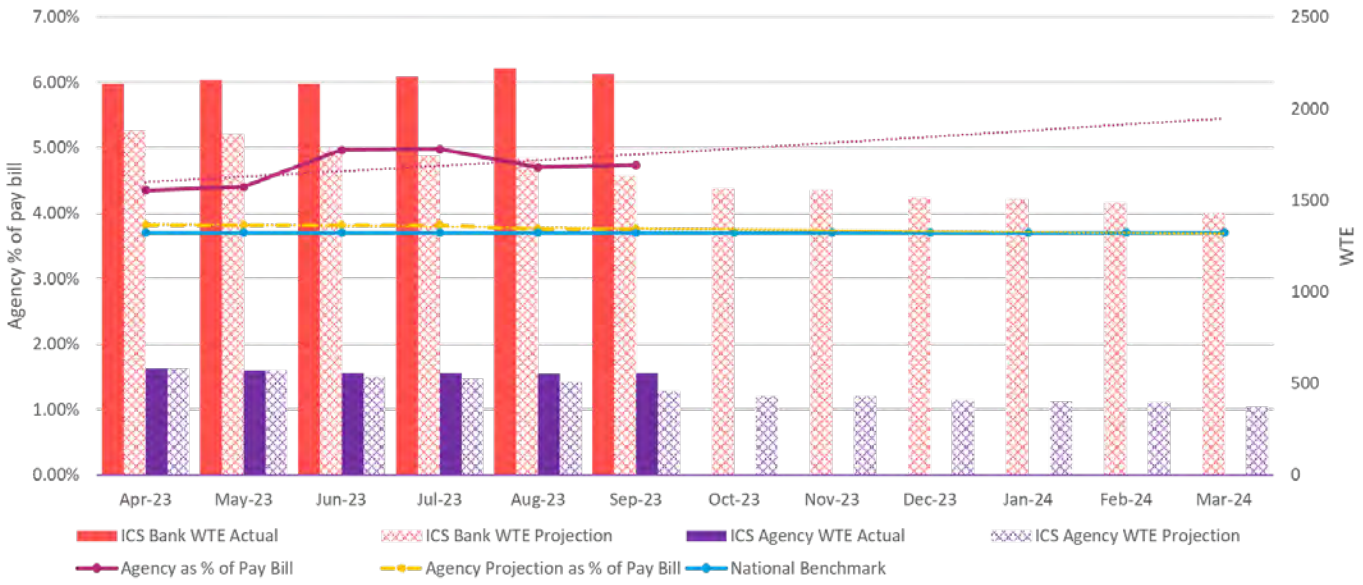
These twelve workstreams will be subject to bi-weekly review and attend the monthly FRP Board for senior scrutiny.

Workforce

Workforce has been identified as a key area of focus for the financial recovery programme. £5.6 million of efficiencies have been identified through a range of activities aligned to either reduction in temporary staffing, vacancy controls or other elements of support from providers. This is in addition to the £2.6 million committed from the ICB's running cost reduction programme.

As part of this workstream there are a series of short, medium, and long-term actions identified. In addition to the short-term efficiencies noted above the system is undertaking a pilot of the national diagnostic tool to review the differences in establishment against productivity, as well as undertaking actions associated to the regional productivity and efficiencies group.

A key element of the recovery programme will be related to reductions in requirements for temporary staffing. The system's overall trend in agency spend is still significantly above our initial projections as part of the operational plan. This continues to be inflated due to a number of issues relating to industrial action, inflated rates from competing with systems outside of the region as well as difficult to recruit to roles. We will continued to monitor and support the system through the temporary staffing group established and co-chaired by ENHT and WHTT, particularly as winter pressures begin to effect the system.



Outside of the financial recovery programme, we continue to focus on improving our workforce planning and modelling function. As part of this we recently held a workforce planning event which brought together workforce analysts with education and recruitment leads, as well as stakeholders from the University of Hertfordshire to encourage improved collaboration and joint working. In addition, following the publishing of NHS England's intermediate care framework and community rehabilitation and reablement model the system has been selected to pilot a new strategic workforce modelling project. We are working closely with the AHP Council and partners and undertaking the pilot at place level within East and North Hertfordshire.

Organisations activity relating to retention continues to have good effect, with a continuing downward trend in turnover for secondary providers. Staff sickness/absence is also low in comparison to the wider region, but still about one per cent higher than typical historical sickness/absence rates for our system.

The system is now focussing on the under 35s which is the biggest group of staff that leave the NHS within a short period. We are seeking to improve our understanding of the reasons for this, as well as key retention initiatives such as introduction of flexible working and other positive staff experience initiatives.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**24/11/2023**	
Report Title:	**Freedom to Speak Up Guardian Report – Q1 & Q2 2023-24**				**Agenda Item:**	**09**	
Report Author(s):	Shaun Butler, Freedom to Speak Up Guardian, HWEICB						
Report Presented by:	Shaun Butler, Freedom to Speak Up Guardian, HWEICB						
Report Signed off by:	Frances Shattock, Director of Performance						
Purpose:	**Approval / Decision**	☐	**Assurance**	☒	**Discussion**	☒	**Information** ☒
Which Strategic Objectives are relevant to this report	▪ Enhancing productivity and value for money. ▪ Tackling unequal access, experience and outcomes.						
Key questions for the ICB Board / Committee:	▪ To provide an update on progress against the original workplan. ▪ To provide information on other main activity, external developments and future priorities.						
Report History:	▪ Audit & Risk Committee 21/11/23						
Executive Summary:	Outlines progress on the initial workplan and other FTSU internal and external activity during Q1&Q2 2023/24.						
Recommendations:	To agree the proposed priorities as outlined.						
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			
	N/A						
Implications / Impact:							

Patient Safety:	Robust FTSU arrangements help to create an expectation and understanding that it is safe to speak up as part of 'business as usual' as well as providing an alternative internal route to support improvement in patient safety and mitigate risks to patient safety.	
Risk: *Link to Risk Register*	*[Refer to latest Risk Register when completing]*	
Financial Implications:	None	
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A

1. Executive summary

Outlines progress on the initial workplan and other FTSU internal and external activity during Q1&Q2 2023/24.

2. Background

This is the first time that the ICB has had a dedicated Freedom to Speak Up Guardian (FTSUG). The FTSUG commenced post in late March but has experience of establishing and providing Freedom to Speak Up provision within Acute, Mental Health and Community settings. The post is 2 days per week and the FTSUG has a further 2 day per week post as an FTSUG within the ICS.

3. FTSUG workplan developments

Workplan item	Context	Status
Reporting	Agreed two six month reports with content to develop over time but to include data regarding casework, internal and external FTSU developments. August – agreed reports will also be taken to full Board as well as Audit and Risk Committee.	Completed May 2023
Policy and publicity materials	The re-write to reflect the revised NHSE FTSU Framework policy and associated documentation is underway but the timescale here has slipped from the original proposal to complete by September but will be completed prior to the January 2024 deadline. As previously noted the framework is generic and lacks detail so it will be supplemented with further detail to make it robust (e.g., agreed escalation routes, addressing cases of alleged detriment/disadvantageous treatment for speaking up, role of Non-Executive Director for FTSU regarding Board members etc.). Publicity materials are available via the intranet and will be reviewed once the policy has been agreed.	In process. Completion before January 2024.
FTSU training (E-learning packages)	Following on from the decision to make the courses accessible to all (with target audiences defined for each) but not mandatory, all three courses have been available to all staff through ESR since July. The courses have been promoted consistently by the FTSUG in all presentation work and formed a focus of the Big 5 Themes work with colleagues from Learning and Development during August. Despite the significant promotion of these courses, initial quarterly data for all three courses shows extremely low engagement levels. While promotion will continue to be a core element over the next six	Completed July 2023. Subject to future quarterly monitoring of uptake rates and potential for further consideration of current strategy.

	months, monitoring over Q3 & Q4 will provide a good opportunity for reflection on the current strategy. *See also National updates and recommendation from National Guardian in response to the annual survey of FTSUGs.*	
FTSU Casework systems	A confidential FTSU Inbox, new phone contact and Charter House as address for confidential/anonymous speaking have been available and promoted on the Intranet and via central communications and in presentation work (including Corporate Induction) since May 2023. The Inbox and casework storage systems are highly confidential and access is granted only to the FTSUG. The FTSUG is familiar with the National Guardian Office guidance and has experience of securing handover arrangements regarding such systems and open casework.	Completed May 2023.
FTSU Demographics & Feedback	Discussions and agreement with IG reached and forms completed and operational since May. The forms will be an integral part of casework initial casework contact and casework closure and once there are sufficient contacts and returns of the same, can be included within future reporting.	Completed May 2023.
FTSU Champions	The FTSUG delivered two refresher training sessions during June which were well attended. Regular quarterly catch-ups have been arranged with the first such catch up held during September. As with the September catch-up these meetings will offer an opportunity for Champions to share soft-intelligence themes for escalation, within a confidential setting, alongside opportunities to hear and contribute in terms of internal and external developments. Details of Champions and their locations and directorates has been gathered for assurance of coverage and will help to inform any future recruitment process.	Completed June 2023. Regular catch-ups on-going and potential future recruitment to be considered at end of Q3 & Q4.
FTSU Promotion opportunities	Beyond the standing slot for FTSU within the Corporate Induction, the FTSUG has promoted and delivered bespoke presentations on FTSU at 12 different events over Q1&Q2. This includes attending two staff network events, staff partnership forum, all three placed-based senior management team meetings as well as within a number of specific teams, including HBL, Nursing & Quality Directorate, PMO and Planned Care Team. In addition a number of promotion pieces have been produced and publicised in ICB Weekly throughout Q1 & Q2.	Ongoing.

FTSU provision and support within ICS	Invites sent in July and initial meeting held in September Further meetings planned with agenda and focus to develop over time but main focus will be on support and development of FTSU provision within ICS (seeking to establish and embed good/best practice approach within the ICS footprint) as well as providing an opportunity for peer to peer reflection and support.	Completed September 2023. Ongoing meetings planned.

4. Other main FTSU work

4.1 FTSU provision within primary care

The FTSUG has had a number of contacts and discussions about developments here and has provided input regarding both piloting and options for delivery, including for a recent Primary Care paper for PCCC. The FTSUG is a member of a recently formed ICB FTSUG group which should provide an additional route for increasing understanding of proposed models. NHSE and the NGO are due to provide further guidance in this regard by March 2024.

4.2 Countess of Chester/Lucy Letby

The FTSUG was invited to attend the People Board in September to present and discuss the implications, outcomes and NHSE actions request from this matter. The FTSUG noted some areas of focus for People Board members alongside, in particular: the theme of being silenced and threatened for speaking up as a factor in a number of other significant reviews and healthcare scandals; overall deteriorations in 2022 NHS staff survey regarding the People Promise of having a voice that counts and sub-theme of raising concerns; and, similar deteriorations in guardian perception in the National Guardian Office annual survey of FTSUGs.
The FTSUG also provided draft responses regarding the NHSE actions and questions submitted by Healthwatch and the Health Scrutiny Committee.

4.3 Work with National Guardian Office

The FTSUG has taken part in focus groups to help the NGO consider changes to their guidance on Recording Cases and Reporting Data and their guidance on Champions and Ambassadors.

5. FTSU Casework review

5.1 ICB Casework contact

There were two casework contacts during Q1 (one from within the Professional category ‘Registered Nurses and Midwives’ and one from ‘Administrative and Clerical’). Neither case was subject to escalation with one subject to advice and guidance only and the other had given notice and did not provide detail for escalation or consent to the same. There have been no ICB casework contacts during Q2.

5.2 Non-ICB casework contact

During Q1 & Q2 there were seven non-ICB casework contacts. As these are outside scope of the provision, these were re-directed appropriately.

5.3 ICB Casework comparison

Out of the 36 ICBs registered with the National Guardian Office in Q1 23/24, 14 (including HWEICB) submitted data during the quarter. Five submitted a zero return with the remainder (Including HWEICB) submitting case numbers between one and five. It is the FTSUG's view that ICB casework numbers may continue at a comparatively low level with a gradual increase (partly because FTSUG casework tend to be the exception and built to some degree on trust and confidence/successful outcomes etc), but this is likely to remain below the numbers seen within Trust environments.

6. Other key external developments

- **April: Disappointment expressed about government paper 'Next steps to put People at the Heart of Care'**. National Guardian, Dr Jayne Chidgey-Clark expresses disappointment that the previous commitment on Freedom to Speak Up in Adult Social Care is not being taken forward at this stage.
- **June: NHSE and NGO guidance published for ICBs and primary care workers across the ICS.** In regard to the latter, the guidance indicates expectations over the next 18 months in regard to FTSU provision for primary care and notes that NHSE and the NGO will provide further information about the precise expectations of ICBs in regard to FTSU for primary care and across the ICS by the end of March 2024.
- June: National Guardian publishes their analysis of the results of the 2022 NHS Staff Survey. The analysis notes declines on all measures relating to speaking up, including a marked fall in how safe people feel to raise a clinical concern. The National Guardian stated that 'It is not acceptable that two in five workers responding to the NHS staff survey do not feel able to speak up about anything which gets in the way of them doing their job…These survey responses show us that there is a growing feeling that speaking up in the NHS is futile – that nothing changes as a result.'
- **July: Sharp increase in NGO annual speaking up data.** 25% increase in cases on the previous year to over 25,000.
- **July: Recommendations from NGO following a number of declines in annual Freedom to Speak Up Guardian Survey.** The report provides early warning signs about the embedding and practice of speaking up and this includes a sharp decline in Guardian perceptions regarding improvement in speaking up culture from 73% in the previous year to just 45% and makes a number of recommendations including that:
    1. Leaders should mandate Speak Up training for all workers, prioritising those responsible for responding to colleagues' concerns.
    2. Working with their Freedom to Speak Up guardians, they should identify and initiate a plan to address barriers to speaking up in their organisation, particularly the perception of futility and fear of retaliation. *(Since*

commencement the FTSUG has discussed and agreed strategies and approaches here and these will be set out clearly in the FTSU policy revision).

- **August: National Guardian responds to Lucy Letby verdict and welcomes plan for an independent inquiry.** The National Guardian states 'Confidence to speak up comes from knowing that when you speak up, what you raise will be actioned appropriately. It is vital that leaders listen to concerns raised to them. If actions are not taken, workers may remain silent, and that silence can be dangerous.'

7. Key Priorities

- Awareness raising/promotion: Including, looking for opportunities to present and discuss FTSU widely, throughout the ICB, including with Staff Network and Staff Partnership forum, different staff groups and geographic locations.
- E-learning packages: Continued focus on uptake, integration and targeting of the training packages and in particular 'Listen Up' and 'Follow Up'.
- FTSU Policy and practice: Revise and enhance NHSE&I FTSU Framework policy to ensure policy is practical and robust to address challenges of establishing a good FTSU culture throughout the ICB.
- FTSU Publicity materials and associated messaging: Post policy agreement, to revise FTSU publicity materials and associated messaging to align with policy.
- Collaboration and triangulation: Continue to seek opportunities to collaborate throughout the ICB to enhance both FTSU agenda and connected workstreams, such as those focussed on cultural environment, including diversity and inclusion and overall staff experience.
- FTSU Champions: Review present arrangements to ensure current Champions are engaged and supported and whether to undertake further recruitment in 24/25.
- Continue to work with other FTSUG colleagues throughout ICS and seek to establish and embed good/best practice approach within the ICS footprint as well as provide an opportunity for peer-to-peer reflection and support.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Board Meeting in Public				**Meeting Date:**	**24/11/2023**	
Report Title:	**ICB Quality Escalation Report**				**Agenda Item:**	**10**	
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:	Rosie Connolly, Deputy Director Quality Improvement and Patient Safety						
Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	☐	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	• 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:	▪ 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? Alongside this question, the Board is asked to note that work is ongoing to develop and refine the Quality Escalation Report and the Quality Dashboard.						
Report History:	The report was presented and discussed at the ICB Quality Committee on 2nd November 2023. This version has had very minor edits to ensure appropriate for public discussion. At the Committee the Quality Escalation Report is presented alongside the quality dashboard that contains additional information relating to a number of key metrics and quality performance.						
Executive Summary:	This paper provides a summary position relating to quality and safety across Hertfordshire and West Essex.						

<table>
<tr><td></td><td>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;

• ENHT had six finalists for the Nursing Times Award selected from the Royal College of Emergency Medicine (RCEM) project.
• Queen Elizabeth II (QE2) Urgent Treatment Centre has been nominated for an award from the Royal College of GP (RCGP).
• SET CAMHS Commissioning team supported BEAT Eating Disorder Charity to deliver a face-to-face conference entitled Empowering care: Enhancing eating disorder awareness and support in Essex.
• The report summarises the various waiting well initiatives in place across the system to support patients waiting for care.

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.
• All HWE Integrated Care Board (ICB) places and 3 acute Trusts are still above NHS England trajectories for C.difficile.
• Ophthalmology challenges linked to waiting lists and timely care at ENHT.
• Ongoing support to EPUT following their CQC inspection earlier in 2023.
• Ongoing implementation of National Patient Safety Strategy priorities within the system.</td></tr>
<tr><td>Recommendations:</td><td>The Board is asked to note the contents of the report.</td></tr>
<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4">N/A</td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">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</td></tr>
</table>

	and provides information about mitigation and actions to manage risks to patent safety.	
Risk: *Link to Risk Register*	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 ale to clearly identify the work being undertaken relating to the key risks throughout this report.	
Financial Implications:	*N/A*	
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

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

November 2023

Report Contents

Executive Summary (1/3)

UPDATE TO PREVIOUS POSITION OR NEW. Area of Focus	Headlines	Slide Number	Position since Previous Report
UPDATE: National escalation following the trial of Lucy Letby	Following the verdict in the trial of Lucy Letby and announcement of a public enquiry, key actions have been taken forward. Progress to date includes Integrated Care Board (ICB) responses to multiple stakeholder groups as well as a member of the public enquiry, in addition to a review of systems and processes including mortality reviews and speaking up as examples. NHSE letter has been added to agenda for key joint provider and ICB meetings , for oversight and assurance and work is also underway in the ICB around development of plans to implement a strengthened Fit and Proper person Test.	N/A	Ongoing concerns with further assurances required.
UPDATE: East and North Herts Trust(ENHT) Ophthalmology Service.	There is an Increased demand for the service across the system , with high numbers of patients waiting more than 52 weeks at ENHT. Challenges continue in meeting 65 week waits(ww) for follow ups. For oversight there is a monthly Opthalmology Clinical network work stream and outpatient network reporting to the Integrated Care System (ICS) Planned Care Board. Serious Incidents (SIs) have been reviewed by the ICB SI Panel and robust action plans with identified learning noted. ENHT Opthalmology Recovery Meeting remains in place with ICB representation.	25	Ongoing concerns with further 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 provide assurance against United Kingdom Accreditation Service (UKAS) and Guys and St. Thomas's (GSTT) action plan. Mutual aid continues to be provided by Hertfordshire Community Trust (HCT), Cambridge University Hospital (CUH) and Chears to support services to auditory brainstem (ABR) response hearing tests for urgent & targeted patients. Recruitment to Clinical Scientist posts is in progress. Governance, Estates, Digital Pathway, and Communications workstreams are being progressed. GSTT to undertake harm reviews, staff competency assessments. ENHT Chief Executive Officer (CEO) letter to HWEICB CEO received.	23	Limited progress with further assurances required.
UPDATE: Mount Vernon Cancer Centre (MVCC) Gynaecology Outcomes.	Continued focus in response to increased mortality in gynaecology cancer. MVCC gynaecology cancer outcome actions include duty of candour and pathway review. Serious Incident (SI) review undertaken. Further assurances relate to governance for research, consent, clinical pathway, and acceptance of unwell patients with consultant on site. Full review of Systemic Anti -Cancer Therapy (SACT) 30-day mortality cases underway.	26	Progressing position with regular oversight NHS England/HWEICB.

Executive Summary (2/3)

UPDATE TO PREVIOUS POSITION OR NEW. Area of Focus	Headlines	Slide Number	Position since Previous Report
UPDATE: West Herts Teaching Hospitals Trust(WHTHT) Rapid Access Chest Pain/ Heart Failure Clinic.	Recovery action plan remains in place with positive progress being made against revised trajectories. The previous performance related to 8- week waits(ww) is now at the required 2ww for heart failure services and chest pain clinics have also reduced to between 3 and 4 weeks.	25	Significant progress with ongoing assurance required.
UPDATE: West Herts Teaching Hospital Trust (WHTHT) Incidents.	Investigation via outsourced decontamination company continues regarding the 2 incidents related to surgical tray contamination. Site visit undertaken and further assurances required from company. The report from the national team regarding the decontamination incidents at WHTHT has been written. Further discussion underway around the need for further assessment.	16	Positive progress with further ongoing assurances required.
UPDATE: Essex Partnership University Trust (EPUT). Adult Mental Health Inpatient Service.	Trust oversight framework rating is going to be amended from 2 to 3 by NHSE to reflect current CQC status, improvement plan is being developed in agreement with ICBs. An Evidence Assurance Group has been established by EPUT to provide oversight, check and challenge for evidence against Trust Improvement actions. Chaired by Chief Nurse from MSE ICB and attended by the 3 Essex ICB's.	28	Progressing with ongoing assurances required.

Executive Summary Continued (3/3)

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 (IPC).	National increase in Clostridium difficile cases. All HWE Integrated Care Board (ICB) places and 3 acute Trusts are still above NHS England trajectories. East and North place, South & West Herts place and Princess Alexandra Hospital are below that of the East of England infection rates whilst West Essex place and East and North acute Trust and West Hertfordshire Teaching Hospital Trust are above that of the regional rate.	16	Ongoing assurances continue to be required.
UPDATE: Termination of Pregnancy Services (ToPS).	British Pregnancy Advisory Services(BPAS) improvement plan continues to be monitored at national level with attendance from East of England (EoE) Norfolk & Waverley Integrated Care Board(ICB). Improved board governance, BPAS Director of Nursing (DoN) to lead on patient safety, serious incidents. Quality visits undertaken by Bedfordshire, Luton, Milton Keynes (BLMK)to Luton clinic provided satisfactory assurances. Shared learning from EoE ICBs on serious incidents and overall step- down approach confirmed. to quarterly oversight meetings.	27	Positive progress made with step down approach in place.

Sharing Best Practice/ Learning from Excellence

Reasons to be Proud

East and North Herts Trust (ENHT):

- Six finalists for the Nursing Times Award have been selected from the Royal College of Emergency Medicine (RCEM) project.
- Queen Elizabeth II (QE2) Urgent Treatment Centre has been nominated for an award from the Royal College of GP (RCGP).

The Southend, Essex and Thurrock Child and Adolescent Mental Health Service (SET CAMHS):

SET CAMHS Commissioning team supported BEAT Eating Disorder Charity to deliver a face-to-face conference entitled Empowering care: Enhancing eating disorder awareness and support in Essex. Beat are commissioned to provide a range of training, workshops and resource packages throughout Essex for professionals, parent/carers and their families. The conference was attended by 170 delegates from a variety of backgrounds including Health, Education, Carers and Voluntary sector services and it afforded attendees many opportunities to gain an insight into services available and enhance partnership working to support Children, Young people and their families experiencing eating disorder challenges. A further conference will be held in spring 2024.

Waiting Well Initiatives:

Waiting Well Herts - East and North Herts Trust (ENHT) and West Hertfordshire Teaching Hospital Trust (WHTHT) - Herts Community Navigator Services (HCNS) have been undertaking wellbeing calls to patients who have been the longest waiters on Orthopaedic , Pain management and Ophthalmology Pathways. The service began 1st February 2022 and is a 'live' project until March 2024 (extension from April 2023). On average approximately half the patients contacted required support while waiting and were independently able to navigate this. 10% were referred into HCNS for Social Prescribing support. The main intervention for individuals who have required social prescribing input to date was equipment and aids , followed by ' benefits' related support.

Whilst You're Waiting West Essex - Work is underway with Harlow Primary Care Networks (PCNs) on reaching out to people on multiple waiting lists , and from the most deprived backgrounds. This should also start in November 2023. There is a focus on ensuring that Princess Alexandra Hospital Trust (PAHT) waiting well patients are not called twice and so an aligned approach will be taken forward.

Pathway 0 (P0) - This service started at West Hertfordshire Teaching Hospital Trust in March 2021, Princess Alexandra Hospital Trust in March 2022 and East & North Hertfordshire NHS Trust in July 2022. Approach is around contacting all patients over 65 who have been discharged from hospital where no formal care was required. Wellbeing check is offered on Day 1 and Day 5 with the aim to reduce readmissions by 6% for individuals on this pathway. HCNS contacted 39,200 patients from WGH, Lister & PAHT. 12% of patients needed support on Day 1 following discharge (4704 patients.) There has been in reduction in 7-day re-attendance from 8% to 6% compared to previous year.

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 and North Herts.	1	15	77	12	86	0	12	0
South and West Herts.	1	19	67	11	61	1	13	0
West Essex.	0	13	58	9	53	0	2	0
Other.	0	8	58	0	1	0	4	0
Total.	2	55	260	32	201	1	31	0

ICB area	Key themes/ Risks	Improvement Actions and Mitigations
Herts and West Essex (HWE).	Access to service – a third of the patient feedback queries including some MP queries relate to primary, secondary, acute and mental health and dental appointments	During this period there were no specific themes in terms of locations or specialities. The data is being monitored to identify emerging themes as early as possible and take appropriate action/discuss with relevant providers and commissioners.
Herts and West Essex.	Referrals and waiting time (and patient choice) for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) adults and children .Raised by patients/parents, Primary care and prospective private providers.	An Integrated Care Board (ICB) position statement is being finalised. The ICB Patient Choice group is including this type of referral in discussions and planning. An ICB position statement on private/NHS shared care is already in place and being shared as appropriate.
Herts and West Essex.	Queries and concerns re In Vitro Fertilisation (IVF) policy and funding decisions.	IVF policy in review and public consultation underway.

National Patient Safety Strategy Implementation

Priority area	Current position	Status (for HWE 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. Supported by PSIRF implementation	In progress.
Medical Examiner System for community deaths.	All 3 local Medical Examiner Offices continue to roll out scrutiny to community providers including primary care. Some practices continue to wait until implementation is statutory requirement. However, progress remains positive. Current work includes potential use of robot/ automated system to support primary care administration.	On track as an ICS. Delay in national IT system has resulted in need for local IT solutions.
Patient Safety Incident Response Framework (PSIRF).	ICS system implementation ongoing; main trusts on track to have gone live by end November 2023. Several small providers have transitioned to PSIRF with work ongoing to support small providers to have a proportionate approach. System training has been facilitated by the ICB. Governance processes within ICB approved and PSIRF panels ongoing.	In progress, significant ongoing work required. NHSE monthly reporting has commenced.
Involving Patients in Patient Safety.	First two Patient Safety Partners joined the ICB on 1st February and now regularly attend Quality Committee and System Quality Group, with positive contribution. Currently working on ICB PSP Policy.	On track. Evaluation required by February 2024 to secure ongoing funding.
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).	All main providers either transitioned to LFPSE in line with September 2023 deadline, or ready to go, awaiting DATIX readiness. ICB developing plans for transition from STEIS to LFPSE. ICB planning roll out for primary care, awaiting national guidance.	On track (Understood that all primary care to have fully implemented by April 2025)
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; work ongoing regarding data quality to monitor compliance.	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

Quality Improvement

Priority area	Current position	Status
Health Foundation Funding for QI Network.	• £20,000 was awarded by the Health Foundation to set up the HWE system QI Network • Funding was awarded based on a number of key deliverables including a face-to-face improvement event, regular Network meetings including patient engagement, development of a dedicated internet page, tracking and monitoring outputs and improvements, and completion of mid year report and final evaluation. • Meeting held with Health Foundation, verbal feedback from Health Foundation that progress was positive and deliverables were on track. • Mid year report currently being drafted, to be submitted by end November. See below for key areas of progress.	On track
Herts and West Essex Quality Improvement Network.	• Ongoing development of the system QI Network, 94 members (at 13.10.23) • NHS Futures Platform dedicated page • Recent webinars include hosted sessions on Quality Management Systems and Co-production. • Part time fixed term administrator commences in post October 2023 for 6 months. • Ongoing work includes setting up a Whats app group for the Network, further developing the purpose and scope of the Network, and setting up a forward planner with future webinars etc. • Work required to look at future sustainability when funding ceases.	On track
NHS Impact Baseline Assessments.	• ICB submitted baseline assessments for ICB and all main Trusts within the system, meeting deadline of 31st August 2023. • ICB currently undertaking analysis looking at system position based on submissions.	Completed
NHS Impact Self Assessments.	• All acutes and Mental Health Trusts required to complete a self-assessment by 31st October 2023. • As at 13.10.23 all providers on track to complete. • Further self-assessment tool now available for use by all organisations and systems, no deadline currently set by NHS Impact for completion.	In progress, on track
ICB Quality Improvement.	• Scoping work required to increase capability within the ICB and across system for smaller providers and primary care. • Ongoing work to implement the shift in approach from assurance to improvement across the ICB, and build improvement into 'business as usual' work • Work required to adopt and implement the NHS Impact 5 priorities, outlined in national letter published September 2023 (shared purpose and vision; building improved focused culture; leaders at every level understanding improvement; consistent use of improvement methods; embedding of improvement into management processes).	In progress, significant work required

Safeguarding Children

Theme	Issue and Impact	Mitigating Actions
Themes from child practice reviews.	Tackling medical neglect to reduce the non-accidental trauma in babies.	• Work with Primary Care to develop action plan to identify medical neglect, child not brought and low thresholds to convert to face to face contacts. • prevention of abuse of head trauma as a result of babies has been launched with relevant providers across the Herts and West Essex (HWE) footprint; awaiting implementation.
Medical assessment of Female Genital Mutilation (FGM) Commissioning Arrangements.	The current provision for timely assessment and specialist intervention does not meet the needs of children and families within Herts and West Essex (HWE). There is a gap in NHS England Regional commissioning arrangements.	• Specialist individual funding available for examination at University College Hospital London, however sessions are held once per month. • Escalation to NHS England, meeting arranged. • Case by case escalation as required.
Equity of access to services for Looked After Children (LAC).	Delay of access and potential disadvantage when children change placements across county borders.	• Regional group trialing a letter to receiving ICBs / providers to outline the statutory requirements and promote equity of service provision. • Proactive ICB to ICB collaboration to support effective placement arrangements.
Learning from the Child Death Review Process.	Incidence of child deaths due to sudden unexpected death in infancy (SUDI) and fatal self-harm.	• Launch of Sudden unexpected Death in Infancy (SUDI) thinking tool across Southend, Essex and Thurrock (SET) to prompt professional curiosity. • Collaborative work to share learning in relation to SUDI across HWE. • Review of cases of child suicide in progress across SET. • Suicide prevention initiatives continue to be delivered across HWE.

Safeguarding Adults

Theme / Issue	Mitigating Actions
• Hertfordshire – lack of process to support Primary Care Networks (PCNs) engagement into Multi Agency Risk Assessment Conference(MARAC). MARAC coordinator confirmed that MARAC does not liaise directly with General Practitioner (GP) services in the county. No information is fed into or out of the MARAC process directly to GPs of victims who are discussed. • Increase Domestic abuse awareness with Primary Care Practitioners • To improve GP engagement with MARAC, the Essex MARAC coordinator and ICB Information Governance (IG) Lead are both attending to complete a piece around Information Sharing Framework (ISF) and MARAC to support roll out of GP surgeries engagement with – Information sharing with MARAC.	• Mapping exercise to be completed with Primary care to identify requirements to support MARAC. • Safeguarding team have arranged for Domestic Abuse training Webinars for Primary Care in Herts & West Essex. Two separate sessions will take place on 05/12/2023 and 28/02/2024. These targeted session will look at Domestic Abuse Stalking & Harassment form (DASH) professional curiosity, emergency safety planning when domestic abuse is disclosed, and the local support services patients can be referred onto for help. • Primary Care Network (PCN meeting on 31.10.23 around process.
Gaps in the alignment of Safeguarding Adults Training and Supervision levels against HWEICB staff on (ESR) Electronic Staff Record. Training levels are being reviewed and updated in order to align against level required. Gaps identified as Mental Capacity Act (MCA) is not aligned Domestic Abuse training is not mapped to any safeguarding training levels.	• Supervision for Safeguarding Adults was reinstated. Supervision is offered and delivered to 24 staff from over 13 providers and over 50 ICB staff members. • Training mapping has been completed for Level 3 safeguarding adults and shared with Organisational Development Learning (ODL) team for updating on Electronic Staffing Record (ESR). MCA remains mandatory for Level 2 safeguarding requirements and Domestic Violence has now been added for Level 3 and above. Click here • Mapping to be completed re Prevent /Female Genital Mutilation (FGM).
Domestic Homicide Reviews (DHR)/Safeguarding Adult Review (SAR) report 'Kimmi' (published 19.09.2023 by Southend Essex &Thurrock Domestic Abuse Board (SETDAB) Themes include support for carers, dementia diagnosis pathway and support, a whole family approach and generational attitudes and barriers to persons being able to accept support. Other areas include safeguarding concerns being appropriately raised and investigated and also risks around the lawful possession of firearms.	• Recommendation 17 of 'Kimmi' report states: *'All agencies involved in this review should cascade and embed the SETDAB domestic abuse and older people E Learning package within their organisations adopting a 'Think Family' approach'.* • The e-learning package 'Domestic Abuse & Older People' is available via the SETDAB website: Click Here

Basic Care Measures (1/2)

Area	Issue	Mitigating Action
Venous Thrombo-embolism (VTE).	• East and North Hertfordshire NHS Trust (ENHT) VTE risk assessment stage 1 achieved 76% in July 2023 (target 85%) compared to 90.6% in June 2023. West Hertfordshire Teaching Hospital Trust (WHTHT) VTE risk assessment in July 2023 was 98%.	• Several clinical areas have Quality Improvement projects in progress that show local improvements. • Princess Alexandra Hospital Trust (PAHT) - a trust wide action plan for VTE prevention is being produced.
Sepsis.	In July 2023, ENHT Sepsis six bundle achieved 50% for inpatients and 51.8% for Emergency Duty(ED),target 95% respectively. Overall sepsis six bundle ED compliance has declined and for inpatients shows normal variation.	The sepsis team continue to provide education to staff on the wards and training.
Pressure Ulcers (PUs).	ENHT reported 10 PU's grade 2-4 (July 2023), a decrease from 15 in June 2023. 1 serious harm was reported in July. PAHT reported 2 PUs grade 3, 4 & unstageable in June 2023, an improvement from 5 reported in April 2023. In July 2023, WHTHT reported 12 category 2 PU's and 3 category 3 PU's. WHTHT are planning validation work on rising number of deep tissue injury PUs, increased from 14 in April 2023 to 29 in July 2023. In June 2023, Hertfordshire Community Trust (HCT) reported 16 Inpatient PU's and the Intergrated Community Team reported 75. In July 2023, Central London Community Healthcare (CLCH) reported 1 category 2 PU and no category 3 and 4 PU's.	• PUs remain a focus for all Trusts with continued close monitoring. • Visibility and training provided by the Tissue Viability Nurses continues with prevention training focus. • Data-driven approach enables identification of gaps in care, targeted training and broader improvement planning and implementation. • PAHT have produced a 2023-2027 PU prevention strategy with a workplan to reduce moderate and severe pressure ulcers by 50% in the current year.

Basic Care Measures (2/2)

Area	Issue	Mitigating Action
Falls.	Princess Alexandra Hospital Trust (PAHT) reported 16 falls (minor, moderate and severe) in June 2023, an increase from 8 reported in April 2023. East and North Herts Trust (ENHT) proportion of patient falls in July 2023 resulting in serious harm was 1.4%. There was 1 severe harm and 3 moderate harms recorded for July. West Herts Teaching Hospital Trust (WHTHT) reported 13 falls with harm in July 2023 compared to 7 reported in May 2023. In June 2023, Herts Community Trust (HCT) reported 1 falls with moderate or above harm in bedded units (total falls in bedded unit was 45 falls). In July 2023, Central London Community Healthcare (CLCH) reported no falls with moderate or above harm in bedded units.	• PAHT- introduced improvement changes including introduction of electronic falls and bed rails assessments, introduction of core standards for falls preventions and improved falls training compliance. • ENHT -cases are presented with local learning and adapting the ongoing falls prevention strategies focusing improvement with baywatch compliance and improvement compliance with falls documentation. • 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.	Quarter 3 (Q3).

Infection Prevention and Control (IPC)

Area	Issue	Mitigating Action	Timescale
HWE ICB/ Acute Trusts.	National increase in Clostridium difficile cases. All 3 HWE ICB places and the 3 acute Trusts are above their NHSE trajectories (for this period). East and North (E&NH) and South and West (S&W) place and Princess Alexandra Hospital Trust (PAHT) are below that of the East of England rate. West Essex place and E&NH Herts and West Herts Teaching Hospital Trust (WHTHT) are above the regional rate.	• Implementation and review of 3 commitments agreed at national C. difficile workshop (cleaning standards, early specimen collection , isolation pathways. • 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 /Trusts further analysing C. difficile data, reviewing themes/ trends and learning via case reviews, and monitoring impact of activity on infection rates. • HWE ICS C. difficile system summit and system approach / action plan progress. System C. difficile deep dive at 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. • Potential implementation of gastrointestinal point of care testing being investigated.	Ongoing.
HWE ICB/ Acute Trusts.	National Point Prevalence survey on healthcare associated infections (HCAI) and antimicrobial use. Only one of the 3 acute Trusts and 3 of the 4 non acute Trusts are participating in the survey – this may not provide an accurate picture of what the current practice is within the provider organisations	• Monitoring of HCAI infection rates via the monthly HCAI reporting data published by United Kingdom Health Security Agency (UKHSA). • Healthcare associated infection oversight group established • ICS and provider organisations scheduling Antimicrobial Stewardship Technical Working Group meetings where the usage and monitoring of antimicrobials is discussed. • ICB Pharmacy team monitoring the Commissioning for Quality and Innovation (CQUIN) Intravenous/oral switch prescribing target. • Review of antimicrobial guidelines at PAHT and ENH Trust.	Ongoing.
HWE ICS Tuberculosis (TB.)	United Kingdom Health Security Agency (UKHSA) indicates cases of TB in England increased by 7% in first half of 2023 compared to same time in 2022. There is no designated clinical lead for TB within HWE ICB.	• National and local incidence data being collated by UKHSA. • HWE non-clinical lead in place within the Primary Care Directorate. • ICB process in place for arranging TB screening during outbreaks. • Regional Tuberculosis Board attended by local respiratory consultants.	Ongoing.

Mental Health - Childrens

Southend, Essex and Thurrock Child and Adolescent Mental Health Service (SET CAMHS)	Hertfordshire
Serious Incident (SI); North-East London Foundation Trust (NELFT) have recently reported a Serious Incident relating to a young person known to their service who took their own life. The 72-hour report has been reviewed and the incident will be further investigated to allow for any learning to be identified and shared wider. Patient Safety Incidence Response Framework (PSIRF) has been established across NELFT and weekly meetings are held to discuss and review any incidents arising.	Whilst Herts continues to be an outlier regarding the number of current inpatients as part the Transforming Care cohort, there is a gradual decrease in numbers, with 10 inpatient Children and Young People (CYP) ,previously 13.However those that are inpatient have significantly longer stay. Escalation meetings are continuing for the CYP who are cases of significant interest (COSI) with the aim to consider any barriers that may be preventing discharge. Care Education Treatment Reviews continue and system is working to formulate successful discharge plans. Complexity of the CYP is challenging, impacting discharge.
Recruitment ; Whilst this remains challenging particularly in some areas there have been improvements to services in the Crisis team and the West Hub, because of this the west Hub will no longer be managed under a business continuity plan (BCP). 95% of children and young people (CYP) referred into the service are seen within 18 weeks.	Herts continues to see improvement with access numbers since previous update with access numbers continuing to increase across the CYP mental health service. Services are on track to achieve access planning target. There is continued support for providers with data flows and the quality of data. Herts have also been selected to take part in the national GIRFT (Getting It Right First Time) programme. This will comprise a pilot deep dive project to help diagnose and unpick the challenges faced in the CYP services and identify solutions and best practice that can help improve pathways, treatment and care. It is anticipated that the deep dive will take 12-16 weeks to complete, after which we will be presented with a set of recommendations and actions.
Did Not Attend (DNA); There is a rise in numbers of Children and Young People (CYP) not attending appointments and/or group sessions. Figures reached 17% in July/August. Whilst there are expected spikes in DNA rates a deep dive is being undertaken by NELFT and Health Care Resource Group (HCRG) to determine reasons for this and define actions to reduce non-attenders. Moving forward joint audit to take place at regular intervals to ensure any actions identified are put into practice.	N/A.

ICB Risk	Issue	Mitigating Action	Timescale
Herts Transforming Care Increase demand.	Target is 4 (currently there are 13 inpatients).	Patient needs are required to be reviewed holistically. This can support a positive and sustainable discharge.	Ongoing.

Learning Disabilities and LeDeR

ICB Risk	Area	Issue	Mitigating Action	Timescale
No autism only reviews have been notified in West Essex (WE) and low numbers for Herts . A notification for an autistic person without a learning disability - deaths of autistic people have been eligible to be notified to Learning Disabilities Mortality Review (LeDeR) since January 2022.	West Essex/ Herts.	It is believed that awareness that autistic people without a learning disability can have their death notified to LeDeR is low amongst professionals outside of the learning disability space alongside the public.	This issue is also reflected at a national/regional level and comms is being developed to support with awareness raising. Essex ICBs to work with Essex County Council (ECC) to raise awareness at the All Age Learning Disability (LD)/Autism Equalities Group to agree a collective way forward.	March 2024.
From reviews in the annual report Learning Disability (LD) Annual Health Checks (AHC) are not always taken up by those who could benefit from them most.	West Essex/ Herts.	South Essex and Thurrock (SET) LeDeR Annual Report 22/23 highlighted the importance of LD AHC in prevention. It also highlighted in some reviews across SET there was a lack of evidence of an LD AHC even if reviewers saw reference to them on notes. Herts also have noted similar themes in LeDeR reviews.	In WE a pilot started (1/9/23) supporting uptake of LD AHCs prioritising people who did not have a health check in 2022/23, with further engagement with 5 Primary Care Networks (PCNs) , to help encourage those who previously have not had an LD AHC to have one. AHC data for 2022/23 exceeded the national target and Q2 for 2023/24 sees an increase in take up across the ICB Further details available via Quality Committee Dashboard slides.	March 2024.

Maternity and Children

Priority Area	Issues and Overview	Mitigation
Care Quality Commision (CQC) Inspections.	West Hertfordshire Teaching Hospitals Trust (WHTHT) continue to focus on the one remaining 'must do' action from the October 2021 inspection. Action relates to Entonox (nitrous oxide) levels.	Use of cannisters and masks to reduce leakage remains in place, in addition to extraction units which is demonstrating safe levels of nitrous oxide. The Trust continue to record staff exposure using body monitors with data reviewed weekly. Monthly update from regional midwife provided positive feedback in relation to meeting CQC standards, considering the safety domain to be meeting 'good' and the well-led domain to be working towards outstanding.
	East and North Hertfordshire Trust (ENHT).	The 29a warning notice has been removed by CQC. The Improvement plan in place continues to be monitored and tracked through the weekly maternity improvement committee and monthly maternity senate. Report from CQC visit in June 2023 remains awaited.
	Princess Alexandra Hospital Trust (PAHT).	The Trust continues to be supported under the Maternity Safety Support programme and a draft sustainability plan has been circulated. Improvements continue to be made which are monitored through the maternity board and the monthly Quality Safety Committee. A CQC visit is expected by end of December.
WHTHT Children's Ward.	Young person remained on children's ward for over 12 weeks due to unavailability of a placement.	Escalated to Director of Children's services. Placement date now confirmed as 17 October 2023 – this case is now resolved.
PAHT Children's Diabetes Service.	Challenges due to rising caseload and insufficient staffing. There is a declining ability to meet best practice tariff and the team do not have sufficient capacity for required Multi-Disciplinary Team clinics.	Several measures have been taken to improve efficiency and concerns have been escalated as a risk within the trust. The ICB is continuing to support the team with a monthly ICB/PAHT Paediatric Diabetes focus meeting with clear actions identified.

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 (1/2)

ICB Risk	Area of Focus and Issue	Mitigating Action	Timescale
Midwifery Staffing.	Due to current vacancy and absenteeism rates within midwifery staffing there is a risk that; • Midwifery Led Unit or Homebirth services may need to be suspended to maintain safety across the unit. • Units may close or divert. • We 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. • Vacancies across the system 8.2% to 19.4% range, mean for Hertfordshire and West Essex 13.5%, increasing from May 2023.	• 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. • 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 regarding key actions from the Three year and local analysis. • Ongoing audits of compliance and action plans where indicated. This risk has been increased from 12 to 16 (note : risk key is on next slide).	Monitored monthly. Ongoing.
Digital Maturity.	• Digital system in x2 LMNS Trusts do not have interfaced maternity and neonatal systems. • 2 out of 3 Trusts are digitally immature, with one Trust experiencing a significant delay in a digital maternity solution. • Elements of manual data collection may have a potential impact on data reporting and gathering for Saving Babies Lives version 3 and onward to Maternity Incentive Scheme year 5 compliance. • Transition from current solutions to new systems may present risk for Trusts.	LMNS digital lead in post and liaising across the system to support digital roll out. This risk is currently a 16.	Monitored monthly. Ongoing.

Local Maternity Neonatal System – LMNS (2/2)

ICB Risk	Area of Focus and Issue	Mitigating Action	Timescale
Obstetric and Neonatal Medical Staffing.	Due to vacancy, absenteeism and industrial action 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.	• Rota management to identify gaps in a timely manner and use of short- and long-term locums. • Consultants work down to cover Trainee doctor's gaps. • Continue the recruitment drive. • Full utilisation of the obstetric and maternity Ockenden workforce funds to be tracked through LMNS financial processes. • Business case to fund additional post. • 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 (GMC) 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. New risk added April 2023 following LMNS Partnership Board. This risk is currently a 12.	Monitored monthly. Ongoing.

	Severity of Harm				
Frequency or Likelihood	**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 (1/4)

Area	Risk	Mitigating Action	Timescale
East and North Herts Trust (ENHT) Paediatric Audiology Services.	Risks due to a range of factors including robust governance, risk stratification , capacity with limitations around mutual aid options. Out of 199 patients impacted ,18 cases showed highest level of concern, with 1 severe harm, 1 moderate harm, 4 low harm, 12 no harm.	• ENHT is working with the ICB and other stakeholders, with routine meetings with ICB and weekly internal meetings with a range of work streams . These include Quality and Safety, Environment and Equipment, Digital, Operational, Workforce, Communications). There is a second cohort of 600 patients and work will start on reviewing those with concerns. The Trust has declared a Serious Incident (SI), which will be an overarching SI with individual patient's having an individual timeline completed. Mutual aid in place from Hertfordshire Community Trust and Cambridge University Hospital. Great Ormond Street Hospital is confirmed as accredited therefore mutual aid can be sought.	Ongoing.
East and North Herts Trust (ENHT) – Mental Health pressures in Emergency Duty (ED).	Risk of serious harm to patients , staff and estates. Increasing numbers of (mainly) Children and Young People (CYP) presenting with mental health crisis at East and North Herts Trust Emergency Duty Department due to capacity issues facing acute and Mental Health (MH) services. This includes people with Learning Disability (LD) and Autism in a mental health crisis.	• Round table took place on the 9th October 2023 and Executive partnership review planned. • Internal support for patients and staff. • Urgent and Emergency Care plans decompression of flow in ED. • Ongoing partnership work with mental health services. • Herts Partnership Foundation Trust(HPFT) has made an offer of developing bespoke simulation training for ED staff ,in addition to Oliver McGowan training, to support those staff in how they engage with this vulnerable group. Integrated Health Care Commissioning Team working with HPFT to support how this might be best achieved.	Ongoing.

Assurance and Oversight - Acute and Urgent Care (2/4)

Area	Risk	Mitigating Action	Timescale
East and North Herts Trust(ENHT) Ophthalmology Services.	Emerging concerns regarding approximately 12,000 patient overdue for follow up appointments. As of August 2023, the Ophthalmology services currently has a Patient Tracking List (PTL) of 22,545 of which 12,217 are overdue their appointments. 10 Serious Incidents (SIs) reported in the last two years relating to the delayed treatment of patients on the Ophthalmology follow-up pathway.	• ENHT Recovery meeting in place, aligned to trust risk register. • Plans are in place to mitigate and manage the risk to patients including implementation of electronic patient record, clinical stratification of follow-up PTL, higher risk/clinical priority patients and patients with Learning Difficulties, additional virtual clinical capacity and diagnostic capacity. Medical and administrative workforce review.	Ongoing.
Princess Alexandra Hospital (PAHT) Ophthalmology out of hours (OOH).	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.	Ongoing.

Assurance and Oversight - Acute and Urgent Care (3/4)

Area	Risk	Mitigating Action	Timescale
West Herts Teaching Hospital Trust (WHTHT) Rapid Access Chest Pain / Heart Failure Clinics.	Previous performance related to 8- week waits (ww) for the service and so increased risks related to patient safety and experience. Performance is now achieving the needed 2ww for heart failure services and chest pain clinics have reduced to between 3 and 4 weeks.	• Additional clinics established to support backlog management and triage strategy remains in place. • Recovery plan trajectory is being revised . • No linked Serious Incidents (SIs) at WHTHT to date. Ongoing oversight via WHTHT/HWE ICB Joint Quality and Assurance Meetings.	2ww compliance timeline to be confirmed.
West Hertfordshire Teaching Hospitals Trust (WHTHT). - Mortuary.	Concerns highlighted through the 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 Incidents reported in March 2023 and Trust divisional incident investigation highlights high-risk areas aligned to those identified in HTA report.	• Positive feedback on improvements through HTA follow-up visit in September 2023. HTA are awaiting timelines for building and remedial worked aligned to the business cases which underpin the corrective and preventative actions. • ICB visit to Watford General Hospital and Hemel Hempstead mortuaries in August and October 2023. Key challenges identified relate to capacity (including short- and long-term storage and post-mortem activity), estates, escalation processes, staffing (including Pathologists for post-mortem activity) and safe processes in place for key activity out-of-hours. • Recommended areas of focus from the visit report are being agreed jointly between the ICB and Trust to support needed business cases and system discussions / improvements.	Ongoing.

Assurance and Oversight - Acute and Urgent Care (4/4)

Area	Risk	Mitigating Action	Timescale
East & North Herts Trust (ENHT) Mount Vernon Cancer Centre (MVCC).	Risk of increased patient mortality related to Ovarian 30- day Systemic Anti-Cancer Therapy (SACT). 4 harm reviews identified.	• Improvement priorities clinical risk, harm reviews in progress, professional roles & responsibilities, Restorative investigation -families • Duty of Candour external candidate appointed and NHSE / ICB oversight in place, pathway design and biochemistry strengthened. External gynaecology oncology peer support identified via University Central London Hospital (UCLH). Short term changes implemented for treat and transfer gynecology patients. Patient feedback related to gynaecology being reviewed. Serious Incident (SI) investigation commenced.	Ongoing.
Herts and West Essex.	National Care Quality Commission (CQC) Inpatient Survey Results 2022; • East and North Herts Trust (ENHT) scored within the same range as most acute trusts for 31 of the questions (65%) and lower for 12 (27%). • Princess Alexandra Hospital Trust (PAHT) scored lower than most acute Trusts in 29 questions (65%). • Wests Herts Teaching Hospital Trust scored lower than most acute Trusts in 10 questions (22%).	• Next steps and actions to be confirmed. • Preliminary discussions at a place level to be aligned to acute / ICB joint Quality and Performance Meetings.	To be Agreed.

Assurance and Oversight - Community

Area	Risk	Mitigating Action	Timescale
Hertfordshire Community Trust (HCT) • Workforce • Waiting list backlog	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 list workflow.	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; • Clearance of the backlog for Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) diagnostics • Developing wider biopsychosocial model of support with key stakeholders.	Ongoing.
Essex Partnership University Trust (EPUT) Community Physical Health services.	The Trust Quality-of-Care Strategy development continues with alignment and review of governance structures in EPUT. There have been two pilot clinical senates which are proposed to provide clinical assurance and oversight to the quality committee with attendance from all care units in EPUT. It is hoped that the strategy will be launched later in Q3 once it has completed Board sign off within the Trust.	• Trust clinical senate have identified several clinical priorities to explore including Neurodiversity, rehabilitation and personalisation. The formal launch of the Strategy is planned for November 2023. • Learning Lessons Summit West Essex Division took place on 6th Sept 2023 focussed on Patient Safety Incidence Response Framework (PSIRF), Lessons Learned and 5 key safety messages. • 97.9% positive patient experience surveys from sample of 48.	Ongoing.
Termination of Pregnancy Services (ToPS).	Concerns related to overarching governance and leadership arrangements.	• British Pregnancy Advisory Services(BPAS) improvement plan monitored at national level with attendance from East of England (EoE) Norfolk & Waverley Integrated Care Board(ICB). Quality visit/s to the Luton clinic provided satisfactory assurances. Step down approach in place for future assurances.	Ongoing.

Assurance and Oversight – Adult Mental Health (1/3)

Area	Update	Actions	Timescale
Essex Partnership University Trust (EPUT)	A key element of EPUTs CQC recovery plan will be implemented during Q3. The purpose of the Evidence Assurance Group (EAG) is to undertake an objective review of evidence in support of closure of EPUT actions. Assessing the assurance level for each individual action to satisfy a statement of completion and sustainability and demonstrate assurance across both mental health and physical health services. The EAG will also act as a route to escalate risks to closure of actions to the EPUT Executive Team and Trust Board and will be chaired by MSE ICB Chief Nurse. CQC Improvement oversight continues via existing weekly and monthly arrangements with Essex Partners. Additionally, a quarterly meeting has been established across the 3 ICBs to review the effectiveness of contract delivery across Quality, performance and finance. These commence in November.	Meetings commence November 2023. Outputs from these meeting will also be used to inform assurances reported into the 3 ICB Boards.	Ongoing.

Assurance and Oversight – Adult Mental Health (2/3)

Area	Update	Actions	Timescale
Herts Partnership Foundation Trust (HPFT) Dove Ward.	Trust has recently shared concerns in relation to an inpatient ward which has seen a recent increase in number/nature of incidents and safeguarding's reported over a period of 4-6 weeks affecting both patients and staff, and some significant delays in transfers of care into community settings (social care). High pressured context currently with concerning staff on service user incidents, alongside person-to-person incidents and resulting safeguarding's. Increases in Safeguarding overall over the last 4 to 6 weeks.	The Trust has implemented immediate measures to stabilise the ward including the allocation of additional staffing resource , daily safety huddles, and weekly oversight meetings with the senior leadership team responsible for Dove ward, chaired by Trust Chief Nurse and Medical Director, and fortnightly reporting into Trust Executive team. A detailed action plan has been shared with ICB Leads, and regular updates will be shared and discussed at the Regular Quality oversight meeting (QRM). An assurance/peer review visit will be carried out by ICB Quality leads . This will be slightly delayed as the Ward at the time of reporting also has a COVID outbreak. ICB Mental Health Commissioning Leads are working with the Trust and Quality leads to understand the reasons for the lengthy delays in transfer of care out of the ward and support processes and learning.	Ongoing. Ongoing. Date to be confirmed. Ongoing.

Assurance and Oversight – Adult Mental Health (3/3)

Key Metric	East & North Herts	South & West Herts	West Essex
Routine referrals to community mental health team meeting 28 day wait.	90.22% - August	46.72% - August	100 % -August
Delayed transfers of care to the maintained at a minimal level (target 3.5% from Sept-17 previously 5.4%).	11.86% - August		0% - August
Reduction in Inappropriate Out of Area (OOA) Placements for Herts and West Essex (bed days).	632 (Hertfordshire) - August		293 – August

Area	Issue	Mitigating Action	Timescale
Delayed transfers of care to be maintained at a minimal level. Herts Partnership Foundation Trust (HPFT).	Slight dip in August since June's increases. Ongoing difficulties finding suitable placements and care packages for service users with complex needs. Quality Review Meeting in October- HPFT updated they have patients who are ready to discharge from inpatient services, but delayed discharge from ward is having an impact on staff and residents due to the wider system issues.	• Social worker in Swift Ward and 72-hour meeting; further two social workers to be put in place to support both delayed discharges and out of area placements. • Enhanced contract management for lengths of stay targets for independent sector beds. Enhanced Discharge team (EDT) 9 almost fully recruited. Home Group actively working with team as part of EDT. Wider system work, led at Exec level, to support placement of longer-term. Delayed Transfer of Care (DToC) including via improvement action plan.	By Quarter 4 (2023/24).
Adult Community Mental Health Teams.	Concerns around waiting list management / care coordination.	• Ongoing focused work to reduce waiting list in South & West Herts Community Mental Health Team. Data cleansing also undertaken.	Ongoing.
Demand for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) diagnostic services.	Wait times for assessment locally exceed 2 years risking detrimental impacts on patient safety and experience. There is a shortage of ADHD medication nationally. Ongoing increase in diagnostic demand since the pandemic.	• HPFT are reviewing medication areas .Adults(ADHD) is being reviewed by ICB once children's RTC for ADHD is resolved. Outsourcing to help reduce the waiting list for autism. Areas of priority focus presented to HWE Mental Health Learning Disability and Autism Board. Ongoing oversight via HWE ICB Senior Responsible Officer (SRO).	Ongoing.

Assurance and Oversight - Care Homes

ICB Place	Outstanding	Good	Requires Improvement	Inadequate	No published Rating	Total
East & North Herts (ENH)	2	84	21	2	8	117
South & West Herts (SWH)	7	93	25	2	4	131
West Essex (WE)	0	42	7	0	0	49
Total	**9**	**219**	**53**	**4**	**12**	**346**

ICB Risk	Area	Issue	Mitigating Action	Timescale
1	ICB.	Home closures – 4 in process – 184 beds. 1 SWH – residential 2 ENH nursing,1 WE – residential. Home openings – 3– 156 beds 1 SWH 2 ENH.	Support where required to homes closing to ensure residents safely moved to new placements. Visit new homes and offer support.	Ongoing.
2	ICB.	Service Improvement Process (SIP) and Quality Assurance Meeting (QAM) , 11 homes are being monitored within these processes, led by Herts County Council. 3 homes have an admission embargo. Reasons for escalating to this processes are ; • Leadership oversight • Poor documentation • Care planning • Governance • Staff culture • Staff training Two homes have an admission embargo.	• Joint visits are undertaken by ICB Nursing and county council colleagues for action planning support/ improvement oversight and assurance. • 6 weekly system-wide partner formal strategic management meetings, led by the county council held to ensure assurance, improvement and sustainability. • Planned and routine contract monitoring visits, led by the county councils, with attendance by ICB Nursing team. • Concerns are discussed at the Support to Care Homes Meetings (Hertfordshire) and the Multi Agency Care Provider Hub meetings in West Essex, led by the local authorities.	Ongoing.

Assurance and Oversight - Homecare

ICB Place	Outstanding	Good	Requires Improvement	Inadequate	No published Rating	Total
East & North Herts	13	80	11	0	26	130
South & West Herts	1	23	1	0	20	45
West Essex	3	53	5	2	13	76
Total	**17**	**156**	**17**	**2**	**59**	**251**

Area	Issue	Mitigating Action	Timescale
ICB.	The team has contacted 74 homecare agencies as part of the pilot. There are no care home agencies in SW and EN that are in the Service Improvement Process and Quality Assurance Meeting process, none have been flagged by Herts County Council or Care Quality Commission as having concerns.	The team continues to make contact to engage with the remaining home care agencies. There is an interest from all homecare agencies in training offers from the ICB particularly in relation to deteriorating resident, care planning and pressure ulcer prevention.	Ongoing.
West Essex.	Red spot homecare agency have an embargo in place to prevent new placements by Essex County Council due to quality and safeguarding concerns. It has been found that the provider has not been raising safeguarding's, carers have missed planned visits or have been late. There are medication concerns around safe administration and documentation.	Training support has been offered.	Ongoing.

Assurance and Oversight - Primary Medical Care

Primary Medical 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	49	1	0	51
	West Essex (WE)	0	1	28	1	0	30

GP Practice	Issue	Mitigating Action	Timescale
East and North Herts: • Stockwell Lodge • Buntingford • Garden City Practice West Essex: • Lister Medical Centre South and West Herts: • 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).	• 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.
All Practices in Hertfordshire & West Essex.	There has been an increase in the number of GP practice staff contacting the ICB to raise Whistleblowing concerns. Issues raised have included workforce numbers/ high turnover of staff, treatment of staff/ bullying, staff working out of scope, processes, mandatory training and prescribing.	• Paper going to Primary Care Commissioning Committee (PCCC) with options for meeting the Primary Care Freedom To Speak Up Guardian requirements. • The ICB Guidance 'Responding to General Practice Whistleblowing Concerns' is being updated in view of the learning that has occurred from managing the concerns raised.	October paper to PCCC where next steps will be agreed December 2023.
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 recommenced routine inspections and are changing their priorities for these.	• 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 with a 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	Care Home Improvement Team
CSPR	Child Safeguarding Practice Review
CLCH	Central London Community Healthcare NHS Trust
CQC	Care Quality Commission
DTA	Discharge to Assess
ECC	Essex County Council
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 Meeting
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

Hertfordshire and West Essex Integrated Care System Quality Dashboard November 2023

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Executive Summary

Topic/AreaM	Headline	Slide Number
Care Quality Commission (CQC) 	The Maternity Department at East and North Hertfordshire Trust was rated by the CQC as Inadequate. In October the CQC removed the Section 29A. This recognises the improvement made through Maternity Improvement Plan. The Trust remains overall 'requires improvement' A Section 31 at the Emergency Department at Princess Alexandra Hospital Trust has been removed. A CQC well-led visit in March occurred with positive feedback. The Trust remains overall 'requires improvement' West Hertfordshire Teaching Trust has an open action following their previous CQC inspection in October 2021. The action relates to the monitoring of Entonox within the maternity unit. Improvement actions are in train with a trial of a new Entonox monitoring system occurring in May with positive feedback. The Trust remains overall 'requires improvement.' Most care homes, home care agencies and GP practices across the Hertfordshire and West Essex Integrated Care System have been rated as Outstanding or Good.	6-9
Patient Reported Outcome Measures (PROMs) 	PROMs information provided directly from people who have had a total hip or knee replacement at the 3 acute trusts across the system have reported an improvement in their health above the England average. The 3 acute trusts across Herts and West Essex are broadly in line with national rates. Rates are reported across divisions to promote improvement.	10
Friends and Family Test – Emergency Care and Inpatient Areas **Friends and Family Test – Community Health** 	The patients responding to the Friends and Family Test in the acute trust emergency departments and inpatient areas are reporting a positive experience. However, response rates remain low. The patients responding to the Friends and Family Test in community health are also reporting a positive experience. However, response rates also remain very low.	11-15
Maternity 	Avoiding Term Admissions Into Neonatal Units (ATAIN) measures show that previously seen improvements have continue. All services across HWE Local Maternity and Neonatal System meeting the national ambition of <6% in past 4 months.	16-17
Summary Hospital - level Mortality Indicator 	All acute trusts across the Integrated Care System all within the 'lower than expected' banding or 'as expected banding' according to two mortality indicators.	18-19

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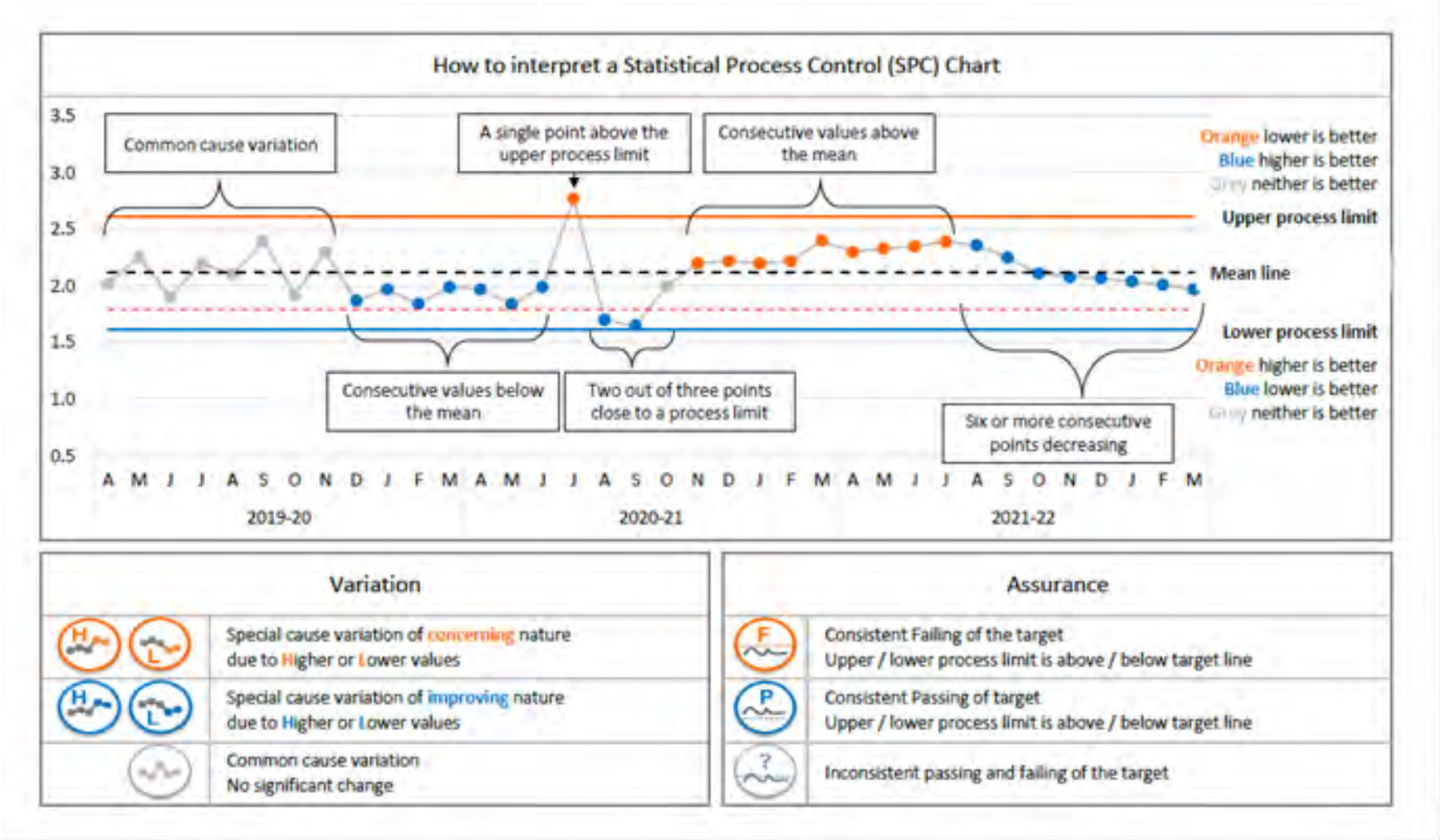
Executive Summary

Topic/Area	Headline	Slide Number
Antimicrobial Resistance – appropriate prescription of antibiotics and broad-spectrum antibiotics in primary care	Total antibiotic prescribing in primary care exceeds the NHS England (NHSE) threshold in all three places. This trend is being seen regionally and nationally and is being attributed to Covid and relatively high rates of Streptococcus infections. Broad spectrum antibiotic prescribing in primary care is below the NHSE threshold across the three places	20
Medication Errors	All bar one Trusts, saw an increase in number of medication incidents between 2021/22 and 2022/23, attributed mostly to improved reporting practices. Implementation of electronic Prescribing Medicines Administration (ePMA) system has been the focus of most medication management teams within the Trusts through 2022/23. Several of the Trusts have reported adoption of the system has contributed to improved medication safety.	21-24
Infection Prevention and Control (IPC) - Methicillin-resistant Staphylococcus - E.coli blood stream infection - Covid 19	Overall, the MRSA picture in Hertfordshire remains good however rates in west Essex is above the regional rate. All 3 Places within the Integrated Care Board are above their ceiling for this point in the year for the number of E. coli blood stream infections. There has been a steady increase in the number of Covid outbreaks reported since July 2023.	25-28
Learning Disability	The 2022/23 target of 75% was achieved regarding the number of people aged 14 and over with a learning disability in receipt of an annual health check by their GP. In 2023/24 the ICB shows improvement but not in line with the new trajectory of 100%. The number of health action plans completed following an annual health check is not aligned and improvement is required.	29-31
Mental Health	The number of people with a severe mental illness in receipt of an annual physical health in 2022/23 achieved the target of 60% however improvements continues to be made to achieve the 60% target for 2023/24. Q1 national data remains unseen. The number of bed days for out of area placements continues to be challenging. Collaborative work is occurring to increase performance.	32-33

Statistical Process Control (SPC)

Not all charts within this Quality Dashboard are Statistical Process Control charts as there are a number of areas where this type of chart is inappropriate. However, for those that are Statistical Process Control charts the below provides some helpful information regarding how they are interpreted.



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Care Quality Commission Overview

The below table provides an update of the Care Quality Commission (CQC) ratings and Warning Notices currently in place across the main organisations in the Hertfordshire and West Essex Integrated Care System.

Organisation Name	Care Quality Commission Rating	Warning Notices/Updates
East and North Hertfordshire NHS Trust (ENHT)	Overall- Requires Improvement (Jul-Sep 2019) Maternity Department - Inadequate	CQC removed Section 29A from ENHT in early October following August inspection. This recognises the improvement monitored via the Maternity Improvement Plan. Regular oversight meetings, multidisciplinary input and robust governance and oversight from relevant boards continues. Estates, patient experience, infection prevention and control, workforce recruitment, culture have all strengthened.
Princess Alexandra Hospital NHS Trust (PAH)	Overall - Requires Improvement (Jul-Sep 2021)	The Trust continues to make progress against the CQC action plan and provides a detailed CQC compliance report both internally to Trust Board and to Integrated Care Board for assurance of progress made. The Integrated Care Board continue to support the PAH peer review panels which are providing a strong forum for challenge and oversight of actions completed and moved into "business as usual" (BAU) Status.
Essex Partnership University FT (EPUT) Mental Health Inpatient services	Overall – Requires Improvement (July 2023)	In July EPUT received the final version of the CQC Comprehensive and EPUT Well Led inspection report. The CQC rated the overall Trust as Requires Improvement. The CQC identified 45 'Must do' actions and 26 'Should do' actions, all actions identified by the CQC have been reviewed and a new Trust CQC improvement plan has been developed. As part of the development of the CQC action plan, a review of existing plans has been undertaken and all outstanding actions have been combined into one action plan. This ensures there is a single improvement framework and simplifies assurance reporting. The Trust is progressing work to complete actions and shares ongoing updates to its improvement plan with Integrated Care Boards as part of the monthly cycle of support and assurance meetings and processes.
West Hertfordshire Teaching Hospital NHS Trust (WHTH)	Overall- Requires Improvement (October 2021 Maternity only March 2020 whole site)	There were 8 identified actions (3 'must-dos' and 5 'should-dos) following CQC inspection to WHTH in 2021 continue to be implemented and progress monitored.

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Care Quality Commission- Care Homes

The below table provides an overview of the Care Quality Commission ratings currently in place across the care homes in the Hertfordshire and West Essex Integrated Care System. Further information regarding the work occurring with care homes, Essex County Council and Hertfordshire County Council can be found in the quality escalation report:

Place	Outstanding	Good	Requires Improvement	Inadequate	Inspected and waiting publication	Total
East & North Herts	2	84	21	2	8	117
South & West Herts	7	93	25	2	4	131
West Essex	0	42	7	0	0	49
Total	**9**	**219**	**53**	**4**	**12**	**346**

Safety Improvement Process (SIP)/Quality Assurance Monitoring process (QAM) - Eleven care homes are being monitored within these formal processes with concerns relating to issues such as medication management, leadership, care planning, governance, staff culture. Three homes have an admission embargo. Joint visits are undertaken by the integrated care board care home team and county council colleagues for action planning support and improvement oversight and assurance. Six weekly system-wide partner formal strategic management meetings, led by the county council are held to ensure assurance, improvement and sustainability. Where risk is identified between meetings these are escalated to the SIP team for further discussion /support planning. The care home team nurses support with weekly visits and training to support improvements and avoidable admissions.

Quality/contract monitoring Planned and routine home contract monitoring visits, led by the county councils, with attendance by clinical integrated care board colleagues, occur via a risk-based approach. Concerns are discussed at the Support to Care Homes Meetings (STCH Hertfordshire) and the Multi Agency Care Provider Hub meetings in West Essex, led by the local authorities to determine what further support may be required for the provider.

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Care Quality Commission- Home Care Agencies

The below table provides an overview of the Care Quality Commission ratings currently in place across home care agencies in the Hertfordshire and West Essex Integrated Care System

Place	Outstanding	Good	Requires Improvement	Inadequate	Inspected and waiting publication	Total
East & North Herts	13	80	11	0	26	130
South & West Herts	1	23	1	0	15	48
West Essex	3	53	5	2	13	76
Total	**17**	**156**	**17**	**2**	**54**	**254**

Contact has been made with 74 home care agencies by the Care Home and Home Based Improvement Team since August 2023. At present there are no care home agencies in S&W and E&N that are in the SIP and QAM process and none have been flagged by Hertfordshire County Council or the CQC as having concerns. The team continue to make contact to reach the remaining home care agencies.

In West Essex one home care agency, Redspot, have an embargo in place to prevent new placements by Essex County Council due to quality and safeguarding concerns. It has been found that the provider has not been raising safeguarding's, carers have missed planned visits or have been late. In addition, there are medication concerns around safe administration and documentation

The Team have identified a number of themes and trends following contact with home care agencies regarding requested training relating to the deteriorating resident, care planning and pressure care prevention. This will be taken forward via webinairs with the Hertfordshire Care Providers Association from October 2023.

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Care Quality Commission - Primary Care

The below table provides an overview of the Care Quality Commission ratings for primary care (general practice) across Hertfordshire and West Essex Integrated Care System and supports the narrative set out within the Quality Escalation Report.

Place	Outstanding	Good	Requires Improvement	Inadequate	Inspected and waiting publication	Total
East & North Herts	0	45	3	0	0	48
South & West Herts	1	49	1	0	0	51
West Essex	1	28	1	0	0	30
Total	**2**	**122**	**5**	**0**	**0**	**129**

There are currently 0 practices rated as Inadequate; however, 5 practices are rated as Requires Improvement across Hertfordshire and West Essex. These practices continue to receive support from Integrated Care Board (ICB) teams to make quality improvements and address the issues raised by the CQC.

There has been an increase in planned CQC inspections with the focus being on time since last inspection. In addition to the monthly CQC data reviews on each practice, direct monitoring calls are carried out as required. All direct monitoring calls carried out with Herts and West Essex practices were satisfactory and no further regulatory action has been required.

All 3 place based Primary Care Risk and Information Sharing Groups are using a Resilience Index Tool to support identification of practices across the ICB that may have a low resilience, enabling support to be offered in a timely manner. This is combined with further data and intelligence from group members including representation from the ICB, CQC and Local Medical Committee (LMC).

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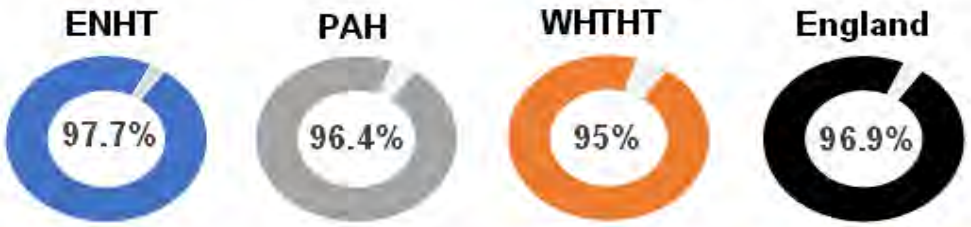
Patient Reported Outcome Measures

The annual Patient Reported Outcome Measures (PROMs) measure health gain in patients undergoing hip replacement and knee replacement surgery based on responses to questionnaires before and after surgery. PROMs provides an indication of the outcomes or quality of care delivered to NHS patients and has been collected by all providers of NHS-funded care since April 2009.

The information below relates to procedures that occurred between April 2020 – March 2021 (the latest available data) and is used to identify areas of improvement within orthopaedic teams.

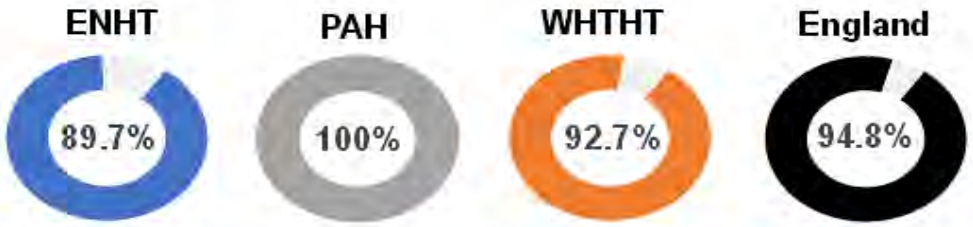
Total Hip Replacement



of patients reported an improvement in their health following their operation

Organisation name	Measure	Modelled records	Patients reporting improvement	Adjusted Average Health Gain
East and North Hertfordshire NHS Trust	Oxford Hip Score	44	97.7%	22.79
The Princess Alexandra Hospital NHS Trust	Oxford Hip Score	28	96.4%	*
West Hertfordshire Teaching Hospitals NHS Trust	Oxford Hip Score	100	95.0%	21.60
England	Oxford Hip Score	15,626	96.9%	22.52

Total Knee Replacement



of patients reported an improvement in their health following their operation

Organisation name	Measure	Modelled records	Patients reporting improvement	Adjusted Average Health Gain
East and North Hertfordshire NHS Trust	Oxford Knee Score	29	89.7%	*
The Princess Alexandra Hospital NHS Trust	Oxford Knee Score	30	100.0%	18.49
West Hertfordshire Teaching Hospitals NHS Trust	Oxford Knee Score	82	92.7%	16.35
England	Oxford Knee Score	15,627	94.8%	17.48

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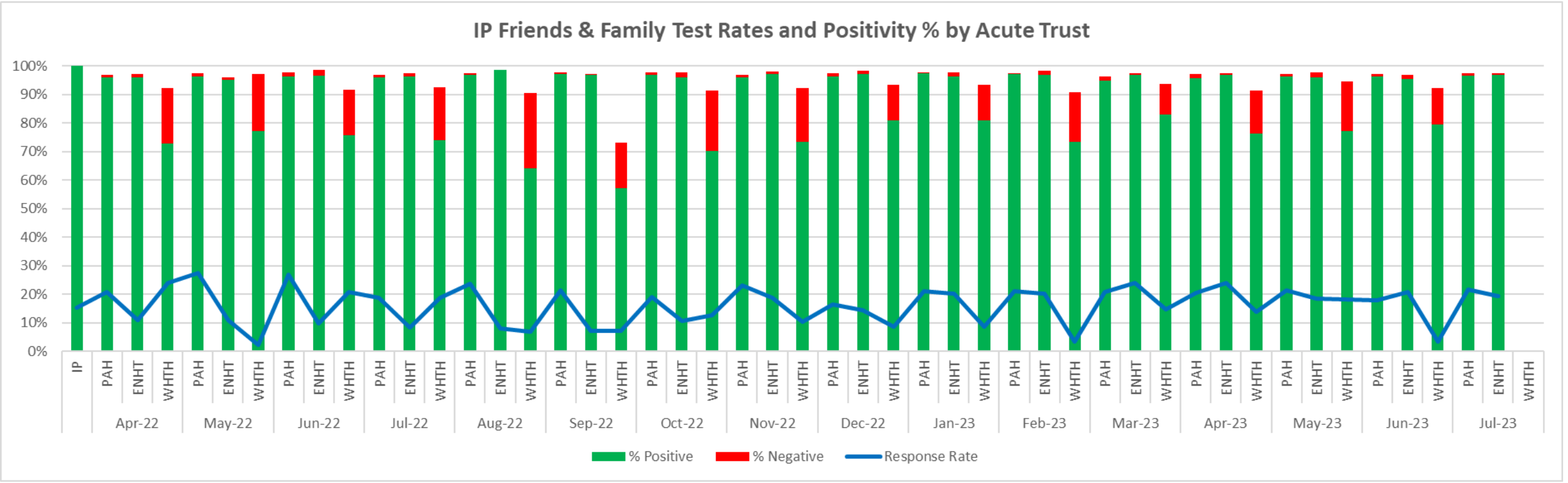
Patient Experience - Friends and Family Test acute inpatient areas



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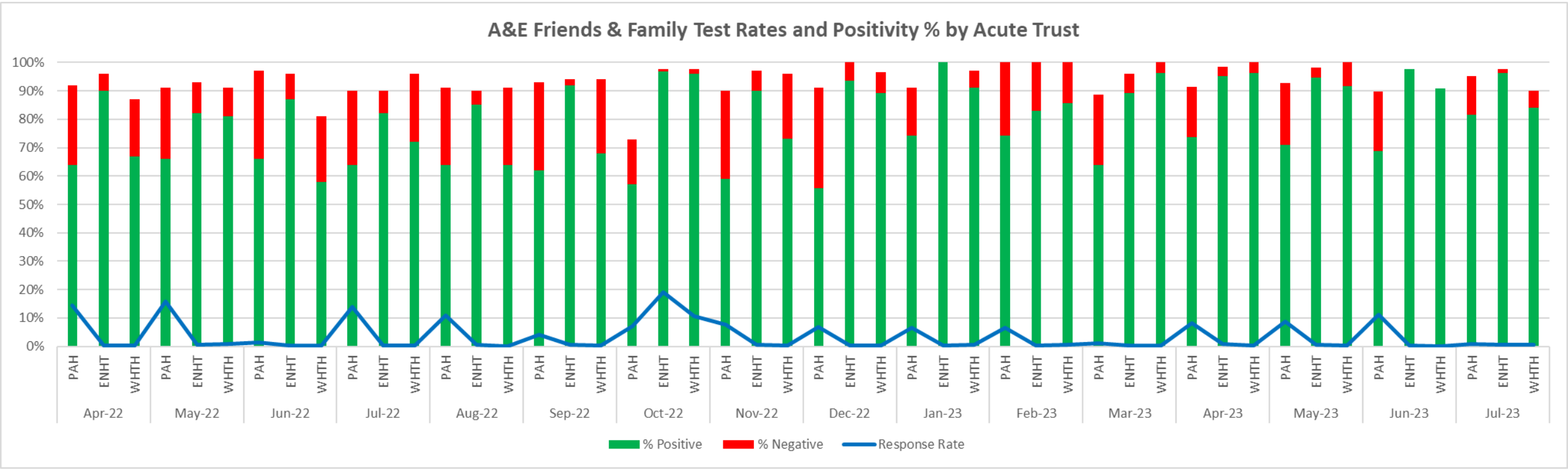
Patient Experience - Friends and Family Test A&E Areas



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Patient Experience – Friends and Family Test – Acute In-patient and A&E

ICB Risk	What the charts tell us	Issues	Actions	Mitigation
No	• The Friends and Family Test (FFT) results for both the Emergency Departments and acute trust inpatients units across the Integrated Care System show that the majority of responses are positive. • Response rates are low. Albeit slightly increased within inpatient units	• Demands and pressures within both the emergency department and the inpatient units impact on the number of patients/carers being encouraged to respond to the Friends and Family Test.	• ENHT continue to promote the FFT survey within the divisions, advising how they can review their data on ENHance to take ownership of the findings. • ENHT- Action plans for FFT surveys are being brought back to the Patient and Carer Experience group on a monthly basis to monitor the overall themes and the improvements the divisions implementing to improve their services. • WHTHT has transferred to new provider IQVIA Connections for FFT, with IQVIA supporting with ongoing staff engagement with bespoke workshops. FFT team efforts towards supporting contract changeover from Picker to IQIVIA connections in June 2023 and reduced capacity within the team from June has impacted FFT response rate. Meetings with matrons, use of QR code and text messages for FFT are planned to improve response rate. • Work is ongoing at WHTHT, regarding ethnicity breakdown to focus on the relevant feedback and to achieve the 25% response rate across all patient groups. • WHTHT is developing a tracker to monitor patient experience feedback (positive and negative) across all sources, including complaint themes and FFT. Actions are monitored by the divisional triumvirate to ensure positive feedback is given to relevant teams and improvements are made to enhance performance and response rates where applicable.	• Quality standards are in place across all 3 emergency departments, including both nationally and locally metrics • The numbers of complaints and Patient and Advice and Liaison enquiries are monitored to ascertain themes and trends to identify improvement opportunities • Patient experience measures are triangulated with patient safety metrics to build a picture of the patient journey in an emergency department • PAH - are currently part of the integrated care board procurement of a new system that is planned to be implemented in Q3 2023/24

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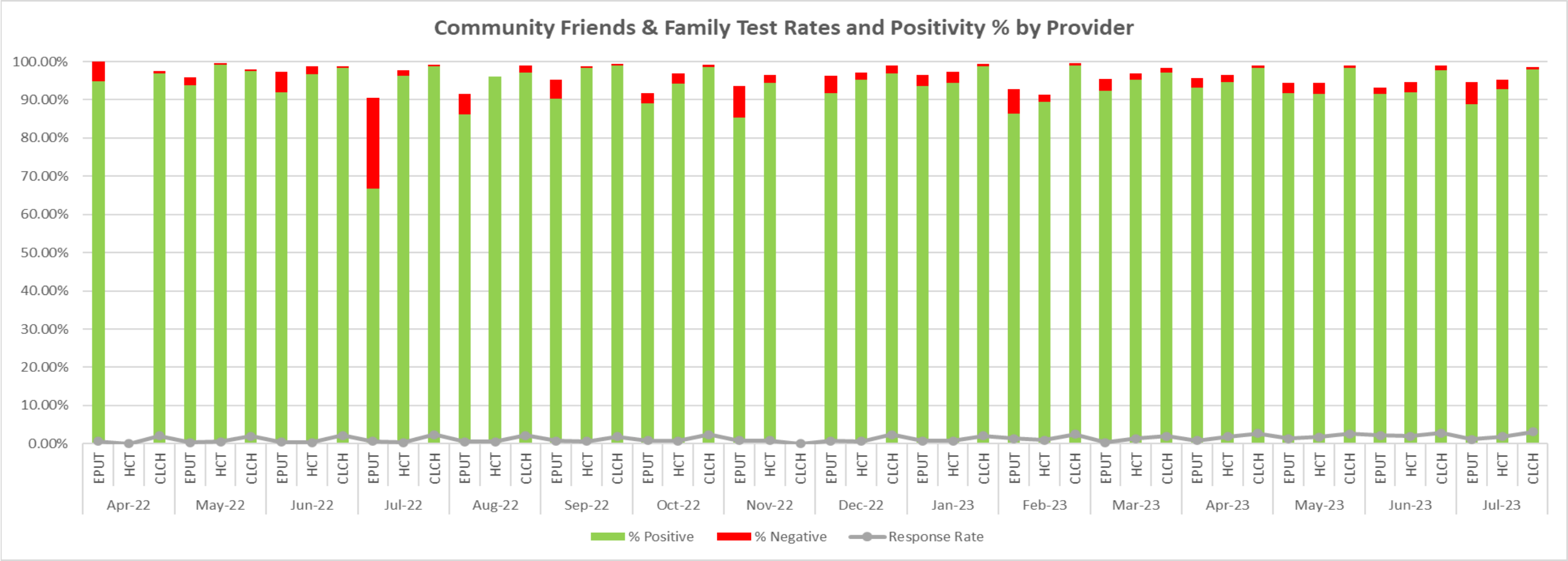
Patient Experience - Friends and Family Test Community Health



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Patient Experience – Friends and Family Test - Community Healthcare

ICB Risk	What the charts tell us	Issues	Actions	Mitigation
No	• Community Healthcare Friends and Family Test (FFT) results for Community Services show that the majority of responses are positive in Q1 2023/24 • FFT response rates remain low.	• FFT response rates remain low	• The Number of FFT responses improved at Central London Community Healthcare Trust in July 2023 (653 in comparison to 476 in June 2023). FFT word clouds by service are developed to highlight feedback themes. • Hertfordshire Community Trust has procured i-pads for the ICT teams to pilot tablet devices to collect confidential feedback in real-time from the patients they visit at home. This will help increase the response rate. Progress will be monitored through their governance process. • Hertfordshire Community Trust collect FFT survey responses in a number of different ways, such as on paper, online using a website link or a QR code, and using SMS text messaging to encourage as many service users as possible to give their feedback. The FFT survey is also available in an easy-read format. • Essex Partnership University Trust trust-wide patient satisfaction survey (Including the FFT questions) have been customised by the Trust to be relevant to the patient group being surveyed.	• Overall responses remain largely positive. • Results triangulated against complaints and patient safety to identify themes and improvement opportunities.

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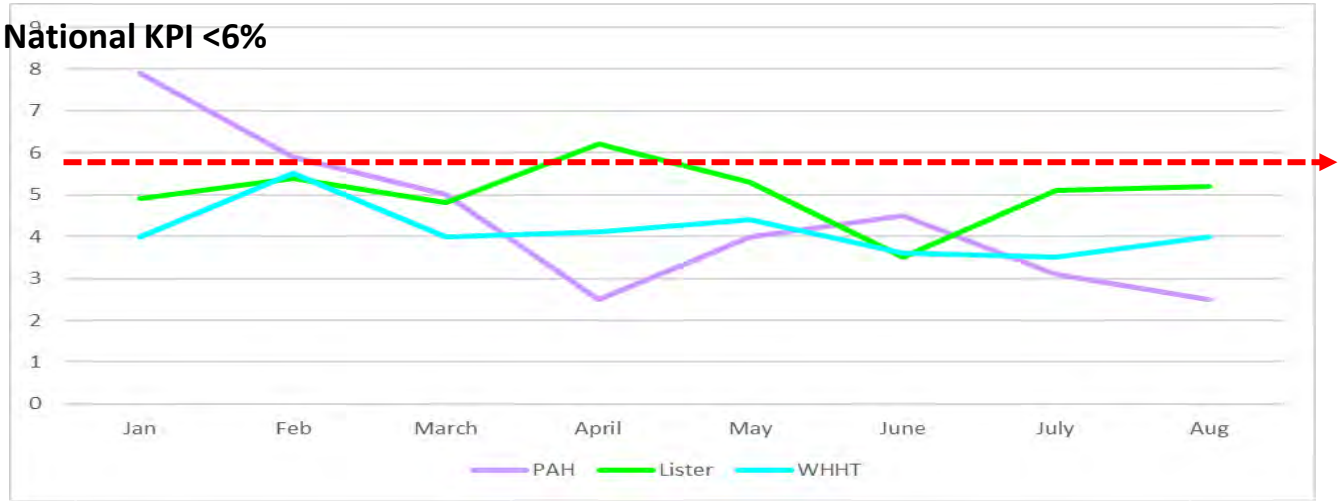
Maternity/Neonatal – ATAIN Avoiding Term Admissions Into Neonatal Units



Jan 2022 – August 2023
National KPI <6% of term babies being admitted to a neonatal unit.
Term = > 37 weeks of pregnancy
KPI derived:
number of term babies admitted to neonatal unit (NNU)/Number of births across all gestations per month
Data source: Neonatal Badger system

ICB Risk Register	What the charts tell us	Issues	Actions	Mitigation
No	• Outcome for keeping mothers and babies, at term, together when it is clinically safe and avoiding the harm that maybe caused by separation around the time of birth, across the Local Maternity and Neonatal System (LMNS). • Improvements in 2023 continue. All services across the LMNS meeting the National Ambition of <6% in past 4 months	• Variation in trends across each service requires monitoring and oversight • The data is reviewed over several months and fluctuations will occur due to activity surges. • Requirement for shared learning to support ATAIN • Peaks over 6% are not common. • If the performance drops too low, re-admissions to the neonatal unit are reviewed.	• Multidisciplinary review of each term admission in all units • Learning and actions from cases shared across clinical teams at each Trust • External 'new eyes' – LMNS maternity and neonatal leads attendance at monthly meetings • Shared messages from ATAIN reviews shared across system monthly by LMNS • Reporting on Datix/ incident system of all term babies admitted to neonatal units • Classification of each case as avoidable/unavoidable • Development and extension of Transitional Care provision and secure pathways • Sustaining improvement by continuation of actions. • Review of admission from home to interface to the ATAIN reporting as KPI outcomes reduce	• Robust oversight to identify trends • Reporting via dashboards • Use of Newborn Early Warning Tool • Staff training • Improvement of pathways to TC in services

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Maternity/Neonatal – Clinical Outcome Measures

KPI (see final slide for detail)	Measurement / Target			Trust Rate (current reporting period)			Combined Trust
				ENHT	PAHT	WHTH	LMNS
Massive Obstetric Haemorrhage ≥ 1500 mls (as per NMPA descriptor, slide 8)	Vaginal birth		3.3%	1.31%	5.4%	2%	2.9%
	Caesarean		4.5%	1.58%	3.1%	2.5%	2.3%
3rd & 4th degree tear (as per NMPA descriptor, slide)	SVD (unassisted)		Unassisted 2.5%	1.8%	1.2%	1.8%	1.6%
	Instrumental (assisted)		Assisted 6.3%	2.3%	0%	2.7%	1.6%
Caesarean section (%age) (see guidance document)							
(primip, singleton , ceph, over 37/40, spontaneous labour)	Robson Group 1		N/A	26.1%	7.6%	16.1%	
[primip, singleton, over 37/40, who had labour induced (2a) or LSCS prior to labour (2b)]	Robson Group 2	2	N/A	54.3%	60.8%	62.7%	
		2a		47.06%	22.9%	46.8%	
(Multip, at least 1 uterine scar, singleton, ceph, over 37/40)	Robson Group 5		N/A	87.8%	81.6%	83.3%	
Smoking at time of delivery			≤ 6%	3%	7.2%	0.9%	
Preterm birth rate	≤36+6 weeks (over 24+0/40)		≤6% annual rolling rate (Total PTB all babies 24-36+6))	Month 8.29% Year 7.29%	Month 7.1% Year 7.1%	4.4%/ 7.2%	

KPI (see final slide for detail)	Measurement / Target	Trust Rate (current reporting period)			Combined Trust
		ENHT	PAHT	WHTH	LMNS
Term admissions to NNU Reviews should now include all neonatal unit transfers or admissions regardless of their length of stay and/or admission to BadgerNet.	<6% (of total live term births)	5.6%	3.1%	3.5%	4.0%
	%age of total admissions that were avoidable	16%	1.84%	20%	
Antenatal optimisation					
Right place of birth (≤27/40, 28 /40 with multiple or EFW<800g outside a maternity unit with a L3 NICU)	Number of births = 0	0	0	0	0
Magnesium Sulphate Percentage of singleton live births (less than 30+0 weeks) receiving magnesium sulphate within 24 hours prior to birth.	80% (CNST)	0/0	66.7%	100%	
Antenatal steroids Percentage of singleton live births (less than 34+0 weeks) receiving a full course of antenatal corticosteroids, within seven days of birth.	80% (CNST)	50% (2/2)	28.6%	50%	
Percentage of singleton live births (less than 34+0 weeks) occurring more than seven days after completion of their first course of antenatal corticosteroids	ND (indicator should be as low as possible)	25%	28.5%	50%	

Mortality Indicator Definitions

It is widely accepted that hospital mortality data have an important role in learning about and improving the quality of patient care. Such data need to be used alongside other data/intelligence, and there is no single measure of the safety of patient care.
There are 4 main mortality indicators, with the first 2 being key:

Summary Hospital-Level Mortality Indicator (SHMI) is an indicator of healthcare quality that measures whether the number of deaths in hospital, or within 30 days of patients leaving hospital, is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer. The SHMI is produced and published quarterly.

Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer. Statistically, the HSMR is the relative risk of in-hospital mortality for patients admitted within the 56 diagnosis groups that account for 80% of in-hospital deaths. HSMR is refreshed monthly.

Standardised mortality ratio (SMR) is the ratio of observed deaths to expected deaths with a specific diagnosis where expected deaths are calculated for a typical area with the same case-mix adjustment.

Crude Mortality is an indicator that looks at the number of deaths that occur in a hospital in any given year and then compares that against the amount of people admitted for care in that hospital for the same time period. The crude mortality rate can then be set as the number of deaths for every 100 patients admitted.

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Mortality Indicator Current Position

	Trust	Target	SHMI Rate Jan 22 – Dec 22	Banding
SHMI (Reference NHS Digital Jan 23)	East & North Herts NHS Trust	100	90.74	As expected
	Princess Alexandra NHS Trust		107.60	As expected*
	West Hertfordshire Teaching Hospitals NHS Trust		95.63	As expected

	Trust	Target	HSMR Rate	Banding
HSMR (Reference trust board reports)	East & North Herts NHS Trust	100	96.17	As expected
	Princess Alexandra NHS Trust*		111.4	Higher than expected
	West Hertfordshire Teaching Hospitals NHS Trust		95.9	As expected

In the most recent HSMR return PAH are currently reporting a ' higher than expected' HSMR rate. However, this is a rolling trend, and the Trust is seeing a recent decreased positive value from February to April 2023.

Significant Diagnosis Groups are:

- Diabetes mellitus with complications
- Fluid and electrolyte disorders
- Respiratory failure, insufficiency, arrest (adult)

Analysis of the causes for the 'above expected indices' has been provided and further work has been undertaken with the coding team. The Trust anticipates a return to 'as expected' by the next report.

Strategic Learning from Deaths Group continue which details mortality improvement work.

*Data quality issues have been noted as part of the publicly available SHMI release, reflecting the reduction in volumes

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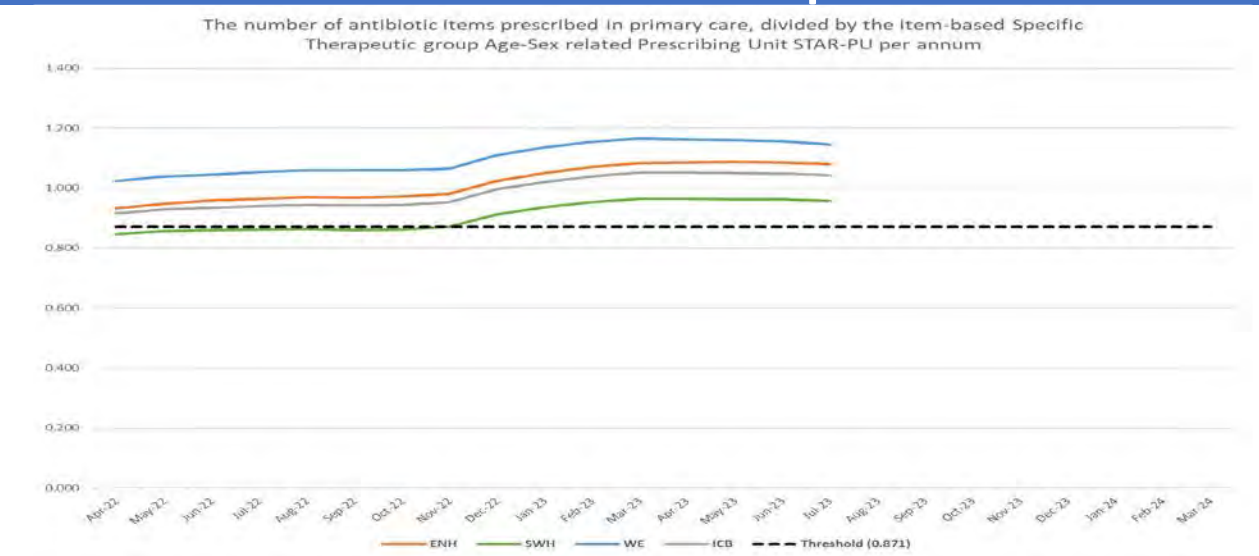
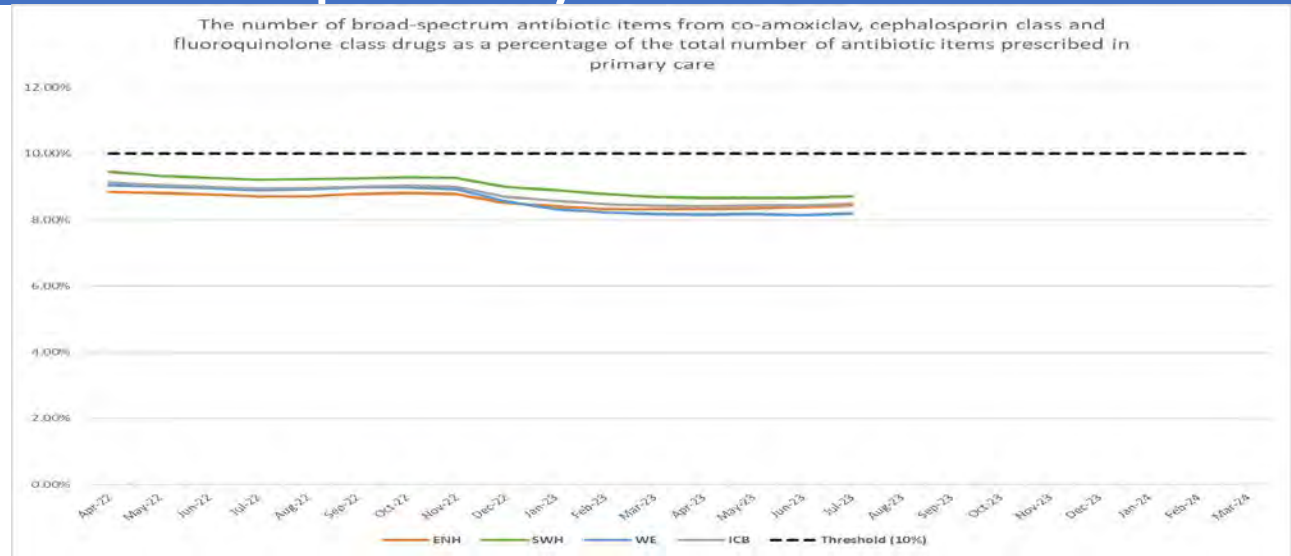
Antimicrobial Resistance – appropriate prescription of antibiotics and broad-spectrum antibiotics in primary care





ICB Risk	What the charts tell us	Issues	Actions	Mitigation
Yes Risk 41	• Prescribing of total antimicrobials are above the NHSE threshold of 0.871 items/STAR-PU for each three places • Prescribing of broad-spectrum antibiotics are below the NHSE threshold of 10% for each three places	The prescribing of total antibiotics have increased locally. This follows trends seen regionally and nationally. The unintended consequences of actions taken in response to COVID and relatively high rates of group A Streptococcus infections last winter are thought to account for this rise in prescribing rates. More recently the rates have stabilised.	• The highest 20 antibiotic prescribing practices have been asked to complete sore throat audit and discuss action plan at the second biannual practice visits • An educational training session based on TARGET training planned for all GP practices across ICB	• Regular reports of monthly antibiotic prescribing data via ECF dashboard are shared with practices for both total and broad-spectrum antibiotic prescribing • Discussion at practice visits to improve antimicrobial prescribing and educational training session for all GP Practices across the ICB

Medication Errors – Overview and Themes

The information detailed on the following pages is based on information that is readily available to the ICB. From review of the information and data shared the following themes have been ascertained:

- Medication incidents data across providers should not be compared as the numbers reported are absolute and not aligned to the number of bed days.
- Data sources for these pages include Trust Board papers, Quality Accounts, Trust internal quality reports and data shared following information requests.
- The ICB Quality team at present do not have visibility of where the Trusts sit within the national benchmarking data, this would include the level of harm for incidents.
- The ICB does not currently receive much data relating to medication errors in primary care however this will be rolled out via the Learning from Patient Safety Events (LFPSE) over the next 12 months. Data will be reported once the appropriate systems have been implemented.

- All Trusts, but one, saw an increase in number of medication incidents between 2021/22 and 2022/23, attributed mostly to improved reporting practices.
- Implementation of electronic Prescribing Medicines Administration (ePMA) system has been the focus of most medication management teams within the Trusts through 2022/23. A number of the Trusts have reported adoption of the system has contributed to improved medication safety.
- All Trusts have a good programme of audits to monitor medication management practices and identify errors.
- Reducing omitted doses, especially for critical medicines and safe storage of medications are some of key areas identified for improvement at most Trusts.

This information will be shared at provider Quality Review Meetings and triangulated with other quality intelligence to continue to build a picture of medication safety across the system. This topic is also discussed at the Medication Safety Meetings that are regularly held between pharmacy colleagues and the ICB.

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Medication Errors – Acute Trusts

Provider	2021/22*	2022/23	Shift in comparison to last financial year	Incidents resulting in moderate/ severe harm	Q1 2023/24	Issues/Risk	Mitigations
East and North Hertfordshire NHS Trust (ENHT)	1118			3 (Serious Incidents)		• No data available to ICB at time of report for 2022/23 or Q1 2023/24.	• Medication management plan for 2023/24 includes launch of a Medicines Optimisation Strategy in line with national patient safety strategy, compliance with mandatory training for medication management, safe medication management at discharge, embed a nationally recognised tool for deprescribing for frailty/elderly care and orthogeriatric wards. • Critical medicines are a harm free care priority in 2023/24. Trust is working to reduce the number of delayed or omitted critical medicines to below 2.5% in 6 months and to less than 1.5% by 2024 through bi-monthly critical medicines audit to monitor progress. Successful QI projects showed sustained improvements in reducing medication errors. • Trust has embedded new electronic Prescribing Medicines Administration (ePMA) system into clinical practice.
Princess Alexandra Hospital NHS Trust (PAH)	615	874	↑	13	486 (Q1 and Q2 2023/24)	• Number of medication incidents and incidents causing harm above national average. • Medication at discharge, critical medication omissions, medication rate errors are some key themes.	• Trust's Quality Strategy includes an aim to increase reporting of medication incidents while reducing harm. Trust is improving use of the Electronics Prescribing and medications Administration (EPMA) and implemented ChemoCare (a chemotherapy prescribing system) for safer prescribing and reduction of medication errors. • Communication pathway between PAH Pharmacy and EPUT has improved communication for patients prescribed specialist antipsychotics and prevent medication reconciliation errors when transferring between healthcare providers • MDT review of anticoagulation report was trailed on one ward which has helped prevent missed doses, plans to expand the approach to all wards.
West Hertfordshire Teaching Hospitals NHS Trust (WHTHT)	602	743	↑	1 (Serious Incident	177	• Limited narrative available to ICB in relation to 2022/23 medications incidents. • No data available to ICB at time of report related to level of harm.	• Trust Quality and Improvement Priorities for 2023/24 includes % of omitted medicines to be below the national average of 5%. • WHTHT conducted audits through 2022/23 to review storage of medicines, including insulin. • Trust working with security and estates to improve the environment and pharmacy in regard to the safe and appropriate storage of medications

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Medication Errors – Community Trusts

Provider	2021/22*	2022/23	Shift in comparison to last financial year	Incidents resulting in moderate/ severe harm	Q1 2023/24	Issues/Risk	Mitigations
Hertfordshire Community NHS Trust (HCT)	367	353	⬇	1	115	• Medication incidents are among the top three reported incident categories through 2022/23. • Q1 2023/24 saw consistent rise in incidents reported attributed to increased in-house pharmacy presence on the bed-based units. • Increase in Insulin error medication incidents numbers	• Trust started use of a Medication Error Investigation Form used by local managers to identify learnings from incidents and support improvements. Sharing Lessons in Practice (SLiPs), Trust-wide bulletins (on topics including anticoagulant administration errors, insulin administration errors, vaccine medication errors and managing patients using medicines that can cause dependency) are some approaches to share learning from medication incidents. • Pharmacy mandatory audit programme and quarterly safe and secure drug storage audits monitor medication safety. • Electronic Prescribing and Medicines Administration (EPMA) implementation has supported with timely administration of medicines and correct recording of events on drug charts.
Central London Community Healthcare NHS Trust (CLCH)	455	834	⬆	0	95	• Omitted and delayed medication are the highest reported subcategory.	• For 2022/23 omitted doses audits, a new audit tool was used to record the total number of medications prescribed on the ward that would enable identification of trends. • 7-minute learning cases on medication error presented to the Patient Safety & Risk Group (PSRG) • Provision of Medicines Management training for staff in cold chain, omitted and delayed medicines, self-administration of medication, controlled drugs, medicines reconciliation, and transcribing. • Medication Safety Officer role embedded in 2022/23

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Medication Errors – Mental Health Trusts

Provider	2021/22*	2022/23	comparison to last financial year	resulting in moderate/ severe harm	Q1 2023/24	Issues/Risk	Mitigations
Hertfordshire Partnership University NHS Foundation Trust (HPFT)	315	793	↑	2		• 2022/23 saw a quarterly increase in the number of reported medication incidents. • Key issues identified were managing high risk drugs (lithium, clozapine, long-acting injections), storage of controlled drugs and refrigerated medicines, transcribing inaccuracies, unclear prescriptions and missed administration signatures on medication charts. • Administration error contributed to 47% of reporting medication incidents in Q4 2022/23.	• Increase is medication incidents positively received and attributed to improved reporting of incidents. • Links created with system leads to facilitate communications across care boundaries and organisations. • HPFT has an audit and ongoing work programme in place for Medicines Safety. HPFT relaunching audits Reviewing e learnings modules on Emphasis on controlled drug management in safe custody • Continued roll-out of ePMA on inpatient units, ward level monitoring checklists support medication safety.
Essex Partnership University NHS Foundation Trust (EPUT)	970	995	↑	4		• Limited narrative available to ICB in relation to 2022/23 medications incidents.	• Medication, errors will be an area of focus for the Trust under the revised Patient Safety Incident Response Plan.

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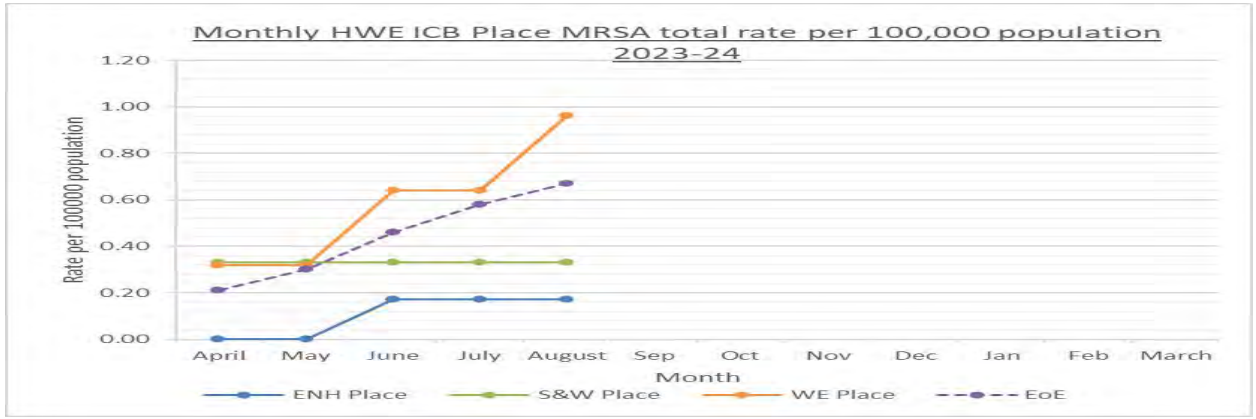
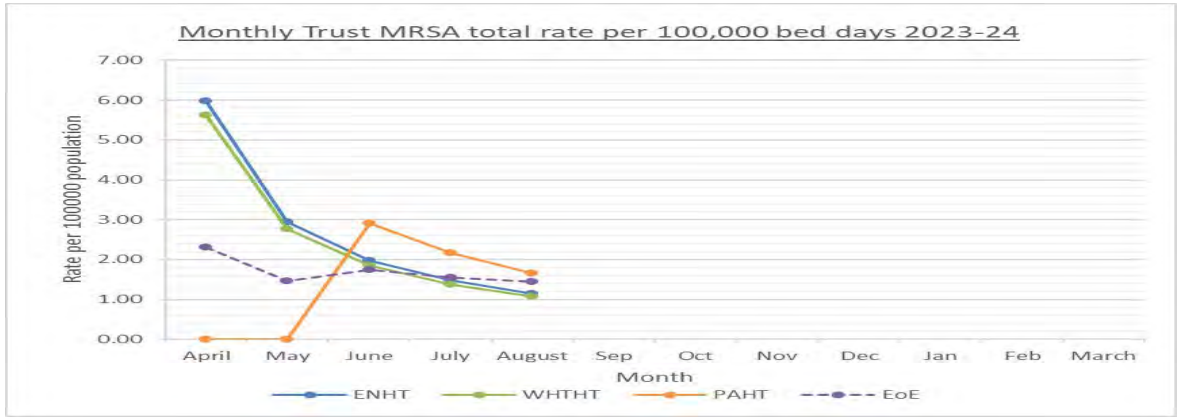
Infection Prevention and Control – MRSA Blood Stream Infection





ICB Risk	What the charts tell us	Issues	Actions	Mitigation
N/A	The number of MRSA blood stream infections remains relatively low, with both EN Herts Place, and SW Herts Place below the East of England rate. West Essex Place is above region rate. Both East and North Herts Trust and West Herts Teaching Hospital Trust are both below the regional with Princess Alexandra Hospital reporting just above.	Negative impact on patient safety Increased morbidity and mortality leading to extended hospital stays and increased IV antibiotic exposure Learning identified through joint case reviews has included device management & MRSA screening etc.	• The ICB IPC Team has established Place level Healthcare Associated Infection (HCAI) Oversight Groups where system HCAI data, themes of learning and focussed actions will be reviewed, as well as assessment on their impact on infection data. The first meetings were held in July 2023 and will now be held 2 monthly. This new process aligns to the Patient Safety Incident Reporting Framework (PSIRF) approach. The implementation of PSIRF and IPC is scheduled to be discussed at the IPC strategic meeting in October 2023. • The 3 acute trusts are jointly implementing an intravenous access project, with a focus on asepsis, including the introduction of new products to support best practice, and an educational plan. This is designed to improve cannula insertion, after care, and prompt removal, thus reducing the risk of HCAI. West Herts Teaching Hospital Trust have also developed a bespoke root cause analysis tool for blood stream infections related to vascular devices which is currently being trialled in the organisation. • Ten system-wide Aseptic Non -Touch Technique (ANTT) “train the trainer” training sessions commencing in October 2023 for primary care and nursing homes via the ICB IPC team	• HWE HCAI data is collated, and monthly system HCAI data reports produced by the ICB IPC team. These are widely disseminated across HWE which allows for accurate benchmarking across the system and region. • All healthcare associated cases are reviewed individually by the relevant provider trust, learning is identified, and an action plan produced • All community associated cases are reviewed individually by the ICB IPC team, ensuring input from all services involved in the patient pathway. Learning is identified and an action plan produced. • The Five Year HWE IPC Strategy has been developed by the ICB IPC team in conjunction with key stakeholders and is awaiting final sign off.

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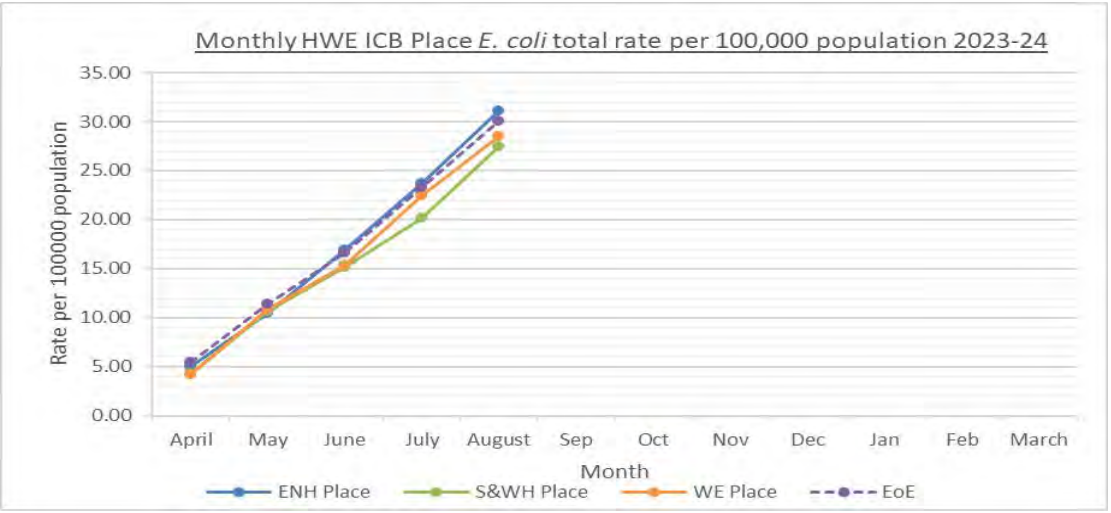
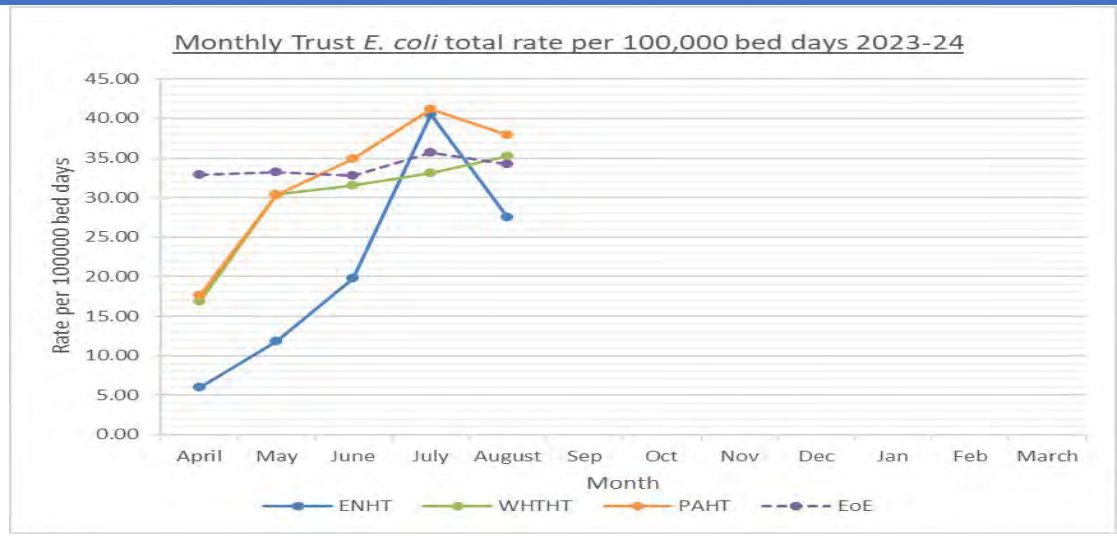
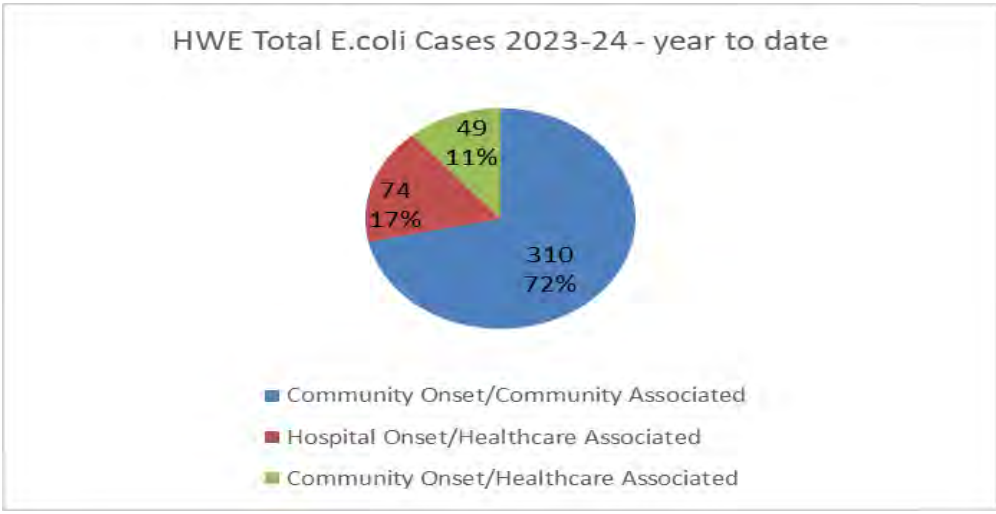
Infection Prevention and Control – E. coli Blood Stream Infection







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Infection Prevention and Control – E. coli Blood Stream Infection

ICB Risk	What the charts tell us	Issues	Actions	Mitigation
No	All 3 Places within HWE ICB are above their ceiling for this point in the year. However, only the ENH Place rate is just above that of the East of England region. PAH are just above their ceiling set by NHSE, whilst E&N Herts Trust and WHTHT are just below their set ceiling rate. E&N Herts Trust is below that of the East of England whilst PAH and WHTHT are just above the regional rate. Cases are predominantly associated with the community (72% - 310 cases)	Negative impact on patient safety Increased morbidity and mortality leading to extended hospital stays and increased IV antibiotic exposure Local data collected has identified that 14% of community associated cases reside in care homes. National data shows that approx. 50% of all cases have a primary source of the urinary tract. However, this data is not available locally from all admitting acute trusts due to current Microbiologist capacity	• The ICB IPC team have re-instated the system wide Urinary Tract Infection (UTI) workstream. A wide range of system partners are involved, and several initial priorities have been identified. Three task and finish groups have been developed for 3 of these priorities and work has been taken forward. Presentation by the Lead Urology Nurse Practitioner at ENHHT at the HWE IPC Network Group discussed harm free care relating to catheter associated UTIs • The ICB IPC Team has established place level HCAI Oversight Groups where system data is being reviewed, peer case reviews undertaken and learning from cases better collated and shared across organisational boundaries. • The 3 acute trusts are jointly implementing an intravenous access project, with a focus on asepsis, including the introduction of new products to support best practice, and an educational plan. This is designed to improve cannula insertion, after care, and prompt removal, thus reducing the risk of HCAI. West Herts Teaching Hospital Trust have also developed a bespoke root cause analysis tool for blood stream infections related to vascular devices which is currently being trialled in the organisation. • Ten system-wide Aseptic Non-Touch Technique (ANTT) “train the trainer” sessions scheduled, commencing in October 2023 for primary care & nursing homes via the ICB IPC team • The IPC team is analysing HCAIs within care home settings across HWE ICB which is vital in understanding the impact and contributory factors of HCAI’s in the local area. • A GP pilot is being implemented to gain further insight into the understanding of E-coli blood stream infection incidence within primary care. • Discussions on-going with ENHT and PAHT regarding the lack of records on DCS of primary source for the community cases admitted to their organisations	• HCAI data is collated, and monthly system HCAI data reports produced by the ICB IPC team. These are widely disseminated across the system which allows for accurate benchmarking across the system. • All healthcare associated cases are reviewed individually by the relevant provider trust, learning is identified, and an action plan produced • The ICB IPC team are focussing on review of care home cases, commencing with a trial of case reviews for 5-10 cases to inform the future surveillance process involving care homes • The Five Year HWE IPC Strategy has been developed by the ICB IPC team in conjunction with key stakeholders and is awaiting final sign off. • 4-6 weekly meetings between the ICB IPC team and the IPC teams at the 3 local acute hospitals to discuss progress

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Infection Prevention and Control – Outbreaks and Incidents

	NHS Trust							Independent Healthcare Providers	Primary Care	Care Home	Other
	WHTHT	ENHHT	PAHT	EPUT	HCT	CLCH	HPFT				
Outbreaks	COVID x1 Influenza A	COVID x3 Norovirus x1 C.diff x1 Scabies x1	COVID x 15 D&V/D x 5	COVID x 7 MRSA x1	-----	COVID x1	COVID x 6 D&V x 1	COVID x 5	COVID x1	COVID x 29 Invasive Group A Strep x 2 Scabies x 5 D&V x 3 Respiratory x5	COVID x2 (SPOT) Chickenpox x1 (SPOT) Shiga toxin E-coli x1 (Nursery) D&V x 1 (Hospice) D&V x 1 (SPOT Hotel)
Incidents	XDR TB x 1 Contamination of sterile surgical instrument packs x1	TB x 1 Measles x 2 CJD x 1 Legionella x1 Invasive Group A Strep x1	-Strep A X4 (inc - x1 necrotising fasciitis) Invasive Group A Strep x1 -Legionella x 1 -MRSA x 1 -Cholera x1	COVID x 1	Invasive Group A Strep x 1 (PII in care home)	-----	COVID x 1	COVID x 1	-----	Invasive Group A Strep x 3 TB x 2 Scabies x1	TB x 1 (Hostel) TB x 1 (Supported Living) TB x 1 (School) Measles x 1 (School) Measles x 1 (Nursery)

ICB Risk	What the charts tell us	Issues	Actions	Mitigation
No	Since April 2023, a total of 39 COVID-19 outbreaks have been reported compared to 109 reported at this point last year. There has been a steady increase in the number of Covid outbreaks reported since July 2023. In addition to the 39 outbreaks reported in the acute/mental health/primary care settings, there has been 29 outbreaks reported in care homes with 26 or these being reported since August 2023. A further 2 outbreaks have been reported in SPOT hotels. However, this year has also seen an increase in other outbreaks including diarrhoea & vomiting, measles, chickenpox, TB and Invasive Group A Streptococcus. This also includes an increase in the number of scabies outbreaks being reported especially within the care home setting. It has been reported that there is a limited supply of scabies treatment which has led to a delay in treatments being administered.	Reported outbreaks, incidents and periods of increased incidence may lead to:- • High numbers of staff being affected which may impact on business continuity • Negative impact on patient and staff safety. • Bed / service closures adding to bed pressures and challenges with patient flow within the system.	• A spreadsheet of all HWE IPC incidents and outbreaks is now being collated by the ICB IPC Team and is disseminated to stakeholders across the system on a weekly basis. This acts as a local early warning system • ICB working with provider IPC teams to deliver nursing care in line with the revised living with Covid guidance and the national IPC manual. • 4-6 weekly meetings between the ICB IPC team and the IPC teams at the 3 local acute hospitals to discuss risks and progress • Local and national IMTs were carried out involving the decontamination incidents at WHTHT. Report has been written and recommendations made. • PMOT team to be consulted if alternative unlicenced scabies treatment are being considered.	• Engagement across all sectors of local health and social care regarding IPC standards and assessment of risks associated with the hierarchy of controls via bi-monthly HWE IPC Network Group meetings • Arrangements in place for the commissioning of health services with a direct role in responding to health protection incidents and outbreaks – contract currently under review • Assurance regarding IPC standards provided via trust IPC Committees and IPC Board Assurance Frameworks • Memorandum of Understanding for Delivery of Core Health Protection Functions in Hertfordshire and West Essex recently reviewed by ICB and county councils. This sits alongside the UKHSA EoE Outbreak Management Plan which has also been recently reviewed and updated.

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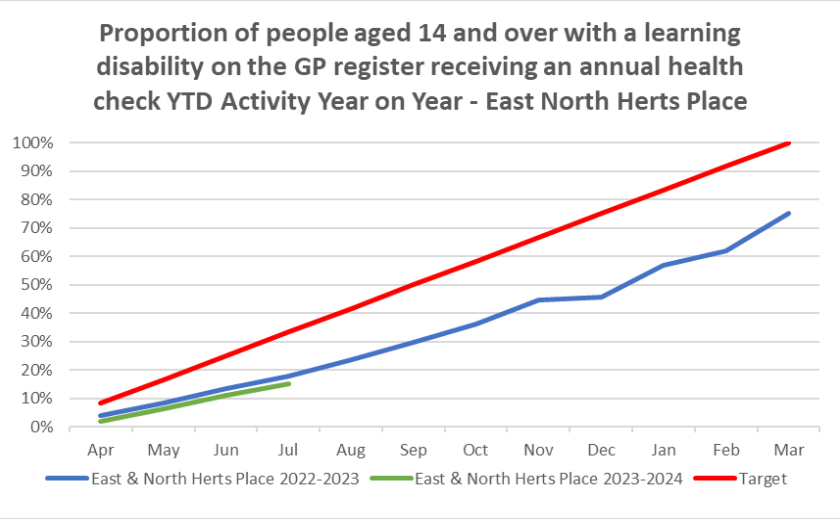
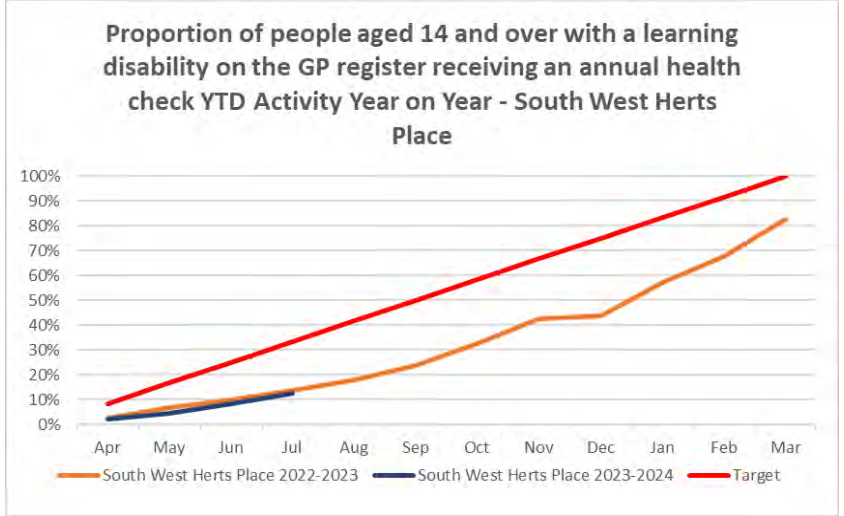
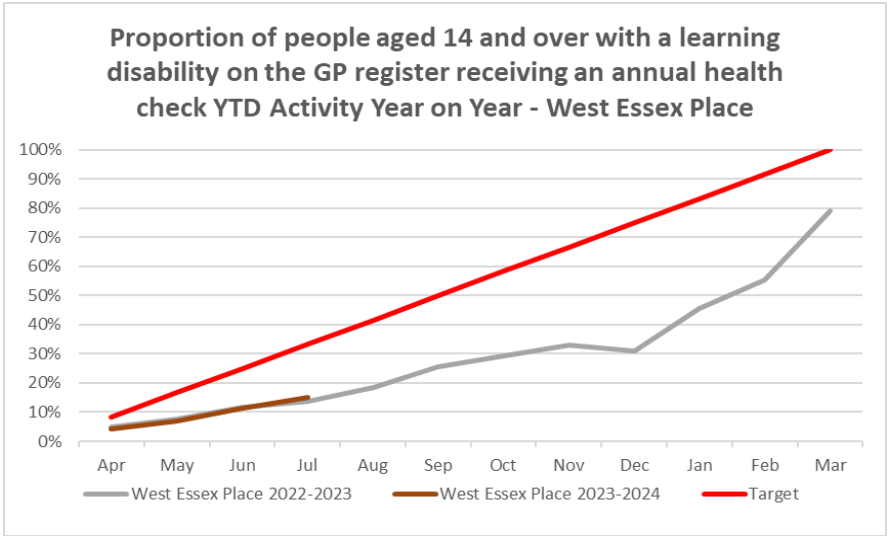
Learning Disability Annual Health Checks







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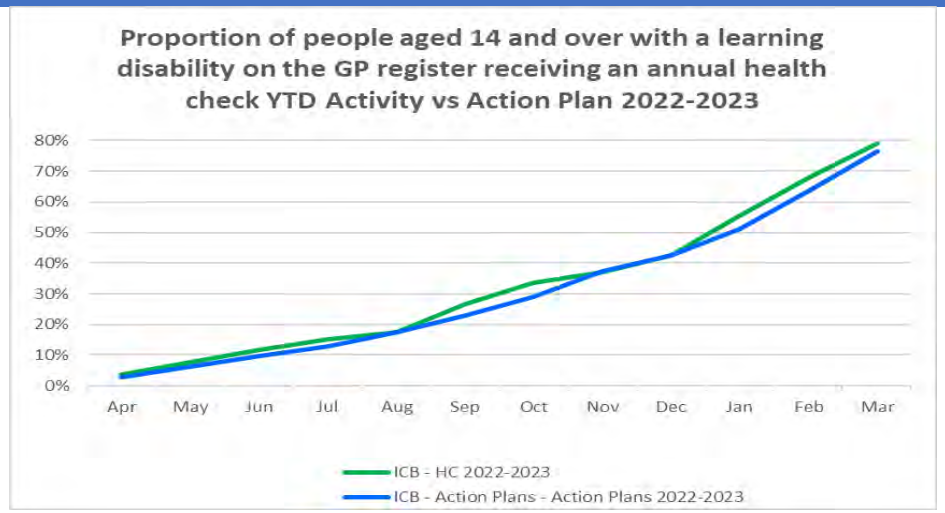
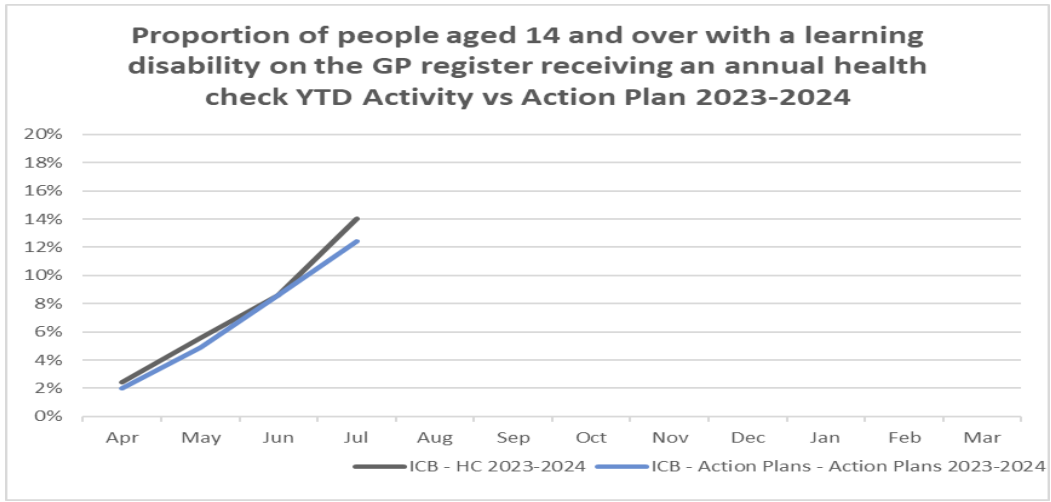
Learning Disability Annual Health Checks and Completed Action Plans





ICB Risk Register	What the charts tell us	Issues	Actions	Mitigation
No	• The 2023 target of 75% has been achieved. • For 2023/24 the ICB is showing improvement but not in line with the new trajectory of 100%. • According to NHSE data for May the ICB is behind its performance compared to this time last year. However, across Hertfordshire 37 practices are recording a higher delivery than last year.	• Discrepancies between national and local AHC data has been identified with some areas underreporting. All ICBs have been asked to review local data and report issues to NHSE. • Delivery can be impacted by lack of dedicated resource for coordination/administration of the processes. • Developing care providers understanding of their role in early identification and increasing health awareness. • Learning Disability (LD) Registers of those eligible is increasing.	**West Essex** – Pilots started on 1st September to encourage uptake on AHCs prioritising those who did not have a health check in 2022.23, with additional engagement with Primary Care Networks. Five PCNs engaged. **Hertfordshire** – LD nurses and ICB GP LD Lead have contacted all practices where a large difference was noted in the number of LD AHCs completed. At least 1 practice is affected by PCN hub delivery model where data on AHC completion is not captured by national data (when taken into account this reduces year on year difference from 98 fewer checks to 12) - work is ongoing to resolve variance. In addition some practices have changed their invite pattern to spread across the year. **Hertfordshire & West Essex Integrated Care Board** – Communications to GPs, aligned templates and the GP Clinical Lead and commissioners working	Enhanced Commissioning Framework (ECF) targets for 2022/23, includes specific AHC expectations for General Practice.

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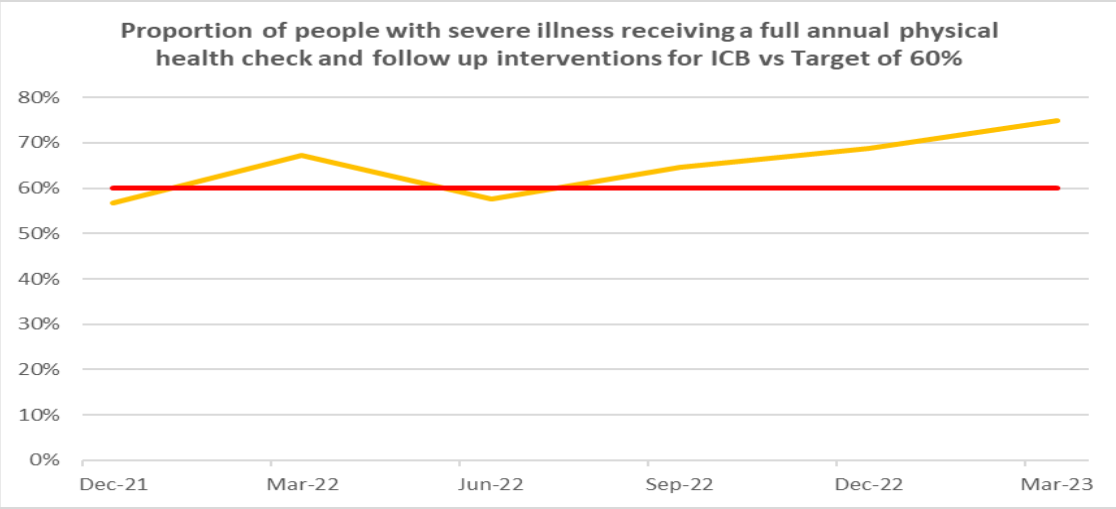
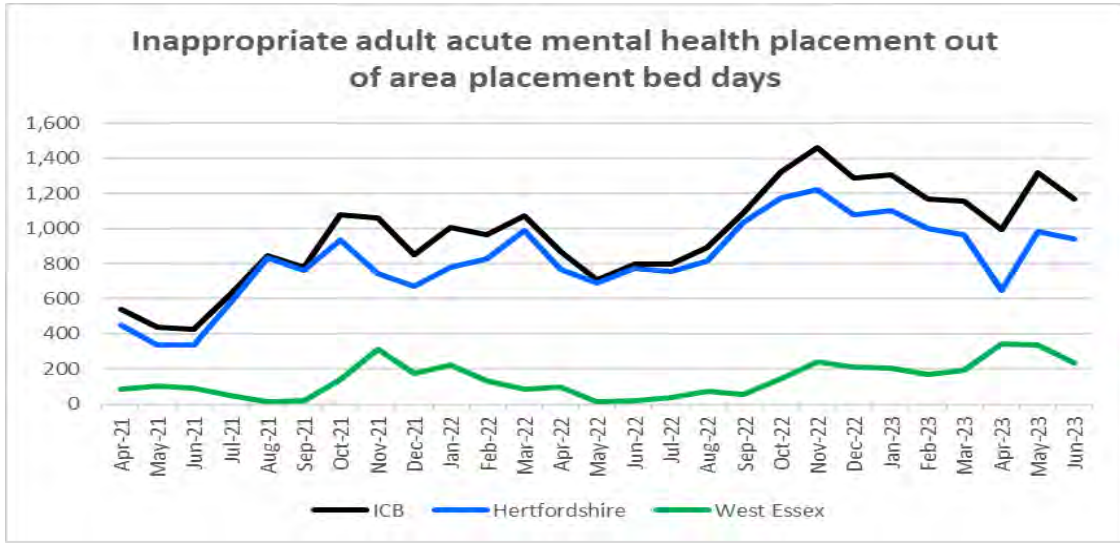
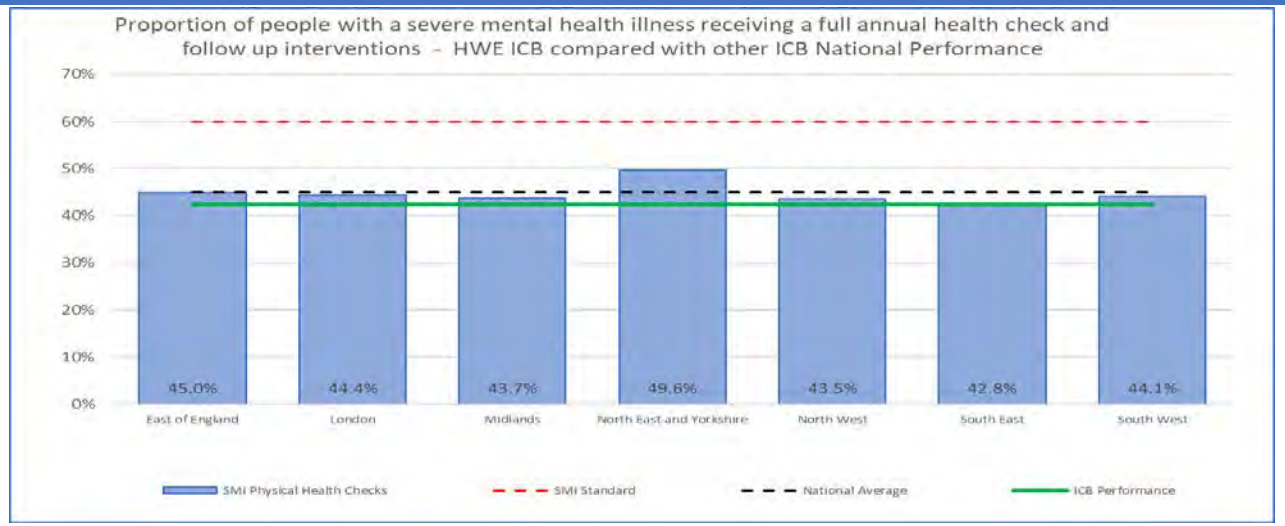
Learning Disability Annual Health Checks and Completed Action Plans

ICB Risk	What the charts tell us	Issues	Actions	Mitigation
No	• The correlation between the number of AHCs undertaken and the number of competition HAP completed	• Education and awareness in primary care is required to ensure 100% of AHC's result in a HAP. • The HAP is to be agreed with the patient and carer (where appropriate) during the health check. • Previous Learning Disabilities Mortality Review (LeDeR) work has identified that some notifications are coming from people who have not received, or there is no evidence of, an AHC or HAP (in West Essex) so the most vulnerable still need to be targeted and reasonable adjustments made available.	• The recent LD Bulletin to primary care reminded GPs that every AHC completed, should have a Health Action Plan. • There are now 4 'portfolio' leads for LD in the ICB from each 'Place.' Discussion between the leads about how to ensure a way forward for accurate and complete data collection across the ICB, including measuring quality. If a way to collect data from all practices on quantity is to be agreed, then it would be an opportunity to consider what metrics could be used to help give assurances on the quality of the AHC. • A 2-monthly LD bulletin is distributed across practices that includes AHC data, reminders, a Learning from LeDeR and a hot topic. • The Community LD Nurses have contacted practices to remind them of the NHSE ask to invite anyone who has not received an AHC in 2022-23 in Q1 and Q2.	• A clear plan for 2023-24 has been developed by the Community LD Nurses and shared with LD GP Leads of the offer of support available to practices. Support relating to the Purple Star Strategy team and Health Equality Nurses including help with those who do not attend, those who decline and those who are hard to reach. Individual practices are being contacted by the team.

Mental Health*







*The NHS Oversight Team have reviewed some metrics the light of the 2023/24 planning priorities and the Hewitt review and the annual health check data metric is one of those being reviewed. They have proposed the removal of this metric and will be introducing some new metrics, and this has been approved by the ICB's Quality Committee (QPC). Therefore the national data only refers to performance to March 2023.

In the absence of quarter 1 data the additional chart has been developed from data held locally and sets out the HWE performance in 2022/23 compared to other ICS areas.

Hertfordshire and West Essex Integrated Care System

Essex County Council

Hertfordshire

NHS

Mental Health

ICB Area	What the charts tell us	Issues	Actions	Mitigation
Yes - Risk 157	**Physical Health Checks** – 22/23 target achieved and continues to improve in 2023/24. Q1 data to be confirmed	In Hertfordshire GP registers were not accessible during Q4 as practices focused on Quality and Outcomes Framework (QOF). This potentially delayed development but identified change in practice for 2023/24. This is not an issue in West Essex	• The Recovery Action Plan and guidance supported best practice. To ensure continuation through 2023/24 with support form secondary care service where viable. • In Hertfordshire monthly emails to practices and monitoring of physical health checks being delivered • Attendance at GP Leads and continual discussion with Practice Managers and GPs about requirements and performance • Ardens/ DXS template available to all Practices • Practice support packs live on the ICB intranet to support delivery in primary care includes template letters, best practice guidance, GP video, local and national resources and information, NHS toolkit • Dedicated email address for help and support for primary care • Dedicated team to support hard to reach groups for primary care in place for South-West Place and expansion to take place Q2 for East and North Herts Place to support. • West Essex continue to provide additional resources to support GP practices	• SMI Physical Health Check Team • Sharing of best practice and lessons learnt • Workshop with service users and carers and providers and other stakeholders to work through a joint offer and information and develop a programme plan. • QOF for 22/23 has greater focus on SMI health checks
	Out of Area Placements – Demand continues to prove challenging across the system.	Demand and complexity remains high. Wider system support is required regarding housing and social care support.	• Enhanced Discharge team almost fully recruited - ways of working developed. Home Group actively working with team as part of the EDT. • Wider system work, led at Executive level, to support placement of longer-term DToC. • Analysis of reasons for different types of DToC and focussed action plan developed against key themes.	• Purchasing additional beds. • Joint working protocols with independent providers • In patient model of care reviewed with NHSE and transformation model at place

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐
	NHS HWE ICB Board meeting held in Public		**Meeting Date:**	**24/11/2023**
Report Title:	**HWE ICS Performance Report**		**Agenda Item:**	**11**
Report Author(s):	• 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** ☐	**Assurance** ☒	**Discussion** ☒	**Information** ☒
Which Strategic Objectives are relevant to this report	▪ Improve access to health and care services ▪ Increase healthy life expectancy, and reduce inequality			
Key questions for the ICB Board / Committee:	▪ Are there any further actions the Board would recommend for assurance beyond those already being taken by the Performance Committee?			
Report History:	HWE ICB Performance Committee, 8th November 2023			
Executive Summary:	▪ 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 ▪ Performance is challenged across the board as highlighted in the Executive Summary on pages 2 & 3 of the report ▪ Urgent and Emergency Care (UEC) 4 hour standard, elective recovery of 78, 65 & 52 week waits, and children's community services are the areas of highest risk. Additionally, ambulance handover performance continues to slip and has been escalated to high risk, from variable risk			

<table>
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Elective waits and cancer backlogs continue to be impacted by the ongoing industrial action. Despite this, the 62-day cancer standard and recovery of the 62 day backlog have both moved to lower risk categorisations
Mental Health (MH) out of area bed days also continue to improve and have been moved to variable risk, from high risk. HPFT Early Memory Diagnosis (EMDASS) service continues to improve and achieved the 12 week 80% KPI for the first time since 2021. Access to community MH services however remains challenged and high risk
2 hour urgent community response performance remains strong and low risk, alongside community waits for adult services
Autism Spectrum Disorder (ASD) services have seen some positive movements since the last report; however this is generally expected over the summer months through reduced demand, and discharges of children transitioning to adult services. Children's services generally remain highest risk

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<tr><td>Recommendations</td><td colspan="4">

To note Executive Summary highlights as reported to Performance Committee

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<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">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</td></tr>
<tr><td>Risk: Link to Risk Register</td><td colspan="4">Linked to Performance Directorate Risk Register:

UEC: non delivery of standards and performance improvement trajectories
Elective recovery: non delivery of 78 weeks and subsequent impact to delivery of 65 weeks
Cancer recovery: patients waiting greater than 62 days is stable but not meeting trajectory
Mental Health: high demand, non-delivery of some standards. Out of area ned days remain high, but on a reducing trend

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<tr><td>Financial Implications:</td><td colspan="4">N/A</td></tr>
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Impact Assessments:	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A

Hertfordshire and
West Essex Integrated
Care System

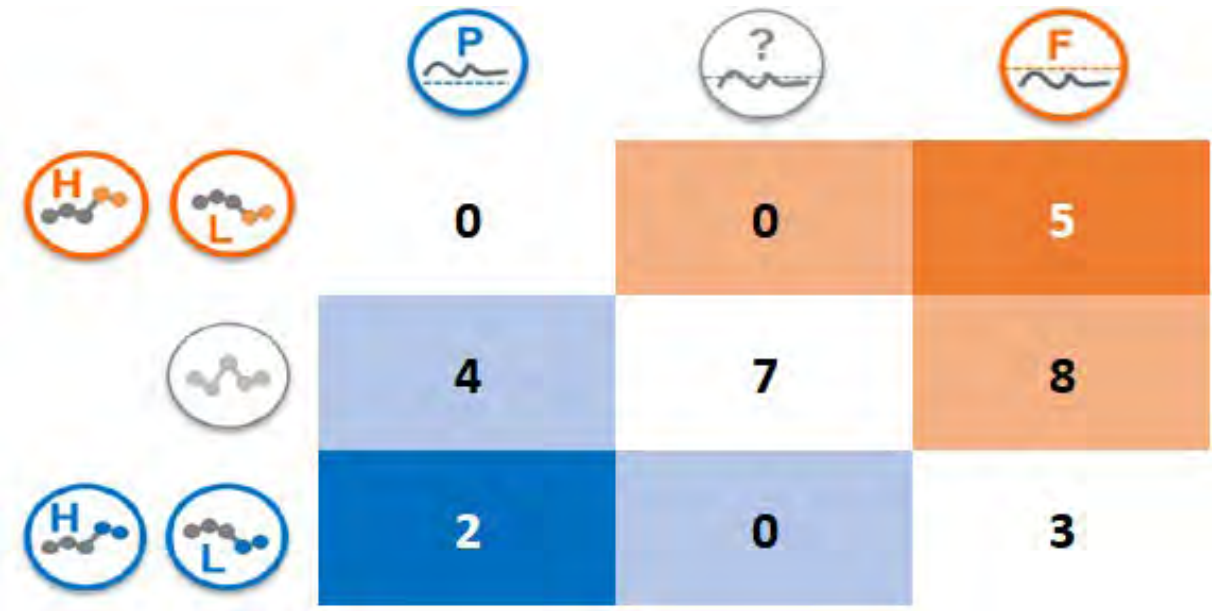
Presentation to: HWE Performance Committee

HWE ICS Performance Report

November 2023

Working together
for a healthier future

Executive Summary – KPI Risk Summary



Highest Risk	Programme
ED 4 Hour Standard	UEC
RTT 78 Week Waits	Elective
RTT 65 Week Waits	Elective
RTT 52 Week Waits	Elective
Community Waits (Children)	Community

Lowest Risk	Programme
Learning Disability (LD) Health Checks	Primary Care
2 Hour Urgent Community Response	Community
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
No Criteria to Resite (NCTR)	UEC
90% Stroke Unit	Stroke
28 Day Faster Diagnosis	Cancer
Out of Area Bed Days	Mental Health
62 Day Backlog	Cancer
HPFT Early Memory Diagnosis (EMDASS)	Mental Health
CHC Assessments < 28 Days	Community

High Risk	Programme
Ambulance Response Times	UEC
Ambulance Handovers	UEC
% in ED > 12 Hours	UEC
4 Hour Stroke Unit	Stroke
Thrombolysed < 1 Hour	Stroke
62 Day Standard	Cancer
Adult 28 Day Standard	Mental Health
6 Week Waits	Diagnostics

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

Executive Summary

URGENT CARE, Slides 8-13 **4 Hour Performance** **Region: HWE worse than average** **National: HWE worse than average**

- 111 percentage of calls abandoned showed good improvement to August, but local data for September / October shows a decline in performance;
- Average category 2 ambulance response times were 51 mins in September. This is the worst performance since Mar-23 and is not meeting the recovery trajectory of 41 mins;
- Hours lost to handover increased to 1713 hours in September. This is an increase, but notably ahead of the 22/23 position. However, the recovery trajectory of 1604 is not being achieved;
- Performance against the 4 hour ED standard was 67% in September, which is just ahead of the recovery target.

CANCER, Slides 29-30 **28 Day FDS / 62 Day** **Region: HWE better than average** **National: HWE better than average**

- 28 Day Faster Diagnosis Standard (FDS) performance slipped slightly to 72.2%. Performance is below target, but remains ahead of the national average;
- Patients waiting >62 days remains stable, below the historic mean, but behind recovery trajectory. 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 25-26 **18 Week RTT** **Region: HWE better than average** **National: HWE worse than average**

- The number of patients waiting >78 weeks has been increasing since March and all HWE acute trusts had breaches at the end of August. The remaining 78 week backlog is predominantly in Community Paediatrics at ENHT, as well as an increased number at PAH;
- The 65 weeks recovery trajectory is no longer being achieved with numbers increasing since March. On-going industrial action continues to impact;
- ENHT have been de-escalated from Tier 1 to Tier 2 management for elective recovery

DIAGNOSTICS, Slide 27 **6 Week Waits** **Region: HWE worse than average** **National: HWE worse than average**

- Slight dip in diagnostic performance between June and August but remains within common cause variation limits. 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 14-21

- The percentage of adults waiting less than 18 weeks remains strong and betters the national average. The total number of children on waiting lists remains very high, but there were small reductions in August in all three Places. 18 week performance remains of concern; inequality in access to services between adult and children continues to widen;
- Longest wait for children remains at 101 weeks (66 for adults), with pressures predominantly in Community Paediatrics, as well as therapies and Audiology services;
- Autism Spectrum Disorder (ASD) services have seen some overall improvement in waiting times and children waiting. However, this is generally expected over the summer months through reduced demand, and discharges of children transitioning to adult services. Demand will likely increase as we move through Autumn.

MENTAL HEALTH, Slides 33-40

- Demand remains high in Adult, Older Adult and CAMHS services with some KPIs remaining below standard. Vacancies and recruitment remain the key challenges;
- Mental Health (MH) out of area bed days continue to improve and have been moved to variable risk, from high risk. HPFT Early Memory Diagnosis (EMDASS) service continues to improve and achieved the 12 week 80% KPI for the first time since 2021. Access to community MH services however remains challenged and high risk.

PRIMARY CARE AND CONTINUING HEALTHCARE, Slides 41-42

- Total number of GP appointments are variable but remain higher than pre-pandemic levels. Appointments in 2023 are highest since 2019;
- Face to face appointments are similar to pre-covid; telephone appointments have almost tripled;
- The percentage of CHC assessments completed within 28 days remains challenged in SWH and has deteriorated for the last two months. SWH action plan in place, supported by NHSE.

Executive Summary – Performance Overview (1)

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
A&E - 4 Hour Standard	Sep 23	67.0%	76.0%			68.7%	64.0%	73.4%
A&E - % spending more than 12 Hours in Dept	Sep 23	11.6%	-			9.9%	7.3%	12.5%
A&E - ED Attendances	Sep 23	45341	-			43482	36781	50183
Trolley Waits	Sep 23	130	-			165	-50	379
2 Hour Community Response	Aug 23	81.1%	-			83.2%	70.3%	96.0%
14 day LOS	Sep 23	26.5%	-			25.1%	21.4%	28.7%
Ambulance - Handover >60 Mins	Sep 23	975	-			976	608	1344
EEAST: Cat 1 - Mean (<7min)	Sep 23	00:09:22	00:07:00			00:09:31	00:07:54	00:11:09
EEAST: Cat 2 - Mean (<18 Mins)	Sep 23	00:50:49	00:15:00			00:52:27	00:16:54	01:28:00
CHC - Decision within 28 days	Aug 23	77.5%	100.0%			69.2%	53.7%	84.7%
CHC - Assessments in Acute	Aug 23	0.0%	0.0%			0.2%	-0.8%	1.1%
111 - Calls received by telephony system	Aug 23	40173	-			53964	31411	76517
111 - Calls answered within 60 seconds	Aug 23	77.7%	100.0%			47.9%	14.8%	80.9%

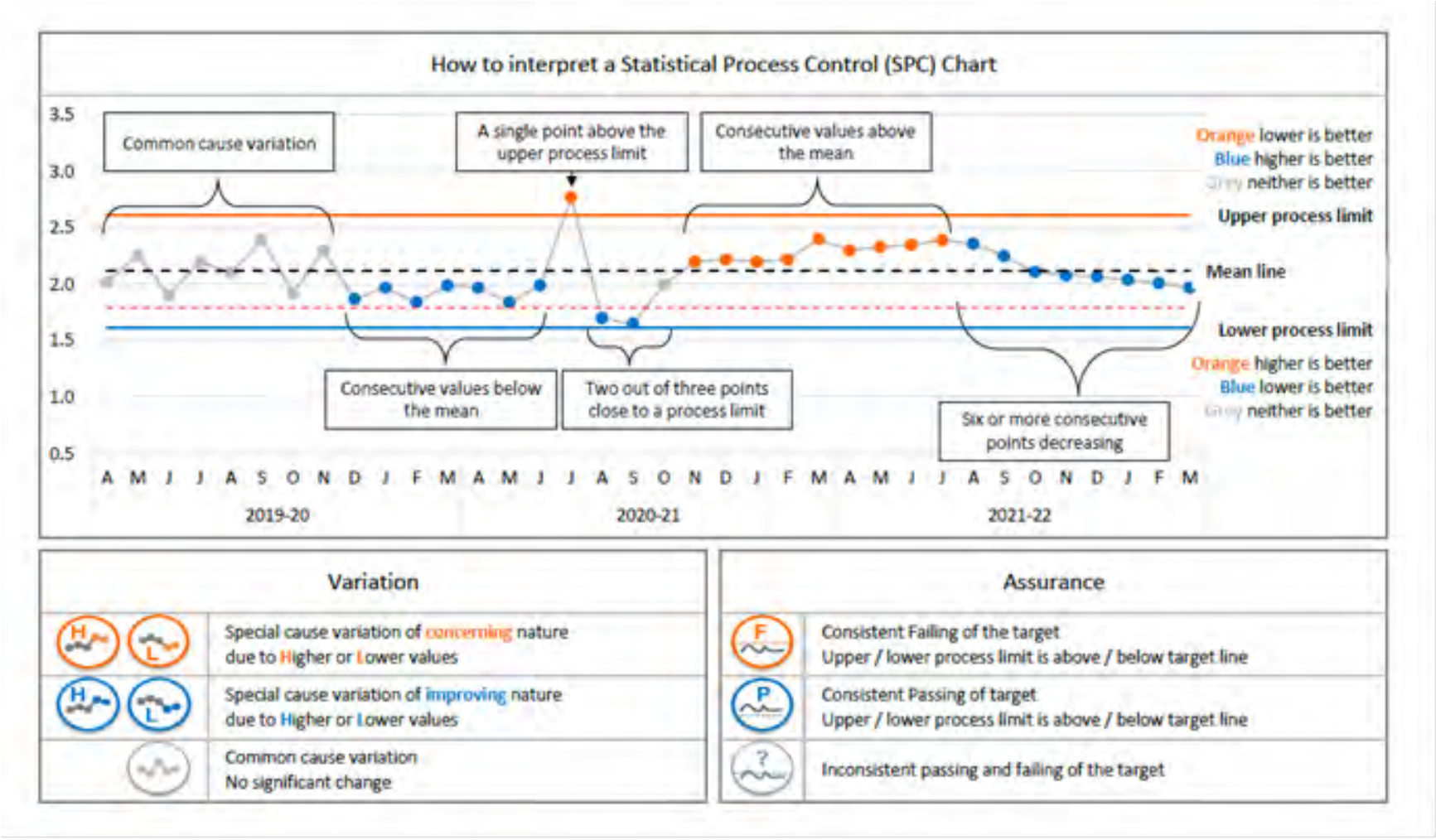
A Dashboard including Place and Trust based performance is included within Appendix A of this report

Executive Summary – Performance Overview (2)

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
RTT - 18 Weeks	Aug 23	60.6%	92.0%	H	F	56.7%	52.9%	60.5%
RTT - 52 Week Waits	Aug 23	11116	-	H		7840	6426	9253
RTT - PTL Size	Aug 23	155654	-	H		127718	120486	134950
RTT - 78 weeks	Aug 23	757	-	L		907	585	1229
RTT - 65+ weeks	Aug 23	3425	-			2910	2320	3501
Cancer - 2 Week Wait Standard	Aug 23	80.1%	93.0%		F	81.0%	68.7%	93.4%
Cancer - 2 Week Wait Referrals	Aug 23	6832	-			7000	3290	10709
Cancer - 62 Day Standard	Aug 23	70.6%	85.0%		F	72.4%	61.3%	83.4%
Cancer - 62 Day Total Waiting	Aug 23	522	-	L		585	382	787
Cancer - 104 Day Total Waiting	Aug 23	167	-			157	104	210
Cancer - 28 Day Faster Diagnosis Standard	Aug 23	72.2%	75.0%		?	70.5%	60.2%	80.7%
Cancer - 31 day diagnosis to 1st definitive treatment	Aug 23	93.9%	96.0%		?	95.3%	91.1%	99.5%
Diagnostics - 6 Week Wait	Aug 23	63.6%	99.0%		F	64.7%	57.3%	72.1%
Diagnostics - PTL Size	Aug 23	26316	-			25053	20164	29942
Primary Care - Attended Appointments	Aug 23	654484	-			646978	483106	810850
Primary Care - Routine Referrals	Aug 23	22363	-			24949	11873	38024
Primary Care - Urgent Referrals	Aug 23	5037	-			5401	2633	8169
Mental Health - Out of Area Bed Days	Aug 23	925	-			961	607	1315
Mental Health - Recorded >65s Dementia Diagnosis	Aug 23	64.2%	66.6%	H	F	61.9%	61.2%	62.7%
Mental Health - IAPT Entering Treatment	Aug 23	2156	-			2396	1427	3366
Early Intervention in Psychosis	Aug 23	82.6%	60.0%		P	81.6%	59.2%	104.0%

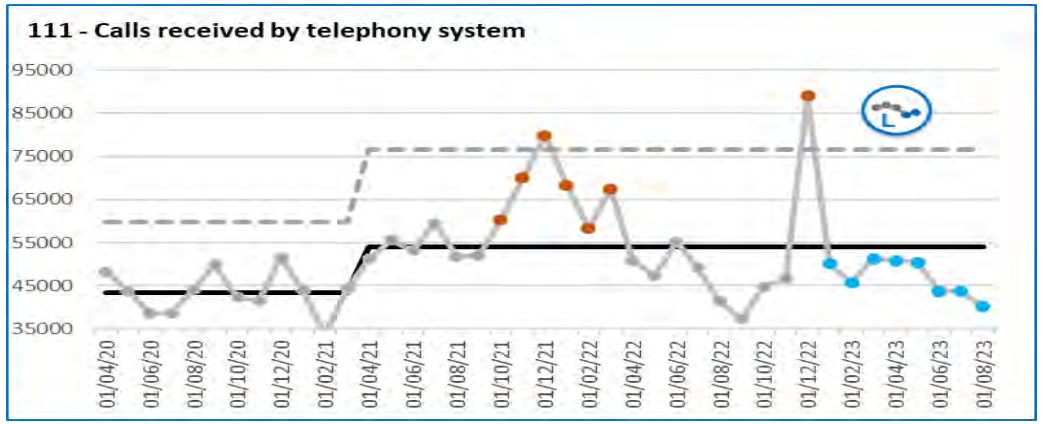
A Dashboard including Place and Trust based performance is included within Appendix A of this report

Statistical Process Control (SPC)

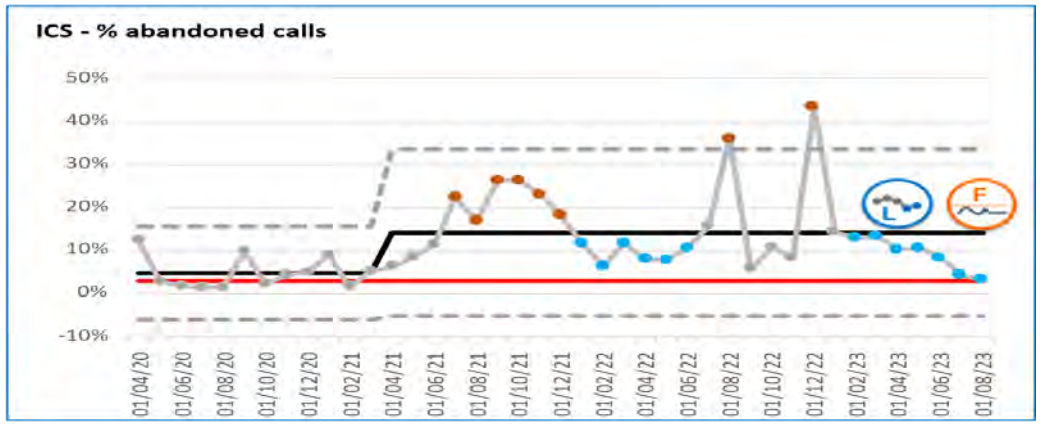


Performance by Work Programme

NHS 111



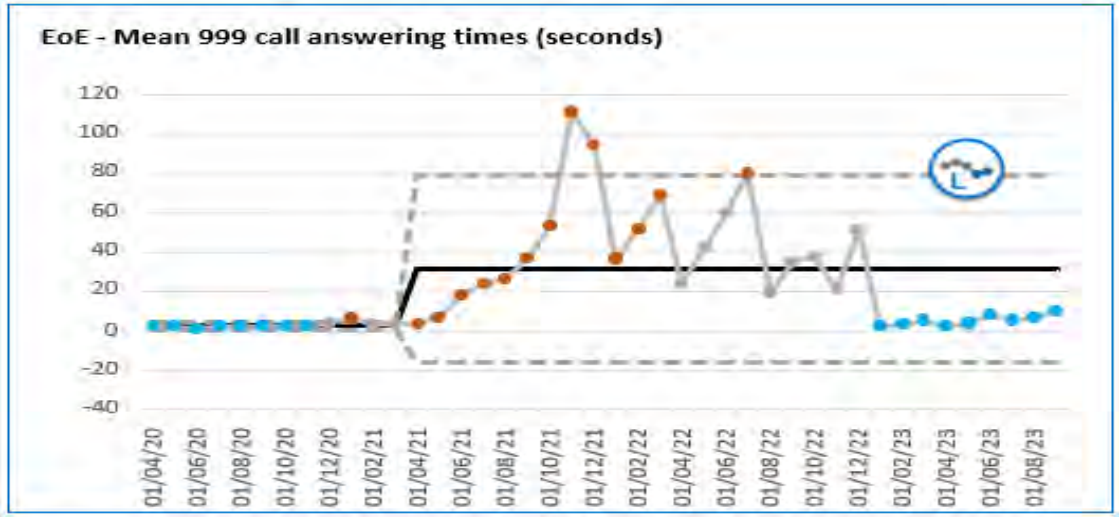
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Hertfordshire	38,47	35,15	31,51	31,16	35,55	40,33	34,00	33,32	41,20	35,15	26,87	35417	40,96	44,29	42,71	47,28	41,15	41,25	48,10	59,03	67,42	58,72	50,28	58011	40,99	38,10	44,67	39,74	33,48	30,01	35,97	37,40	72,59	40,95	37,01	41370	40,90	40,64	35,30	35,33	32,70
West Essex	9,752	8,593	7,090	7,572	8,586	9,523	8,378	8,229	10,30	8,718	6,717	8877	10,19	11,29	10,45	12,19	10,59	10,78	12,17	10,98	12,41	9,549	8,013	9377	9,904	9,165	10,64	9,452	8,020	7,255	8,861	9,121	16,41	9,145	8,739	9878	9,924	9,715	8,465	8,275	7,472
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	43,61	40,17

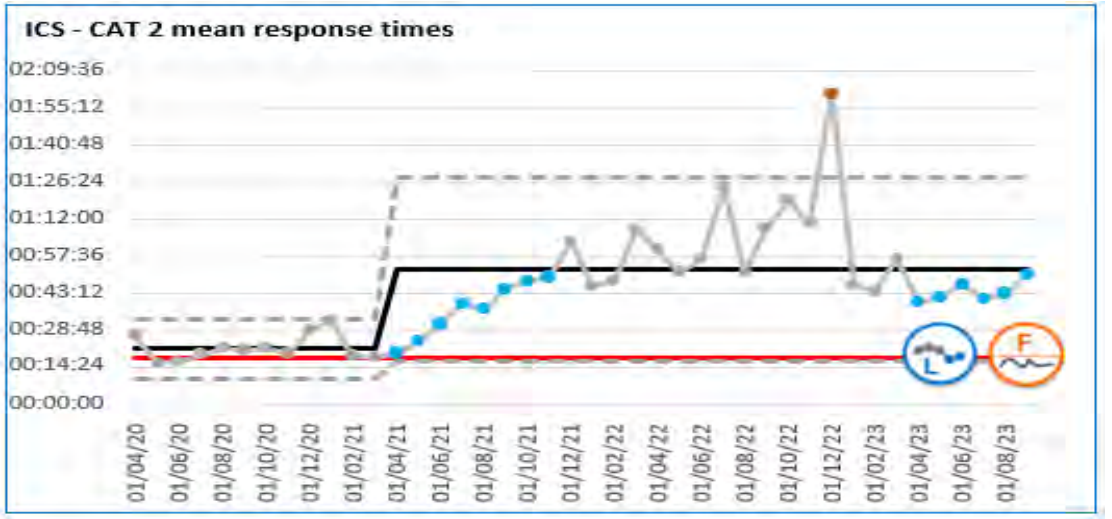


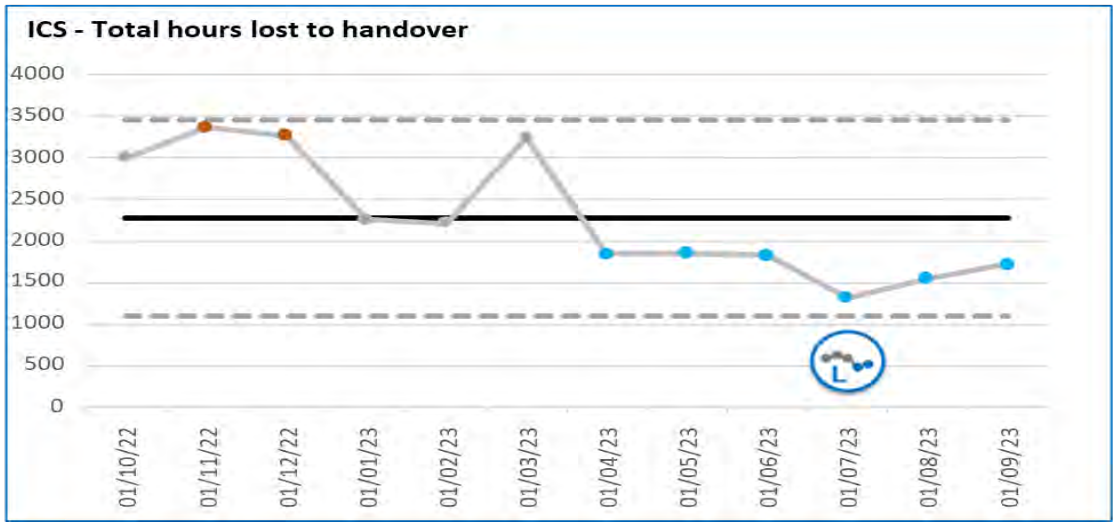
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Hertfordshire	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%	10.5%	8.1%	42.7%	13.8%	12.7%	13.0%	10.2%	10.3%	8.2%	4.3%	3.3%
West Essex	13.6%	2.3%	1.1%	1.6%	1.4%	10.6%	2.3%	4.8%	5.6%	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%	9.6%	46.2%	16.2%	13.7%	14.7%	10.9%	12.1%	8.7%	4.7%	3.3%
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%	4.3%	3.3%
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%	3%	3%

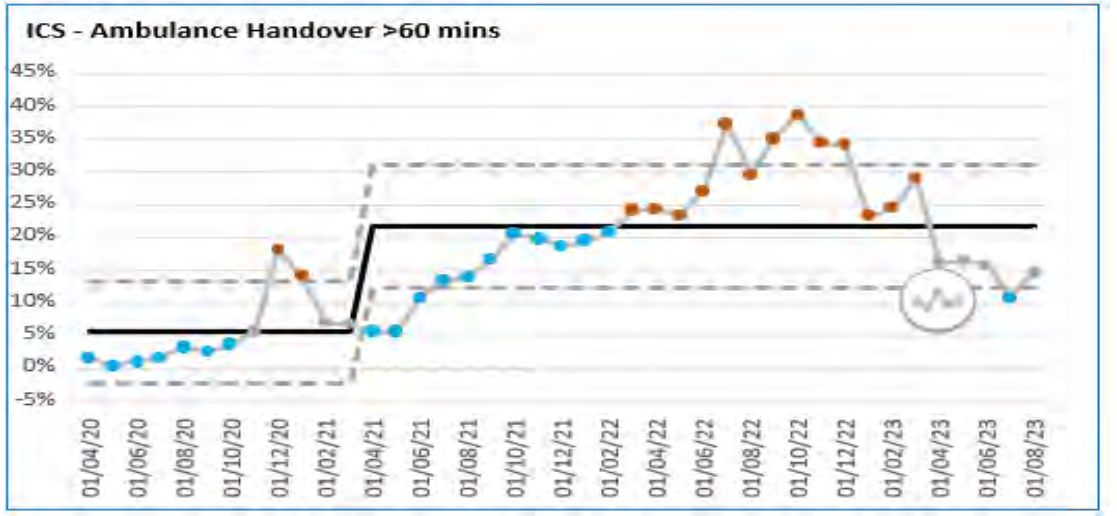
ICB Area	What the charts tell us	Issues	Actions	Expected Outcomes
HUC	• Call volumes have been trending below the historic mean for the last 7 months • Abandoned calls have improved significantly in recent months and are now just 0.3% from target • The historic variation between Hertfordshire and West Essex is no longer an issue • Latest available data for abandoned calls shows a significant increase in October	• Length of safeguarding calls • Recruitment challenged in the Welwyn Garden City site • Recruitment challenged – Out of Hours (OOH) base vacancies • High attrition rates and short notice sickness • Clinical call-back time performance (against KPIs) • CAS (Clinical Assessment Service) productivity	• Safeguarding pilot project in place to monitor and improve the length of calls • Variety of measures and initiatives in place to support newly appointed staff and improve the recruitment process • Offsetting recruitment issues at WGC with higher levels of recruitment in other areas • Health and Wellbeing Lead meeting with staff to understand how to help reduce the attrition rates and short-terms sickness • HUC to initiate staff consultation and utilise bank staff to fill some rota gaps in the interim. Also reviewing how Unscheduled Care GP Support Staff can provide dedicated resource for OOH clinicians • Review of current patient triage process as well as the direct booking into bases to improve KPIs • Clinical Navigators monitoring callers about to breach their call back time; initiatives being trailed including booking patients into bases and focusing on productivity of individual GPs and other clinical staff	• Initial assessment of the safeguarding pilot brings positives outcomes so far; aim to reduce length of calls • Improved recruitment process, with lower attrition rates; reducing short-term sickness (affecting rotas) • Improved KPI performance (local and national)

UEC - Ambulance Response and Handover

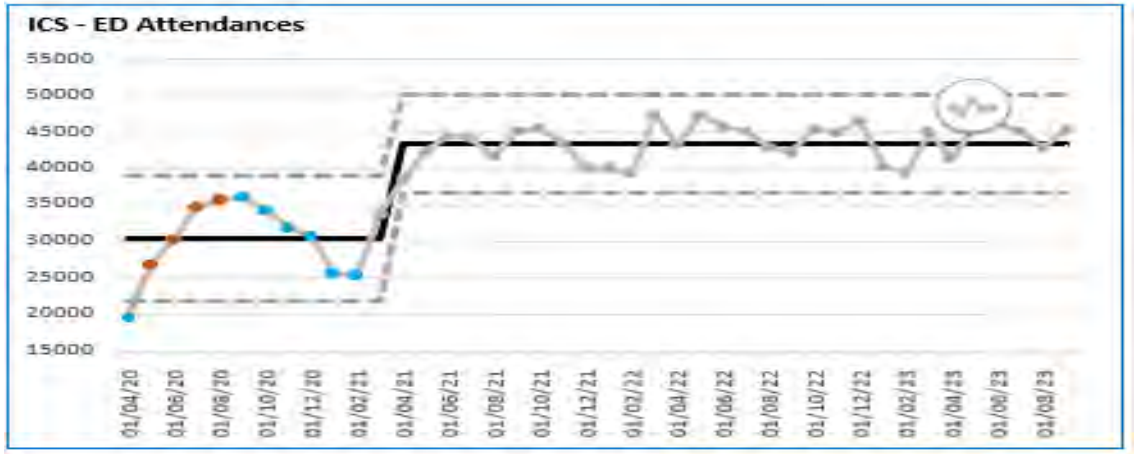




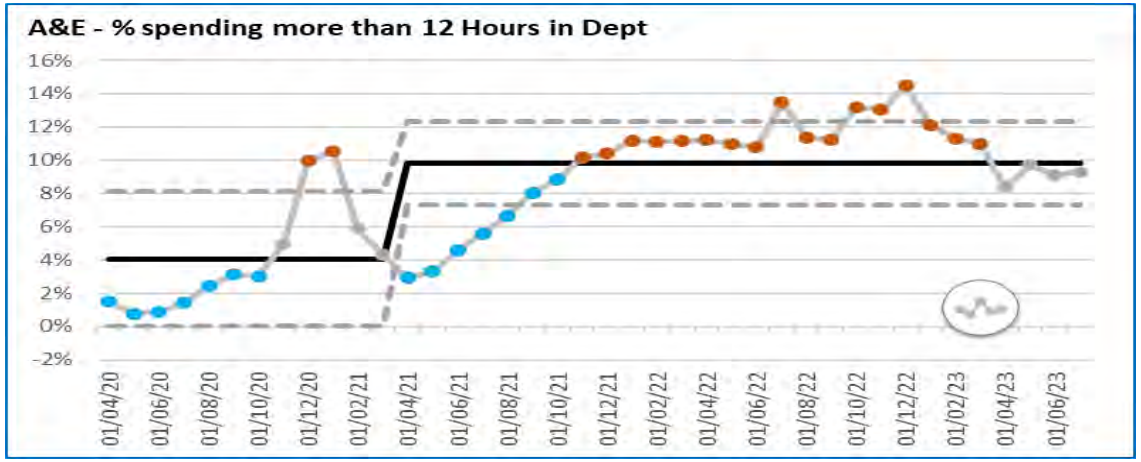




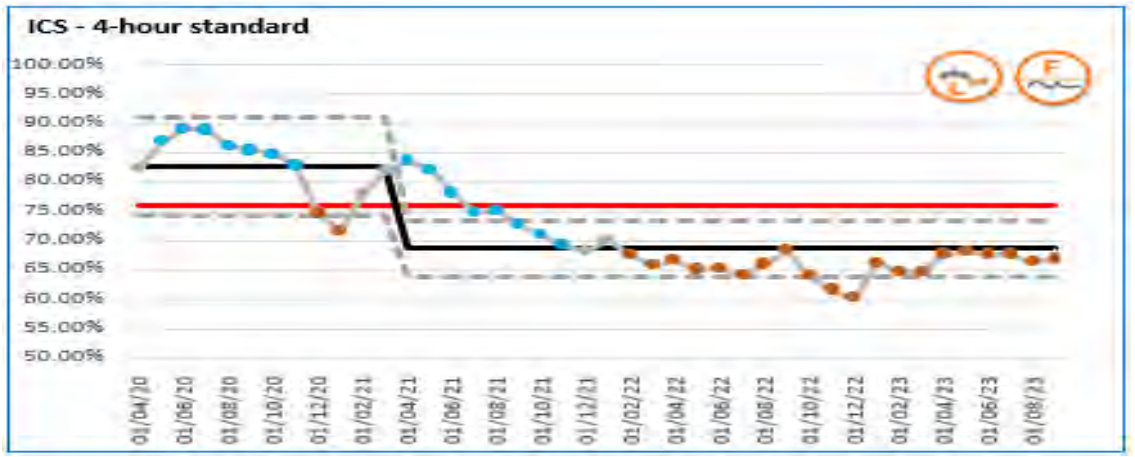
Urgent & Emergency Care (UEC)



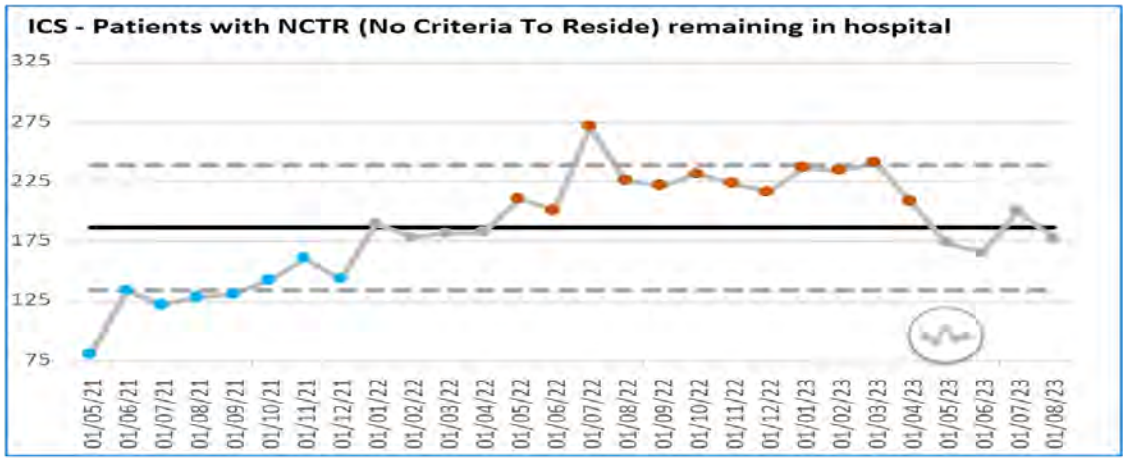
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
East And North Hertfordshire Place (ENHT and HUC)	8,10	10,9	12,2	13,8	14,1	14,5	13,6	12,7	12,0	10,3	10,0	13,4	15,2	16,6	17,7	17,6	16,8	18,3	18,4	17,5	16,2	15,9	15,9	19,1	17,0	19,0	18,0	18,2	17,1	16,6	17,8	17,4	17,7	15,7	15,3	17,5	15,9	18,2	18,1	17,5	16,6	17,7
West Hertfordshire Hospitals NHS Trust	6,61	8,85	9,99	11,7	12,3	12,0	11,3	10,6	10,7	8,86	8,68	11,4	13,2	14,4	15,1	15,2	13,9	14,9	15,2	14,5	13,4	13,5	13,0	15,5	14,7	15,6	15,6	15,1	14,8	14,1	15,5	15,5	16,6	14,1	13,7	15,7	14,7	16,0	16,0	15,8	14,8	15,9
West Essex Place (PAH and HCT)	4,97	7,04	7,97	9,10	9,12	9,57	9,10	8,53	7,86	6,39	6,58	8,92	10,0	11,2	11,5	11,2	10,7	11,7	11,7	11,2	10,3	10,5	10,1	12,6	11,3	12,5	12,0	11,6	10,8	11,3	11,9	11,8	12,0	10,3	10,3	11,5	10,5	11,5	11,8	11,5	11,2	11,6
ICS	19,6	26,8	30,2	34,6	35,6	36,0	34,1	31,9	30,5	25,5	25,3	33,8	38,4	42,2	44,4	44,0	41,5	45,1	45,3	43,3	39,9	40,0	39,1	47,2	43,1	47,2	45,6	45,0	42,8	42,1	45,3	44,7	46,4	40,2	39,3	44,9	41,2	45,7	46,0	45,0	42,7	45,3



	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%	1.8%	4.0%	3.6%	6.3%	9.1%	9.9%	5.1%	2.6%	2.8%	2.4%	4.7%	6.3%	8.6%	10.2%	11.8%	13.0%	12.8%	13.9%	14.1%	15.0%	14.8%	13.4%	13.9%	16.9%	12.3%	13.7%	15.7%	15.9%	15.7%	15.3%	16.3%	15.8%	12.7%	13.8%	13.2%	9.3%
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%	7.5%	6.1%	7.5%	8.6%	8.7%	9.4%	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%	8.6%	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%	11.5%	10.7%	10.5%	9.3%	13.5%	13.8%	12.4%	13.8%	13.1%	15.2%	15.0%	10.1%	9.8%	10.8%	6.5%	9.6%	7.8%	9.9%
ICS	1.5%	0.8%	0.9%	1.4%	2.4%	3.1%	3.0%	5.0%	10.0%	10.5%	5.9%	4.3%	2.9%	3.3%	4.5%	5.6%	6.7%	8.1%	8.8%	10.2%	10.4%	11.2%	11.1%	11.1%	11.2%	11.0%	10.8%	13.5%	11.4%	11.2%	13.2%	13.0%	14.5%	12.1%	11.3%	11.0%	8.4%	9.7%	9.1%	9.3%



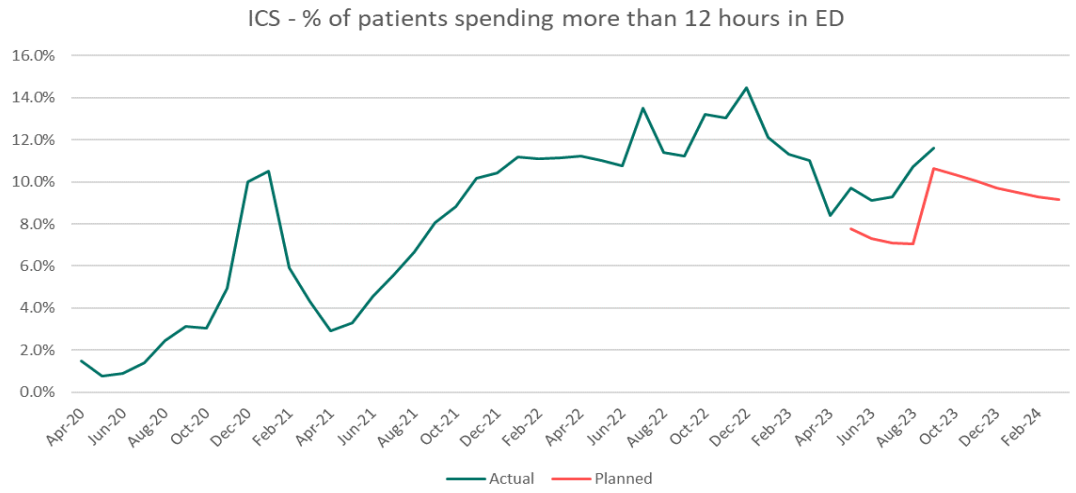
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
East And North Hertfordshire Place (ENHT and HUC)	80.4%	85.1%	89.2%	91.2%	88.4%	86.6%	86.2%	84.3%	80.2%	77.6%	80.9%	86.9%	84.8%	85.5%	90.8%	89.7%	91.5%	76.3%	72.8%	73.1%	72.2%	72.4%	73.2%	71.1%	70.9%	70.5%	70.9%	70.1%	67.5%	71.9%	70.7%	68.4%	68.4%	64.9%	69.3%	67.2%	67.6%	70.5%	69.5%	69.2%	70.0%	69.2%	70.8%
West Hertfordshire Hospitals NHS Trust	78.9%	83.9%	87.1%	85.5%	83.0%	84.3%	83.4%	82.1%	86.4%	65.3%	78.9%	83.1%	86.0%	83.0%	79.1%	79.3%	76.1%	77.6%	73.6%	76.0%	70.5%	63.3%	65.7%	62.7%	65.8%	62.1%	65.8%	62.2%	60.5%	63.2%	65.0%	70.2%	64.6%	60.2%	60.0%	68.4%	69.0%	68.1%	67.1%	71.4%	74.1%	73.1%	73.1%	69.1%	69.9%
West Essex Place (PAH and HCT)	90.0%	83.6%	89.1%	91.5%	89.4%	86.8%	85.1%	84.4%	81.9%	74.8%	71.5%	72.7%	73.2%	76.8%	77.5%	78.6%	73.3%	72.0%	71.9%	66.4%	64.2%	63.0%	68.2%	71.6%	68.2%	66.9%	66.8%	64.9%	64.6%	60.2%	58.6%	62.7%	56.6%	58.6%	58.6%	54.0%	58.6%	55.6%	55.9%	58.5%	57.6%	58.6%	59.1%	58.5%	57.1%
ICS	82.3%	86.9%	89.1%	88.9%	86.1%	85.5%	84.8%	82.9%	74.7%	71.8%	78.1%	82.0%	83.6%	82.2%	78.3%	74.9%	75.1%	72.7%	71.0%	69.2%	68.2%	70.3%	67.5%	65.9%	66.6%	65.1%	65.4%	64.1%	66.1%	68.4%	68.4%	70.6%	67.8%	68.2%	67.8%	67.7%	66.4%	67.0%



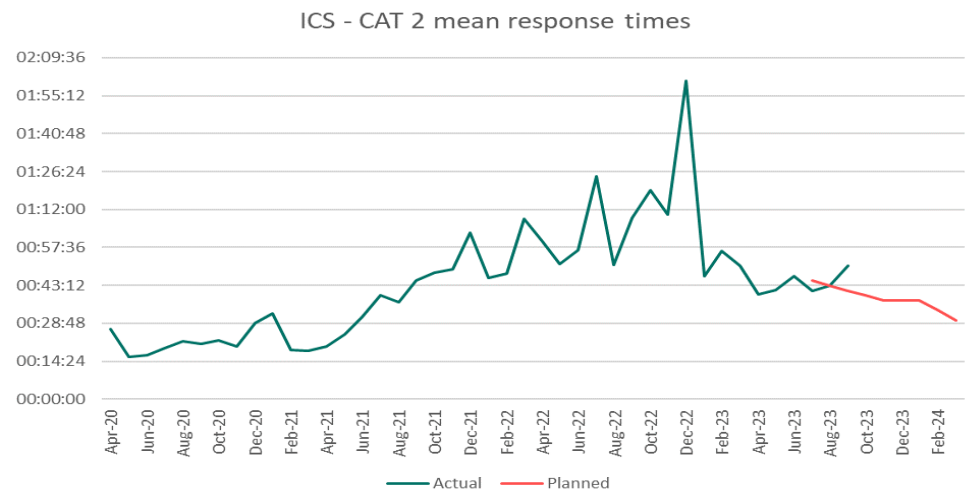
Urgent & Emergency Care (UEC) Improvement Trajectories

4 Hour Standard

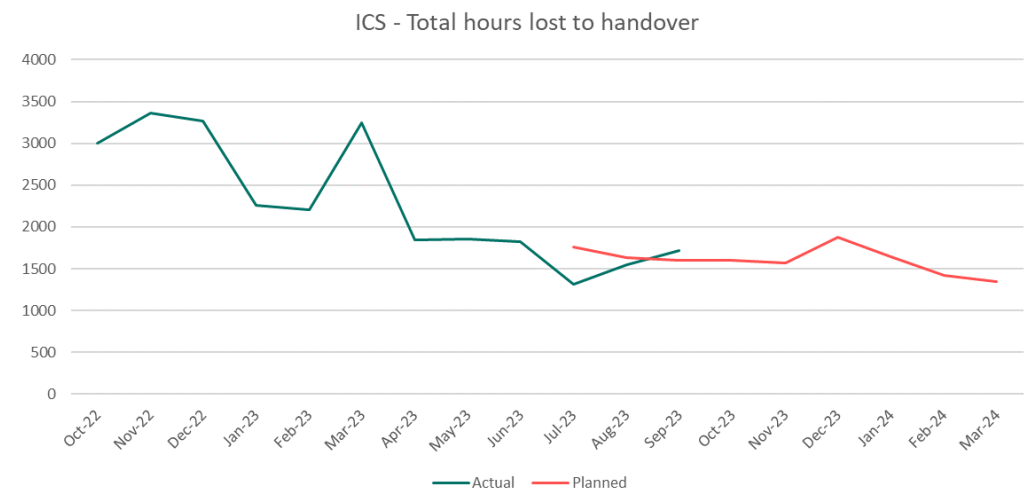
% of Patients Spending > 12 Hours in ED



Ambulance Category 2 Mean Response Times



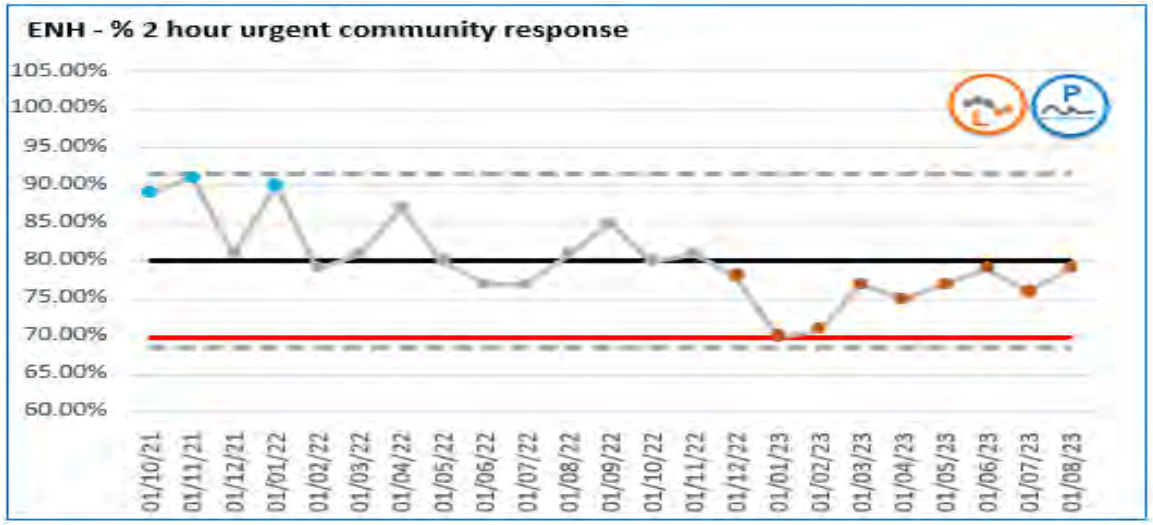
Hours Lost to Handover

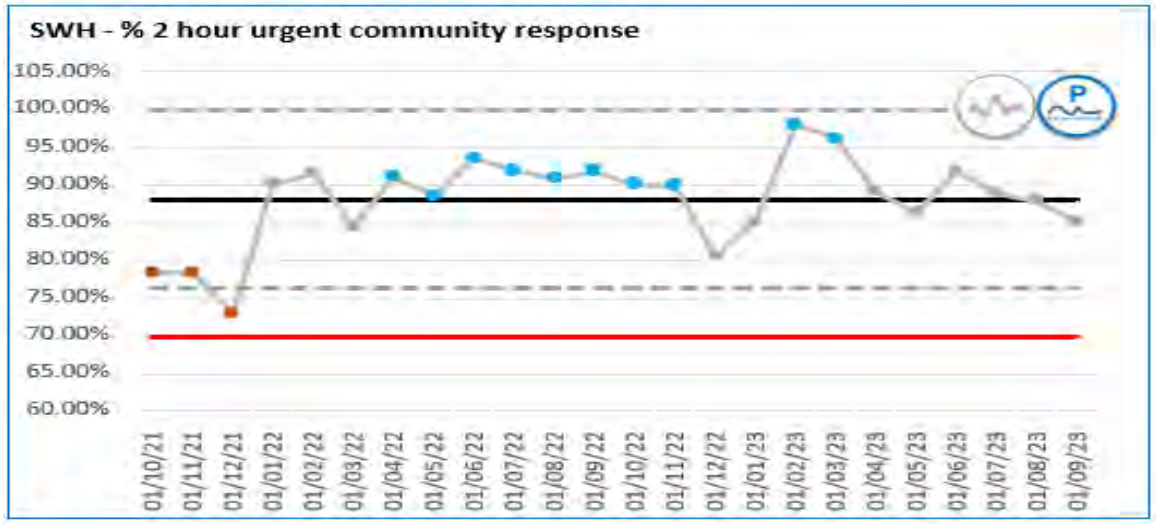


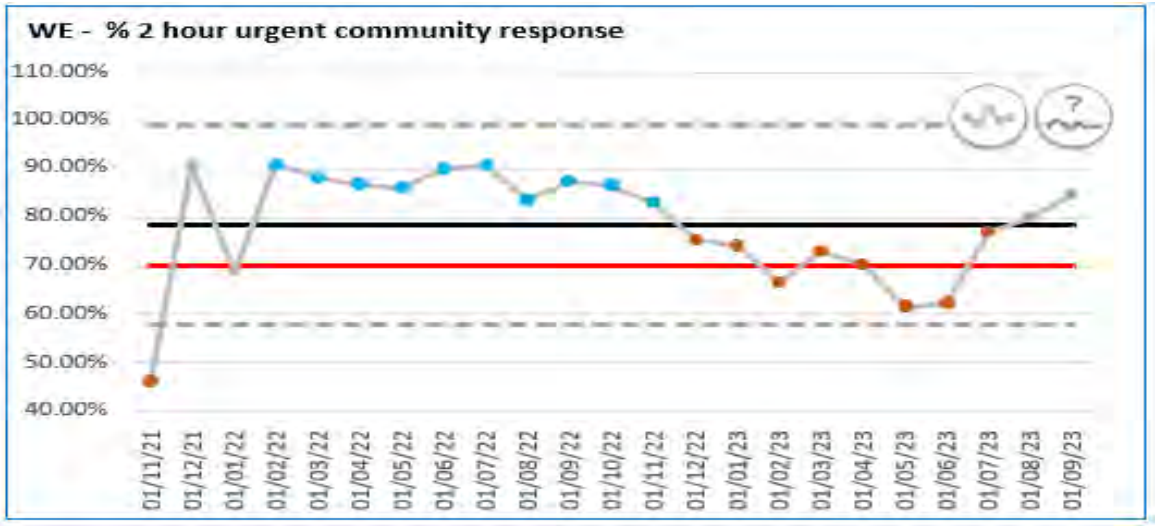
Urgent & Emergency Care (UEC)

ICB Area	What the charts tell us	Issues	Actions
ICB	• 999 call answering times have remained low with an average of 10 seconds in September. This is the 9th consecutive month with performance between 2 and 10 seconds • Average category 2 ambulance response times were 51 mins in September. This is the worst performance since Mar-23 and is not meeting the recovery trajectory of 41 mins. The target is to reach 30 mins by Mar-24 • At an ICS level, hours lost to handover increased to 1713 hours in September. This is an increase compared to July and August, and as a system we are no longer meeting our recovery trajectory • Performance against the 4 hour ED standard was 67% in September. New recovery trajectories were agreed for the 4 hour standard as part of the winter plan submission. 67% is just ahead the recovery target for September • There remains considerable variation at a place level for performance against the 4 hour standard in September: – SWH = 69.9% – ENH = 70.8% – WE = 57.1% • Across the ICS, the average patients per day with NCTR remaining in hospital reduced from 178 in August to 163 in September. This is ahead of the recovery trajectory of 176 for September	• Continued high demand and high acuity of patients requiring UEC services. However, ED attendances across the health system are similar in FY2324 as they were in FY2223 • Across the ICS, ambulance conveyances to ED were 13% higher in Apr23-Sep-23 compared to Apr-22-Sep22 • 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 • Mental Health presentations at ED remain high, coupled with a shortage of beds / assessment space. Analysis suggests that mental health patients are more likely to wait >12 hours in ED • At PAH, potential inconsistency in children's streaming hub coding may improve 4 hour performance • Low utilisation of virtual wards in West Essex – however, there is notable improvement in the most recent data • Hospital flow remains very challenging with high occupancy rates, especially at PAH where average bed occupancy in September was 97%	**ICB** • Access-to-stack / call-before-convey continues. Since June, EEAST paramedics have physical presence in Robertson House to pass patients to community providers. In September there was an average of 23.4 patients per day passed from the stack to community providers. This compares to 12.7 patients per day in May-23. The number of ambulance conveyances to ED reduced in September; it remains to be seen if this is the start of a trend • HUC conducting 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 % **East and North Herts** • Continued delivery of six UEC workstreams at ENHT • Forthcoming Here4Patients initiative to re-focus on the importance of the 4-hour standard in ED • Proposal to mobilise a surgical assessment unit and surgical SDEC was approved at the Sep-23 UEC Board. • Plans for co-located UTC on the Lister site are progressing **West Essex** • 2 additional ambulance assessment bays established week commencing 16-Oct • Full capacity protocol Workshop on 31-Oct – scoping conversations have taken place with teams • Team of clinical champions agreed to provide proactive challenge to referrals / discharge to virtual ward • Prism stakeholder workshops took place on 12th and 19th October **South West Herts** • Community first dose IV antibiotics - due live beginning of November • WHHT trialling ED consultant in SDEC • Recent increase in ED medical workforce • Business case for slow stream neuro capacity drafted

UEC - Urgent 2 Hour Community Response





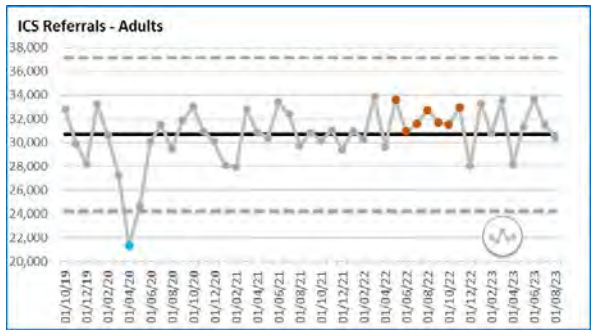


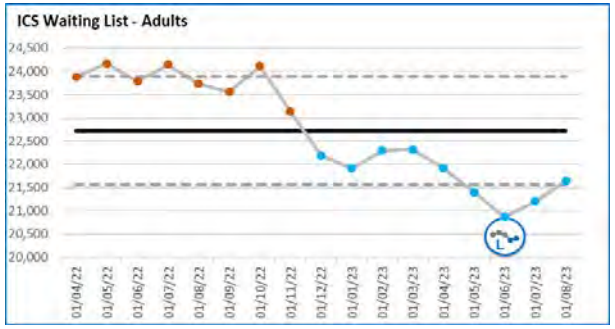
Activity	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
West Essex	337	451	519	395	403	442	466	376	348	472	430	448
East & North Herts	327	336	305	396	512	459	471	454	545	545	636	587
South & West Herts	124	163	139	165	154	103	136	203	222	196	232	159

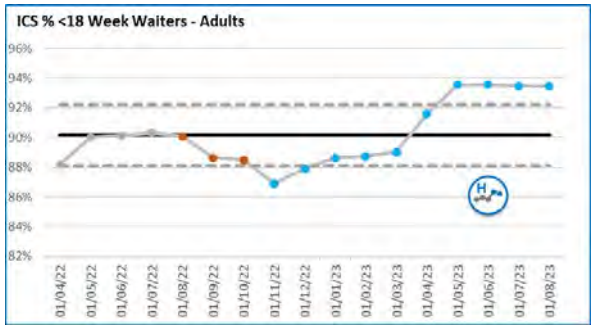
ICB Issues, escalation and next steps

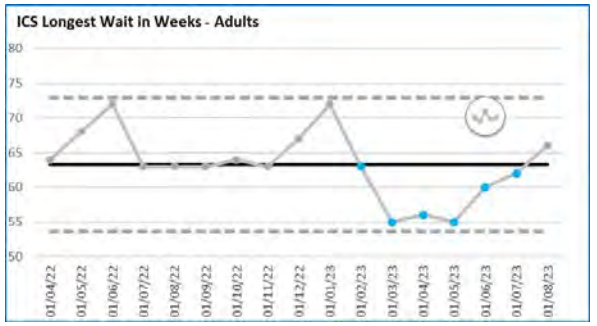
- All three Places are now consistently achieving the 70% standard
- SWH activity is still comparatively low however, indicating that the service is managing less patients than the other two places. Further investigative work is ongoing to understand the data and ensure that it is correct. Workforce data / capacity across all places, and what is counted are to be reviewed. For example, in SWH, planned care also respond to same day urgent requests which are not currently included in the above data

Community Waiting Times (Adults)









		Referrals			Patients Waiting			% waiting <18 weeks			Longest wait (weeks)			
Place	Age	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
ICS	Adults	31515	30434	↓	21205	21645	↑	93.48%	93.48%	↓	62	66	↑	August

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	8677	7932	↓	8429	8288	↓	90.54%	90.47%	↓	59	59	→	August
ENH	AJM/Millbrook	157	164	↑	374	451	↑	83.42%	87.58%	↑	45	43	↓	August
ENH	**All**	**8834**	**8096**	↓	**8803**	**8739**	↓	**90.24%**	**90.32%**	↑	**59**	**59**	→	**August**

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	6258	6138	↓	2543	2839	↑	91.70%	93.48%	↑	62	66	↑	August
SWH	Connect	3803	3614	↓	5673	5853	↑	97.30%	96.87%	↓	52	52	→	August
SWH	HCT	996	1021	↑	1116	1088	↓	94.27%	91.54%	↓	49	40	↓	August
SWH	AJM/Millbrook	155	141	↓	460	494	↑	79.57%	81.17%	↑	39	42	↑	August
SWH	**All**	**11212**	**10914**	↓	**9792**	**10274**	↑	**94.67%**	**94.62%**	↓	**62**	**66**	↑	**August**

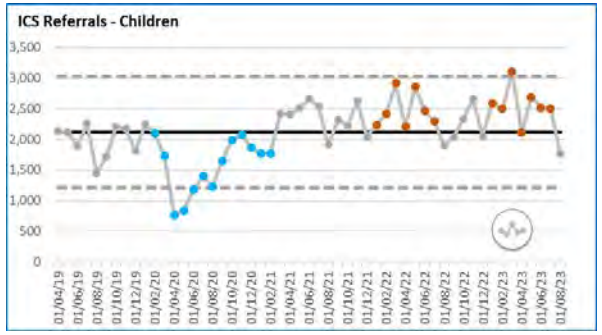
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
WE	EPUT	11357	11337	↓	2482	2524	↑	100.00%	99.52%	↓	17	25	↑	August
WE	EPUT - Wheelchairs	112	87	↓	128	108	↓	99.22%	99.07%	↓	23	28	↑	August
WE	**All**	**11469**	**11424**	↓	**2610**	**2632**	↑	**99.96%**	**99.51%**	↓	**23**	**28**	↑	**August**

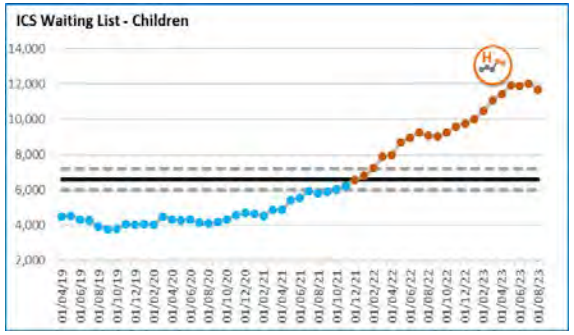
Community Waiting Times (Adults)

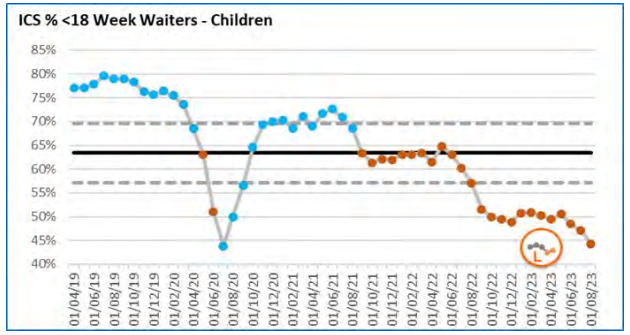
The NHS 18 week Referral to Treatment (RTT) standard only applies to consultant led services. For Adult community services this include Skin Health (ENH), Respiratory (S&W), and Podiatric Surgery (WE). Other services have locally agreed waiting times standards which may be 18 weeks or less. All services 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.

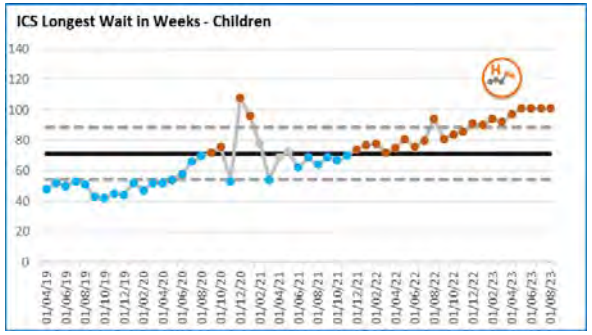
ICB Area	What the charts tell us	Issues	Actions
ICB	• Referrals are variable but within expected common cause variation • The % of patients waiting less than 18 weeks remains strong. Current performance is 93.5%, compared to the national average of 83.0% • The total number of adults waiting on waiting lists increased during June – August, but continues to show special cause variation of an improving nature • Longest waits within CLCH services in South & West Hertfordshire increased from 62-66 weeks • Consultant led 18 week RTT performance: ENH Skin Health – 90.3% SWH Respiratory – 92.6% WE Podiatric Surgery – 100%	**East & North Hertfordshire (ENH)** • Referrals have increased by 12% compared to 2019/20, although overall waiting within target performance continues to be more favourable compared to the pre-pandemic baseline. Forecasting for the next twelve months suggests that further improvements will be seen **South & West Hertfordshire (SWH)** • Slight dip in overall referral numbers • Overall number of patients on waiting list have increased slightly. This is mainly due to annual leave and sickness • Longest waiter currently within the Neuro Rehab service. This is a patient on Parkinson's (PD) nursing caseload • Long waits within the Respiratory and Bladder and Bowel services have reduced and are now within target **West Essex (WE)** • Reduced capacity / workforce gaps in MSK and Pulmonary Rehab • Small numbers of wheelchair breaches due to supplier delays and ordering of bespoke equipment	**East & North Hertfordshire (ENH)** • All waits are closely monitored and are subject to robust internal governance • Detailed productivity analysis underway with service leads • Forecasting imbedded. Forecasting of September adult contacts generated in June shows only a 0.05% variance **South & West Hertfordshire (SWH)** • Continue to review Neuro Rehab (PD and MS nursing) long waits • External provider now sourced to provide PD nursing support. Service has also recruited to substantive post. Both were in place from end of September • Division specific recruitment plan now underway which includes developing videos to compliment adverts and targeting social media channels. A number of recruitment fairs have also been held • On going discussions with internal divisions and system partners to look how resilience can be built for Neuro Rehab • Trajectories now in place for all services where there are waiting times concerns. These are reviewed and monitored weekly **West Essex (WE)** • All vacant MSK posts now filled with start dates from November • Pulmonary Rehab recruitment progressing well – October interviews successful. Improvement in wait times expected from Jan 24 • Wheelchair temporary equipment supplied where impact from supplier delays and bespoke equipment delays

Community Waiting Times (Children)









		Referrals			Patients Waiting			% waiting <18 weeks			Longest wait (weeks)			
Place	Age	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
ICS	Children		1762		12015	11656		47.05%	44.32%		101	101		August

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	377	244		1002	935		79.84%	75.61%		50	46		August
ENH	AJM/Millbrook	28	29		114	114		75.44%	85.96%		41	45		August
ENH	ENHT Community Paeds.	326	148		4704	4669		26.30%	22.77%		101	101		August
ENH	**All**	**731**	**421**		**5820**	**5718**		**36.48%**	**32.67%**		**101**	**101**		**August**

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	1301	969		5301	5073		50.27%	48.47%		75	77		August
SWH	AJM/Millbrook	28	16		109	106		83.49%	89.62%		41	45		August
SWH	**All**	**1329**	**985**		**5410**	**5179**		**50.94%**	**49.31%**		**75**	**77**		**August**

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	22	22		34	31		100.00%	93.55%		16	21		August
WE	HCRG / Virgin	415	334		751	728		98.54%	98.21%		52	18		August
WE	**All**	**437**	**356**		**785**	**759**		**98.60%**	**98.02%**		**52**	**21**		**August**

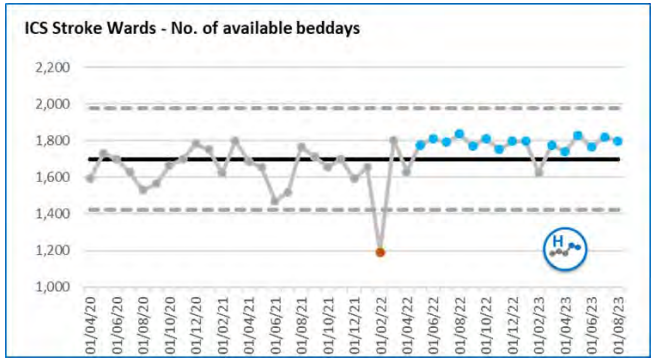
NOTE: ENHT Community Paediatrics data is included above to give a full picture for Children's Services, but is also included in the Planned Care position described in Slides 25 & 26

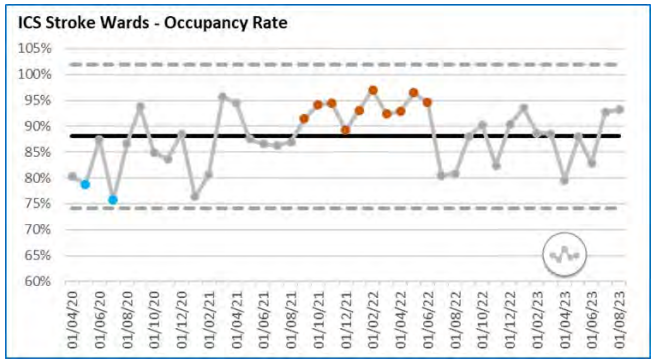
Community Waiting Times (Children)

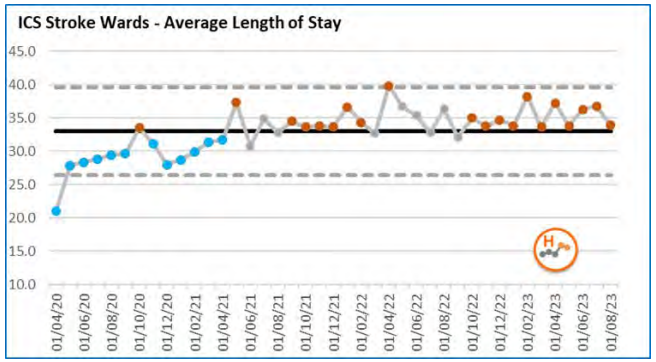
The NHS 18 week Referral to Treatment (RTT) standard only applies to consultant led services. For Children's community services this include Community Paediatrics (ICS wide) and Children's Audiology (SWH). Other services have locally agreed waiting times standards which may be 18 weeks or less. All services 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	• Referrals are variable, but generally trending above the historic mean • The total number of children on waiting lists remains very high, but there were small reductions in August in all three Places • The % of children waiting less than 18 weeks remains of concern and continues to deteriorate. Performance in August was 44.3%, compared to the national average of 61.5% • The longest waits are within the ENHT Community Paediatrics Service at 101 weeks. There are also long waits of up to 77 weeks within HCT services in South & West Hertfordshire • Consultant led 18 week RTT performance: SWH Community Paediatrics – 48.7% SWH Children's Audiology – 31.6% ENH Community Paediatrics – 22.8% WE Community Paediatrics – 97.8% • The ENHT Community Paediatrics position is described within the Planned Care and ASD slides of this report	**Hertfordshire** • Referrals to children's specialist services have increased by more than 35% YTD compared to 2019/20, with the majority of services seeing a marked increase in demand • Waiting times in the SWH HCT Community Paediatrics service are improving, with a decreasing number of long waiters. Service productivity shows clear improvement since 2019/20, but referrals have increased by c.40% • There is a continued rise in longer waits for Paediatric Audiology in SWH. The service is also currently supporting ENHT newborn hearing pathways • Waiting times across Herts for Children's Therapies (OT, Speech & Language and Physiotherapy) remain under pressure, including in particular, the Education, Health & Care Plan (EHCP) element, although there are some improvements in this area **West Essex (WE)** • The volume of children on the Community Paediatrics waiting list has stabilised in recent months following a trend of steady increase • There are a small number of Community Paediatrics >18 week patients due to clinical illness • Community Paediatrics consultant vacancy	**Hertfordshire** • Community Paediatrics working with NHSE Elect to optimise waiting list management • Key focus on avoiding 78 and 65 week waits, with clear improvement now being seen • 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 ups, and signposting to interim advice whilst awaiting assessment. Analysis for workforce business case has resulted in increased capacity with recruitment of two posts. Recruitment has been successful although postholders are yet to start • Children's Therapies – increasing capacity through recruitment, waiting list initiatives and outsourcing • HCT has established BI forecasting which will be further developed in coming months to integrate with variable demand and capacity measures • Current waiting time performance is better than forecast, although the longer-term outlook remains challenging **West Essex (WE)** • WE Community Paediatrics Business Case: Additional in year funding and annual growth for future years now agreed, although not at the requested levels. Process of prioritisation underway • Clinical illness in Community Paediatrics resolved – breaches expected to be quickly cleared • Out to recruitment for vacant consultant Community Paediatrics post

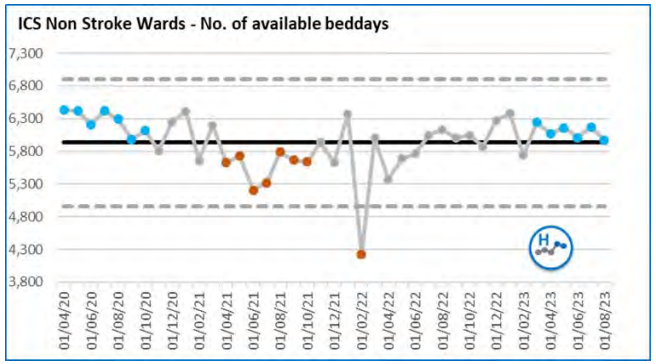
Community Beds (Stroke & Non-Stroke)

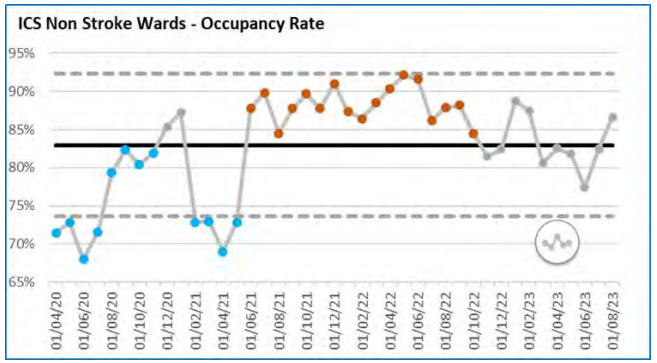


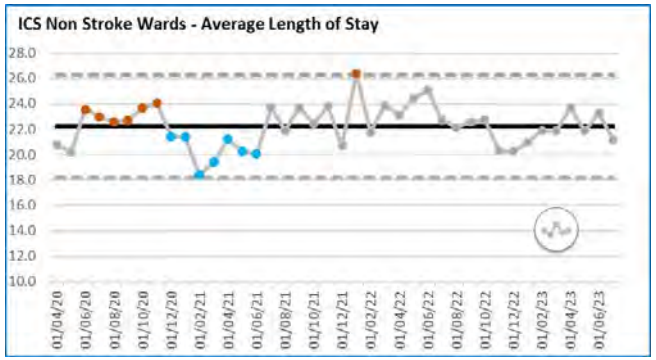




Stroke Wards		Number of available beddays			Occupancy Rate			Average length of stay (days)			
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	744	744	⇨	94.76%	94.62%	↓	40.2	34.3	↓	August
SWH	CLCH	611	620	↑	89.36%	90.81%	↑	32.4	33.4	↑	August
WE	EPUT	465	434	↓	94.19%	94.01%	↓	No discharges	34.1	⇨	August
ICS	**All**	**1820**	**1798**	↓	**92.80%**	**93.16%**	↑	**34.7**	**28.6**	↓	**August**





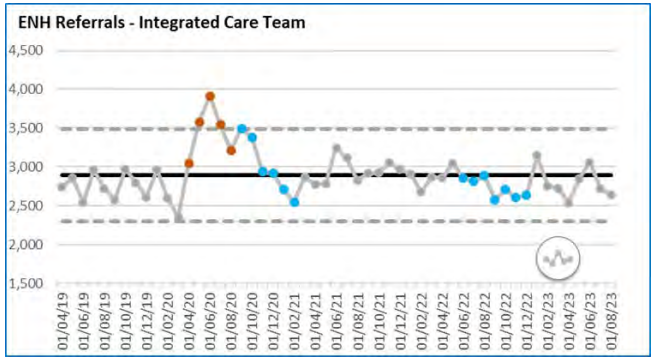


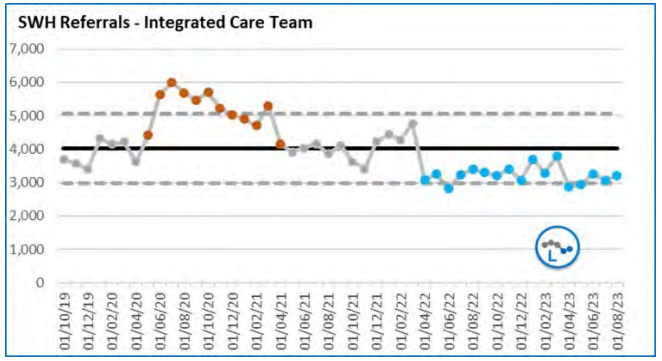
Non-Stroke Wards		Number of available beddays			Occupancy Rate			Average length of stay (days)			
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	1705	1669	↓	85.28%	75.25%	↓	27.9	29.2	↑	August
SWH	CLCH	2265	2041	↓	75.32%	86.18%	↑	22.4	22.9	↑	August
WE	EPUT	2201	2263	↑	87.64%	95.45%	↑	15.1	TBC	⇨	August
ICS	**All**	**6171**	**5973**	↓	**82.47%**	**86.64%**	↑	**20.9**	**TBC**	⇨	**August**

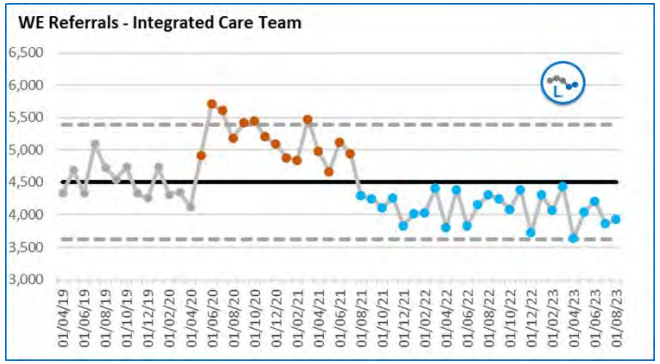
Community Beds (Stroke & Non-Stroke)

ICB Area	What the charts tell us	Issues	Actions
ICB	**Stroke Beds Days** • Available stroke bed days reduced slightly across the system, primarily in West Essex, but remain higher than the historic mean • Overall occupancy rates are variable but remain within common cause variation limits. There variation between the 3 Places has reduced to less than 4% • Overall length of stay reduced in August, driven by a large reduction in West Essex. Length of stay is now consistent across our three Places **Non-Stroke Beds Days** • Available bed days reduced slightly in August, but the overall trend is still of an improving nature • Overall occupancy rates across the system are within common cause variation limits, but there remains notable variation across the 3 Places. HCT occupancy in August was 75.3%, with EPUT at 95.5% • HCT and CLCH length of stay was broadly unchanged • Overall length of stay could not be reported due to EPUT data issues. This should be resolved in next reporting	**East & North Hertfordshire (ENH)** • Bed occupancy remains the highest at Danesbury (Stroke and Neuro) with an average of 92% over the past two years. Herts & Essex and QVM have an average occupancy of 82% and 82% respectively • Average length of stay for Herts & Essex has an average of 23 days. For QVM and Danesbury, there has been an increase since April 2023, following a period of a lower trend from July 2022. QVM are currently at 24 days, and Danesbury 32 days • Admissions show no significant change in trend to recent years. Danesbury has the least admissions with an average of 17 a month, with QVM averaging 21, and Herts & Essex 32 **South & West Hertfordshire (SWH)** • Increase in number of stroke beds available. However, small decrease in number of general rehab beds available due to ongoing estates work • Although increase in occupancy levels in both stroke and general rehab beds, internal targets not achieved **West Essex (WE)** • 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 • IPC controls in place following MRSA outbreak in 1 ward at St Margaret's Community Hospital	**East & North Hertfordshire (ENH)** • Safe staffing measures now fully configured in PowerBI • Introduction of Discharge Medicines Service (DMS) is being taken forward **South & West Hertfordshire (SWH)** • Daily 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 • In collaboration with system partners, SPOC review completed, and action plan agreed **West Essex (WE)** • All patients awaiting Care Homes reviewed on daily social care escalation call • Lack of specialist dementia nursing placements

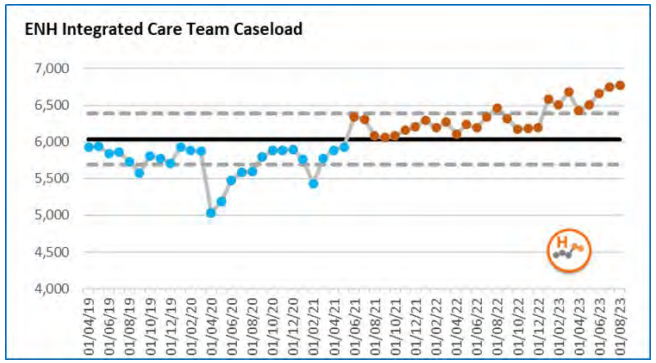
Integrated Care Teams (ICT)

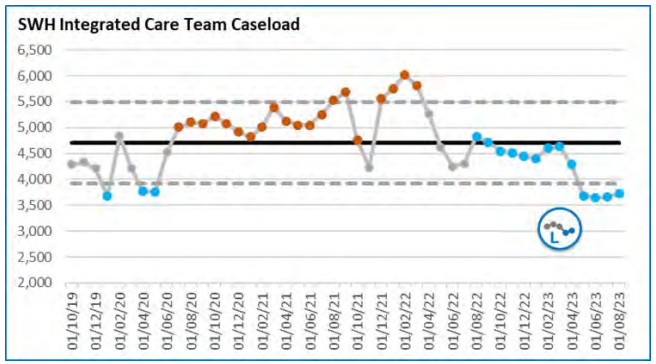


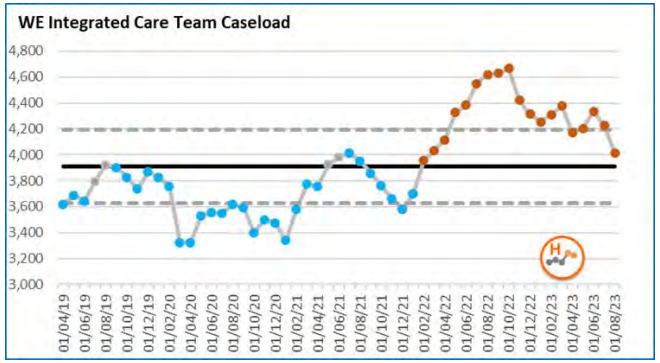




			Referrals			Referral Rate per 1,000 Population			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	All	2725	2642	↓	4.3	4.2	↓	August
SWH	CLCH	All	3072	3213	↑	4.5	4.7	↑	August
WE	EPUT	All	3865	3927	↑	11.7	11.9	↑	August
ICS	**All**	**All**	**9662**	**9782**	↑	**5.9**	**6.0**	↑	**August**







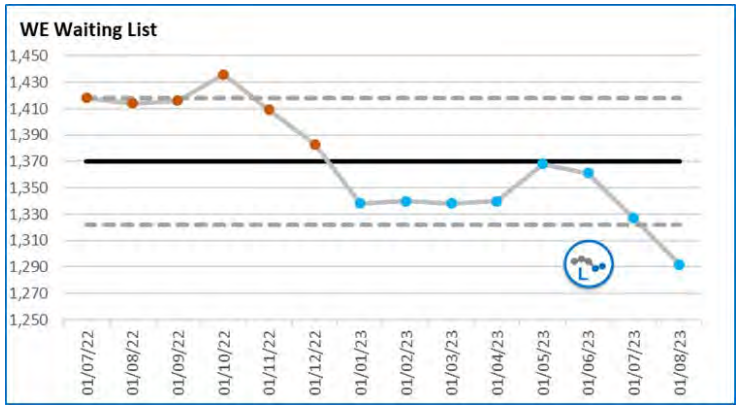
			Caseload			Caseload per 1000 population			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	All	6753	6769	↑	10.8	10.8	↑	August
SWH	CLCH	All	3658	3731	↑	5.4	5.5	↑	August
WE	EPUT	All	4225	4016	↓	12.8	12.2	↓	August
ICS	**All**	**All**	**14636**	**14516**	↓	**8.9**	**8.9**	↓	**August**

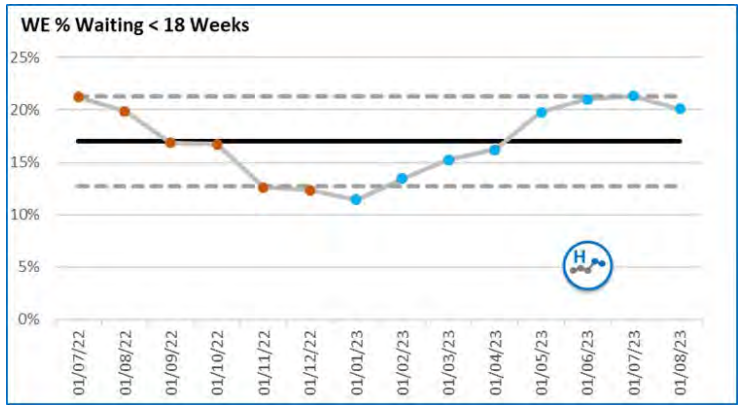
Integrated Care Teams (ICT)

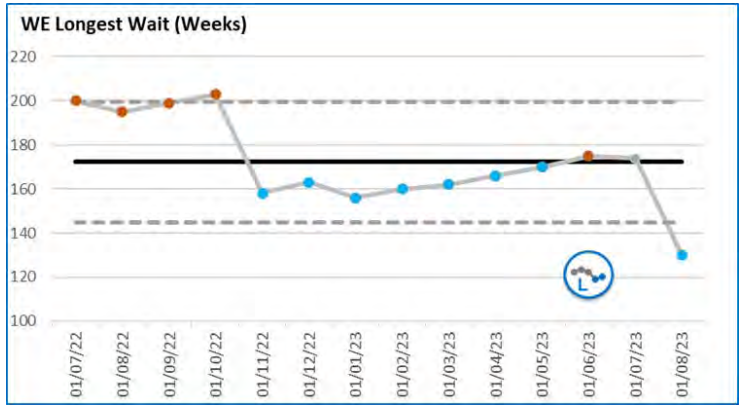
ICB Area	What the charts tell us	Issues	Actions
ICB	• Overall referral volumes to Integrated Care Teams have been consistently reducing since the restoration of services post-Covid • West Essex referral volumes appear disproportionately high given the relative population size • Integrated Care Team caseloads in East & North Hertfordshire remain high and increasing; West Essex are also high, but reducing back towards the historic mean; South & West Hertfordshire are notably below the historic mean • South & West Hertfordshire caseload appears disproportionately low given the relative population size	• The 3 Providers BI teams are undertaking a review of service lines and unique patient volumes to try to identify the reasons behind the referral and caseload variances **East & North Hertfordshire (ENH)** • Overall, referrals show a small increase compared to pre-pandemic, although this differs at Locality level • Increasing patient complexity has driven an increasing caseload and an increasing first to follow up ratio • Service and staff are under growing pressure **South & West Hertfordshire (SWH)** • Slight increase 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 **West Essex (WE)** • High numbers of Diabetes Type 2 patients dependent upon insulin injections impacting ICT capacity	• Community services review underway across HWE to reduce variation and shift to reporting outcomes and impact, to compliment the activity driven data that exists **East & North Hertfordshire (ENH)** • A comprehensive support programme in place focused on workforce, wound care and diabetes management with the ICT **South & West Hertfordshire (SWH)** • Review of workforce and criteria with ENH to understand differences. Ensure like for like comparisons between providers. Providers are also reviewing number of unique patients and workforce **West Essex (WE)** • Specialist Diabetes Community Team providing support with self-injection to reduce demand on ICTs

Autism Spectrum Disorder (ASD) – West Essex

			Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
WE	HCRG	Children	1327	1289	↓	21.33%	20.17%	↓	174	130	↓	August



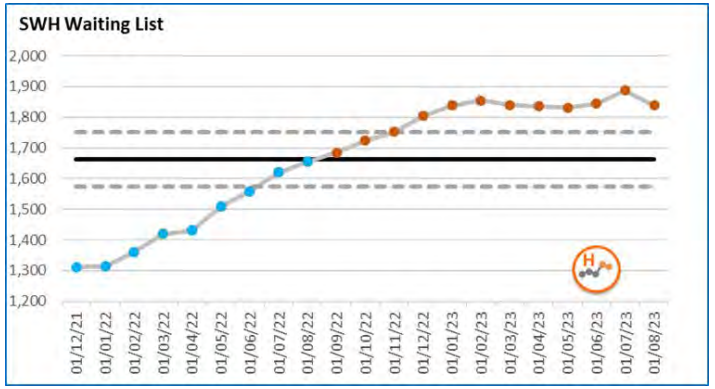


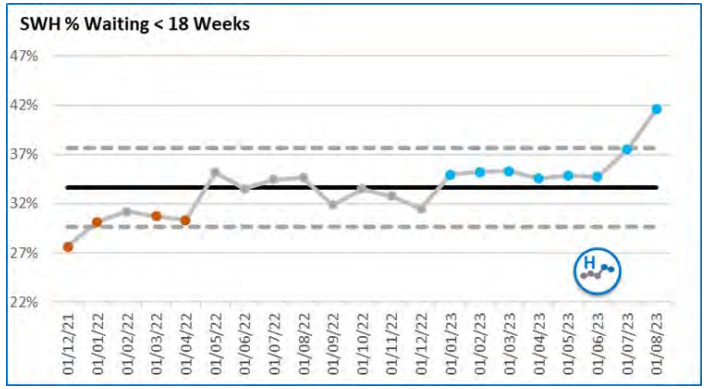


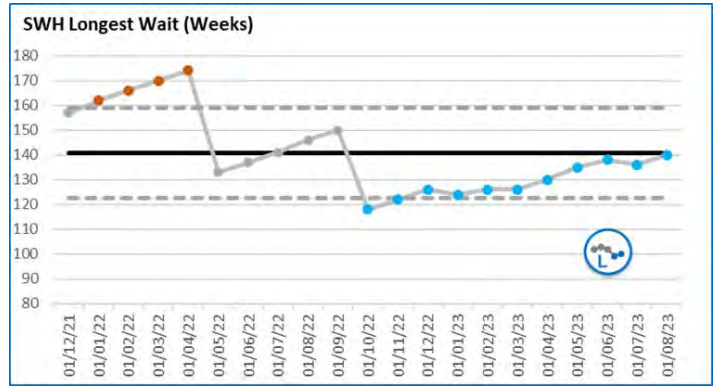
ICB Area	What the charts tell us	Issues	Actions
West Essex	• The ASD waiting reduced for the third consecutive month. Whilst not meeting the agreed recovery trajectory, the gap has closed to 129 • The % of ASD waiters < 18 weeks dipped slightly in August, but the trend remains of an improving nature • Longest waits in the service improved significantly in August as the small number of longest waiting children have now completed their pathways	• Reconciliation of backlog funds against activity to date is estimating current funding is now exhausted • Referral rate has been within core commissioned capacity during August and September, but is expected to grow in line with the annual profile (e.g. as schools settle into the new academic year) • 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 • Cost and capacity pressure also exists as a result of ADHD medication supply incident. Community Paediatrician time required for medication reviews and high cost of medications available	• Business case submitted to increase core capacity for sustainable delivery and address prescribing gap not supported due to available funding • Recruitment to recent Community Paediatric vacancy • 'Waiting well' workstream continues with local partners at place, led by HCRG, also linking in with Essex wide joint commissioning initiatives • Working with Herts partners on applying a Neurodiversity Segmentation Model, although this is similar to that already in place under the WE JADES model and requires additional resource to be effective. Therefore, likely limited impact for WE and does not address the significant financial pressures in prescribing

Autism Spectrum Disorder (ASD) – South & West Hertfordshire

			Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
SWH	HCT	Children	1887	1839	↓	37.47%	41.60%	↑	136	140	↑	August

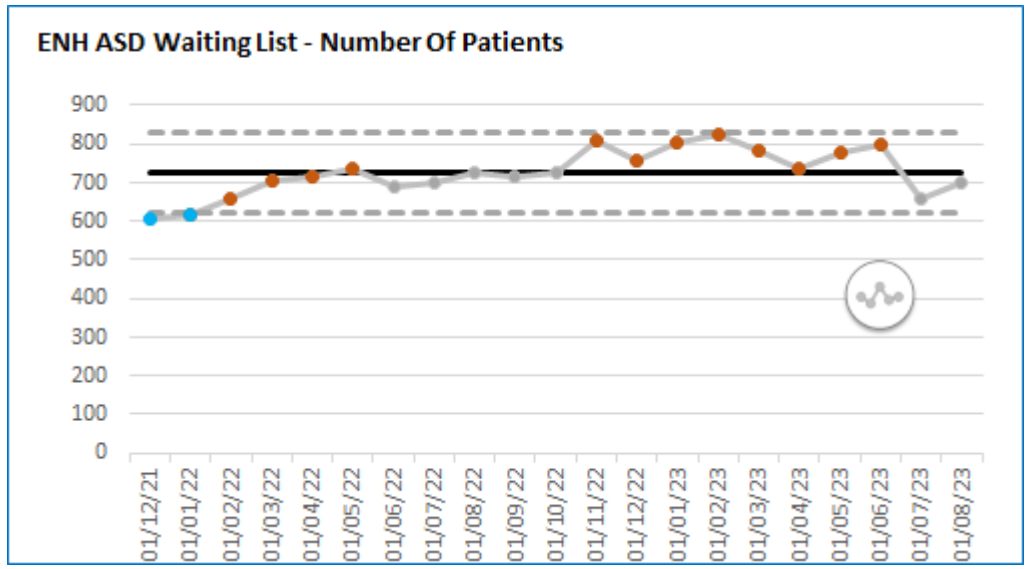






ICB Area	What the charts tell us	Issues	Actions
South & West Herts	• The overall waiting list is relatively stable following the sharp increase seen during 22/23, but remains notably above the historic mean • The % of ASD waiters < 18 weeks has notably improved in the last two months • The longest waits have been slowly increasing over the last year, with the longest now at 140 weeks	• Capacity in existing services does not meet demand • Further increases in demand predicted • Funding for outsourcing additional diagnostic assessments to reduce the waiting list is due to end in December 2023	• Significant additional diagnostic assessments have been delivered through outsourcing. The Owl Centre Ltd outsourcing is continuing at pace with increased face to face assessments for CYP aged 5 and 6. Current funding ends in December 2023 • There is some additional internal capacity and processes have been improved significantly • 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 • Funding has been agreed until March 2025 for the Neurodiversity support centre • EPs allocated to clinics with SLTs for quality check assessments • Clinicians have agreed future best practice Neurodiversity Segmentation Model for Hertfordshire, this is being signed off through the HCT clinical governance 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):

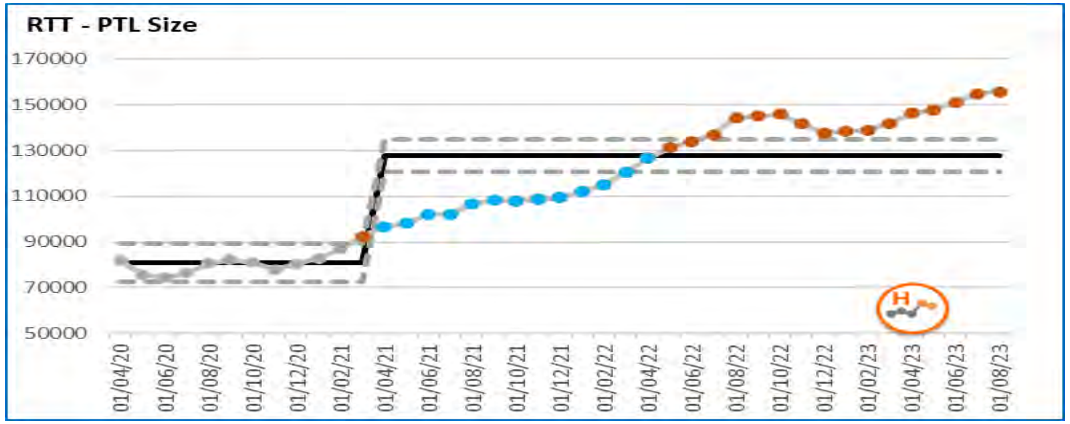
Summary of ENHT ASD assessment waiting list

Waiting list bucket	Number of patients (Aug-23)	Number of patients (Oct-23)
<18 weeks	153	202
18 – 65 weeks	344	344
66 – 78 weeks	75	35
>78 weeks	126	139

ICB Area	What the charts tell us	Issues	Actions

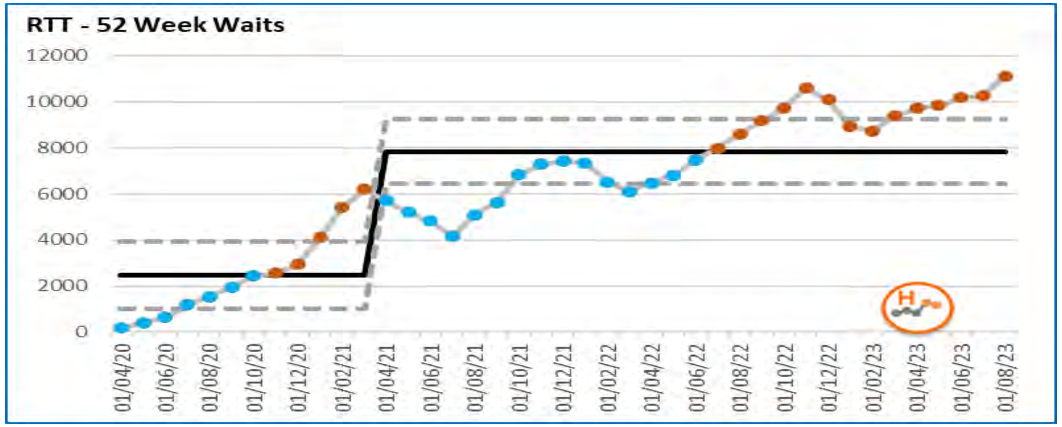
East & North Herts	• The ASD waiting list continues to fluctuate within the normal range of 600-800 patient
	• However, overall number of waiters for July and Aug were below the historic mean
	• The number of patients waiting >65 weeks has reduced from 201 in August to 174 at most recent count (12th October)
	• The waiting list shown above does not include patients 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
		• Data not currently reportable on the same basis as the other two ICB Places
		• ENHT is currently subject to fortnightly Tier 2 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, ASD waiting lists will return to a position of growth
		• Further increases in demand predicted
			• ENHT and HWE ICS are currently implementing a recovery plan for the community paediatrics service in ENH. Actions from this plan relating to ASD include:
			  • Clinicians have agreed future best practice Neurodiversity Segmentation Model across Hertfordshire. This model makes increased use of the MDT
			  • There will be a single point of access for community paediatric services across Hertfordshire
			  • Potential for additional outsourcing ASD diagnostic assessments
			  • For those with suspected ASD over age of 7yrs, exploring new pathways 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
			• Funding has been agreed until March 2025 for the Neurodiversity support centre.

Planned Care – PTL Size and Long Waits



	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
EAST AND NORTH HERTFORDSHIRE NHS TRUST	51722	48493	46875	45845	46563	46178	43775	40219	42298	43796	45699	48160	50312	50103	52368	51326
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	15493	13037	13465	15352	17537	18663	19192	19531	20409	21525	22503	24415	25025	25842	27093	27823
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	14584	14057	13944	15012	16313	17274	18029	17927	17473	17493	18642	19863	21297	22126	22654	22706
ICS	81799	75587	74274	76209	80413	82115	80996	77677	80180	82814	86844	92438	96634	98071	102115	101855

	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	Aug-23
EAST AND NORTH HERTFORDSHIRE NHS TRUST	54504	54794	54200	53331	49521	48264	47103	49182	51259	52241	53993	55737	59979	58006	59917	60713	60999	60488	61406	61782	62296	62295	63245	63592	62958
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	28401	28438	28380	29017	32809	36110	40241	45085	49522	53146	54626	55530	57611	60326	59727	53831	49537	50343	50169	52995	56574	57933	60626	62689	64384
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	23706	24827	25359	26196	27081	27688	27444	26157	25780	25862	25287	25573	26759	26623	26237	27093	27172	27408	27247	27012	27372	27523	27137	28442	28312
ICS	106611	108055	107939	108544	109411	112062	114788	120424	126561	131249	133906	136840	144349	144955	145883	141637	137708	138239	138822	141789	146242	147751	151008	154723	155654



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	202021											
Other	101	179	391	564	741	917	1021	1068	1197	1577	2004	4082
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	27	60	140	213	272	363	420	467	657	914	1177	1286
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	53	135	302	484	669	855	1075	1112	1131	1463	1733	1702
EAST AND NORTH HERTFORDSHIRE NHS TRUST	90	209	190	483	604	735	931	987	1158	1724	2499	3221

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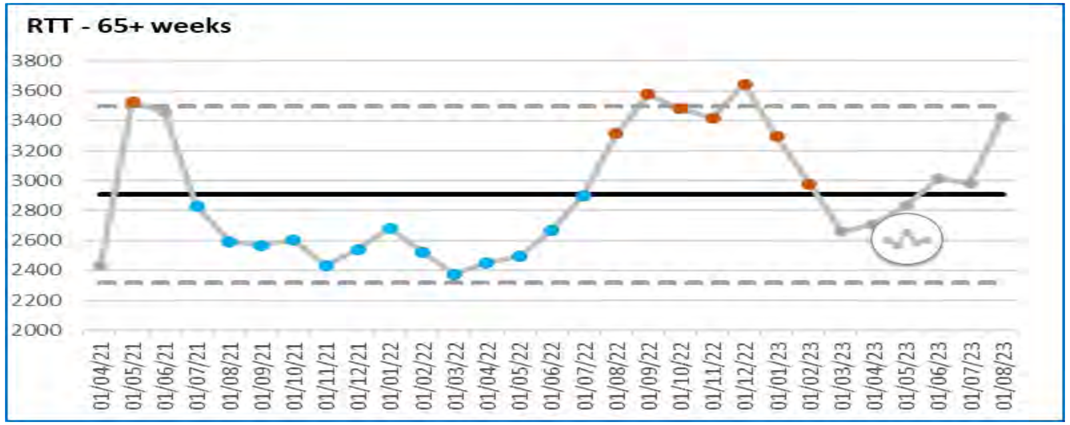
	202122											
Other	3740	3162	2782	2578	2447	2441	2394	2296	2321	3348	2853	2868
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	1302	1249	1143	1269	1394	1536	2141	2321	2486	2613	2221	1737
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	1462	1162	898	789	800	838	878	862	927	1006	1103	1059
EAST AND NORTH HERTFORDSHIRE NHS TRUST	2936	2791	2785	2095	2910	3259	3818	4102	4016	3739	3184	3313

	Apr 1	May 2	Jun 3	Jul 4	Aug 5	Sep 6	Oct 7	Nov 8	Dec 9	Jan 10	Feb 11	Mar 12
	202223											
Other	3033	2496	2412	2648	2532	2437	2533	2570	2728	2691	2641	2782
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	1818	1674	1785	1911	1909	1898	1804	1721	1773	1850	1814	1870
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	1193	1431	1660	1783	2078	2587	3413	4272	3544	2681	2315	2729
EAST AND NORTH HERTFORDSHIRE NHS TRUST	3473	3699	4027	4294	4628	4688	4527	4618	4778	4404	4618	4797

	Apr 1	May 2	Jun 3	Jul 4	Aug 5
	202324				
Other	3133	3318	3109	3073	3122
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	1973	2098	2280	2376	2516
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	2694	2439	2504	2440	2769
EAST AND NORTH HERTFORDSHIRE NHS TRUST	5064	5308	5400	5450	5831



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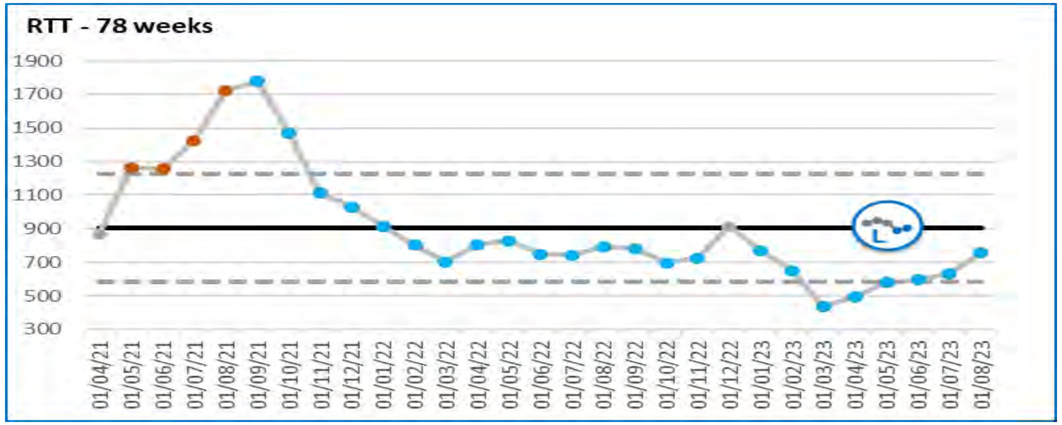
ICS	2431	3528	3454	2829	2594	2567	2603	2433	2543	2684	2520	2376	2453	2493	2666	2901	3314
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	0	722	673	650	665	719	776	744	715	772	780	685	701	679	739	768	765
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	1026	1007	783	578	477	431	399	351	390	437	461	413	459	480	499	480	566
EAST AND NORTH HERTFORDSHIRE NHS TRUST	1405	1799	1998	1601	1452	1417	1428	1338	1438	1475	1279	1278	1293	1334	1428	1653	1983

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
ICS	3575	3479	3420	3645	3293	2977	2659	2709	2832	3013	2983	3425
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	745	636	572	636	658	592	549	604	707	816	878	955
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	680	719	767	831	819	607	548	495	504	524	455	569
EAST AND NORTH HERTFORDSHIRE NHS TRUST	2150	2124	2081	2178	1816	1778	1562	1610	1621	1673	1650	1901



	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
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	0	231	218	288	378	434	399	325	283	260	243	190	223	266	281	296	248
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	353	389	364	388	407	362	271	189	169	162	140	111	144	155	143	133	137
EAST AND NORTH HERTFORDSHIRE NHS TRUST	516	646	674	748	940	983	800	598	577	492	420	401	439	408	324	312	407

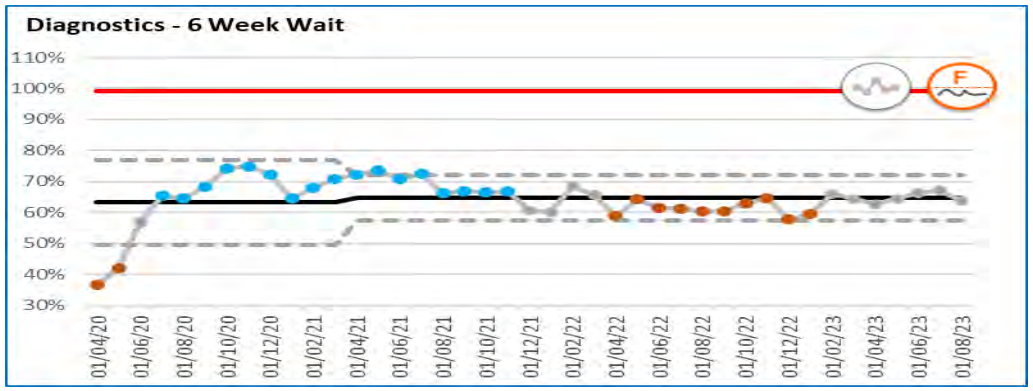
	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	208	141	108	157	147	95	14	23	37	37	51	90
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	116	92	69	69	69	38	15	11	9	7	8	6
EAST AND NORTH HERTFORDSHIRE NHS TRUST	458	464	548	689	551	516	405	461	532	553	573	661

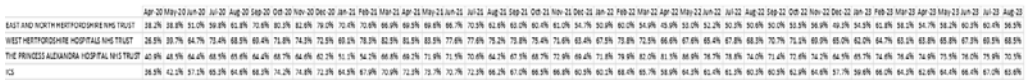
Planned Care – PTL Size and Long Waits

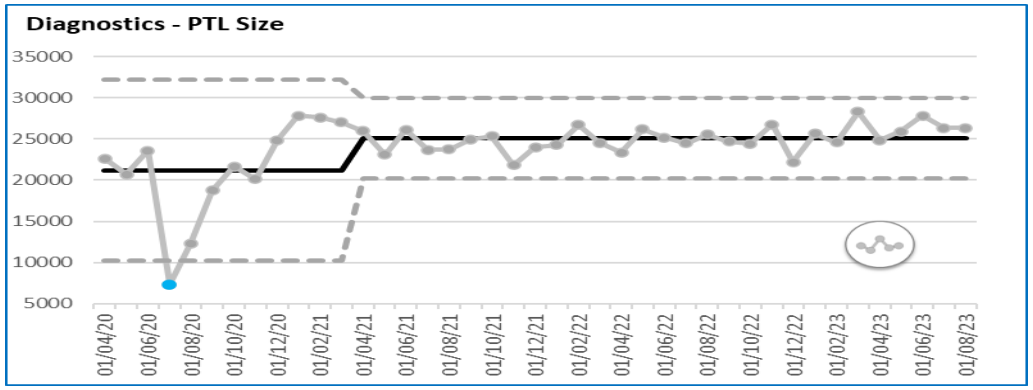
ICB Area	What the charts tell us	Issues	Actions	Mitigation

HWE	• The overall PTL size has been steadily increasing since December 2022. WHTH and ENHT has been increasing month on month whereas PAH remained steady until July & August 2023, since when it has significantly increased. The key driver for the growth in the PTL is outpatients
	• July saw an increase in number of patients waiting >78 weeks, and August a significant increase again. The increases were driven by ENHT & PAH, whilst WHTH has remained both steady and low
	• The number of patients waiting >65 weeks increased significantly in August and is now off plan
	• The number of patients waiting over 52 weeks has seen a consistent increase since February 2023 and therefore remains an area of high concern
		• 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
		• PAH 78 week waits have been increasing steadily although there was a notable increase in August as the IA has had a significant impact
		• Trauma and Orthopaedics (T&O) and Community Paediatrics remain the main areas of pressure
		• T&O recovery has also been impacted by the unexpected death of a PAH consultant. A locum consultant has recently been appointed - start date TBC
		• The impact of on-going industrial action is seen in the increasing waiting lists and deviance from 78ww plans, although Trusts have robust plans in place
		• The latest 78ww forecast for the end of October (as of 18/10) is 1,008 for the system (ENHT 875 / WHTH 13 / PAH 120)
			Management of waiting lists
			• 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 positions
			• Fortnightly performance meetings with each of the three acute Trusts are in place with NHSE support
			• Validation and robust PTL management in place
			• ENHT has been moved out of tier 1 for elective recovery and into tier 2
			
			Increasing Capacity and Improving productivity
			• 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
			• PAH "Hot Week" scheduled for w/c 30th October – only Cancer and >78 week operating
			
			Community paediatrics ENHT
			• Hertfordshire wide single service model for community paediatrics has been developed. Not all elements have been agreed with all providers yet. Once in place, the new service model will improve RTT performance through:
			  • ADHD pre-screening service will increase the number of patients referred into a more appropriate service and reduce demand on community paediatrics
			  • Increased use of the MDT will free-up Consultant time for the most complex patients and reduce the number of pathways which are Consultant-led
			  • Ongoing monitoring of ADHD patients outside of an acute setting will increase Consultant capacity for new patients at ENHT
				• 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







ICB Area	What the charts tell us	Issues (DM01 figures given are % of patients waiting over 6 weeks, June data)	Actions	Mitigation
HWEICB	• 6 week wait performance across the system deteriorated by 2.8% between June and August • There was a small improvement at WHTH, but slippage at ENHT & PAH • Demand continues to increase, but the overall PTL remains within common cause variation limits	• 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 at ENHT, but also WHTH has a scanner down awaiting a part • MRI performance at ENHT also remains challenged, as does Echos and Audiology performance at WHTH • Audiology and Endoscopy (esp. Cystoscopy) are the key challenges at PAH • PAH have also had issues covering a staffing gap for Echos which has impacted waiting times. Position is now improving	• Focus remains on DEXA - the recovery trajectory is ahead of plan in the August position • PAH Audiology funding approved from NHSE for additional CDC activity being used for insourcing. This activity has commenced • Working with PAH and WHTH on mobilisation of the CDCs and endoscopy unit • PAH CDC is live for MRI and ultrasound extended access using insourcing and existing facilities • Workforce lead for diagnostics has been appointed and expected to start in November, subject to HR checks • Diagnostic strategy finalised • Recovery trajectories are in place and monitored through the performance meetings and diagnostic programme	• Continued use of insourcing / outsourcing where funding permits • Use of mutual aid • Validation of lists • Continue to apply for NHSE funding opportunities to support additional capacity • Workforce lead appointed

Planned Care – Theatre Utilisation

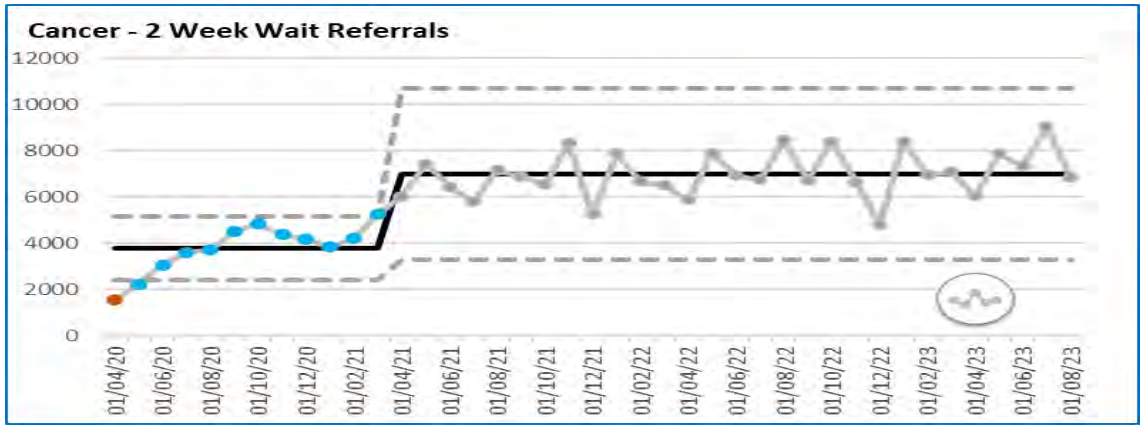
Theatres	ENH	PAH	W Herts
Number of cases*	419	181	287
Average cases per 4 hour session*	2.6	1.9	2.2
Utilisation - Capped	81.1%	69.2%	77.3%
Average late starts (Minutes)†	23	51	28
Average inter case downtime (Minutes)	17	14	14
Average early finish (Minutes)†	63	76	82
Average unplanned extensions (Minutes)†	41	62	77
% Emergency cases on elective lists *	1.4%	0.0%	2.4%
BADS Day Case	83.8%	74.5%	77.2%
Conversion from day case to inpatient	7.0%	19.0%	11.0%

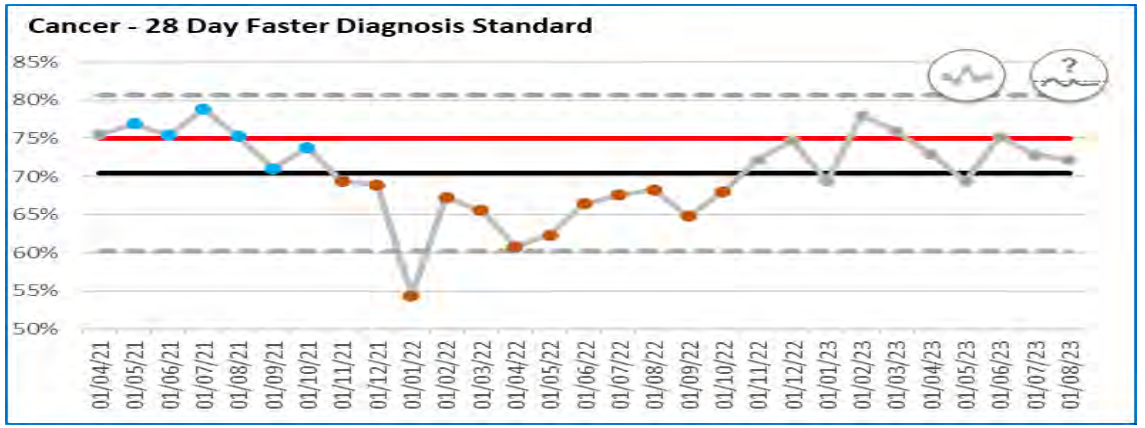
* no national target
† where list started late / finished early /extended time

Site data	
St Albans City	Watford
188	99
2.7	1.7
80.7%	73.4%
24	32
9	27
76	89
34	120
0.0%	7.1%

ICB Area	What the charts tell us	Issues	Actions
HWEICB	• Comparison of Model Health System theatre utilisation data. Presentation supplied by NHSE (October 23) • Theatre data w/e 10/9/23 • Day case metrics April - June 23	• ENHT – although overall good performance, capped utilisation has yet to achieve the national target of 85%. The average inter case downtime has decreased slightly • PAH – consistently high conversion from day case to inpatient rate, alongside a low day case rate • WHTH – lower efficiency and increased emergency surgery rate on Watford site. Although capped utilisation rates and average cases per hour have improved overall	**GIRFT High Value Low Complexity Targets (HVLC):** 1. Theatres Capped Touch time Utilisation = 85% 2. BADS Day Case Rates = 85% • 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





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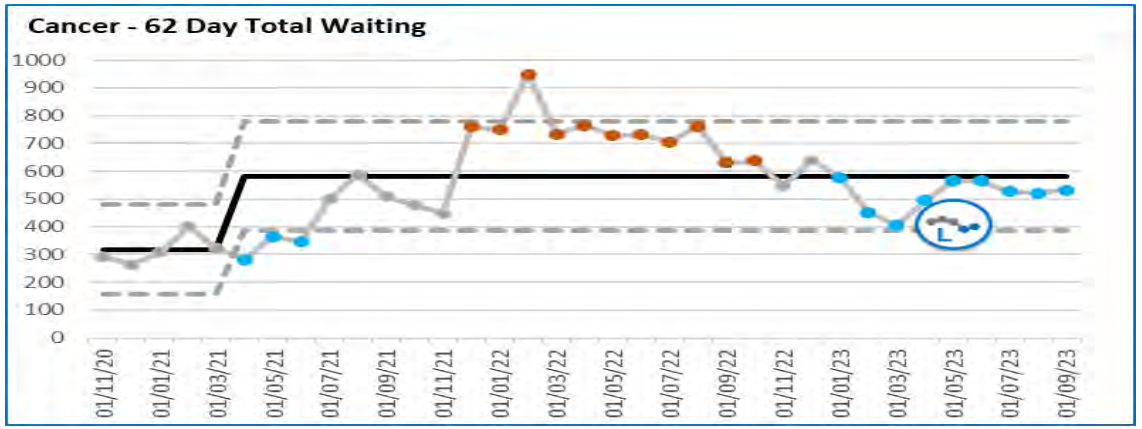
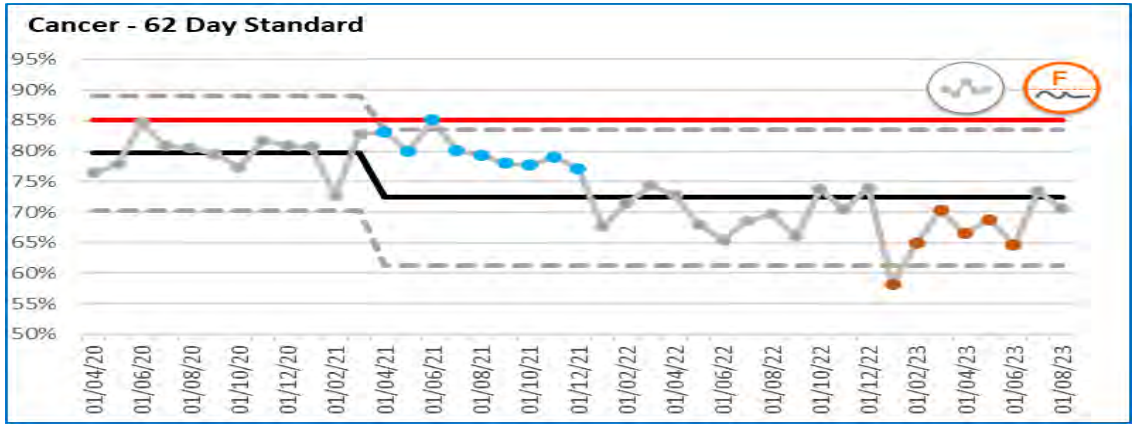
EAST AND NORTH HERTFORDSHIRE NHS TRUST	72.1%	75.6%	76.2%	76.7%	72.0%	71.8%	76.5%	74.8%	74.1%	64.2%	72.9%	74.6%	68.0%	64.2%	70.6%	71.7%	72.6%	69.7%	71.5%	71.7%	77.4%	65.8%	76.3%	72.9%	69.8%	69.3%	76.4%	75.9%	73.0%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	81.3%	79.8%	81.4%	82.1%	77.8%	77.2%	77.7%	71.9%	64.7%	47.0%	59.2%	54.6%	51.3%	57.7%	55.6%	60.3%	60.2%	57.8%	63.2%	71.5%	72.7%	70.1%	79.9%	78.6%	76.0%	68.0%	74.8%	68.6%	68.5%
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%	72.2%	77.4%	76.5%	72.4%	71.2%	74.7%	74.5%	75.3%
ICS	75.6%	76.9%	75.4%	78.9%	75.3%	71.1%	73.8%	69.3%	68.9%	54.4%	67.3%	65.6%	60.8%	62.4%	66.4%	67.5%	68.3%	64.8%	68.0%	72.2%	74.7%	69.4%	78.0%	76.0%	72.9%	69.4%	75.2%	72.8%	72.2%





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WEST HERTFORDSHIRE HOSPITALS NHS TRUST	73	76	96	105	79	83	109	88	132	179	130	128	129	331	347	374	307	261	297	297	277	270	257	233	195	191	184	129	125	148	127	158	149	135	139
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	129	118	200	187	127	107	141	161	212	224	201	190	127	175	176	303	194	182	156	128	125	162	152	163	149	193	182	153	120	148	213	203	166	148	167
EAST AND NORTH HERTFORDSHIRE NHS TRUST	90	70	120	106	117	92	114	96	155	184	178	160	193	253	226	272	232	322	275	306	304	329	221	242	203	256	211	170	160	199	224	203	212	239	226

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EAST AND NORTH HERTFORDSHIRE NHS TRUST	87.5%	85.9%	87.5%	89.7%	85.5%	80.1%	86.9%	86.6%	87.0%	86.9%	83.4%	87.4%	91.1%	88.3%	85.0%	90.5%	86.1%	87.5%	86.1%	89.9%	86.2%	79.5%	87.6%	84.1%	86.0%	81.1%	82.4%	86.0%	80.6%	81.8%	80.7%	80.7%	91.0%	78.6%	81.8%	87.1%	85.8%	86.8%	81.7%	86.2%	85.6%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	68.8%	73.9%	86.4%	74.7%	85.7%	83.7%	80.0%	83.1%	81.1%	83.1%	73.4%	84.5%	84.5%	75.0%	86.8%	80.1%	73.8%	70.9%	75.0%	77.2%	75.1%	57.3%	62.5%	72.6%	60.2%	61.4%	56.1%	58.8%	50.6%	60.2%	68.7%	64.4%	69.5%	51.2%	58.6%	57.0%	64.7%	58.8%	60.0%	70.0%	70.4%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	58.1%	63.1%	75.6%	75.0%	59.3%	66.3%	54.9%	67.3%	68.4%	65.4%	48.6%	68.3%	63.1%	68.9%	78.4%	56.1%	58.4%	69.8%	64.1%	52.5%	53.8%	47.7%	41.4%	58.1%	61.7%	49.2%	45.0%	46.8%	61.2%	31.9%	65.3%	55.7%	47.4%	32.1%	44.9%	51.8%	38.9%	43.8%	40.3%	53.1%	44.9%
ICS	76.5%	77.9%	84.6%	80.8%	80.6%	79.5%	77.3%	81.7%	80.8%	80.7%	72.7%	82.8%	83.1%	80.0%	85.1%	80.0%	79.3%	78.0%	77.7%	79.0%	77.2%	67.6%	71.4%	74.4%	72.8%	68.0%	65.5%	68.6%	60.6%	66.0%	73.7%	70.4%	74.0%	58.2%	64.5%	70.3%	66.5%	68.8%	64.6%	73.4%	70.6%

Cancer

ICB Area	What the charts tell us	Issues	Actions	Mitigation
ICB	• 2 week wait referrals decreased in August • 28 Day Faster Diagnosis Standard(FDS) performance declined in both July and August, and is below target • PAH achieved the 75% FDS standard in September • Performance remained stable for the number of patients waiting >62 days, in July, August and September • Performance against the 62 day standard remains below standard showing an overall declining pattern with particular challenges at PAH	**ENHT** • >62 day backlog increased during August but has started to come down again during September and October • The increased backlog was caused by: o patient choice (especially Skin, Urology and Head & Neck pathways); o Upper GI patients waiting for EUS at Royal Free; o TP biopsy capacity; o annual leave and IA over the summer; o delayed transfers to ENHT • In August, four out of nine performance standards were met. Of those which were missed, all were within five percentage points of the standard **WHTH** • Increase in demand and insufficient capacity for diagnostics and clinical support, particularly in CT guided biopsy and histopathology • Dermatology Service continues to be significantly challenged • Although cancer patients were prioritised during the recent industrial action, overall capacity is compromised • Delays in results being reviewed by clinicians **PAH** • Ongoing Industrial Action. The Trust's good progress to date on 62 day backlog reduction faltered in September due to the joint Junior Doctor and Consultant action • 62 day % performance is low as a direct impact of continued focus on treating the longest waiting patients • Urology capacity and workforce. This service accounts for 56% of the total backlog	**ENHT** • Saturday radiotherapy sessions done through June, July and August whilst there have been radiographer vacancies. Vacancies now recruited to • TP biopsy capacity increased to 5 per list • Colonoscopy outsourcing capacity has commenced, and new FIT guidelines started • Additional theatre capacity introduced for RALP • Increased regularity of meetings with leads at Watford, Hillingdon, Luton and Northwick Park **WHTH** • Cancer Improvement Program Board now established and overseeing service level improvement plans and service development • Breast Pain pathway live from September 2023 and clinics commenced • Benign diagnosis project underway, aimed at increasing efficiency in communication of benign diagnosis directly from MDT, as well as a review of results and virtual clinic processes • Review of Urgent Cancer Referral Forms continuing, Dermatology Form reviewed, now focusing on Gynae and Urology • Hoping to repurpose Cancer SDF to support Dermatology Pathway with additional Dermoscopy clinics and consideration of outsourcing **PAH** • Complete refresh of Cancer Improvement Plans at service level – end October • "Hot Week" scheduled for w/c 30th October – only Cancer and >78 week operating • Dedicated Cancer PTL management Event 1st November • Urology recruitment successful for all vacant registrar posts – start dates TBC • On commencement of new Urology appointments, the service will be at full staffing aside from one consultant on restricted duties • PAH 62 day backlog recovery faltered during September, but the trend is still positive. As of 22/10/23 the gap to March 24 plan is just 41 patients • All cancer MDTs maintained during latest industrial action	**ENHT** • Starting EUS service at Lister • New Urology Consultant starting in November • Skin WLIs **WHTH** • 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 • Dermatology FDS performance now under scrutiny as part of the EOE Cancer Alliance RCAT project **PAH** • 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

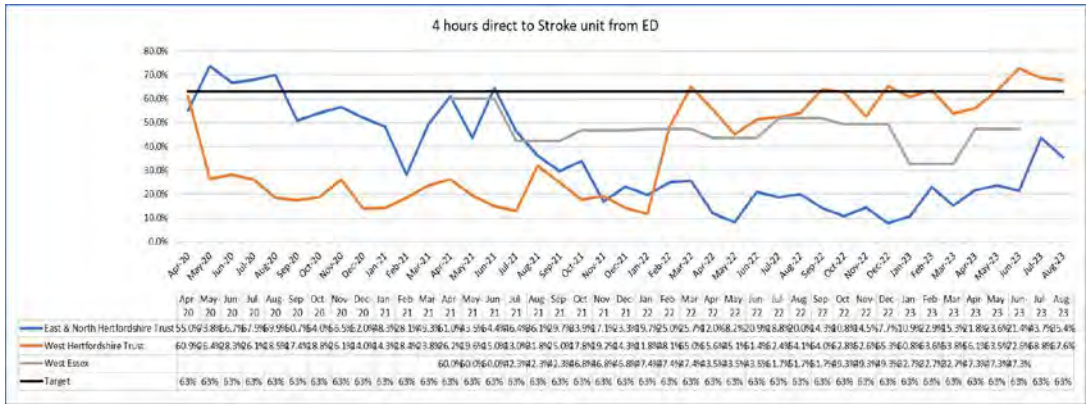
Performance v. 23/24 Operational Plans

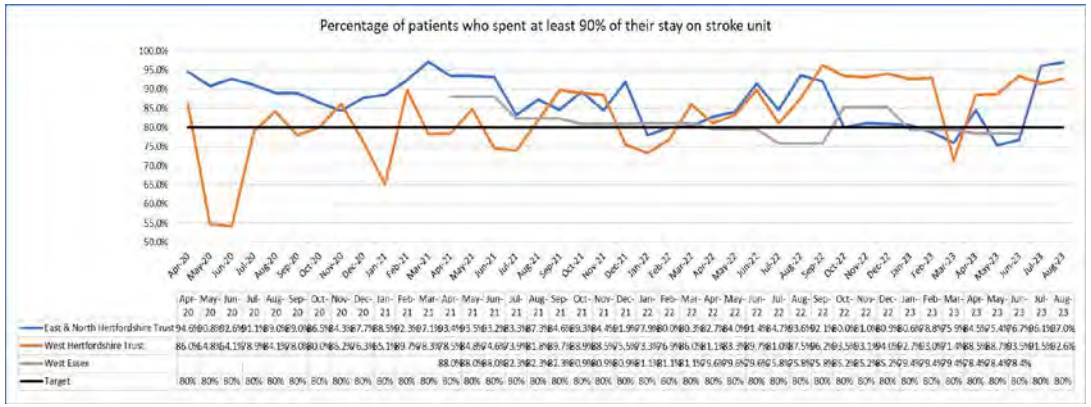
		M5 Only					Year To Date				
POD	Description	Plan	Actual	Actual vs Plan %	Change	Performance	Plan	Actual	Actual vs Plan %	Change	Performance
EM13	Number of attendances at all type A&E departments	40,492	39,141	-3.34%	-1,351	↓	213,159	202,931	-4.80%	-10,228	↓
EM11a	Number of specific acute non-elective spells in the period with a length of stay of zero days	3,438	2,748	-20.07%	-690	↓	17,610	14,690	-16.58%	-2,920	↓
EM11b	Number of specific acute non-elective spells in the period with a length of stay of one or more days	6,229	6,650	6.76%	421	↑	30,859	33,307	7.93%	2,448	↑
EM10a	Elective day case spells	8,798	9,728	10.57%	930	↑	42,310	47,070	11.25%	4,760	↑
EM10b	Elective ordinary spells	1,143	876	-23.36%	-267	↓	5,473	4,282	-21.76%	-1,191	↓
EM32g	Outpatient attendances (all TFC; consultant and non consultant led) - First attendance	43,071	42,089	-2.28%	-982	↓	211,172	203,469	-3.65%	-7,703	↓
EM32h	Outpatient attendances (all TFC; consultant and non consultant led) - Follow-up attendance	50,393	62,247	23.52%	11,854	↑	257,524	312,257	21.25%	54,733	↑
EB20	The number of incomplete Referral to Treatment (RTT) pathways (patients yet to start treatment) of 65 weeks or more	2,303	3,425	48.72%	1,122	↑	13,165	14,962	13.65%	1,797	↑

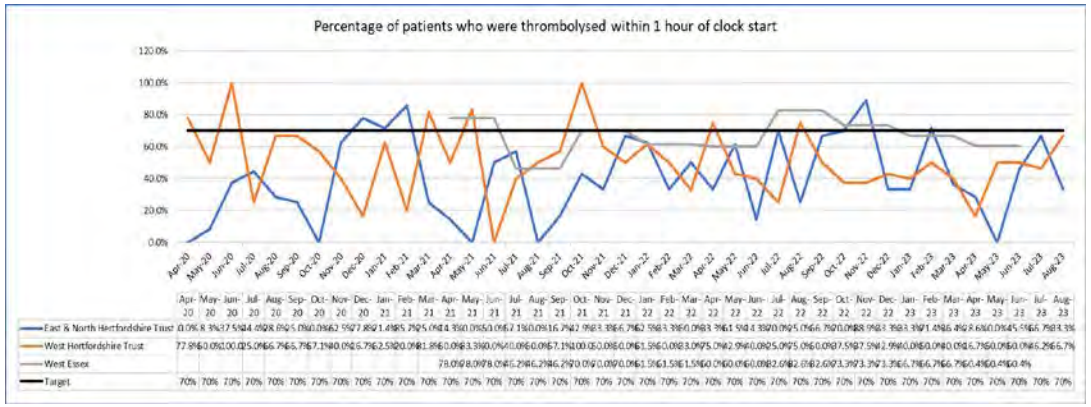
ICB Issues and escalations

- Urgent care activity and zero day length of stay are within plan; 1+ day length of stay is above plan
- Elective recovery and activity in all areas continues to be impacted by the ongoing Junior Doctor and Consultant Industrial Action
- Elective inpatient activity is below plan; day cases are significantly above plan; net total activity is up

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 23/24 Q1 SSNAP rating is C. At the time of writing 23/24 Q2 is yet to be published

- Increase in LOS due to increased decision to admit demand of out of area patients
- TIA is a concern due to high waiting times. Working with NEL to move from a 5 day per week to a 7 day service
- Pre-Hospital Video Pilot –working well and direct to CT has commenced at Queens. Concerns raised by ISDN for further funding of the pilot. Evaluation / next steps to be agreed
- Exploring PAH Cardiology Team undertaking diagnostic testing to reduce DNAs at Queens
- Stroke Passport designed by Stroke Association is being used at rehabilitation level 3. Looking at how to expand further within the teams

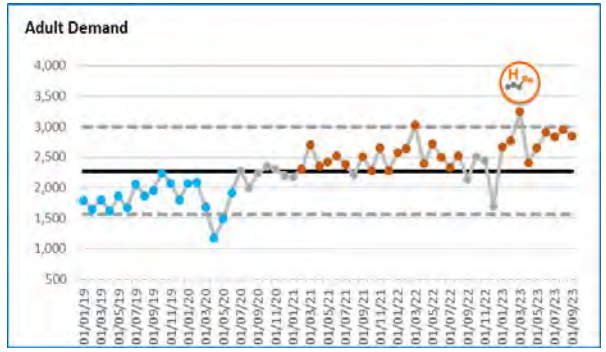
ENH

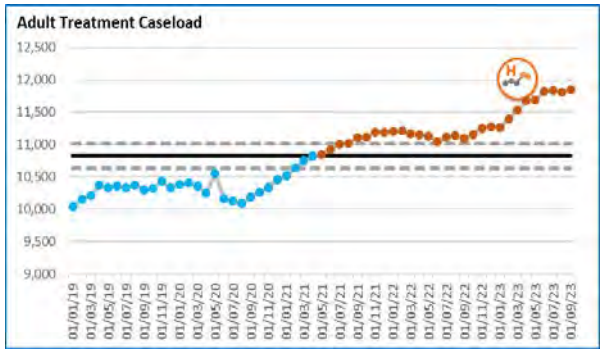
- The ENHT SSNAP performance for Q1 FY2324 improved from a D to a C rating
- New ED to stroke unit in-hours and out of hours transfer pathway trial implemented to support '4hr direct to stroke unit' standard and ED flow. Performance improved in July (43.7%) and Aug (35.4%); ongoing audit to measure impact of trial
- In Jully 23 and Aug 23, >96% of patients spent over 90% of their stay on a stroke unit. This is above the national standard of 80%. Four ring-fenced stroke beds remain in place, and planning to increase to ten
- In Aug 23, 33.3% of eligible patients were thrombolysed within 1 hour of arrival in ED
- All 20 stroke monitors have been upgraded to detect Atrial fibrillation (AF). This will support early diagnosis and management of patient pathway
- Upcoming Neuro Rehab Therapy workforce vacancies; expected knock-on impact to OT/PT service pressure at ENHT

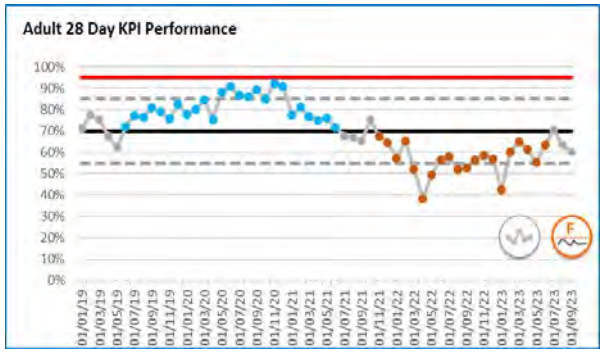
S&W Herts

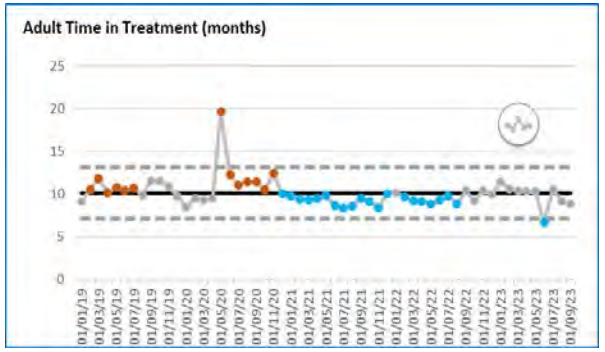
- Overall SSNAP performance is at a B rating, attributed to pressures on the system and challenges in the therapy workforce
- The % thrombolysed within 1 hour improved in August 2023 to 67%, which is above the local standard of 50%
- 4 hours direct to stroke unit remains consistently below national standard (90%) at 68%. This is however above the local standard of 60%. Patients receive stroke consultant input for their care while waiting for admission to the stroke unit
- WHTHT have been accepted to take part in the EOE Ambulance Video Triage pilot. It is hoped that this will have a positive impact on patients' movement through ED and time to Thrombolysis
- Rehab gym continues to be used as a bed capacity surge area (Aug & Sept 32/62 days occupied), which impacts the whole rehabilitation pathway
- TIA performance noted to have recovered to above 75% local standard at 78% in August. Ongoing industrial action and cancellation of clinics has created challenges in meeting this standard. Plans to meet with Trust Team around GP education and optimising referrals
- ESD, NETT and Community Stroke Service performance continues to be impacted by increased referrals and workforce issues. Current wait time for ESD is around 7 days. Service Lead confident that waiting list for ESD will improve when current vacancies filled, interviews planned

Mental Health – Adult Services





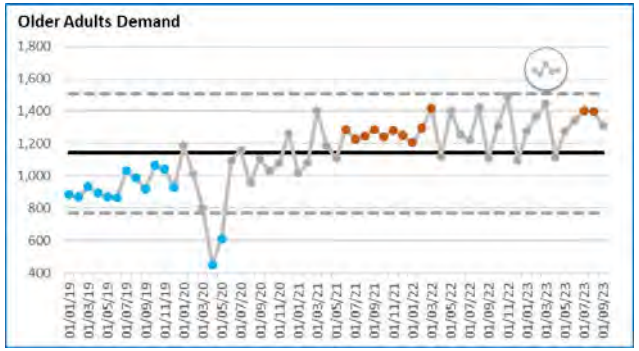


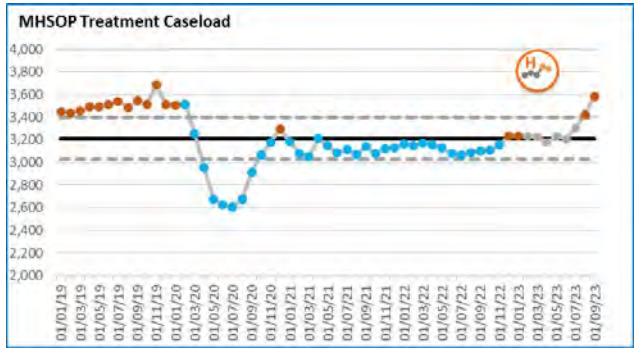


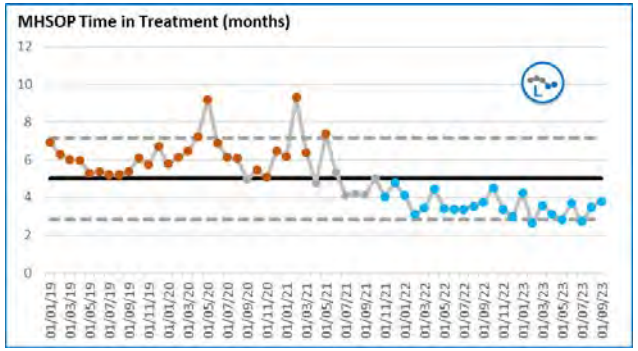
NOTE: NHSE plans to commence publishing data on long waits for Adult Community MH. This will comprise median and 90th percentile performance to receive two contacts. We expect to be able to report this data in our Jan 24 report

ICB Area	What the charts tell us	Issues	Actions	Mitigation
Adult Community Mental Health Services Herts & West Essex	Referral demand remains high across the ICS. Community caseload continues on an upward trend in Herts, but there has been a slight decrease over the last two months in West Essex. The time it takes from referral to assessment has increased in line with high referral volumes and caseloads in Herts. Performance for carrying out initial assessments within 28 days of referral remains low. EPUT continue to meet the 28 day target. Overall time spent on treatment pathways remains stable.	Sustained high demand continues to impact waiting lists for initial assessments in Herts. Despite good recovery in other parts of Herts, recovery in South & West is delayed due to significant issues in recruiting to vacancies and increased demand. Scoping exercise with HPFT to understand the variation within Herts. Increased referrals for adult ADHD diagnosis impacting on capacity which is a recognised trend across the NHS. Separate service for West Essex as ADHD is not mental health. Working with HPFT to split ADHD and SMI referrals.	Additional assessments including out of hours clinics. Continue to use agency resources to improve capacity across Herts. Recruitment deep dive into areas most challenged with access. Additional admin support to community MH teams in Herts. Herts demand and capacity review as part of the community transformation programme. ADHD review ongoing with commissioners to propose plan to address increased demand. HPFT is implementing digital solution to support initial assessments. Continued focus on triage to increase numbers of signposted to more appropriate services from SPA, rather than post-assessment. Implementation of Care Coordination Centre use in West Essex to enable access to right service first time and reduce delays in waits. Deep dive in South & West Herts ACMHS to recover and improve within 6 months. Recovery of 28 day target predicted for end of Q4.	Robust waiting list management and risk management protocols in place with daily and weekly reviews. Recovery of performance in the Herts South & West Herts is now expected in Q4, as increased referrals and ability to recruit to vacancies has caused a delay in recovery. Herts working with senior leads and commissioners to ensure targets are achieved.

Mental Health – Older Adults Services

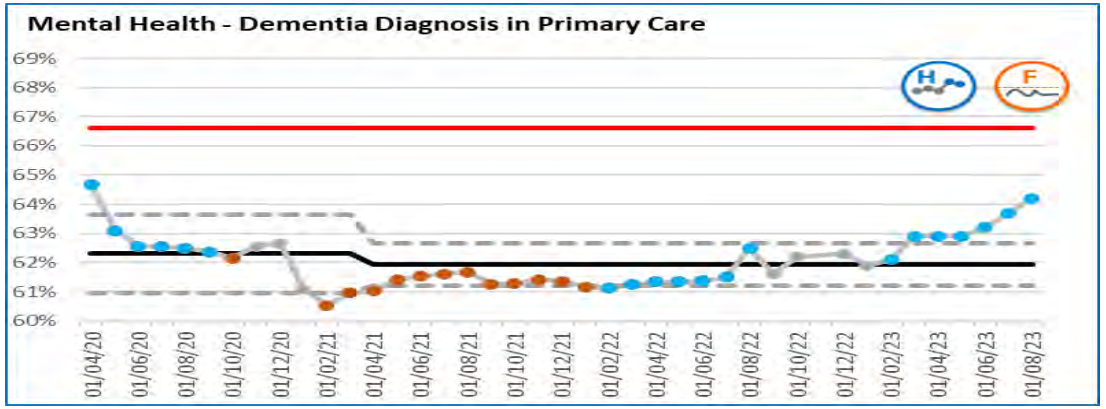




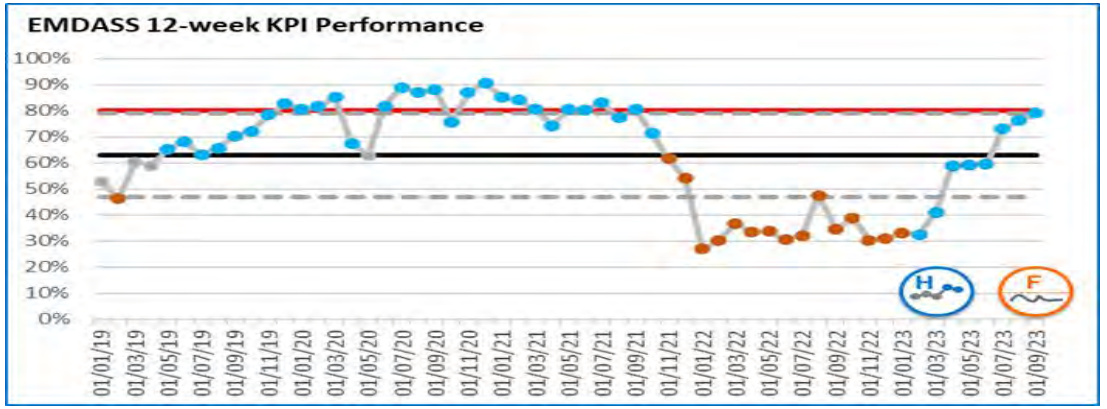


ICB Area	What the charts tell us	Issues	Actions	Mitigation
Older Adult Community Mental Health Services Herts & West Essex	Demand is variable. Whilst within common cause variation limits, the recent trend has stabilised above the historic median. A slowly increasing caseload is evident in Herts. Overall time spent on treatment pathways has improved.	Recruitment to vacancies continues to be a significant issue across the ICS. New waiting times from NHSE to be published in November 23, with the full list of measurement details. Anticipate this will present an initial challenge for older adult services to meet the 28 days to intervention, as currently they are working to an 18 week waits to treatment.	A joint deep dive as part into older people services as part of the SDIP will be reviewing current service delivery and ensuring transformation is in-line with adult community transformation.	Risk review and prioritisation for service users who have been waiting.

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

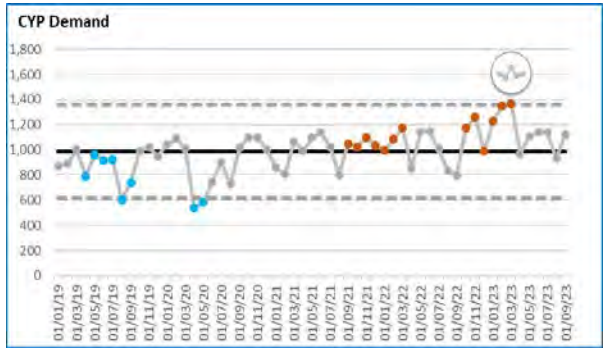


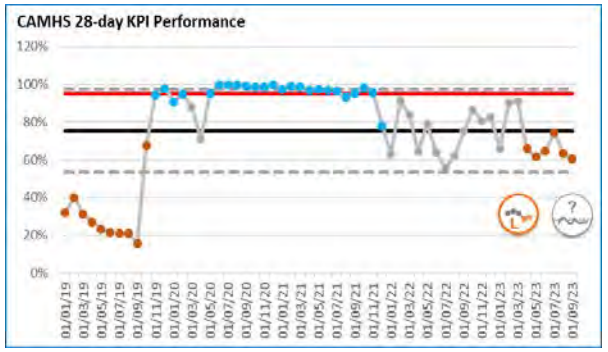
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
ENHCCH	64.1%	62.5%	61.7%	61.8%	62.0%	61.5%	61.3%	61.6%	61.1%	59.5%	59.2%	59.6%	59.4%	59.7%	60.2%	60.2%	60.2%	59.5%	59.3%	59.5%	59.2%	59.0%	58.8%	59.2%	59.2%	59.2%	59.0%	59.1%	60.9%	59.0%	59.8%	59.7%	59.6%	59.7%	60.5%	60.7%	60.7%	61.3%	61.8%	62.5%
HVCCG	63.2%	61.4%	61.0%	60.4%	60.1%	60.4%	59.8%	60.2%	61.0%	59.3%	58.4%	58.9%	59.2%	59.6%	59.6%	59.8%	60.0%	59.8%	60.1%	60.3%	60.6%	60.5%	60.6%	60.4%	60.6%	60.8%	60.7%	60.6%	61.2%	60.9%	61.3%	61.7%	61.3%	61.1%	61.4%	61.3%	61.3%	61.5%	61.9%	62.2%
WECCG	68.6%	67.5%	67.2%	67.9%	68.1%	67.8%	68.1%	68.9%	68.7%	67.5%	67.0%	67.4%	67.6%	68.0%	67.7%	67.7%	67.6%	67.3%	67.1%	67.0%	66.7%	66.4%	66.5%	66.6%	66.6%	66.5%	66.9%	67.6%	67.7%	67.6%	68.5%	68.3%	67.6%	68.3%	69.5%	69.9%	70.0%	69.8%	70.4%	70.9%
ICS	64.7%	63.1%	62.6%	62.5%	62.5%	62.4%	62.1%	62.6%	62.6%	61.1%	60.5%	61.0%	61.0%	61.4%	61.5%	61.6%	61.7%	61.3%	61.3%	61.4%	61.4%	61.2%	61.1%	61.2%	61.3%	61.3%	61.4%	61.5%	62.5%	61.6%	62.2%	62.3%	61.9%	62.1%	62.9%	62.9%	62.9%	63.2%	63.7%	64.2%

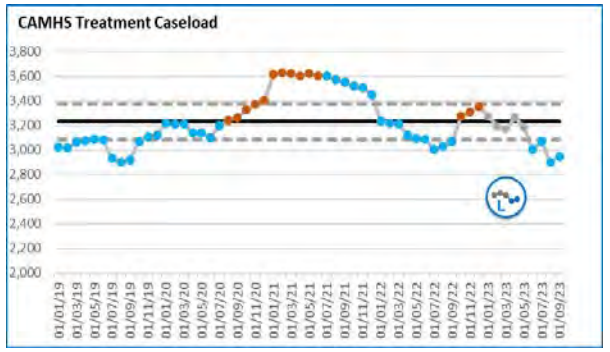


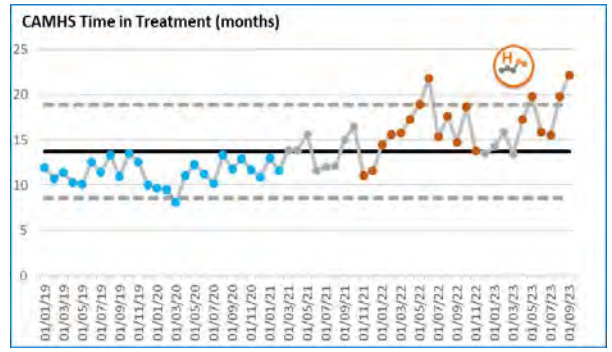
ICB Area	What the charts tell us	Issues	Actions	Mitigation
Dementia Diagnosis in Primary Care **Herts EMDASS Service**	• Dementia Diagnosis rate across Herts & WE continues to improve, but is not yet achieving overall target • West Essex is consistently achieving the national target with current achievement being 70.9% in August • East and North Herts improved to 62.5% • South and West Herts improved to 62.2% • Estimated prevalence rate of people with dementia rises month on month. Constant growth & increasing demand • EMDASS service (Herts) continues to recover and is close to meeting its 12 week KPI for referral to diagnosis	• 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 • Model of service may not be able to keep up with demand in future years • System reliance on diagnosis by EMDASS. Need to diagnose more in primary care/care homes	**Dementia Diagnosis Herts:** • A recovery plan remains in place which includes providing additional clinic appointments and primary care diagnoses • Bi-weekly MD led meetings continue to monitor progress. A weekly performance report is produced • Herts working with West Essex regarding shared learning • HPFT transformation plans are underway to look at new pathways, diagnosing more people in primary care and care homes. Plans will go to the Dementia Coproduction Board and the Dementia Strategy workstreams	**Herts:** • Herts EMDASS recovery trajectory achieved in Q2. 80% KPI recovered • Ongoing monitoring of the high waiting list and increasing demand • Additional clinics for evening and weekends will continue

Mental Health – CAMHS Services



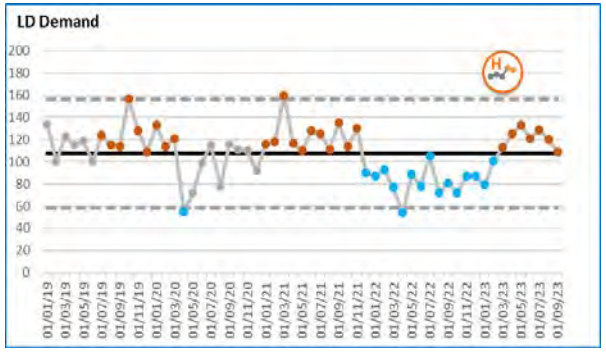


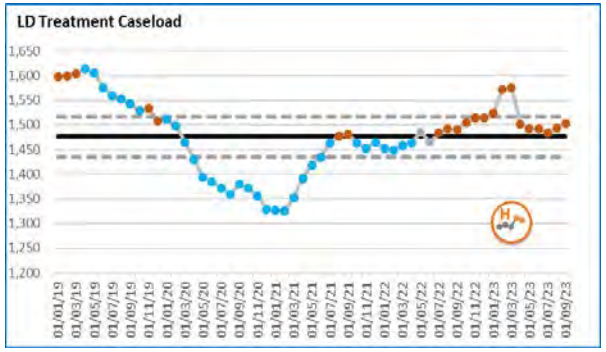


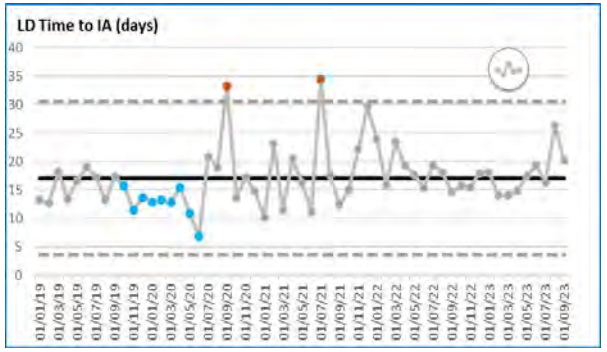


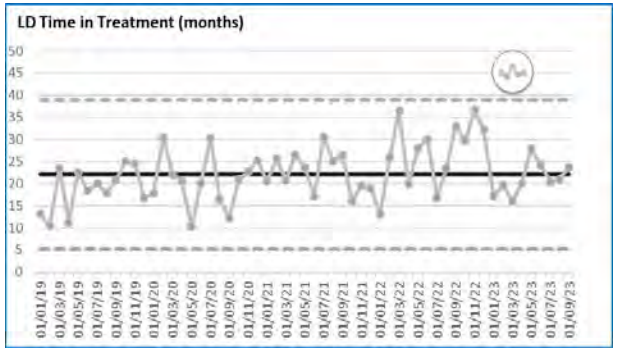
ICB Area	What the charts tell us	Issues	Actions	Mitigation
CAMHS Herts and West Essex. The CAMHS 28 day KPI Performance target relates to Herts only	Although West Essex does not have a KPI for 28 day, this is being monitored in contract management meetings. **Herts** CAMHS referrals received into the Single Point of Access (SPA) were high at the end of 2022/23. Despite a reduction in April, demand remains a challenge. 28 days from referral to initial assessment in Herts remains below target. Treatment caseloads show early signs of improvement, however time in treatment remains high.	Consultation process is due to commence with staff covering the SPA across Essex, due to a planned move from Colchester Business Park, into Colchester City Centre. Active issue regarding recruitment to vacancies across Herts and West Essex impacting on capacity and performance. West Essex service remains under business continuity but will cease imminently. East quadrant in Herts continues to have significant vacancies impacting on performance, which is an area of focus. The South & West quadrant has seen some improvement following successful recruitment to key posts.	Ongoing focus on recruitment and retention in both HPFT/NELFT, including recruitment incentives in NELFT. Weekly recovery meeting led by MD in Herts to monitor East progress, including cover and replacement for current vacancies and job planning for individual care professionals. Successful recruitment to senior clinical posts in West Essex CAMHS, but impact on capacity within the team will take time to embed.	SPA Triage Tool improved to meet 5 day pass on to teams target in Herts. Ongoing job planning in all quadrants to ensure qualitative approach in Herts. Caseload &resource management across quadrants to support pressured areas in Herts. The Hertfordshire service aims to recover the 28 day KPI by end of Q4, however this is dependent on the ability to recruit to vacancies, and therefore still carries a significant degree of risk. Whilst recruitment remains challenging particularly in some areas there have been improvements to services in the Crisis team and the West Essex CAMHS; as a result, the West Essex CAMHS will no longer be managed under a business continuity plan (BCP).

Mental Health – Learning Disabilities Services









ICB Area	What the charts tell us	Issues	Actions	Mitigation
Learning Disabilities Service Herts and West Essex for demand and caseload only LD services are 18+ years and includes those with a learning disability who may have a diagnosis of Autism	Overall referrals remain stable, but with a slight upturn to caseload in the last two months in Hertfordshire. As part of the North Essex services which includes west Essex – 97.3% of patients started treatment within 18 weeks. Time in treatment is subject to common cause variance. Within the services there is a wide range of treatment types with timeframes ranging from many years to a few days.	Lack of community services in West Essex impacts on in patient Length of Stay. 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 findings.	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. MDT meetings to discuss individual service users to access correct services. 5 people for West Essex to be reviewed. 4 people out of County. Review of Essex services with system partners across all ages and identify wider impact for WE place. Work commenced on further development of the Adults Dynamic Support Register to increase support and access to services.	Continuing work with commissioners to ensure that GPs are aware of and know how to refer directly into LD services. Essex LeDeR Annual Report has been signed of at Essex steering group and making its way through three Health and Wellbeing boards with recommendations. Essex is performing better than both regional and national averages.

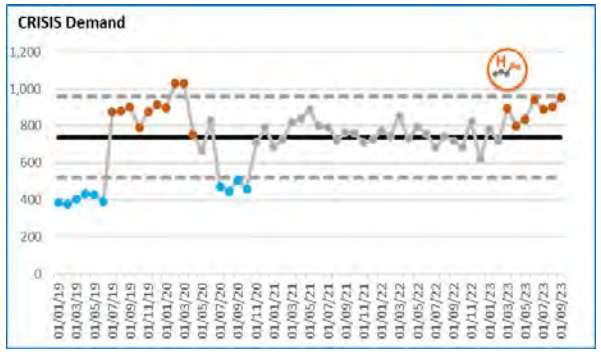
Mental Health – Learning Disability (LD) Health Checks

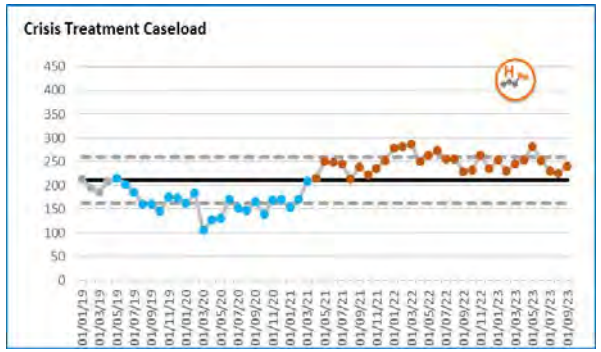
LD Health Checks August 2023	Total LD Register (age 14+)	Completed health checks	Health Checks Declined	Patients NOT had a health check	% Completed health checks *	Comparison to August 2022
NHS Hertfordshire and West Essex ICB	**7,373**	**1,366**	**30**	**5,977**	**18.5%**	**20.5%**
East & North Hertfordshire	3,034	607	11	2,416	**20.0%**	**23.7%**
South & West Hertfordshire	3,262	545	14	2,703	**16.7%**	**18.1%**
West Essex	1,077	214	5	858	**19.9%**	**18.3%**

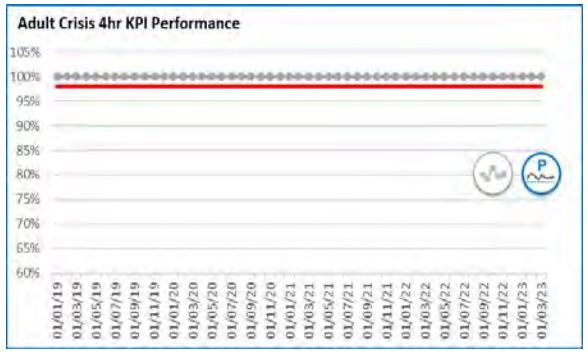
*** 75% Year End Target**

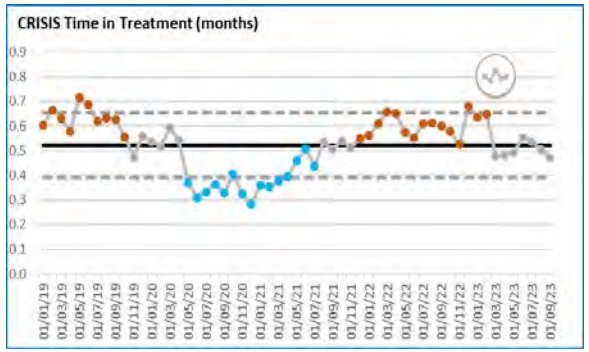
- It is challenging to forecast end of year performance against the 75% LD Health Checks standard, as a large proportion of health checks are carried out towards the end of the year, and particularly in Quarter 4
- As of August 2023, the ICB is 2% behind the equivalent 2022 position
- West Essex is 1.6% ahead of the 2022 position; East & North Herts is 3.7% behind; South & West Herts is 1.4% behind

Mental Health – Adult Crisis Services



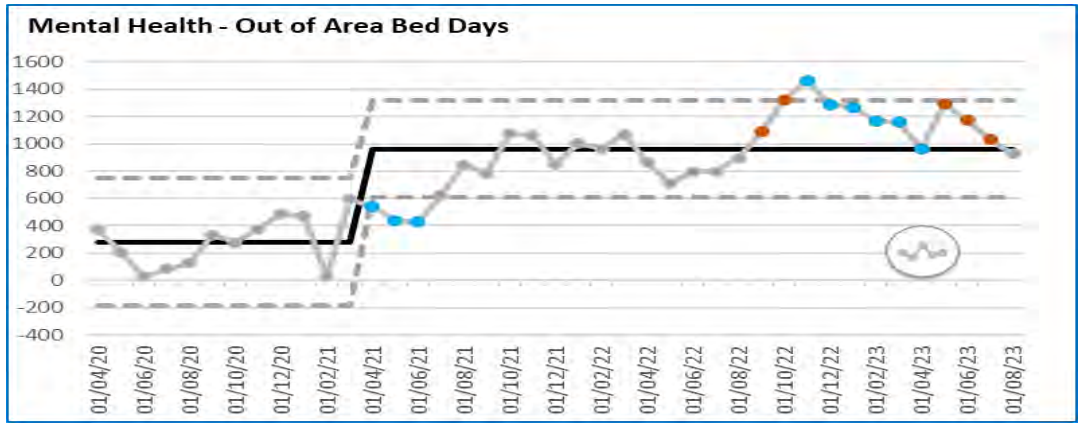




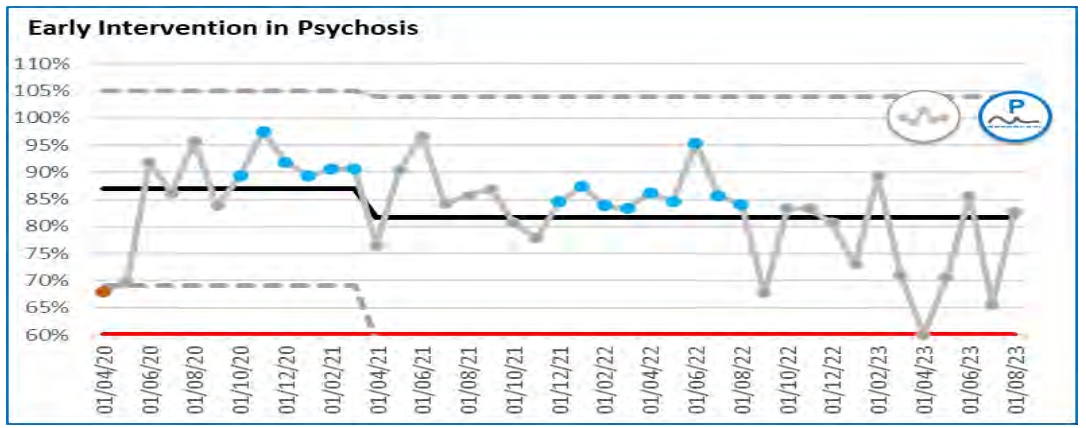


ICB Area	What the charts tell us	Issues	Actions	Mitigation
Crisis Services – Adults and Older Adults West Essex data included in Demand and Time in Treatment charts only. Addition of the remaining data is being worked on.	Crisis demand remains high against historical baseline and increased over the summer months. Showing as seven consecutive months above the historic mean. Herts reporting for 4 hour waits is temporarily unavailable (since May) due to a change in process to meet the new waiting time standards. It will be reportable from October 23. The average time under caseload management in the Crisis and Home Treatment Team has reduced and is now approximately 2 weeks.	Recruitment to vacancies continues to be a significant issue across the ICS. HPFT Crisis teams have moved away from manual reporting of waits, and the digital solution is now being embedded. This has taken slightly longer than anticipated and reporting will recommence from October 23. Increasing footfall into PAH ED for those in MH crisis for both Herts and Essex residents. However, usage of West Essex 24/7 crisis line has dipped.	Ongoing focus on recruitment to vacancies and retention of existing staff. Development and implementation of a digital solution in HPFT to improve efficiency and quality of the reporting against the new waiting time standards. Review of community mental health caseloads to improve flow. ICB wide communications to be developed to promote 24/7 crisis lines (through NHS 111 for public and dedicated professionals' lines). Wider communications re. crisis directory have been prepared as part of the winter planning and will be shared with system partners.	Continue to identify delayed transfers of care on crisis caseload. Ongoing monitoring and MDT discussion to identify treatment pathway and discharge plans.

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



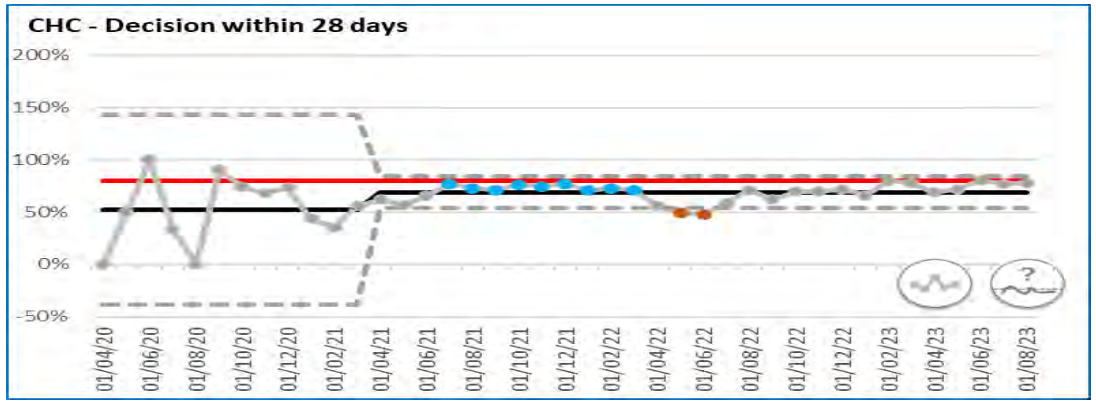
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Hertfordshire	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	863	632
Hertfordshire Target	33	33	34	20	20	20	10	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WECCG													86	102	90	51	12	22	140	314	177	225	134	83	100	16	21	38	76	55	145	242	209	203	166	191	316	296	233	167	293



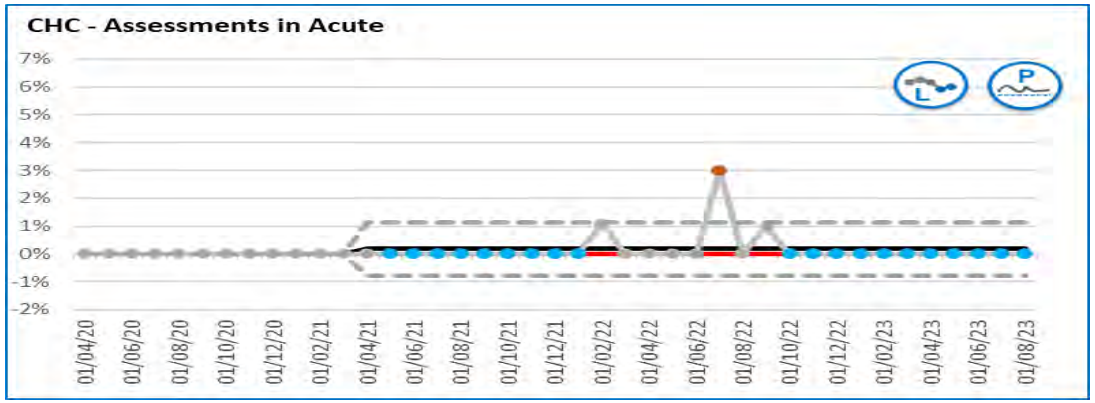
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
ENHCCG	100.	91.7	100.	91.7	100.	80.0	80.0	100.	100.	91.7	94.7	93.8	81.3	88.9	91.7	85.7	80.0	100.	88.9	73.4	72.7	87.5	87.5	92.9	87.5	100.	87.5	93.8	75.0	50.0	83.3	90.0	60.0	75.0	57.1	71.4	70.0	80.0	100.	86.7	100.
HVCCG	52.9	60.0	90.0	85.7	100.	81.3	100.	95.0	81.3	85.7	81.8	90.0	75.0	100.	100.	75.0	87.5	80.0	91.7	83.3	88.9	90.0	78.6	66.7	80.0	70.0	100.	75.0	100.	58.3	81.8	75.0	77.8	63.6	100.	66.7	46.2	53.3	75.0	46.7	66.7
WECCG	100.	50.0	83.3	66.7	85.7	90.0	80.0	100.	100.	100.	100.	83.3	66.7	66.7	100.	87.5	87.5	80.0	60.0	85.7	100.	83.3	88.9	85.7	90.9	88.9	100.	75.0	80.0	100.	100.	83.3	100.	100.	100.	91.5	100.	100.	83.3	50.0	80.0
ICS	68.0	69.7	91.9	86.2	95.7	83.9	89.3	97.6	91.9	89.3	90.6	90.6	76.5	90.5	96.7	84.2	85.7	87.0	80.6	77.8	84.6	87.5	83.9	83.3	86.2	84.6	95.5	85.7	84.0	67.7	83.3	83.3	80.6	73.1	89.3	71.0	60.0	70.6	85.7	65.6	82.6

ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex	Out of Area Bed Days remain challenged and higher than pre-23/24 levels.	A national shortage of MH beds and use of inappropriate OOA beds is very likely to continue.	• Review of Essex bed stock continues with system partners and the Essex wide risk share contract continues with system partners • Review of West Essex Community Rehab requirements remains on going	• Out of Area Placement (OOAP) Elimination & Sustainability Impact System Group (Essex wide) in place to monitor the impact of the NHSE OOAP Action Plan • 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
Herts	Out of Area Bed Days have reduced for the last 3 months. Recovery trajectory for August and September was achieved.	• 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	• Daily OOAP reviews / dedicated clinical ownership for OAP • Gatekeeping process and on call gatekeeping consultant • 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 • 10 additional block beds in place – total 42 • Enhanced community offers for rehab and assertive outreach • Introducing further alternatives to admission – Crisis House • Wider system work, led at Executive level, to support placement of longer-term delayed transfers of care	
EIP	Performance achieved above the national target within Herts	No specific issues	Ongoing monitoring	Consistently compliant

Continuing Health Care (CHC)



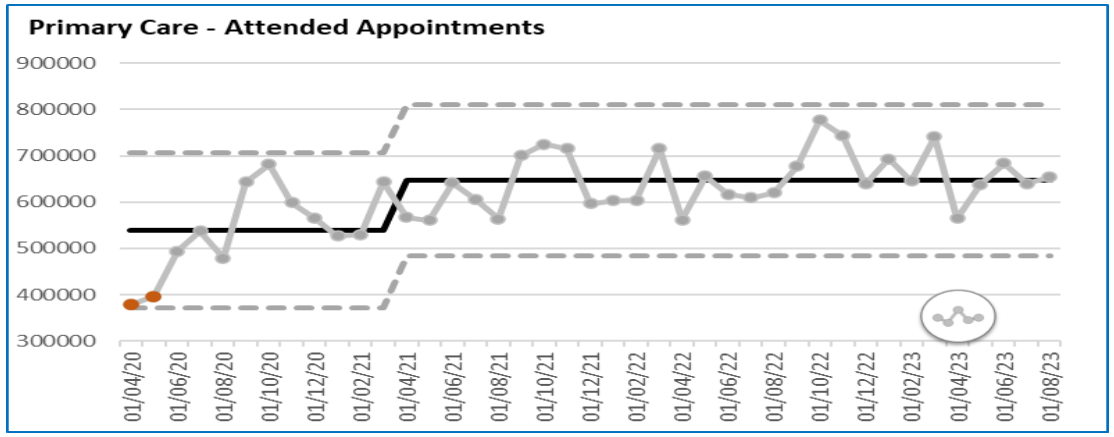
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-25	May-23	Jun-23	Jul-23	Aug-23
East & North Hertfordshire CCG	0.0%	50.0	100.	33.3	0.0%	57.1	21.1	34.2	30.8	21.1	18.4	25.6	38.7	23.3	50.0	58.3	50.0	66.7	77.4	70.4	47.8	52.6	72.0	69.0	70.8	74.2	94.9	86%	100%	83%	100%	70%	88%	83%	91%	87%	82.5	86.5	82.1	75.6	87.5
Herts Valleys CCG	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.	91.4	87.7	86.6	69.7	66.7	75.8	47.2	65.7	74.4	81.5	80.4	66.7	61.1	72.3	85.7	80.5	71.2	72.5	47.2	35.2	23.4	36%	41%	33%	50%	63%	58%	63%	72%	67%	50.0	61.7	73.6	71.8	69.7
West Essex CCG																																									
ICS	0.0%	50.0	100.	33.3	0.0%	90.6	74.0	68.0	73.1	43.7	35.6	56.0	62.0	56.8	65.4	77.3	73.0	71.0	76.3	74.8	77.2	70.9	72.8	71.0	56.2	49.7	47.6	59%	71%	62%	70%	70%	72%	66%	80%	78%	68.9	72.1	80.3	77.1	77.5

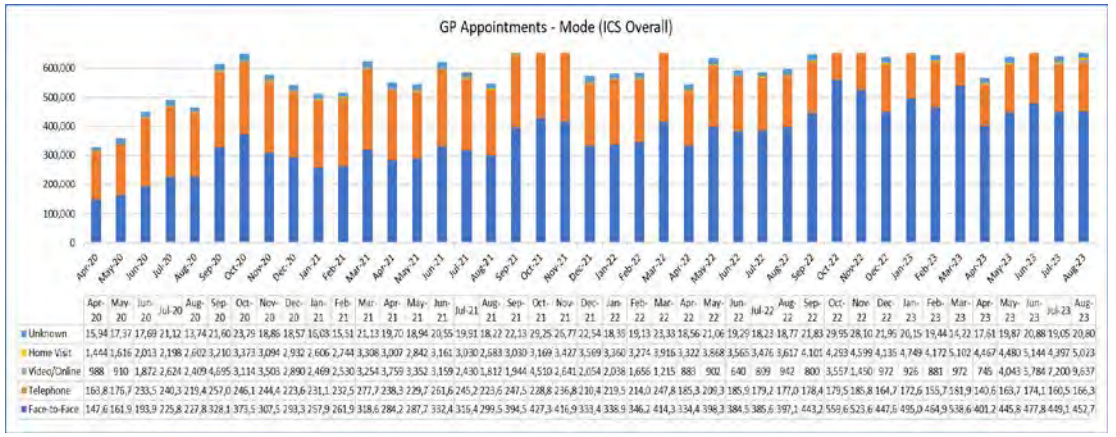


	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
East & North Hertfordshire CCG	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%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Herts Valleys CCG	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%	0%	0%	0%	2%	0%	0%	0%	3%	0%
West Essex CCG																				0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
ICS	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%	0%	0%	0%	1%	0%	0%	0%	3%	0%

ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• Continued compliance with the 28 day assessment standard • Zero assessments in an acute setting	• Ongoing increasing backlog of CHC, FT and FNC reviews due to prioritising new assessments and D2As	• 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 fully engaged with this process	• Fast track turnaround project commenced • Projects for out of area cases and 1:1 reviews starting • Project for CHC backlog reviews in development. • Performance standards continue to be monitored, issues escalated, and risks mitigated • Agency cover reducing • Setting trajectory and drive on clearing cases over 28 days
South West Herts / WHTHT	• Performance against decisions within 28 days remains challenged • Zero assessments in an acute setting	• 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	• Ongoing recruitment and prioritisation of fast track and 1:1 reviews • Allocation and weekly tracking of 28 day assessments remains a priority • Collaborative working with system partners; weekly meetings • Focus on checklist completion, resulting in backlog reduction • SWH action plan in place, supported by NHSE	
East & North Herts / ENHT	• 28 day standard compliance continues • Zero assessments in an acute setting	• 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	• Weekly tracking of referrals over 28 days by caseload and CHC manager • 28 day case backlog reducing, the target is expected to be met by the end of quarter	

Primary Care





ICB Area	What the charts tell us	Issues	Actions	Mitigation
ICB	• Total appointments are variable and within common cause variation limits • Appointments in 2023 are highest since 2019 • Face to face appts. are similar to pre-covid; telephone appts. have almost tripled • Online appointments (as defined by GPAD) have increased significantly in the past 5 months; thought to be due to improved GPAD data extraction • NHSE working to include appts. delivered at hub sites as part of Extended Access	• General Practice continues to see increases in demand against a backdrop of working through the backlog, workforce pressures and negative media portrayal • New 23/24 contractual requirement for an offer of assessment, an appointment, signposting to occur when the patient contacts the practice	**Engagement with the National Access Recovery Plan** • All 34 PCNs have an agreed Access Improvement Plan as outlined in the Primary Care Access Recovery Plan. • Some practices transitioning to Modern General Practice through demand / capacity analysis, use of cloud base telephony, enacting the National GP Improvement Programme (19 practices and 4 PCNs), roll out NHS app, online GP registration, development of GP and PCN websites and testing triage models • Transformation support funding - Indicative £13.5k per qualifying practice available for 23/24 & also the same for 24/25. Place teams reviewed & approved submissions from practices • 28 sites identified for cloud base telephony. Delays in national proc. hub implementation may result in practices unable to deliver improvement in telephone access for 2023/24. Escalated to the regional team • Good progress on online access to GP records. Targeted work with practices to enable access by opting into (EMIS) or following self-enablement process (TPP) • Partnership working to increase self-referrals in number in high volume services: Physio, IAPT, Podiatry etc. • Support Level Framework (SLF) - Self assessment tool to support practice teams in understanding 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 • 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 **Winter Pressure Funding** • No additional national funding for winter pressures this year specifically aligned to Primary Care. However, HWE have continued with local primary care funding to commission additional activity in primary care at the same level as last year, £1.43 per weighted patient • Is subject to PCN plans being appropriate to meet the local and national priorities. This capacity should support surges in practices in PCNs when reaching OPEL 3 or 4. PCNs requested to consider partnership working, same day access & phasing over the winter period	• Enhanced Commissioning Framework (ECF) reviewed and streamlined for 23/24 • Trend analysis to identify practices with poor access via complaints and patient contacts • PCCC and Primary Care Board oversight of GPPS results. Action plan developed through the Access MDT Group • Recruitment & Retention of Primary Care Workforce. Initiatives for Primary Care Workforce to support recruitment and retention, 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 • 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

August 2023

Area	Activity	Target	Latest published data	Data published	Trend	Variation	Assurance	NATIONAL position (ICB vs National)	REGIONAL position (ICB vs EoE Region)	ICB Ranking
111	Calls answered < 60 seconds	95%	77.7%	August 23	✓ 0.65%	H	F	67.53% (Better)	70.62% (Better)	10th highest
	Calls abandoned after 30 seconds	5%	3.3%	August 23	✓ -32.90%			6.52% (Better)	3.93% (Better)	13th highest
A&E	% Seen within 4 hours	76%	67.0%	September 23	✓ 0.896%	H	F	71.64% (Worse)	72.34% (Worse)	7th lowest
	12 Hour Breaches	0	130	September 23	✗ 30.77%	L		33,107	3,294	8th highest
Cancer	2ww All Cancer	93%	78.5%	August 23	✗ -1.53%		F	74.85% (Better)	65.17% (Better)	18th highest
	2ww Breast Symptoms	93%	85.7%	August 23	✓ 2.68%			70.34% (Better)	65.94% (Better)	10th highest
	31 day First	96%	92.7%	August 23	✗ -1.94%			90.96% (Better)	88.93% (Better)	16th highest
	31 day Sub Surgery	94%	88.3%	August 23	✓ 6.34%			77.80% (Better)	79.33% (Better)	6th highest
	31 day Sub Drug	98%	98.1%	August 23	✗ -1.02%			97.67% (Better)	97.13% (Better)	20th lowest
	31 day Sub Radiotherapy	94%	90.1%	August 23	✓ 1.44%			88.36% (Better)	91.83% (Worse)	20th lowest
	62 day First	85%	66.8%	August 23	✗ -2.54%		F	62.84% (Better)	60.49% (Better)	11th highest
	62 day Screening	90%	70.7%	August 23	✓ 11.60%			65.13% (Better)	72.55% (Worse)	17th highest
	62 day Upgrade	85%	62.3%	August 23	✗ -2.41%		F	74.54% (Worse)	74.56% (Worse)	4th lowest
	28 days Faster Diagnosis	75%	71.6%	August 23	✗ -0.84%			71.61% (Better)	65.27% (Better)	24th lowest
RTT	Incomplete Pathways <18 weeks	92%	54.4%	August 23	✗ -1.84%		F	58.01% (Worse)	53.91% (Better)	12th lowest
	52 weeks	0	13,564	August 23	✗ 6.44%	H	F	396,643	61,240	5th lowest
	65 weeks	0	4,074	August 23	✗ 13.38%		F	109,523	17,143	5th lowest
	78 weeks	0	777	August 23	✗ 18.02%	H	F	8,998	1,957	2nd lowest
Diagnostics	6 week wait	5%	32.0%	August 23	✗ 5.44%		F	27.5% (Worse)	30.91% (Worse)	14th lowest

Herts & West Essex ICS (Commissioner)

Individual Trust

ICS Aggregate Provider	Trend	ENHT	Trend	PAH	Trend	WHTHT	Trend
77.7%	✓ 0.65%						
3.27%	✓ -32.90%						
67.00%	✓ 0.90%	70.80%	✓ 2.26%	57.10%	✗ -2.45%	69.90%	✓ 1.14%
130	✗ 30.77%	7	✓ -42.86%	123	✗ 34.96%	0	– 0.00%
80.10%	✗ -1.37%	91.50%	✓ 0.22%	78.60%	✓ 2.04%	70.40%	✗ -5.82%
86.00%	✓ 2.09%	89.00%	✓ 14.27%	87.80%	✓ 14.58%	82.10%	✗ -16.20%
93.90%	✗ -2.24%	96.60%	✗ -1.45%	84.70%	✗ -9.33%	95.90%	✓ 1.25%
88.90%	✓ 5.29%	89.40%	✓ 0.56%	25.00%	✗ -128.40%	96.70%	✓ 13.86%
98.80%	✗ -0.81%	100%	– 0.00%	91.40%	✗ -5.03%	100%	– 0.00%
95.90%	✓ 8.65%	95.90%	✓ 8.65%	N/A		N/A	
70.60%	✗ -3.97%	83.60%	✗ -3.11%	44.90%	✗ -18.26%	70.40%	✓ 0.57%
74.50%	✓ 16.51%	90.00%	✓ 30.56%	63.20%	✓ 25.47%	68.80%	✗ -21.08%
61.30%	✗ -9.14%	71.90%	✓ 1.25%	54.00%	✗ -20.74%	61.70%	✗ -1.30%
72.20%	✗ -0.83%	73.00%	✗ -3.97%	75.30%	✓ 1.06%	68.50%	✗ -0.15%
50.60%	✗ -2.17%	48.80%	✗ -1.43%	54.20%	✗ -0.55%	50.80%	✗ -3.54%
11,116	✗ 7.65%	5,831	✗ 6.53%	2,516	✗ 5.56%	2,769	✗ 11.88%
3,425	✗ 12.91%	1,901	✗ 13.20%	955	✗ 8.06%	569	✗ 20.04%
757	✗ 16.51%	661	✗ 13.31%	90	✗ 43.33%	6	✓ -33.33%
36.40%	✗ 9.34%	43.50%	✗ 8.97%	29.70%	✗ 18.86%	31.50%	✗ 3.17%

Herts & West Essex ICS (Commissioner)

Area	Metric	Target	Latest published data	Data published	Trend	Variation	Assurance	National position (ICB vs National)	Regional position (ICB vs EoE Region)	ICB Ranking
111	Calls answered < 60 seconds	95%	77.7%	August 23	✓ 0.65%	H	F	67.53% (Better)	70.62% (Better)	10th highest
	Calls abandoned after 30 seconds	5%	3.3%	August 23	✓ -32.90%			6.52% (Better)	3.93% (Better)	13th highest
Mental Health	Dementia Diagnosis rate	66.6%	64.2%	September 23	✓ 0.78%	H	F	62.0% (Better)	64.1% (Better)	19th highest
	OOA placements	0	925	August 23	✓ -11.35%		F	n/a	n/a	n/a
CHC	% of eligibility decisions made within 28 days	80%	77.5%	August 23	✓ 0.52%	H		73.94% (Better) *2	79.42% (Better) *2	16th lowest
	% of assessments carried out in acute	15%	0.0%	August 23	– 0.00%	L	P	n/a	n/a	n/a

Individual CCGs

ICS Aggregate Provider	Trend	East & North Herts	Trend	South & West Herts	Trend	West Essex	Trend
N/A		77.77%	✓ 0.77%			77.38%	✓ 0.14%
		3.27%	✓ -30.72%			3.28%	✓ -41.83%
		62.50%	✓ 1.12%	62.20%	✓ 0.48%	70.90%	✓ 0.71%
		632	✓ -36.55%			293	✗ 43.00%
		87.50%	✓ 13.60%	69.70%	✗ -3.01%	83.90%	✗ -10.73%
		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
ADHD	ENHT	HPFT	HCRG
Advocacy	KIDS	KIDS	Rethink / Open Door
Allergy	ENHT	WHHT	HCRG / PAH
ASD	ENHT	HCT	HCRG
Asthma Nurse specialist	n/a	HCT	To be established
Audiology	ENHT	HCT	PAH
Wellbeing Practitioners	HCT	HCT	HCRG
CHIS	HCT	HCT	Provide
Com. Nursing	ENHT	HCT	HCRG
Comm Paeds	ENHT	HCT	HCRG
Continence	n/a	HCT	HCRG
Continuing Care	ENHT	HCT	HCRG & Various Independent
CSAIS	EPUT (s/c HCT)	EPUT (s/c HCT)	EPUT
CYP Counselling	YCT, Youthtalk, Signpost, Rephael House & Safespace.	YCT, Youthtalk, Signpost, Rephael House & Safespace.	YCT
CYP Therapies	HCT	HCT	HCRG (SLT inclusive of dysphagia, PT inclusive of MSK)
Designated Medical Officer for SEND	ENHT	HCT	HCRG
Diabetes Nurse Specialist	ENHT	WHHT	PAH
Dietetics	HCT	HCT	HCRG / PAH
Eating Disorders	HPFT	HPFT	NELFT / BEAT
Epilepsy Nurse Specialist	ENHT	WHHT	PAH
Equipment	HCT	HCT	EPUT
Eye Care	ENHT	HCT/WHHT	PAH

Service	E&NH	S&WH	West Essex
Family Hubs/Children's Centres	Family Centre Services/Family Support Services/ HCT	Family Centre Services/Family Support Services/ HCT	HCRG
Health Visiting	HCT	HCT	HCRG
Hospice Care	Keech	Keech/Noah's Arc/ Rennie Grove	Haven House, EACH
Infant Mental Health	HCT	HCT	EPUT
LAC	HCT	HCT	HCRG
Lymphoedema	HCT	n/a	HCT
Mental Health Support Teams	HPFT/HCT	HPFT/HCT	West Essex Mind (mainstream) / HPFT (special schools)
Neuro-Rehab	Specialist commissioned	Specialist commissioned	Tadworth Children's Trust
Palliative Care Respite Service (EPIC)	Noah's Arc	Noah's Arc	Little Haven's
Palms	HCT	HCT	n/a
Parenting Support	HCC	HCC	Triple P (YCT from April)
Perinatal Mental Health	HPFT	HPFT	EPUT
School Nursing	HCT	HCT	HCRG
Sickle cell	HCT	HCT	PAH
Special care dentistry	HCT	HCT	PAH
Specialist CAMHS	ENHT	HPFT	NELFT
Specialist Healthcare Tasks	n/a	n/a	Provide
Specialist school nursing	ENHT	HCT	HCRG
Step 2 Service	JHCT	HCT	n/a
Therapeutic Health Based Coaching	n/a	n/a	NOW
Tier 4 CAMHS	HPFT	HPFT	EPUT
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:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐				
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**24/11/2023**		
Report Title:	**ICB Finance Report for Month 6 2023/24**				**Agenda Item:**	**12**		
Report Author(s):	Debbie Griggs, Deputy Chief Finance Officer							
Report Presented by:	Alan Pond, Chief Finance Officer							
Report Signed off by:	Alan Pond, Chief Finance Officer							
Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	☐	**Information**	☒
Which Strategic Objectives are relevant to this report	Achieve a balanced financial position annually							
Key questions for the ICB Board / Committee:	N/A							
Report History:	This report was presented to the Finance and Investment Committee on 7 November 2023.							
Executive Summary:	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 6 2023/24. At Month 6, the Hertfordshire and West Essex (HWE) Integrated Care Board (ICB) reported a YTD overspend position of £1.320m, which is an adverse variance of £1.818m, as the ICB is expected to be reporting a £0.498m underspend, reflecting the planned underspend of £9.4m for the year. The ICB is continuing to report a Forecast Outturn (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, resulting in the HWE Integrated Care System (ICS) reporting an outturn position of breakeven. The financial pressures for the ICB have continued for the first 6 months of the financial year in the two expected areas: Prescribing and Continuing							

	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: • Notes the ICB's year to date position of £1.818m adverse variance. • Notes 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.			
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
	N/A			
Implications / Impact:				
Patient Safety:	N/A			
Risk: *Link to Risk Register*	N/A			
Financial Implications:	N/A			
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***		N/A	
	Quality Impact Assessment:		N/A	
	Data Protection Impact Assessment:		N/A	

HWE ICB - Financial Report for Month 6 2023/24

Executive Summary

ICB Year-To-Date Position (YTD):
At Month 6, the Hertfordshire and West Essex (HWE) Integrated Care Board (ICB) reported a YTD overspend position of £1.320m, which is an **adverse variance of £1.818m**, as the ICB is expected to be reporting a £0.498m underspend, reflecting the planned underspend of £9.4m for 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, resulting in the HWE Integrated Care System (ICS) 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 exceeds the mitigations identified. There are established workstreams now in place to identify and develop additional mitigations to cover these risks. The co-ordination of these workstreams is being led by Matt Webb for the ICS.

HWE ICB - Financial Position for Month 6 2023/24

Summary ICB Expenditure Position as at Month 6 (September) 2023/24		Year to Date		
Annual Budget £'000	Expenditure Category	Budget £'000	Actual £'000	Variance £'000
1,625,208	Acute Services	822,794	823,451	658
164,148	Continuing Healthcare Services	82,102	87,256	5,154
299,400	Community Services	150,647	151,183	536
333,318	Mental Health Services	168,239	168,161	(78)
260,232	Delegated Primary Medical Services (GPs)	131,913	130,427	(1,486)
139,104	Delegated Pharmacy, Ophthalmology & Dental (POD)	66,652	63,071	(3,581)
55,476	ICB Primary Care Services	26,820	24,656	(2,164)
236,833	Prescribing	118,722	123,200	4,478
30,603	Corporate Services (Running Costs)	15,301	13,998	(1,303)
29,595	Other Commissioned and Programme Services	(3,744)	(4,637)	(893)
3,173,918	**Sub-Total Expenditure**	**1,579,446**	**1,580,766**	**1,320**
(9,400)	Planned Underspend	(498)	0	498
3,164,518	**Total Expenditure**	**1,578,948**	**1,580,766**	**1,818**

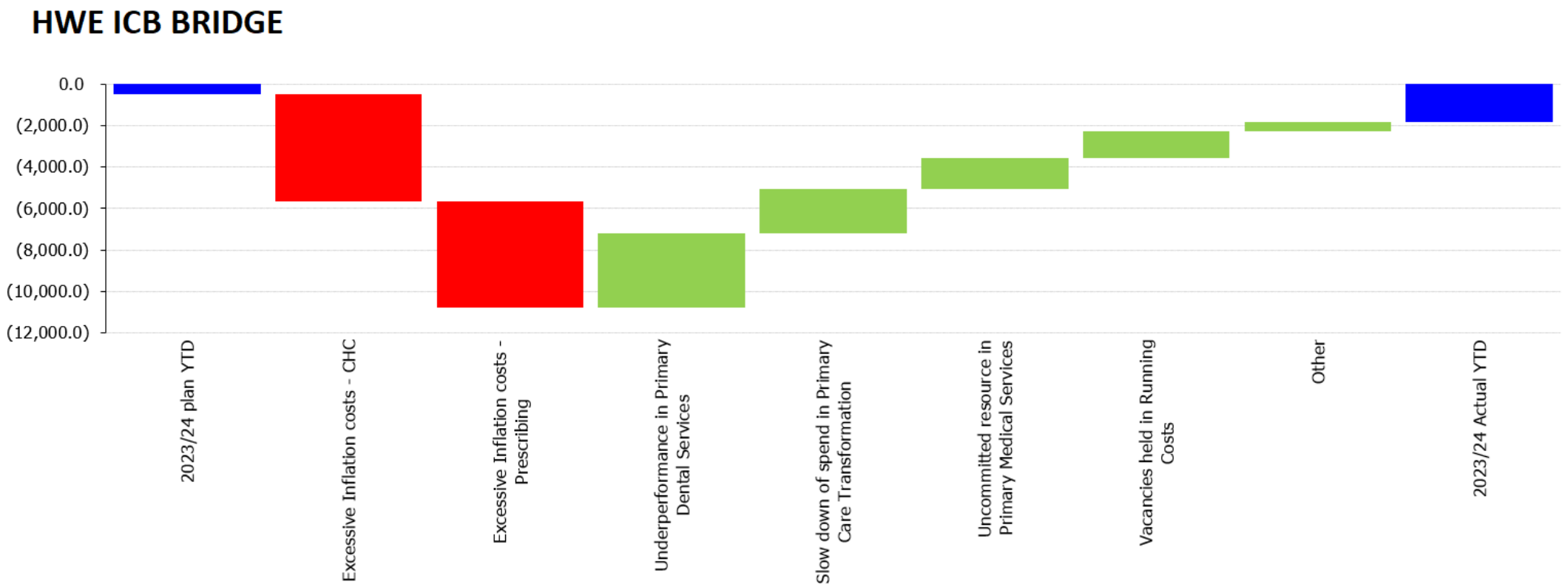
Slides 6 to 14 provide detailed information on the financial position for each of the functional areas of the ICB and includes the level of risk within the position.

It should be noted that delivering the financial plan of £9.4m underspend at year end is dependent on achieving all efficiencies.

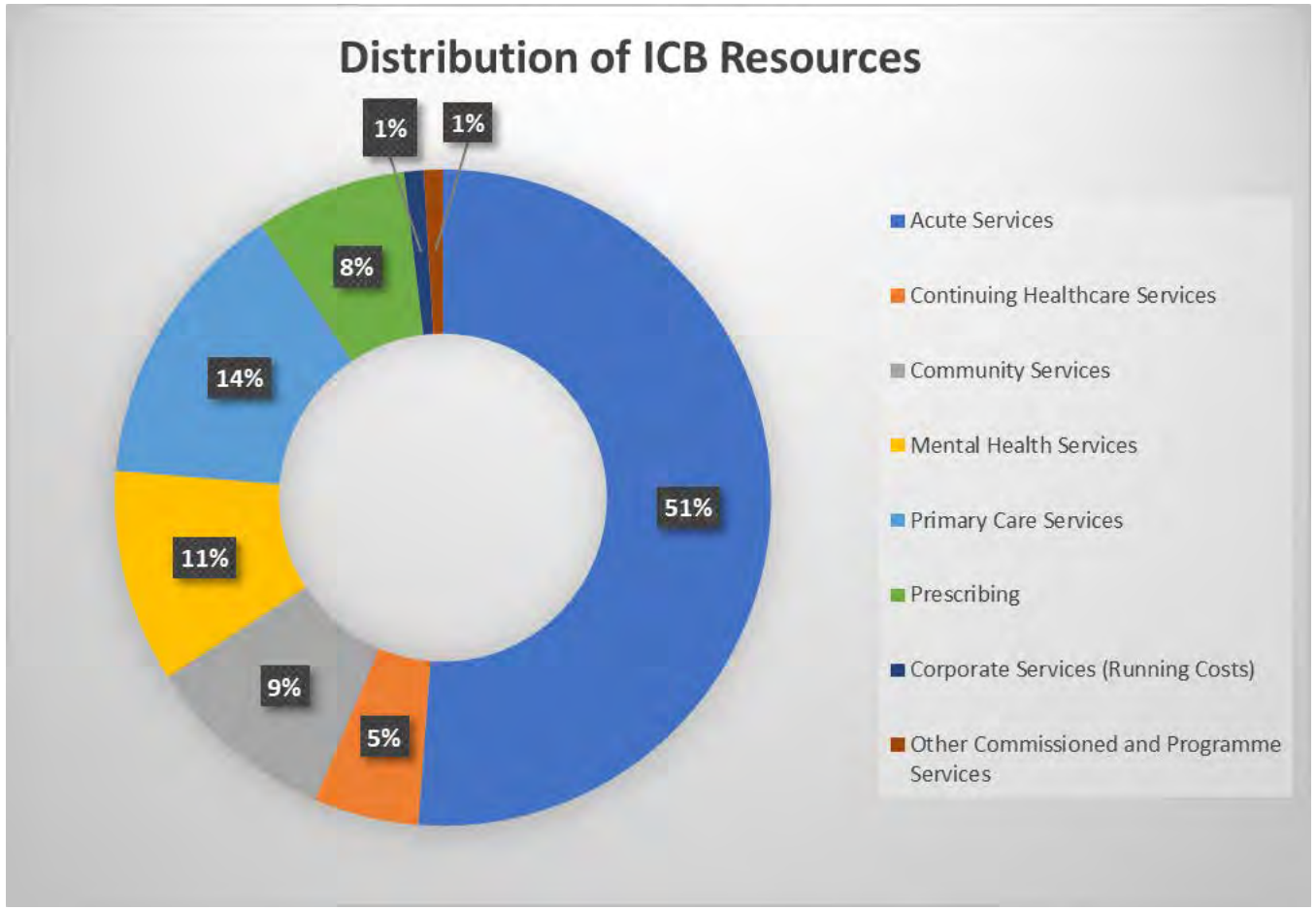
The YTD position includes the financial position of efficiencies that are embedded into budgets; this excludes £8.4m of efficiencies which do not currently have recurrent plans in place.

The ICB has reported to NHSE that it expects to be on plan by the end of the year, with a £9.4m underspend.

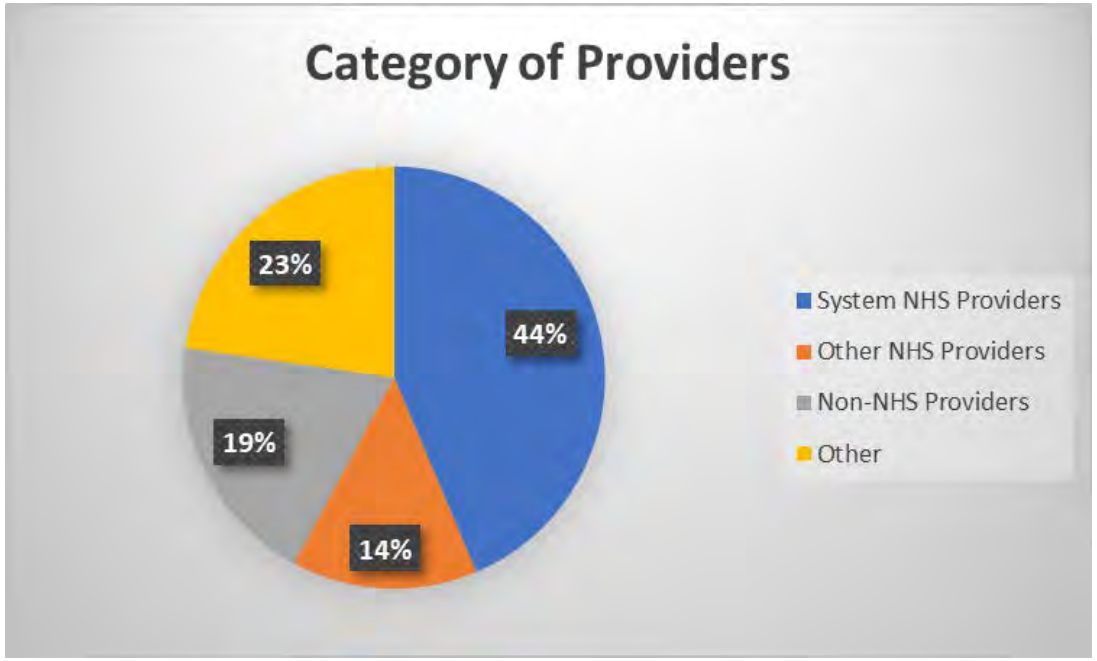
Bridge from Plan to Month 6 YTD



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



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.



Hertfordshire and West Essex Integrated Care System

Updates on the Financial Positions as at Month 6 2023/24

Acute Services			
Year to Date Position:	**Annual budget:**	£1,625.2m 51.2% of the total ICB Budget	
	Month 6 YTD Variance	£0.658m overspent	
	Run rate:	Current run rate: £135.1m per month	
	Efficiency Target:	£4.2m – profiled to be achieved in Month 12 ➢ Maximising Independent Sector overperformance in Elective Services	
Risks identified: Level of Risk **Medium**	This category of spend is predominantly contract backed, with fewer areas of volatility. However, at Month 6, the contract negotiations with NHS Providers have not been fully concluded, with escalations to CFO level, where required. We are also seeing overperformance in High Cost Drugs and Devices, which sits in the variable element for some NHS Provider contracts. **Risk:** Spend on High Cost Drugs and Devices could be higher than the available budget, causing a cost pressure.		
Cost Pressures in the Year to Date Position: • IFR • Patient Transport • High Cost Drugs	At Month 6, the following areas are currently experiencing cost pressures: ➢ IFR budget is currently overspent by **£508k** with SWH Place accounting for 66% of the spend. The providers with the highest level of spend are: Dexcom UK (£883k), Insulet International (£330k) and Medtronics (£327k). ➢ Patient Transport is currently overspent by **£79k** 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 **£1.24m.** **Mitigating Actions:** ➢ IFR – The IFR Team is aware of the pressures in IFR but have not confirmed any mitigating actions ➢ Patient Transport – no known mitigations in place at this time ✓ The Meds Management Team is aware and is proactively working with all Intra Acute Trusts to reduce drug spend		

Updates on the Financial Positions as at Month 6 2023/24

Continuing Healthcare Services

Year to Date Position:	**Annual budget:**	£161.6m 5.2% of the total ICB Budget	
	Month 6 YTD Variance	£5.2m overspent	
	Run rate:	Current run rate: £14.5m per month	
	Efficiency Target: Total value of efficiencies delivered YTD £1.219m	£8.82m – profiled in equal 12ths ➢ £0.941m – Review of Fast Track packages of care ✓ £1.331m – PHB Clawback ➢ £0.364m – Review of 1:1 levels ➢ £1.824m – Overdue Reviews ➢ £0.314m – Out of Area projects ➢ 0.698m – Complex Care ❖ **£2.983m – Schemes not yet identified**	
Risks identified: Level of Risk **High**	This category of spend is significantly volatile and has been consistently overspend in previous years. The budget has been reduced by the £10.5m efficiency target and assumes full delivery, however, there are no plans in place for £3.343m and only one of the schemes has delivered savings to date. **Risk:** Actions taken by the CHC Operational Team will not counteract the increased pressure on the budget, nor deliver the required level of efficiencies.		
Cost Pressures in the Year to Date Position: • Inflationary Uplifts • Increased patient numbers	At Month 6, the CHC Services is heading for a £9m 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. **Mitigating Actions:** Full delivery of the Efficiency Schemes will improve the current trajectory and weekly meetings between the CHC Operational and Finance Teams are established and will monitor the impact of the identified schemes.		

Updates on the Financial Positions as at Month 6 2023/24

Community Services			
Year to Date Position:	**Annual budget:**	£299.4m 9.4% of the total ICB Budget	
	Month 6 YTD Variance	£0.536 overspent	
	Run rate:	Current run rate: £25.2m per month	
	Efficiency Target:	£2m – profiled in equal 12ths ➢ £1m – Reduction of spend through future procurements ✓ £1m – Under performance against the Connect Contract - **£500k delivered**	
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 Year to Date Position: • Neuro Rehabilitation	At Month 6, the following areas are currently experiencing cost pressures: ➢ Neuro Rehabilitation is currently overspent by **£750k** with placements with ENH Place accounting for 55% of spend and SWH Place accounting for 35% of the spend. **Mitigating Actions:** The Commissioning Team is aware of the pressures in Neuro Rehabilitation but have not confirmed any mitigating actions		

Updates on the Financial Positions as at Month 6 2023/24

Mental Health Services			
Year to Date Position:	**Annual budget:**	£333.3m 10.5% of the total ICB Budget	
	Month 6 YTD Variance	£0.078m underspent	
	Run rate:	Current run rate: £28m per month	
	Efficiency Target:	None	
Risks identified: Level of Risk **Low**	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 9.01%, which includes an increase of 2.2% to accommodate the agreed pay awards. The 2023/24 Financial Plan was compliant with the Mental Health Investment Standard (MHIS) and additional allocation for the pay award uplift has been applied to the relevant areas, ensuring continued compliance. **Risk:** The ICB does not spend the required level on MHIS 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 Year to Date Position:	No cost pressures have been identified at this time. **Mitigating Actions:** Not applicable		

Updates on the Financial Positions as at Month 6 2023/24

Delegated Primary Medical Services (GPs) and Primary Care Services			
Year to Date Position:	**Annual budget:**	£315.7m 9.9% of the total ICB Budget	
	Month 6 YTD Variance	£3.65m underspent	
	Run rate:	Current run rate: £26.13m per month	
	Efficiency Target:	£1m - profiled in equal 12ths ✓ Reduce LES and QOF budgets from 100% to expected levels of achievement – **Fully delivered**	
Risks identified: Level of Risk **Low**	This category of spend is split into two areas: ❑ 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. ❑ 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 national funding to support.		
Cost Pressures in the Year to Date Position:	No cost pressures have been identified at this time. It should be noted that the balance of the Additional Roles Reimbursement funding within the Delegated Primary Medical Services funding is held in Month 12. A transfer of the budget needed to fund the actual spend is then moved into the respective month to cover the costs. **Mitigating Actions:** Not applicable		

Updates on the Financial Positions as at Month 6 2023/24

Delegated Pharmacy, Ophthalmic and Dental Services (POD)			
Year to Date Position:	**Annual budget:**	£139.1m 4.4% of the total ICB Budget	
	Month 6 YTD Variance	£3.581m underspent	
	Run rate:	Current run rate: £10.5m per month	
	Efficiency Target:	None	
Risks identified: Level of Risk **Low**	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. **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 86%.		
Cost Pressures in the Year to Date Position: • Ophthalmic Services	At Month 6, the Ophthalmic Services is heading for a £0.2m deficit year end position, which is due to an increase in the number of Optician Sight Tests being performed and a subsequent increase in the spend on Vouchers to Support the Cost of Sight Tests. This increase in activity has been experienced nationally. **Mitigating Actions:** No known mitigations are in place at this time.		

Updates on the Financial Positions as at Month 6 2023/24

Prescribing			
Year to Date Position:	**Annual budget:**	£236.8m 7.5% of the total ICB Budget	
	Month 6 YTD Variance	£4.5m overspent	
	Run rate:	Current run rate: £20.3m per month	
	Efficiency Target:	£2.9m – profiled in equal 1/12ths ➢ £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**	This category of spend will fluctuate each month and notification of actual spend is two months behind (July's data received). **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.		
Cost Pressures in the Year to Date Position: • Inflationary Uplifts	At Month 6, the Prescribing budget is heading for a £8.4m deficit year end position. **Mitigating Actions:** The PMOT and Finance teams are working together to report on the level of achievement of the identified Efficiency Schemes and this is separately reported on by the PMOT team. There are efficiencies being made, however the level of demand and higher than expected inflationary increases in drug prices have increased and are causing the deficit position.		

Updates on the Financial Positions as at Month 6 2023/24

Corporate Services (Running Costs)			
Year to Date Position:	**Annual budget:**	£30.6m 1% of the total ICB Budget	
	Month 6 YTD Variance	£1.3m underspent	
	Run rate:	Current run rate: £2.3m per month	
	Efficiency Target:	£4m – profiled in equal 1/12ths ✓ £4m – Reduction of pay and non-pay spend to remain within Running Costs, including the balance of the unfunded pay award - **£1.3m delivered**	
Risks identified: Level of Risk **Low**	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 and a further 10% in 2025/26. As the reduction will be effective from April 2024, no efficiency target for the £8.9m has been set. **Risk:** The review of Running Costs does not secure the recurrent reduction of 30%.		
Cost Pressures in the Year to Date Position: • Non-pay spend	At Month 6, the several Teams have incurred non-pay expenditure which is non-recurrent in nature, such as legal fees (£87k), Training and Leadership invoices (£48k) and hire of rooms (£20k) **Mitigating Actions:** Not applicable		

Updates on the Financial Positions as at Month 6 2023/24

Other Commissioning Services			
Year to Date Position:	**Annual budget:**	£29.6m 0.9% of the total ICB Budget	
	Month 5 YTD Variance	£0.893m underspent	
	Run rate:	Current run rate: £0.773m underspend per month	
	Efficiency Target:	£1m ✓ £1m – Reduction of SDF funding available – **Fully delivered**	
Risks identified: Level of Risk **Low**	This category of spend covers a variety of services which are detailed below: ❑ Service Development Funding (SDF) Schemes ❑ NHS 111 Service ❑ ICB Estates and Facilities ❑ Staffing Budgets funded through Programme (Core) Allocation o IFR Team o Safeguarding Team o Nursing and Quality Team o Clinical Leads **Risk:** The staffing budgets have a 5% vacancy factor applied to them; this efficiency may not be achieved if the teams do not have any vacancies.		
Cost Pressures in the Year to Date Position:	No cost pressure have been identified at this time. **Mitigating Actions:** Not applicable		

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐				
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**24/11/2023**		
Report Title:	**HWE ICS Finance Report**				**Agenda Item:**	**13**		
Report Author(s):	Frances Barnes - Associate Director of ICS Finance							
Report Presented by:	Alan Pond - Chief Finance Officer							
Report Signed off by:	Alan Pond - Chief Finance Officer							
Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	☒	**Information**	☒
Which Strategic Objectives are relevant to this report	Achieve a balanced financial position annually							
Key questions for the ICB Board / Committee:	N/A							
Report History:	N/A							
Executive Summary:	**ICS Year to Date Position (YTD) – Month 6** At month 6, the HWE system reported a deficit position of £39.5m, against a plan of £17.0m deficit, being an adverse variance of £22.5m. **ICS Forecast Outturn Position (FOT)** At month 6 the HWE system continued to report it would break even at the end of the year. This is due to the NHSE protocol which advises no system should report a forecast away from plan without meeting the requirements of the protocol. A financial recovery plan and governance has been implemented across the system and is set out in the detail of this report. This forecasts a final outturn position of a deficit of £38.6m for the system. **Capital** The HWE system reported YTD spend of £20.2m in system capital against a YTD plan of £33.0m, with the full allocation of £69.2m being spent by the end of the year.							

<table>
<tr><td>Recommendations:</td><td colspan="4">The Board is requested to:
Note the financial position and development of a financial recovery plan, outlined in the report.
Note the capital position for the ICS.</td></tr>
<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4">N/A</td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">N/A</td></tr>
<tr><td>Risk: Link to Risk Register</td><td colspan="4">N/A</td></tr>
<tr><td>Financial Implications:</td><td colspan="4">N/A</td></tr>
<tr><td rowspan="3">Impact Assessments:
(Completed and attached)</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Quality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Data Protection Impact Assessment:</td><td colspan="2">N/A</td></tr>
</table>

HWE ICS – Financial Report for Month 6 2023/24

Executive Summary

ICS Year to Date Position (YTD) – Month 6

At month 6, the HWE system reported a deficit position of £39.5m, against a plan of £17.0m deficit, being an adverse variance of £22.5m.

ICS Forecast Outturn Position (FOT)

At month 6 the HWE system continued to report it would break even at the end of the year. This is due to the NHSE protocol which advises no system should report a forecast away from plan without meeting the requirements of the protocol.

A financial recovery plan and governance has been implemented across the system and is set out in the detail of this report. This forecasts a final outturn position of a deficit of £38.6m for the system.

Capital

The HWE system reported YTD spend of £20.2m in system capital against a YTD plan of £33.0m, with the full allocation of £69.2m being spent by the end of the year.

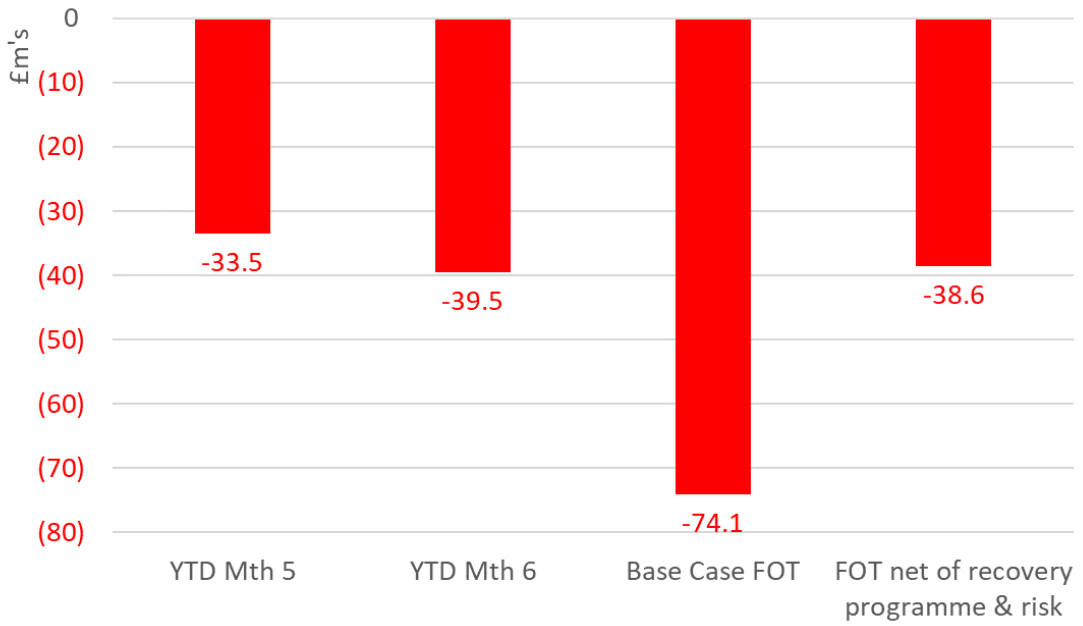
HWE System Financial Position 2023/24

The graph sets out the year to date (YTD) financial position at month 6 of a deficit of £39.5m.

Without additional intervention delivered through the financial recovery plan, the system forecasts it would deliver a deficit at year-end of £74.1m.

The financial recovery plan includes plans to deliver £52.7m efficiencies between October 2023 and March 2024.

There are additional risks to the position of £17.3m.



Taking account of the schemes and risks, this would deliver a final system deficit of £38.6m.

System Drivers of YTD Variance from Plan

	M6
Plan YTD	**-17.0**
Industrial Action Summary	-9.0
Premium cover for medical staff	-8.7
Clinical supplies / Drugs incl HCD	-5.2
CHC Cost Pressures	-5.2
Emergency & Elective Pressure	-4.7
Excess Inflation	-3.2
Pressure re MH patients in Acute	-1.8
Out of Area Beds - MH	-1.5
Estates Issues	-1.2
CSW - additional WTE/INR	-1.2
Medical staff pay award	-0.5
Unidentified efficiencies / slippage	0.7
ICB Running Costs - vacancies	1.3
Income (excl MOU)	1.6
Other	2.0
ERF	2.2
POD Services	2.2
Interest Receivable	2.3
MOU Early Income Release	7.4
Actual YTD	**-39.5**

Total Gap to Plan	**-22.5**

The table shows the drivers of the YTD deficit position by organisation. The biggest areas of challenge are:

- Industrial action £9m
- Premium cover for medical staff £8.7m
- Clinical supplies and drugs £5.2m
- CHC pressures £5.2m

There have also been some favourable impacts to the position:

- High inflation has improved interest rates and income receipts are higher as a result - £2.3m
- Underspends in delegated dentistry (POD) services contribute £2.2m

Recovery Programme Schemes (Not Included in Base)

The profile of the recovery programme is shown here at a system level.

It is made up of additional savings identified by each Trust, the ICB and additional savings resulting from system-based schemes.

All schemes are at different levels of maturity. As the programme progresses, further planning takes place and results are delivered, there will be amendments to some of these profiles.

They will be monitored fortnightly through work stream review with leads and additionally via a monthly Financial Recovery Board.

The governance process is described later in the report.

	Ref	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	TOTAL PYE
		£m	£m	£m	£m	£m	£m	£m
Primary Care & Acute Prescribing	WS7	0.4	0.5	0.6	0.6	0.6	0.6	**3.2**
External Contract Rationalisation	WS8					0.3	0.3	**0.5**
MH Optimisation/ Assessment Centre	WS9				0.1	0.4	0.7	**1.2**
Maximise Virtual Hospital & Community	WS10						1.0	**1.0**
Capital Optimisation & Maximise Use of Estates	WS11				0.2	0.2	0.2	**0.5**
System Staff Rationalisation & Optimisation	WS12	0.2	0.2	0.4	1.4	1.4	1.4	**5.2**
Total System Recovery Schemes		**0.6**	**0.7**	**1.0**	**2.3**	**2.8**	**4.2**	**11.6**
Deficit control Regime Scheme	WS3	0.4	0.4	0.8	0.9	1.8	3.4	**7.7**
Withold SDF Funding	WS4	1.0	1.0	1.0	1.8	1.8	1.8	**8.5**
Total CFO Recovery Schemes		**1.4**	**1.4**	**1.8**	**2.8**	**3.6**	**5.2**	**16.2**
Technical / Balance Sheet Adjustments	WS13	0.4	0.4	0.4	0.4	0.4	0.9	**3.0**
Maximisation of ERF Scheme	WS14	0.4	0.5	0.6	0.6	1.5	1.6	**5.3**
Release delegated dental POD savings	WS15					3.0	3.0	**6.0**
Deliver Additional CIP Scheme	WS16	0.2	0.5	0.5	0.6	0.8	1.4	**4.0**
Generate Additional income Scheme	WS17	0.3	0.3	0.3	0.3	0.3	0.3	**1.8**
Release NHSE Winter Funding	WS18						4.8	**4.8**
Total Other Recovery Schemes		**1.3**	**1.7**	**1.8**	**1.9**	**6.1**	**12.0**	**24.9**
System Recovery Programme		**3.4**	**3.9**	**4.6**	**7.0**	**12.5**	**21.4**	**52.7**

Additional Risk (Not Included in Base)

Risks of £17.3m have been identified across all organisations.

The system has no control over a number of risks that have materialised this year and these will continue to impact the system financial position as the year progresses:

Risk outside of System Control	£m
Industrial Action Continuation	-9.6
Medical staff pay award - funding gap	-2.1
Inflation - HCD / PDC due to inc FA valuation / Non NHS pay award	-2.4
Risk outside of System Control	**-14.1**

Other System Risk	£m
Paediatric Audiology & EBME	-0.5
Workforce covid	-0.1
KPI on PH Nursing	-0.9
CQUIN	-0.4
Overseas Nursing Retrospective Pay Challenge	-1.0
CDC Delay in Activity Change	-0.3
Total Other Risk	**-3.1**

Total System Risk	-17.3

Industrial action has continued throughout the year and as yet, has not yet been resolved. With each period of industrial action, organisations are required to fund additional staff at premium prices, whilst reducing activity and losing income as a result of this. Further industrial action is being anticipated before the end of the year.

The medical pay award funding does not cover the full costs of the pay award being incurred. If this is not funded, the system will be impacted by a further £2.1m.

Inflation has been higher than the level funded through allocations and within tariff. Whilst inflation has started to reduce, it is still impacting all organisations.

HWE Forecast Outturn Position 2023/24

The forecast deficit for the end of the year is £38.6m, after applying £52.7m of recovery schemes and taking account of a further £17.3m of risk.

Whilst the recovery plan, if delivered in full, will balance the deficit position to an extent, the remaining deficit position can be tied to the unavoidable financial risks that have and may crystallise throughout the year.

The full extent of the industrial action, inflation impact and pay award shortfall accounts almost entirely for the final position as shown.

	FOT	Risk	Total
	£m	£m	£m
Industrial Action	11.7	9.6	21.3
Less funding assumed	(4.8)		(4.8)
subtotal	6.9	9.6	16.5
Pay award shortfall on tariff uplift	1.0	2.4	3.4
Non-pay inflation shortfall on tariff uplift	5.2	0.6	5.8
Spend on capacity to maintain elective activity	10.5		10.5
Other		2.3	2.3
Total deficit after risks			**38.6**

The Governance Framework for Financial Recovery

A financial recovery board has been put into place to provide scrutiny and ensure oversight of the recovery programme. This is a new committee and will be chaired by the Chief Executive Officer of the ICB, with deputy chair being the Financial Recovery Plan (FRP) director.

Its membership will be broad to ensure balanced and objective oversight of all workstreams, including clinical and operational input.

It is intended the FRP Board will report to the ICB Executive, Trust Boards and the Finance and Investment Committee.

Each workstream lead will attend a workstream review meeting on a fortnightly basis, with a monthly FRP Board bringing Executive oversight to each scheme.

Slide 10 outlines the initial assessment of the time frame for programme delivery, with greater detail available for each of the schemes shown. In some cases, the workstreams are medium term pieces of work, which will be key in supporting financial delivery in future years. This relates to schemes such as capital optimisation and estates where any immediate benefits are unlikely, together with the mental health crisis assessment unit, which has just been approved and will be implemented at the end of this financial year, with impact being felt in the next financial year.

A PMO approach is being used with a dedicated PMO programme manager, to ensure plans, milestones, progress and results are reported and monitored on a consistent basis.
Slide 15 is an example of a project brief that will be put into place each of the workstreams.

Terms of Reference: Hertfordshire & West Essex Financial Recovery Programme Board

Purpose

To provide assurance to the HWE ICB Board and HWE Trust Boards that the system Financial Recovery Programme is on track to delivery against the overall financial target and quality goals that have been set.

Objectives

- Sign off the workstream project briefs to deliver the objectives of the programme
- To monitor progress of the totality of the system Financial Recovery Programme
- To act as the primary decision-making body and to address key blockers to progress
- To hold workstream leads to account for delivery at each of the constituent partners
- To hold workstream leads to account for delivery of cross cutting programmes (UEC, Workforce, Planned Care)
- To manage programme risks and mitigation activities and initiate system risk protocol
- To provide assurance that decisions support and enhance quality and safety
- To receive monthly reports on delivery of savings and overall run rate expenditure
- To develop, new cross cutting savings schemes
- To agree and monitor the implementation of new policies that support restrictions or additional controls on expenditure
- To ensure appropriate resource is in place to support delivery of workstreams and the PMO function
- To approve accurate and timely reports for upwards submission to the system chief executives and Board, NHSE Region and National NHSE governance forums

Attendees

Jane Halpin	Chair, CEO	Essential
Matthew Webb	FRP Director	Essential
Alan Pond	ICB Director of Finance	Essential

Don Richards	WS1 Medium Term Financial Plan	Anurita	WS7 Primary Care/Acute Prescribing
Alan Pond	WS1 Allocations Methodology	Elizabeth Disney	WS8 External Contracts Rationalisation
Tom Burton	WS3 Deficit Control Regime	Beverley Flowers	WS9 Mental Health Optimisation
David Bacon	WS4 SDF Delivery/Slippage	Elizabeth Disney	WS10 Virtual Hospital/Community
Martin Armstrong	W56 Financial Reporting	Phil Cave	WS11 Capital Optimisation/Max use of Estates
Phil Cave	WS6 Capital Monitoring/Planning	Tania Marcus	WS12 System Staff Rationalisation/ Optimisation

In Scope

- Oversight of the programme priorities, costs, investment, benefits and outcomes to ensure the delivery of the FRP.
- Sharing best practice.

Out of Scope

- Anything not in the scope of the FRP.

Inputs

- Agenda
- Action notes
- FRP Board Reports
- Updates by exception from workstream leads
- New scheme proposals
- Risk register

Outputs

- Actions
- Matters for onward approval or escalation
- Reports for upward submission

Frequency

- Bi-weekly Workstream Review Meetings with leads, planning, progress, risks
- Monthly Financial Recovery Programme Board: formal oversight and accountability for the FRP delivery.

Quoracy

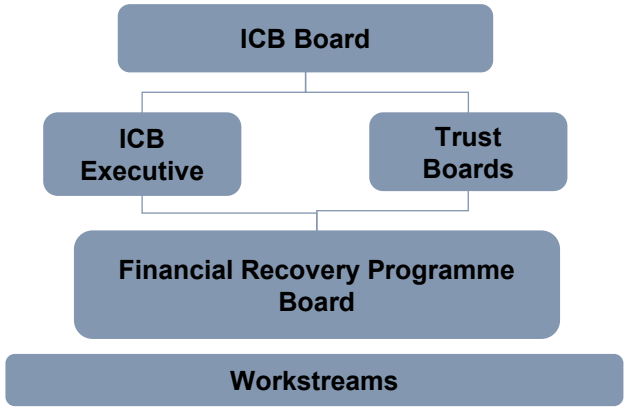
A minimum of three Executives made up of:

- ICB DoF, System FRP Director,
- **AND** 2 workstream leads or deputies from the relevant workstreams

Agenda

- Introductions
- Action Notes
- FRP Board Report
- New Scheme Proposals
- AOB

Governance



Programme Management Arrangements

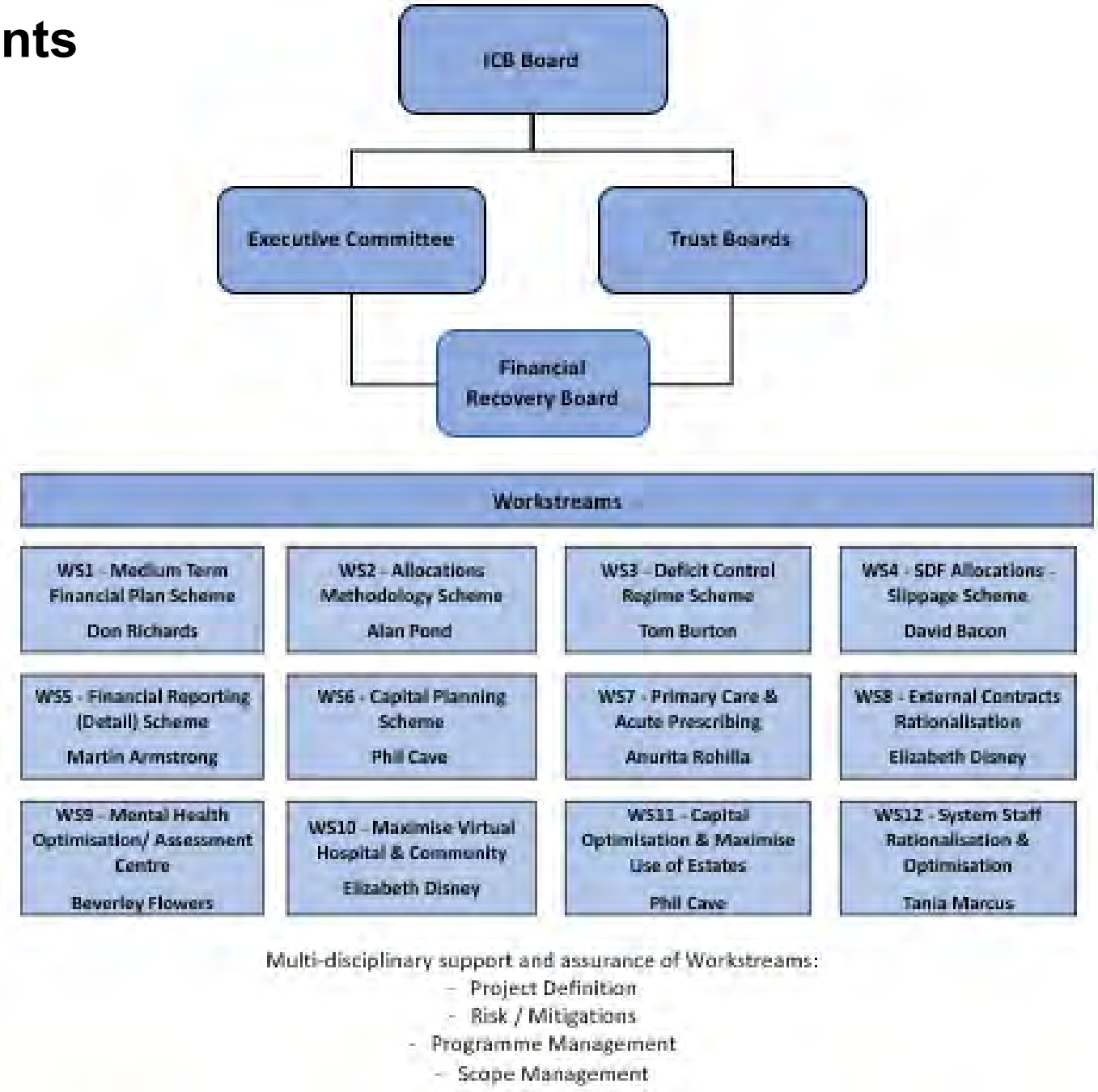
- **The Programme governance arrangements** have been strengthened with the establishment of a Financial Recovery Programme Board and weekly series of Workstream Reviews. It has also been firmly rooted into the existing system Committee based assurance structure.

- We have established **6 Finance Workstreams** with defined programmes of work to support the systems ongoing approach to financial recovery; plans are also in place to establish a further **6 system leads workstreams** to focus on in year deliverables and establish an ongoing process for future system programmes.

- These workstreams are supported by a **dedicated core team** including the System Financial Recovery Director; Associate Director of Finance and dedicated Programme Manager to drive forward programme delivery.

- **Bi-weekly workstream review meetings** with workstream leads; System FRP Director; PMO to ensure (1) processes are complete; (2) progress and identified slippage against plans including milestones, financial forecasts and (3) confirm next steps.

- The System FRP Director will report on the status of all workstreams to the ICB Exec; including whether each have **measurable; deliverable plans** and will provide guidance and advice as to the development of schemes.



Workstream Programme Delivery

Ref No.	Description	Leads	RAG	Start Date	End Date	Oct '23	Nov '23	Dec '23	Jan '24	Feb '24	Mar '24	Apr '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct '24	Nov '24	Dec '24	Jan '25	Feb '25	Mar '25
WS1	Medium Term Financial Plan Scheme	Don Richards		01/09/2023	31/12/2023																		
WS2	Allocations Methodology Scheme	Alan Pond		01/07/2023	30/11/2023																		
WS3	Deficit Control Regime Scheme	Tom Burton		01/07/2023	30/11/2023																		
WS4	Withold SDF Funding	David Bacon		01/07/2023	31/03/2024																		
WS5	Financial Reporting (Detail) Scheme	Martin Armstrong		01/07/2023	31/12/2023																		
WS6	Capital Planning Scheme	Phil Cave		01/07/2023	31/03/2024																		
WS7	Primary Care & Acute Prescribing	Anurita Rohilla		01/10/2023	31/03/2024																		
WS8	External Contracts Rationalisation	Elizabeth Disney		01/10/2023	31/03/2024																		
WS9	Mental Health Optimisation/Mental Health Assessment Centre	Beverley Flowers		01/07/2023	31/03/2025																		
WS10	Maximise Virtual Hospital & Community	Elizabeth Disney		01/10/2023	31/03/2024																		
WS11	Capital Optimisation & Maximise Use of Estates	Phil Cave		01/07/2023	31/03/2025																		
WS12	System Staff Rationalisation & Optimisation	Tania Marcus		01/07/2023	31/03/2024																		
WS13	Technical Schemes	CFOs		01/07/2023	31/10/2023																		
WS14	Maximisation of ERF Scheme	COOs		01/07/2023	30/11/2023																		
WS15	Release delegated dental POD savings	AlanPond		01/10/2023	31/12/2023																		
WS16	Deliver Additional CIP Scheme	Alan Pond		01/07/2023	31/10/2023																		
WS17	Generate Additional income Scheme	CEOs/CFOs		01/07/2023	31/10/2023																		
WS18	Release NHSE Winter Funding	CFOs		01/07/2023	01/12/2023																		

Summary of System Recovery Schemes

Ref	Theme	Desc	SRO	Owner	Brief Description	Confidence in Delivery RAG	Planning / Implementing / Live	PYE
WS7	Primary Care & Acute Prescribing	Prescribing Schemes	Rachel Joyce	Anurita Rohilla	Reduce harm associated with meds use, support prescribers to use best value meds to improve outcomes & reduce waste & empower patients	A	Implementing / Live	3.2
WS8	External Contract Rationalisation	Contract review and rationalisation	Elizabeth Disney	Elizabeth Disney	Review all externally provided contracts held by the ICB. Make efficiencies through ceasing of contracts & decommissioning of services.	A	Implementing	0.5
WS9	MH Optimisation/ Assessment Centre	Observation culture change	A Godfrey	A Godfrey	Implementing additional clinical review of all inpatient observations	A	Planning	0.2
		Resolution of MH SU's in Acute Trusts	K Healy	K Healy	Reviewing and clarifying resonsibility for MH SU's in acute hospitals	A	Planning	0.5
		Out of Area MH beds & MH Crisis Assessment Centre	Beverley Flowers	Beverley Flowers	To be scoped	R	Planning	0.3
		Impact of MCAC	S Brookes	K Healy	Phased establishment of Crisis assessment centre	A	Planning	0.2
WS10	Maximise Virtual Hospital & Community	Maximise Virtual Hospital & Community	Elizabeth Disney	Elizabeth Disney	Maximise use of existing community services as alternatives to acute hospital. Control costs; Get max value & utilisation from comm services; Improve care for patients	A	Planning	1.0
WS11	Capital Optimisation & Maximise Use of Estates	Non Recurrent Benefits	Tom Burton (CFO)	Tom Burton (CFO)	Review non-recurrent opportunities including maximising capital funding as appropriate	A	Implementing	0.5
		Capital Optimisation & Maximise Use of Estates	Phil Cave	Phil Cave	To be scoped	R	Planning	0.0
WS12	System Staff Rationalisation & Optimisation	Additional Roster Stretch	Tom Burton (CFO)	Divisional Directors				0.3
		Corporate Vacancy Controls	Tom Burton (CFO)	Corporate Department Heads	Hold current corporate vacancies	A	Planning	0.3
		CSW Utilisation Management	TM	MG	Enhanced control of rostering framework to eliminate unnecessary bank usage	A	Live	0.3
		Establishment challenge	ASJ	MA	Challenge to establishment growth post covid to permanently reduce staffing numbers	R	Planning	0.5
		Medical Locum and Agency Reduction	TP	EM	Fast track recruitment into high cost locum posts	G	Live	0.2
		Medical Staff Agency	Tom Burton (CFO)	Divisional Directors				0.4
		W&C medical staffing	JD	KF	Address issues of staff availability and improve rostering and job planning	A	Implementing	0.2
		Workforce	Tania Marcus	Tania Marcus	To be scoped	R	Planning	2.8
		Recruit substantively for agency doctors	TP	TP	Recruit substantively for agency doctors	A	Implementing	0.2
Grand Total								11.6

Summary of CFO Recovery Schemes

Ref	Theme	Desc	SRO	Owner	Brief Description	Confidence in Delivery RAG	Planning / Implementing / Live	PYE
WS3	Deficit control Regime Scheme	Deficit Control Framework	MA	CP	Implementation of new deficit framework incl vacancy review panels	A	Implementing	0.3
			P Cave	P Cave	Implementation of additional financial control measures	G	Implementing	0.3
		Non-recurrent benefits	DB	DB	Withholding underspent budget lines into a central contingency to mitigate against deterioriation in financial performance, latter part of year	G	Live	0.5
		Recovery Programme	COO	Chiefs Officers & CFO	This represents the Trusts recovery programme and is centred around 4 themes (in addition to the Efficiency line above) ; Halt Unneccessary Spend, Emergency Pressures, Productivity & Utilisation and Workforce Efficiency.	A	Live	5.9
		Cost Control	DB	SR	Cost control including agency reduction	A	L	0.7
WS4	Withold SDF Funding	Review Investment in SDF	David	David Bacon	Slowdown of SDF transformation spend	A	Planning	8.5
Grand Total								16.2

Summary of Other Recovery Schemes

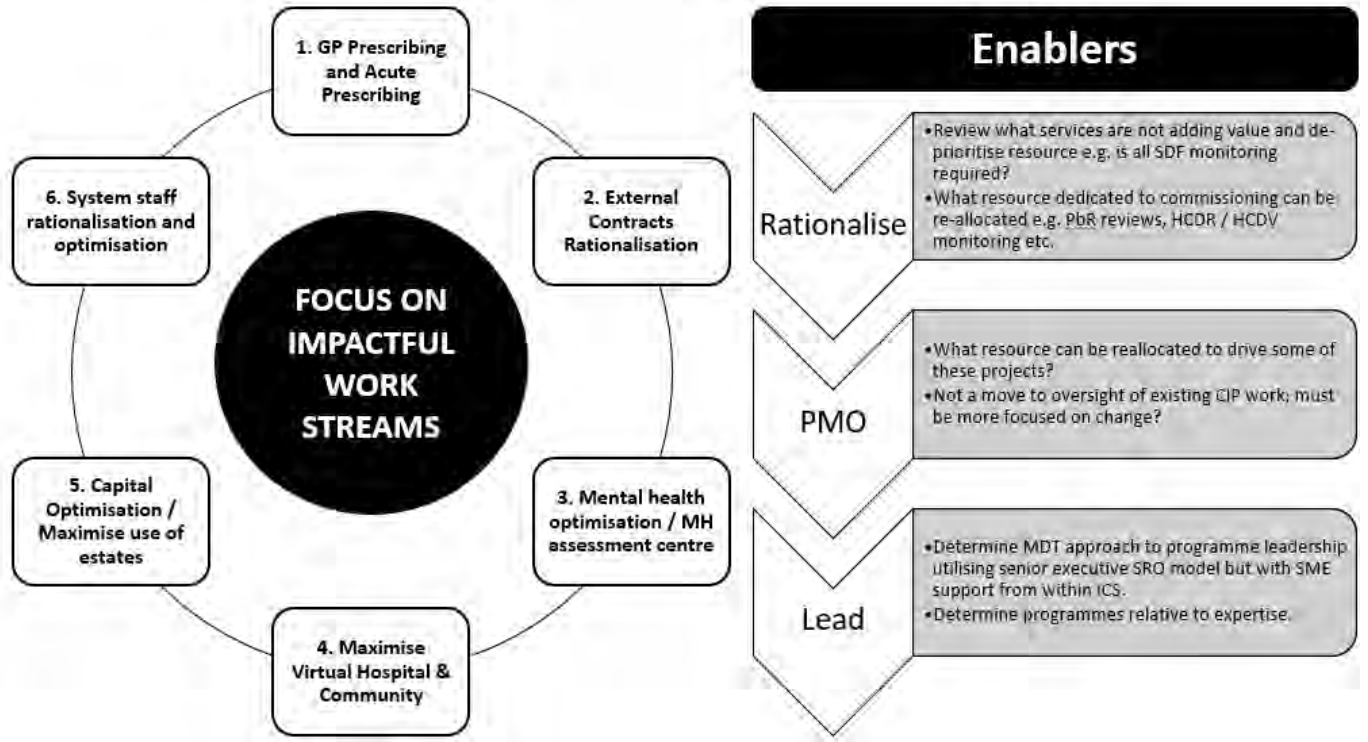
Ref	Theme	Desc	SRO	Owner	Brief Description	Confidence in Delivery RAG	Planning / Implementing / Live	PYE
WS13	Technical / Balance Sheet Adjustments	Technical opportunities - TBC	MA	CP	Review of balance sheet for further technical opportunities	G	Planning	0.5
		Technical / Non rec	CFO	CFO	Adjustments relating to GRNIs, VAT and potential Rev to capital transfers	G	Live	2.5
WS14	Maximisation of ERF Scheme	Additional ERF Stretch	Stephanie Lawton	Associate Direc	Increase productivity, reduce DNA's/Cancellations etc.	A	Implementing	0.6
		Coding & Capture - ERF	Phil Holland					0.5
		ERF	AP	DG	Maximising ERF income above current assumptions	A	Planning	1.9
		ERF Maximisation	LD	AG	Review opportunities to improve theatre and outpatient efficiency. Review opportunity to appropriately enhance coding	R	Planning	2.0
		WLI Reduction/Theatre Utilisation	Stephanie Lawton	Associate Direc	Increase theatre productivity to reduce WLI sessions	A	Implementing	0.3
WS15	Release delegated denta	Slippage on the delegated dental budget	Alan Pond	Alan Pond	Underspending within recently delegated services. Release underspend to support system (POD)	A	Implementing	6.0
WS16	Additional CIP Scheme	Further CIP	Chiefs Officers & CFO	Chiefs Officers	Represents recovery associated with the CIP plan. The base forecast includes delivery of £8.6m worth of efficiencies. The mitigated forecast takes delivery to £12.3m	A	Live	3.7
		Additional pathology & procurement schemes	CM	CM	Additional pathology & procurement schemes	A	Implementing	0.3
WS17	Generate Additional Incc	Additional Income	CFO	Director of Cor	Linked to additional commercial income	G	Live	1.5
		Interest Receivable	DB	SR	Additional interest receivable as a result of higher interest rates	A	L	0.3
WS18	Release NHSE Winter Fu	Estimate of NHSE Winter Funding Allocation	AP	DG	Assumption of level of winter funding £200m to be received	A	Implementing / Live	4.8
Grand Total								24.9

Components of the System Financial Recovery Plan

Six DOF lead workstreams

Medium Term Financial Plan	Allocations Methodology	Deficit Control Regime
Generation of mature MTFP model, that sets out 'do nothing' view to frame system planning and transformation activity and work p of scenario options to be agreed. Expand beyond finance to include workforce and activity.	Work up and evaluation of alternative methodology options for the future allocation of system resources to places and providers - utilising population health resources /data. Consideration of trajectories for transition. Review of scope for differential efficiency opportunities across system stakeholders.	Working group to review NHSE deficit control actions to determine options for consistent & proportionate deployment across the system. Establish working arrangements and circumstances for double & triple lock being enacted. Set out governance arrangements for adverse variance reporting / oversight / management at system level.
SRO – Don Richards	SRO – Alan Pond	SRO – Tom Burton
SDF Delivery / Slippage	**Capital Monitoring / Planning**	**Financial Reporting (Detail)**
Ensure detailed and transparent arrangements are in place to set out and allocate all SDF funds received by the system. Identify and set out opportunities / risks for the marginal deployment of SDF that can contribute to the system bottom line.	Establish enhanced mechanism for in year monitoring of capital spend to maximise opportunities for capital resources utilisation and redeployment. Consolidate medium to long term capital programme intentions to frame resource requirements and prioritisation decisions. Feed through to MTFP workstream.	Consideration of options to build common BI financial data reporting platform that can improve the clarity and transparency of financial performance and year end reporting. Also acting as a data repository to assist in scaling and identifying savings opportunities across the system.
SRO – David Bacon	SRO – Phil Cave	SRO –Martin Armstrong

System Wide Mitigations



A description of the scope of each of the six finance-lead workstreams is shown above.

The systems wide workstreams are shown to the right.

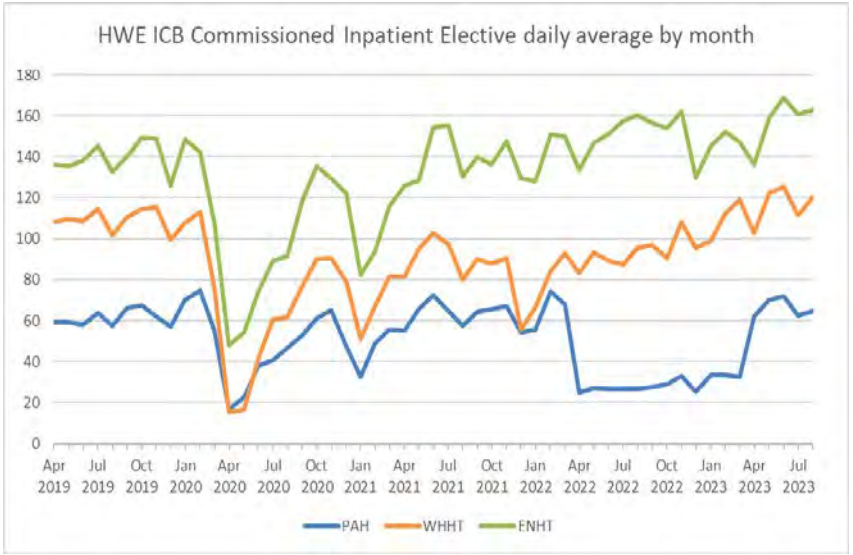
These twelve workstreams will be subject to bi-weekly review and attend the monthly FRP Board for senior scrutiny.

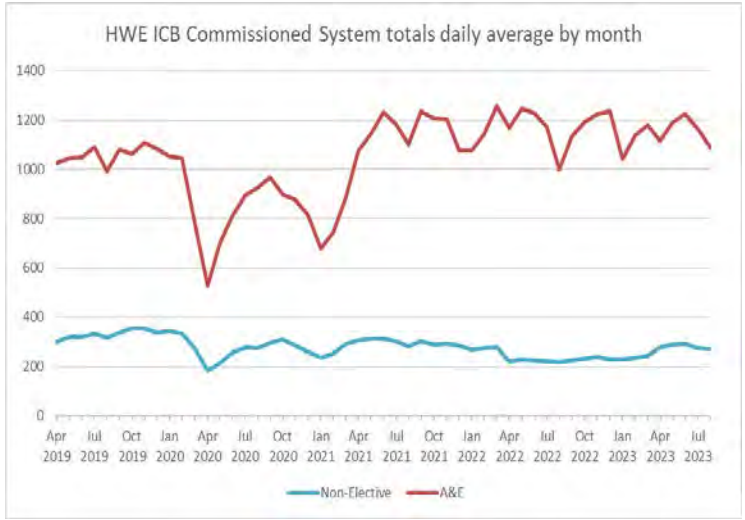
Components of the System Financial Recovery Plan

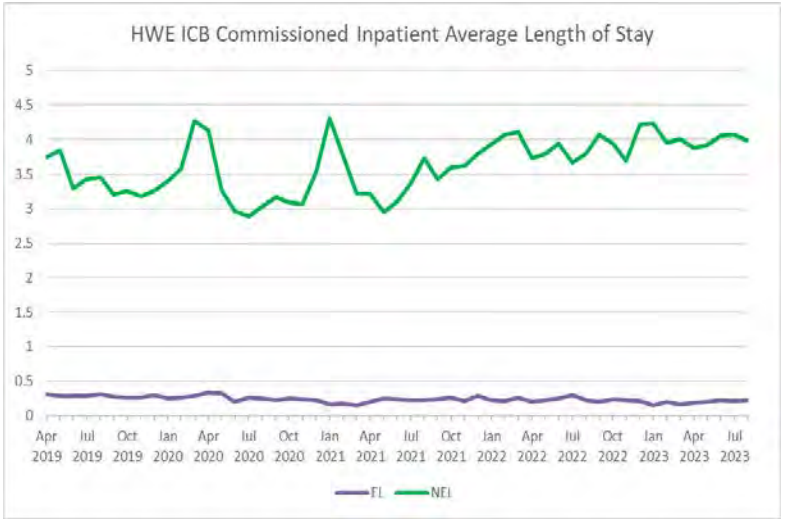
Maximising Elective Productivity

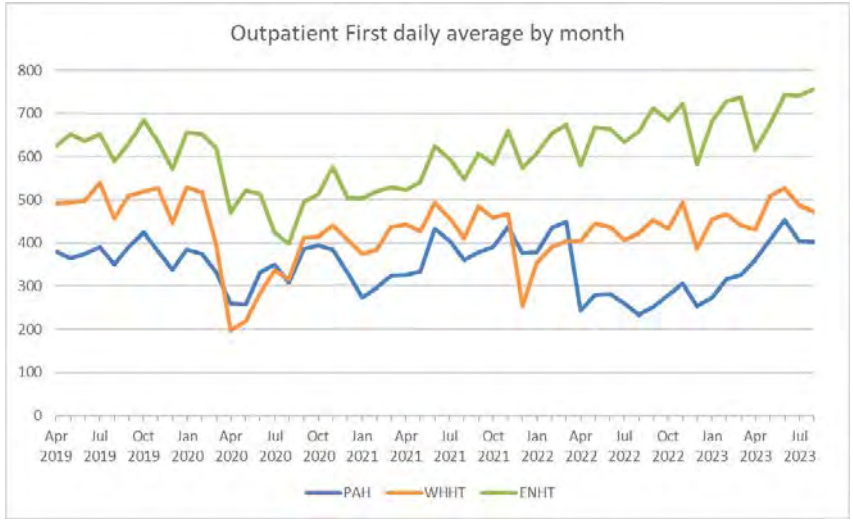
The elective recovery programme and its associated payment mechanism provides an opportunity for acute Trusts to potentially leverage financial improvement through increased income receipts net of delivery costs.

All 3 acutes have 'surgical pathway improvement programmes in delivery that could support this achievement. However, this does need to be set within the context of the limiting factors of both Industrial Action and Winter.









WS7 - Primary Care & Acute Prescribing Workstream

Exec Lead(s):	Rachel Joyce	**Workstream Lead(s):**	Anurita Rohilla	**Workstream Clinical Lead(s):**	Daniel Carlton Conway

Workstream Overview:

Medicines are the most common intervention in healthcare and represent the second highest area of NHS spend after staffing costs. We recognise the challenge facing health and social care in Hertfordshire and West Essex is to identify areas of large-scale efficiency, which will save costs and deliver better patient outcomes and improved wellbeing for the population. If medicines are prescribed appropriately and taken as prescribed, then patient outcomes improve. However, there is substantial evidence that this is not the case. This workstream aims to get best value from the medicines/ items being prescribed.

Workstream Aims:

The Prescribing and Medicines Optimisation team aim to get best value i.e., deliver the most health benefit from the spend on prescribed products, by reducing the harm associated with medicines use, supporting prescribers to use the best value medicines to improve outcomes and reduce waste, empowering patients to order what they need and understand the medicines that they take.

Workstream Objectives:

1. Optimising on cost efficiencies by the use of biosimilars in acute trusts
2. Optimising on the use of scriptswitch including potential savings associated with generic prescribing by showing a reduction in offer rate and increase in acceptance rate
3. Reducing inappropriate polypharmacy and medicines waste through improved repeat prescribing systems (including prn meds, co-analgesics, inhalers over prescribing, ONS and increasing eRDs)
4. Using the best value gliptin and best value blood glucose, ketone and testing strips in patients with diabetes
5. Using the most cost effective DOAC
6. Addressing low priority prescribing

To enable delivery of this scheme, gain share and other incentive type schemes are in place or being developed to support delivery at pace with system partners. There is a lot of cost avoidance where the items overall have fallen however the costs have increased with no cheaper alternative or where we are treating more patients with the most cost effective product i.e., increase in prevalence. The impact of medicines spends when activity is shifted from secondary to primary care or when a more costly medicine improves outcomes or reduces activity must be accepted as part of the whole of the pathway rather than viewing the medicines budget in isolation.

Workstream Deliverables:

The deliverables are:

WS7 - Primary Care & Acute Prescribing	Efficiency						
	Oct	Nov	Dec	Jan	Feb	Mar	Total
Using the most cost effective DOAC	200,000	200,000	200,000	200,000	200,000	200,000	**1,200,000**
Optimising use of biosimilars	51,000	65,000	77,000	88,000	90,000	92,000	**463,000**
Diabetes efficiencies	90000	95000	100000	105000	110000	120000	**620,000**
Reducing polypharmacy and medicines wastage	50000	100000	100000	100000	100000	100000	**550,000**
Optimising use of scriptswitch			60000	60000	60000	60000	**240,000**
Addressing low priority prescribing			30000	30000	30000	30000	**120,000**
Total							**3,193,000**

Scope:

Inclusion:	System wide projects - Primary care prescribing data only (objectives 2 to 6) Acute Trust data (objective 1)	**Exclusion:**	National cost pressures on drug prices. Drug shortage alternatives Increased prescribing due to increased prevalence.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐
	NHS HWE ICB Board meeting held in Public		**Meeting Date:**	**24/11/2023**
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**	☐	**Assurance**	☐	**Discussion**	☐	**Information** ☒

Which Strategic Objectives are relevant to this report

[Please list]

- 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:

Each ICB Sub-Committee has produced a summary document providing an update from the last meeting.

Committee	Date of meeting	Chair
Audit and Risk Committee	19 September	Catherine Dugmore
Commissioning Committee	09 November	Gurch Randhawa
Finance and Investment Committee	07 November	Owen Mapley
Primary Care Board	28 September	Nicolas Small
Quality Committee	02 November	Thelma Stober
Performance Committee	08 November	Thelma Stober
People Board	21 September 10 November	Ruth Bailey

	Population Outcome and Improvement Committee	01 November	Gurch Randhawa
	Patient Engagement Forum	14 November	Alan Bellinger
Recommendations:	The Board are asked to **note** the contents of the report.		
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional*** ☐
	Financial	☐	***Non-Financial Personal*** ☐
	None identified		☒
	N/A		
Implications / Impact:			
Patient Safety:	*n/a*		
Risk: *Link to Risk Register*	*n/a*		
Financial Implications:	*n/a*		
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	N/A	
	Quality Impact Assessment:	N/A	
	Data Protection Impact Assessment:	N/A	

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

Audit and Risk Committee: 19th September 2023	
Signed off by Chair and Executive Lead:	**CD, 19.10.2023**
Key items discussed: *(From agenda)*	• **External Audit Update on Annual Report and Accounts** • **Internal Audit Update** • **Finance Risk Update** • **Mental Health Investment Findings** • **Review of tender waivers, procurement register, losses & special payments** • **Governance Update** • **Risk and Board Assurance Report** • **Information Governance/SIRO report**
Key points made / Decisions taken:	• **External Audit Update on Annual Report and Accounts** The key priorities as agreed previously have been accruals and cut off's, additional testing has been undertaken for all 3 CCG's. BDO are close to being able to confirm whether this additional work has been enough to reduce uncertainty. The auditing for west Essex has differed and BDO selected an extended sample. The ICB is 15 months behind schedule and a timetable is required. BDO confirmed their resource issues have been resolved and the team are prioritising the audits. The AGM has been adjusted to focus on the non-financial update with a later AGM to focus on the accounts. Next Committee to receive a timetable for completion of CCG's, the ICB audit and with an opinion of appetite for qualification. • **Internal Audit Update** Resignation has been received from WMAS. Jane Halpin has approved the direct award to RSM who are ready to mobilise once contract approved. RSM currently work with 18 ICB's and have a good understanding of how ICB's operate. Plans provided to deliver a Head of Internal Audit Opinion by 31st March and compliance in Local Counter Fraud assessment. • **Finance Risk Update** At month 4 the ICB is reporting at £2.388m adverse position. £332,000 is the underspend. The financial risks remain in 2 areas: Continuing Health Care (CHC) and Prescribing. Both are experiencing excessive inflationary uplifts and higher demand levels than was funded for. Both areas have identified and implemented efficiency schemes to mitigate the cost pressures. The report also identifies efficiency schemes for 23/24. • **Mental Health Investment Standard Findings**

	BDO undertook the review of 3 CCGs MHIS, some misstatements and over statements were identified, however these were not material in value. MHIS for 3 CCG's is understated because of the approach. BDO has provided recommendations for future record keeping. These recommendations have been embedded in the ICBs approach for 23/24. • **Review of tender waivers, procurement register, losses & special payments** The updated ICB Procurement Register, HBL procurement register and waivers were reviewed. 3 small Bad Debt Write off's were approved. Collection agency has been appointed but monies have yet to be recovered. • **Governance Update** COI guidance is expected in October, Business Conduct Policy review on hold until received. The Anti-Fraud and Bribery policy has been reviewed, no material changes so no approval needed. The SORD has been updated. One ongoing legal case regarding a special payment and a paper is going to Board. ICB assurance mapping self-assessment update has been completed and accepted by the committee. • **Risk and Board Assurance Report** The team have identified the strategic objective leads and ensured there are adequate controls for those risks. LA and team have been working on defining system risks, engaging with other organisations to discuss risks identified. The team have aligned corporate risks to strategic objectives. All existing risks have been mapped, there are no risks against S04. Key areas include industrial action, financial sustainability, Covid 19, running cost allowance; these have been explored at the Risk Review Group meetings. The team are exploring running more regular meetings to discuss system risks with system partners in more depth. The approach for the Assurance Framework has been reviewed and Risk will be a standing agenda item at Exec. The Risk Management policy has been approved. • **Information Governance Report** WMAS were not able to begin the DSPT audit until July/Aug. A draft report was received, points of accuracy are being worked though, final report expected shortly. FOI's increasing trend over several months September has remained steady. There has been a significant increase in DPIA's. A small number of minor data breaches relating to NHS mail, the learning has been captured and shared. The IG communication plan to the wider organisation will include the learning and tips for prevention. Subject access requests have increased. IG team are working with the CHC team providing targeted support and training.
Committees to note:	• RSM due to take on internal audit provision shortly
Forward plan issues:	• Timetable for annual report and accounts to next committee
Date of next meeting	21st November 2023

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document - Public

NHS Hertfordshire and West Essex Integrated Care Board

NHS HWE ICB Commissioning Committee – 9th November 2023.	
Signed off by Chair and Executive Lead:	**Gurch Randhawa – Committee Chair** **Sharn Elton – Deputising for Elizabeth Disney as Executive Director.**

Key items discussed:
(From agenda)
	• Voluntary, Community, Faith and Social Funding (VCFSE) Innovations Fund – JM left for the paper and decision due to conflict:
	  • The ICB baseline and protects its current level of VCFSE funding – though individual providers may change – approved.
	  • The ICB applies the growth it received from Central Government to this new baseline of VCFSE investment each year – approved.
	  • The ICB endorses the direction of travel set out in relation to developing an Innovations Fund as part of a strategic shift towards more prevention work commissioned through the VCFSE sector, over time – approved.
	  • The Committee endorse the approach of Primary Care and Planned Care in relation to committing £400k of spend post March 2024 (£200k respectively, to the Digital Inclusion and Waiting Well projects) – approved.
	  • For the Committee to agree the extension and baselining of £200k of funding post March 2023 (to continue supporting the VCFSE Alliance, Social Prescribing and Health Inequalities and Capacity Building with BME sector) - approved.
	  • The Committee agree to an ongoing review of the Innovations Funding approach and how it can be delivered in partnership with Health Care Partnerships and the VCFSE Alliance, over time – approved.
	• Virtual Wards business Case 24/25 – The national ambition is to deliver 40-50 Virtual Ward and Hospital at Home beds per 100,000 population by April 2024. This will support patients to recover in their own homes and improves the patient experience. Update presentation noted and discussed by the Committee.
	• PHG Hospitals B limited – commissioning of additional services.
	  • PHG's proposal to extend the scope of the contract, to include the delivery of Shoulder, Foot and ankle surgeries – approved. From known information, within Commissioning Committee delegated approval limit.
	  • PHG's proposal to extend the scope of the contract, to include Gallbladder removal – approved. From known information, within Commissioning Committee delegated approval limit.
	• Evidence Based Interventions Policies:
	  • IVF policy – approval ratified.
	  • Continuous Glucose Monitoring for adults policy – approval ratified.
	  • Continuous Glucose Monitoring for children policy – approval ratified.
	• Hertfordshire and West Essex Area Prescribing Committee (APC) Report of meeting dated 28.09.2023:

	• Recommendations of HWE APC on mandatory NICE Technology Appraisal (TA) treatments and highlighted cost impact /pressures – approved.
	• Recommendations on mandatory NICE TA fast track treatments and highlighted cost impact/pressures – approved.
	• Recommendations of HWE APC for treatments not included in the NICE work programme and highlighted cost impact/pressures/savings (including for Blood glucose and ketone meters, testing strips and lancets) – approved.
	• HWE APC items:
	  • Information and agreed actions for drug safety updates/alerts – noted
	  • Publication of NICE TAs that are the commissioning responsibility of NHS England - noted
	  • Guideline Updates, Pathways and other Information as specified - noted
	  • Plans and rationale for reclassifying, reviewing and harmonising the gluten free foods prescribing guidance - noted

Key points made / Decisions taken:	• Noted as above.
Committees to note:	• Virtual Wards business Case 24/25 – business case due to come back in January 2024. • Continuous Glucose Monitoring – a return paper requested by the committee due to pending updating national guidance, and comparative cost and functionality.
Forward plan issues:	• None identified.
Date of next meeting	11th January 2024.

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

Finance and Investment Committee, 07 November 2023:	
Signed off by Executive Lead:	**A Pond**
Key items discussed: *(From agenda)*	• In-Year ICB Financial Report • ICS System Finance Report (including capital) • Deep Dive: Prescribing • Deep Dive: CHC
Key points made / Decisions taken:	• NHS Herts & West Essex ICS faces financial challenges in 2023/24 and the Plan required £140 million savings. • Year to date deficit across the ICS is £39.5m on a £3bn annual budget - £22.5m worse than plan. • Challenges include excess inflation, impact of industrial action, higher prescribing and CHC activity and costs, increased patient demand and slippage on savings. • A System financial recovery plan has been developed with £52.7m of new actions/savings. • Including risks, the biggest being further industrial action, the System would still have a deficit of £38.6m for the year. • There is still an expectation of additional funding and/or changing of elective targets associated with industrial action and this should reduce the deficit. • Concerns were raised by Committee members on recovery plan optimism. • The Committee sought assurance on recovery actions and risks from the ICB CFO and from the Trust Finance Directors from the System who attended the Committee meeting. • The Committee undertook a deep dive on Prescribing with members of the Pharmacy and Medicines Optimisation Team attending the meeting. • The Committee undertook a deep dive on CHC, with a focus on recovery actions, with the East and North Hertfordshire Place Director attending the meeting.
Committees to note:	• Risk: If the healthcare system fails to adapt its budget to external uncertainties, then it may struggle to meet financial targets, potentially leading to service cuts and compromising patient care and safety.
Board to note:	• Any change to the financial forecast needs to be agreed by NHSE following Board assurance. • Initial discussions on forecast changes are planned for November, with any revised proposed forecast to be discussed with NHSE in December and if accepted submitted in early January during month 9 reporting. • Due to funding uncertainties, the Board must discuss and prioritise additional measures in case further actions are needed to address financial challenges.
Forward plan issues:	N/A
Date of next meeting	09 January 2024

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document

Primary Care Board – Thursday 28 September 2023	
Signed off by Chair and Executive Lead:	**Nicolas Small and Avni Shah**

Key items discussed: *(From agenda)*	• **Questions from the public:**
	  • **Question:** How many ICB Primary Care surgeries have got active Patient Participation Groups (active is defined as holding more than 1 meeting per year, virtual or otherwise)?
	  • **Response:** In regard to the number of practices without a PPG it is very small as all practices are now working on developing their groups. From the telephone calls to 82 practices that we had not heard from only 9 had no group in place. We are assuming the remaining 38 practices all have some form of group. Therefore between 6-10% have no group in place but we anticipate this to be 0% by end of project December as all practices appear to be working on this and see it as a priority.
	  • **Question:** Are there any official monthly or bimonthly reports on the exercise of patient choice in ICB?
	  • **Response:** We are not currently aware of any current reports that detail patient choice. However, with the new national patient choice drive – starting 31st October 2023, the ICB and its Providers will be reporting on a weekly basis the numbers of patients who ask for choice of an alternative provider and the number of patients who transfer, if an alternative provider is found.
	
	• **Directorate highlight report** – winter vaccination programme continues to be rolled out despite challenges with COVID vaccination allocation and delivery. Access and inequality funds from NHSE is currently being proposed d to support the carers' agenda and migrant population, combining covid and flu vaccinations with health care checks from November onwards.
	  • Winter primary care access plans to be finalised by the end of the month and in place until 31 March.
	  • No national funding (ring fenced for Primary Care) had been received this year; ICBs were expected to increase access through national recovery plans and an acknowledgement of systems-wide responsibilities to deliver a resilient winter.
	  • Industrial action: discussion had been held with LMC colleagues to support locum cover for GP practices reporting Opel Level 4 during strike days.
	  • Workforce: Primary Care Awards Ceremony on 11 October to celebrate staff, with over 79 nominations received including for colleagues in pharmacy, dental and optometry.
	Primary Care Board members heard about the transformative work in contracting with the recent awards of 2

primary care contracts to provide resilience and new models including
    - Stellar Healthcare (GP Federation in West Essex) for the provision of primary care services to Jacobs and Gardens Neurological Rehabilitation Centre in Sawbridgeworth
    - Spring House Medical Centre: 10-year contract

As members hear from the lived experience conducted by Healthwatch Hertfordshire and Essex, at every meeting which is commissioned by Primary Care, this month it was timely to share on progress on some of the recommendations following the lived experience of learning disabilities patients of general practice. This will be the format how reports will be shared moving forward.

- **Risk Register** – challenges within digital (delay to national framework and access recovery plan). System Access and recovery: a paper would be presented to the Primary Care Board in November and reported to ICB board via CEO report.
    - Some risks identified for closure, relating to the commencement of Enhanced Access services and the withdrawal of COVID-19 mass vaccination centres.
    - Five new risks added to the register from the Primary care Digital Group

- **Primary Care Transformation Reports** – Updates provided on access including progress on National Recovery of Primary Care priority areas, transformation work on same day access in three localities across HWE, Prevention and Health inequalities, and Proactive Management and progress on development of integrated neighbourhood teams across with 2 sites in ENH, Hertsmere in SWH and North Uttlesford in WE. Board heard about the work on NHS App and how this was promoted in Watford locality in a PCN and how it is making a difference. Practices and PCN

- **Enhanced Commissioning Framework (ECF) Report 2022/23** – With the pressures noted in primary care the ECF had been revised and streamlined to focus on key priorities during 2022/23. However despite the pressures 91% of all practices achieved against the revised metrics with outstanding provision in areas such as, End of life, Respiratory conditions and Hypertension.
    - Variation is noted within the ICS with next steps identified include, learn from the information collected, support practices with lower levels of care activity, use wider information on population health management to adapt the ECF moving forward so that the ECF was clearly linked to the ICB clinical outcomes which are in development.

- **Primary Care Contracts update: Dental Plan** - The contracts team now had a good understanding of the provision, risk, gaps and dental health needs within HWE from a rich collection of data sets.
    - There was no standardisation of digital systems, and this would be an area to develop as new services were commissions.
    - An enhanced dental access scheme was being worked on the for winter and this would be presented to the commissioning committee.

	• Healthwatch Hertfordshire & West Essex – Update reports on Autistic People's Experiences of Accessing GP Services, Report and Recommendations on Accessing Support from Primary Care Services for the Menopause and Experiences of cervical screening in West Essex.
Date of next meeting:	Thursday 23 November 2023

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Draft ICB Quality Committee Summary Document

Quality Committee – 2 November 2023	
Signed off by Chair and Executive Lead:	**[Please insert initials and date of sign off]**
Key items discussed: ***(From agenda)***	• ICB Quality Committee Workplan 2023-24 • ICB Quality Escalations Report and dashboard (inc. National Patient Safety Strategy update) • ICB Quality Dashboard • ICB Risk Register (Nursing & Quality) and Strategic and Corporate Risk Register (Quality related) • ICB Continuing Healthcare Report • ICS Quality Strategy Delivery Plan and updates against ICB key quality priorities • ICB Annual Care Home Report • Annual Child Death Overview Panel Report (CDOP) – Hertfordshire • ICB Annual Complaints Report • ICB Annual Infection Prevention & Control Report • ICB Annual Pharmacy & Medicines Optimisation Report & Future Strategy • Deep Dive – Care Sector • Quality Partnership Visits • 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:	**Quality Escalations Report** – The paper gave the current Quality position from across West Essex and Hertfordshire, comprising both quality performance and system delivery standing items, current risks and items by exception. • **ICB Quality Dashboard** – New metrics included within the Quality Dashboard relate to CQC ratings for Care Home providers, Maternity clinical outcomes, Patient Reported Outcome Measures (PROMs) and medication errors. Discussions underway with the ICB's Business Intelligence Team regarding the development of a new interactive Quality Dashboard. • **ICB Nursing & Quality Risk Register** – There are currently 6 risks on the Risk Register; some additional mitigations and controls have been added to several risks but no immediate changes to risk scores. • **Continuing Healthcare Report –** The long-term strategy and turnaround plan for CHC will be completed by end of November, to include a complete workforce planning, demand forecast and KPI review to ensure capacity requirements are fully understood. CHC governance framework has been defined by senior leaders in the team and briefed to all CHC staff at the end of October. • **ICS Quality Strategy Delivery Plan -** The final version of the Delivery Plan was shared with the Committee; the HWE ICS will work collaboratively to ensure our population and workforce benefit by the achievement of the 5 Quality Priorities.

	• **ICB Annual Care Home Report** - The work of the ICB Team covers two local authorities and three 'Place' areas. Work is underway with the ICB Director of Nursing to review and refresh the Care Homes Assurance and Improvement Team, and review how best to meet the requirements of the ICB and local authorities for oversight and assurance in the Care Sector working across the ICB. • **Annual Child Death Overview Panel Report (CDOP) (Hertfordshire)** – A CDOP Governance Committee will be implemented as part of the new commissioning arrangements. The governance for this committee will remain within the Partnership arrangement. It will have oversight of the CDOP performance, case analysis and monitor emerging trends to bring about changes to preventable deaths. • **Annual Complaints Report –** The report covered high level summary of complaints, Patient Advice and Liaison Service (PALs), Parliamentary and Health Service Ombudsman (PHSO), MP queries to the three Clinical Commissioning groups April to June and the ICB July to March in 2022/23; the nature of the concerns, learning from complaints and changes to practice/process. • **ICB Annual Infection Prevention Control Report** - First report of the Hertfordshire and West Essex ICB, covering the work of the IPC team from April 2022 to March 2023. Provides assurance that there are robust systems in place to maintain oversight of IPC performance across the system, identify IPC risks and drive improvements in IPC. This is achieved through a collaborative approach with stakeholders and provision of expert specialists. • **ICB Annual Pharmacy & Medicines Optimisation Report & Future Strategy** - The report gives oversight of the quality safety and financial management of prescribing by the team including work being done to mitigate the predicted overspend, and collaborative work across the ICS. • **Care Sector Deep Dive** – The report covered a range of information gathered across the Health and Care Partners in HWE as it relates to the Care Sector and focused on how we are going to maintain the resilience for the future population; the amount of collaboration the care home team is involved with around admission avoidance work across the ICB and with partners. There will be further collaborative discussion and system work to develop assurance and improvement of safety and experience for the HWE population who receive care at home.
Committees to note:	• As above
Board to note: ***(Highlight quality oversight and identify where further work is required)***	• **Quality Partnership Visits** - The Committee supports the revised approach to Quality visits. • **Annual Pharmacy & Medicines Optimisation Report** - The Committee recommended approval of the Memorandum of Understanding between NHS England and Integrated Care Boards on the safe management and use of controlled drugs East of England. • **Quality Escalations Report** – To support the ongoing assurances and actions following the events at Countess of Chester Hospital, the Committee will be seeking ongoing assurance that provider Trusts are reviewing their systems and processes including Mortality Reviews so that there is confidence that investigations are taking place and there is a clear escalation threshold where we are alerted. Quality Committee Terms of Reference to be reviewed to ensure they capture this adequately.
Forward plan:	• ICB Nursing & Quality Team to link in with ICB Medical Director and Team to look at emerging concerns around Ophthalmology. • Lucy Rush will bring to the Committee an abridged version of a Deep Dive on Social Care that was presented at a joint workshop for Herts and Essex County councils.
Date of next meeting	• Thursday 11 January 2024

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document

Performance Committee – 08 November 2023	
Signed off by Chair and Executive Lead:	**Thelma Stober and Frances Shattock (14/11/2023)**
Key items discussed:	• The Committee was quorate and meeting held virtually. • 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 13 September 2023 – noted and approved by the Committee as a true reflection of the meeting (subject to one minor amendment). • Performance Overview – noted areas that have shown improvement and supports the areas identified as high risk where performance is currently challenged; Improvement: - Mental Health (MH) out of area bed days also continue to improve and have been moved to variable risk, from high risk. HPFT Early Memory Diagnosis (EMDASS) service continues to improve and achieved the 12 week 80% KPI for the first time since 2021. - Cancer performance on FDS and 62d Standard is ahead of regional and national average. HWE system has met the ambition of 70% performance against the 62d standard by March 2024. - 2-hour urgent community response performance remains strong and low risk, alongside community waits for adult services. Challenge: - Urgent and Emergency Care (UEC) 4-hour standard, elective recovery of 78, 65 & 52 week waits, and children's community services are the areas of highest risk. Additionally, ambulance handover performance continues to slip and has been escalated to high risk, from variable risk.

	- Elective waits and cancer backlogs continue to be impacted by the ongoing industrial action. Despite this, performance against the 62-day cancer standard and recovery of the cancer backlog have both improved. - Autism Spectrum Disorder (ASD) services have seen some positive movements since the last report, however this is generally expected over the summer months through reduced demand, and discharges of children transitioning to adult services. Children's community services generally remain highest risk. • Performance Risk Register – discussion regarding current performance risks [Community Waits (Children's), Cancer, Elective Recovery, UEC, Mental Health, Diagnostics] and mitigating actions that reflect the current position in relation to risk areas discussed in the Performance Overview. It was agreed that the ratings for the following risks should reviewed: - Cancer – reduce rating - Diagnostics – increase rating - UEC – increase rating • Elective Long Waits / Planned Care Committee update –verbal update provided regarding local actions for the management of waiting lists and system wide programmes looking at productivity opportunities. • Committee Workplan – noted that the scheduling of remaining deep dives for 2023/24 will be confirmed.
Committees to note:	• The Committee is to note the discussions and decisions above. • 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 issues:	N/A
Date of next meeting	17 January 2024

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

HWEICB People Board, 21st September 2023	
Signed off by Chair and Executive Lead:	**RB, TM, Approved: 03/10/2023**
Key items discussed: *(From agenda)*	• Workforce programme report • VCFSE Workforce presentation • Sustainable Supply Committee Deep Dive • Freedom to Speak Up • People Board Risk Register
Key points made / Decisions taken:	• **Workforce Programme Report** - Productivity levels versus workforce growth - HWE to pilot the national diagnostic as a first step in a system-led review of workforce establishment, seeking to identify areas of efficiency and effectiveness. • Overall workforce growth of 14% since 2018 with variation between sector. Social care growth of 10%, secondary care 18% and primary care 15%. Medical and dental roles increasing by over 20%. Current bank and agency use just under 5% but should be under 4%. • Turnover is 15.8% (reducing from 18.3% last year) Sickness 4.6% data showing a reducing trend. Industrial action is impacting on agency pay rates. • In depth discussion on the context of the workforce growth and correlation with productivity and the many factors which affect this. People Board is seeking to develop deeper understanding of activites contrinuting to productivity, what is driving a decrease in productivity, whether the productivity measures are meaningful and agreed between system partners. A need to overlay quality metrics so productivity is not considered in isolation. • Temporary staffing spend discussion – significant area of focus to support system financial savings. • **VCFSE presentation** – Health Creation Strategy developed and HCSG established. Presentation provided an overview of the sector challenges, pressures, impact and opportunities. • People Board seeking to develop recognition of the VCSFE contribution and value in the prevention space and to pathways. Seeking innovation with VCSFE at the centre. Innovation paper to Commissioning Committee in November, to be bought back to People Board for a later meeting. • **Sustainable Supply Committee** – Committee now solidly formed, subgroups working on key areas with good representative system membership. • Priorities across system include; future of international workforce. Aligning to workforce and OD plans. Recognising investment, quality outcomes, reducing reliance on temporary workforce. Training, routes into H&SC

	careers, new roles and retention. • New 50k nurse plan relied heavily on international recruits; long term plan alignment requires increased focus on domestic pipeline. • Primary care projections lower than plan which also so increased focus on ARRS roles. • Future work to better understand leaver destination, support of careers for under 35's (28% of leavers), SJA cadetship launched, talent pooling being piloted at ENHT, recruitment and onboarding toolkit launched, currently auditing to identify existing areas of good practice, further engagement with youth advisory council. • Spotlight on diagnostics workforce challenges, impact, required support and opportunities. • **Freedom to Speak Up –** overview of work since Kark review and Countess of Chester case to ensure the system is assured re the approach to FTSU. Highlighted the impact on whistle-blowers being ignored or threatened leading to significant impacts on patient safety. 2022 staff survey shows a national decline in the 4 questions relating to speak up and the national NGO survey also shows a national decline in confidence around speak up culture. • SB challenged system partners to assess organisational culture, triangulate data and seek qualitative accounts from staff with a focus on targeting those with poorer perception and barriers to speaking up. • Fit and Proper Person Test Framework referenced with regards to improvements to strengthen the existing regime. Discussion took place around the similar applicability within other sectors within the system. • Suggestion that positive examples of safe and effective speaking up could help shift perception and culture. • System partners linking together to discuss activities to support Speak Up Month (October) • **PB Risk Register** – Work to be undertaken to develop the presentation of the risk register to support live discussion.
Forward plan issues:	• Productivity to be discussed at November People Board • VCSFE report to return to later People Board
Date of next meeting	10th November 2023

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document

People Board: 10th November 2023	
Signed off by Chair and Executive Lead:	**TM, RB**
Key items discussed: *(From agenda)*	• **Programme Report;** Positive self-rostering innovation results at two pilot sites. EPUT psychological support hub commitment for the system and wider region. Carers covenant and AHP workforce modelling programmes have been initiated. People Strategy will be reviewed to align with regional workforce priorities and transformation team will re-align with the strategy. Sickness absence has reduced from 5.1% to 4.4% over the last year, HWE lowest in region. Turnover is reducing but remains highest in region, turnover hotspots for under 35's, to carry out a deep dive. Bank and agency usage above operational plan, more focused work to be undertaken. Skills for care annual data analysis has been published; data shows significant reduction in vacancies, further focus on retention to come back to People Board. • **Financial Recovery Workstream**; A number of workstreams set up to support system financial recovery including workforce establishment and productivity, national tool being used to better understand 12% workforce growth since March 2020. Commitment to reduction of £5m, vacancy controls, use of temporary staffing, skill mix and utilisation of staff across the system. HRDs have looked at postponement of non-essential vacancies until April 2024. CPOs provided an overview of programme measures, significant efforts ongoing including challenging culture, quality impact assessed. Confidence levels around achieving savings stated, and areas of risk explored. Good practice examples shared across People Board membership. Independent contracts staffing cost conversations taking place via contractual routes. Staff being TUPE'd into the ICB from NHSE/Specialised commissioning are being supported re resilience to changes. Further work to do as a system around substantive medical workforce recruitment. Further exploration of GPwSI input testing across some UEC pathways. • **Integrated Planning Committee**; Committee has been running for around 1 year, very enthusiastic engagement. Qliksense will be system workforce planning dashboard with integrated data from across the system, WHHT and HPFT now flowing data, three trusts holding data and IG arrangements being worked through. Network of workforce analyst to create consistent systemwide approach, enabling improved triangulation. National intermediate care transformation programme, supporting out of hospital care and improve functional outcomes, project team identified and working to develop a strategic workforce plan by March 24 and stakeholder steering group being set up. Workforce planning training programme; four programmes already rolled out across secondary

	care, primary care, HRPBs and AHP leads focusing on demand, planning, productivity, supply analysis and gaining influence. System nursing and midwifery deep dive to examine supply of nurses across the system including LD, MH and AHPs. MHLD workforce T&F group. Education, student placement workstreams and NHSE workforce diagnostic tool. Seeking engagement from care homes to feed data into social care dashboard Capacity Tracker, data currently provided annually, a business case has been submitted and awaiting approval. Working with BI colleagues to triangulate with activity data. EDI dashboard being developed. Data visualization of joiner, leavers by age band and destination and EDI data will also feed into this. Integrated workforce planning event took place in early November with demo of modelling tool from University of Hertfordshire, attended by 35 system leads, focusing on next 5 year workforce gaps and speciality roles. Educational collaboration model developed to ensure operational plans inform education investment plan submissions. Academic research colleagues from UoH joining integrated planning network to facilitate joined up approach. • **Flexible Working Leadership EOI Proposal;** Opportunity to expand on existing successful pilots and develop a consistent offer across the system, aligns with HWE priorities and would support expansion into primary and social care. Would require identification of 10 decision makers including clinical leads across the system, PB members supportive and Andrew McMenemy nominated as Board level sponsor, further work to identify 10 system decision makers. • **People Board Risk Register;** Risks discussed and reviewed, presented in new format which PB provided positive feedback on.
Key points made / Decisions taken:	• Joint work to be taken forward between CPOs, ICB Medical Director and ICB Director of Primary Care in relation to GPwSI and UEC. • Flexible Working Leadership proposal agreed and Board level sponsor identified. • Trade union representation to be invited to workstream projects i.e. flexible working, workforce transformation programmes.
Forward plan issues:	Social care retention to be tabled for future People Board
Date of next meeting	18 January 2024

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

Population Outcome and Improvement Committee – 21st September 2023	
Signed off by Chair and Executive Lead:	**G. Randhawa (Chair)** **B. Flowers (Exec..)**

Key items discussed:
(From agenda)
	• Quorate meeting
	• Committee workplan – noting the scope forms part of a wider ICB governance review and therefore, the committee noted the workplans developing nature.
	• ECC Wellbeing, Public Health and Communities Business Plan – noted the plan was developed in 2022, and therefore committee comment sought over how priorities have progressed. Committee queried examples of where progress has been made and benefits for population health and wellbeing. ECC to come back with further examples including areas that may not be working. Timescale for return update 9 to 12 months. Committee request for a similar update from HCC.
	• ICS Research strategy – verbal update. Hertfordshire Strategy Group is in place and also covers West Essex. Ambition to create a system wide research strategy. Link with Research Engagement Network Development also reference alongside the planned trajectory.
	• Health and Care Cluster Programme – verbal update. University of Hertfordshire programme – Hertfordshire and West Essex. Update provided to the Committee of cross system utilising of expertise, linking with the ICS Research strategy and VCFSE opportunities – with the scope including but extending beyond clinical roles. Strategy to include support with groups over evaluation and how we work better together.
	• Alliance and Health Creation Strategy/VCFSE update –
	  • Alliance has 243 members for 143 organisations.
	  • Health Creation Strategy –
	  • Health Creation Strategy Group – place where the Alliance, Commissioners and other stakeholders discuss how the system needs to prioritise the work of partnership.
	  • Commissioning – task and finish group on Commissioning of VCFSE Sector met twice in the summer and a first set of commissioning principles has been drafted.
	  • Asset Based Community Development/Health Inequalities/Co-production – first task and finish group met in August.
	  • Data/Annual Reporting – focus of the task and finish group provided.
	  • Carers - task and finish groups focusing on carers & discharge and carers & end of life are already set up under the NHS Carers Strategy Group which meets quarterly and links to the two HCC and ECC led carers' strategies.

	• Volunteering - A new task and finish group has started meeting which feeds into HCSG and Sustainable Supply Committee and People Board. • No Wrong Door and Integrating the "Wellbeing Offer" - 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. • Paper coming to November Commissioning Committee over sustainable funding in this area. • Jim McManus – thanked for his support and commitment to the Committee. This was Jim's last attendance.
Key points made / Decisions taken:	• Minutes for 3rd May 2023 – approved.
Committees to note:	• The scope review of this committee in support of the wider ICB governance review. • Wellbeing, Public Health and Communities Business Plan – request for similar update from HCC. • Alliance and Health Creation Strategy/VCFSE – request for further detail over how the sectors are working together, and whether there are concerns about the sectors competing. Further request for update over similar work in West Essex.
Forward plan issues:	• No further points in addition to those raised above.
Date of next meeting	1st November 2023

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document

Population Outcome and Improvement Committee – 01 November 2023	
Signed off by Chair and Executive Lead:	**G. Randhawa** **B. Flowers**
Key items discussed: ***(From agenda)***	• **High-Level Needs Analysis (HLNA) Development Process –** • The HLNA tool helps to improve outcomes across the ICB population and supports the ICB in understanding more about the local population needs and identify opportunities. • ICB Clinical Priorities that were signed off at the March 2023 Board were shaped around the 2022 HLNA and the development of the Outcomes Framework will support our ability to measure progress towards the delivery of these outcomes. • A report around the process of the high level needs analysis will be taken to the ICB Board in January 2024. • A population health management newsletter is being developed for senior leaders within the system, communicating the tools that are being developed and how they will help our population. This may provide consensus around the issues that we are aiming to solve across the system. • **Process for developing the Outcomes Framework –** • Detailed outcome and indicators will be presented to the committee in January 2024 and to the ICB Board for oversight. • There is opportunity to align the expected outcomes in the activities that are taking place within the programs and understand the links between this and the HLNA, ensuring there it is linked to the voluntary sector and other stakeholders. • **Virtual ICS Research & Innovation Hub Update –** • The research hub will be funded through the University of Hertfordshire (UoH) Health Education England (HEE) funding. • The purpose of the research hub is around coordinating research and capacity across our ICS to understand whether our capacity is working on some of the priorities (such as clinical), understanding the gaps and maximising funding opportunities to fill those gaps. • Health Inequalities update –

	• Joint work taking place across the ICS, county councils, district councils, health services, VCSFE and local communities to work together to address inequalities arising through the wider determinants of health. • ICB Board to be linked in on the programmes of work including case studies and user led stories. • To further strengthen links with University of Hertfordshire on areas such as promoting volunteering, workforce and placements. • **Update on the work of the Voluntary, Community, Faith and Social Enterprise (VCSFE) and the Health Creation Strategy –** • VCFSE Innovations Fund paper will be presented to the ICB commissioning committee on 09 Nov. • Committee elections currently taking place. • Assura is donating £75,000 to the ICS footprint, with £4000 identified per PCN. Work is taking place to identify a cohort that can be helped by community interventions. • VCFSE Quarterly updates to be brought back to this committee.
Key points made / Decisions taken:	Minutes for meeting held on 21 September 2023 – approved.
Forward plan issues:	No further points in addition to those raised above.
Date of next meeting	Wednesday 10 January 2024

Hertfordshire and West Essex Integrated Care System

ICB Meeting Notes and Actions

NHS Hertfordshire and West Essex Integrated Care Board

Patient Engagement Forum – 14 November 2023		
Signed off by Chair and Lead:	**Patient Chair: Alan Bellinger** **Michael Watson, Chief of Staff**	
Members and Attendees:	**Patient representatives** Martin Norman (East and North Herts patient representative) Rajwant Kaur Singh (West Essex patient representative) Kevin Minier – Vice Chair (shared South and West Herts Health and Care Partnership Co-production Board patient representative) Michael Carn (East and North Herts Community Assembly patient representative) Leighton Colegrave (ICB Primary Care Board Citizen representative, East and North Herts) Alan Bellinger- patient Chair (ICB Buddy Scheme patient representative) Ewa Merlo, Policy Manager, Herts County Council Fiona Corcoran (Deputy CEO Healthwatch Herts)	Justin Jewitt (Patient Safety Partners and Quality Committee patient representative) John Wigley – Vice Chair(shared South and West Herts Health and Care Partnership Co-production Board patient representative) Marianne Hiley (Citizen representative on ICB Primary Care Board, South and West Herts) **Herts and West Essex Integrated Care Board staff** Paul Burstow – Chair, ICB Board Michael Watson (Chief of Staff) Lauren Oldershaw (Senior Communications and Engagement Officer) Heather Aylward (Engagement Manager) **Apologies** Joy Das (Citizen representative on ICB Primary Care Board, West Essex) Sam Glover –CEO Healthwatch Essex Claire Uwins (Patients Association task and finish patient representative)
Key items discussed: ***(From agenda)***	Main focus of meeting was discussions with Paul Burstow, ICB Chair. A number of questions were posed in advance, these focused on finance, operations, performance, acute care, mental health services, dentistry and the SEND recently published report. **Update from the PEF working Groups was presented:**	

	1. Primary Care (work with Patients Association, to review outcomes of project, develop stronger links with GP Practice Patient Groups and build engagement networks at Place) 2. Mental health (arranging workshop to understand commissioning process) 3. Secondary care and community (developing connections with partner patient panels and groups) 4. Social care (deep dive discussion to be arranged) •
Agreed Actions:	• Paul Burstow to be invited back to a future meeting for further discussion. • Arrange a session for PEF on social care, for a deep dive conversation • Circulate to PEF ICB Board paper on dentistry services • Explore the mental health support that can be provided by Integrated Neighbourhood Teams • PEF members to amplify and talk with their networks about new non- traditional approaches to delivering healthcare
Items for escalation / Committees / Board to note:	Board to note PEF activity and commitment to broadening their networks and bring the patient voice to discussions.
Date and time of next meeting:	Tuesday 9 January 2024

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Questions from the public

1. Dentistry - although we recognise that the situation on Dentistry is improving, albeit from a very low base, we are concerned that patient experience is significantly worse than is desirable and inconsistent across both Places and Neighbourhoods. Complaints generally fall into one of three categories – access, cost, and quality of service. What data can you provide about the availability of dentist appointments on the NHS across HWE, what variation in service delivery does the data show, and what is being done to improve service levels in general and availability specifically?

Response:

In July 2023, the GP Patient Survey results included questions on success of getting an NHS dental appointment in the last 2 years. HWE ICB were 2nd highest (81%) in the region where patients were successful in getting an appointment (EoE at 74% and England at 75%). This was also the case for patients experience of NHS Dental services being **Very Good**; HWE 44% (EoE 47% and England 40%).

When asked the reason why patients hadn't tried to get an NHS dental appointment, the highest response for HWE was due to patient preference of going to a private dentist (32%). 21% of patients didn't think they could get an NHS dentist and this may be largely down to the NHS website where dental practices are contractually required to update their profiles regularly to reflect their opening hours and acceptance criteria at that time. We are regularly sending out reminders to practices on their contractual requirements to ensure profiles are up-to-date and seeing improvement in this each quarter since taking on delegated responsibility of commissioning and contracting from April 2023. To note there is no data available on the number of dental appointments provided by dental practices under the NHS Contract. This is measured by Units of Dental Activity (UDAs). Each course of treatment is categorised into a treatment band, dependant on the treatment required. Ie Band 1 is assessment and diagnostic, Band 2 treatment such as fillings, root canal or extractions and Band 3 which require an element of laboratory work i.e bridges, crowns and dentures.

The number of contracted UDAs across the ICB is currently 2,152,054. These are delivered based on the clinical need of patients in any calendar month therefore there is no uniformity in the way this activity is delivered throughout the year. To date (as at 19th October), 1,046,452 UDAs have been delivered (48.31%); Contractors have until 31st March each year to deliver their full contracted activity.

It should also be noted the dental contract does not operate on a registered patient list and patients can access services from any practice they choose, in any part of England i.e close to home, close to work or a preferred practice in a neighbouring town.

Analysis of where HWE patients access dental services indicates that in 2022-23 91% attended a dental practice within the HWE ICB footprint and 9% from outside the ICB. The same data also showed that 11% of patients seen in a HWE dental practice were a non-HWE resident.
Since taking on the delegated functions, the ICB has introduced a process which enables current dental contractors to apply for additional UDAs where they have capacity; however, as across all the health and social care sector, recruitment and retention is an issue. We are encouraging the

effective use of the skill mix within the dental workforce and are working with our training hub on opportunities to develop the dental workforce further.
In future years, commissioners will have the ability to rebase contracts where there is persistent under-performance and re-commission services more effectively. During 23-24, we are liaising with those providers to understand their issues and identify offers of support to ensure contract delivery is maximised.

We have developed an enhanced dental access scheme that will run over the winter into the next financial year to provide urgent, same day access appointments 7-days a week, including bank holidays and we are aiming to mobilise this in the next few weeks.

2. Pharmacy - we welcome the opening of a new Pharmacy in Stansted and patients in that locality may feel this is "turning the tide" given the number of pharmacy closures recently. We recognise the findings of the Healthwatch Hertfordshire Report on Pharmacy that

- different pharmacies offer different ranges of services
- some things were free/NHS in some pharmacies and needed to be paid for privately in others;
- that people weren't always clear whether the person they were talking to was a pharmacist or a shop assistant as some pharmacies employ both
- whether a pharmacy offered a room to provide privacy

How can we work with NHS England Primary Care Pharmacy contracts team to emphasise the wide range of services that are offered? And is it possible to get to a position in which all pharmacies can offer all NHS services across Herts and West Essex or GP practice Dispensary staff can direct patients to relevant NHS services?https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-contract-teams/

Response:

The successful appeal to NHS Resolution of a refusal of an unforeseen benefits application for a new pharmacy in Stansted Mountfitchet was well received which was highlighted as an area of gap of provision in the Primary Care commissioned Healthwatch Report on community pharmacy across HWE.

This reflects a lot of work by local residents and work commissioned by the ICB from Healthwatch to support the case for change but also how we to develop a supporting commissioning document which supplements the Pharmaceutical Needs Assessments whose sole purpose is for market entry.
Different range of services provided by pharmacies
Community pharmacies contractual framework outlines three types of NHS national services including essential, advanced and enhanced services:

1. **An 'essential service' must be provided by all community pharmacy contractors**. All pharmacies provide the following services:
    - dispensing of NHS prescriptions
    - access to the repeat prescription service (with agreement from your GP)
    - an emergency supply of medicine, subject to the decision of the pharmacist (people may need to pay for an emergency supply)

- non-prescription medicines like paracetamol
- disposal of unwanted or out-of-date medicines
- NHS Discharge Medicines Service (DMS)
- advice on treating minor health concerns and healthy living

2. There are currently eight 'Advanced Services' within the NHS Community Pharmacy Contractual Framework (CPCF). **Community pharmacies can choose to provide any of these services** as long as they meet the requirements and these are optional services. The NHS Advanced services include the community pharmacist consultation service (CPCS), blood pressure check service, New Medicines Service (NMS), Smoking cessation service (SCS), pharmacy contraception service, Appliance Use Review (AUR), Stoma Appliance Customisation (SAC) and seasonal flu vaccination service.
3. In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a new type of Enhanced service, the National Enhanced Service (NES). Under this type of service, NHS England commissions an Enhanced service that is nationally specified. **The Covid-19 Vaccination service is currently the only national enhanced service**

NHS and private services and consultation room availability
Members of the public and healthcare professionals can use the Find a pharmacy service via the NHS website and click the 'treatments and services' page of the pharmacy profile to see if they offer a various service in addition to whether they have a consultation room for privacy and if a service would be considered private or free on the NHS.

Identification of pharmacy staff
There are legal requirements (in the Medicines Act 1968, as amended, and the Medicines (Pharmacies) (Responsible Pharmacist) Regulations 2008)) associated with the responsible pharmacist role including displaying a notice that gives the details of who the RP is as per the General Pharmaceutical Council (GPhC) website. Therefore, the responsible pharmacist within the community pharmacy should be able to be identified or confirmed with a member of the team. Pharmacy technicians can help with things such as inhaler technique, how to take a medicine safely and understanding the correct dose of a new medicine and how often you need to take it.

Additional resources

- A new service finder on the NHS website (NHS.UK) allows healthcare professionals and patients to search for the following:
    - find a pharmacy that offers free blood pressure checks. The tool explains who is eligible to go to a pharmacy to get their blood pressure checked and can be searched using a postcode, with the nearest pharmacy listed first
    - Find a pharmacy that offers the NHS flu vaccine
- NHS England have also developed a YouTube video to promote community pharmacy services

Locally since April when HWE ICB took on community pharmacy contracting through delegation from NHSE and as outlined in our Primary Care Strategic Delivery plan, we are developing a work programme across all our primary care contractors to reduce variation and ensure we have consistency in the service provision across all our provider in HWE. This is an ongoing piece of work and we aim to improve this year on year.

3. Phlebotomy We continually receive comments about poor experience of Phlebotomy services including

- signposting - dual provision by acute and primary care.
- lack of appointments available
- inconsistency between drop in and appointment systems
- parking issues.

What is the ICB's approach to setting service delivery standards and what can be done to improve the patient experience? Finally, what is the ICB's direction of travel in terms of provision of services for GP requested blood tests - should these be done by Primary Care rather than Acute Hospitals?

Response:

Across HWE, GP requested blood tests are provided by a range of providers including GP practices, community providers or acute hospitals. They provide this at practice level, community health centres, acute hospital sites or in patients home for housebound or care setting. Each provider is currently commissioned through existing service specification with delivery standards. Future provision and how we improve the experience of patients in relation to phlebotomy services is being considered through each place as services are reviewed to ensure this is tailored to meet local needs. Currently primary care teams with contracting are working with in East and North Place to improve areas of poor experience across PCNs working in partnership with all partners and patients.

4. Digitisation - How can we incentivise PCNs and Practices to drive understanding, acceptance and usage of the NHS England App as the default portal for essential NHS services? What is a realistic target for patient adoption by the end of March 2024? NB We believe that patient choice should be accessed through the NHS App rather than through a separate interface.

Response:

Within its Primary Care Digital Roadmap, HWE has a priority to increase uptake and usage of the NHS App and to make it a key access point for primary care and wider services in the NHS. We currently have 59% of our eligible population with NHS App logins (this is above the national average of 54% of eligible population registered).

We are planning a delivery programme of work with practices to ensure that staff can signpost patients to NHS App where appropriate – we will provide them with resources to support this work. We need to make sure the NHS App is a part of the wider primary care access work because enabling patients access to services via the NHS App means we can release capacity for practice staff to do other things.

We are currently working on a communications plan to raise public awareness of the NHS App and the functions it can provide including management of ERS referrals.

We are conscious that digital can be a barrier to some and will be looking to use VCFSE and Local Authority resources to help those who need some hand holding or possible with access to equipment/internet access so they can utilise the App if they want to.

5. Mental Health - The Government has said that at least £2.3 billion of additional funding a year will be invested by April 2024 to expand and transform mental health services in England so that 2 million more people will be able to get the mental health support they need. Can the ICB confirm how much of this £2.3b has been allocated into the HWE budget for our 1.6m patient population and what the ICB is doing to ensure that this additional investment is spent effectively, and that the benefits are tracked for patients waiting for Mental Health support across HWE.

Response:

The £2.3 billion referred to is the national increase in investment over the term of the Long-Term Plan for Mental Health from 2019/20 to the end of this financial year (2023/24). It is the increase in investment through the Mental Health Investment Standard (MHIS), this is the long term plan commitment that the increase in local funding for mental health (excluding learning disabilities and dementia) is at least in line with the overall increase in the money available to Integrated Care Boards (ICBs).

Each year the ICB is informed of what the minimum amount is it needs to invest in mental health to meet the commitment. Investment in mental health services is categorised against certain eligible areas so that MHIS investment can be monitored across the country and is published in the mental health dashboard.

Hertfordshire and West Essex ICB receives the population's share of this investment through the ICB's annual allocation and is monitored with national reporting to demonstrate how the ICB has met the Mental Health Investment Standard. The ICB's allocation of national resources can vary but, as a rule, it is c. 2.5% of the nationally quoted figures over the five-year period.

Monitoring of the investment locally is through the ICB's contracting and commissioning arrangements with providers. Providers who provide services in the scope of the MHIS funding must feed data into the Mental Health Services Data Set (MHSDS) which enables the ICB areas performance against the Long term Plan ambitions to be monitored. In addition, there is local reporting to the ICB, which is reviewed at a number of groups including the Mental health, learning disabilities and autism oversight group.

The ICB cannot easily show what the increase in spend has been between 19/20 and 23/24 as the MHIS guidance and our categorisation of MHIS have changed a number of times in between these dates. However, for 2023/24 there is a requirement to increase MHIS expenditure by 9.01% resulting in a MHIS target spend of £231.7m, the ICB are currently forecasting to exceed the 23/24 MHIS spend target.