NHS HWE ICB Board meeting held in Public

Friday 26 July 2024

Conference Rooms 1 and 2

The Forum

Hemel Hempstead , HP1 1DN

11:30 - 14:30

Meeting Book - HWE ICB Board meeting held in Public

Agenda

	Part One - ICB Business		
11:30	1. Welcome and apologies		Chair
	2. Declarations of interest and Register of interests	Information	Chair
11:35	3. Minutes of last meeting held on Friday 24 May 2024	Approval	Chair
	4. Action Tracker - No open actions		Chair
11:40	5. Chair's Update Report	Information	Chair
11:50	6. Chief Executive Officer's Report	Information	Chief Executive Officer
12:00	7. Governance Report	Assurance / Approval	Chief of Staff
12:10	8. Integrated reports for finance, performance, quality and workforce	Assurance	ICB Executive Team
	Lunch break 12:30 - 13:00		
	Exception reports	Assurance	
13:00	9. Quality Escalation Report		Director of Nursing
	10. Performance Report		Director of Performance
	11. Finance Report		Chief Finance Officer
	12. Committee summary reports		Committee Chair's
	Part Two - System, Leadership and Strategy		
13:05	13. Deep Dive and Lived Experience: Objective 1: Ensuring every child has the best start in life	Discussion	ICB Executive Team
	Closing Items		
14:10	14. Questions from the public	Assurance	ICB Executive Team
14:20	15. What would service users, patients, carers and staff take away from our discussions today?		All
14:30	Close of meeting		Chair

Date of next meeting: Friday 27 September 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:**	**26/07/2024**	
Report Title:	**Board Declarations of Interest**				**Agenda Item:**	**02**	
Report Author(s):	Gay Alford, IG and Governance Officer Jas Dosanjh, Governance Manager – Conflicts and Policies						
Report Presented by:	Chair and Governance Lead						
Report Signed off by:	Michael Watson, Chief of Staff						
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 Executive Team received a complete report of outstanding declarations on 10 June 2024 (original deadline for return was 31 May 2024, extended to 21 June 2024 following Executive approval)						
Executive Summary:	The ICB is required to carry out an annual exercise to refresh the Declaration of Interests Register, this is line with statutory guidance and the ICB's Standards of Business Conduct (Conflicts of Interest) Policy. The annual exercise commenced in April 2024. At the point of drafting this report, the Board member/regular attendees declarations that remain pending are highlighted in yellow in the attached Board Register. To comply, forms should be completed by the following: • all full and part time staff, • any staff on sessional or short-term contracts, • GP clinical leads working within the ICB (please include details of the PCN your surgery is part of in your declaration), • any students and trainees (including apprentices), • agency staff, • seconded staff,						

<table>
<tr><td></td><td colspan="4">self-employed consultants or other people working for the ICB under a contract for services should return a declaration.
If Board members/regular attendees have nothing to declare, then a “NIL return” should be provided.</td></tr>
<tr><td>Recommendations:</td><td colspan="4">Board members and regular attendees are asked to submit outstanding declarations to hweicbwe.coi@nhs.net with immediate effect as the deadline for return has passed.

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/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.</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:</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:</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>

Herts and West Essex ICB Board 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 Chair - ICB People Committee Chair ICB Remuneration Committee	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	
			Spouse is a Director in UK Health Protection Agency.					√	2016	Current	
			Executive Director of People and Organisational Effectiveness for the Nursing and Midclose relativery 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	-		-	-		May-20	Ended Apr-24	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 Managing Director of Indy Associates Limited. The company is jointly owned by myself and my close relative 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.
Coats	Matthew	Senior Responsible Officer South West Herts HCP									
Coles	Toni	Place Director - West Essex	Nil	-	-	-	-	-	-	-	-
Crudgington	Scott	ICB & ICB Strategy Committee Member by position (Interim Chief Executive of Hertfordshire County Council) Partner member, Local Authority, HCC	As Interim Chief Executive of Hertfordshire County Council, a number of my services including Public Health, Children and Adult Services will commission or be commissioned by the ICS to deliver services or programmes.	√					Apr-24	Mar-25	Where a decision on funding is required that involves HCC I will declare an interest and either leave the room or not vote.

Disney	Elizabeth	Director of Operations, HWE ICB	Close relative is employed by the ICB. Role sits in a different directorate, no line management overlap.	-	-	-	-	√	Jan-23	Ongoing	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	Ended	
			WWF-UK, Trustee			√			2017	Present	
			School Governor, Aldwickbury School			√				Present	
Elton	Sharn	ENH Place Based Director	Parish Councillor, Sutton Parish Council, Central Bedfordshire	-	-	√	-	-	May-23	Mar-27	-
Fernandes	Trevor (Dr)	GP Locality Lead - Dacorum Partner Member, Primary Medical Services	Salaried GP at Parkwood Surgery, Hemel Hempstead GP Trainer, GP Appraiser, Joint Injections	-	-	-	√	-	2020	To date	
			Registered with GP in Hertfordshire			√			1990	To date	
			My spouse works at: Michael Sobell Hospice, Northwood,Middlesex Fonthill Nursing Home, St Albans, Herts St Elizabeth's Centre, Perry Green, Herts	-	-		-	√	Various	To date	
			NHS Complaints Reviewer Birmingham and Solihill ICB Mid and South Essex ICB	√					Dec-22	To date	
			Outpatient at Royal Marsden Hospital London			√			Jan-23	To date	
			Community Medical Examiner employed by WHTHT.	√					Feb-22	To date	
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	Nil								-
Hammond	Natalie	Director of Nursing & Quality, HWE ICB	Spouse - company - Aqua Kare, leak detection.	√						Ongoing	Does not commission/tender for work.
Howard -Jones	Elliott	Role of CEO at Hertfordshire Community NHS Trust Partner Member - Community Provider Representative SRO - East & North Herts HCP	Nil			-	-	-	-		
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	-	-	-	-	-	-	-	-
Marcus	Tania	Chief People Office	Nil								

Marovitch	Joanna	Chair VCSFE Alliance VCFSE Allinace board member	CEO of Hertfordshire Mind Network	√					2021	Current	
Martin	Chris	Commissioning Director – Children, Mental Health, Learning Disabilities and Autism Essex County Council Partner member, Local Authority, ECC	Nil								
McCarthy	Lance	Partner Member, NHS and Foundation Trusts - Acute SRO - West Essex HCP	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
Moberly	Nick	Non-Executive Member HWE ICB Chair - ICB Strategic Finance & Commissioning Committee	CEO MS Society UK	√					Jan-19	Present	
			Non-Executive Director, NHS Property Services	√					May-21	Present	
			Board Adviser/Acting Chair, Dr Mortons Ltd (with small shareholding)	√					Jan-21	Present	Mitigating steps to be taken surrounding Board or committee papers/agenda items.
			Trustee - Christian Aid			√			Dec-18	Present	
			Board member, MS International Federation			√			Jun-19	Present	
			Trustee, Medical Aid for Palestinians			√			Mar-24	Present	
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	√	-	-	√	-	2016	Continuing	
			Driector North Stevenage PCN	√	-	-	√	-	2022	Continuing	
			Partner at Larksfield Medical Practice	√	-	-	√	-	2018	Continuing	
			Partner, Dr A Saha, is a GP 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 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 my partner 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 my partner.

Randhawa	Professor Gurch	Non Executive member, NHS HWE ICB Chair - ICB Strategy Committee Vice Chair - ICB Strategic Finance & Commissioning Committee	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 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	All interests declared with all parties.
			Patient, Davenport House surgery, Harpenden							Current	To be declared as appropriate.
			Extended family member employed by Harpenden Health PCN							Current	To be declared as appropriate.
Sewell-Jones	Adam	Chief Executive East & North Herts NHS Trust Joint Senior Responsible Officer East & North Herts HCP	Nil								
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	-	-	-	-	-	-	-	-
Stober	Thelma	Non-Executive Member, NHS HWE ICB Chair - ICB System Transformation and Quality Improvement Committee	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			√			2017	Current	
			Trustee of the National Emergencies Trust			√			2020	Current	
			Non-Executive Director, Peabody Trust Non-Executive Director Peabody Trust Board Thamesmead Committee Communities Committee			√			2021	Current	
			Deputy Lieutenant Greater London			√			2022	Current	
Surgenor	Simone	Deputy Chief of Staff - Governance & Policies, NHS Herts & West Essex ICB	Director of Select Project Management Ltd	√	-	-	-		2011	Ongoing	Family company. No contracts held in the health and care sector
			Dependant with condition requiring individually funded treatment	-	-	-	-	√	2019	Ongoing	Declaration made in meetings where papers or discussions relate to this condition..
			Community Governor – Colne Engaine C of E Primary School (school run by the Vine Schools Trust). Formal appointment pending checks. This role sits at Board level.			√			TBC		The school sits outside of the ICBs geographical area. Declarations will be made in meetings where papers relate to relevant educational matters.
Taylor	Karen	Senior Responsible Officer Mental Health & Learning Disabilities & Autism HCP	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	ICB Place Director - S&W Hets	Partner is employed as an Associate Director with ArdenGem Commissioning Support Unit	-	-		-	√	Apr-24	Continuing	To be declared when appropriate
			close relative is an employee of Central & North West London NHS Trust	-	-	√	-	√	Dec-20	Ended	
			Close relative is employed in the Talking therapies service at CNWL NHS Trust					√	Apr-24	Present	To be declared when appropriate

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 24 May 2024**			
Time:	**11:30 – 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
Matthew Coats (MC)	SRO SWH Health Care Partnership	Herts and West Essex ICB
Catherine Dugmore (CD)	Non-Executive Member	Herts and West Essex ICB
Jane Halpin (JH)	Chief Executive Officer	Herts and West Essex ICB
Mark Hanna (MH)	CEO Age UK	VCFSE Alliance
Tom Hennessy (TH)	Director Health and Integration	Hertfordshire County Council
Elliot Howard-Jones (EHJ)	Joint SRO ENH Health Care Partnership	Herts and West Essex ICB
Rachel Joyce (RJ)	Medical director	Herts and West Essex ICB
Lance McCarthy (LM)	SRO West Essex Health Care Partnership	Herts and West Essex ICB
Chris Martin (CM)	Director of Strategy, communication and policy	Essex County Council
Ian Perry (IP)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Alan Pond (AP)	Chief Finance Officer	Herts and West Essex ICB
Gurch Randhawa (GR)	Non-Executive Member	Herts and West Essex ICB
Adam Sewell-Jones (ASJ)	Joint SRO ENH Health Care Partnership	Herts and West Essex ICB
Nicolas Small (NS)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Thelma Stober (TS)	Non-Executive Member	Herts and West Essex ICB

In attendance:		
Toni Coles (TC)	Place Director, West Essex	Herts and West Essex ICB
Sharn Elton (SE)	Place Director, East & North Herts	Herts and West Essex ICB
David Evans (DE)	Executive Director, HPFT	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
Michael Watson (MW)	Chief of Staff	Herts and West Essex ICB
Matt Webb (MW)	Place Director, South West Herts	Herts and West Essex ICB
Tracey Norris (TN)	Meeting Clerk	HFL Education
Via Microsoft Teams:		
Prag Moodley (PM)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Anurita Rohilla (AR)	Chief Pharmacist	Herts and West Essex ICB

ICB/37/24	**Welcome, apologies and housekeeping**
37.1	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).
37.2	Apologies for absence had been received from: • Nick Moberly • Natalie Hammond (represented by Rosie Connolly) • Joanna Marovitch (represented by Mark Hanna) • Karen Taylor (represented by David Evans) • Scott Crudgington (represented by Tom Hennessy) • Lucy Wightman (represented by Chris Martin)
ICB/38/24	**Declarations of interest**
38.1	The Chair invited members to update any declarations relating to matters on the agenda and reminded them of their responsibility to update their declarations, for example when they had ceased an association with an organisation. 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/39/24	**Minutes of the previous meeting**
39.1	**The minutes of the previous meeting held on Friday 22 March 2024 and 26 April 2024 were approved as an accurate record, subject to the correction of the spelling of Beverley Flowers' name.**
ICB/40/24	**Action Tracker**
40.1	There were no outstanding actions.
40.2	**The Board noted the updates to the action tracker.**
ICB/41/24	**Chair's update report**
41.1	The Chair's update (pages 25-29 of the document pack) was noted, there were no questions arising.
41.2	**The Board noted the Chair's update**
ICB/42/24	**Chief Executive Officer's report**
42.1	Jane Halpin (JH) referred to her report (see pages 30-38 of the document pack) drawing the board's attention to the following: • Following the governance changes agreed by the Board's, the CEO report had evolved and was focused more on progress of the system wide priorities set out in the Medium Term Plan. • A general election had been announced for July 2024; the board were reminded of the additional diligence their public discussions were subject to. • The blood pressure checks campaign was underway with short, medium and long term plans in place. • NHSE has confirmed a consultation on Mount Vernon Hospital Cancer Services, progress updates would be provided.
42.2	Questions and comments were invited: • Funding to enable blood pressures checks to be performed by dentists and opticians were being explored.

	• The list of pharmacies that were providing free blood pressure checks was available on the NHS websites. Many GP surgeries already have blood pressure machines in waiting rooms. The ICB had funded the purchase of self-check monitors for patients.
42.3	**The Board noted the CEO's report**
ICB/43/24	**Governance Report**
43.1	Michael Watson referred to the report (see pages 39-124 of the document pack) and presented each item: **Governance Review**: the following documents had been updated in response to the governance review and were tabled for approval: • East & Norths Herts Health Care Partnership Board terms of reference • South West Herts Health Care Partnership Board terms of reference • West Essex Health Care Partnership Board terms of reference • Hertfordshire Mental Health, Learning Disability and Autism Health and Care Partnership Board terms of reference • System Transformation and Quality Improvement Committee terms of reference • Scheme of reservation and delegation
43.2	Questions and comments were invited: • A question regarding the inclusion of Primary Care in the scheme of delegation had been raised outside of the meeting and this would be responded to at the July board meeting
43.3	**The Board approved the updated terms of references and scheme of reservation and delegation.**
43.4	**Board Assurance Framework** One change had been made to this to reflect the closing of the financial risks relating to achieving efficiencies in 2023/24 and the increased financial risk in 2024/25 (risk rating 20). There were no questions arising.
43.5	**The Board noted the Board Assurance Framework.**
ICB/44/24	**Integrated report for finance, performance, quality and workforce**
44.1	MW introduced this agenda item (see pages 125-142 of the document pack) and invited each of the area leads to present their highlight report before opening for questions.

44.2	**Finance overview:** Alan Pond (AP) summarised the financial position:
	• Year-end outturn 2023/24:
	  ○ Overall breakeven position had been achieved. Four organisations reported a surplus, with only two organisations reporting a deficit.
	  ○ Many of the measures put in place in 2023/24 to achieve efficiencies were non-recurrent which would make achieving a balance in 2024/25 more challenging.
	  ○ Capital underspend: £0.6m.
	• 2024/25 financial overview:
	  ○ Draft plans had been submitted to NHSE on 2 May projecting a £45m shortfall, this included 5% efficiencies.
	  ○ Some categories of expenditure would now be subject to authorisation/sign-off by NSHE ("Triple lock").

4.3	**Workforce overview:** Tania Marcus (TM) provided the following update: • 2023/24: the system held a total WTE over and above its operational plan projection. This was predominantly through increased use of temporary staffing supporting key areas such as industrial action. The system came close to meeting its substantive staff requirements. • Agency usage had fallen in April 2024. • 2024/25 headlines: A system wide reduction of WTE of 2.4% was planned with reductions of 15% and 23% in bank and agency staff.

	• HCT and HPFT were both forecasting workforce growth relating to new service commissions and existing agreements of staff TUPE for services delivered within the system and wider region. • Schemes for workforce efficiencies and productivity were in place and additional vacancy control measures would be implemented through the triple lock process. • HWE was one of two ICS's nationwide with the lowest post-covid workforce growth. HWE had the lowest workforce growth in the East region.
44.4	**Quality overview:** Rosie Connolly (RC) provided the following update: • Measles: There had been a slowdown in confirmed cases in HWE. There were no local outbreaks at the moment. Since October 2023, there had been 56 reported cases in the East, 12 of which were in HWE. • Whooping cough: no reported outbreaks. There have been five infant deaths nationally. The team were working closely with Public Health colleagues to ensure vaccination programme for pregnant women and babies was in place and effective. • *c-diff* – new objectives had been set for 2024/25 which were due to be published shortly. The team would continue to focus on ENHT and the ENH area where community rates were higher. • Paediatric audiology: the improvements at ENHT were ongoing with two pathways now opened for the 3-5 year age group and the over 5 years. Waiting lists continued to grow as there were limited centres with the appropriate accreditation. The team were working with colleagues across the system to identify mutual aid. • CQC were now collecting data on this to establish the scale of the issue.
44.5	**Performance overview:** Frances Shattock (FS) provided the following update: • 4-hour ED achievement fell just short of the 76% national ambition but was the highest the system has achieved since August 2021 against the backdrop of growth in attendances. • Hours lost to ambulance handover had reduced significantly, and the system achieved its year end trajectory. • Improvements had been seen in 52-week wait for planned care but no change in 78-week wait. The target was to achieve zero 78-week waits by June 2024. The 2024/25 operating plan assumed a maximum wait of 65 weeks. • Children's community waiting lists remained high, with waiting times notably longer than in adult services. CAMHS caseloads have increased for three consecutive months. • PAH: tier 2 oversight in place in response to elective long waits and cancer metrics. • Cancer: 28-day faster diagnosis standard: 81% vs 75% national. 62-day backlog continues to improve.
44.6	Questions and comments were invited: • The planned reduction in workforce would impact back-office staff rather than medical/nursing teams. This would reduce the impact on service delivery. • Learnings from 2023/24 re productivity gains and efficiencies should be celebrated and shared. • The operating plan was ambitious, but colleagues felt this was reasonable and achievable. • Inconsistent reporting of children's services across the HCPs were noted as was the limited availability of paediatric audiologists within ENHHT. S&L provision had improved with only 262 on the waiting list compared to 660 in September despite a threefold increase in referrals. • The challenges within children's services and the difficulty in recruiting therapist to support neuro diversity was noted. The Children's Board chair suggested that the ICB Board consider focussing a future deep dive on the area of Children's Services. • NHSE had recognised the ICS's efforts to achieve financial balance in 2023/24 and the progress it was making with workforce; the board congratulated the ICB executive team.
44.7	**The Board noted the integrated reports for finance, workforce, quality and performance**

ICB/45/24	**Quality Escalation Report**
45.1	See pages 142-168 of the document pack
45.2	**The Board noted the Quality Report**
ICB/46/24	**Performance Report**
46.1	See pages 169-223 of the document pack.
46.3	**The Board noted the Performance Report**
ICB/47/24	**ICB Finance Report**
47.1	See pages 224-250 of the document pack.
47.2	**The Board noted the ICB Finance Report**
ICB/48/24	**Committee Summary Reports**
48.1	See pages 251-264 of the document pack.
	The Chair noted the challenge raised in the Public Engagement Forum meeting about how much the board reflected patient voice/experience in its discussions. Further consideration would be given to the most effective way to respond to questions from the PEF and members of the public and to ensure that there was greater triangulation of patient experience in the new style integrated report.
48.2	**The Board noted the Committee Summary Reports**
ICB/49/24	**Medium Term Plan**

49.1	Michael Watson (MW) presented this agenda item (see pages 265-315 of the document pack) drawing the Boards attention to:
	• The revised vision for HWE 2024-2030 had been developed over a number of months with input from board members and stakeholders.
	• 2024-26 priorities:
	  ○ Reduce inequalities with a focus on CVD and hypertension
	  ○ Improve UEC through more anticipatory/SDEC care
	  ○ Better care for those in mental health crisis
	  ○ Elective care recovery
	  ○ Children's care backlog reductions
	• Challenges: changing demographics (aging population), pockets of acute deprivation and achieving financial sustainability.
	• The interdependency and collaboration of system partners, in particular, Local Authorities and the voluntary sector were crucial to delivering the plan.
	• A strategy committee would be established to monitor the delivery of the medium-term plan.

49.2	Questions and comments were invited: • Greater emphasis on prevention would improve health outcomes for the population as well as improve the system's financial sustainability. • Board members felt the report was detailed and well set out and provided a clear roadmap for the journey to prevention and better population health and wellbeing. • Board members raised the need for alignment of priorities between the ICB and the ICPs; the creation of strong golden threads. • The role of the two new hospitals within the delivery of the MTP was raised; this would require consideration. • For most elderly patients, it was better to be treated in the community than in a hospital. • The coming challenges (aging population) needed to be anticipated and well planned, this had the capacity to overwhelm the system if mitigation was not put in place.

	• The role of Place would be critical in the delivery of services to this cohort. • Once published (after the election) the MTP would provide the standard against which all other strategies (eg digital, people) would be refreshed/aligned.
49.3	**The Board approved the Medium Term Plan**
PCB/50/24	**Deep Dive: Frailty**

50.1	Sharn Elton (SE), Rachel Joyce (RC), Anurita Rohilla (AR – via MS Teams) and Mark Hanna (MH) presented this deep dive (see presentation circulated after the meeting):
	• Frailty should not be considered a normal part of aging.
	• 10% of over 65 year olds and 50% of over 85 year olds live with frailty.
	• 90,000 citizens in HWE were recorded as frailty, although this was anticipated to be much higher, closer to 200,000.
	• Diagnosis should made at every opportunity to allow for a proactive and holistic management. Clinical observations should not be made in isolation.
	• The largest cohort attending UEC were adults with frailty or end of life.
	• The main reasons for admissions to UEC – falls and over prescribing/harm from medicines.
	• The ICB's frailty programme had been re-shaped in November 2023 and promoted the pro-active management of frailty, through:
	  ○ Identification
	  ○ Planning whole person/holistic care with patient and carers
	  ○ Avoid unnecessary conveyances to hospital
	  ○ Hospital admin to immediately start planning release with support from HCP
	  ○ Roll out of Advance Care Plans (ACPs) to capture future wishes for care
	  ○ Reduce the risk of falls in the over 75 year old cohort
	  ○ Promote home care pathways
	• A culture change was needed to empower people to remain healthy and stay at home.
	• De-prescribing was a powerful way to improve a patient's quality of life and reduce costs; the more drugs a patient was on the higher the risk of harm from medicine.
	• 40% of patients with chronic conditions did not follow the medicine instructions.
	• Opportunities to review medicines at transfer of care points could provide an opportunity to de-prescribe. See positive outcomes from the "Show me your medicine" programme in Devon.
	• Patients and carers should be empowered to take greater agency over their medication and explore alterative treatment options.
	• Community and voluntary services were in place to support this cohort, for example:
	  ○ Pathway zero
	  ○ No wrong door
	  ○ Virtual hospital/hospital at home
	  ○ Waiting well programme
	  ○ Hospital discharge support
	  ○ Classes for over 65s to promote healthy/active lifestyles
	  ○ Herts Help – to help navigating the 1000+ voluntary services in Herts
	  ○ Outreach teams

50.2	Questions and comments were invited: • The scale of the challenge (aging population, increasing frailty) should also be considered an opportunity. • There were many opportunities to identify frailty prior to the call for conveyance. Conversations with these patients and listening to their preferences was crucial to changing the current system default. • There was commitment from all partners to drive this forward; all recognised the need for change to both improve quality of life, reduce pressure on the system and address the waste and cost from over-prescribing. • Alignment of priorities between each Place programme and the ICB strategy was needed.

	• The role of the INT and wider system partners eg housing associations were noted.
	• Modelling was already underway for interventions that could reduce emergency admissions by 25%, these included:
	  ○ Polypharmacy
	  ○ Community services
	  ○ Role of integrated neighbourhood teams
	  ○ Falls response
	  ○ Use of stack
	  ○ Senior review at hospital front door
	• Board members thanked the team for providing such a clear and detailed presentation.

50.3	**The Board noted the presentation on frailty**
ICB/51/24	**Questions from the public**
51.1	Questions from the public had been submitted in advance of the meeting and were set out together with the ICB's response at pages 316-323 of the document pack. The following was noted: • Clarification had been provided to Beverley Flowers regarding the meaning of question 1 and an updated response from the ICB would be provided outside of this meeting regarding the use of share care records and care coordination hubs. • Frances Shattock noted that there was an error in the ICB response to question 2 and this would be re-circulated after the meeting. • The issues raised in question 3 had been raised and discussed at the Primary Care committee meeting held on 23 May.
ICB/52/24	**What would service users, patients, carers and staff take away from our discussion today?**
52.1	The following observations were made: • It was acknowledged that patients did not want to spend any longer than necessary in hospital and every effort should be made keep people, in particular, the elderly out of hospital. • The board was committed to improving population health outcomes using innovation and accepted that change was needed to the "system default".
ICB/53/24	**Any other business**
53.1	The Chair thanked Nicolas, as this is his last Board meeting and congratulated Elizabeth on being appointed to a new role which she will be moving to later in the year.
Date of next meeting: Friday 26 July 2024	
The meeting closed at 2.34pm	

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:**	**26/07/2024**
Report Title:	**Chair's update report**		**Agenda Item:**	**05**
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

Chair's Report

I am writing as Chair of the ICB to express my sincere condolences on the untimely passing of our colleague Ogechi Emeadi, (Gech).

All that knew Gech would have been undoubtedly touched by the way she lived her values, her passion and authenticity and someone who put both staff and patient care at the heart of all she did.

Both the NHS and the People Profession will be poorer without her.
Sending best wishes to her friends and family during this incredibly difficult time.

Today meeting of the board builds on the direction of travel we set out and approved at our May meeting- with agenda items focused on the immediate challenge of achieving recovering services and our financial plan, whilst also ensuring that we focus on the ambitions in the change programme we have set through our Medium-Term plan.

Today we take a deep-dive into the work going on across the system to achieve our Medium-Term plan ambition of ensuring that every child has the best start in life. This is the first of our new approach to deep-dives in which we will consider at each meeting several areas of work which contribute to the delivery of one of our five ambitions. In today's deep dive we will hear about a range of issues, including our work to:

- reduce waiting times in targeted children's services, by building on current plans and redirecting resources.
- Improve services for children with Special Educational Needs and Disability (SEND) through our work with local government partners.
- Deliver improvements in emergency pathways for children- as set out in our Urgent and Emergency Care Strategy – for example supporting families with young children to self care
- Continue our system journey of improvement in Maternity Services, with a focus on implementing the six elements of 'Saving Babies Lives' care bundle'
- Improve paediatric access to NHS dentistry

At the next meeting we will hear about work taking place across the ICB and our system partners to reduce health inequality and reduce inequality.

General Election

Following the recent General Election Board Members will want to join me in congratulating new and returning Members of Parliament across Hertfordshire and West Essex. I would also like to thank those retiring MPs for their interest and support for health and care within Hertfordshire and West Essex.

We have been in contact with all new and returning MPs and are looking forward to meeting with them to brief them on the work of the Integrated Care Board and the four Health and Care Partnerships later in the summer.

The Prime Minister has been clear about the mission driven approach his Government plans to take and is making changes to the machinery of government to support each of the missions. As a system and as a Board we look forward to working with our local government, CVFSE and other partners to play our full part in the delivery of these missions. The work that we have already done to develop our Medium-Term Plan and our Health and Care Strategy provide a firm foundation.

Medium Term Plan

The Board approved the Medium-Term plan in May, although we have been unable to formally launch the plan due to the calling of the General Election.

However, work has begun on the implementation of the plan, including:

- The establishment of an ICB executive sub-group focusing on strategy alignment and priority delivery
- The development of a communication and engagement plan and accompanying materials
- Summary plans being developed for each of the 2024-26 priorities, which confirm what parts of the plan are being delivered at system or HCP level
- Work with key enablers such as digital and workforce teams to align strategies to priority delivery
- The finalisation of an 'accountability framework' which will be the core set of metrics against which we will judge progress against delivery of the key priorities.

The Board will receive a full report on progress at its September meeting. Updates on work taking place to support delivery of the Medium-Term Plan can be found in the CEO's report.

Implementing our new governance approach

Thank you again to all colleagues that have contributed to the Governance review. We are currently going through the first 'cycle' of meetings of the new Board Sub-committees, and our HCPs will also shortly begin their new governance as sub-committees of our board. We will have the opportunity to review the extent to which the changes have been successfully implemented at a future meeting.

Partner Member appointments

I am pleased to be able to confirm that Prag Moodley and Ian Perry have been successfully reappointed as Primary Care Partner Members after a full recruitment process. I am also delighted to be able to welcome to the board Trevor Fernandes, who will be our third Primary Care Partner Member. Trevor is a practicing GP in South West Place currently salaried GP at Parkwood Surgery in Hemel Hempstead and I am sure all members will join me in giving him a warm welcome.

Goodbye to colleagues

Unfortunately, today will be the last ICB board attended by Lance McCarthy, one of our partner members and the CEO of Princess Alexandra Hospital. I would like to take this

opportunity to thank Lance for all of his work as a member of the board, and for the significant impact he has made on Health and Care across our system both as a CEO and as a board member.

It is also the last meeting for Elizabeth Disney, the ICBs Director of Operations. Elizabeth has delivered crucial work in supporting the establishment of the ICB and its strategy and approach in key areas such as Urgent and Emergency Care- which is delivering real results.

I am sure the board will join me in wishing Lance and Elizabeth every success in their new roles.

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:**	**26/07/2024**
Report Title:	**Chief Executive Officer's report**		**Agenda Item:**	**06**
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.			
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

Industrial Action

Thank you to everyone across the system that worked to maintain services during the industrial action at the end of June. As always safety was our paramount concern and steps were taken by colleagues working across the ICS to ensure that people were able to get vital support when they needed it throughout this period.

New look CEO report

Today is the first time that we have aligned the CEO report to our Medium-Term Plan priorities, rather than the organisational updates we have used in the past. In particular we have focused on the work being carried out by our four HCPs, and County Council partners. As a reminder, the framework for the Medium- Term Plan is:

I am sure the board will agree with me that there is a significant amount of work taking place across our system which will contribute to the delivery of our plan.

System Planning

As we discussed at the May meeting of the board, the planning round for 24/25 has stretched further into the year than we would normally expect it to, in part due to the planning guidance being issued shortly before the beginning of the financial year.

We have now received our 'planning close down' letter from NHS England, which is shared as an annex to this report. As you can see, the letter thanks those across the system who have been

involved in planning for this year, and also confirms the commitments that we have made in our plan. Those commitments are consistent with the 24/25 priorities set out in our Medium-Term Plan.

System financial position

As the board will already be aware, the systems financial plan forecasts a year end deficit position of £20m. More detail on this is included in the finance report before the board today, along with our financial position at the end of M2- which is showing a £3.7m variance from plan. In setting its plan for this year the system leadership has always been clear that our plan would only be achieved through an intensive effort to find the required efficiencies- and we will need to continue this work to bring us back to plan.

We have commissioned external support to ensure we have sufficient capacity to deliver the financial plan for 24/25, whilst also testing our longer-term plan to eliminate our recurrent deficit and ensure we have the right system operating model to achieve this whilst delivering our plans.

Urgent and Emergency Care Improvements

Whilst our financial position remains challenging, it is important that we do not lose sight of the importance of a focus on improving services for our residents. Todays integrated report highlights our ongoing improvement in relation to Urgent and Emergency Care- including a reduction in ambulance hours lost to handover and performance against the four-hour standard.

General Election

As the Chair sets out in his report to today's board, there has been a significant change in the MPs that represent constituencies in Hertfordshire and West Essex following the General Election. I look forward to meeting with all of our MPs in the coming weeks, and to working with them in the years ahead.

Departing colleagues

Finally, I would echo the comments in the Chairs report relating to those colleagues who are attending their last board today. Lance McCarthy has played a key role in the development of the ICB and our broader approach as a system across a range of key issues. Elizabeth Disney has also been a crucial part of the executive team over the last two years and will be greatly missed. I wish them every success in their new roles.

Dr Jane Halpin

CEO

24-25 priorities:

Reduce inequality with a focus on outcomes for CVD and hypertension:

System Wide/Integrated Care Board
• Launch of ICB-wide comms campaign to improve hypertension detection now live across HWE. • National bid won to expand hypertension case finding in dental and optometrist settings (Go live Sept 24) (Note these activities are ICB wide these should be picked up by LTC lead.
West Essex (WE) HCP
• WEHCP Heart failure workshop is taking place in July 2024 to develop an Integrated Heart Failure model. The HCP is also undertaking a targeted hypertension detection work programme with Harlow PCNs. The focus for July is with Church Langley for the detection of hard to reach patients at risk of heart disease. These activities are in line with HCPs Delivery Plan.
South and West Herts HCP
• Targeted support has been given to practices with low detection and or management. 1 practice Bennetts End post visit exceeded PCN and ICB targets in CVD detection and will be used as best practice across the Place to support other practices to improve. • Hypertension champions are being identified to support with increasing the numbers of blood pressure checks.
Essex County Council
• 7,500 Essex residents set a quit date in 2023/24 and of those 3,914 went on to quit smoking, quits in maternity were particularly strong in 23/24. • We exceeded our target for delivery of NHS checks. It was planned to deliver 48,00 checks to those aged 40-74 and 48,1000 were delivered. We will further stretch the target for 24/25 Essex is currently second highest nationally amongst our comparators and we hope to move into first place by year end once final national data is released.
East and North Herts HCP
• ENH HCP has established a CVD delivery group to bring together clinical and operational staff working across CVD services to support the improvement in patient outcomes as set out in the HWE ICB cardiovascular plan, the GIRFT report recommendations and local organisation priorities. • An Integrated Heart Failure Service (IHFS) was launched in March 2024 to improve health outcomes of people living with heart failure, reduce health inequalities, particularly for those from lower socio-economic and minority ethnic groups and change the provision of care from reactive to proactive reducing non elective activity, free up hospital beds and provide productivity savings. • The IHFS service has been mobilised across 6 localities, managing a caseload of 240 patients, supporting individuals to manage their heart condition and access a range of support services. • Building on the success from the AF pilot carried out in 2022/2023 ENH HCP health Inequalities group has developed a proposal aiming to support individuals from more diverse ethnic populations who are at increased risk of a heart attack and stroke by offering free blood pressure checks in their local community. This project aims to improve the detection of hypertension and improve health outcomes.

Improve UEC through more anticipatory/SDEC care:

ICB
The workforce transformation programme team recently attended the system's UEC board and are now mapping requirements of the broader UEC strategy to the Long-Term Workforce Plan and how to work more effectively with place. We will look to repeat this exercise with the other priority leads to review their workforce requirements and adapt our plans to meet these needs going forwards.
East and North Herts HCP
• ENH HCP Care closer to home (CCTH) priorities cover same day access, admission avoidance, system control and improve flow and discharge. The CCTH steering group is holding a planning session in September to align our plans to reduce admissions for frail individuals by 25%. • The development of Integrated Neighbourhood Teams (INT) in ENH is a fundamental 'unit' of service delivery to support UEC plans at place. New clinical searches have been created to enable PCN's to identify individuals who are frail and high users of services. The INT's bring together clinicians and professionals to proactively case find and support individuals to remain in their home environments. • Clinical searches have commenced in both PCN vanguard sites and 2 further PCNs and case studies are to be shared widely across ENH. In the medium term, there have been benefits delivered through the join up of teams and utilisation of community health and care services. • An ENH HCP 'Frailty' focussed workshop is currently being planned for October.
West Essex HCP
• WEHCP Integrated Neighbourhood Team (INT) plans for 24/25 were agreed at Clinical and Professional Leads forum setting out actions for each INT contributing to ICB priority to proactively support our frail population in the community to prevent the need for hospital admissions. These plans are now in delivery phase overseen by Care Closer to Home Expert Oversight Group. • The Integrated Urgent Treatment Centre (IUTC was presented at the recent NHSE review meeting as an example of good partnership working led by WEHCP. The collaborative continues to develop new pathways including DVT and referrals to community pharmacy to maximise the utilisation of capacity and support the improvement in ED performance at PAHT.
South and West Herts HCP
• South West Herts have agreed senior representation on ICB wide SDEC programme group. Will be reported back via System Resilience Group. • Access to stack 'returns' audit completed and will form basis of face to face workshop. Aim to decrease the number of calls returned following triage. • SWH HCP have discussed how to support the delivery of 25% reduction in frailty admissions. Scoping work to be carried out on developing a true 'Single Point of Access' for admission avoidance.
Herts County Council
• We collaborated with the ICS to disburse capital funding in response to the "Going Further for Winter" publication. Together with the Hertfordshire Care Providers Association (HCPA) and the ICS, we bought and installed 53 lifting devices in 53 care settings that had the highest rate of fall admissions. launched in tandem with the application of the IStumble App (a Wales Ambulance Service and West Midlands Ambulance Service best practice). We have observed a decrease in the number of ambulance visits for See and Treat in the first six months, along with a decrease in ambulance attendances, hospital conveyances, and system savings as a result. More significantly, carers report improved results with fewer long-lie declines, increased confidence in staff, and a decrease in residents' anxiety.

- Our specially designed assistive technology solution for social care planning was honoured at the Local Government Chronicle (LGC) Awards 2024 for its creativity. We will keep developing and refining the offer. In the coming months, we will be implementing the technology to individuals on a hospital discharge pathway in order to track their progress and determine any post-discharge care requirements; raising awareness of the ways in which Assisted Technology can help with at-home care management; and updating the pathways for both urgent and non-urgent alerts into Community Health Hubs and Rapid Response Services, which were introduced in 2022.
- We launched our Social Care Prevention of Admission Service in South and West Herts after a successful pilot programme in East and North Herts. This operates in tandem and is collocated with the health Rapid Response service and integrated Early Intervention Vehicle.
- According to the updated NICE guidelines (April 2020), the Rockwood Frailty Scale was found to be an inappropriate tool for assessing frailty in individuals with physical disabilities or learning difficulties. Hertfordshire County Council has developed, improved, tested, and implemented a new frailty risk assessment tool for individuals with learning disabilities. Designed in collaboration with families, service users, and experts. Throughout 24 and 25, this toolkit will be implemented across Hertfordshire.
- The workforce transformation programme team recently attended the system's UEC board and are now mapping requirements of the broader UEC strategy to the Long-Term Workforce Plan and how to work more effectively with place. We will look to repeat this exercise with the other priority leads to review their workforce requirements and adapt our plans to meet these needs going forwards.

Better care for those in mental health crisis:

System wide/ICB
• The ICB & the HCP continues to work with our Police partners across Hertfordshire and West Essex to implement **Right Care, Right Person**. These remain operationally challenging and pressured areas of work with different challenges and contexts in both Herts and Essex, such as the geographical and transport challenges across Essex, and the Section 136 demand and handover times in Hertfordshire. However, there are good relationships with partners and a clear commitment to progress these changes an ensure people receive the right crisis response across partners.
East and North Herts HCP
• ENH partnership held a workshop with MHLDA HCP in May 24 to improve understanding of our joint, priorities, and structures with a medium-term ambition of improving joint working between the two partnerships. Frailty and Dementia identified as initial priorities for joint work. Further workshops planned 2024.
West Essex HCP
• Between February and April 2024, the West Essex Crisis2 4 team answered 963 calls and since April 2024, the team have completed 89 face-to-face assessments and made 50 referrals to Sanctuary to support west Essex Patients. • Due to the recent promotion of the NHS 111 Option 2 professionals line accessed by Ambulance Crews for patient mental health assessments with the Crisis 24 service, there was a 162% increase in ambulance calls via this dedicated line for west Essex in May. This providing an alternative to conveying patients to the A&E department. • Suicide prevention. Led by EPUT, a multi-agency group is developing a 'distress pathway' for west Essex to improve wrap-around prevention and care, recognising mental health is just one contributing factor to self-harm and suicides.

Mental Health, Learning Disability and Autism Health Care Partnership
• The mobilisation of the **Mental Health Urgent Care Centre** continues with the expansion of referral pathways, broadening the link between existing Crisis pathways, our acute hospitals and secondary mental health services. • **The Hertfordshire Crisis Care Partnership Board** convened a workshop with 40+ frontline staff and services to co-design priorities for the year ahead – focus on the 'organisational development' required across different organisations and sectors to support better understanding and more integrated working across crisis pathways. • New programme management support for the **Mental Health and Substance Use Steering Group** will provide capacity to focus on acute and inpatient care as part of the programme. • **Standard Operating Procedure for the Mental Health Response Vehicle** has been agreed by all stakeholders as we await the delivery of the vehicles and work is ongoing to secure the revenue funding for the workforce element of the service.
South and West Herts HCP
• SWH has a project aligned to Assura Funding entitled "Compassionate Communities.". This project aims to support patients to improve their physical and mental wellbeing, with a particular emphasis in dealing with death, grief, and loss. This project is being undertaken jointly by Attenborough PCN and North Watford PCN, in partnership with Rennie Grove Peace Hospice. The project is running from 01/04/24 to 31/03/25. • Care Crisis Partnership Board (CCPB) workshop to outline 24/25 workstreams has taken place. UEC representation was present to ensure alignment with UEC recovery plan. Will ensure direct reporting to UEC board.
Hertfordshire County Council
• Over a two-month period, we mobilised a 16-bed nursing unit to care for people with non-cognitive symptoms of dementia currently being care for by HPFT. The nursing home has an enhanced MDT approach (social care, community health, GPs, HPFT). 67% of patients have moved into their lifelong homes, 91% of residents have stayed out of the hospital, and 34% of residents have been found to need less care than when they were entered.

Elective care recovery:

Herts County Council
• We continue to work with the voluntary, community, faith and social enterprise sector (VCFSE) to deliver a range of schemes to support people waiting more than 12 months for hospital care and during hospital discharge. The Waiting Well scheme will continue to be delivered by the Hospital and Community Navigation Service (HCNS) to March 2025, providing wellbeing calls to those on waiting lists at the two Hertfordshire general hospitals, with discussions about a more strategic commissioning approach going forwards. • Pathway 0, also delivered by HCNS, continues to provide wellbeing phone calls (for this cohort of individuals) and non-clinical support/referrals to those recently discharged and at risk of not having support in place to reduce readmissions. Identification of carers in the acute trusts, through carers' lead nurse roles, like Pathway Zero work is having a positive impact. • There are three Enhanced Discharge schemes delivered by the VCFSE, providing additional support initially over a 14-day period following hospital discharge. These are

delivered by HCNS and Health and Independent Living Support (HILS – the county's meals on wheels provider), to deliver social prescribing and food support during those 14 days, with additional capacity from the Reach Out project which provides volunteer-led support to individuals thereafter where required.
Essex County Council
• ECC Public Health (with partners in Social Care and Probation) have now successfully procured a 9-year contract delivering care and support to individuals presenting with Multiple and Complex Needs (co-existing substance Misuse, Mental Health, Homelessness, Criminal Justice system issues etc.) following the success of the Changing Futures agenda. We will be looking to replicate the success of the High Impact User work being delivered in MSE ICB with engagement of partners.
East and North Herts HCP
• New ENHT Diabetes and Endocrinology recovery working group established in May to review activity and capacity. Areas of focus include pathway reviews for diabetes and endocrine patients and service delivery processes. This work will link to the wider developments of a new integrated diabetes model which is being led by the ICS.
West Essex HCP
• ENT education sessions are taking place between PAHT and Primary Care to improve the management of patients and reduce avoidable referrals to outpatients. This is overseen by the WEHCP Planned Care EOG to after seeing significant ENT wait times at PAHT.
ICB

• We have seen elective productivity improvements in recent months:
  ○ **Theatre average cases per list** have improved by 0.1 across the system resulting in an improvement in activity levels (compared to 2019/20) from 105.9% (March 2024) to 111% (June 2024).
  ○ Proportion of **outpatient attendances that are for first appointments or follow up appointments attracting a procedure tariff** - ERF scope is at 48.2% placing the ICB 9th best nationally.
  ○ **Average LOS** – Elective 2.3 days 4th best nationally, 2nd best regionally
• **The HWE Elective Care Hub** at St Albans City Hospital is making significant progress and is scheduled to open in Spring 2025. The ground works and foundations of the new facility are complete, and issues identified relating to an IT cable and underpinning have been resolved. The first round of recruitment yielded 33 appointments. The clinical care model is being designed, with a commitment across all three trusts to standardise practice and implement innovate ways of working. This includes the care model to discharge patients the same day following hip and knee replacements which is currently being piloted on the St Albans site.

South and West Herts HCP
• Theatre utilisation at WHTH is showing a slight improving trend over the last four months, with the latest (16 June 2024) capped utilisation at 78.1% from an end of December 2023 position of 69.3%. The target is 85% • Day case (BADS) rates have been on a steadily improving trajectory since August 2022 67.2% with a March 2024 rate of 80.1%. The target is 85% • Long wait breaches have improved with WHTH having zero 78ww breaches from April 2024. Currently, WHTH are benchmarked 1st nationally for 78week at risk cohort and 77th for 65week at risk cohort. • Diagnostic waits over 6 weeks are also on an improving trend with 87% of patients being seen within 6 weeks (target of 95% by March 2025) and WHTH are benchmarked 28th nationally.

Childrens care backlog recovery:

ICB
• Children and Young People's (CYP) elective recovery is currently at 2.1% (March 2024) above the same period for 2019/20. This is 7.58 % ahead of that for adults. • ENHT and PAH undertaking 'super Saturdays' for both elective procedures and outpatients, reducing the current numbers of CYP on the waiting list and their length of wait. • Work to develop a business case for a new model for children's out-patients with a single front door for referrals and better signposting of early help and support is almost complete.
Mental Health, Learning Disability and Autism Health Care Partnership
• The new Neurodiversity Support Offer for children and young people has been successfully rolled out – comprising courses and workshops to support young people with a diagnosis of Autism and/or ADHD and their families and carers. Courses are now live with good take-up and feedback from providers and people accessing the courses being generally positive. A revised Children and Young People's Autism/ADHD business case has been drafted and will be considered at the ICB's Strategy Committee in September 2024.
South and West Herts HCP
• Waiting times in SWH HCT Community Paediatrics service are improving with a decreasing number of long waiters. The percentage of children waiting <18 weeks is currently 61.61% with the longest wait currently 71 weeks. (April data) • There are continued waiting time pressures in Paediatric Audiology in SWH but there has been an improvement with a 35% decrease in total waiters since the highpoint in June 2023. The service is also currently supporting ENHT newborn hearing pathways. Community services referrals for SWH have increased 2% 22/23 v 23/245.

Medium Term Plan objectives:

Ensuring every child has the best start in life:

System Wide/ICB
• Work on the SEND programme remains underway with both county Councils. In Hertfordshire the executive Board continues to monitor the delivery of the action plan. The Board recently had a deep dive into the joint speech & language therapy programme, which highlighted areas of very good practice. • In Essex a senior health leaders SEND oversight group has been established to review progress on actions since the last SEND inspection and prepare for the next. HWE is leading on the development of the therapies pathways across Greater Essex, • SEND pathway developments to strengthen the multi partner owned quality assurance and improvement framework to support provision of excellent services and improve the quality of life and outcomes for CYP are in place within the Hertfordshire HCPs.
East and North Herts HCP
• The ENH HCP CYP steering group commenced in September 2023 and continues to develop and evolve. The group supports the developments of transformation programmes across partners and to continuously drives forward improvements to support CYP to have the best start in life. • ND support hub extended until March 2025 linked to the SEND pathway improvements. • The ENH CYP steering group are working to identify local opportunities following the Care

Coordination pilot co-produced by health and care services and lived experience panel members. The service provides support at the beginning of a child's journey, for those who are likely to need health and care support throughout their life.
West Essex HCP
• The third 'summit' of education and health partners is being held in September. Led by WEHCP, along with the headteachers of Harlow schools, Harlow college and Essex CC, the partnership's current priorities include children's level of development, healthy weight/oral health and mental health. A child's good level of development by the age of five – GLD as it is known – is a key contributor to their health and wellbeing in later life, and the partnership is initially focusing its activity on parenting skills and school readiness throughout the 'bump to five' period of life. This September also sees the first group of 'Covid babies' starting school and the partnership intends to study and track the impact of the pandemic on their development.
South and West Herts HCP
• Family Hub development is underway. • Phase one of the Family Centre recommissioning is on track. The Family Support Service contract will be awarded in July, followed by mobilisation from August to December with a contract start in January 2025. • The Public Health Nursing transformation programme is underway in preparation for recommissioning. • The first phase of the childcare expansion programme has been rolled out. Phase 2 will be rolled out from September 2024 and phase 3 from September 2025. • The first pilot Pregnancy and parenting circles have started in Stevenage and Harlow, with Watford to start in Autumn. This is a universal offer focusing on areas of deprivation in Hertfordshire. • The FOLLOW campaign, a speech, language and communication campaign for Early Years has been launched. • Early Years pathway in the red book developed to give parents an overview of what to expect at every stage of their child's early years journey and where to access additional information.

Increasing healthy life expectancy and reduce inequality:

Herts County Council
• In order to support the monitoring of delivery against the six strategic priorities in the integrated strategy—"Give every child the best start in life," "Support our communities and places to be healthy and sustainable," "Enable our residents to age well and support people living with dementia," and "Improve our residents' mental health and outcomes for those with learning disabilities and autism"—the Hertfordshire and West Essex Integrated Care Partnership developed a monitoring framework. The ICB Population Health Management team has begun to add baseline data to the indicators. • We continue to commission a range of support for unpaid carers, including through the countywide carers support service contract delivered by Carers in Hertfordshire and a range of carers breaks provision. These services support delivery of the multi-agency Hertfordshire Carers Strategy and include a recognition of the health inequalities faced by many unpaid carers, with support provided to mitigate these.

- We also commission several services to support people to have a voice in relation to health and social care, including support to take part in co-production. This includes Healthwatch Hertfordshire and Viewpoint, who support people with a mental health condition.

- Refugees and asylum seekers as a cohort have relatively high healthcare needs, particularly in relation to poorly controlled chronic diseases, untreated communicable diseases, mental health, specialist support in relation to gender-based violence, and maternity care. We have funded a range of community-based support services to provide information and advice and direct 121 support. We have given training to frontline health professionals covering challenges and how to overcome barriers to access. We have also worked with health colleagues on development projects to reduce health inequalities.

Essex County Council

- 2024-2034 Essex healthy weight strategy recently launched, and Essex County Council Public Health are now developing the delivery plan, with partners, due September 2024.

East and North Herts HCP

- The revised PHMA locality data packs have enabled PCN's to personalise the cohort to their population using risk stratification and supports the identification of health inequalities and key risk factors for their population. This data has helped to inform action/improvement plans at PCN level.

South and West Herts HCP

- Communities First held a One stop shop for mildly frail patients in Borehamwood in May jointly with Theobald surgery a branch of Manor View practice, 12 mildly frail patients aged >65, with 4 or more medications and 4 or more medical problems, attended. The twelve patients received targeted intervention from the following:
  Nurse, Pharmacist, and a Social Prescriber review, and got a wider appreciation and understanding of the services they can access in the area. Further events are being looked into to ensure a wider reach targeting approach in different area of deprivation.
- In Watford, the Integrated Neighbourhood Team approach is progressing well. A machine learning approach has been taken to identify patients at high risk of being admitted to hospital as an emergency. This has identified 300 patients for the Team to begin to work with. Outcomes to measure the effectiveness of this work are in development.
- An audit has taken place amongst acute, community and primary care providers to understand how services support access for those with sensory needs. Next steps are to identify gaps in knowledge or practice and provide relevant training and information.
- Discussions with RNIB are ongoing regarding the funding of Eye Care Liaison officers across HWE. These posts will be based in acute settings and will support take up of health and care services for those with sight loss.

West Essex HCP

- WEHCP has relaunched its health inequalities and prevention programme group as the prevention programme group, with a revised terms of reference and membership. The group's priorities will mirror those of the WEHCP/ICB and local health and wellbeing boards around prevention, namely children and young people, cardiovascular disease and adult mental health and wellbeing. The children and young people element features a major focus on healthy weight and oral health, adopting the revised Essex CC healthy weight strategy and linking up with similar activity across the wider ICB and Herts CC.

Mental Health, Learning Disability and Autism Health Care Partnership

Annual Health Checks:

- The end of year performance for **Annual Health Checks for people with learning disabilities** shows that the ICB has exceeded the 75% target for the second year running at 81.7%, the highest performing in the East of England region and exceeding the national average of 77.6%. Working groups continue on the health inequalities identified through the local 22/23 annual LeDeR report, and the 23/24 review and report is currently being

drafted.

- For **people with a Severe Mental Illness**, progress on the increase of health checks has continued and the ICB has met the national minimum expectation of 60%, achieving 62%. Continued focus is needed in 24/25 to continue to increase this and work towards the national target of 75%.

Dementia

- Following a successful commissioning process with Hertfordshire County Council, from 1st October 2024, there will be a new structure to community-based dementia and mild cognitive impairment (MCI) support. The services will be delivered in partnership between the Alzheimer's Society, Age UK Hertfordshire, and Carers in Hertfordshire.
- Age UK Hertfordshire and Carers in Hertfordshire will deliver an information and development service which will provide a visible 'front door' and a digital resource hub.
- The Alzheimer's Society will deliver a support service for people living with dementia and their Carers. Services will be available to all, whether the person is diagnosed or not, or where they are on their dementia journey. Alongside a range of 121 and group support opportunities, there will be dedicated and specialist support for people with Young Onset Dementia (YOD) and their Carers. The Admiral Nurse service provided by Carers in Hertfordshire is not affected by these changes and will continue to operate just as it does now.
- The Hertfordshire Dementia Strategy 'One Year on Partnership event' took place on 07 June 2024. Over 70 people attended, representing different parts of the NHS, Local Government and VCFSE organisations. The event focussed on the specific deliverables for year 2 of the strategy and working to develop SMART deliverables for the year ahead.

ICB

The system is progressing well with its 90 Day Challenge project in nursing and midwifery across the system. Plans are in place to host a career development workshop, review practices associated to 'no more tick boxes and wider experience review being undertaken by Healthwatch Hertfordshire.

Improve access to health and care services:

System wide/Integrated Care Board

- Targeted Lung Health Check service successfully launched within the ENH locality, supported by InHealth and ENHT. Q1 results very encouraging, and uptake is positive. Discussions taking place as to the next phase of roll out to widen the population coverage and expand into West Essex and South West Herts
-
- 25/26 Cancer Programme of work and funding to support key pathway transformation has been approved. Funding will support continuation of key development work across the system within the most challenged pathways such as Lower GI, Urology and Gynae pathways, continuation of Capsule Sponge developments, Breast Pain Clinic developments and business case development to transition services from pilot to embedded services. These developments will improve access and early intervention, diagnostic and treatments, for the patients of HWE.
- The workforce transformation programme continues to work with partners to improve access to workforce data and integrated workforce modelling across the system, seeking to triangulate our understanding of workforce and activity across the system with Qlik Sense.
- The system's sustainable supply group continues to support the system through introducing innovative programmes of work such as talent pooling, the medical academy

and supporting key areas of shortage by promoting opportunities alongside the University of Hertfordshire within learning disability. Following a change in the process for systems to introduce the digital staff passport the programme is beginning preparatory work for the system to be ready to introduce the passport over the course of this year.
East and North Herts HCP

• Primary care colleagues in ENH have been focused on improving access via same day access hubs. The total triage model has been adopted by several PCN's, the same day access hubs are going well and have improved patient satisfaction, decreased the percentage of DNA's and increased capacity to see more complex conditions in ENH.
• Practices have been exploring ways to improve their capacity and access to appointments through:
  ○ workforce modelling and scheduling of clinics to maximise efficiency of staff availability.
  ○ improved utilisation of space for clinical and administration staff
  ○ development of new triage templates for common problems/enquires to enable patients to receive timely advice and scripts as required.

Mental Health, Learning Disability and Autism Health Care Partnership
• The **Mental Health and Substance Use Multi- agency Steering Group**, met for the first time to plan work to deliver improved outcomes and support for people affected by mental health issues and substance use issues. • The focus of the work is on adults with mental health and substance use issues, but it's recognised that there will be learning from the experiences of children and young people and potential implications for children, and linkages will be made to colleagues working with children throughout the programme. • The Adult Mental Health, LD & Autism 3 Year Inpatient Quality Transformation Plan can be found in the library section of todays papers.
Hertfordshire County Council
• Healthwatch Hertfordshire and Healthwatch Essex has been asked to assess the "I" statements in the integrated care strategy by the HWE Integrated Care Partnership. From the viewpoint of someone who uses health and care services throughout our system, the "I statement describe what good care, support and experience should look like from the perspective of someone who accesses health and care services across our system. To check that people can readily access and understand them. This includes suggesting potential ways for the ICP to get input from residents and individuals through the use of qualitative narratives and case studies. • By using their current ties in Hertfordshire and West Essex, Healthwatch Essex and Healthwatch Hertfordshire will be interacting with unpaid carers to learn about their experiences as residents and employees in the region. This will mostly concentrate on ICP Strategic Priority 5 and will take three months to complete. • The countywide Advocacy service was recently re-commissioned and will now be delivered by Pohwer with formal partners including Viewpoint, HILS and the Royal Association for Deaf People (RAD) as well as additional specialist partners in Headway Hertfordshire and Herts Vision Loss. • Advocacy is about empowering people to have a voice and making a real difference to their lives by speaking for them when they can't and supporting them to speak for themselves when they can. The service includes Independent Mental Health Advocacy (IMHA), Independent Care Act Advocacy (ICAA), Independent Health Complaints Advocacy (IHCA), Community Advocacy and Community Mental Health Advocacy (CMHA).
South and West Herts HCP
St Albans Locality

- Ongoing project linked to Assura Funding, “Digital Health Empowerment”. Project is being led by HaLo PCN in partnership with Communities 1st. The primary goal is to enhance access to technology-based solutions, particularly healthcare apps like the NHS app and Patient Access, to prevent digital exclusion among vulnerable groups within the community. The project is running from 05/05/24 to 28/03/25.

Watford & Three Rivers

- A pilot project is being undertaken to reduce the rate of “Did not Attend” appointments at practices, thereby reducing wasted GP hours. This is being led by Patient representatives with support from the ICB. The patient reps are working with one Surgery (Gade practice) initially with an aim of rolling out wider after this.
- Scoping work has begun to develop a true Single Point of access for Urgent and Emergency care in South West Herts.
- In Watford, The Town Hall Quarter Programme is an initiative of the Council to regenerate the area at the top of Watford High Street and the Town Hall. This work includes a new health facility – to be located on the existing council car park. Discussions are ongoing around the size of the build and what health and care services can be located in the building.

SWH Integrated Respiratory Service

- The current contract for Enhanced Community Respiratory Services, held by CLCH was extended to end August 2024 with the aim of starting the new service from 1 September 2024, however further time may be needed to ensure the most appropriate PSR Regulation and Process is applied following ICB Committee and Board decisions.
- The proposed new Respiratory service is fully integrated, bringing together the combined workforce from community and secondary care Trusts to deliver the new integrated service pathways. The service will provide seamless pathways across primary/community/secondary care services. The service seeks to remove duplication of diagnostic tests, outpatient appointments, provide early supported discharge, reduce NEL admissions and deliver NEL avoidance pathways. The new service also aligns to the VH models for Respiratory being delivered in SWH.
  The providers have worked collaboratively to reduce future cost pressures to a minimum.

- **South & West Hertfordshire Integrated Community Musculoskeletal, Rheumatology and Pain Service (iMSK)**
- The service is currently receiving an average of 4600 referrals from primary care. This is 1000 more than planned for the service. All urgent referrals are seen within 2 weeks. The contract has not been signed yet due to the ongoing discussion around the FCP element of the service including estate room charges and GP contract requirements.
- The MSK service has currently recruited 8 FCPs with plans for the FCPs to be allocated to deliver services in PCNs.

Other service updates

- Reduction in average call waits to 16 mins and email turn around within 24 hours.
- Routine and Urgent appointment now offered to patients.
- All estates are operational.
- Clinical escalation email queries shared with GP and FCPs
- Introductory meeting with FCPs currently working in Primary care.
- Wellbeing calls to backlog patients waiting for MCATS appointments.
- Biweekly meeting with the ICB to review any operational issues and CRM to start in July 24.

Increase the number of residents taking steps to improve their wellbeing:

Herts County Council
• Active Ageing • Herts Sports Partnership • Unpaid carers support We continue to commission several services delivered by the voluntary, community, faith and social enterprise sector (VCFSE) to deliver support to individuals to be more physically active. The Active Ageing service, delivered by Health and Independent Living Support (HILS) provides 1-2-1 support for frail older people to exercise. This is principally in their own homes, for those unable to go out, and also includes some group sessions in community venues. We also fund work delivered by Herts Sports & Physical Activity Partnership to promote physically active for older people, including group activity sessions delivered in partnership with Stevenage Football Club Foundation. Services also continue to be commissioned to support unpaid carers, covering a range of health and wellbeing support including access to breaks, support groups, courses and workshops, and information and advice.
Essex County Council
• 4,013 clients were engaged in structured treatment in Essex in 2023/24, supporting their recovery from substance misuse, with 2,096 new clients engaging. • 979 clients successfully completed their treatment for substance use in Essex during the same period.
East and North Herts HCP
• There is a strong focus in our plans with district and borough councils to improve to sign posting/ referring patients to community service e.g., sports partnerships. • A number of PCNs have identified childhood obesity as a priority.
West Essex HCP
• WEHCP is part of a Sport England/Active Essex project to develop a ‘place partnership’ in Harlow, focusing on driving up physical activity. Sport England has awarded the initiative £280,000 to develop a bid for a £1.5m delivery programme from April 2025 • WEHCP is also launching a concerted effort to develop ‘healthy places’ across west Essex. Led by the district councils, a cross-sector programme group, including representatives from the ICB, public health, planning and growth teams and the Harlow Gilston Garden Town development team will not just focus on new developments/housing but existing ones too. The adoption of a ‘one public estate’ policy is another priority.
Mental Health, Learning Disability and Autism Health Care Partnership
• A proposal for the Hertfordshire Dementia Accreditation scheme was approved by HCC’s Adult Care Services Management Board on 28 May 2024 and will be considered for approval at the next MHLDA HCP Board meeting in July 2024. The aim of the scheme is to encourage and promote as many communities as possible to be dementia friendly accredited over time, following the ending of the national scheme. Currently there are nine dementia friendly communities, five of which are district level. It is the aspiration that all ten districts in Hertfordshire will be dementia friendly accredited through the support of a new scheme.
South and West Herts HCP
• A project (**WellnessStride)** aligned to Alpha utilising PCN in Dacorum locality utilising Assura funding. It aims to tackle challenges linked to Type 2 diabetes, motivates individuals to adopt healthier lifestyles.

- Project commenced **22/04/2024** and ends **31/03/2025.**
- Outcomes to be defined and agreed.

Assura funded project The HAWA Wellness Hub

- To address the need for comprehensive wellness services tailored to ethnically diverse communities in St Albans. Providing a holistic approach to well-being, encompassing physical, mental, and social aspects of health. By offering a wide range of activities and resources through our Saheli Women's Day Centre, the aim is to empower women from diverse backgrounds to improve their overall quality of life. Through this initiative, the aim is to bridge gaps in access to wellness services and foster a sense of community and support among participants.

Dear DR Letter

- Audit has been completed via Greenbrooks UTC. Urgent Care will lead and Task and Finish Group, with Primary Care Clinical Lead and Senior Primary Care Manager.

Achieve financial sustainability:

ICB/System Wide

- The work to deliver the systems financial transformation priorities coordinated by the Financial Recovery Board, and the ICBs own work to deliver its financial plan, are detailed elsewhere on today's agenda.
- There continues to be significant system focus on reducing the systems reliance on temporary staffing. Early figures being analysed from month two returns (May 2024) show some improvements across organisations in relation to agency use, but this is counter balanced by increased use of bank staff, pushing the system over its forecasted position (total workforce +1%; Substantive 0%; Bank +11% and Agency +2%). The system is seeking to triangulate these figures against pay when more detailed financials returns are given from month three onwards. Actions to address this usage have

East and North Herts HCP

The work programme has been aligned to meet the ambition of reducing non elective activity by 25%.

West Essex HCP

The Care Closer to Home (CCH) Programme was launched in June with a workshop bringing together HCPs and ICB leads to codesign the model for Care Closer to Home for our adult population. This programme brings together the recommendations from the Community Services Review undertaken last year and the UEC and Frailty priorities for 2425. The objectives of this programme include:

- A consistent core offer for improving and addressing variation in health outcomes, experience, and quality of care.
- To reduce demand on our acute hospitals and move from reactive acute care to community-based preventative and anticipatory care.
- Enables a targeted approach to addressing health inequalities.
- Supports short-term financial recovery and longer-term financial sustainability.
- Alignment with the new hospital programmes
- Enables delivery through our Health and Care Partnerships
- Builds on the good practice that is already underway including Hospital at Home and INTs
- The model of care will be concluded during July with Delivery Plans agreed with HCPs. This programme is reporting through the UEC Board and Financial Recovery Board.

South and West Herts HCP

- Hertsmere minor illness service has been paused to support system financial position (no additional update).

- South West Herts System Resilience Group now has clear oversight of UEC capacity funds. This senior group will monitor spend against plan and monitor activity delivered to ensure value for money.

ICS pathology services transfer to a new shared network in 2025

- A contract for the provision of most of our ICS pathology services has been awarded to Health Services Laboratories (HSL) in March. This enables us to press forward with establishing a transformed shared pathology partnership across HWE ICS, including the ICB, WHTH, ENHT and PAH.
- HSL is a clinically-led provider of pathology and diagnostic services with first-class expertise in the pathology field, especially in delivering outsourced pathology services for NHS trusts. The contract secures significant investment in equipment, to modernise pathology services across all three Trusts and provide a sustainable service for our patients. HSL will be responsible for delivering over 20 million tests per year for our population.
- From June, we entered a 9-month mobilisation period where the three trusts prepare to transfer most pathology staff and services to the new provider early 2025.
- HSL operating model is a hub and spoke model. HSL will develop a new central hub laboratory within HWE geography for non-urgent pathology work, whilst more urgent results will be delivered on each of the three trusts' acute rapid response hot laboratories (spoke) which will be refurbished.

Herts County Council

Hertfordshire County Council's budget for 2024/25 was approved by Full Council on Tuesday 13 February. Councillors approved a budget of £1.1 billion to protect, maintain and improve council services for the 2024/25 financial year, including increasing spending by £98m overall. Decisions by Councillors to reach this budget included using £11m of the council's reserves and to increase council tax by 4.99% (including 2% ringfenced for social care). However, the budget also requires very significant financial savings of around £46m.

As part of these savings, the County Council is commencing a detailed organisational review to redesign our staffing structures and reduce approximately 400 posts from the council's base by August 2024. In doing so we remain committed to delivering excellent services that have the greatest impact. We are already seeking opportunities with partner colleagues including the ICB to work in a more joined up way that best meets the care and health needs of our residents as well as delivers the greatest cost effectiveness.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐				
	HWE ICB Board meeting held in Public				**Meeting Date:**	**26/07/2024**		
Report Title:	**Governance report**				**Agenda Item:**	**07**		
Report Author(s):	Simone Surgenor – Deputy Chief of Staff, Governance and Policies Tatiana Njendu – Risk and Compliance Officer – BAF Report author							
Report Presented by:	Michael Watson, Chief of Staff							
Report Signed off by:	Michael Watson - Chief of Staff							
Purpose:	**Approval / Decision**	☒	**Assurance**	☐	**Discussion**	☐	**Information**	☐
Which Strategic Objectives are relevant to this report	• 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:	The purpose of the Governance report is to update the board on key areas relating to governance, key areas for decision and to present the Board Assurance Framework. Today's paper covers: • HWE ICB Strategy Committee Terms of Reference for Approval • HWE ICB Standing Financial Instructions – delegation levels. • Noting of newly appointment Primary Medical Services Partner Members. • Board Assurance Framework.							

<table>
<tr><td>Recommendations:</td><td colspan="4">Members are kindly requested to:
▪ Provide approval – Strategy Committee Terms of Reference
▪ Approve - updated ICB Standing Financial Instructions Delegation levels.
▪ Noting – appointment of new Primary Medical Service Partner Members.
▪ Noting – Board Assurance Framework.</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">[Consider the impact of the paper on patient safety, e.g. Does the paper support improvement in patient safety and mitigate risks to patient safety]</td></tr>
<tr><td>Risk: Link to Risk Register</td><td colspan="4">[Refer to latest Risk Register when completing]</td></tr>
<tr><td>Financial Implications:</td><td colspan="4">[State funding costs and potential savings]</td></tr>
<tr><td rowspan="3">Impact Assessments:
(Completed and attached)</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">NHS Constitution proposed changes are supported by an approved EQIA.</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>

1. Background – reviews to ICB governance

1.1 The Board approved, in principle, the adoption of the recommendations of the Governance review at its meetings in January, March and May. As the new committees settle down, the Board will see at paragraph 2.1 below – revisions to the Strategy Committee Terms of Reference, agreed when it sat for its first meetings as a committee.

1.2 The Board is also asked to approve the amendments to NHS Hertfordshire and West Essex ICBs Standing Financial Instructions and delegation levels as detailed in paragraph 2.2 below.

2. Proposed Governance updates for NHS Hertfordshire and West Essex ICB

2.1 Revised Terms of Reference – Strategy Committee

Further to the ICB Strategy Committee meeting held on 3rd July 2024 – the board will note the following supported changes to its Terms of Reference:
Paragraph 3.1 –
Revision to first sub-paragraph with inclusion of: ".. and partner organisations are *supporting alignment on the* delivery *of* its strategic priorities:"
Revision to same paragraph to include the following:

- Consider the progress of the organisation in implementation of the Integrated Care Boards Medium Term Plan, *Joint Forward Plan and Health Creation Strategy*, *recommending* amend*ments* as needed.
- Advise the Integrated Care Board on the alignment of plans and strategies across the ICB.
- Promoting the adoption of Population Health Management across the ICS and provide regular updates to the board on progress in this area.
- *Promoting the adoption and strategic direction across the ICB surrounding the use digital tools and use of data to support evidencing and evaluation.*
- Promote and facilitate the use of research and evidence generated by research.

2.2 Revision to the ICBs Standing Financial Instructions

As part of the ICBs wider Governance Review the following increases to delegation levels are proposed for approval. This proposal is being made to support the flow of papers, without compromising scrutiny or assurance. When assessed against mirroring ICBs and NHS England, a variation in approach has been identified, and therefore the following proposed changes will be kept under review as commissioning through the ICB evolves:

- That the new ICB Strategic Finance and Commissioning Committee has its delegation level increased to the following:

  Approve proposals on individual contracts or services of a capital or revenue nature amounting to, or likely to amount to ~~£2.5m~~ *£7.5m* (or up to ~~£5m~~ *£15m* if contract exceeds 12 months):

- Further that the ICBs Chief Executive Officer and Chief Finance Officer have the following increases to their delegated levels:

CEO	up to ~~£1000k~~ £2.5m
CFO	up to ~~£500k~~ £1m

3. Primary Medical Services – Partner Members

Following completion of an ICB Constitution compliant nomination and recruitment process, the ICB has appointed the colleagues identified below with tenures starting from 1st July 2024:

- Dr Prag Moodley – second term
- Dr Ian Perry – second term
- Dr Trevor Fernandes – first term

4. Board Assurance Framework

In the table found below, we provide the Board with assurance that we have thoroughly reviewed the corporate risks for the ICB. Currently, the Datix Risk Register lists 114 risks, with 35 identified as corporate risks (12+). Of these, 8 are highlighted on this Board Assurance Framework (BAF) document as most critical (16+), specifically risks IDs 681, 679, 649, 611, 610, 608, 526, and 351.

The ICB is committed to managing these risks effectively and mitigating their impact. To increase the quality and level of assurance, we are working closely with risk leads and owners to strengthen our processes for documenting evidence of controls using the three lines of defence framework.

The Audit and Risk Committee, on behalf of the Board, gains assurance on risks scored 12+ by evaluating the rationale for risk scores and the effectiveness of controls. Additionally, we are enhancing risk identification, improving control measures, embedding risk management in all decisions, increasing training and awareness, and refining our monitoring and reporting processes:

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	0	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	1	Beverley Flowers
SO5	Achieve a balanced financial position annually	1	Alan Pond

Assurance Statement

We provide the Board with assurance that we have thoroughly reviewed the corporate risks for the ICB. Currently, the Datix Risk Register lists 114 risks, with 35 identified as corporate risks (12+). Of these, 8 are highlighted on this Board Assurance Framework (BAF) document as most critical (16+), specifically risks IDs 681, 679, 649, 611, 610, 608, 526, and 351.

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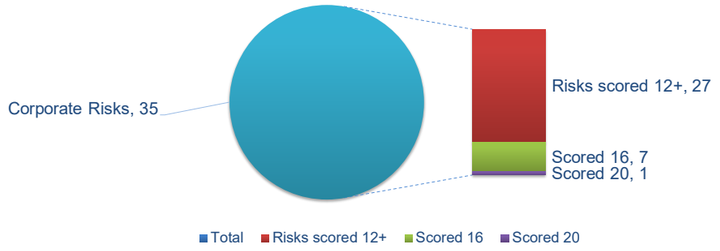
RAG rating of overall perfomance
Amber
g
Progress

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	7	1
	3. Possibly				18	
	2. Unlikely					
	1. Rare					

No#	HWE ICB Directorates	No of risks (12+)
1	Chief of Staff (Communication, Corporate Governance, Information Governance)	2
2	Finance, Contract, Premises	1
3	Medical	0
4	Operations (3 Places & HBLICT)	5
5	Performance (Business Intelligence, Digital Transformation & Performance)	6
6	Primary Care	10
7	Quality and Nursing	3
8	ICB Strategy (People, Workforce, Strategy)	8
		35

Further breakdown into principal risks scored 12+



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
8															
681	04/06/2024	SO3	Avni Shah	Primary Care	**GP Contract 24/25**: IF the 24/25 GP Contract deal (& any subsequent DDRB uplift) provide a widely perceived insufficient uplift THEN general practice cost pressures will grow & resilience will be affected RESULTING IN potential reduction in general practice capacity & potential industrial action	None provided	**Seek**	4	4	**16**	1. General Practice Resilience process to support vulnerable practices 2. Review of uplift of discretionary services commissioned In general practices, including ECF. 3. swift payments to reduce any cashflow issues, includes incerease in QOF aspiration payments & PCN Access funding potentially to be paid monthly, rather than at year-end 4. Training Hub support for practices in the recruitment of ARRS and workforce in primary care 5. Guidance/support for new roles recruited through the increased flexibility of the ARR scheme May-24 update BMA ballot in June/July regarding potential industrial action	⇔	Reasonable	Reasonable	Reasonable
679	16/05/2024	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 24/25 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.	The System has a control total deficit for 2024/25 of £20m, which is less than the ICB's fair share of resources being retained nationally by NHSE. If achieved there will be no financial consequences. However, to deliver this plan the System needs to deliver efficiency, produsctivity and/or cost savings of 5%. Not all savings are fully identified and there is risk to delivery currently assessed at c£20m. This equates to more than 0.5% of the ICB's budget and without developed plans with action owners is highly likely to materialise as a variance to plan. If such variance arose, the overspend would become repayable over 3 years from 2026/27.	**Seek**	4	5	**20**	Budgetary control framework in each organisation and assessment against HFMA governance control and grip framework Triple-lock framework which requires expenditure in scope to be second/third approved by ICB and NHSE Income and expenditure reporting and analysis and maintain oversight of financial position at least monthly Efficiency programme and organisational oversight and reporting through Programme Management Offices	⇆	Reasonable	Reasonable	Reasonable
649	08/08/2023	SO3	Natalie Hammond	Nursing & Quality	**Paediatric Audiology Service Delays and Patient Safety Concerns**: If the timeliness and quality of care provided across the HWE paediatric audiology services (recognising current quality challenges identified at ENHT) does not meet the UKAS accredited standards, THEN there is a risk that access to time critical testing does not occur in a safe and timely way RESULTING in potential harm to our population both in terms of safety and patient experience.	The NHSE PMO team is now fully recruited to and beginning to provide support. Urgent discussions being progressed to look at wider mutual aid following a NHSE letter to relevant providers	**Seek**	4	4	**16**	For ENHT specifically, ongoing oversight at fortnightly ICB led Audiology meetings, with representation from NHSE, ICB, ENHT as well as specialist input and patient representative. Some progress noted with improved recruitment, and initial pathways due to recommence for under 5 and 3-5 year olds from April 2024. Ongoing limited capacity and workforce at ENHT impacting on progress, with mutual aid required ongoingly. Initial harm reviews being undertaken, large volume to be completed currently awaiting NHSE process to be established. Liklihood of further harm being identified is quite high. Discussions ongoing at region to set up a small team to progress regional work including mapping of audiology services and waiting lists, identifying providers that could support mutual aid, and progressing UKAS accreditation. Recruitment is progressing for NHSE PMO team, which the ICB is facilitating. National work is progressing via the CQC to ensure nationally all NHS hearing services providers are reporting the status of their pead audiology services to Board	⇔	Reasonable	Reasonable	Reasonable
611	10/03/2023	SO3	Frances Shattock	Performance, Business Intelligence, Digital Transformation	**Diagnostics:** If the constitutional standards for diagnostics are not met then this could result in increased risk for patients resulting in a worsened health condition	The 6 week standard for diagnostics is not currently being met with performance remaining variable but static. The risk is relatively high as although target to improve performance to meet standard by end of March 25 and recovery trajectories are in place, it remains a very stretching target.	**Open**	4	4	**16**	There is an ICB wide transformation programme which works with all providers and across the system to improve diagnostic performance June 2024 Performance is monitored at fortnightly place based performance meetings with providers. There is a monthly Diagnostics programme group and issues are escalated to the monthly planned care group and escalation to the Planned Care Committee. Additionally, performance is monitored at the bi-monthly performance board and reviewed at the ICB board. There is an ICB wide transformation programme which works with all providers and across the system to improve diagnostic performance Cross reference to diagnostic programme mitigations	⇔	Reasonable	Substantial	*None*

610	**10/03/2023**	**SO3**	Frances Shattock	Performance, Business Intelligence, Digital Transformation	**Elective Long Waits:** 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 zero has been challenging although WHTH have been at zero since April 2024 and ENHT & PAH on track to reach zero for June 2024. Plans to meet zero 65ww breaches by end of September 2024 are in place, although there are risks to that delivery including industrial action.	**Open**	4	4	**16**	Work is continuing at both system and providers to reduce waiting lists with a focus on 78ww and 65ww. June 2024 Performance is discussed at weekly place based senior team meetings and monitored at fortnightly place based performance meetings with providers. ICB wide issues are discussed at the planned care group which will escalate to the Planned Care Committee. Additionally, performance is monitored at the bi-monthly performance Committee and escalated to the ICB board. Work is continuing at both system and providers to reduce waiting lists with a focus on 78ww and 65ww. Work is ongoing regarding the High Volume Low Complexity (HVLC) programme with a focus on improving efficiency and increasing theatre utilisation Quality risks related to elective recovery are discussed at Quality Rview meetings with system partners for IB oversight and escalation as required. Harm oversight linked to elective recovery is maintained through Patient Safety Incident Response Framework (PSIRF) processes.	⇔	Reasonable	Reasonable	*None*
608	**10/03/2023**	**SO4**	Frances Shattock	Performance, Business Intelligence, Digital Transformation	**Failure to meet UEC Targets:** 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.	The current risk score is high as a system the national UEC targets are not being achieved resulting in an increased risk to patient quality and outcomes.	**Open**	4	4	**16**	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 June 2024 Performance is discussed at weekly place based senior team meetings and monitored at fortnightly place based performance meetings with providers and NHSE. Performance and operational action taken to monthly System Resilience group / Local Delivery Board meetings and discussed in line with UEC action plans with escalations to monthly UEC Board. Additionally, performance is monitored at the bi-monthly Performance Committee with escalations to the ICB board. This risk complements the 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 Risks relating to mental health patients in ED units are also being addressed in the appropriare forums and links to risk 609. Clincial harm processes for 12 hour breaches and corridor care are in place across the ICS with minimal harm identified. Quality risks related to UEC performance (including ambulalnce handover times) are discussed at Quality Review Meetings with system partners for ICB oversight and escalation as required. HWE System Incident Meeting is in place providing a system-wide review of patient harm due to delayed 999 responses and identify improvement actions. ICB oversight of patient safety incidents includes those linked to UEC performance. Learning related to UEC performance shared through Patient Safety Incident Response Framework (PSIRF) processes.	⇔	Reasonable	Substantial	*None*
526	**06/09/2022**	**SO2**	Beverly Flowers	Strategy (People, Workforce, Strategy)	**Increased Demand on Children's Community Services:** 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.	This risk remains the same whilst awaiting the outcome of contract discussions with the providers. A new model of ASD/ADHD is in progress, work continues with providers for other services.	**Seek**	4	4	**16**	1. Demand and capacity analysis for impacted services has been completed to inform business cases for additional investment. Investment to clear ASD backlog in Herts; some investment for backlog in WE. In September 2022 further money was agreed to clear the ADHD backlog in South and West Hertfordshire. 2. Across the ICB the CYP teams are proposing to develop a Community Paediatric Transformation Programme which will review all community paediatric services including ASD and ADHD to ensure there is consistency of outcomes and financial input, as well as being able to identify the most efficient, effective and high quality way of session issues.Sharing learning across the ICS and Essex systems. 3.Clinical prioritisation is being undertaken within impacted services. Transformation programmes in place for some areas e.g. therapies programmes, ASD/ADHD transformation programmes, community paediatrics transformation (S&W Herts only). 4.Regularly review and monitoring of data through contract management and performance meetings. Escalation of risk to the ICB and within impacted providers. 5.Quality intelligence is reviewed in order to build up a picture of the impact to patients/their families and Quality remains a standing item on the provider CQRMs 6. 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. 7. Business case in development.	⇔	Reasonable	Reasonable	Reasonable
351	**19/05/2022**	**SO3**	Jo Burlingham	Operations	**Pressure from Pandemic or Infectious Outbreak:** 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)	Await NHSE / UKHSA infectious diseases & pandemic plans (on hold awaiting information from UKHSA) to inform local plans.	**Open**	4	4	**16**	Hertfordshire Pandemic Flu Framework BIAs completed for each team / department ICB business continuity plans ICB incident response plans Director / Senior Manager on call systems / packs MoU for the Mobilisation of NHS Resources in the event of a significant Health protection Incident in place Staff and community vaccination programmes in place for flu / COVID Arrangements in place for Monkeypox vaccines to be deployed as and when required (specific criteria to be met) EPRR training and exercise programmes in place Outbreak plans and pathways in place	⇔	Substantial	Limited	Substantial

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)
ICB Risk Matrix, and colour codes for action		Review no action required.
		Continue to watch. Action is discretionary.
		Action should be taken and / or continued monitoring by the ICB.
		Immediate actions required / and continued monitoring by the ICB.
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.

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:**	**26/07/2024**	
Report Title:	**Integrated reports for finance, performance, quality and workforce**				**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			☒
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 24/25	The system agreed and submitted a financial plan to NHS England that predicted a £20m deficit at year end. At M2 the system had a £3.7m negative variance against our plan.
Urgent and Emergency Care Performance	Urgent and Emergency Care performance continues its improvement trajectory with a reduction in ambulance hours list to handover and continued strong performance against the 4 hour ED standard, NHS111 abandoned calls and category 2 response times.
Elective waiting times	Following a 6-month trend of reduction, the overall elective PTL grew slightly in both April and May. HWE reported 83 x 78-week breaches at the end of April. There were 40 patients at ENHT & PAH, with a further 43 in the Independent Sector. WHTH have cleared all 78-week waiters. The 65-week backlog increased in April and is not meeting plan. Trusts continue to forecast achievement of the zero end of September national ambition, but ongoing Industrial Action is a significant risk
Waiting time inequality for Children and Young People	The number of children on community waiting lists remains high but has plateaued over the last 12 months. Longest waits have increased to 117 weeks, compared to 61 weeks for adults.
LD Health checks	Hertfordshire and West Essex achieved the 75% standard for health checks in 23/24 and our current rate for completed health checks is the highest in the East of England.
Continuing Healthcare	Performance has deteriorated for the last 3 months, with the 28 day standard continuing to present a significant challenge. This is in part related to the work being undertaken to clear the backlog.

3. Overview by area

Performance

Executive Summary – KPI Risk Summary

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

Low Risk	Programme
2 Hour UCR	UEC
90% Stroke Unit	Stroke
Adult Crisis 4 Hour	Mental Health
Transformed Community MH Pathways	Mental Health
Community Perinatal MH	Mental Health
28 Day Faster Diagnosis	Cancer
Community Waits (Adults)	Community

Variable Risk	Programme
% of on the day GP Appointments	Primary Care
Dementia Diagnosis	Primary Care
ED 4 Hour Standard	UEC
No Criteria to Reside (NCTR)	UEC
Ambulance Handovers	UEC
Thrombolysed < 1 Hour	Stroke
Out of Area Placements	Mental Health
CYP Eating Disorders	Mental Health
HPFT Early Memory Diagnosis (EMDASS)	Mental Health
Talking Therapies	Mental Health
Severe Mental Illness (SMI) Health Checks	Mental Health
31 Day Standard	Cancer
62 Day Backlog	Cancer

Highest Risk	Programme
CHC Assessments < 28 Days	Community
Community Waits (Children)	Community

High Risk	Programme
% of <14 day GP Appointments	Primary Care
% in ED > 12 Hours	UEC
NHS 111 Calls Abandoned	UEC
Ambulance Response Times	UEC
4 Hour Stroke Unit	Stroke
CAMHS 28 Day Standard	Mental Health
Community MH - CYP Waits for 1st Appt	Mental Health
Community MH - Adult Waits for 2nd Appt	Mental Health
Learning Disabilities - Time to 1st Assessment	Mental Health
6 Week Waits	Diagnostics
62 Day Standard	Cancer
RTT 78 Week Waits	Elective
RTT 65 Week Waits	Elective
RTT 52 Week Waits	Elective
Theatre Utilisation	Elective
Autism Spectrum Disorder (ASD)	Community
Attention Deficit Hyperactivity Disorder (ADHD)	Community

Moved to lower risk category | Moved to higher risk category | No change to risk category | New KPI added this month

Narrative

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

- Hours lost to handover >15mins reduced to 2,085 hours in May. Whilst higher than in March, this is the second-best performance since April 23
- Performance against the 4-hour ED standard was unchanged at 73.5%. Whilst not achieving the 78% ambition for 24/25, this was the third best performance since August 21
- NHS 111 abandoned calls reduced significantly in April and May to 5.6%. This is the best performance since September 23
- Category 2 ambulance response times were largely unchanged at 44 minutes in May. HWE responses remain the highest in East of England

PLANNED CARE, Slides 14-15	**18 Week RTT**	**Region: HWE better than average**	**National: HWE worse than average**

- Following a 6-month trend of reduction, the overall elective PTL grew slightly in both April and May
- HWE reported 83 x 78-week breaches at the end of April. There were 40 patients at ENHT & PAH, with a further 43 in the Independent Sector. WHTH have cleared all 78-week waiters
- The 65-week backlog increased in April and is not meeting plan. Trusts continue to forecast achievement of the zero end of September national ambition, but ongoing Industrial Action is a significant risk

DIAGNOSTICS, Slide 16	**6 Week Waits**	**Region: HWE better than average**	**National: HWE worse than average**

- 6 week wait performance fell at each acute Trust in April, and across the ICS by 1.8%. Imaging, and specifically Non-Obstetric Ultrasound (NOUS), are the biggest drivers of under-performance

CANCER, Slides 18-19	**28 Day FDS / 31 Day / 62 Day**	**Region: HWE better than average**	**National: HWE better than average**

- 28 Day Faster Diagnosis Standard (FDS) performance has fallen by 5.7% in the last two months, but continues to achieve the 75% standard
- 62-day performance betters the national and regional averages and is meeting the 70% ambition for this year. 31-day cancer performance continues to fluctuate just short of the national 96% standard

MENTAL HEALTH / LD, Slides 21-35	**Community MH (1st appt)**	**National: HWE better than average (Adult)**	**LDAHC**	**Regional: HWE best in EOE**

- Learning Disability Annual Health Checks (LDAHC) – 75% standard was achieved across the ICS and in each Place. HWE achievement was the highest in East of England
- Out of Area Placements (OAPs) are up over the last 2-3 months. Improvement forecast in WE from May; Hertfordshire remains challenged due closure of Aston Ward at The Lister. Scheduled to reopen early July
- Community Adult MH waits for a 2nd contact reduced in March to 73 days. This remains notably above the historic mean, but significantly better than the national average of 118 days

CHILDREN, Slides 36-41	**Various**	**Community 18 Week %: HWE worse than national**	**Community MH 2nd Appts: HWE better than national**

- The total number of children on community waiting lists remains very high but has plateaued over the last 12 months. Longest waits have increased further to 117 weeks, compared to 61 weeks for adults
- 18 week % for children's community waits is c.44%, compared to the national average of 56.9%. Pressures are predominantly in Community Paediatrics, as well as therapies and Audiology services
- Autism Spectrum Disorder (ASD) waiting lists and times continue to grow as 24/25 funding / investment remains unresolved. ADHD services are also high risk due to rising demand and waiting lists
- Reversing a period of long-term improvement, CAMHS caseloads have increased since December and are back to historic mean levels. The 28-day access standard in Hertfordshire has not been achieved since 2021
- Children's waits for a Community MH 1st appointment are better than the national average. However median waits are 119 days, compared to 73 days for a 2nd contact in adult services

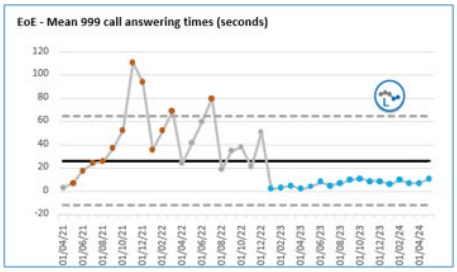
COMMUNITY (Adults), Slides 42-47	**% <18 Weeks**	**National: HWE better than average**	**Adult waiting times better than CYP**

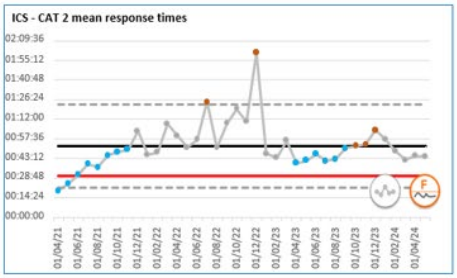
- The % of adults waiting <18 weeks remains strong at c.93% compared to the national average of 83.8%

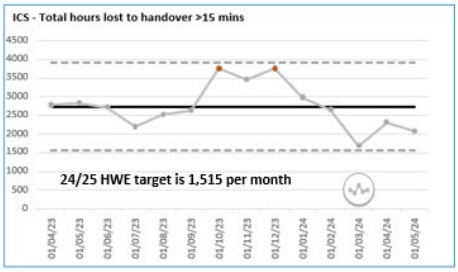
PRIMARY CARE & CHC, Slides 48-51	**Appointments <14 Days**	**National: HWE in line with national average**

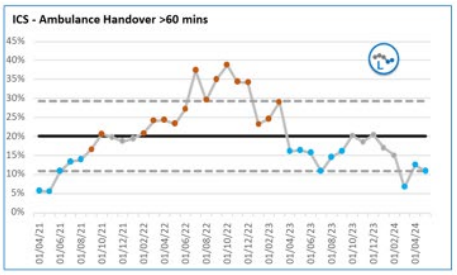
- Total number of GP appointments are variable but remain higher than pre-pandemic levels. Appointments in 2023 were the highest since 2019
- The % of appointments seen on the same day has been within common cause variation for the last four months. The % seen within 14 days of booking is marginally below this year's plan of c.89%
- CHC assessments within 28 days have deteriorated further. April performance at 40%, has halved from 80% in June 23. The service in South & West Hertfordshire is particularly challenged

UEC - Ambulance Response and Handover

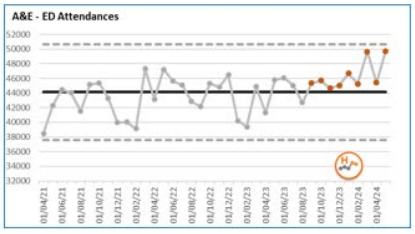


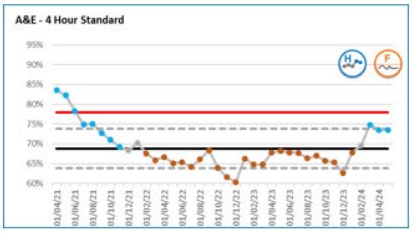


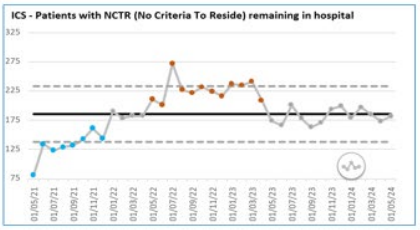


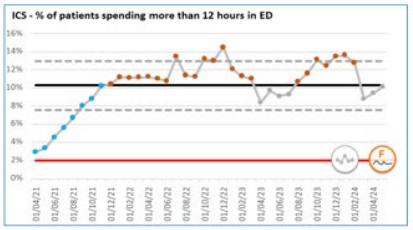


Urgent & Emergency Care (UEC)







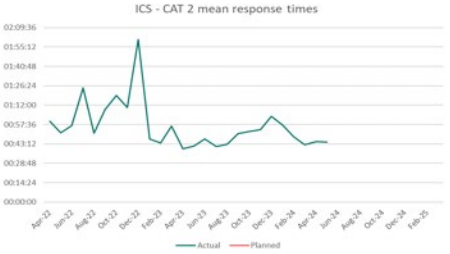


Urgent & Emergency Care (UEC) Improvement Trajectories

4 Hour Standard

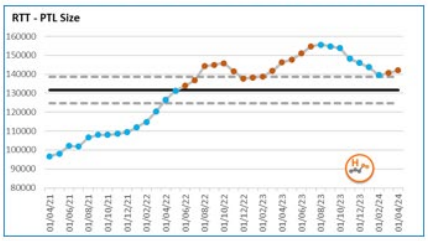
% of Patients Spending > 12 Hours in ED

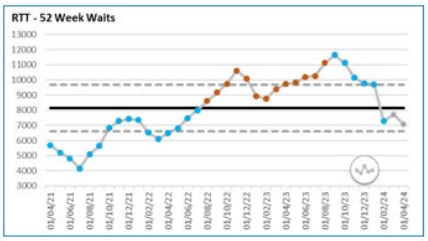
Ambulance Category 2 Mean Response Times

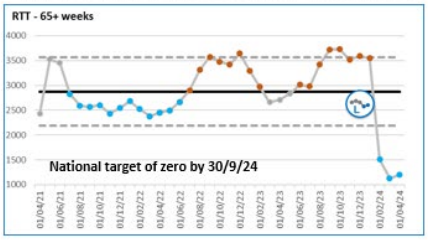


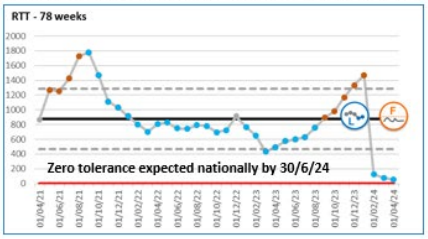
Hours Lost to Handover

Planned Care – PTL Size and Long Waits

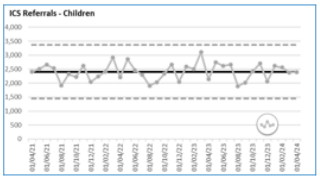


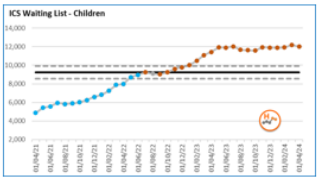


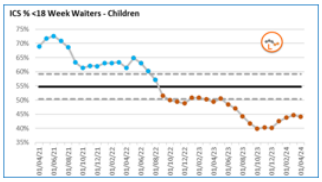


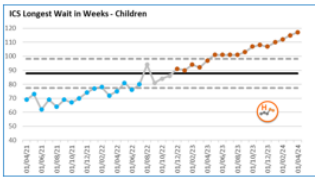


Community Waiting Times (Children)









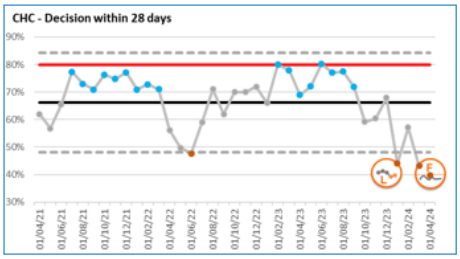
		Referrals			Patients Waiting			% waiting <18 weeks			Longest wait (weeks)			
Place	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ICS	Children	2381	2393	↑	12191	11993	↓	44.66%	44.17%	↓	115	117	↑	April

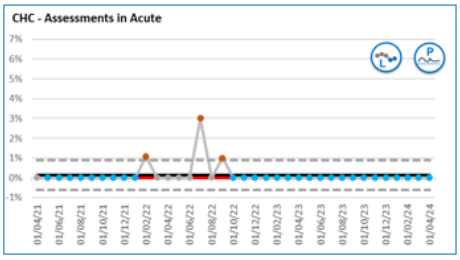
Place	Provider													
ENH	HCT	312	335	↑	990	860	↓	77.78%	78.95%	↑	55	50	↓	April
ENH	AJM/Millbrook	25	28	↑	123	122	↓	73.17%	75.41%	↑	38	36	↓	April
ENH	ENHT Community Paeds.	252	288	↑	5525	5587	↑	18.43%	17.18%	↓	115	117	↑	April
ENH	**All**	**589**	**651**	↑	**6638**	**6569**	↓	**28.29%**	**26.35%**	↓	**115**	**117**	↑	**April**

Place	Provider													
SWH	HCT	1348	1321	↓	4560	4462	↓	59.43%	61.07%	↑	77	71	↓	April
SWH	AJM/Millbrook	21	22	↑	117	109	↓	71.79%	83.49%	↑	31	35	↑	April
SWH	**All**	**1369**	**1343**	↓	**4677**	**4571**	↓	**59.74%**	**61.61%**	↑	**77**	**71**	↓	**April**

Place	Provider													
WE	EPUT - Wheelchairs	17	27	↑	23	26	↑	100.00%	100.00%	→	17	16	↓	April
WE	HCRG / Virgin	406	372	↓	853	827	↓	87.92%	87.55%	↓	36	36	→	April
WE	**All**	**423**	**399**	↓	**876**	**853**	↓	**88.24%**	**87.92%**	↓	**36**	**36**	→	**April**

Continuing Health Care (CHC)





	What the charts tell us	Issues	Actions

HWEICB	• The 28-day standard continues to present a significant challenge, most notably in South & West Hertfordshire
	• Performance has deteriorated for the last 3 months
	• May overall performance is similar to April as below, but there has been further slippage in West Essex:
	  o Overall ICB – 40%
	  o West Essex – 62%
	  o ENH – 65%
	  o SWH – 23%
	• The assessments in an acute setting <15% standard continues to be routinely achieved
		• Workforce - new starters do not have CHC experience and require robust training and development
		• Recovery of the 28-day standard is forecast to take at least 6 months and targets will be met by Q4 24/25. This has been agreed with NHSE
		• WE 28-day performance is 9% worse in May v. April. Key issue is delays in allocation of social workers from ECC due to recruitment challenges
			• Weekly meetings are in place across all areas to monitor performance. Additional assurance meetings are being held with NHSE
			• A further comprehensive layer of management control and support has been implemented across the SWH service to significantly improve work allocation, daily analysis of completed work, case status and risk identification
			• The same process for all areas will be implemented moving forwards
			• ECC continue to focus on social worker recruitment

Quality

Key areas

UPDATE TO PREVIOUS POSITION OR NEW. Area of Focus	Headlines	Position Since Previous Report
UPDATE: Publication of the Hertfordshire Special Education Needs and Disabilities (SEND) report.	Local partnership SEND Quality Assurance Framework confirmed and implementation underway with key health providers. Schedule of partnership quality assurance visits being implemented with oversight via SEND Quality Assurance Boards from July 2024 onwards.	Progress with significant ongoing work required.
UPDATE: Ophthalmology at Princess Alexandra Hospital Trust (PAHT) and East and North Herts Trust (ENHT).	Ongoing ophthalmology assurance oversight and improvement work continues to take place across the system and with individual acute providers as required. Wider system work continues to maintain a focus on both out of hour provision and also pathway focused.	Progress with further assurances required.
UPDATE: Measles.	Since 1st October 2023, the number of confirmed cases of measles in England has continued to rise (although an outbreak in the West Midlands initially drove the increase in cases). Number of confirmed cases and small outbreaks continue to increase locally. ICS round table for measles undertaken following NHSE regional tabletop exercise.	Progress with further assurances required.
UPDATE: East and North Hertfordshire Trust (ENHT) Paediatric Audiology Services.	Improvement activity continues to progress with oversight and support at ICB and regional NHSE level, including sourcing of mutual aid. Additional clinics are being planned through the use of mutual aid to support reduction of backlog.	Progress with further assurance required.
UPDATE: Mount Vernon Cancer Centre (MVCC) Gynaecology Outcomes.	Improvement plan and actions continue with regular ICB and NHS England oversight including related to pathway reviews and requirements for robust governance arrangements.	Continued progress with regular oversight in place.
UPDATE: Lampard inquiry.	An Internal HWE ICB Task and Finish Group established to identify, prioritise, and take actions to ensure the ICB is prepared to respond to the requirements of the Lampard Inquiry as it progresses. ICBs are awaiting response from the inquiry to recent applications for Co-Participant status. It is anticipated that initial hearing of the Inquiry will commence later in the summer.	Ongoing process – with long term assurances required.
UPDATE: AJM - Hertfordshire Wheelchair Provider.	Patient experience impacted through gaps in delivery of the wheelchair service. Local concerns have similar themes to the recently published Parliamentary and Health Service Ombudsman letter to the provider regarding themes at a national level. Weekly meetings scheduled with AJM to review patients on the open pathway waiting over 18 weeks. Oversight and assurance mechanisms in place to assess progress against required improvements.	Continued assurances and reporting required.

Reasons to be Proud

Essex - Partnership for Inclusion of Neurodiversity in Schools (PINS).

The Department for Education have secured funding which has been offered to ICBs to deliver a new national programme "Partnership for Inclusion of Neurodiversity in Schools" (PINS) that aims to support the education and health needs of neurodiverse children in schools, through partnership approaches to working with local authorities and parent carer forums. Health Care Resourcing Group will deliver the programme in West Essex which will;

- Help shape whole school SEND provision.
- Provide early interventions at a whole school level.
- Upskill school staff.
- Support strengthening of partnerships between schools and parent carers.

HWE Quality Improvement (QI) Network Knowledge Exchange Event.

A QI Network event took place Thursday 6th June 2024 bringing our HWE system improvement community together from across health and social care and including patients to focus on developing a shared understanding around Improvement, Innovation and Safety and developing our cultures around improvement. Areas showcased included the following examples:

- Essex Partnership University Trust -Urgent and Emergency Care Improvement: Falls Service.
- Princess Alexandra Hospital Trust - Improving nutrition and hydration, length of stay total hip and knee replacement, Cancer frailty service, QI Post-Graduate Accreditation Programme, Compassionate Care – Namaste volunteers.
- West Herts Teaching Hospitals Trust - Quality Improvement methodology used to implement Patient Safety Incident Response Framework.
- Hertfordshire County Council - Data Inspired Living Devices.
- Hertfordshire Partnership Foundation Trust - Simulation Hub Innovation.
- Central London Community Healthcare Trust - Heart failure medication, Respiratory oxygen QI project.
- East and North Hertfordshire Trust - Medication errors, Harm free care: pressure ulcers.

East and North Hertfordshire Trust, Princess Alexandra Hospital Trust and West Herts Hospital Trust.

The Trusts have been awarded pilot status for the Martha's Rule rollout, enabling patients and families to seek an urgent review if their condition deteriorates, and is part of the initial cohort of Trusts participating nationwide.

East and North Hertfordshire Trust.

East and North Hertfordshire Trust Safeguarding team have developed an Exploitation Tool that supports identification of those at risk of exploitation. This was achieved in collaboration.

Infection Prevention and Control (IPC)

Area	Issue	Mitigating Action	Timescale
Measles.	Since 1st October 2023, number of confirmed cases of measles in England has continued to rise. Although outbreak in the West Midlands initially drove the increase in cases . In recent weeks, London has accounted for most of the cases.	• Local HWE ICS Measles Round Table event implemented on 25th April followed by a regional event in May. Both events reviewed learning from recent cases, reviewed existing local arrangements and identified potential gaps and associated mitigation in local preparedness. • ICS Measles Task and Finish Group re-convened and meet on a weekly basis. • Additional ICB Measles preparedness meetings held to discuss the risks associated to the ICB. This includes developing an immunoglobulin pathway (in and out of hours) and increasing the use of appropriate respiratory protective equipment within primary care. • Pop up immunisation clinics being held.	Ongoing.
C.difficile.	Nationally C. diff cases above pre-pandemic levels and rising. All 3 acute Trusts as well as East and North Herts place and West Essex place are above that of the East of England Regional Rate.	• ICB and Trusts analysing C. diff and monitoring impact of activity. • Antimicrobial Stewardship Strategy development continues to be developed through both the ICB Pharmacy and Medical Optimisation Team. • Continued Multi- Disciplinary Team bedside C difficile reviews / ward rounds.	Ongoing.
Legionella.	High counts of Legionella reported in water samples from mental health trust ward.	• Affected ward ward remains closed (Lister Hospital site) with patients re-located to alternative wards. • Action plans in place in both affected Trusts to remove/ replace the required water safety equipment (including pipework and filters). • Risk assessments completed whilst works are being completed. • Partnership Quality Visits being scheduled and learning event agreed.	Ongoing.

Assurance and Oversight – Learning Disability (LD) and Autism Annual Health Checks

Area	Issue and Impact	Mitigating Action	Timescale
HWE ICB.	Improvement noted in achievement against the 75% standard for the year-end position for Annual Health Checks.	Data for the year ending March 2024 shows all three "Place" areas and the ICS have improved on last year's position. HWE reported the highest achievement for completed health checks in the East of England achieving 81.7% completion rate (2.4% ahead of the next best achieving ICB which is Suffolk and North-East Essex). The national average achievement for the same period was 77.6% and the regional average was 72.9%.	Ongoing.

LD Health Checks March 2024	Total LD Register (age 14+)	Completed Health Check's	Health Check's Declined	Patients Not had a HealthCheck	% Completed Health Checks*	Comparison against March 2023
NHS HWE ICB	7507	6136	338	1'033	81.7%	79.1%
East & North Hertfordshire	3092	2382	154	556	77.0%	75.2%
South & West Hertfordshire	3290	2846	115	329	86.5%	82.7%
West Essex	1125	908	69	148	80.7%	79.1%
*75% year-end target						

Paediatric Audiology

Previously this report has outlined the background and context to improvement work in audiology services. A number of reviews were undertaken across the country, following the NHS Lothian review, that identified failings in the standards of paediatric audiology services that have resulted in delayed care and in some cases permanent harm to children. Themes include long wating times, workforce challenges, demands on services, and quality issues preventing Improving Quality in Physiological Services (IQIPs) accreditation.

Following these reviews, a Paediatric Hearing Services Improvement Programme has been established by NHS England to support providers and Integrated Care Boards to improve the quality of these services. The programme is currently undertaking work to understand the scale of the problem and the number of children who have been affected, and to develop the strategic tools and interventions to support sustainable improvements. Linked to this HWE ICB is currently working with NHS England colleagues to review wider paediatric audiology services across the local system to understand any wider improvement work required, and how we can work collaboratively with system partners to ensure our children and young people are receiving timely and safe care.

HWE Quality Improvement (QI) Network Knowledge Exchange Event.

As part of a successful bid that provided funding from the Health Foundation, a System QI Network event took place on Thursday 6th June 2024. Aligned to the NHS Impact national priorities, the event brought our HWE system improvement community together from across health and social care, including members of our population, to focus on developing a shared understanding around improvement, innovation and safety and developing our improvement culture.

During the event system partners showcased their local improvement work through posters and a series of pitches, with topics including a range of local services as well as a specific focus on how we can utilize

improvement methodology to embed and learn from the new Patient Safety Incident Response Framework. Work will be taking place over the coming months to build on the successful event and develop the system QI Network further.

Finance

HWE ICS – Financial Report for Month 2 2024-25

Executive Summary

Planning 2024-25

Following the planning submission on 2nd May 2024, the regional NHSE team held discussions with systems across the East of England, with a view to reducing the deficits that had been submitted.
HWE was required to move its financial position from a deficit of £44.9m, to a deficit of £20m.
The improvement of £24.9m was delivered by Trusts reducing their deficits by £4.9m, the ICB increasing its surplus by £15.1m and a system improvement of £4.9m.
This refreshed plan was submitted to NHSE on 12th June 2024.

ICS YTD Position – Month 2

In month 2, NHSE requested submission of YTD positions, but did not require a full year forecast, due to the on-going planning process.
The HWE System reported a deficit position of £16.4m which was worse than the YTD plan (£12.7m deficit), by £3.7m.

ICS Efficiencies

The ICS has an ambitious plan to deliver £182.6m efficiencies during 2024-25, being 5.6% of the system allocation. There was no requirement by NHSE to report delivery performance at month 2, but this will be monitored via this report from month 3.

Capital

Capital reporting was not required by NHSE in month 2, due to the on-going planning process.

HWE ICS – System Planning 2024-25

Nationally, final plans were submitted to NHSE on 2nd May 2024, by all systems.
HWE System had a plan for a deficit of £44.9m.

Following this planning round, a face-to-face NHSE review meeting was held with each System in the East of England, the regional Chief Finance Officer and the National Chief Finance Officer.
During this meeting, HWEICS was challenged to improve its plan by a further £24.9m, to a deficit position of £20m.

Provider	2 May Plan	ICB	ENHT	HCT	HPFT	PAH	WHTH	12 June Position
ENHT	0.0		1.0					1.0
HCT	(2.1)			0.5				(1.6)
HPFT	(15.4)				0.0			(15.4)
PAH	(25.4)					1.0		(24.4)
WHTH	(13.9)						2.4	(11.5)
ICB	11.8	15.1						26.9
ICS	0.0	4.9						4.9
TOTAL	(44.9)	20.0	1.0	0.5	0.0	1.0	2.4	(20.0)

System CEOs and CFOs relooked at the difficult decisions it had been required to put together and the opportunity for further stretch in areas such as efficiency and ERF. The ICB agreed to improve its position by a further £15.1m, to a surplus position of £26.9m.

Trusts undertook plans to improve their positions collectively by £4.9m and a further system challenge of £4.9m was agreed, although the detail of this is yet to be confirmed.

To ensure cash is not lost to the system, the surplus position in the ICB was agreed to be distributed to Trusts. If the ICB were to continue to hold the surplus, they would not need to draw down the cash from NHSE. By raising payments to the providers, cash is drawn to support those payments.
The final planning position is shown to the right, by organisation.
This deficit planning position of £20m was submitted via a further planning round, on 12th June 2024.

£000	12 June Position	Targeted ICB Funds	Pro Rata to Deficit	Final 12 June Position
ENHT	1.0	0.0	0.0	1.0
HCT	(1.6)	0.0	0.4	(1.2)
HPFT	(15.4)	9.0	2.8	(3.6)
PAH	(24.4)	2.1	4.6	(17.7)
WHHT	(11.5)	3.6	2.5	(5.4)
ICB	31.8	(14.7)	(10.3)	6.8
Total	**(20.0)**	**0.0**	**0.0**	**(20.0)**

2024/25 Operational Plan Workforce Monitoring

We have reviewed the full set of provider workforce returns for our system for month one and two and compared these against the operational plan submissions. Unfortunately, we have already managed to stray from plan by approximately 270 wte. This is largely within bank staffing (approximately 240 - 11%) - although agency is also over projection as well (approximately 10 wte - 2%).

			Apr-24	May-24
Operational Plan	Total Workforce	ACTUAL	23,621.40	23,791.12
		MxM Change		169.72
		PROJ.	23,540.20	23,520.22
		DIFF. ACT v PROJ	81.20	270.90
		% DIFFERENCE	0%	1%
	Substantive	ACTUAL	21,227.73	21,230.81
		MxM Change		3.08
		PROJ.	21,193.90	21,212.12
		DIFF. ACT v PROJ	33.83	18.69
		% DIFF.	0%	0%
	Bank	ACTUAL	1,980.16	2,134.73
		MxM Change		154.57
		PROJ.	1,903.09	1,891.52
		DIFF. ACT v PROJ	77.07	243.21
		% DIFF.	4%	11%
	Agency	ACTUAL	413.52	425.59
		MxM Change		12.07
		PROJ.	443.22	416.58
		DIFF. ACT v PROJ	-29.70	9.01
		% DIFF.	-7%	2%

The key differences appear to be within bank staffing levels across the acute providers in nursing, STT and clinical support staff. Details on staff groups are included below. There has been significant progress in some organisation's approach to agency use for medical and dental - although this is also still currently higher than projected use.

These differences are most marked in the acute sectors and are primarily caused by higher than usual sickness absence rates as well as increased vacancies in hard to recruit areas. Vacancy control processes are in place across all organisations and people functions continue to work closely with divisions to provide additional support and control measures where required.

These were discussed directly at the system's temporary staffing group for the system and the following actions were agreed:

- Review of bank rates, to ensure they are not higher than agency rates.
- Review of agency rate reductions and impact to average agency rate.
- Review of longstanding bank and agency placements against vacancies, and migration/exit plan discussions.
- Ensuring best value – as an example are we using system Mental Health providers for MH nursing support as a first option rather than agency.

These differences have been highlighted by further queries from regional and national staff, and we continue to work closely with providers to provide additional support as and where required.

			Apr-24	May-24
Registered Nursing, Midwifery and Health Visiting Staff	Substantive	ACTUAL	6,316.43	6,298.98
		MxM Change		-17.4
		PROJ.	6,340.09	6,339.50

			Apr-24	May-24
Support to Clinical Staff	Substantive	ACTUAL	4,105.36	4,072.43
		MxM Change		-32.9
		PROJ.	4,173.23	4,181.68
		DIFF. ACT v PROJ	-67.87	-109.25
		% Diff.	-2%	-3%
	Bank	ACTUAL	864.71	943.62
		MxM Change		78.9
		PROJ.	864.13	865.82
		DIFF. ACT v PROJ	0.58	77.80
		% Diff.	0%	8%
	Agency	ACTUAL	7.92	13.00
		MxM Change		5.1
		PROJ.	28.39	28.67
		DIFF. ACT v PROJ	-20.47	-15.67
		% Diff.	-258%	-121%

			Apr-24	May-24
Registered Science, Theraputic and Technical Staff	Substantive	ACTUAL	2,829.94	2,858.56
		MxM Change		28.6
		PROJ.	2,765.88	2,769.07

			Apr-24	May-24
Infrastructure Support	Substantive	ACTUAL	5,384.46	5,401.68
		MxM Change		17.2
		PROJ.	5,329.82	5,335.99
		DIFF. ACT v PROJ	54.64	65.69
		% Diff.	1%	1%
	Bank	ACTUAL	242.01	255.88
		MxM Change		13.9
		PROJ.	261.96	256.10
		DIFF. ACT v PROJ	-19.95	-0.22
		% Diff.	-8%	0%
	Agency	ACTUAL	49.01	47.20
		MxM Change		-1.8
		PROJ.	68.76	67.81
		DIFF. ACT v PROJ	-19.75	-20.61
		% Diff.	-40%	-44%

Further analysis and triangulation of information will be possible from month three onwards when full provider financial returns are made.

		Apr-24	May-24
Substantive	ACTUAL	2,559.55	2,566.16
	MxM Change		6.6
	PROJ.	2,552.88	2,552.88
	DIFF. ACT v PROJ	6.67	13.28
	% Diff.	0%	1%
Bank	ACTUAL	159.26	173.35
	MxM Change		14.1
	PROJ.	126.04	125.44
	DIFF. ACT v PROJ	33.22	47.91
	% Diff.	21%	28%
Agency	ACTUAL	140.01	135.99
	MxM Change		-4.0
	PROJ.	120.50	116.25
	DIFF. ACT v PROJ	19.51	19.74
	% Diff.	14%	15%

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:**	**26/07/2024**	
Report Title:	**ICB Quality Escalation Report**				**Agenda Item:**	**09**	
Report Author(s):	Multiple authors including relevant quality leads, collated by Shazia Butt, Assistant Director for Quality Assurance and Improvement, HWE ICB.						
Report Presented by:	Natalie Hammond, Director of Nursing and Quality						
Report Signed off by:	Natalie Hammond, Director of Nursing and Quality						
Purpose:	**Approval / Decision**	☐	**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 full report was presented and discussed at the ICB System Transformation and Quality Improvement Committee on July 4th 2024. This version has been adapted to ensure it is 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;

• East and North Hertfordshire Trust, Princess Alexandra Hospital Trust and West Herts Teaching Hospital Trust awarded pilot status for the Martha's Rule rollout.
• Health Care Resourcing Group delivery around partnership Inclusion of Neurodiversity in Schools (PINS).
• HWE System Quality Improvement (QI) Network Knowledge Exchange Event.
• East and North Hertfordshire Trust Safeguarding team development of Exploitation Tool.

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 supporting oversight of the service.
• Multi Agency SEND Improvement work in Hertfordshire continues including joint quality visits, following the SEND inspection report published in November 2023.
• Measles increases locally and nationally.
• Ophthalmology Improvement work continues to address challenges across the system linked to waiting lists and timely care.
• Lampard Inquiry continued preparation including though the broadening of scope including via links with additional providers.</td></tr>
<tr><td>Recommendations:</td><td>The Board is asked to note the contents of the report.</td></tr>
<tr><td>Potential Conflicts of Interest:</td><td>
<table>
<tr><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4">N/A</td></tr>
</table>
</td></tr>
<tr><td colspan="2">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td>Patient Safety is a driving principle and at the core of the Quality Report. The paper flags areas of good practice, identifies risks to patient safety and provides information about mitigation and actions to manage risks to patent safety.</td></tr>
</table>

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 able 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 Escalation Report
PUBLIC BOARD

July 2024

Hertfordshire and West Essex Integrated Care System

Report Contents

NHS Hertfordshire and West Essex Integrated Care Board

Executive Summary (1/2)

UPDATE TO PREVIOUS POSITION OR NEW. Area of Focus	Headlines	Slide Number	Position Since Previous Report
UPDATE: Publication of the Hertfordshire Special Education Needs and Disabilities (SEND) report.	Local partnership SEND Quality Assurance Framework confirmed and implementation underway with key health providers. Schedule of partnership quality assurance visits being implemented with oversight via SEND Quality Assurance Boards from July 2024 onwards.	Not Applicable	Progress with significant ongoing work required.
UPDATE: Ophthalmology at Princess Alexandra Hospital Trust (PAHT) and East and North Herts Trust (ENHT).	Ongoing ophthalmology assurance oversight and improvement work continues to take place across the system and with individual acute providers as required. Wider system work continues to maintain a focus on both out of hour provision and also pathway focused.	17 & 18	Progress with further assurances required.
UPDATE: Measles.	Since 1st October 2023, the number of confirmed cases of measles in England has continued to rise (although an outbreak in the West Midlands initially drove the increase in cases). Number of confirmed cases and small outbreaks continue to increase locally. ICS round table for measles undertaken following NHSE regional tabletop exercise.	12	Progress with further assurances required.
UPDATE: East and North Hertfordshire Trust (ENHT) Paediatric Audiology Services.	Improvement activity continues to progress with oversight and support at ICB and regional NHSE level, including sourcing of mutual aid. Additional clinics are being planned through the use of mutual aid to support reduction of backlog.	17	Progress with further assurance required.

Executive Summary (2/2)

UPDATE TO PREVIOUS POSITION OR NEW. Area of Focus	Headlines	Slide Number	Position since Previous Report
UPDATE: Mount Vernon Cancer Centre (MVCC) Gynaecology Outcomes.	Improvement plan and actions continue with regular ICB and NHS England oversight including related to pathway reviews and requirements for robust governance arrangements.	18	Continued progress with regular oversight in place.
UPDATE: Lampard inquiry.	An Internal HWE ICB Task and Finish Group established to identify, prioritise, and take actions to ensure the ICB is prepared to respond to the requirements of the Lampard Inquiry as it progresses. ICBs are awaiting response from the inquiry to recent applications for Co-Participant status. It is anticipated that initial hearing of the Inquiry will commence later in the summer.	Not Applicable	Ongoing process – with long term assurances required.
UPDATE: AJM - Hertfordshire Wheelchair Provider.	Patient experience impacted through gaps in delivery of the wheelchair service. Local concerns have similar themes to the recently published Parliamentary and Health Service Ombudsman letter to the provider regarding themes at a national level. Weekly meetings scheduled with AJM to review patients on the open pathway waiting over 18 weeks. Oversight and assurance mechanisms in place to assess progress against required improvements.	22	Continued assurances and reporting required.

Sharing Best Practice/ Learning from Excellence

Reasons to be Proud

Essex - Partnership for Inclusion of Neurodiversity in Schools (PINS).

The Department for Education have secured funding which has been offered to ICBs to deliver a new national programme "Partnership for Inclusion of Neurodiversity in Schools" (PINS) that aims to support the education and health needs of neurodiverse children in schools, through partnership approaches to working with local authorities and parent carer forums. Health Care Resourcing Group will deliver the programme in West Essex which will;

- Help shape whole school SEND provision.
- Provide early interventions at a whole school level.
- Upskill school staff.
- Support strengthening of partnerships between schools and parent carers.

HWE Quality Improvement (QI) Network Knowledge Exchange Event.

A QI Network event took place Thursday 6th June 2024 bringing our HWE system improvement community together from across health and social care and including patients to focus on developing a shared understanding around Improvement, Innovation and Safety and developing our cultures around improvement. Areas showcased included the following examples:

- Essex Partnership University Trust -Urgent and Emergency Care Improvement: Falls Service.
- Princess Alexandra Hospital Trust - Improving nutrition and hydration, length of stay total hip and knee replacement, Cancer frailty service, QI Post-Graduate Accreditation Programme, Compassionate Care – Namaste volunteers.
- West Herts Teaching Hospitals Trust - Quality Improvement methodology used to implement Patient Safety Incident Response Framework.
- Hertfordshire County Council - Data Inspired Living Devices.
- Hertfordshire Partnership Foundation Trust - Simulation Hub Innovation.
- Central London Community Healthcare Trust - Heart failure medication, Respiratory oxygen QI project.
- East and North Hertfordshire Trust - Medication errors, Harm free care: pressure ulcers.

East and North Hertfordshire Trust, Princess Alexandra Hospital Trust and West Herts Hospital Trust.

The Trusts have been awarded pilot status for the Martha's Rule rollout, enabling patients and families to seek an urgent review if their condition deteriorates, and is part of the initial cohort of Trusts participating nationwide.

East and North Hertfordshire Trust.

East and North Hertfordshire Trust Safeguarding team have developed an Exploitation Tool that supports identification of those at risk of exploitation. This was achieved in collaboration.

Key Priority Areas

Patient Experience and Safety - ICB

ICB Area - reporting period April and May 2024.	Compliments	Complaints	PALS	Member of Parliament	General Practitioner (GP)	Whistleblowing	*PSII on STEIS	Never Events
East and North Herts	0	19	92	15	59	0	0	0
South and West Herts	0	30	118	23	36	0	4	1
West Essex	1	16	70	5	46	1	7	2
Other	0	17	184	3	1	0	1	0
Total	1	82	464	46	142	1	12	3

*Provider Patient Safety Incident Investigations (PSII) reported on Strategic Executive Information System (STEIS) – this reflects temporary transition arrangement changes from Serious Incidents (SI) to Patient Safety Incident Response Framework (PSIRF).

ICB area	Key themes and Risks	Improvement Actions and Mitigations
Herts and West Essex (HWE).	Access to referral and appointments for potential Attention Deficit Hyperactivity Disorder (ADHD) capacity and current position to pause referrals in Herts. Use of private services by patients and understanding of shared care process.	Continued focus on capacity. Referrals in Herts paused, with support advice provided to patients as well as clarifications regarding NHS and private care including confirmation that shared care cannot be put in place unless it is within the NHS only.
HWE.	Primary care continue to raise queries in relation to the following themes within secondary care: • Onward referrals. • Discharge arrangements. • Requests to prescribe medications not accessible to primary care.	Liaison and ongoing dialogue with acute and primary care interface groups in all localities to discuss and implement solutions to concerns, particularly thematic issues.
HWE.	Access to service – 36% of all queries relate to access. The queries cover all types of care services ranging from primary, secondary, dental, community and mental health.	Work with patients and providers to support the management of expectations and to support dialogue and resolution (for all parties). Continued analysis of themes in order to implement targeted actions.

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.	• On 15th April the Department of Health and Social Care announced that the statutory Medical Examiner requirements will come into effect from 9th September 2024. All 3 local Medical Examiner Offices continue to roll out scrutiny to community providers including primary care. Good progress continues to be made.	On track
Patient Safety Incident Response Framework (PSIRF).	• ICS system implementation ongoing; all main Trusts went live by January 2024. Several small providers have transitioned to PSIRF with work ongoing to support small providers to have a proportionate approach. System workshops continue to take place to support implementation and learning.	On track NHSE monthly reporting ongoing.
Involving Patients in Patient Safety.	• First two Patient Safety Partners joined the ICB in February 2023 and now regularly attend Quality Committee and System Quality Group, with positive contribution. Currently working on ICB Patient Safety Partner Policy and evaluation of new role.	On track.
National Patient Safety Alerts.	• Robust processes within ICB and across main NHS Trusts to review and act upon alerts.	On track
Transition from National Reporting and Learning System to Learning from Patient Safety Events (LFPSE).	• All main providers either transitioned to LFPSE in line with September 2023 deadline or have confirmed they will transition ahead of the 30th June when the previous database will cease. ICB planning roll out for primary care, awaiting national guidance (currently delayed).	On track
Patient safety education and training.	• Level 1 training made mandatory within ICB with good uptake (approximately 85%). Level 2 training made mandatory within ICB; work ongoing regarding data quality to monitor compliance.	On track
National Patient Safety Improvement Programmes.	• All programmes led by local Patient Safety Collaboratives, local providers (and ICB where appropriate) engaged in main 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 Quality Improvement Network. Funding was awarded based on several 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. • A face to face event took place on 6th June, focusing on improvement and innovation, and celebrating improvement work from across the system.	Completed
Herts and West Essex Quality Improvement Network.	• Ongoing development of the system Quality Improvement Network, currently just under 150 members. • NHS Futures Platform dedicated page and WhatsApp group in place • Recent webinars include hosted sessions on innovation by East and North Herts Trust and Hertfordshire Partnership Foundation Trust. • Ongoing work includes further development of the Network and setting up a forward planner mapping out future events and webinars. • Work ongoing to ensure sustainability of the Network.	On track
NHS Impact	• Baseline assessments have been completed for Trusts and ICB. ICB has undertaken analysis looking at system position based on submissions, this will be shared with the Quality Improvement Network. • Current work includes completion of the NHS Impact self-assessment by organizations across the system. A meeting has recently taken place with the National Director to look at current progress as well as how NHS Impact can support the local system (these meetings are taking place with all systems). Feedback indicated HWE is on track and plans in place are in line with NHS Impact expectations.	In progress, on track
ICB Quality Improvement.	• Scoping work required to increase capability and capacity 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 (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 All Age

Theme	Issue and Impact	Mitigating Action
Recent Care Leaver Death.	• Scoping in progress for a Joint Local Review and Domestic Homicide Review (DHR). • Focused review for cases of suicidal ideation and attempts of fatal self-harm in children and young people to inform Hertfordshire Suicide Prevention Strategy. • Thematic review of child suicides in progress across Southend, Essex and Thurrock, outcomes expected Autumn 2024.	• Looked After Children Strategic Plan includes actions to develop, commission and deliver trauma informed services to meet needs of young people. • Pastoral support availability within educational settings. • Learning from Child Death Overview Panels shared across system.
Hertfordshire Multi-agency Safeguarding Hub online referral portal.	• Portal does not support referrals that do not require consent to be obtained and documented. This includes where the parent and/or carer may not have capacity or where to seek consent would place child or practitioner at greater risk.	• Support in place for Primary Care. • Actions in progress supporting referrals where the likelihood of significant harm is met. • Escalation briefing being prepared for Hertfordshire Safeguarding Children Partnership Executive Board.
Complex case escalation. Themes include: • Mental Capacity Assessments (MCA) • Advanced Care Planning • Non-directive best interests.	• Familial relationship breakdown where Lasting Power of Attorney for health and welfare exists. • Protracted and potential avoidable legal proceedings. • Non instructed advocacy involvement. • Due diligence to ensure the principles of the MCA are explicit.	• ICB learning framework being developed to include principles to support oversight of Lasting Power of Attorney for health and welfare. • Safeguarding team work across ICB to enhance safeguarding principles embedding.

Infection Prevention and Control (IPC)

Area	Issue	Mitigating Action	Timescale
Measles.	Since 1st October 2023, number of confirmed cases of measles in England has continued to rise. Although outbreak in the West Midlands initially drove the increase in cases . In recent weeks, London has accounted for most of the cases.	• Local HWE ICS Measles Round Table event implemented on 25th April followed by a regional event in May. Both events reviewed learning from recent cases, reviewed existing local arrangements and identified potential gaps and associated mitigation in local preparedness. • ICS Measles Task and Finish Group re-convened and meet on a weekly basis. • Additional ICB Measles preparedness meetings held to discuss the risks associated to the ICB. This includes developing an immunoglobulin pathway (in and out of hours) and increasing the use of appropriate respiratory protective equipment within primary care. • Pop up immunisation clinics being held.	Ongoing.
C.difficile.	Nationally C. diff cases above pre-pandemic levels and rising. All 3 acute Trusts as well as East and North Herts place and West Essex place are above that of the East of England Regional Rate.	• ICB and Trusts analysing C. diff and monitoring impact of activity. • Antimicrobial Stewardship Strategy development continues to be developed through both the ICB Pharmacy and Medical Optimisation Team. • Continued Multi- Disciplinary Team bedside C difficile reviews / ward rounds.	Ongoing.
Legionella.	High counts of Legionella reported in water samples from mental health trust ward.	• Affected ward ward remains closed (Lister Hospital site) with patients re-located to alternative wards. • Action plans in place in both affected Trusts to remove/ replace the required water safety equipment (including pipework and filters). • Risk assessments completed whilst works are being completed. • Partnership Quality Visits being scheduled and learning event agreed.	Ongoing.

Mental Health - Childrens

Area	Issues and Mitigating Actions
Southend Essex and Thurrock Child and Adolescent Mental Health Service (SET CAMHS). Increasing pressures experienced by North-East London Foundation Trust (NELFT) supporting children in care referred into service or attending acute settings.	• Inappropriate wider service requests for Tier 4 Beds and some delayed discharges from acute hospitals. • Work continues to strengthen partnership working and understanding of mental health presentations amongst wider colleagues.
Slight increase noted in number of Children and Young People not brought for Southend, Essex, Thurrock - Child Adolescent Mental Health Service (SET CAMHS) appointments.	• Quality improvement project being undertaken to look at Did Not Attend (DNA) rates and define solutions to reduce number of missed appointments.
Implementation of dynamic support register within transforming care has resulted in higher numbers of requests for Care Education Treatment Reviews (CETR) in Essex.	• All referrals are triaged as normal, if there is not capacity to deliver a CETR a consultation is offered to the key clinician to discuss the case, outline recommendations and develop an action plan. • For high-risk cases who have had a CETR and require 28-day monitoring contact is made at 21 days to determine if a further CETR is required or if monitoring of risk can continue without this.
Hertfordshire Transforming Care Inpatient Levels.	• Numbers gradually declining but remain above trajectory. • Multi-disciplinary meetings continue to consider the most appropriate discharge option to meet needs.
Hertfordshire delayed discharges from health beds due to lack of appropriate social care placements.	• System workshop held in June to support the development of robust lines of communication and appropriate escalation processes. • Children's Crisis Care and Treatment Team continues meeting waiting target (seen in 4 hours).

ICB Risk and Area	Issue	Mitigation Actions	Timescale
Herts Transforming Care inpatient numbers increase with NHSE interest.	Numbers gradually declining but remain above trajectory.	As above.	Ongoing.

Assurance and Oversight – Learning Disability (LD) and Autism Annual Health Checks

Area	Issue and Impact	Mitigating Action	Timescale
HWE ICB.	Improvement noted in achievement against the 75% standard for the year-end position for Annual Health Checks.	Data for the year ending March 2024 shows all three "Place" areas and the ICS have improved on last year's position. HWE reported the highest achievement for completed health checks in the East of England achieving 81.7% completion rate (2.4% ahead of the next best achieving ICB which is Suffolk and North-East Essex). The national average achievement for the same period was 77.6% and the regional average was 72.9%.	Ongoing.

LD Health Checks March 2024	Total LD Register (age 14+)	Completed Health Check's	Health Check's Declined	Patients Not had a HealthCheck	% Completed Health Checks*	Comparison against March 2023
NHS HWE ICB	7507	6136	338	1'033	81.7%	79.1%
East & North Hertfordshire	3092	2382	154	556	77.0%	75.2%
South & West Hertfordshire	3290	2846	115	329	86.5%	82.7%
West Essex	1125	908	69	148	80.7%	79.1%

*75% year-end target

Maternity and Children

Issues and Overview	Mitigating Action
Culture work at Princess Alexandra Hospital (PAHT). Cultural challenges has been highlighted as a contributory theme to the Maternity Unit. In order to ensure cultural conversations are undertaken and planning for improvement is being considered, PAHT are participating in a National Programme for Culture and Leadership and are now in phase 3 of the programme.	• Updates are shared at the bi-monthly Maternity Oversight Group Quality Safety Committee . • In line with the Three-Year Delivery Plan,' Listening to Women and Families' there is a plan to ensure the service user voice is heard via the Maternity Neonatal Voices Partnership. • A 'Culture Program and Strategy' will be in draft ready for internal review at PAHT by end of September 2024.
Dysphagia Service Health Care Resource Group (HCRG). In January 2024 HCRG advised commissioners that they were not able to provide a dysphagia service for new referrals, with reduced input being provided to current caseload in light of staffing capacity.	• Commissioners advised in May 2024 that HCRG have now engaged an independent dysphagia specialist and they are now able to accept referrals for highest priority group of under 1s. • Process in place to determine if previously referred children under 1 year are to be seen, with an intention for the independent Dysphagia Specialist to train up existing staff to take over in the longer term and recruitment drives.

Local Maternity Neonatal System – LMNS

Area of Focus	Mitigating Action
Herts and West Essex (HWE) Early Pregnancy Unit. Risk identified through Quality and Safety Forum and Maternity Neonatal Voices Partnership (MNVP) relating to inequity of Early Pregnancy Unit provision and quality of care experienced.	• Escalated through May LMNS Partnership Board with approval granted to launch this piece of work as a LMNS Quality Improvement (QI) project across our system, co-produced with the MNVP. • Scoping undertaken to understand the variances between our services regarding opening times, gestation, referral pathways. • Stakeholder scoping underway linking with gynecology, primary care, Director of Midwifery and Head of Midwifery, matrons. • Collaboration with other LMNS networks within our region currently to share learning and challenges. • Governance via our LMNS Partnership Board.
HWE Antenatal Education. Risk relating to antenatal education based on the inequity of antenatal educational offers across our system.	• Mitigated in the first instance by sharing good practice digital offers across the system such as the Real Birth Company currently in use at Princess Alexandra Hospital Trust (PAHT). • The LMNS now have midwifery representation at the antenatal education group which is led by the Local Authority and supported by Hertfordshire County Council Public Health Consultant. • Collaboration with other LMNSs within our region currently to share learning and challenges. • Pregnancy Circles continue to roll out across the system which supports the face- to-face offer. • Evaluation of year 1 of the pregnancy circle project completed, with phase 2 underway.
HWE Digitalisation. Digital Delivery project work is ongoing with trusts at varying degrees of implementation.	• Interviewing for LMNS digital lead midwife July 2024. • Exception requested from NHS resolutions to mitigate against non compliance with safety action 2 of the Maternity Incentive Scheme -permission sought on a different way to present data if necessary. • LMNS support offered to trusts transitioning to digital system in the summer, paper documentation to continue in case of technical issues.

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

Area	Risk	Mitigating Action	Timescale
East and North Herts Trust (ENHT) Bedford Renal Unit.	Temporary closure of the Bedford renal unit.	• On 15/04/2024 patients moved back to Bedford Renal unit post water testing and safety reviews. • Ongoing review taking place to support learning.	Ongoing.
ENHT- Paediatric Audiology Services.	Risks due to a range of factors including robust governance, risk stratification, capacity with limitations around mutual aid.	• ENHT is working with the ICB and other stakeholders on the paediatric audiology service. Regular meetings are held with ICB oversight and weekly internal meetings focusing across key workstreams. • Mutual aid in progress from Hertfordshire Community Trust, Cambridge University Hospital and Chears. • Over 3-5 years and over 5 years pathways re-opened April. • Trust have successfully recruited to 8C post and active recruitment to 8A alongside. Specialist clinical audiologist recruited.	Ongoing.
ENHT- Ophthalmology Service follow up for overdue appointments.	Thematic review of ophthalmology patients with delayed follow-up undertaken.	• ENHT Recovery meeting aligned to Trust risk register. Plans to mitigate and manage risk to patients including implementation of electronic patient record, clinical stratification for follow-up Patient Tracking List (PTL) higher risk and clinical priority patients, and patients with Learning Difficulties, additional virtual clinical capacity and diagnostic capacity. • 2 new Consultants within the speciality appointed. • Alternative pathways for 'Urgent Eye Clinic' - scoping across ICB regarding provisions for Minor Eye Clinic. • Partnership Quality visit to Ophthalmology service took place in June 2024. No significant concerns identified.	Ongoing.

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

Area	Risk	Mitigating Action	Timescale
ENHT X-Ray backlog.	A backlog of x-rays including chest and long bone was identified following a patient review.	• Robust plan is in place for reporting related to backlog management including via use of an external company as outsourced. • All chest x-rays now cleared.	Ongoing.
ENHT - Mount Vernon Cancer Centre.	Risk of increased patient mortality related to Ovarian 30-day Systemic Anti-Cancer Therapy (SACT).	• NHS England (NHSE) and ICB oversight in place, pathway design and biochemistry strengthened. • External gynecology oncology peer support identified via University Central London Hospital (UCLH). • Short-term changes implemented for treat and transfer gynaecology patients. Patient feedback is being reviewed. • Ongoing discussions with West Hertfordshire Teaching Hospitals Trust regarding pathway.	Ongoing.
Princess Alexandra Hospital Trust (PAHT) – Oversight and Assurance Ophthalmology.	Trust is working to understand and address challenges in routine ophthalmology provision.	• Internally progress being monitored through Surgical Patient Safety & Quality Group. • Ophthalmology Improvement workstream in partnership with Getting it Right First Time (GIRFT) national team has been established. Following a review, several key areas have been identified to progress optimisation of existing pathways and drive service improvements. • Trust are continuing with development of business case for new ophthalmology services, alongside demand and capacity workstream and Hydroxychloroquine Transformation Project.	Ongoing.

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

Area	Issue and Impact	Mitigating Action	Timescale
West Essex Ophthalmology Out of Hours.	There are currently no formal arrangements for out of hours non-emergency Ophthalmology patients - it should be noted that emergency Ophthalmology provision continues to be available at Princess Alexandra Hospital Trust 24/7.	• Ophthalmology Out of Hours Provision – Integrated Care System (ICS) Ophthalmology Steering Group leading the Out of Hours workstream and includes liaison with wider partners as required, including to formalize tertiary support for complex patients is in process.	Ongoing.
Fuller Report - Next Steps.	The independent inquiry into the David Fuller case raised significant concerns regarding the management of mortuary services at an NHS Trust. In relation to Human Tissue Authority (HTA) compliance, both West Hertfordshire Teaching Hospitals Trust (WHTH) and East and North Hertfordshire NHS Trust (ENHT) have undertaken wide scale improvement work.	• A task and finish group will undertake a review of NHS mortuary facilities within the HWE system. • All facilities and services will be benchmarked against both the Fuller report and the HTA regulatory guidance. • Learning will be shared across the wider quality system.	Ongoing.

Assurance and Oversight – Adult Mental Health (1/2)

Area	Issue and Impact	Mitigating Action	Timescale
Hertfordshire Partnership Foundation Trust (HPFT). Number of people in an inappropriate out-of-area placements for adult mental health at the end of the month.	Inappropriate out of area placements - significant increase in March 2024 due to winter pressures and need to close a ward due to water safety issues (as also referenced in the Infection Prevention and control update section of this report).	• HPFT are currently enacting OPEL 4 actions to increase focus on flow and utilise all available beds and resource to support as many people as possible, including opening additional beds to support service users with lower risk profiles. • Recovery cell established through the Incident Command to ensure re-opening of closed ward as soon as possible. • Regular meetings with estates colleagues in East and North Herts Trust to monitor progress on work required to re-open closed ward.	Ongoing until ward re-opens.
HPFT. Routine referrals to community mental health team meeting 28 day wait.	Achieved recovery at the end of March, however, remain under target in April hence some people have waited beyond target timelines.	• Continued improvements in waiting times across the four quadrants noted and management of this and identification of adult ADHD referrals in place.	Ongoing.
HPFT. Demand for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) diagnostic Services.	Significant demand for Autism diagnostic for Adults - people awaiting assessment without sufficient diagnostic capacity or throughput. Demand for ADHD diagnostic services – Demand has outstripped diagnostic supply and causing delays to other Mental Health pathways.	Adult ASD Diagnostic: • Continuation of funding triage, diagnostic posts and independent assessments to be purchased through Learning Disability Autism System Development Funding planned. • Children and Young People, Neurodivergent Programme coming online. • ADHD –ICB Medical Directorate has started ADHD review aligned to national taskforce work.	Ongoing.

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

Area	Issue and Impact	Mitigating Action	Timescale
HPFT Discharges.	Ongoing challenges regarding identification of suitable placements for patients, and care packages for service users with complex needs.	• Ongoing recruitment to bring in posts to support delayed discharges and out of area placements. • Strengthened contractual management arrangements to introduce contractual lengths of stay targets for each service, with exception reporting. • Enhanced Discharge team almost fully recruited - ways of working developed. Home Group actively working with team as part of the early discharge team. • Wider system work, led at Executive level, to support placement of longer-term delayed transfers of care (DToC) alongside bespoke planning. • Re-focus of discharge projects within the Acute Pathway Improvement Programme. • Meeting held with senior system partners to identify actions to support service users who are clinically ready for discharge and who have had extended stay on the wards.	Ongoing.

Assurance and Oversight - Community

Area	Issue and Impact	Mitigating Action	Timescale
AJM Wheelchair Services for Hertfordshire.	Patient experience: • Increasing number of complaints. Communication to service users remains an issue within the AJM complaints process. Patient safety: • Patient outcomes are negatively impacted by significantly increased waiting times. • Ineffective communication leading to escalated risks.	• Concerns escalated as per National Quality Board risk response and escalation guidance to enhanced quality assurance and improvement approach. • Programme of support and improvement oversight, including through Partnership Quality Visits has commenced. • Liaison with other regional ICBs to identify opportunities for wider system partnership working and collaboration.	Ongoing.

Assurance and Oversight - Primary Medical Care

Primary Medical Care	ICB Place	Inadequate	Requires Improvement	Good	Outstanding	Awaiting publication	Total
	East North Herts (ENH)	0	4	42	0	1	47
	South and West Herts (SWH)	0	1	48	1	0	50
	West Essex (WE)	1	1	27	1	0	30

GP Practice	Issue	Mitigating Action	Timescale
West Essex.	1 practice has been rated as Inadequate and placed in special measures following an inspection in November 2023 (report published 28 March 2024).	• Support from ICB teams provided to practice to address highest risk issues. • Quality & contract teams supporting practice with action planning to support issues raised by Care Quality Commission (CQC). ICB Contract / Quality review planned.	• Ongoing. • Ongoing. • July 2024.
Herts and West Essex.	6 practices within Herts and West Essex (4 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 and support offered.	Until next CQC inspection / assessment / review.
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 are currently in a transitionary phase and are commencing a new assessment process managed by new CQC teams. This is a new to both ICB and practices.	• Resilience Index Tool within Place Risk and Information sharing meetings to enable timely support offer, if required and reduce potential risks. • Pilot ICB Contract/Quality review and visit rolling programme for practices commenced. • Review of ICB CQC support offer to reflect new CQC assessment framework. • Establish effective information sharing systems with CQC.	• Ongoing. • Pilot phase live until September 2024. • October 2024. • July 2024.

Assurance and Oversight - Care Homes and Home Care

Care Homes						
ICB Place	Outstanding	Good	Requires Improvement	Inadequate	Inspected and waiting publication	Total
EN	2	84	20	1	9	116
SW	7	93	24	3	7	134
WE	0	41	7	0	1	49
Total	9	218	51	4	17	299

Homecare						
ICB Place	Outstanding	Good	Requires Improvement	Inadequate	Inspected and waiting publication	Total
ENH	9	69	14	1	11	104
SW	4	35	6	1	3	49
WE	2	55	8	2	18	85
Total	15	159	28	4	32	238

Area	Issue	Mitigating Action	Timescale
Homecare ICB.	1 provider supported through the Safety Improvement Process.	Oversight through feedback.	Ongoing.
Care home ICB.	Safety Improvement Process and Quality Assurance Meetings– 3 homes in process led by Hertfordshire County Council.	Joint visits with ICB Nursing and county council colleagues. 6 weekly system-wide partner formal strategic management meetings.	Ongoing.
Care home ICB.	2 homes planned opening July East and North Herts place.	Await confirmation of opening.	Ongoing.

Acronyms

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
CETR	Care Education and Treatment Review
CAMHS	Child Adolescent & Mental Health Services
CLCH	Central London Community Healthcare
CQC	Care Quality Commission
DTA	Discharge to Assess
DTOC	Delayed Transfer of Care
ECC	Essex County Council
EEAST	East of England Ambulance Service NHS Trust
ED	Emergency Department
ENH	East and North Hertfordshire
ENHT	East and North Hertfordshire NHS Trust
EPUT	Essex Partnership University NHS Foundation Trust
GIRFT	Getting it Right First Time
GP	General Practitioner
HCRG	Health Care Resource Group
HCT	Hertfordshire Community NHS Trust
HPFT	Hertfordshire Partnership University NHS Foundation Trust
HTA	Human Tissue Authority
HWE	Hertfordshire West Essex
HTA	Human Tissue Authority
ICB	Integrated Care Board
ICS	Integrated Care System
IPC	Infection Prevention and Control
LD	Learning Disability
LFPSE	Learning from Patient Safety Events
LMNS	Local Maternity and Neonatal System
MCA	Mental Capacity Act
MNVP	Maternity Neonatal Voices Partnership
MVCC	Mount Vernon Cancer Centre
NHS	National Health Service
NHSE	NHS England

Acronyms Continued

NELFT	North- East London NHS Foundation Trust
OOAP	Out of Area Placement
PAHT	Princess Alexandra Hospital NHS Trust
PALS	Patient Advice and Liaison Service
PINS	Partnership for Inclusion of Neurodiversity in Schools
PSIRF	Patient Safety Incident Response Framework
PTL	Patient Tracking List
QI	Quality Improvement
SACT	Systemic Anti-Cancer Therapy
SEND	Special Education Needs and Disabilities
SI	Serious Incident
SWH	South and West Hertfordshire
UKHSA	UK Health Security Agency
UCLH	University College London Hospitals NHS Foundation Trust
WE	West Essex
WHTHT	West Hertfordshire Teaching Hospitals NHS Trust

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:**	**26/07/2024**	
Report Title:	**HWE ICS Performance Report**				**Agenda Item:**	**10**	
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 • 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 HWE ICB System Transformation and Quality Improvement Committee						
Report History:	HWE ICB System Transformation and Quality Improvement Committee, 4th July 2024						

Executive Summary:	Since reporting to the May Board, there has been improvement, or continued positive performance, in a number of key areas:
	
	• NHS111 abandoned call rates improved significantly to 5.6%
	• 4-hour ED achievement was held at 73.5% - the third best performance since August 21
	• Hours lost to ambulance handover reduced in May to the second lowest level since April 23
	• The 78-week elective backlog continues to reduce. WHTH have cleared all 78-week waiters
	• Cancer performance continues to better regional and national averages
	  ○ The 28-day cancer faster diagnosis standard was again met
	  ○ The 62-day ambition of 70% for 24/25 was also achieved						

<table>
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Learning Disability Annual Health Checks (LDAHC) – 75% standard was achieved across the ICS and in each Place. HWE achievement was the highest in East of England
The % of adults waiting <18 weeks for community services remains strong at c.93% compared to the national average of 83.8%

There remain however areas of significant performance risk and challenge as summarised below:

CHC assessments within 28 days have deteriorated further. April performance at 40%, has halved from 80% in June 23. The service in South & West Hertfordshire is particularly challenged
Category 2 ambulance response times in HWE remain the highest in the region
The 65-week elective backlog increased in April and is not meeting plan. Trusts continue to forecast achievement of the zero end of September national ambition, but ongoing Industrial Action is a significant risk
Diagnostics 6 week wait performance fell at each acute Trust in April, and across the ICS by 1.8%. Imaging, and specifically Non-Obstetric Ultrasound (NOUS), are the biggest drivers of under-performance
Mental Health (MH) Out of Area Placements (OAP) have increased over the last quarter. Hertfordshire has been particularly challenged due to the closure of Aston Ward at The Lister
Children’s community waiting lists (including for ASD) remain high, with waiting times notably longer than in adult services. CAMHS caseloads also continue to increase

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

To note Executive Summary highlights as reported to the HWE ICB System Transformation and Quality Improvement 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. Datix Refs:</td></tr>
</table>

	• 608 Urgent & Emergency Care • 609 Mental Health • 610 Elective Recovery • 611 Diagnostics • 612 Cancer • 645 Community Waits (Children)	
Financial Implications:	N/A	
Impact Assessments:	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A

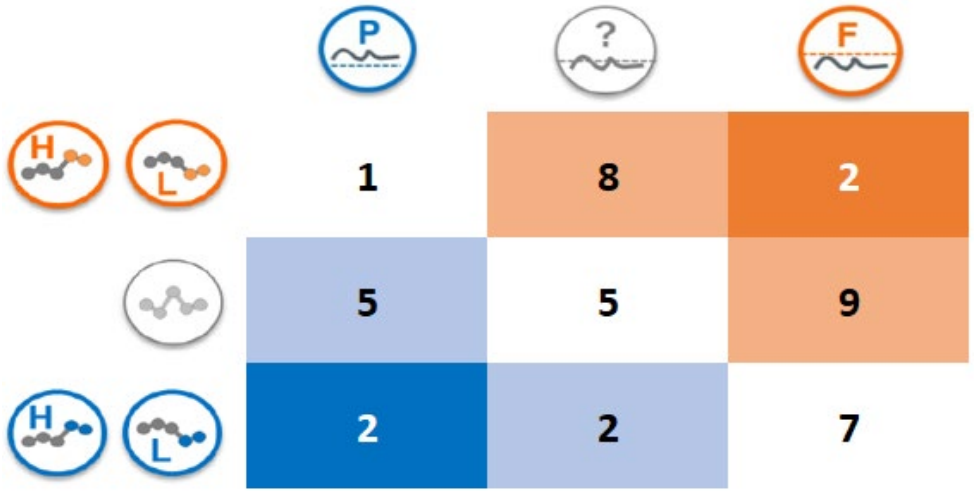
Hertfordshire and
West Essex Integrated
Care System

HWE ICS Performance Report

July 2024

Working together
for a healthier future

Executive Summary – KPI Risk Summary



Highest Risk	Programme
CHC Assessments < 28 Days	Community
Community Waits (Children)	Community

High Risk	Programme
% of <14 day GP Appointments	Primary Care
% in ED > 12 Hours	UEC
NHS 111 Calls Abandoned	UEC
Ambulance Response Times	UEC
4 Hour Stroke Unit	Stroke
CAMHS 28 Day Standard	Mental Health
Community MH - CYP Waits for 1st Appt	Mental Health
Community MH - Adult Waits for 2nd Appt	Mental Health
Learning Disabilities - Time to 1st Assessment	Mental Health
6 Week Waits	Diagnostics
62 Day Standard	Cancer
RTT 78 Week Waits	Elective
RTT 65 Week Waits	Elective
RTT 52 Week Waits	Elective
Theatre Utilisation	Elective
Autism Spectrum Disorder (ASD)	Community
Attention Deficit Hyperactivity Disorder (ADHD)	Community

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

Low Risk	Programme
2 Hour UCR	UEC
90% Stroke Unit	Stroke
Adult Crisis 4 Hour	Mental Health
Transformed Community MH Pathways	Mental Health
Community Perinatal MH	Mental Health
28 Day Faster Diagnosis	Cancer
Community Waits (Adults)	Community

Variable Risk	Programme
% of on the day GP Appointments	Primary Care
Dementia Diagnosis	Primary Care
ED 4 Hour Standard	UEC
No Criteria to Reside (NCTR)	UEC
Ambulance Handovers	UEC
Thrombolysed < 1 Hour	Stroke
Out of Area Placements	Mental Health
CYP Eating Disorders	Mental Health
HPFT Early Memory Diagnosis (EMDASS)	Mental Health
Talking Therapies	Mental Health
Severe Mental Illness (SMI) Health Checks	Mental Health
31 Day Standard	Cancer
62 Day Backlog	Cancer

Moved to lower risk category | Moved to higher risk category | No change to risk category | New KPI added this month

Hertfordshire and West Essex Integrated Care System

Executive summary

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

- Hours lost to handover >15mins reduced to 2,085 hours in May. Whilst higher than in March, this is the second-best performance since April 23
- Performance against the 4-hour ED standard was unchanged at 73.5%. Whilst not achieving the 78% ambition for 24/25, this was the third best performance since August 21
- NHS 111 abandoned calls reduced significantly in April and May to 5.6%. This is the best performance since September 23
- Category 2 ambulance response times were largely unchanged at 44 minutes in May. HWE responses remain the highest in East of England

PLANNED CARE, Slides 14-15	**18 Week RTT**	**Region: HWE better than average**	**National: HWE worse than average**

- Following a 6-month trend of reduction, the overall elective PTL grew slightly in both April and May
- HWE reported 83 x 78-week breaches at the end of April. There were 40 patients at ENHT & PAH, with a further 43 in the Independent Sector. WHTH have cleared all 78-week waiters
- The 65-week backlog increased in April and is not meeting plan. Trusts continue to forecast achievement of the zero end of September national ambition, but ongoing Industrial Action is a significant risk

DIAGNOSTICS, Slide 16	**6 Week Waits**	**Region: HWE better than average**	**National: HWE worse than average**

- 6 week wait performance fell at each acute Trust in April, and across the ICS by 1.8%. Imaging, and specifically Non-Obstetric Ultrasound (NOUS), are the biggest drivers of under-performance

CANCER, Slides 18-19	**28 Day FDS / 31 Day / 62 Day**	**Region: HWE better than average**	**National: HWE better than average**

- 28 Day Faster Diagnosis Standard (FDS) performance has fallen by 5.7% in the last two months, but continues to achieve the 75% standard
- 62-day performance betters the national and regional averages and is meeting the 70% ambition for this year. 31-day cancer performance continues to fluctuate just short of the national 96% standard

MENTAL HEALTH / LD, Slides 21-35	**Community MH (1st appt)**	**National: HWE better than average (Adult)**	**LDAHC**	**Regional: HWE best in EOE**

- Learning Disability Annual Health Checks (LDAHC) – 75% standard was achieved across the ICS and in each Place. HWE achievement was the highest in East of England
- Out of Area Placements (OAPs) are up over the last 2-3 months. Improvement forecast in WE from May; Hertfordshire remains challenged due closure of Aston Ward at The Lister. Scheduled to reopen early July
- Community Adult MH waits for a 2nd contact reduced in March to 73 days. This remains notably above the historic mean, but significantly better than the national average of 118 days

CHILDREN, Slides 36-41	**Various**	**Community 18 Week %: HWE worse than national**	**Community MH 2nd Appts: HWE better than national**

- The total number of children on community waiting lists remains very high but has plateaued over the last 12 months. Longest waits have increased further to 117 weeks, compared to 61 weeks for adults
- 18 week % for children's community waits is c.44%, compared to the national average of 56.9%. Pressures are predominantly in Community Paediatrics, as well as therapies and Audiology services
- Autism Spectrum Disorder (ASD) waiting lists and times continue to grow as 24/25 funding / investment remains unresolved. ADHD services are also high risk due to rising demand and waiting lists
- Reversing a period of long-term improvement, CAMHS caseloads have increased since December and are back to historic mean levels. The 28-day access standard in Hertfordshire has not been achieved since 2021
- Children's waits for a Community MH 1st appointment are better than the national average. However median waits are 119 days, compared to 73 days for a 2nd contact in adult services

COMMUNITY (Adults), Slides 42-47	**% <18 Weeks**	**National: HWE better than average**	**Adult waiting times better than CYP**

- The % of adults waiting <18 weeks remains strong at c.93% compared to the national average of 83.8%

PRIMARY CARE & CHC, Slides 48-51	**Appointments <14 Days**	**National: HWE in line with national average**

- Total number of GP appointments are variable but remain higher than pre-pandemic levels. Appointments in 2023 were the highest since 2019
- The % of appointments seen on the same day has been within common cause variation for the last four months. The % seen within 14 days of booking is marginally below this year's plan of c.89%
- CHC assessments within 28 days have deteriorated further. April performance at 40%, has halved from 80% in June 23. The service in South & West Hertfordshire is particularly challenged

Executive Summary – Performance Overview (1)

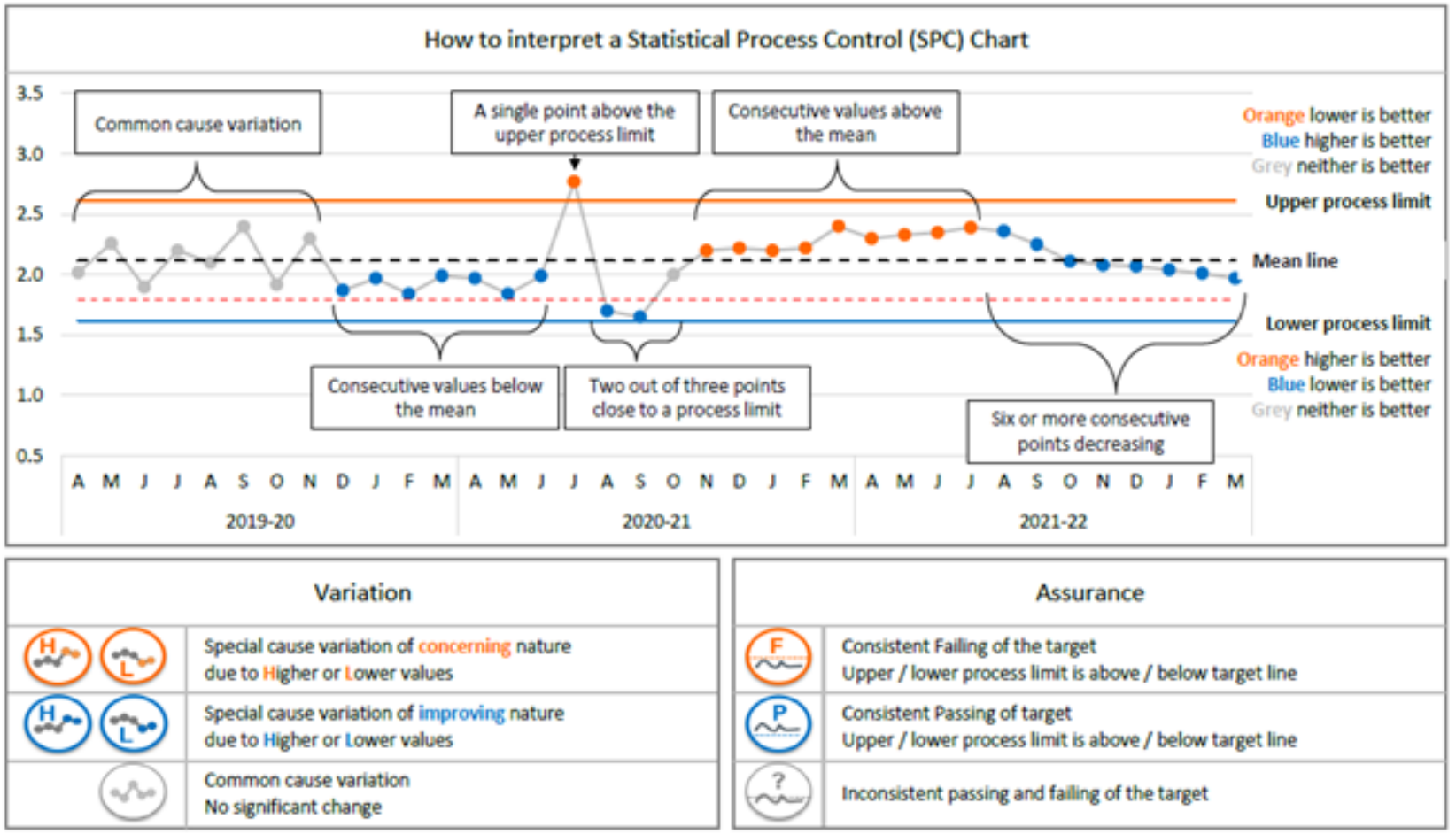
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
A&E - 4 Hour Standard	May 24	73.5%	78.0%	H	F	68.8%	63.8%	73.8%
A&E - % spending more than 12 Hours in Dept	May 24	10.1%	-			10.3%	7.6%	13.0%
A&E - ED Attendances	May 24	49697	-	H		44120	37593	50647
Trolley Waits	May 24	199	-	H		180	-31	390
2 Hour Community Response	May 24	83.0%	70.0%		P	80.8%	73.6%	87.9%
14 day LOS	May 24	24.1%	-			25.2%	21.9%	28.5%
Ambulance - Handover >60 Mins	May 24	717	-			970	548	1392
EEAST: Cat 1 - Mean (<7min)	May 24	00:09:20	00:07:00		F	00:09:29	00:08:03	00:10:54
EEAST: Cat 2 - Mean (<30 Mins)	May 24	00:44:35	00:30:00		F	00:52:08	00:21:36	01:22:40
CHC - Decision within 28 days	Apr 24	39.6%	80.0%	L	F	66.2%	48.1%	84.3%
CHC - Assessments in Acute	Apr 24	0.0%	0.0%	L	P	0.1%	-0.6%	0.9%
111 - Calls received by telephony system	May 24	40547	-			52122	31234	73011
111 - Calls answered within 60 seconds	May 24	72.0%	100.0%		F	47.8%	14.8%	80.9%
Access to stack - average patients accepted per day	May 24	17.5	-	H		12.9	6.0	19.9

Executive Summary – Performance Overview (2)

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
RTT - 18 Weeks	Apr 24	54.7%	92.0%			55.3%	52.4%	58.3%
RTT - 52 Week Waits	Apr 24	7063	-			8157	6617	9696
RTT - PTL Size	Apr 24	142264	-			131696	124677	138715
RTT - 78 weeks	Apr 24	54	0			876	468	1283
RTT - 65+ weeks	Apr 24	1198	-			2874	2183	3565
Cancer - 2 Week Wait Referrals	Apr 24	8815	-			7079	3446	10712
Cancer - 62 Day Standard	Apr 24	71.3%	70.0%			72.2%	63.4%	81.0%
Cancer - 62 Day Total Waiting	May 24	433	-			556	383	730
Cancer - 104 Day Total Waiting	May 24	146	-			156	108	204
Cancer - 28 Day Faster Diagnosis Standard	Apr 24	75.4%	75.0%			71.7%	62.2%	81.1%
Cancer - 31 Day Standard	Apr 24	93.7%	96.0%			95.1%	90.9%	99.3%
Diagnostics - 6 Week Wait	Apr 24	63.9%	95.0%			64.9%	57.1%	72.8%
Diagnostics - PTL Size	Apr 24	28222	-			25412	20532	30292
Primary Care - Booked Appointments	Apr 24	698881	-			662159	494106	830212
Primary Care - Routine Referrals	Apr 24	29296	-			25051	12186	37916
Primary Care - Urgent Referrals	Apr 24	7743	-			5542	2728	8356
Primary Care - Same day appointments	Apr 24	46.1%	-			45.8%	40.7%	50.9%
Primary Care - 14 day appointments	Apr 24	82.1%	-			85.0%	81.2%	88.8%
Mental Health - Out of area Placements (End of month	Apr 24	34	-			34	#N/A	#N/A
Mental Health - Recorded >65s Dementia Diagnosis	Apr 24	64.4%	66.6%			62.5%	61.8%	63.2%
Mental Health - IAPT Entering Treatment	Mar 24	2309	-			2390	1317	3463
Early Intervention in Psychosis	Apr 24	75.9%	60.0%			81.7%	59.2%	104.1%
Planned Care - Day Case Rate (% of Day Case of All Inp	Apr 24	92.6%	85.0%			91.9%	90.3%	93.5%

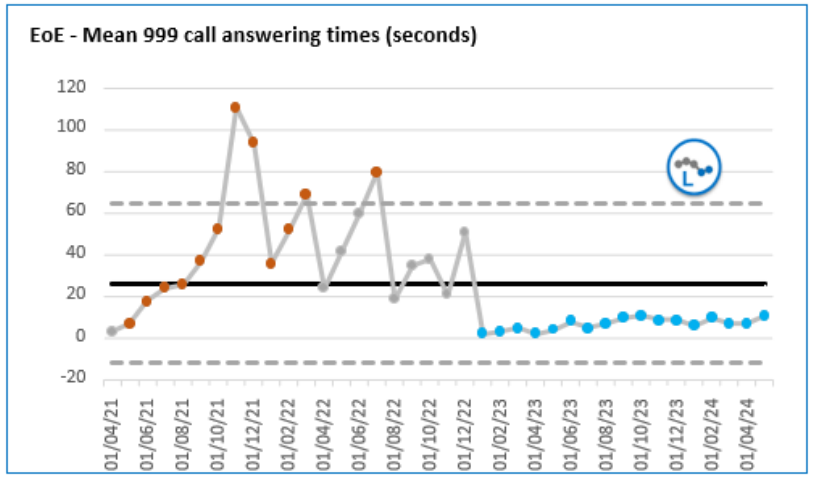
A Dashboard including Place and Trust based performance is included within Appendix A of this report

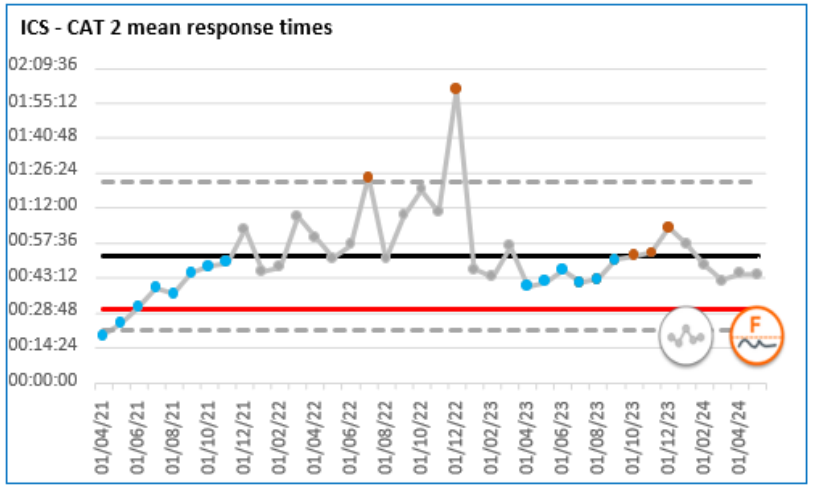
Statistical Process Control (SPC)

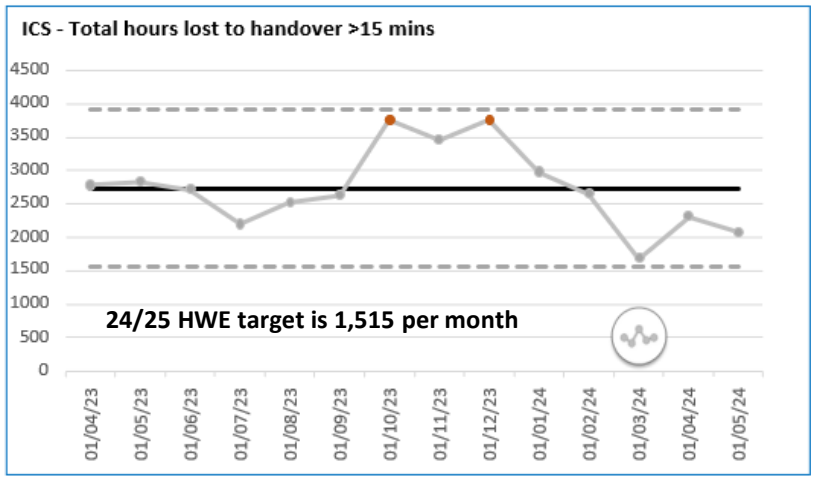


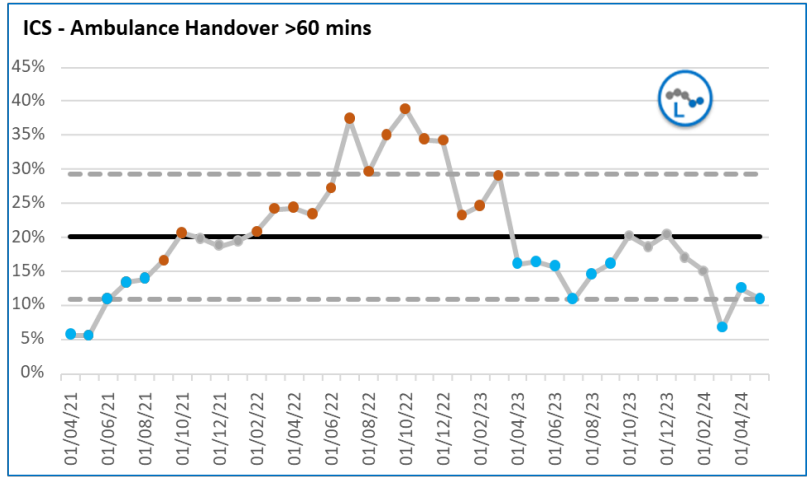
Performance by work programme

UEC - Ambulance Response and Handover

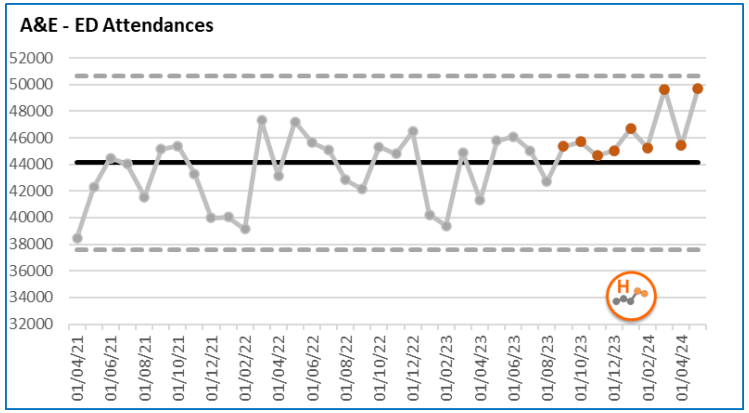




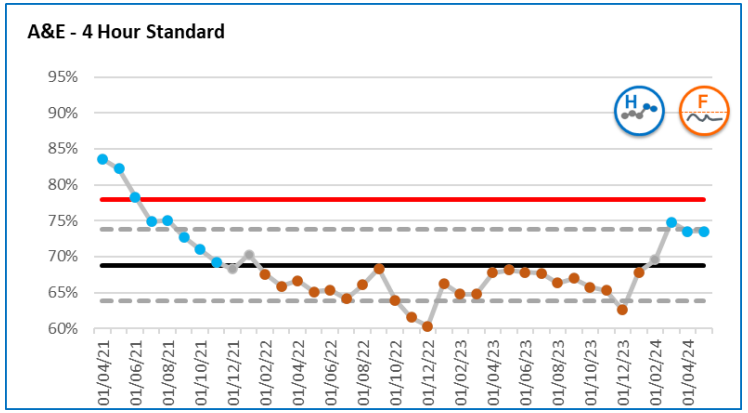




Urgent & Emergency Care (UEC)



	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	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
East And North Hertfordshire Place (ENHT and HUC)	15,23	16,65	17,78	17,60	16,81	18,38	18,41	17,50	16,21	15,98	15,93	19,13	17,01	19,00	18,00	18,23	17,11	16,63	17,83	17,42	17,78	15,77	15,35	17,58	15,95	18,22	18,13	17,59	16,63	17,70	17,93	17,65	17,76	17,93	17,92	19,73	18,14	19,71
West Hertfordshire Hospitals NHS Trust	13,20	14,41	15,17	15,22	13,94	14,97	15,20	14,52	13,42	13,53	13,02	15,53	14,73	15,63	15,63	15,14	14,83	14,13	15,54	15,55	16,66	14,11	13,70	15,73	14,75	16,02	16,07	15,89	14,86	15,96	15,77	15,93	16,15	16,59	15,64	17,28	16,31	17,39
West Essex Place (PAH and HCT)	10,03	11,22	11,53	11,21	10,79	11,78	11,75	11,28	10,33	10,50	10,16	12,61	11,39	12,57	12,00	11,68	10,89	11,37	11,96	11,80	12,01	10,33	10,31	11,58	10,58	11,52	11,88	11,54	11,20	11,68	12,00	11,08	11,12	12,16	11,67	12,60	10,96	12,58
ICS	38,47	42,79	44,48	44,03	41,54	45,14	45,37	43,30	39,97	40,03	39,12	47,28	43,13	47,21	45,64	45,06	42,84	43,14	45,33	44,78	46,46	40,22	39,37	44,90	41,29	45,77	46,09	45,03	43,47	45,70	45,34	45,20	44,66	45,04	46,69	45,24	43,49	47,49



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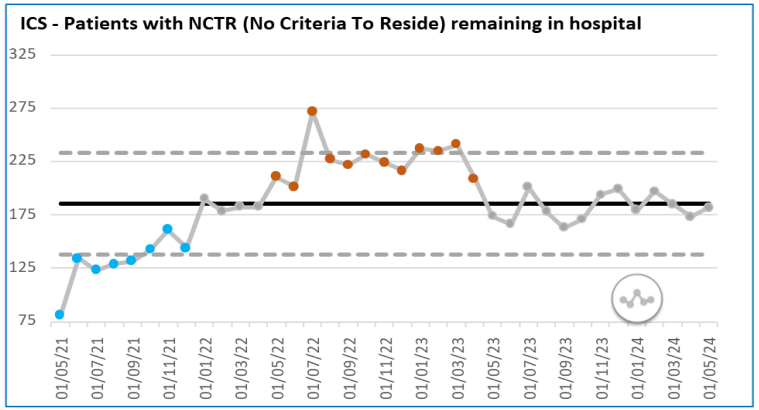
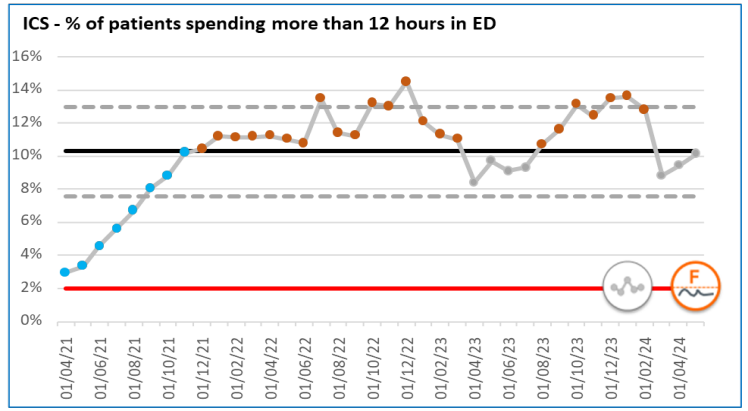
East And North Hertfordshire Place (ENHT and HUC)	84.8%	85.9%	80.8%	77.5%	76.3%	72.8%	73.1%	72.2%	72.4%	73.2%	71.1%	70.9%	70.5%	70.9%	70.1%	67.5%	71.9%	70.7%	68.4%	64.8%	64.9%	69.3%	67.2%	67.6%	70.5%	69.5%	69.2%	70.0%	69.2%	70.8%	68.8%	66.7%	64.6%	70.2%	72.7%	76.2%	72.4%	72.0%
West Hertfordshire Hospitals NHS Trust	86.0%	83.0%	79.1%	73.9%	76.1%	77.6%	73.6%	70.5%	63.3%	65.7%	62.7%	58.8%	62.1%	58.2%	60.5%	63.2%	65.0%	70.2%	64.6%	60.2%	60.0%	68.4%	69.0%	68.1%	71.4%	74.1%	73.1%	71.3%	69.1%	69.9%	71.8%	71.4%	67.1%	69.5%	70.8%	78.2%	78.8%	79.8%
West Essex Place (PAH and HCT)	78.7%	75.8%	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%	62.6%	72.7%	66.5%	68.5%	64.0%	58.6%	55.9%	58.5%	57.6%	58.6%	59.1%	58.5%	57.1%	53.3%	54.2%	52.7%	61.8%	63.0%	67.9%	67.4%	67.0%
ICS	83.6%	82.2%	78.3%	74.9%	75.1%	72.7%	71.0%	69.2%	68.2%	70.3%	69.5%	65.9%	66.6%	65.1%	65.4%	64.1%	66.1%	68.4%	64.0%	61.5%	60.3%	66.2%	64.8%	64.8%	67.8%	68.2%	67.8%	67.7%	66.4%	67.0%	65.8%	65.3%	62.6%	67.8%	69.5%	74.8%	73.5%	73.5%





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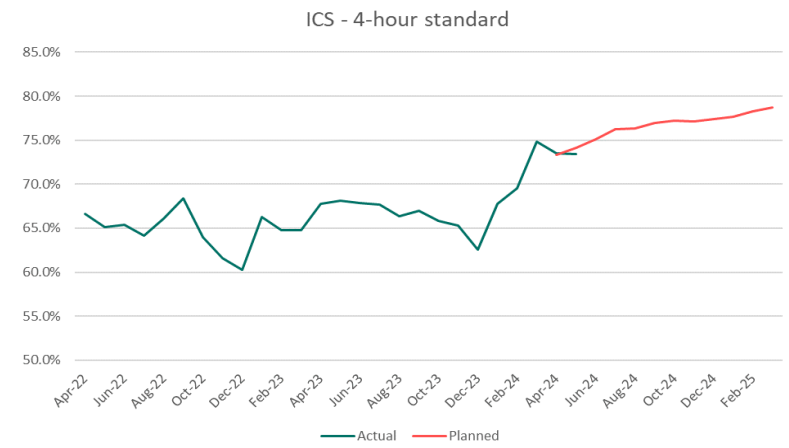
East And North Hertfordshire NHS Trust	2.8%	2.4%	4.7%	6.3%	8.6%	10.2%	11.8%	13.0%	12.8%	13.9%	14.1%	15.0%	14.8%	13.4%	13.9%	16.9%	12.3%	13.7%	15.7%	15.9%	15.7%	15.3%	16.3%	15.8%	12.7%	13.8%	13.2%	9.3%	12.7%	12.6%	13.0%	13.2%	15.1%	13.9%	13.9%	8.9%	10.4%	14.0%
West Hertfordshire Hospitals NHS Trust	1.5%	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%	10.7%	8.7%	11.3%	12.3%	14.4%	14.7%	11.3%	9.4%	5.8%	6.7%
The Princess Alexandra Hospital NHS Trust	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%	10.1%	9.8%	10.8%	6.5%	9.6%	7.8%	9.9%	9.0%	13.4%	15.0%	11.7%	11.2%	12.6%	13.1%	8.3%	11.2%	9.3%
ICS	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%	10.7%	11.6%	13.1%	12.4%	13.5%	13.6%	12.8%	8.8%	9.4%	10.1%

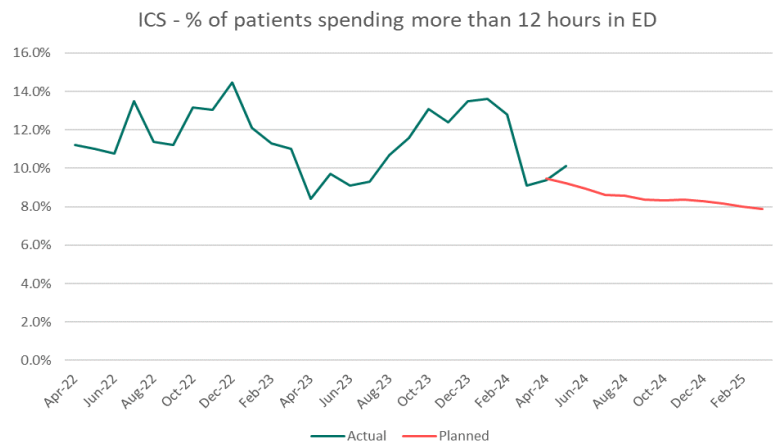
Hertfordshire and West Essex Integrated Care System

Urgent & Emergency Care (UEC) Improvement Trajectories

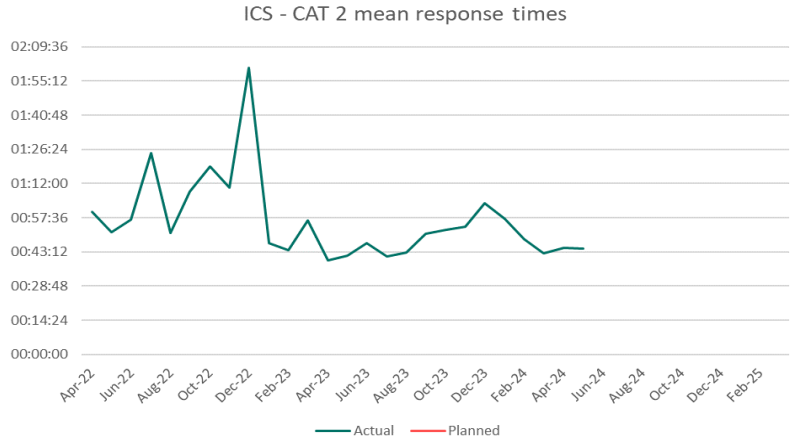
4 Hour Standard



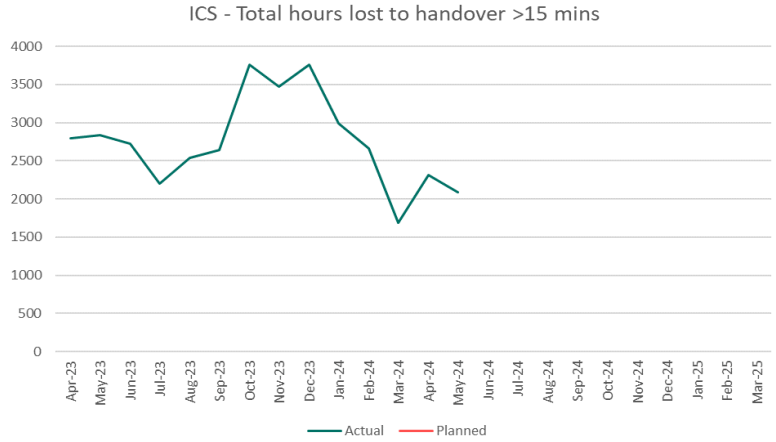
% of Patients Spending > 12 Hours in ED



Ambulance Category 2 Mean Response Times



Hours Lost to Handover



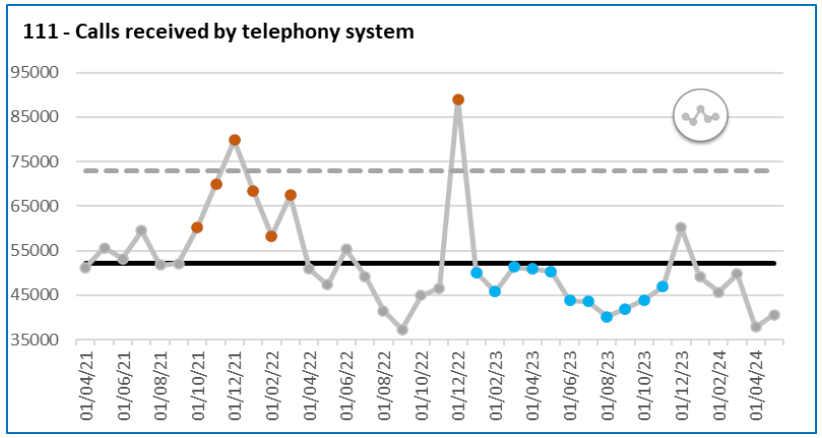
Category 2 Ambulance Response and Hours Lost to Handover trajectories are currently in discussion

Urgent & Emergency Care (UEC)

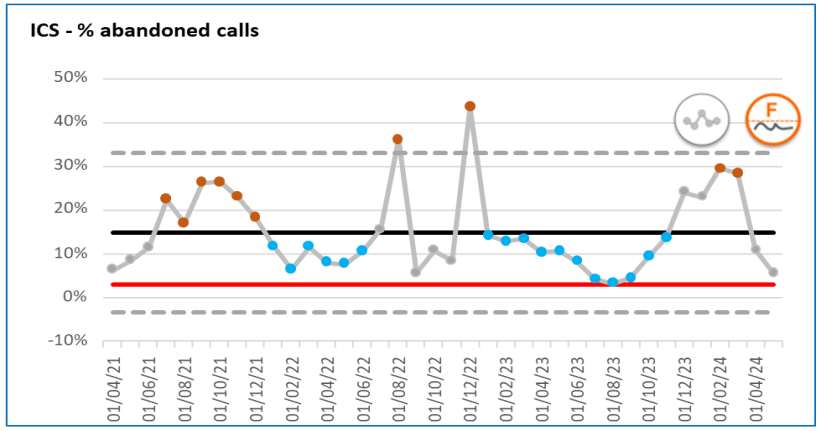
ICB Area	What the charts tell us	Issues	Actions

ICB	• 4-hour ED performance at a system level has been maintained at 73.5% in May. This is the third month in a row where the ED performance has been above / close to the upper process limit
	• Performance maintained despite high volumes of ED attendances across HWE – e.g. attendances in May-24 were 9% higher than in May-23
	• There remains variation at place level. In May:
	  ○ SWH 79.8%
	  ○ ENH 72.0%
	  ○ WE 67.0%
	• 999 call answering times remain low with an average of 11 seconds in May
	• The mean Category 2 ambulance response time was 44 mins in May. This is an improvement compared to Dec-23 (63 mins), but remains adrift of the national 30-minute standard, and is consistently longer than other systems in the region
	• Hours lost to handover >15mins reduced to 2,085 hours in May. This is the second-best performance since Apr-23. Note that regional reporting for this metric has changed from hours lost >30mins, to hours lost >15mins
	• Average patients per day with NCTR remaining in hospital has been relatively steady of the last few months. May's performance of 182 was better than the planning submission target of 193
		• Continued high demand and high acuity of patients. ED attendances across the system were 9% higher in May-24 than they were in May-23
		• Ambulance incidents were 8% higher in May-24 compared to May-23
		• However, 111 call volumes were 20% lower in May-24 compared to May-23
		• Mental Health (MH)presentations at ED remain high, coupled with a shortage of beds / assessment space. Analysis suggests that MH patients are more likely to wait >12 hours in ED
		• Hospital flow remains challenging with high occupancy rates, especially at PAH where average bed occupancy in May was 97%
		• Significant number of vacancies at EEAST
			System – June / July actions:
			• Demand management workshop taking place in July
			• ICB wide working groups being established
			
			East and North Herts – June / July actions:
			• Medical SDEC opening hours extending to 10pm
			• ED triage training drive
			• ED wait-to-be-seen-by-doctor workshops
			• Made Week – plan to involve all system partners available, focusing on the front door flow
			
			West Essex – June actions:
			• Monitor PTS activity and trial EEAST management of additional vehicles
			• PAH reviewing the patient contacts identified at front door audit
			• Funding approved and letter of intent sent for recruitment of Head of ToCH
			• Establish system review of Failed Discharges
			• Urgent review and update of SDEC DOS underway to improve visibility and use of direct access pathways for primary care to SDEC
			• Establish highlight reporting feed from UCPB and In and Out programme into LDB
			• New SystmOne unit for IUATC being sought to fully capture ECDS data
			• IUATC Phase 1 stocktake and review to be started
			
			South and West Herts – June actions
			• Establish what proportion of NCA could be treated in SWH under new proposal
			• Complete 'returns' audit
			• Assessment of system impact of A2S
			• Complete ToCH manager gap analysis
			• Stand up CHC dedicated resource if agreed for funding
			• Meeting with CHC and ENH rep to discuss aligning process

NHS 111



	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	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Hertfordshire	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	37,02	41370	40,90	40,64	35,30	35,33	32,70	34,06	35,31	37,48	48,14	39,46	36,87	39,93	30,55	32,59
West Essex	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	7,799	8,626	9,368	11,96	9,629	8,770	9,846	7,303	7,949
ICS	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	41,86	43,93	46,84	60,11	49,09	45,64	49,77	37,85	40,54



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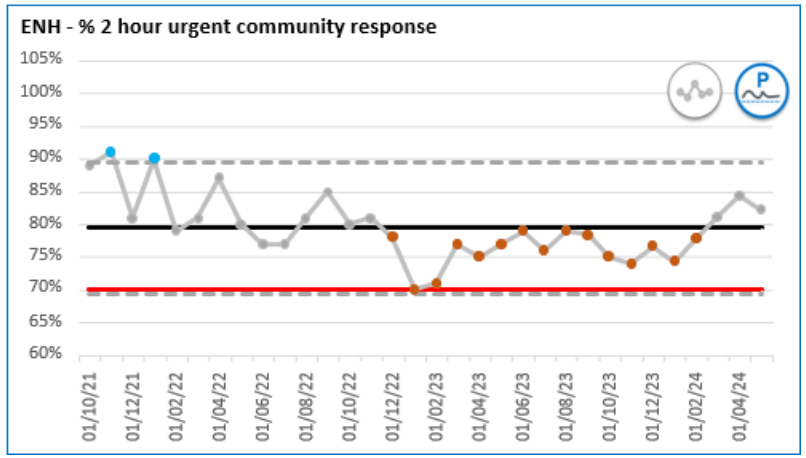
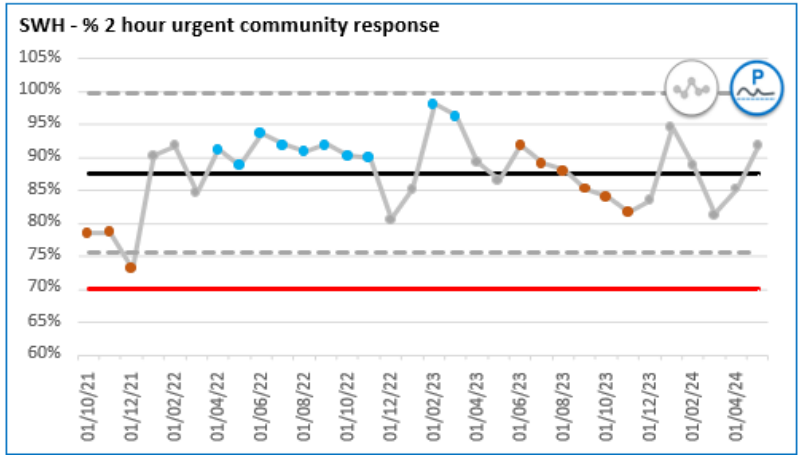
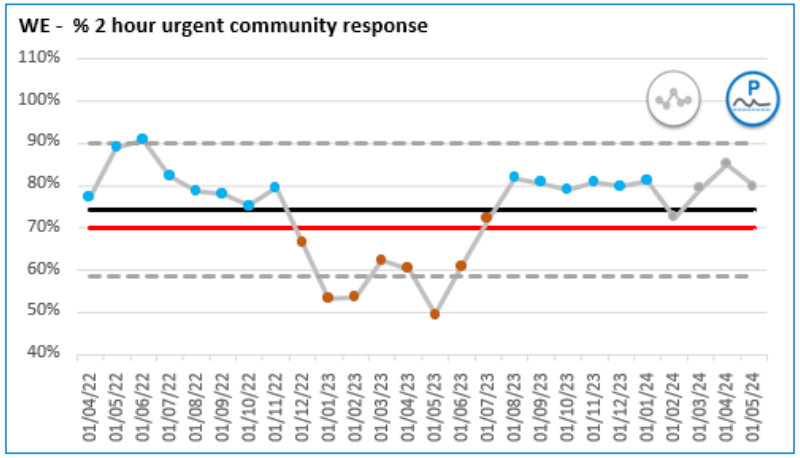
Hertfordshire	6.1%	8.3%	11.2%	21.7%	16.4%	25.6%	25.7%	22.5%	18.0%	11.7%	6.5%	11.6%	7.8%	7.4%	10.3%	15.0%	35.5%	5.6%	10.5%	8.1%	42.7%	13.8%	12.7%	13.0%	10.2%	10.3%	8.2%	4.3%	3.3%	4.5%	9.6%	13.7%	24.3%	23.3%	29.8%	28.1%	10.8%	5.6%
West Essex	7.1%	9.4%	12.4%	25.1%	19.2%	29.1%	29.0%	25.1%	19.0%	11.8%	6.3%	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%	4.8%	8.6%	13.6%	23.5%	21.2%	28.2%	29.2%	11.5%	5.3%
ICS	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%	4.6%	9.4%	13.7%	24.1%	22.9%	29.5%	28.3%	10.9%	5.6%

ICB Area	What the charts tell us	Issues	Actions
HUC	• Call volumes have been consistently trending below the historic mean for the last 15 months, other than a spike in December when more than 10,000 additional calls were received • Significant improvement in abandoned call rates from the yearly highs seen in February and March	• Overall rota fill impacted by hours lost by coaches supporting new starters • 25% of Health Advisors on probation requiring additional support with pathways and DOS queries • Recruitment continues to be challenging. Hopeful that the increase in the national living wage will increase applications over the next 3 months	• NHSE National Resilience agreed for part of 24/25 - dedicated workforce to pick up an agreed % of HUC calls. NHSE employed remote staff • Weekly Recruitment Assessment Centres and strategic plan in place for the next 3 months • Home working capacity increased by 6 – now 32 Health Advisors overall • Continued use of Non-Clinical Floorwalker (NCFW) to reduce the volume of calls passed to Clinical Advisors. Also, trial of remote NCFW during peak periods • Continued staff support with MH and wellbeing • Staff awards and year end appraisals completed to celebrate improvement in performance and to address overall concerns

UEC - Urgent 2 Hour Community Response (UCR)





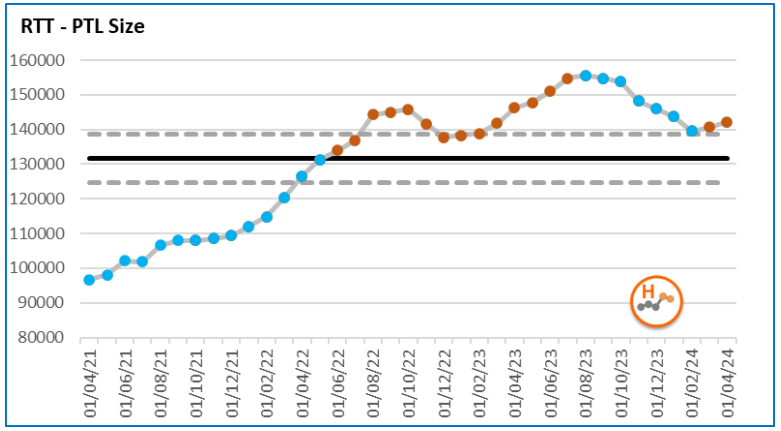


Activity	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
West Essex	257	324	330	394	399	453	344	301	313	317	412	397	412
East & North Herts	545	545	641	649	693	643	631	650	709	568	707	736	691
South & West Herts	222	196	232	159	175	180	158	157	213	212	209	237	217

ICB Issues, escalation and next steps

- The ICS and all 3 Places continue to achieve the 70% standard
- Work continues in SWH to ensure recording practices are correct and to improve referrals to the service, which is reflected in the improved response times. However, further work continues to ensure that all patients are included in reporting. Service also experienced annual leave / sickness within the team which impacted on overall numbers
- CLCH Business Team are developing bespoke training material and guidelines to be rolled out in line with national guidance

Planned Care – PTL Size and Long Waits



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EAST AND NORTH HERTFORDSHIRE NHS TRUST	50312	50103	52368	51326	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	63472	63258	61909	61208	59807	55116	56022	57103
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	25025	25842	27093	27823	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	62966	63054	60236	58731	58220	58693	58599	57474
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	21297	22126	22654	22706	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	28341	27426	26056	25991	25767	25715	26067	27687
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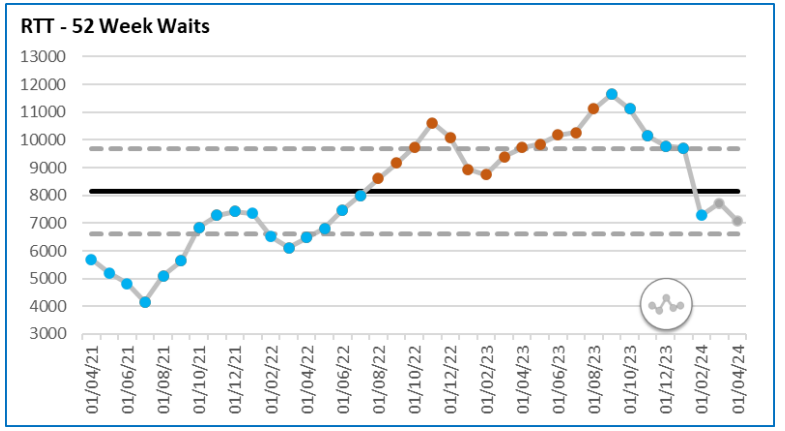

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	2021/22												2022/23												2023/24												2024/25
Other	3740	3162	2782	2578	2447	2441	2394	2296	2321	3348	2853	2868	3033	2496	2412	2648	2532	2437	2533	2570	2728	2691	2641	2782	3133	3318	3109	3073	3122	2976	2829	2766	2607	2530	2412	2598	2545
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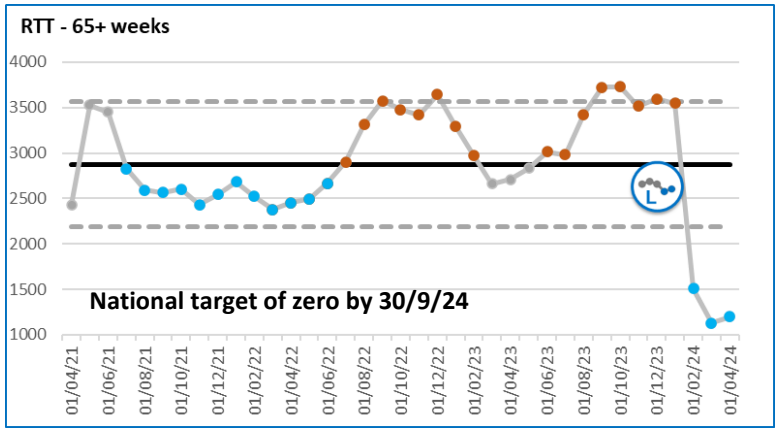
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	1462	1162	898	789	800	838	878	862	927	1006	1103	1059	1193	1431	1660	1783	2078	2587	3413	4272	3544	2681	2315	2729	2694	2439	2504	2440	2769	2982	3039	2488	2246	2407	2420	2657	2334
EAST AND NORTH HERTFORDSHIRE NHS TRUST	2936	2791	2785	2095	2910	3259	3818	4102	4016	3739	3184	3313	3473	3699	4027	4294	4628	4688	4527	4618	4778	4404	4618	4797	5064	5308	5400	5450	5831	6097	5912	5684	5612	5350	2909	3078	2696



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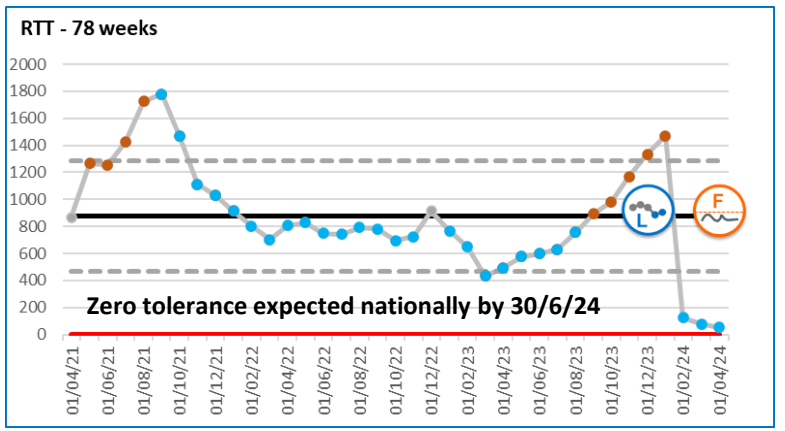
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	0	722	673	650	665	719	776	744	715	772	780	685	701	679	739	768	765	745	636	572	636	658	592	549	604	707	816	878	955	1018	840	756	830	718	655	519	583
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	1026	1007	783	578	477	431	399	351	390	437	461	413	459	480	499	480	566	680	719	767	831	819	607	548	495	504	524	455	569	636	621	466	434	402	353	245	242
EAST AND NORTH HERTFORDSHIRE NHS TRUST	1405	1799	1998	1601	1452	1417	1428	1338	1438	1475	1279	1278	1293	1334	1428	1653	1983	2150	2124	2081	2178	1816	1778	1562	1610	1621	1673	1650	1901	2068	2266	2293	2332	2425	500	363	373



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THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	0	231	218	288	378	434	399	325	283	260	243	190	223	266	281	296	248	208	141	108	157	147	95	14	23	37	37	51	90	117	118	104	136	99	84	50	29
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	353	389	364	388	407	362	271	189	169	162	140	111	144	155	143	133	137	116	92	69	69	69	38	15	11	9	7	8	6	8	9	7	8	14	10	1	0
EAST AND NORTH HERTFORDSHIRE NHS TRUST	516	646	674	748	940	983	800	598	577	492	420	401	439	408	324	312	407	458	464	548	689	551	516	405	461	532	553	573	661	768	854	1058	1190	1357	30	29	25

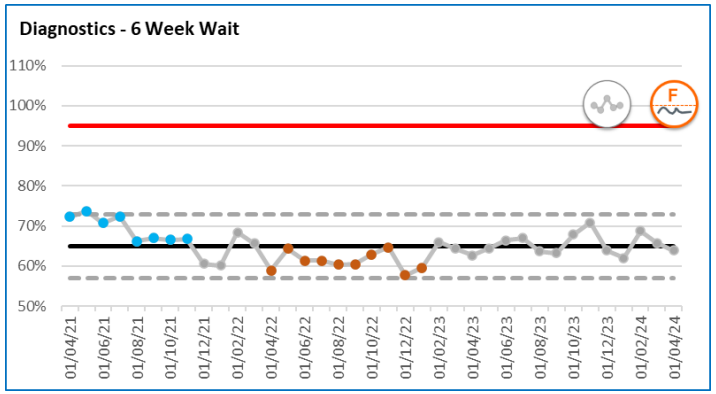
Community Paediatrics patients have been excluded from RTT reporting from February 2024 in line with national guidance
Waiting lists therefore show significant reductions

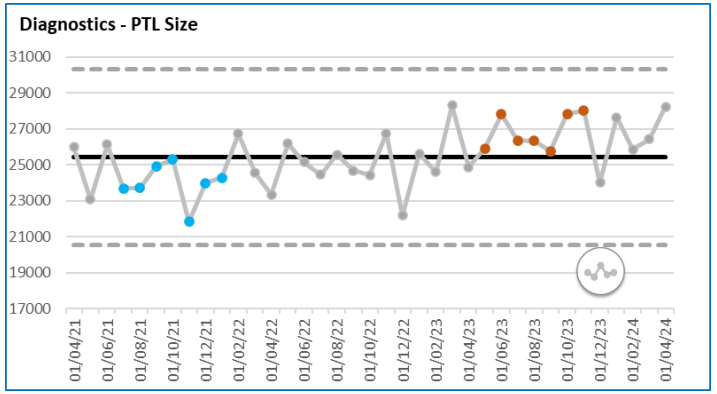
Planned Care – PTL Size and Long Waits

ICB Area	What the charts tell us	Issues	Actions

HWE	• Due to the change in national guidance, Community Paediatrics patients have been excluded from RTT reporting from February 2024. Waiting lists therefore show significant reductions from February 2024. These waits are included within the Community section of this report
	• The overall PTL size remains high. There was an uptick in the overall PTL in the last two months, following a seven-month period of reduction
	• April saw a decrease in 78ww long wait breaches
	• The number of patients waiting >65 weeks was beginning to reduce, but April saw the number of breaches increase by 71
	• Excluding Community Paediatrics, the number of patients waiting >52 weeks has shown a decreasing trend over the last seven months
		• Trauma and Orthopaedics (T&O) remains the main specialty under pressure, with ENT also a notable risk
		• Staffing remains a challenge, particularly in Anaesthetics
		• There were 83 x 78-week breaches in the system at the end of April
		  ○ 25 at ENHT
		  ○ 15 at PAH
		  ○ 43 in the independent sector (transferred from PAH)
		  ○ Zero at WHTH
		• The latest 78ww June forecast (as of 19/6) for the system is 23
		  ○ 8 at ENHT
		  ○ 0 at PAH
		  ○ 15 in the independent sector (transferred from PAH)
		  ○ Zero at WHTH
		• The 65ww risk cohort is on trajectory in Hertfordshire, but not meeting plan at PAH
		• 65ww actuals are behind planned trajectory overall for the system. The target is to reach zero by end of September
			• Princess Alexandra Hospital is in Tier 2 of the national oversight and support infrastructure for Elective (including Diagnostics) recovery. Fortnightly tiering meetings with the NHSE EOE regional team commenced on 9th May
			
			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
			• The 65ww target to zero breaches has been extended to September 2024 with each of the three trusts submitting plans to meet that target
			
			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

Planned Care – Diagnostics



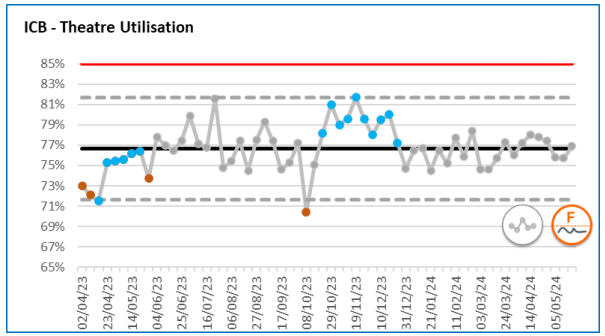


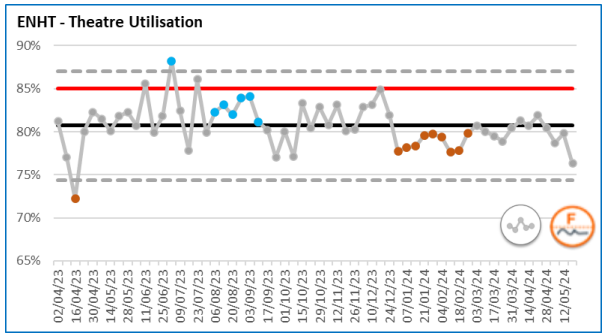
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
EAST AND NORTH HERTFORDSHIRE NHS TRUST	69.5%	69.6%	66.7%	70.5%	62.6%	63.0%	60.4%	61.0%	54.7%	50.9%	60.0%	54.9%	45.9%	53.0%	52.2%	50.3%	50.6%	50.0%	53.5%	56.9%	49.3%	54.5%	61.8%	58.1%	54.7%	58.2%	60.3%	60.4%	56.5%	57.2%	59.4%	62.5%	53.3%	49.2%	55.3%	51.7%	50.5%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	81.5%	83.5%	77.6%	77.6%	75.2%	73.8%	75.4%	71.6%	63.4%	67.5%	73.8%	72.5%	66.6%	67.6%	65.4%	67.8%	68.3%	70.7%	71.1%	69.9%	65.0%	62.0%	64.7%	63.1%	63.8%	65.8%	67.3%	69.5%	68.5%	70.8%	78.3%	83.3%	84.1%	85.2%	90.9%	88.3%	86.0%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	69.2%	71.9%	71.5%	70.6%	64.2%	67.3%	68.7%	72.9%	69.4%	71.8%	79.9%	82.0%	81.3%	86.9%	76.7%	78.8%	74.0%	71.4%	72.6%	74.2%	64.5%	65.7%	74.6%	76.4%	74.9%	73.5%	76.0%	75.9%	70.3%	65.8%	72.6%	73.1%	64.9%	65.3%	75.2%	71.8%	70.7%
ICS	72.3%	73.7%	70.7%	72.3%	66.2%	67.0%	66.5%	66.8%	60.5%	60.1%	68.4%	65.7%	58.9%	64.3%	61.4%	61.3%	60.3%	60.5%	62.9%	64.6%	57.7%	59.6%	66.0%	64.3%	62.6%	64.4%	66.4%	67.0%	63.6%	63.2%	67.9%	70.8%	63.9%	62.0%	68.7%	65.7%	63.9%

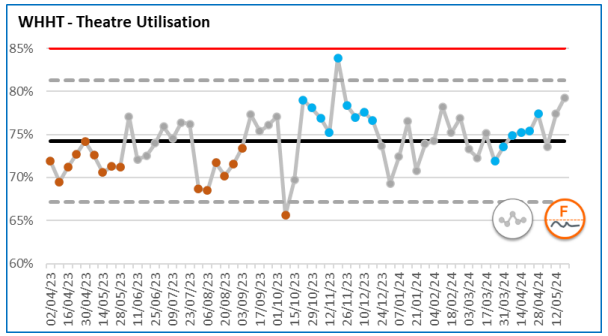
ICB Area	What the charts tell us	Issues	Actions

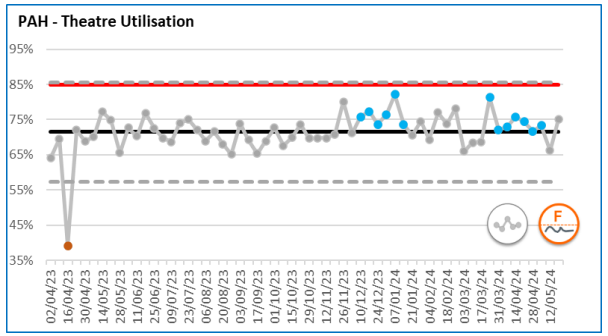
HWEICB	• 6-week wait performance across the ICS fell by 1.8% in April
	• Performance fell by 1.1% at PAH; 1.2% at ENHT; 2.3% at WHTH
	• The overall PTL continues to fluctuate within expected common cause variation limits
		• Significant variation in Trust performance:
		  ○ ENHT – 50.5%
		  ○ WHTH – 86.0%
		  ○ PAH – 70.7%
		ENHT
		• Imaging remains the biggest risk to delivery, most notably in NOUS which has seen a 22.5% drop in performance since last year
		• Imaging >6-week backlogs:
		9,591 Total; MRI 2,921; CT 1,327; DEXA 1,521; NOUS 3,822
		PAH
		• Non-Obstetric Ultrasound (NOUS), Echocardiography, Cystoscopy and Audiology are the key challenges at PAH
		• There has been notable improvement in Endoscopy performance compared to last year
		WHTH
		• NOUS presents the greatest risk to 6 week wait performance
		• There has been a substantial improvement in Echocardiography and DEXA investigations
			• Imaging Network workforce lead and DEXA Practice Educator now in post
			ENHT
			• DEXA capacity will also increase from 24/06/24 following the appointment of two new members of staff and ability to fully operate two machines. Also investigating mutual aid
			• NOUS – specific issues in April due to sickness and annual leave have normalised. Two new Sonographers now in post and performance has improved through May / June to date
			• CT – main areas of pressure are for Cardiac and colon scans. latest local data shows that waits have significantly improved to just over 6 weeks
			• MRI – main issue is staffing. Waiting List Initiatives undertaken at QE2 throughout May / June to date, with outsourcing also in place to Pinehill. Further ISP outsourcing under discussion
			PAH
			• PAH CDC is live for MRI, X-Ray and US Extended Access through insourcing and existing facilities
			• Significant slippage with St Margarets CDC build. PAH, ICB, and NHSE regional / national teams working together to resolve
			• NOUS weekend insourcing in place
			• Paediatric Audiology funding request submitted to NHSE
			WHTH
			• DEXA position significantly improved, working with E&NHT to offer mutual aid
			• Working with Cardiology to share improvement across the ICS and network
			• Working on CDC and Endoscopy Unit mobilisation
			• CDC activity reprofiled until 30/6/24 (SACH) and 7/07/24 HHH

Planned Care – Theatre Utilisation / Productivity



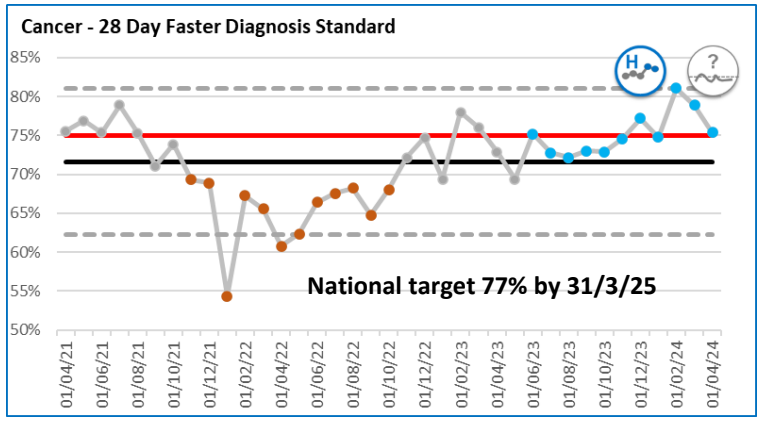






ICB Area	What the charts tell us	Issues	Actions
HWEICB	• ICB theatre utilisation is 77.2% against an 85% target • Comparable performance v. peers for all aspects, excluding number of cases, and average unplanned extensions **Other data** • Average cases per session for the ICB (2.3) is slightly higher than peer average (2.2), although PAH is below average (1.9) • Average early finishes are on a par with peer average (76), although much higher than the expected 15-30 minutes • BADS rate is 82.3% - slightly lower than the 85% target	• Overall productivity has improved in May, but particularly at PAH and WHTH • ENHT – although generally good performance, capped utilisation has yet to achieve the national target of 85% and dropped to 76.3% • PAH – consistently high conversion from day case to inpatient rate, alongside a low day case rate, with capped utilisation improving to reach 75% • WHTH - capped utilisation rates and average cases per session have maintained improvement over the last 6 months, with recent utilisation at 79.2%	• Improvement programmes are discussed at the Theatre Utilisation Network Group • A series of reviews have taken place with Trusts through the GIRFT theatre programme team and improvements are underway as can be seen through the improved numbers • Active theatre improvement programmes at each of the acute providers • There was a further GIRFT review in June 2024

Cancer



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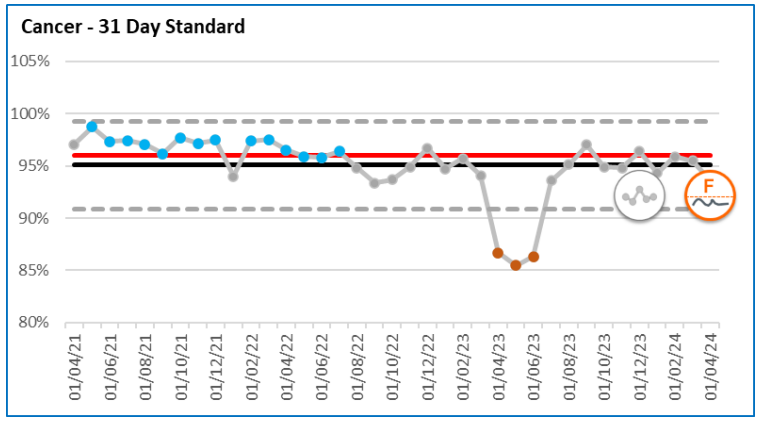
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	81.3%	79.8%	81.4%	82.1%	77.8%	77.2%	77.7%	71.9%	64.7%	47.0%	59.2%	54.6%	52.2%	58.3%	55.3%	60.6%	60.1%	57.8%	63.3%	71.6%	72.8%	70.1%	80.1%	78.7%	76.0%	68.0%	74.8%	68.6%	68.5%	69.8%	66.2%	68.7%	74.6%	74.1%	79.8%	78.1%	77.7%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	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%	74.4%	72.2%	72.8%	68.4%	70.4%	73.6%	74.5%	72.1%	77.4%	76.6%	72.4%	71.2%	74.7%	74.5%	75.3%	75.7%	75.5%	77.9%	77.0%	74.5%	80.3%	77.9%	70.7%
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%	60.9%	62.5%	66.3%	67.6%	68.2%	64.7%	68.0%	72.2%	74.8%	69.4%	78.1%	76.1%	72.9%	69.4%	75.2%	72.8%	72.2%	73.0%	72.9%	74.6%	77.2%	74.8%	81.1%	78.9%	75.4%



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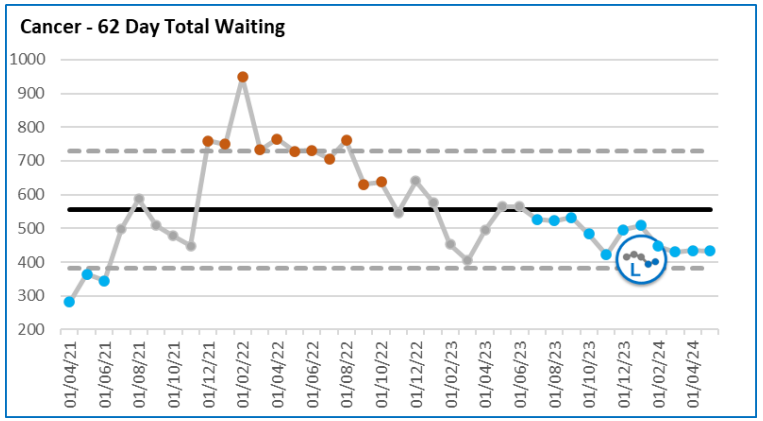
EAST AND NORTH HERTFORDSHIRE NHS TRUST	98.6%	98.8%	97.7%	98.4%	97.9%	97.4%	98.1%	98.2%	98.6%	96.9%	99.0%	98.6%	98.4%	97.6%	97.5%	97.1%	95.8%	93.2%	92.9%	95.5%	97.8%	95.8%	96.1%	93.0%	83.7%	80.5%	83.2%	93.8%	96.6%	97.0%	96.3%	95.9%	96.7%	96.8%	96.1%	96.0%	94.6%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	94.6%	97.8%	95.9%	95.9%	97.2%	95.5%	97.4%	92.9%	92.0%	85.1%	95.5%	96.2%	96.4%	96.4%	95.3%	95.9%	94.3%	95.3%	95.8%	94.8%	96.1%	92.6%	96.7%	99.5%	96.3%	99.0%	97.7%	94.1%	96.4%	99.0%	96.2%	94.4%	97.7%	88.1%	97.6%	96.1%	94.4%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	92.1%	100.0%	97.5%	93.3%	90.6%	88.9%	95.0%	97.2%	97.6%	85.9%	89.0%	92.7%	81.9%	82.9%	83.3%	92.9%	89.6%	90.4%	95.6%	90.7%	90.6%	91.0%	92.1%	92.9%	92.5%	95.3%	88.8%	91.3%	84.7%	91.3%	85.3%	88.8%	91.8%	87.4%	92.3%	92.3%	87.3%
ICS	97.1%	98.7%	97.3%	97.4%	97.1%	96.2%	97.7%	97.2%	97.5%	94.0%	97.4%	97.5%	96.5%	95.9%	95.8%	96.4%	94.8%	93.4%	93.7%	94.9%	96.7%	94.7%	95.7%	94.1%	86.7%	85.5%	86.3%	93.6%	95.1%	97.0%	94.9%	94.8%	96.4%	94.3%	95.9%	95.5%	93.7%



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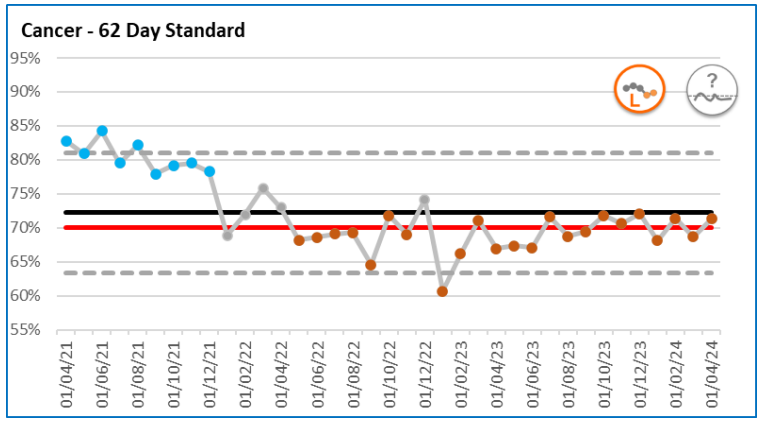
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	83	109	88	132	179	130	128	129	331	347	374	307	261	297	297	277	270	257	233	195	191	184	129	125	127	158	149	135	139	100	118	121	148	142	118	86	97	84
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	107	141	161	212	224	201	190	127	175	176	303	194	182	156	128	125	162	152	163	149	193	182	153	120	148	213	203	166	148	167	149	110	141	165	135	118	141	157
EAST AND NORTH HERTFORDSHIRE NHS TRUST	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	234	194	234	195	170	194	196	192



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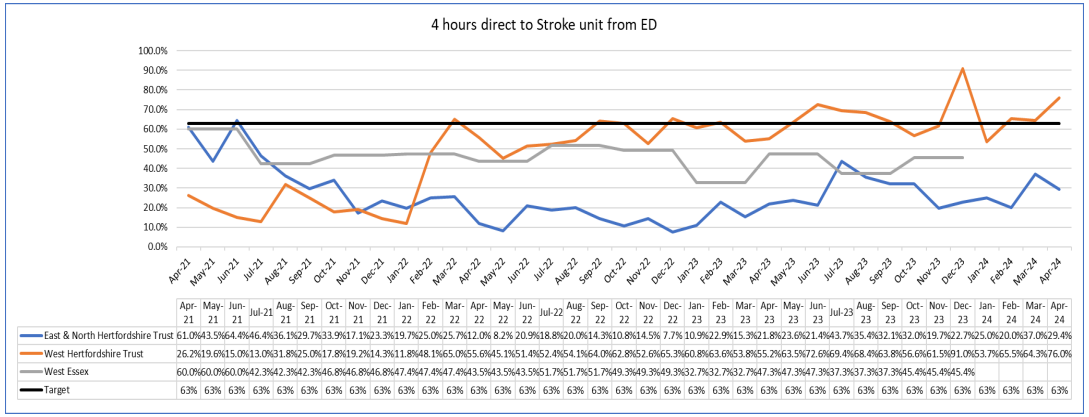
EAST AND NORTH HERTFORDSHIRE NHS TRUST	89.8%	87.2%	84.7%	88.9%	86.8%	88.2%	88.3%	88.1%	86.0%	80.4%	84.4%	86.1%	86.3%	79.1%	79.9%	85.4%	82.7%	79.3%	78.0%	78.8%	87.2%	77.5%	78.7%	85.7%	84.3%	82.1%	81.5%	82.7%	82.1%	78.6%	86.6%	86.3%	82.2%	86.1%	83.6%	82.5%	85.9%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	83.6%	74.5%	85.0%	79.9%	81.3%	71.5%	73.9%	75.4%	76.0%	58.7%	64.7%	72.1%	61.0%	64.6%	60.2%	61.8%	61.6%	59.9%	67.3%	63.7%	68.3%	54.6%	59.2%	61.1%	66.5%	60.2%	64.4%	69.7%	68.8%	75.3%	75.6%	75.5%	70.9%	62.6%	72.7%	71.6%	70.4%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	71.5%	78.6%	81.1%	61.4%	73.9%	67.5%	71.0%	68.7%	63.8%	57.4%	57.9%	64.9%	64.9%	51.8%	61.6%	52.3%	59.4%	44.8%	66.1%	58.0%	63.5%	46.9%	56.2%	57.7%	43.0%	48.8%	49.4%	56.4%	49.6%	48.3%	47.1%	40.9%	55.7%	44.2%	48.8%	46.4%	46.6%
ICS	82.8%	80.9%	84.3%	79.5%	82.2%	77.9%	79.2%	79.6%	78.3%	68.9%	71.9%	75.9%	73.0%	68.2%	68.6%	69.1%	69.3%	64.6%	71.8%	69.0%	74.2%	60.7%	66.2%	71.1%	66.9%	67.4%	67.1%	71.6%	68.8%	69.5%	71.8%	70.6%	72.1%	68.1%	71.4%	68.7%	71.3%

Hertfordshire and West Essex Integrated Care System

Cancer

What the charts tell us	Issues	Actions
• 28-day Faster Diagnosis Standard (FDS) performance has declined over the last two months but is still meeting the target at 75.4% • ENHT & WHTH surpassed the 75% FDS standard, although PAH has dropped to 70.7%. High confidence of returning to compliance in May • The 31-day 95% target was not met in April, reaching 93.7% collectively • Performance against the 62-day standard remains below the national target but is achieving the 70% standard expected in the 24/25 National Planning Guidance • There is significant 62-day variation between HWE Trusts of between 46% and 85% as detailed in the previous slide • The 62-day backlog has been static over the last three months	• There are no 62-day backlog targets for 24/25 • Oversight is focussed on achievement of the national FDS, 31 & 62-day standards **ENHT** • In May, the 31-day standard was not met (94.6% vs target of 96%). However, this was expected by the Trust due to issues with radiotherapy staffing • For the week ending 16 June, there were 171 patients on the cancer backlog (>62 days). This is a significant reduction over the past four weeks, but still above the Trust's fair share target • This is primarily due to late transfers (60 compared to an original plan of 25) • In addition, there have been patient choice delays on Urology pathways **WHTH** • 62-day backlog continues to decrease with 82 pathways over 62 days recorded at the end of May. This is lower that the NHSE objective to have a backlog of no more than 6.4% of the total PTL • Challenges with outpatient, surgical and diagnostic capacity particularly in Breast, Urology, Colorectal and Gynaecology • Delays in tertiary centre pathways (joint clinics, genomic sequencing, and histopathology) • Histopathology workforce issues and capacity **PAH** • Urology staffing, Cystoscopy capacity, and increase in prostate referrals • Urology is particularly challenged in both FDS and 62-day % performance • Skin / Oral and Maxillofacial Surgery (OMFS) capacity • Reliance on tertiary centres for multiple tumour sites	**ENHT** • Urology two-stop service by end of July and increased flexible cystoscopy capacity by end of June. Urology nurse has been trained to start TP biopsies by end of September 24 • Head and neck one-stop service increasing to 8 slots per week by end of June and all 2WW referrals to be triaged by end of June • Expecting to start endoscopic ultrasound fine needle assessment at Lister by end of June 24 to support with upper GI pathways **WHTH** • Cancer Improvement Programme Board now overseeing service level improvement plans and service developments • Benign diagnosis project (discharge from MDT via template letter) rolled out to all specialities • Review of Gynae and Urology USC referral forms continues. Process delayed due to the complexity of the changes required and the introduction of mandatory fields • Demand and capacity review ongoing to increase OPA and follow- up capacity • New one-stop pathway for Urology in development. Funding now approved from Cancer Alliance to support this • Ongoing improvement work in Radiology and workforce recruitment in histology to address the delay in diagnostic and histopathology turnaround times • Implementation of Cancer Alliance funded post to improve Gynae and Urology pathways and start work up for introduction of Targeted Lung Health Checks **PAH** • Princess Alexandra Hospital are in Tier 2 of the national oversight and support infrastructure for Cancer recovery. Fortnightly tiering meetings with the NHSE EOE regional team • Work is progressing with all services to align their improvement plans to support the 62-day recovery, with regular reviews at PTL level • Funding approved for Vanguard Urology Theatre • Rivers ISP providing additional Cystoscopy support • Funding approved for Breast Surgery outsourcing • Implementation of robotic surgery in Gynaecology • Joint Skin / Oral and Maxillofacial Surgery (OMFS) pathway improvement programme • Focussed work to drive more timely transfers to tertiary providers

Stroke



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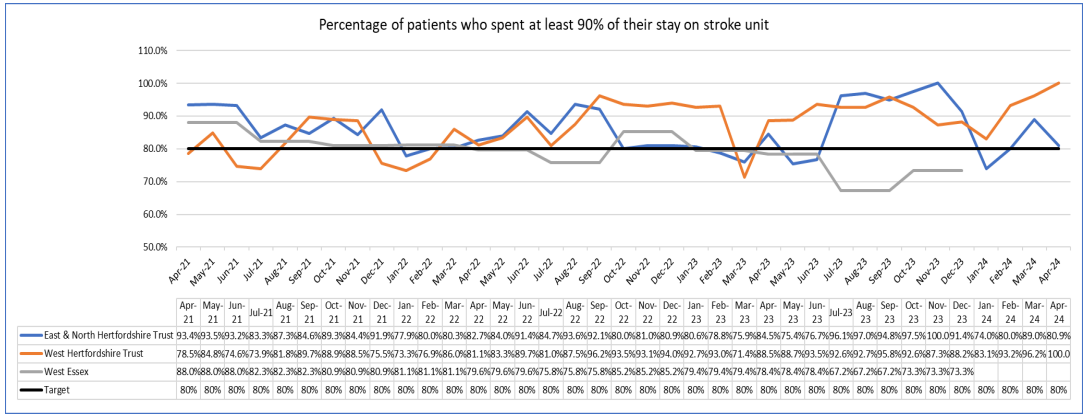
East & North Hertfordshire Trust	61.0%	43.5%	64.4%	46.4%	36.1%	29.7%	33.9%	17.1%	23.3%	19.7%	25.0%	25.7%	12.0%	8.2%	20.9%	18.8%	20.0%	14.3%	10.8%	14.5%	7.7%	10.9%	22.9%	15.3%	21.8%	23.6%	21.4%	43.7%	35.4%	32.1%	32.0%	19.7%	22.7%	25.0%	20.0%	37.0%	29.4%
West Hertfordshire Trust	26.2%	19.6%	15.0%	13.0%	31.8%	25.0%	17.8%	19.2%	14.3%	11.8%	48.1%	65.0%	55.6%	45.1%	51.4%	52.4%	54.1%	64.0%	62.8%	52.6%	65.3%	60.8%	63.6%	53.8%	55.2%	63.5%	72.6%	69.4%	68.4%	63.8%	56.6%	61.5%	91.0%	53.7%	65.5%	64.3%	76.0%
West Essex	60.0%	60.0%	60.0%	42.3%	42.3%	46.8%	46.8%	46.8%	47.4%	47.4%	47.4%	43.5%	43.5%	43.5%	51.7%	51.7%	51.7%	49.3%	49.3%	49.3%	32.7%	32.7%	32.7%	47.3%	47.3%	47.3%	37.3%	37.3%	37.3%	37.3%	45.4%	45.4%	45.4%				
Target	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%



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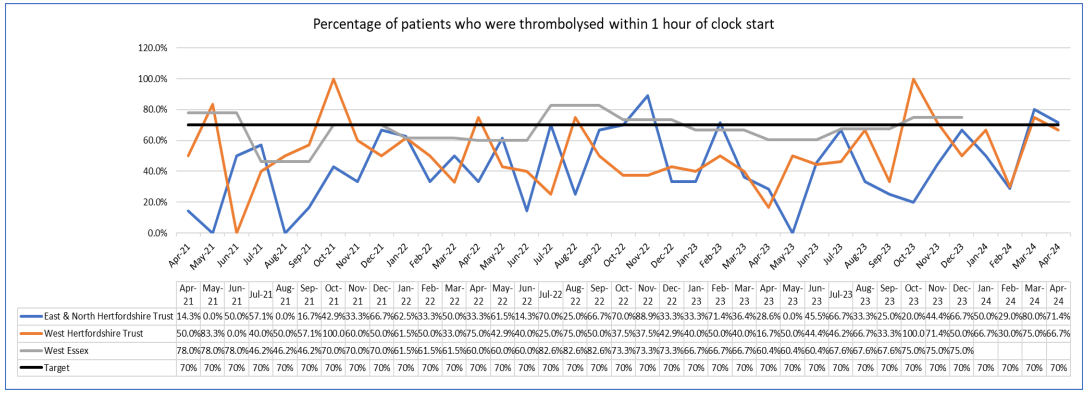
East & North Hertfordshire Trust	93.4%	93.5%	93.2%	83.3%	87.3%	84.6%	89.3%	84.4%	91.9%	77.9%	80.0%	80.3%	82.7%	84.0%	91.4%	84.7%	93.6%	92.1%	80.0%	81.0%	80.9%	80.6%	78.8%	75.9%	84.5%	75.4%	76.7%	96.1%	97.0%	94.8%	97.5%	100.0	91.4%	74.0%	80.0%	89.0%	80.9%
West Hertfordshire Trust	78.5%	84.8%	74.6%	73.9%	81.8%	89.7%	88.9%	88.5%	75.5%	73.3%	76.9%	86.0%	81.1%	83.3%	89.7%	81.0%	87.5%	96.2%	93.5%	93.1%	94.0%	92.7%	93.0%	71.4%	88.5%	88.7%	93.5%	92.6%	92.7%	95.8%	92.6%	87.3%	88.2%	83.1%	93.2%	96.2%	100.0
West Essex	88.0%	88.0%	88.0%	82.3%	82.3%	80.9%	80.9%	80.9%	81.1%	81.1%	81.1%	79.6%	79.6%	79.6%	75.8%	75.8%	75.8%	85.2%	85.2%	85.2%	79.4%	79.4%	79.4%	78.4%	78.4%	78.4%	67.2%	67.2%	67.2%	67.2%	73.3%	73.3%	73.3%				
Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%



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East & North Hertfordshire Trust	14.3%	0.0%	50.0%	57.1%	0.0%	16.7%	42.9%	33.3%	66.7%	62.5%	33.3%	50.0%	33.3%	61.5%	14.3%	70.0%	25.0%	66.7%	70.0%	88.9%	33.3%	33.3%	71.4%	36.4%	28.6%	0.0%	45.5%	66.7%	33.3%	25.0%	20.0%	44.4%	66.7%	50.0%	29.0%	80.0%	71.4%
West Hertfordshire Trust	50.0%	83.3%	0.0%	40.0%	50.0%	57.1%	100.0	60.0%	50.0%	61.5%	50.0%	33.0%	75.0%	42.9%	40.0%	25.0%	75.0%	50.0%	37.5%	37.5%	42.9%	40.0%	50.0%	40.0%	16.7%	50.0%	44.4%	46.2%	66.7%	33.3%	100.0	71.4%	50.0%	66.7%	30.0%	75.0%	66.7%
West Essex	78.0%	78.0%	78.0%	46.2%	46.2%	70.0%	70.0%	70.0%	61.5%	61.5%	61.5%	60.0%	60.0%	60.0%	82.6%	82.6%	82.6%	73.3%	73.3%	73.3%	66.7%	66.7%	66.7%	60.4%	60.4%	60.4%	67.6%	67.6%	67.6%	67.6%	75.0%	75.0%	75.0%				
Target	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%

ICB Issues and actions

West Essex

Barking, Havering and Redbridge Trust (BHRT) is the main provider of Stroke for WE patients, reported quarterly via SSNAP. The Trust's overall 23/24 Q3 SSNAP performance rating improved from D to C.

- Continued high demand for bed occupancy, with larger complex strokes requiring longer treatment plans
- TIA – Improvement following escalation of pathway delay issues. 26 days response reduced to 8 days but has since increased to 14 days. Recently received 50 referrals in one week, which is challenging to manage
- EPUT staffing - 2 x WTE have left the service and 1 requesting to be re-deployed. Meeting due to discuss plans to cover
- Catalyst Project – Vocational rehab pilot is live, concerns for continuation of the service due to funding. Expected to cease October. Business case being worked through
- SQUIRE ICSS – Paper to May LTC board. Support for ICSS is confirmed and discussed priorities for the year (ICB and changes to HCP). NHSE target of 75% of people who have a stroke will have access to the comprehensive care by 2027/28
- WE comms campaign – Funding required to notify the population that Princess Alexandra Hospital (PAH) does not have a HASU / ASU service, and that this will delay care if stroke patients present at PAH

ENH

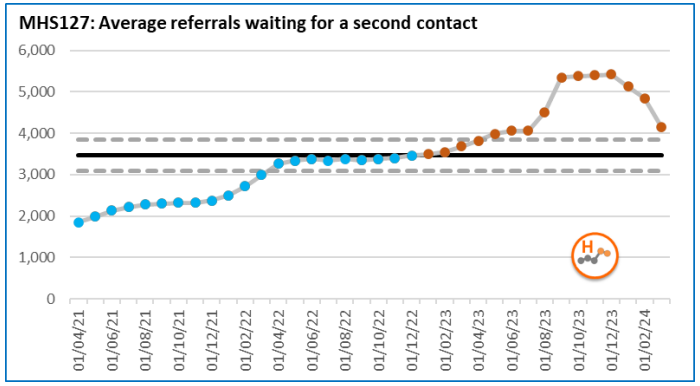
- The ENHT SSNAP performance rating for Q3 23/24 remained as a B rating. There is a risk to maintaining a B rating going forward due to therapies establishment and alignment with the new clinical guidelines. Q4 23/24 rating is due in June
- The % of patients reaching a stroke unit within 4 hours remains significantly below the target of 63%. The most significant delays tend to be for out-of-hours patients
- The % of patients spending >90% of their stay on a stroke unit remained above the 80% target in April. Four ring-fenced stroke beds remain in place
- The % of patients thrombolysed within 1 hour of arrival met the target of 70% target for the second month in a row.
- Thrombolysis in Acute Stroke Collaborative (TASC) project underway to support improvement in Thrombolysis performance rate to 14%. Process mapping session conducted with stakeholder group to support review of ED pathway
- High number of late presentations by patients

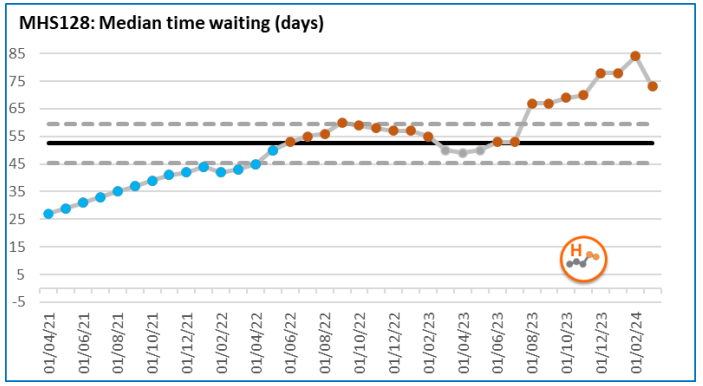
S&W Herts

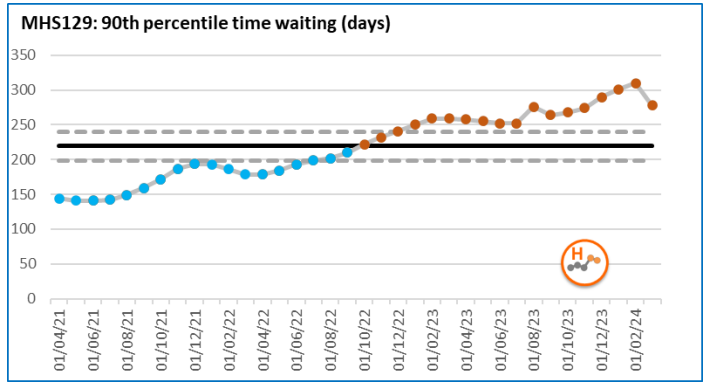
- 4 hours direct to stroke unit from ED: Improved from 64% to 76% in April but remains below standard. Performance is however significantly above the national average of 46% and higher than neighbouring providers. Wider system pressures such as late referrals, bed capacity constraints and patients admitted to another ward before the Stroke unit due to an unclear diagnosis are all pressures which delay provision. Ring-fenced beds on HASU and a side room for thrombolysis remain in place however are not consistent and there have been increasing numbers of medical outliers on HASU/ASU. Patients receive stroke consultant input for their care while waiting for admission to the stroke unit
- 100% of Stroke patients are spending 90% of their time on stroke unit, the national target is 90%.
- The % thrombolysed within 1 hour of clock start has improved to 67% in April from 30% in February
- WHTHT / EOE Ambulance Video Triage pilot (started 12/23). It is the first nurse led site in the region and has resulted in rapid door to CT times (2-5 mins best regionally) and a reduction in door to needle and door to HASU times
- WHTHT are currently achieving a 10% thrombectomy conversion rate which is ahead of the NHS England target and even greater than the conversion at the tertiary referral centre

Mental Health – Community Waits

Adults and Older Adults – time still waiting for second contact



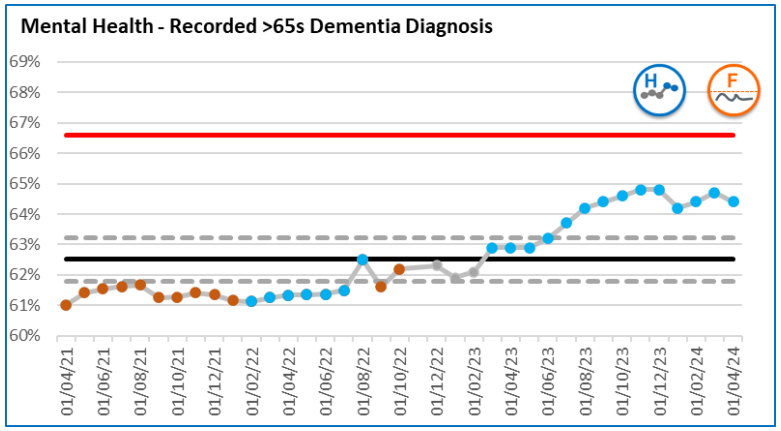


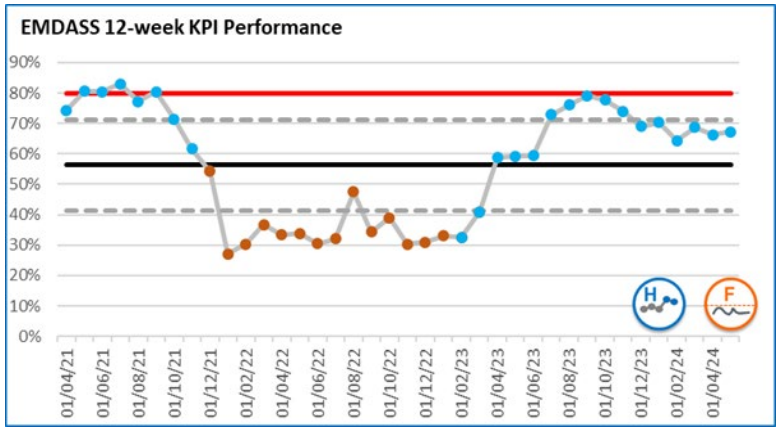


ICB Area	What the charts tell us	Issues	Actions

Hertfordshire & West Essex	• Median waiting times for a 2nd appointment improved to 73 days
	• 8 days benchmarks well against the national average of 118 days, however there is a long-term trend of variation above the historic norm
	• Within the system there is variation of between 60 and 80 days:
	  • East & North Herts 60 days
	  • South & West Herts 80 days
	  • West Essex 66 days
	• 90th percentile waits improved to 278 days
	• 278 days benchmarks well against the national average of 727 days, however again there is a long-term trend of variation above the historic norm
	• Within the system there is variation of between 253 & 408 days:
	  • East & North Herts 253 days
	  • South & West Herts 285 days
	  • West Essex 408 days
		• Datasets are not currently complete, and work is ongoing with ICBs and NHSE to finalise collections and reporting. Issue is related to data validation as here is variation from local data sets to nationally published data
		• In Hertfordshire the data flow from Primary care and VCSFE providers to MHSDS or the GP equivalent has not been worked through. This relates to the transformed PCN areas that have ARRS workers and Enhanced Primary Care. The data collection from these new services is recorded locally on System one or EMIS but this is not a shared system with the MH Trust
		• West Essex VSCE data flow is via a shared system with MH Trust
			• NHSE working with all ICBs to finalise the data and understand variations
			• In Hertfordshire, a CQI approach is being taken to introducing the new waiting times. Current workstreams are developing internal reporting in the absence of NHSE SQL scripts being made available and ensuring all SNOMED codes are mapped correctly. Data is being analysed to understand the reasons for the longest waits
			• Hertfordshire is also working with NHSE and Voluntary Community, Faith and Social Enterprise (VCFSE) providers to look at the data flow from them to MHSDS, to include as part of the second contact information
			• Additional CQI process for Older Peoples services to ensure that referrals and treatment are recorded as for all adults

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





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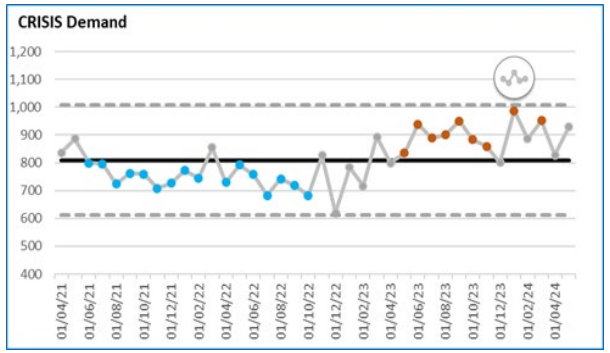
ENHCCH	59.4%	59.7%	60.2%	60.2%	60.2%	59.5%	59.3%	59.5%	59.2%	59.0%	58.8%	59.2%	59.2%	59.2%	59.0%	59.1%	60.9%	59.0%	59.8%	59.7%	59.6%	59.7%	60.5%	60.7%	60.7%	61.3%	61.8%	62.5%	63.0%	63.6%	63.8%	63.7%	62.7%	62.8%	63.7%	62.9%
HVCCG	59.2%	59.6%	59.6%	59.8%	60.0%	59.8%	60.1%	60.3%	60.6%	60.5%	60.6%	60.4%	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%	62.2%	62.0%	62.1%	62.3%	61.9%	62.1%	62.0%	62.0%
WECCG	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%	69.9%	69.9%	70.0%	69.8%	70.4%	70.9%	70.9%	71.5%	71.5%	71.5%	71.2%	71.2%	71.5%	71.3%
ICS	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%	64.4%	64.6%	64.8%	64.8%	64.2%	64.4%	64.7%	64.4%

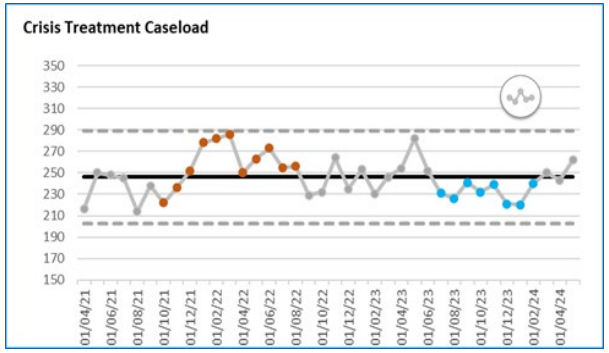
ICB Area	What the charts tell us	Issues	Actions

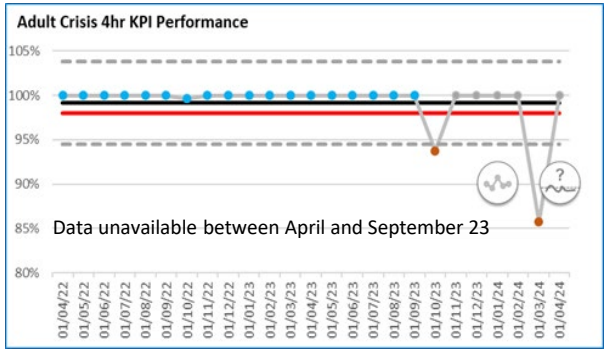
Dementia Diagnosis in Primary Care	• May 2024 data (recently published and not shown on charts):
	  ○ ICB – 64.7% (an increase from February of 0.3%. However, this remains below the national target of 66.7%
	  ○ West Essex continue to achieve the standard at 71.7%, a further increase of 0.5%
	  ○ East and North Herts achieved 62.9% (increase of 0.1%)
	  ○ South & West Herts achieved 62.6% (increase 0f 0.5%)
		• Estimated prevalence rate of people with dementia rises month on month. Constant growth and increasing demand, particularly in Hertfordshire
		• In Hertfordshire there is a significant waiting list for dementia diagnosis
			• Diagnosis is a key focus of the Herts dementia strategy, with a subgroup progressing actions to improve diagnosis
			• Twice monthly meetings continue to monitor progress. Weekly performance report is produced
			• EMDASS pathway has been revised. A Primary Care Nurse has been brought in house to increase capacity, as well as changes to the screening process
			• Work to revise the EMDASS recovery trajectory is underway to reflect recent changes in activity and staffing levels, as well as the changes to the screening process. New plan to be in place by end of Q2

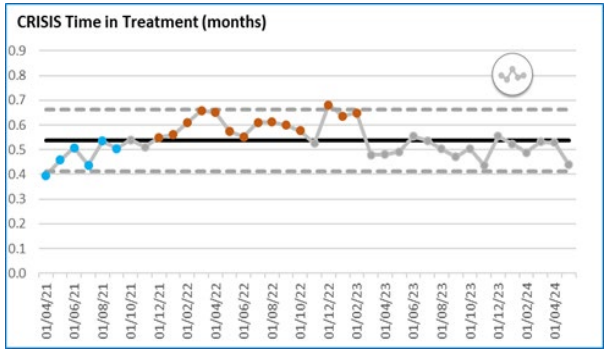
Herts EMDASS Service	• EMDASS service (in Hertfordshire only) – the 80% seen within 12 weeks target is not currently being met.		

Mental Health – Adult Crisis Services







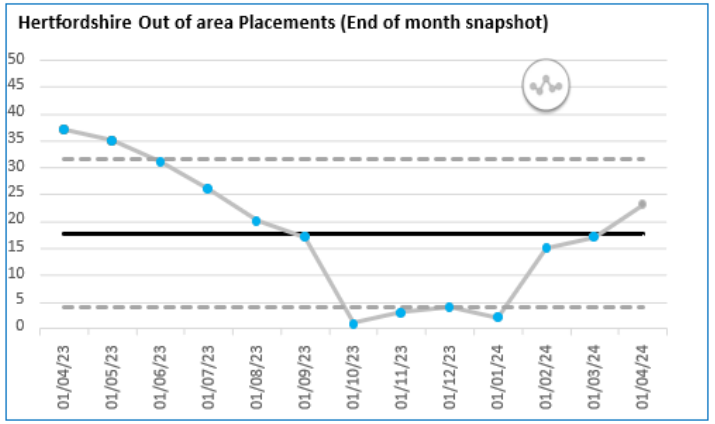


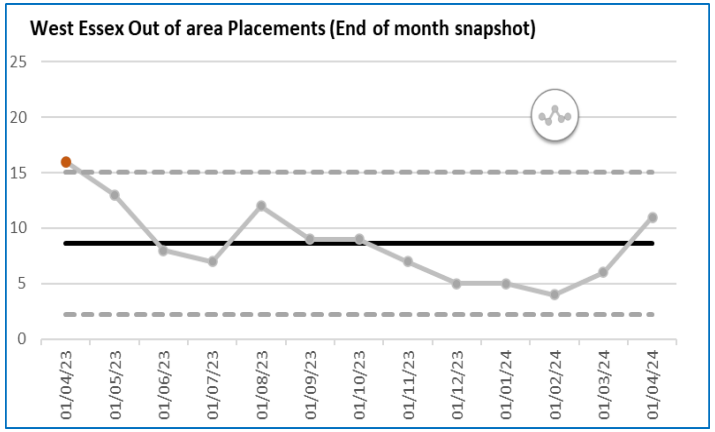
ICB Area	What the charts tell us	Issues	Actions
• Crisis Services – Adults and Older Adults • West Essex data is not included in the caseload chart as the service does not hold a caseload	• Crisis demand remains high. Referral have been above the historic mean since January 24 • Caseload is variable but within expected common cause variation limits • Hertfordshire has re-modelled the way they record waiting times in line with the latest UEC guidance • 100% of people requiring a very urgent assessment were seen within 4 hours in April and May • The average time in treatment remains stable	• There is increased demand into the crisis service through supporting acutes with early discharges to manage bed pressures and flow issues • Recruitment to vacancies continues to be a significant issue across the ICS	• Ongoing focus on recruitment to vacancies and retention of existing staff • Review of community mental health caseloads to improve flow • Changes to the Care Programme Approach (CPA) in HWE: Design and implement a process for transformation of individualised approaches to care, as part of the move away from CPA towards personalised care approaches across HWE, specifically around advanced crisis planning and accessing crisis pathway • Continue to promote 24/7 crisis lines (through NHS 111 for public and dedicated professionals' lines) • Continue to make use of crisis alternatives including Mental Health Urgent Care Centre and voluntary sector provision – Night light, crisis beds, café, SHOUT text line • Wider communications of crisis directory shared with system partners • ICB ongoing programme of engagement with ambulance and urgent care 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 Placements (OAPs)

Number of active inappropriate adult acute OAPs at month end

- The basis for measurement of OAPs has changed for 24/25
- Previous reporting was based on the number of out of area bed days in the month
- From April 24, reporting is based on the number of active OAPs at month end
- Historical data for Hertfordshire is not currently available
- A Hertfordshire SPC chart will be included in this report once there is sufficient data

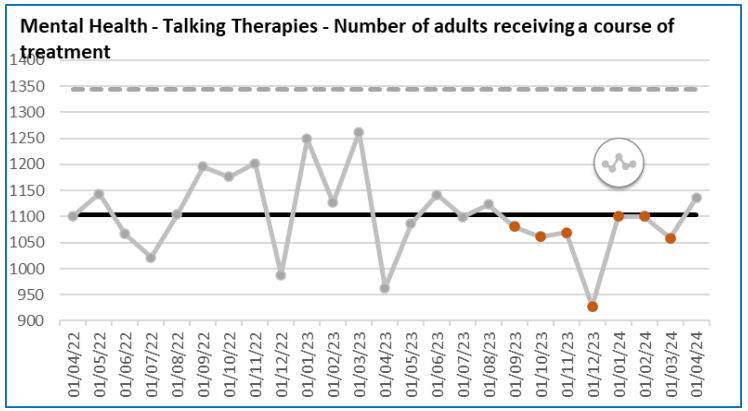




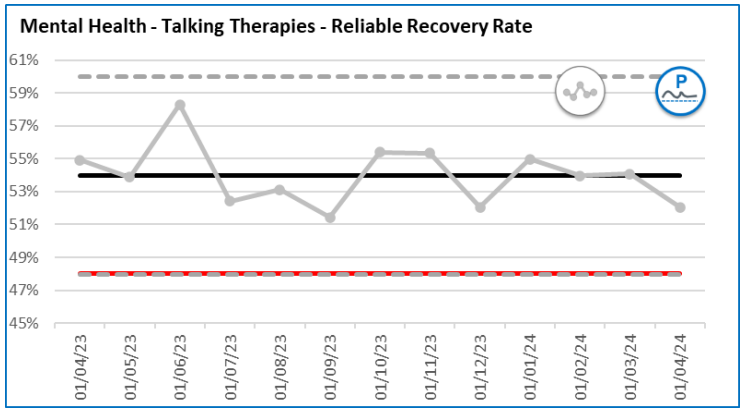
ICB Area	What the charts tell us	Issues	Actions
West Essex	• The number of OAPs increased in March in April • However indicative data for May shows one patient in an OOA bed at month end, and a total of 16 bed days	• A national shortage of MH beds and increased pressures on service use of inappropriate OOA beds is likely to continue • Essex risk share of inpatient beds, with increased usage of beds at place by Essex wide footprint	• Review of Essex bed stock and Essex wide risk share contract continues • Review of West Essex Community Rehab has seen an increase in discharges at place to support repatriation • Weekly system Delayed Transfer of Care (DTOC) calls and ongoing focus on 'time to care and purposeful admissions' • OOAP Elimination & Sustainability Impact System Group (Essex wide) 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 • Full review of the bed occupancy and risk share agreement across Essex, including OOA, rehab and repatriation.
Herts	• Following a sustained period of improvement, Out of Area Bed Days rose in February due to a combination of increased demand and delayed transfers • March saw a further increase due to the closure of Aston ward (20 beds) at Lister site from March due to Water Safety Incident	• Hertfordshire low number of beds per population – now supported by provision of additional block beds • 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 • The closure of Aston Ward has impacted the pressure on demands and reduced the capacity	• Introducing further alternatives to admission – Crisis House – in early stages of planning • Wider Executive led work at system level to support placement of longer term DTOCs • Bed management system went live in Hertfordshire w/c 17 June 2024, supported by new arrangements in place to monitor demand and capacity • The decant from Aston Ward is ongoing. Access to the ward is expected from early July. Ongoing joint working with ENHT to resolve the estates issue. OAP trajectory being monitored regularly and adjusted accordingly • The National Director for MH issued a Letter in May 24 regarding reducing mental health OAPs. The communication included initial proposals for national and regional action, setting actions for providers to reduce these placements. Much of the ask is already in place in HWE

Talking Therapies

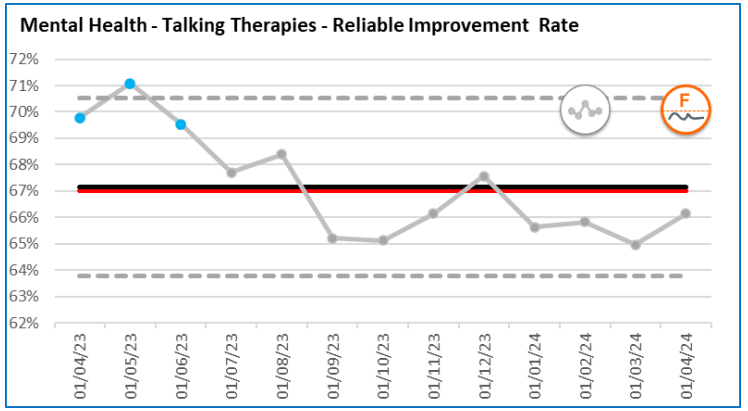
Number of people who are discharged having completed a course of treatment
Number of patients that achieved reliable recovery
Number of patients that achieved reliable improvement



Adults receiving treatment	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Hertfordshire	841	951	969	933	976	921	901	923	778	925	930	875	920
WECCG	122	135	173	166	147	160	160	146	150	175	170	184	216
ICS	963	1086	1142	1099	1123	1081	1061	1069	928	1100	1100	1059	1,136



Reliable recovery rate	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Hertfordshire - Actual	54.6%	53.9%	58.4%	52.4%	53.1%	51.3%	55.8%	55.8%	52.8%	55.2%	53.9%	54.0%	50.76%
West Essex - Actual	68.8%	52.0%	55.9%	53.1%	52.4%	57.1%	44.0%	42.9%	33.3%	48.0%	56.0%	57.1%	57.00%
ICS Actual	54.9%	53.9%	58.3%	52.4%	53.1%	51.4%	55.4%	55.3%	52.0%	55.0%	54.0%	54.1%	52.06%

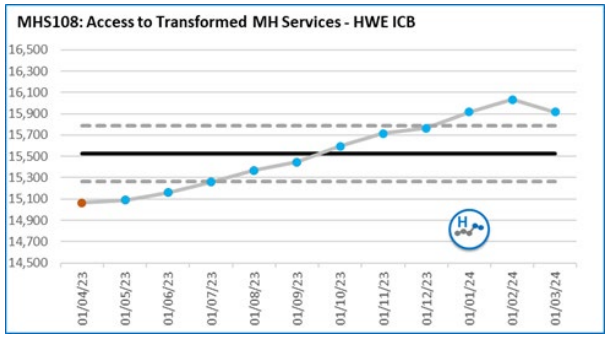


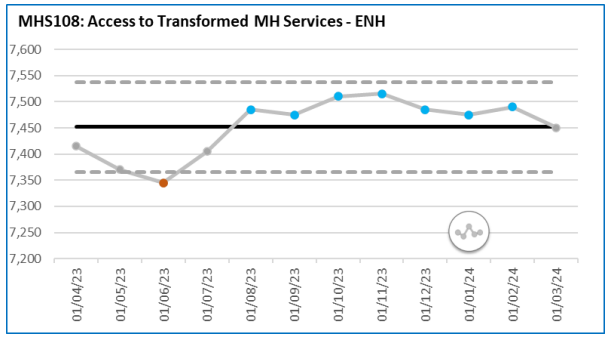
Reliable improvement rate	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Hertfordshire - Actual	69.6%	70.9%	68.9%	67.1%	67.7%	65.1%	64.3%	66.3%	68.3%	65.7%	65.3%	63.7%	64.71%
West Essex - Actual	71.31%	72.59%	72.83%	71.33%	73.38%	65.63%	70.00%	65.07%	64.00%	65.14%	68.82%	71.20%	72.22%
ICS - Actual	69.78%	71.09%	69.53%	67.71%	68.40%	65.22%	65.13%	66.14%	67.56%	65.64%	65.82%	64.97%	66.14%

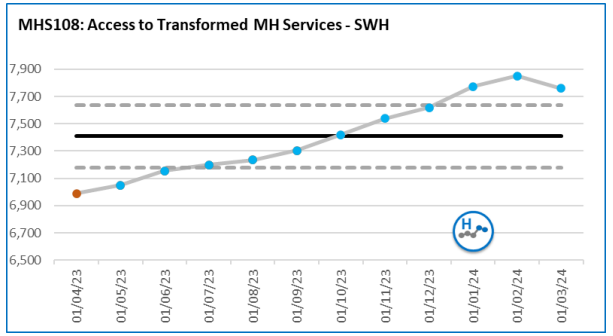
ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	• The number of people completing a course of treatment is variable but within expected common cause variation limits • The System and Places are consistently achieving the reliable recovery 48% standard • West Essex is achieving the reliable improvement 67% standard. Hertfordshire performance is slightly lower at 64.7%	• Understanding and interpreting the new national targets to ensure consistency of data collection and quality across the system. • Focus on addressing attrition and drop-out rates are a key challenge following the change in counting for 24/25. Measurement now relates to completion of a course, with at least two appointments. Previously the focus was on access / first appointments • Reliable improvement rate for those completing a course of treatment in Hertfordshire requires slight improvement. However, indicative data for May shows improvement to 66.8%	• Partnership working across the system with NHSE to provide support clarity and data validation • Introduction of a ICB wide NHS Talking Therapy group specifically looking at new metrics that will support HWE performance • Procurement of counselling providers in Hertfordshire by January 25, leading to an improvement of pathways and ensuring right modality in place for service user

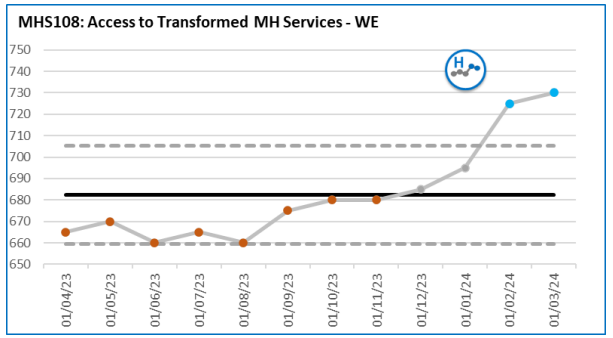
Transformed Community MH Pathways

Number of people who receive two or more contacts from transformed NHS or NHS commissioned community mental health services (in transformed PCNs) for adults and older adults with severe mental illnesses





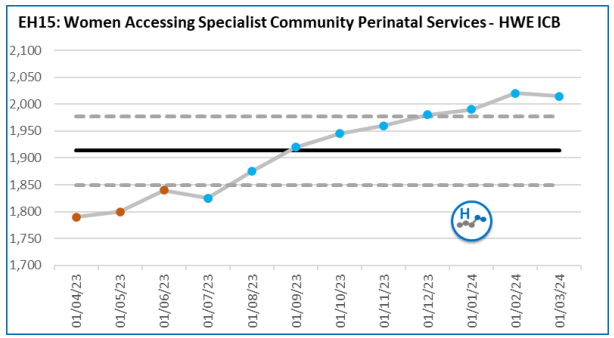


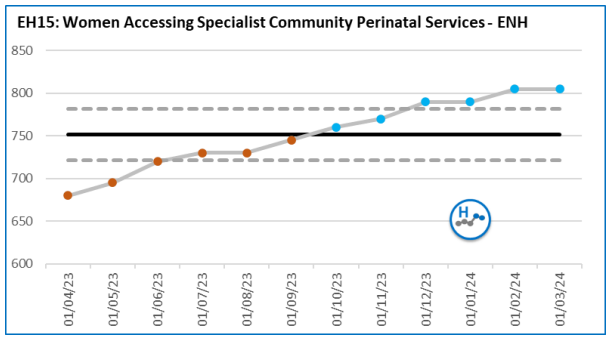


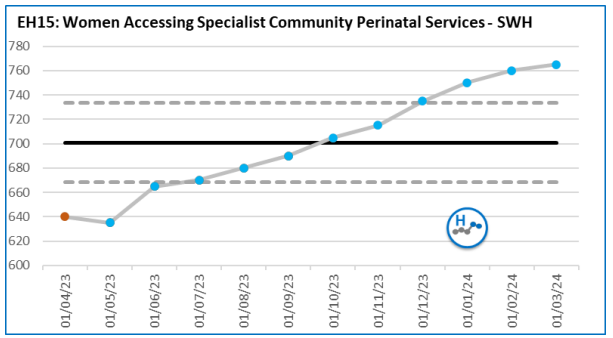
ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	• The number people receiving two or more contacts from transformed community MH services is on an improving trend across the system, and in each Place	• Potential inconsistencies in data between systems • In Hertfordshire, the current contacts do not include older adults • Whereas in West Essex, Community MH Pathways are 18+ (and older adults are part of the integrated community offer)	• At the Hertfordshire and West Essex Primary Care and Community Assurance Group, commissioners and providers are joint working to understand data recording and quality for this metric with NHSE regional colleagues • For Hertfordshire, this includes working with VCSFE providers to incorporate their data into the two contacts metric for the future pathways. This is an ongoing part of the local data systems development and management, along with recording and sharing of records as the EPR systems differ

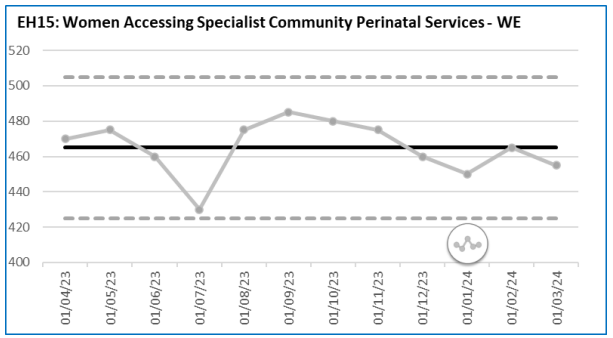
Community Perinatal Mental Health

Number of women accessing (1+ contact) specialist community PMH and MMHS services in the previous 12 months





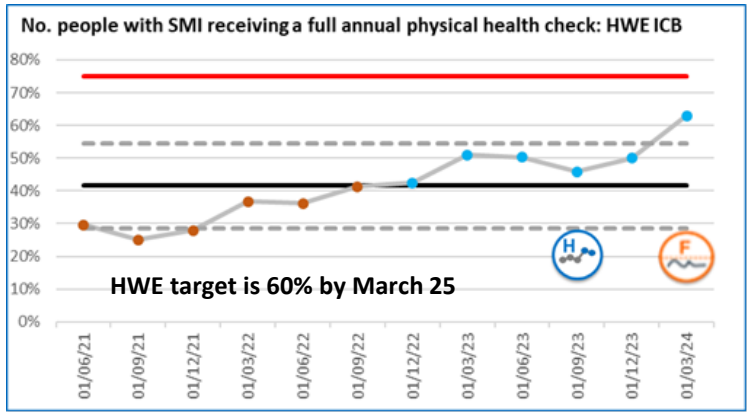




ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	• The number of women accessing Specialist Community Perinatal MH Services is on an increasing trend across the system • West Essex access is within expected common cause variation limits • Access in Hertfordshire is continuing to increase	• No issues of concern	• Hertfordshire - Perinatal performance and outcome measures are above target. Outcome measures are the top of performance at region • West Essex Perinatal offer is part of the Pan-Essex service. Ongoing monitoring of activity and performance

Severe Mental Illness (SMI) Health Checks

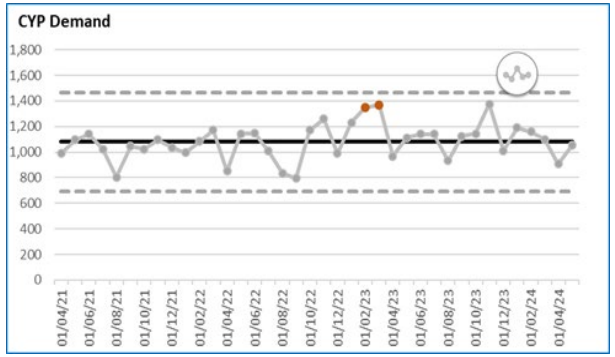
Number of people with severe mental illness (SMI) receiving a full annual physical health check – percentage achievement in the 12 months to the end of the period

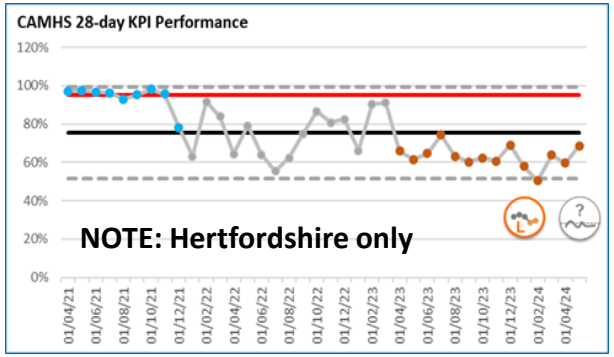


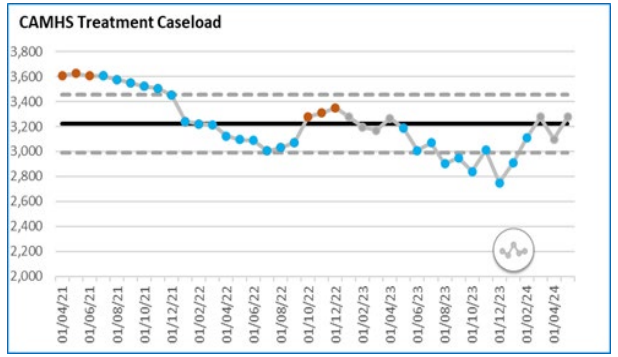
	2021/22				2022/23				2023/24			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
East and North Herts Place	19.6%	11.9%	15.1%	25.8%	24.0%	36.3%	40.4%	45.9%	49.7%	47.7%	49.4%	60.5%
South West Herts Place	39.4%	38.2%	39.5%	47.5%	44.6%	46.4%	43.6%	55.9%	51.0%	44.8%	52.2%	66.9%
West Essex Place	28.9%	24.5%	30.6%	36.5%	38.5%	38.9%	44.0%	50.4%	49.4%	44.8%	46.4%	59.2%
NHS Herts & West Essex ICB	**29.6%**	**25.1%**	**27.9%**	**36.7%**	**36.1%**	**41.3%**	**42.4%**	**51.0%**	**50.2%**	**45.9%**	**50.0%**	**63.0%**

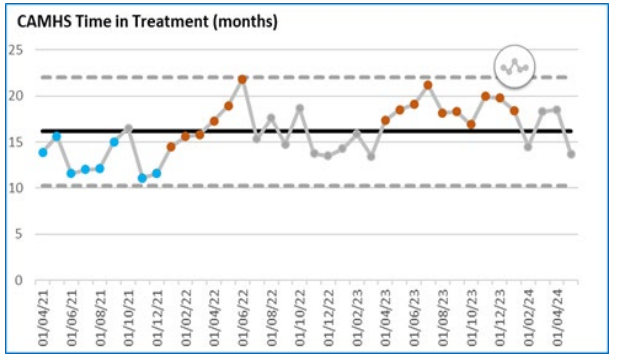
ICB Area	What the charts tell us	Issues	Actions
West Essex	• Notable improvement in Quarter 4. 60% end of year HWE achieved, but not achieving the 75% national standard	• Requirement to develop and sustain services that meet the physical health care needs for people with a severe mental illness diagnosis, including physical health checks and onward service provision.	• Implementation of SMI PH working group • MH leads to understand population health needs across the ICB • Review local treatment pathways and accompanying protocols and guidance • Identify any gaps in provision • Monitor performance against the physical health check performance targets • Agree service developments and joint working with primary care • Monitor quality and improvement • Support the improvement of interoperability and rovider electronic care records and information systems to enable monitoring of performance against equity of access to care • Working with Regional MH Team support • Feedback to the NHS England regional and national teams • Agree actions in line with national audits
Herts	• Notable improvement in Quarter 4. 60% end of year HWE achieved, but not achieving the 75% national standard		

Mental Health – CAMHS Services





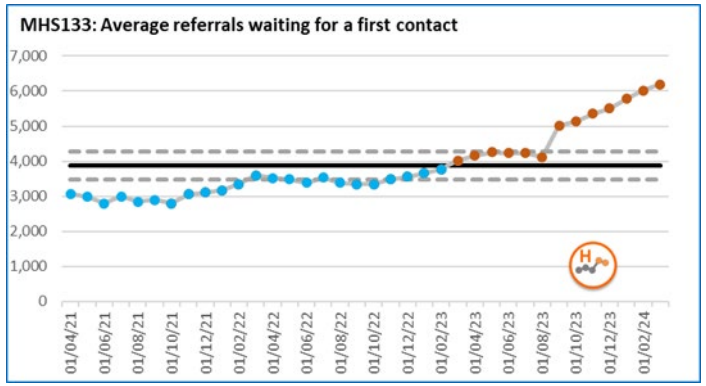


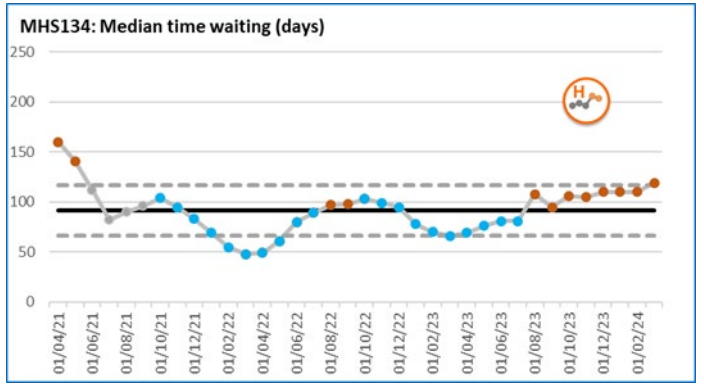


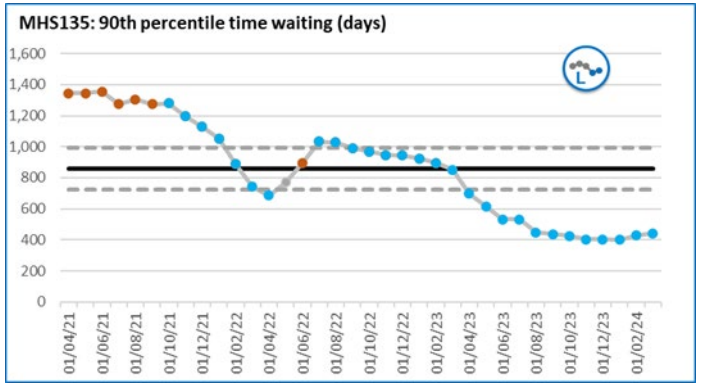
ICB Area	What the charts tell us	Issues	Actions
CAMHS Herts and West Essex. The CAMHS 28-day KPI Performance target relates to Herts only	**West Essex** • West Essex does not have a formal KPI for 28 days, but this is monitored at monthly provider meetings • Demand at SPA remained high during Q4 23/24 • CAMHS caseload remains on an improving trend through 23/24 **Herts** • Demand into the service remains stable and within expected seasonal variation patterns • Caseloads have seen a steady increase since December, and not above expectations • 28 days from referral to initial assessment remains below standard at 41.6% - recovery action plan in place to address it • Time in treatment is variable, close to the historic mean	• Active issue regarding recruitment to vacancies across Herts and West Essex impacting on capacity and performance • Acquiring highly skilled CAMHS clinicians remains difficult. Non-health support roles being used to bolster teams	• Hertfordshire Community Quadrant Teams have action plans is in place with weekly recovery meetings focusing on recruitment & review of resources across all teams • In Hertfordshire, the primary issues are in the West and East Teams. Both teams are being supported by the wider leadership team • Ongoing focus on recruitment and retention in both HPFT & NELFT, including recruitment incentives in NELFT, and more recently exploring international recruitment • Successful recruitment to senior clinical posts in West Essex CAMHS • WE - New SPA team manager recruited and rolling advertisement for ED clinical lead • SPA Triage Tool improved to meet “5 day pass on to teams” target in Hertfordshire • The Hertfordshire service had forecast recovery of the the 28-day KPI by end of Q4. However continuing vacancies have meant that the recovery prediction has moved to Q2/3 24/25. A revised recovery trajectory is in place

Mental Health – Community Waits

Children – time still waiting for a first contact



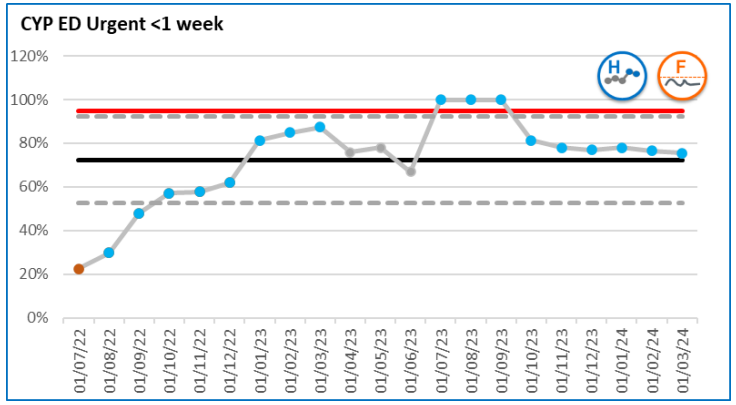


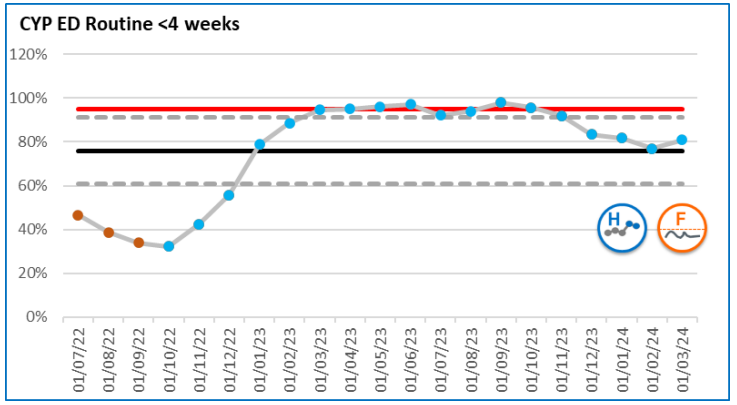


ICB Area	What the charts tell us	Issues	Actions

Hertfordshire & West Essex	• Median waiting times increased to 119 days and have been trending above the historic mean since August 23
	• 119 days benchmarks well against the national average of 187 days
	• Within the system there is variation of between 35 and 144 days:
	  • East & North Herts 35 days
	  • South & West Herts 144 days
	  • West Essex 69 days
	• 90th percentile waiting times are broadly unchanged at 442 days, and on a long-term trend of improvement
	• 422 days benchmarks well against the national average of 735 days
	• Within the system there is variation of between 298 & 459 days:
	  • East & North Herts 298 days
	  • South & West Herts 459 days
	  • West Essex 341 days
		• South & West Hertfordshire data is reflective of the historically longer waiting times in the patch
		• The biggest impact on the Hertfordshire waiting list (long waiters) is Autism & ADHD backlogs / waiting lists for diagnostic pathways
		• The 18+ week waiters within West Essex (NELFT) are predominately within the Getting Help element of the Thrive model. As @ end of April there were 3 x 18+ week waiters in the service
			• In Hertfordshire a CQI project has been initiated to take forward the new waiting times and ensure that they are reflected in the design and processes of services. Ongoing work to produce internal reporting, finalise SNOMED codes and better understand the reasons for some of the longer waits
			• GIRFT project looking at CYPMHS waiting times (up to Dec 2023) excluding ASD/ADHD
			• Local provider dashboards in place assessment & treatment activity, caseloads and waiting times. Recovery action plans in place where applicable and closely monitored by commissioning leads
			• Commissioners, HPFT and now a HCT representative are linked into EOE waiting times standards group. HPFT submitted their readiness slide to NHSE. HCT is working on theirs
			• In NELFT all waiters over 18 weeks have a clinical harm review in place and teams are working towards seeing all longest waiters

Mental Health – CYP Eating Disorders

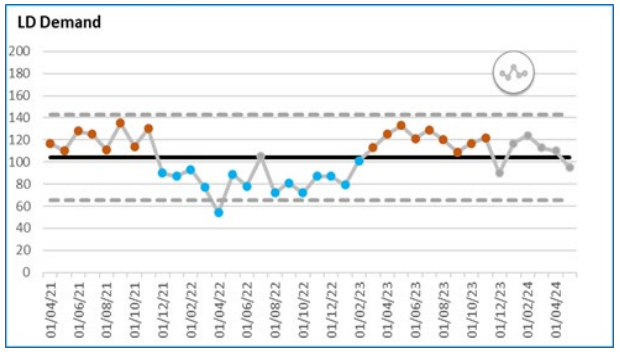


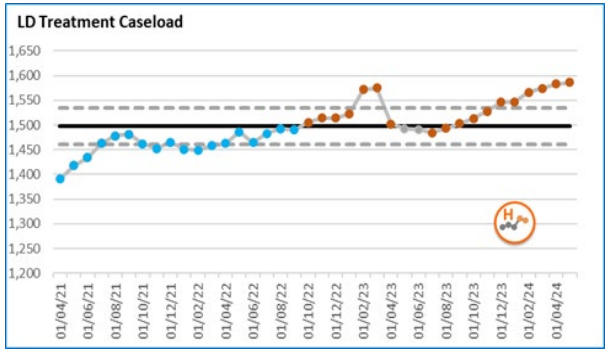


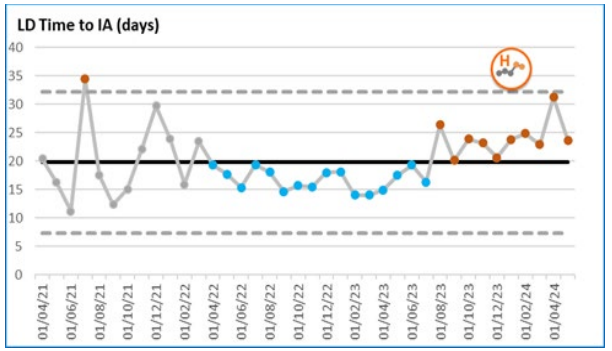
Description	Target		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
CYP ED Urgent <1 week	95%	Herts	12%	20%	43%	53%	54%	58%	80%	83%	86%	76%	78%	67%	100%	100%	100%	80%	77%	76%	77%	75%	73%
		West Essex	92%	92%	92%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
CYP ED Routine <4 weeks	95%	Herts	37%	30%	26%	25%	36%	49%	75%	86%	94%	95%	96%	97%	92%	94%	98%	96%	92%	83%	81%	76%	80%
		West Essex	97%	97%	97%	96%	96%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%	90%	90%	100%	100%	100%

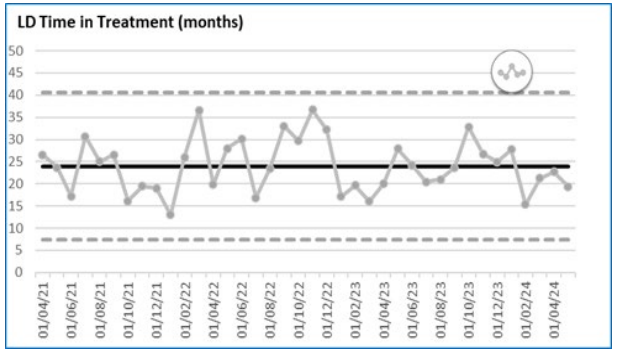
ICB Area	What the charts tell us	Issues	Actions
West Essex	• Urgent 1 week standard consistently achieved in West Essex • Performance dropped to 90% in Q3 for routine referrals, but has returned to 100% compliance	• Due to low volume, much of the data flowed to MHSDS is supressed • Essex SPA and Eating Disorders (ED) services are undergoing changes to site location and management. Currently no clinical lead in CYPED team posing additional area of risk	• Commissioners working with NELFT and NHSE to secure more current data, as well as to flow data through the MHMDS • Essex SPA re-located, new manager, new staff, triage waiting times back on track. • NELFT Kent ED team providing support and supervision to Essex ED service • Rolling advertisement for Essex ED clinical lead
Herts	• The Eating Disorders Team had been performing consistently until a spike in referrals in Oct-Dec23, coupled with an increase in vacancies • There are small numbers of urgent referrals, so each breach significantly impacts % achievement • Local reporting for April shows 100% for urgent & 80% for routine – only 1 CYP breach to patient choice	• The increase in referrals Oct-Dec is seasonal and mirrors previous years • 23/24 referrals are broadly similar to 22/23 • Review of the ED service is still be finalised. Acuity and complexity tool shows CYP remain in service for a considerable amount of time and require input from a number of clinical resources. We have no baseline for acuity & complexity so cannot demonstrate the increase, but clinicians are flagging this as an issue	• The following actions are in place to improve access to the service: ○ Caseload and RAG rating review and equitable redistribution of caseload across workforce ○ Agreement for First Steps ED Service to take some of the stabilised children and young people from our caseload ○ Additional 2 x Band 5 nurses for 1 day per week ○ Agreement for bank and agency to support with extra demand

Mental Health – Learning Disabilities Services









ICB Area	What the charts tell us	Issues	Actions
• Learning Disabilities Service • LD services are 18+ years and includes those with a learning disability who may have a diagnosis of Autism	• Overall referrals remain stable • Caseload continues to rise and has been consistently above the historic mean for the last 18 months • Time in treatment is subject to common cause variation • Within the services there is a wide range of treatment types with timeframes ranging from a few days, to many years	• Lack of social care placement and housing in West Essex impacts on in-patient Length of Stay • Physical Health needs has a very clear area of focus for all MHLDA	• Service user and carer engagement and involvement programme continues aimed at improving care planning, service delivery and outcomes for LD service users across Hertfordshire and Essex • 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 • Inpatient flow is better, with some discharges in recent months and a reduction in length of stay. Some data on LOS to be shared in next update • Opportunities for capturing feedback - ongoing partnership working • Action plan approved for the new LeDeR three-year Essex plan • Overall LeDeR in Essex is performing better than both regional and national averages • In Herts 2023/24 - 98% of eligible LeDeR reviews were completed. 38% of reviews completed within 6 months and 27% of completed reviews that were focused

Mental Health – Learning Disability (LD) Health Checks

LD Health Checks March 2024	Total LD Register (age 14+)	Completed health checks	Health Checks Declined	Patients NOT had a health check	% Completed health checks *	Comparison to March 2023
NHS Hertfordshire and West Essex ICB	**7,507**	**6,136**	**338**	**1,033**	**81.7%**	**79.1%**
East & North Hertfordshire	3,092	2,382	154	556	**77.0%**	**75.2%**
South & West Hertfordshire	3,290	2,846	115	329	**86.5%**	**82.7%**
West Essex	1,125	908	69	148	**80.7%**	**79.1%**

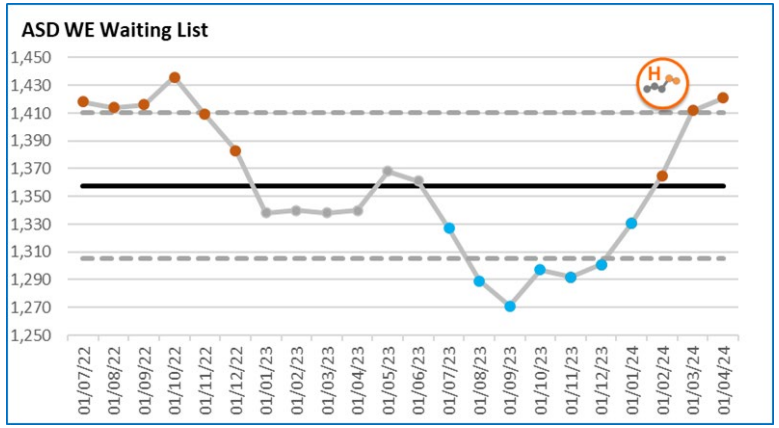
*** 75% Year End Target**

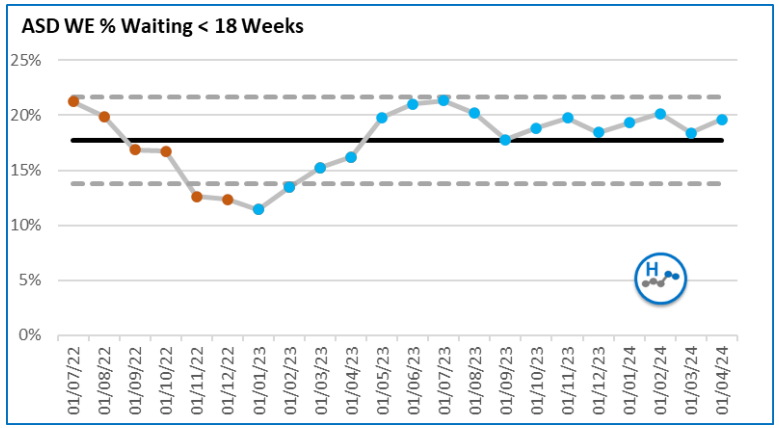
ICB Area	What the charts tell us	Issues	Actions

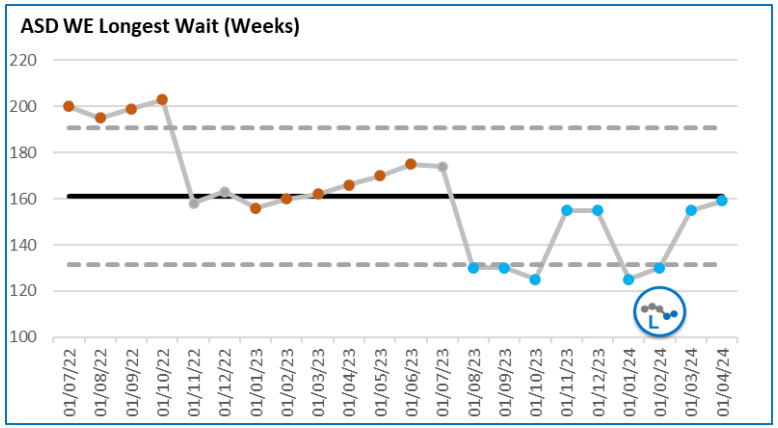
Hertfordshire & West Essex	• All three places achieved the 75% standard again this year
	• All three places and the ICS improved on last year's positions
	• HWE was the best performing system in EOE
	  ◦ National average was 77.6%
	  ◦ Regional average was 72.9%
		• The position may improve further as there are still some national checks of HWE data and whether any manual adjustments Should be applied
		• Local data shows HWE at 83.2%
			• Ongoing work between HWE Team and NHSE to cross check local data against national systems

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	1412	1421	↑	18.41%	19.63%	↑	155	159	↑	April



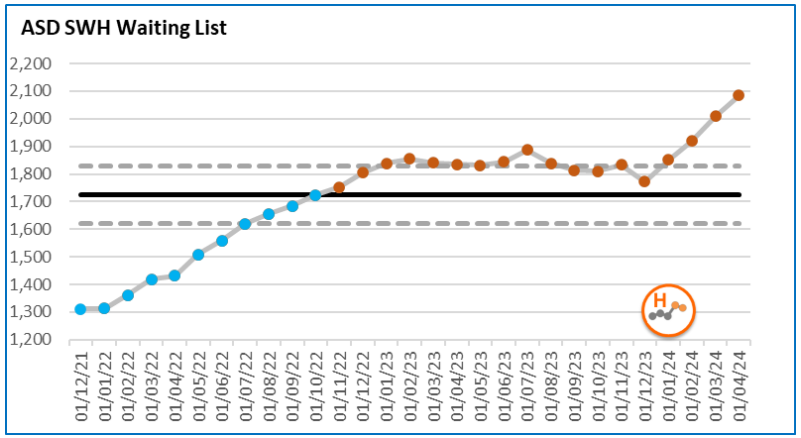


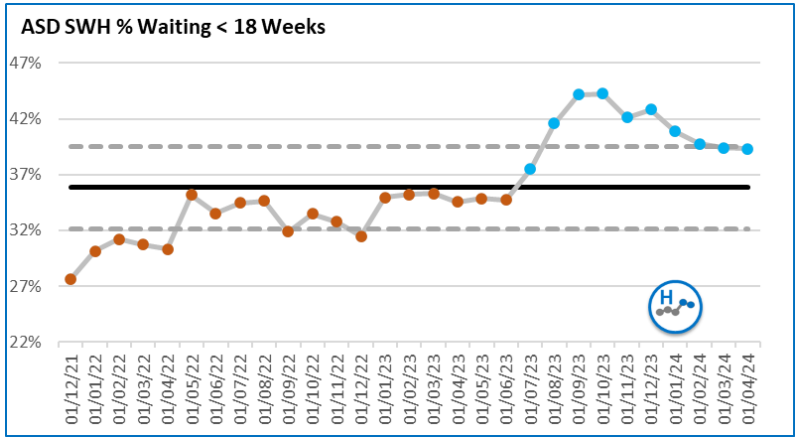


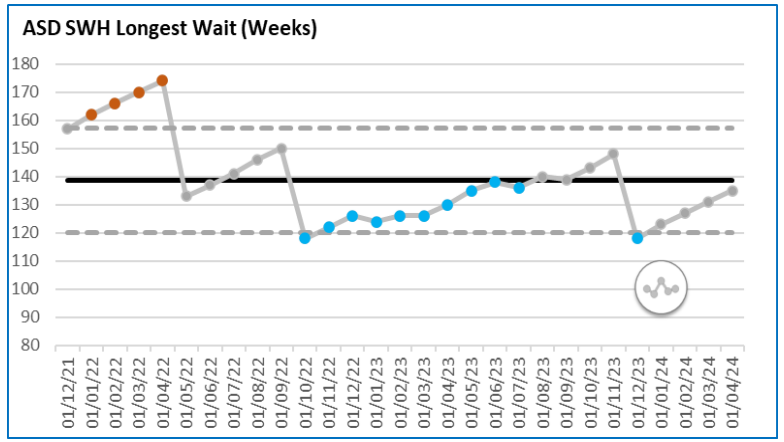
ICB Area	What the charts tell us	Issues	Actions
West Essex	• The ASD waiting list continues to increase and is now at the highest level since October 22 • The number of ASD waiters <18 weeks continues to fluctuate between 18-20% • The longest wait increased slightly to 159 but remains just below the historic mean • 175 of the 1,421 total waiting list are >104 weeks	• Average monthly referral rate for Q4 increased to 73, against commissioned capacity of 40 assessments per month • Demand and capacity analysis forecasts continued waiting list growth • Imminent CQC / Ofsted SEND Inspection for Essex. ASD waiting times and progress with improvement since last inspections in 2019 and 2022 expected to be highlighted	• Business case submitted to increase core capacity for sustainable delivery - not supported due to available funding but remains open, evidencing the gap in capacity vs. demand. In the meantime, waiting lists continue to rise • 'Waiting well' workstream continues with local partners at place, led by HCRG, also linking in with Essex wide joint commissioning initiatives • Grant funding for a local voluntary sector organisation (PACT) has been approved for 24/25, providing much needed support for those waiting on the JADES pathway and post-diagnostic

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	2010	2085	↑	39.40%	39.33%	↓	131	135	↑	April

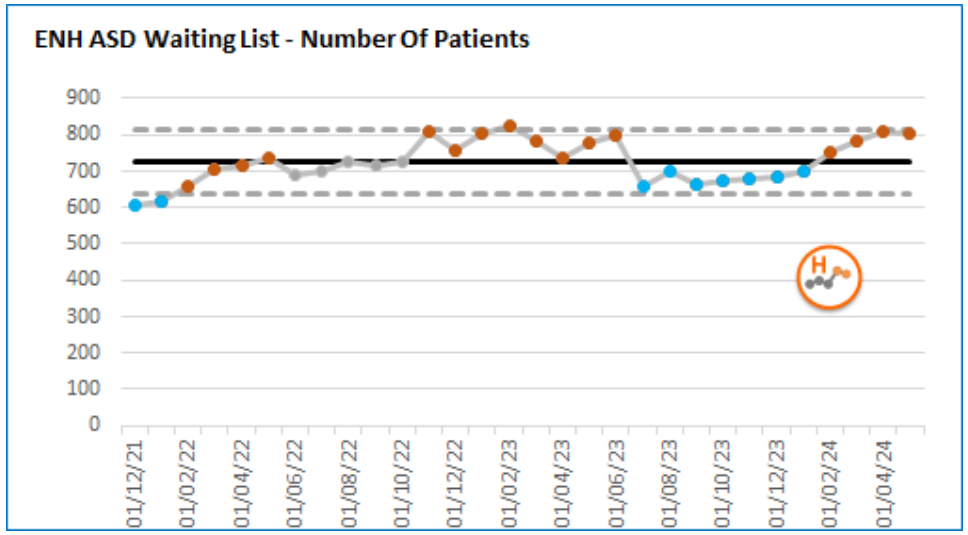






ICB Area	What the charts tell us	Issues	Actions
South & West Herts	• The overall waiting list remains consistently above the historic mean and increased further to its highest level in April • The % of ASD waiters < 18 weeks remains above the historic mean, but has fallen by c.5% since October • The longest wait is now 135 weeks, up slightly in each of the last four months	• Capacity in existing services does not meet demand • Further increases in demand predicted • Awaiting confirmation of investment into the service for 2024/25	• Procurement process is progressing to outsource assessments for autism due to provider agreed funding • Additional internal capacity and processes have been improved significantly • Learning Disabilities, Mental Health and Autism HCP 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, and further funding has been agreed for 2024/25 for a framework of support for children and young people to understand their diagnosis and improve their mental wellbeing • Clinicians have agreed future best practice Neurodiversity Model for Hertfordshire. This has been signed off through clinical governance and agreed by operational teams to inform the business case. The business case is complete and agreement on governance route is being confirmed • Hertfordshire wide single point of referral for all ASD and ADHD is progressing well with providers working together to plan full implementation in September 24 • Partnership for Inclusion of Neurodiversity in schools (PINs programme) on behalf of Herts and West Essex ICB was successful. The 25 schools identified in Hertfordshire are currently completing self-assessments to inform planning

Autism Spectrum Disorder (ASD) – East & North Hertfordshire



- In ENH, 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 Apr-24):

Waiting list bucket	Number of patients (Feb-24)	Number of patients (Apr-24)
<18 weeks	125	136
18 – 65 weeks	406	450
66 – 78 weeks	95	86
>78 weeks	103	135

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 patients • However, the last two points are very close to the upper process limit and there are clear indications that there has been an increase the waiting list size • Furthermore, the number of patients waiting >78 weeks for an ASD assessment has been increasing in recent months from 86 in Dec-23 to 135 in Apr-24 • 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 • Backlog funding ended December 2023 and waiting lists are increasing. In addition to this, further increases in demand predicted • Awaiting confirmation of investment into the service for 2024/25	• Procurement process to outsource assessments for autism paused as funding has not been confirmed • Learning Disabilities, Mental Health and Autism HCP 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, and further funding has been agreed for 2024/25 for a framework of support for children and young people to understand their diagnosis and improve their mental wellbeing • Clinicians have agreed future best practice Neurodiversity Model for Hertfordshire. This has been signed off through clinical governance and agreed by operational teams to inform the business case. The business case is complete and agreement on governance route is being confirmed • Hertfordshire wide single point of referral for all ASD and ADHD is progressing well with providers working together to plan full implementation in September 24 • Partnership for Inclusion of Neurodiversity in schools (PINs programme) on behalf of Herts and West Essex ICB was successful. The 25 schools identified in Hertfordshire are currently completing self-assessments to inform planning

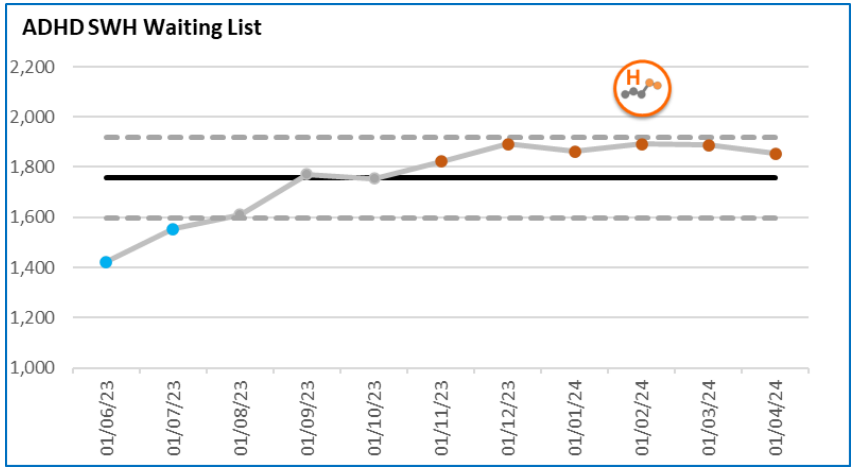
Attention Deficit Hyperactivity Disorder (ADHD)
West Essex & East & North Hertfordshire

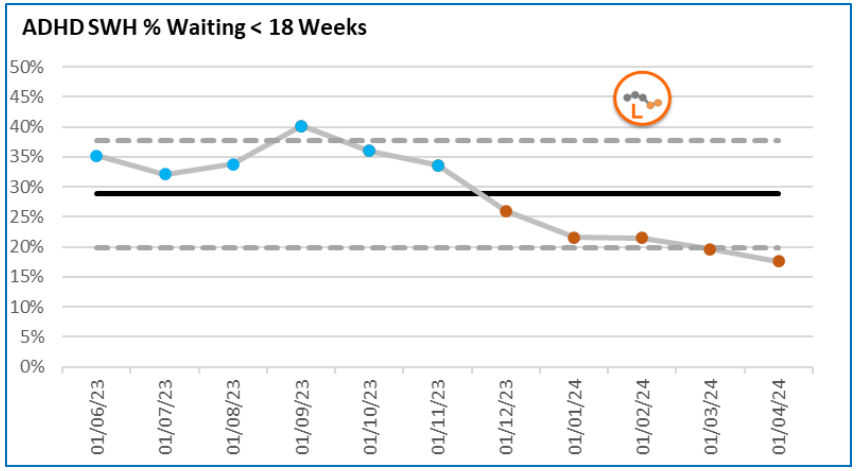
ICB Area	What the charts tell us	Issues	Actions
West Essex	• HCRG commenced reporting of ADHD commenced to commissioners from April 24 • A number of data recording issues have been identified in the initial reporting, therefore figures cannot be included in this report	• Reporting supplied only covers part of the ADHD pathway and also excludes a cohort of children due to coding issues • Referral rates continues to rise, resulting in risk to maintaining waiting list performance	• Working with HCRG to resolve data quality issues • Pathway redesign planned to incorporate ASD and ADHD into a single Neuro Diagnostic Service. Full accurate reporting will not be possible until this work is complete – ambition to complete by Q3 • Aiming to include interim manual ADHD in the next iteration of this report • As noted on ASD slide, business case submitted to increase core capacity for sustainable service - not supported due to available funding but remains open, evidencing the gap in capacity vs. demand. In the meantime, waiting times will continue to rise

- ENHT is not currently able to report on waiting times / waiting list sizes for patients waiting for an ADHD assessment

Attention Deficit Hyperactivity Disorder (ADHD) – South & West Hertfordshire

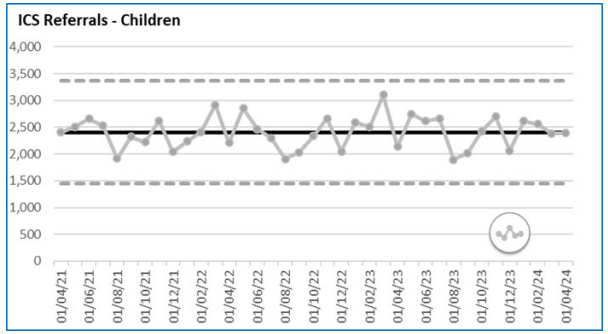
			Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
SWH	HPFT	Children	1888	1854	↓	19.65%	17.64%	↓	-	-	-	April

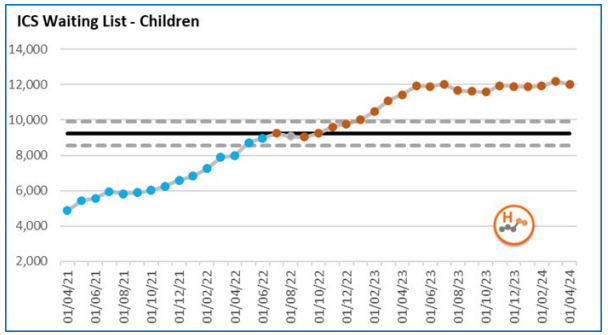


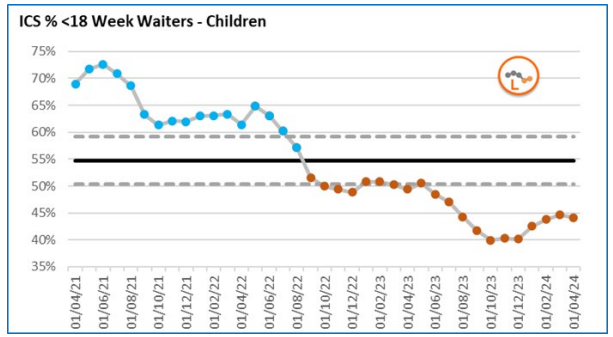


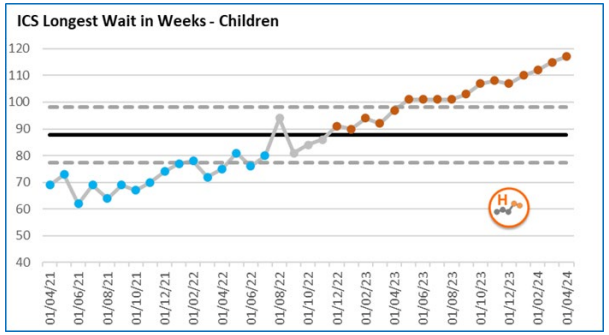
ICB Area	What the charts tell us	Issues	Actions
West Essex	• Overall waiting list if steady at c.1,900 patients but has been consistently above the historic mean for the last six months • The % of ADHD waiting <18 weeks has been consistently deteriorating for the last 7 months	• Longest wait data is not currently available from HPFT • Awaiting confirmation of investment into the service for 2024/25	• Learning Disabilities, Mental Health and Autism HCP 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, and further funding has been agreed for 2024/25 for a framework of support for children and young people to understand their diagnosis and improve their mental wellbeing • Clinicians have agreed future best practice Neurodiversity Model for Hertfordshire. This has been signed off through clinical governance and agreed by operational teams to inform the business case. The business case is complete and agreement on governance route is being confirmed • Hertfordshire wide single point of referral for all ASD and ADHD is progressing well with providers working together to plan full implementation in September 24

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	2381	2393	↑	12191	11993	↓	44.66%	44.17%	↓	115	117	↑	April
Place	**Provider**													
ENH	HCT	312	335	↑	990	860	↓	77.78%	78.95%	↑	55	50	↓	April
ENH	AJM/Millbrook	25	28	↑	123	122	↓	73.17%	75.41%	↑	38	36	↓	April
ENH	ENHT Community Paeds.	252	288	↑	5525	5587	↑	18.43%	17.18%	↓	115	117	↑	April
ENH	**All**	**589**	**651**	↑	**6638**	**6569**	↓	**28.29%**	**26.35%**	↓	**115**	**117**	↑	**April**
Place	**Provider**													
SWH	HCT	1348	1321	↓	4560	4462	↓	59.43%	61.07%	↑	77	71	↓	April
SWH	AJM/Millbrook	21	22	↑	117	109	↓	71.79%	83.49%	↑	31	35	↑	April
SWH	**All**	**1369**	**1343**	↓	**4677**	**4571**	↓	**59.74%**	**61.61%**	↑	**77**	**71**	↓	**April**
Place	**Provider**													
WE	EPUT - Wheelchairs	17	27	↑	23	26	↑	100.00%	100.00%	→	17	16	↓	April
WE	HCRG / Virgin	406	372	↓	853	827	↓	87.92%	87.55%	↓	36	36	→	April
WE	**All**	**423**	**399**	↓	**876**	**853**	↓	**88.24%**	**87.92%**	↓	**36**	**36**	→	**April**

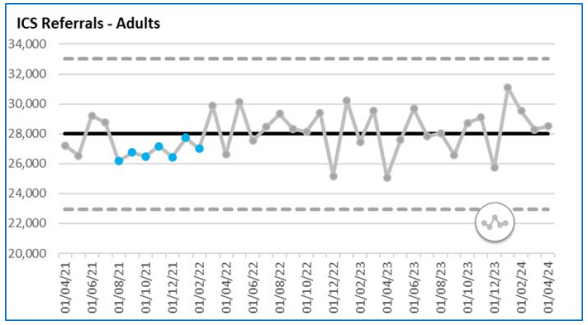
Hertfordshire and West Essex Integrated Care System

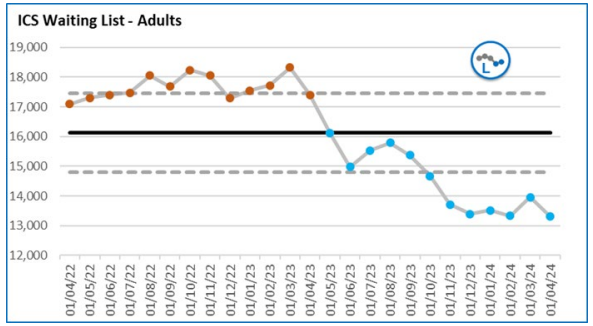
Community Waiting Times (Children)

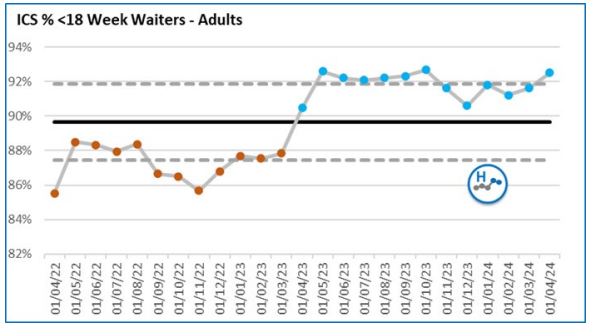
The NHS 18-week Referral to Treatment (RTT) standard only applies to consultant led services. For Children's community services this include Community Paediatrics (ICS wide) and Children's Audiology (SWH). Other services have locally agreed waiting times standards which may be 18 weeks or less. All services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

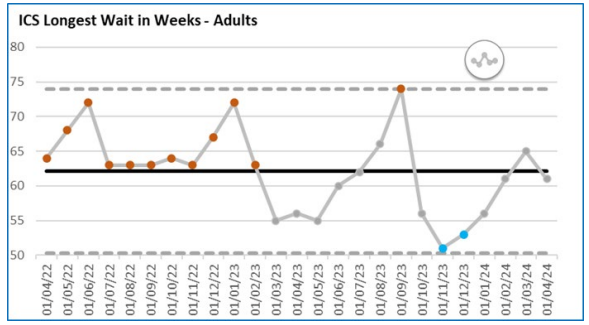
ICB Area	What the charts tell us	Issues	Actions
ICB	• Referrals continue to fluctuate within expected common cause variation limits • The total number of children on waiting lists remains very high, but has plateaued at c.12,000 • The % of children waiting less than 18 weeks remains of concern at c.44%, and lower than the national average of 56.9% • The longest waits are within the ENHT Community Paediatrics Service at 117 weeks. There are also long waits of up to 71 weeks within HCT services in South & West Hertfordshire • Consultant led 18-week RTT performance: SWH Community Paediatrics – 48.8% SWH Children's Audiology – 54.5% ENH Community Paediatrics – 17.2% WE Community Paediatrics – 89.7%	**Hertfordshire** • Referrals to HCT children's specialist services are up 50% YTD 2024/25, compared to 2019/20, with most 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 • There are continued waiting time pressures in Paediatric Audiology in SWH, but there has been improvement with a 35% decrease in total waiters since a high point in June. The service is also currently supporting ENHT newborn hearing pathways • Waiting times across Hertfordshire for children's therapies (OT, Speech & Language and Physiotherapy) remain under pressure, but EHCP performance and workforce position is improving **West Essex (WE)** • 18 week % continues to decline, but remains comparatively strong at 87.9% • The volumes on the Community Paediatrics waiting list continue to increase • Waits for first appointments have increased – ongoing demand and capacity challenge • Business case for additional funding remains unresolved • Dietetics waiting lists are growing month on month to a dietician vacancy	**Hertfordshire** • For HCT services the number of over 52-week waits has reduced from 605 in July 2023, to 253 in May this year, and continues to improve in the most recent data • Focus on reducing DNA/NBI rates for children living in relatively more deprived neighbourhoods • Outsourcing in place in several services • Community Paediatrics in SWH is receiving non-recurrent additional investment to increase workforce capacity and introduce new specialist nursing posts. Recruitment remains a risk • Community Paediatrics also working with NHSE Elect to optimise waiting list management • Paediatric Audiology in SWH is focusing on higher priority appointments, especially follow ups, and signposting to interim advice whilst awaiting assessment. Demand and capacity analysis now completed to identify required staffing model to reduce the waiting list • Children's Therapies – increasing capacity through successful recruitment, waiting list initiatives and outsourcing. Pilot for self-booking in one locality has reduced NBI by over 50% • EHCP dashboard developed to improve waiting list management **Community paediatrics ENHT** • New clinical model agreed by all providers: HPFT, HCT and ENHT • Business case has been developed and is currently being reviewed by exec sponsors to agree next steps through governance • Single system referral form expected to be in place by Sep-24 • Target implementation date for the new model is Apr-25 • Outsourcing for ASD assessments has not been agreed for 24/25 due to funding constraints • ICB / HCC has agreed to expand the Neurodiversity Support Centre across Hertfordshire until Mar-25 (staffed by experts by experience). Diagnosis not required to access the support • HCC local offer to be updated with consolidated support and patient signposting **West Essex (WE)** • Community Paediatrics Business Case: 23/24 requested investment has been rolled into year 2 of the 3-year investment plan. Process for 24/25 in year pressures remains unresolved • Procurement planning initiated. Gap in current funding envelope. Investment will be required in order to procure a sustainable service going forward • Dietician post not yet filled – exploring agency / bank cover and outsourcing

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	28286	28517	↑	13956	13312	↓	91.62%	92.51%	↑	65	61	↓	April
Place	**Provider**													
ENH	HCT	7329	8000	↑	7919	7557	↓	90.68%	91.70%	↑	65	61	↓	April
ENH	AJM/Millbrook	117	123	↑	491	513	↑	74.95%	79.53%	↑	41	43	↑	April
ENH	**All**	**7446**	**8123**	↑	**8410**	**8070**	↓	**89.76%**	**90.93%**	↑	**65**	**61**	↓	**April**
Place	**Provider**													
SWH	CLCH	7271	7169	↓	1502	1323	↓	97.60%	98.72%	↑	32	32	→	April
SWH	Circle	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	April
SWH	HCT	1056	946	↓	1230	1203	↓	88.94%	87.95%	↓	49	47	↓	April
SWH	AJM/Millbrook	122	159	↑	532	572	↑	76.50%	82.34%	↑	40	42	↑	April
SWH	**All**	**8449**	**8274**	↓	**3264**	**3098**	↓	**90.90%**	**91.51%**	↑	**49**	**47**	↓	**April**
Place	**Provider**													
WE	EPUT	12301	12018	↓	2197	2047	↓	99.50%	99.90%	↑	26	26	→	April
WE	EPUT - Wheelchairs	90	102	↑	85	97	↑	100.00%	100.00%	→	17	16	↓	April
WE	**All**	**12391**	**12120**	↓	**2282**	**2144**	↓	**99.52%**	**99.91%**	↑	**26**	**26**	→	**April**

NOTE: **Circle Health MSK data is currently unavailable for April following reprocurement of the service. Historic Connect data has been removed for consistency.**

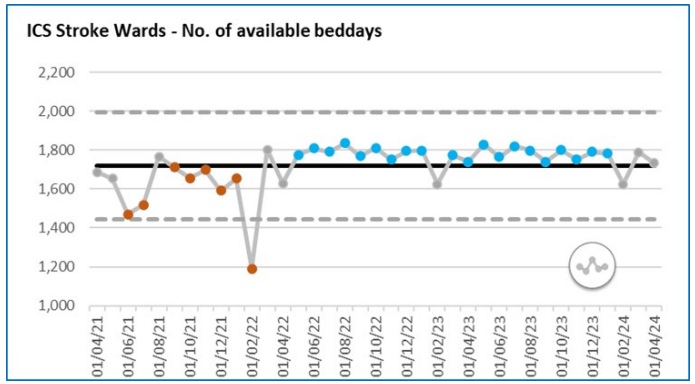
Hertfordshire and West Essex Integrated Care System

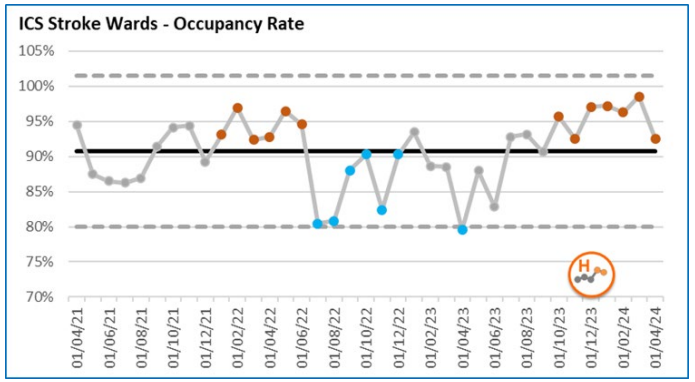
Community Waiting Times (Adults)

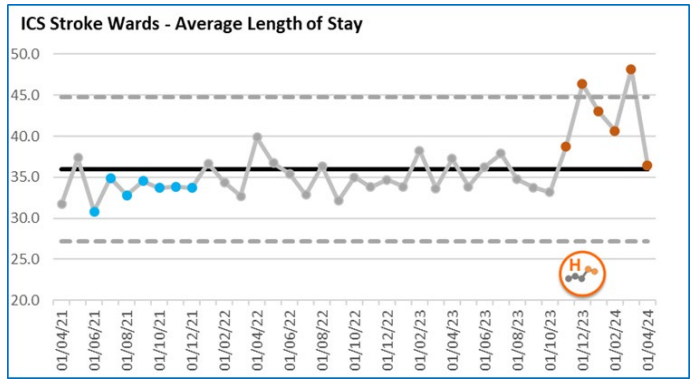
The NHS 18-week Referral to Treatment (RTT) standard only applies to consultant led services. For Adult community services this include Skin Health (ENH), Respiratory (S&W), and Podiatric Surgery (WE). Other services have locally agreed waiting times standards which may be 18 weeks or less. All services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

ICB Area	What the charts tell us	Issues	Actions
ICB	• **SWH MSK data excluded from reporting following DQ issues in April data after award of new contract to Circle** • Referrals continue to fluctuate within expected common cause variation limits • The % of patients waiting less than 18 weeks continues to fluctuate at c.93%, compared to the national average of 83.8% • There is a continued trend of improvement for the total number of adults waiting on waiting lists • Longest waits are within HCT services in East & North Hertfordshire, however there was improvement in April for the first time in 6 months • Consultant led 18-week RTT performance: ENH Skin Health – 95.9% SWH Respiratory – 98.5% WE Podiatric Surgery – 100%	**East & North Hertfordshire (ENH)** • Referrals have increased by 14% compared to 2019/20 and are also up compared to 2022/23. • Overall 'waiting within target' performance continues to be more favourable when compared to the pre-pandemic baseline **South & West Hertfordshire (SWH)** • MSK services previously delivered by Connect have been reprocured with Circle. There may be some interruption to data flows during mobilisation • Slight decrease in referrals at CLCH. The number of patients waiting continues to reduce, as does the number of patients waiting above 18 weeks. Respiratory service is now achieving 97% • CLCH longest waiter remains within the Neuro Rehab service. However long waiters witing for ABI psychology input reduced significantly • CLCH have now recruited to ABI Psychology post – to start in August • CLCH Lymphedema and Bladder and Bowel services now within agreed waiting times target • Total number of patients waiting and number of patients waiting above 18 weeks continues to improve **West Essex (WE)** • Pulmonary Rehab continues to recover following recruitment to vacancies • Small number of breaches in Bladder & Bowel services & Wheelchair Services	**East & North Hertfordshire (ENH)** • All waits are closely monitored and subject to robust internal governance • Service productivity analysis continues • Forecasting suggests a stable trend over the next 12 months, and that overall current waiting time performance will be maintained or slightly improved • Comprehensive health inequalities metrics in place. Health inequalities analytics has allowed the Trust to compare waiting times and DNA rates for those living in relative deprivation versus those that do not, and targets have been set to address discrepancies **South & West Hertfordshire (SWH)** • **Working with Circle and ICB contract leads to resolve reporting issues following re-tender of SWH MSK contract from 1st April. Data expected to be reinstated in the next report** • External provider continuing to support with PD / MS Nursing and ABI caseloads • External provider now also supporting with planned care therapy and NETT waits • Agree August start date for substantive ABI Psychology starter • Recruit to additional PD nursing post (funding secured from PD UK). Difficulty recruiting (out to advert for 2nd time) • Divisional weekly waiting times group remains in place which also feeds into Trust group • Division specific recruitment plan underway, including developing videos to compliment adverts and targeting social media channels. A number of recruitment fairs held, with more being planned • Trajectories now in place for all services of concern. These are reviewed and monitored weekly **West Essex (WE)** • Pulmonary Rehab recovery trajectory agreed. Compliance with 8-week standard on track for end of June • Bladder & Bowel – temporary staffing in place to cover maternity leave. Only one patient exceeding 8-week standard at end of May

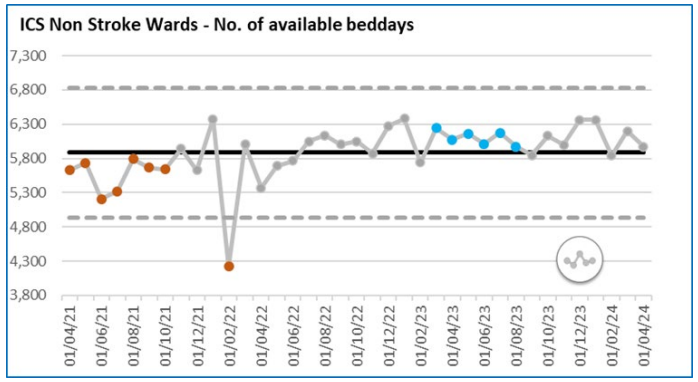
Community Beds (Stroke & Non-Stroke)

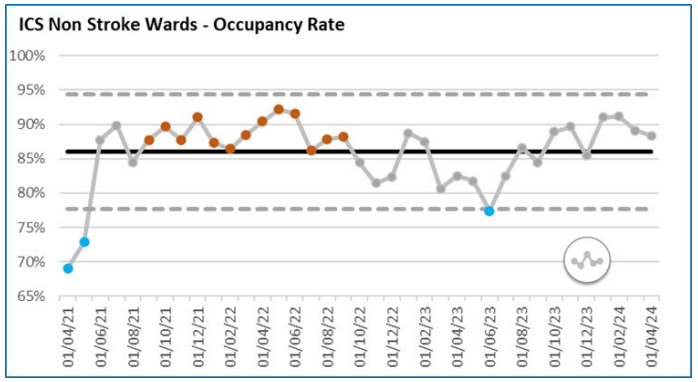


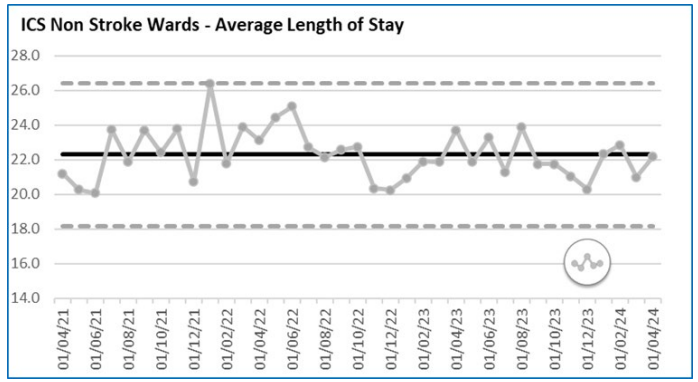




Stroke Wards		Number of available beddays			Occupancy Rate			Average length of stay (days)			
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	744	720	↓	98.52%	89.72%	↓	41.4	35.4	↓	April
SWH	CLCH	610	594	↓	99.34%	100.00%	↑	46.2	32.4	↓	April
WE	EPUT	434	420	↓	97.47%	86.90%	↓	63.0	45.0	↓	April
ICS	**All**	**1788**	**1734**	↓	**98.55%**	**92.56%**	↓	**48.2**	**36.5**	↓	**April**





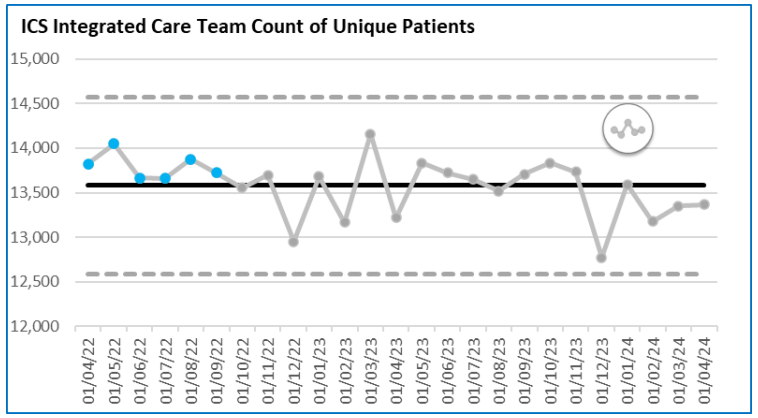


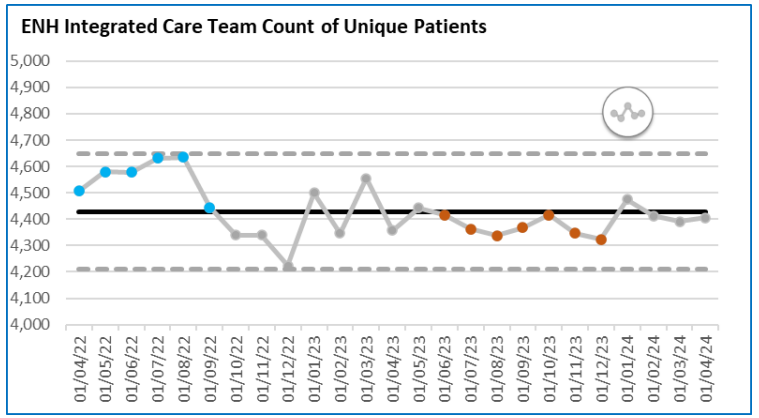
Non-Stroke Wards		Number of available beddays			Occupancy Rate			Average length of stay (days)			
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	1767	1618	↓	80.93%	78.55%	↓	22.8	25.5	↑	April
SWH	CLCH	2168	2167	↓	94.97%	96.91%	↑	23.8	24.3	↑	April
WE	EPUT	2263	2190	↓	89.92%	87.21%	↓	16.9	17.6	↑	April
ICS	**All**	**6198**	**5975**	↓	**89.13%**	**88.38%**	↓	**21.0**	**22.2**	↑	**April**

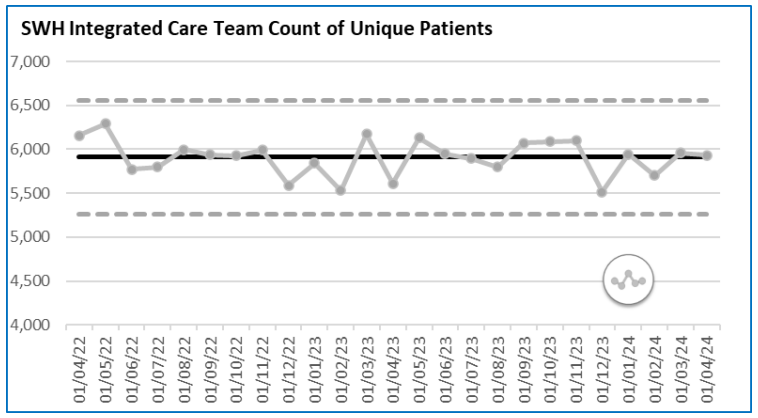
Community Beds (Stroke & Non-Stroke)

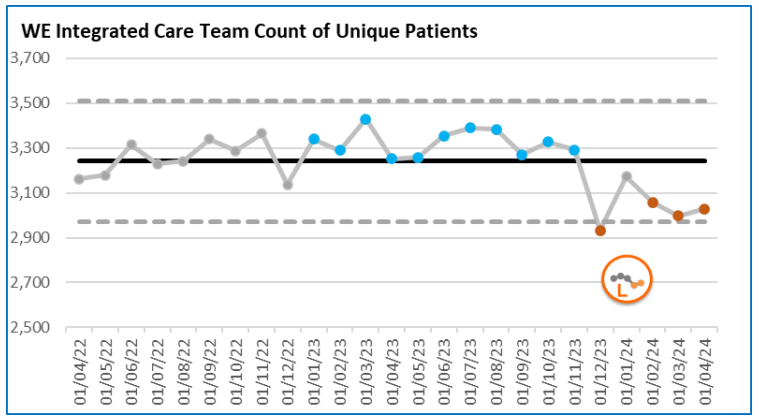
ICB Area	What the charts tell us	Issues	Actions
ICB	**Stroke Beds Days** • Available stroke bed days remain consistent at c.1,750 per month • Overall stroke bed occupancy rates continue to trend above the historic mean, but April was the best position in the last 6 months • Overall length of stay returned to historic mean levels, with improvements seen in each of the three Places **Non-Stroke Beds Days** • Available non-stroke bed days remain consistent at c.6,000 per month • Overall occupancy rates across the system have reduced slightly over the last two months, but remain within expected common cause variation limits • Overall length of stay also remains within common cause variation limits	**East & North Hertfordshire (ENH)** • Bed occupancy remains the highest at Danesbury with an average of 93% over the past 12 months. Herts & Essex and QVM have an average occupancy of 80% and 84% respectively • Average length of stay over the past 12 months for Herts & Essex averaged 25 days, and 27 days at QVM. At Danesbury, there is now normal variation with an average of 38 days. Admissions into community hospitals show no significant change in trend at Herts and Essex and QVM • Danesbury has the least admissions with an average of 17 a month, with QVM averaging 18, and Herts & Essex averaging 31 **South & West Hertfordshire (SWH)** • Continued high occupancy rates across all beds due to supporting system flow and admitting higher acuity patients • Slight reduction in average length of stay in stroke wards due to better management of No Criteria to Reside (NMCTR) patients **West Essex (WE)** • Length of stay on stroke ward has significantly reduced but continues to be impacted by a complex patient. Extension to stay has been agreed with ICB commissioners	• ICS Community Providers reviewing WE comparatively low non-stroke LOS for potential learning **East & North Hertfordshire (ENH)** • New process regarding criteria to reside in place to support discharge **South & West Hertfordshire (SWH)** • Daily assurance calls remain in place with HCC with clear escalation process • 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 which is currently being worked through (most actions completed) • In partnership with social care colleagues, currently reviewing escalation plan **West Essex (WE)** • Daily escalation calls in place to support all delayed discharges • EPUT are working with PAH to identify patients to identify transfers into the community. Initiative will support planned elective care recovery and maximise system capacity during Summer months

Integrated Care Teams (ICT)









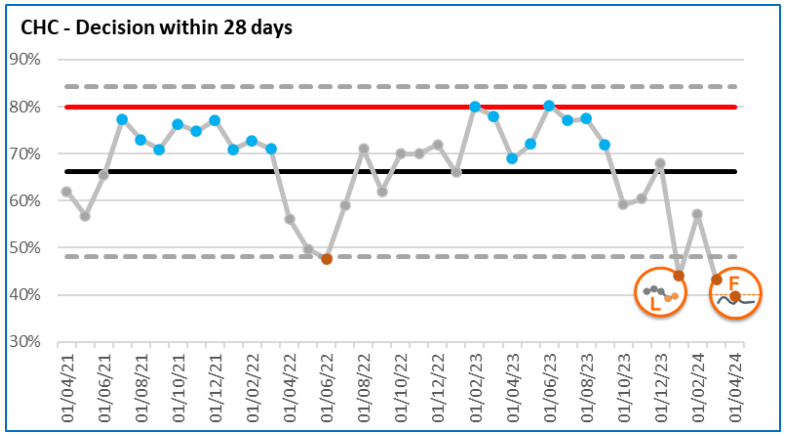
			Contacts (unique patients)			Contacts (unique patients) per 1000 population			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	All	4392	4406	↑	6.9	7.0	↑	April
SWH	CLCH	All	5959	5930	↓	8.7	8.6	↓	April
WE	EPUT	All	2997	3029	↑	9.0	9.1	↑	April
ICS	**All**	**All**	**13348**	**13365**	↑	**8.1**	**8.1**	↑	**April**

Hertfordshire and West Essex Integrated Care System

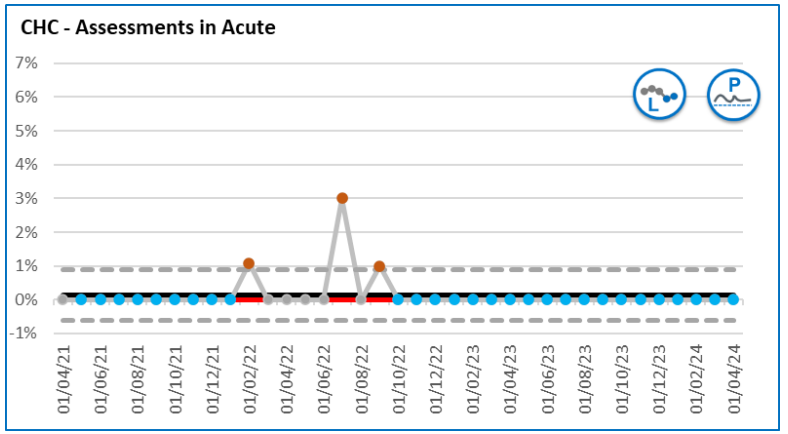
Integrated Care Teams (ICT)

ICB Area	What the charts tell us	Issues	Actions
ICB	• Unique contacts across the ICS and within the two Hertfordshire Places are within expected common cause variation limits • Unique contacts in West Essex increased slightly in April, but have been below the historic mean for the last five months	**East & North Hertfordshire (ENH)** • Referrals have shown a decrease in recent months compared to pre-pandemic, although the pattern differs at Locality level • Increase in caseload compared to pre-pandemic levels • Increasing patient complexity has driven an increase in caseload and first to follow up ratios • Performance focus on deferral rates **South & West Hertfordshire (SWH)** • Slight reduction in overall number of unique contacts in month **West Essex (WE)** • Since April 2021 ICTs have seen a reduction in referrals. Contacts per patient however have increased from 7.5% to 9.7% (c.30% increase), suggesting an increase in acuity of patients receiving care in the community	• 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)** • Steering group in place chaired by HCT Chief Operating Officer • Various recruitment initiatives underway • A comprehensive support programme in place focused on workforce, wound care and diabetes management with the ICT • Additional activity support with locality cross team working to reduce deferrals • SystmOne optimisation project underway aiming to streamline use of the clinical systems with a prospective productivity gain **West Essex (WE)** • Investment since 2021 into the Urgent Community Response (UCR) Team has reduced the number of urgent referrals to the ICTs. This has in turn provided additional capacity to support the shift to pro-active care delivery in the Integrated Neighbourhood Teams • Increased joint working between the ICTs and the community urgent care pathways via the Care Co-ordination centre • Continued focussed work with Care Homes by the ICTs to maximise use of all community urgent care pathways and reduce calls to 999

Continuing Health Care (CHC)



	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	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
East & North Hertfordshire	39%	23%	50%	58%	50%	67%	77%	70%	48%	53%	72%	69%	71%	74%	95%	86%	100%	83%	100%	70%	88%	83%	91%	87%	83%	86%	82%	76%	88%	83%	76%	77%	80%	50%	80%	68%	65%
South & West Herfordshire	47%	66%	74%	82%	80%	67%	61%	72%	86%	80%	71%	72%	47%	35%	23%	36%	41%	33%	50%	63%	58%	63%	72%	67%	50%	62%	74%	72%	70%	56%	36%	46%	48%	35%	35%	24%	22%
West Essex	100%	87%	71%	83%	80%	88%	100%	93%	92%	68%	80%	70%	89%	89%	85%	75%	100%	85%	89%	81%	78%	64%	87%	89%	92%	91%	88%	93%	84%	88%	93%	71%	93%	76%	85%	76%	71%
ICS	62%	57%	65%	77%	73%	71%	76%	75%	77%	71%	73%	71%	56%	50%	48%	59%	71%	62%	70%	70%	72%	66%	80%	78%	69%	72%	80%	77%	78%	72%	59%	60%	68%	44%	57%	43%	40%



	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	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
East & North Hertfordshire	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	5%	0%	6%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
South & West Herfordshire	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
West Essex	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%
ICS	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	3%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

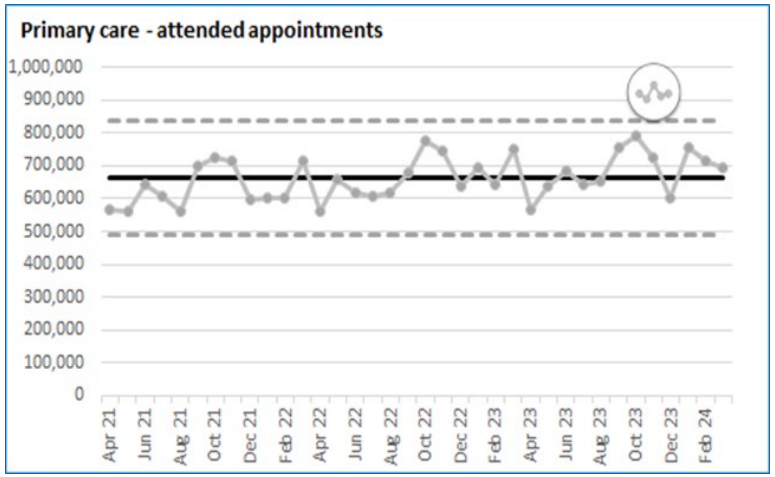
	What the charts tell us	Issues	Actions

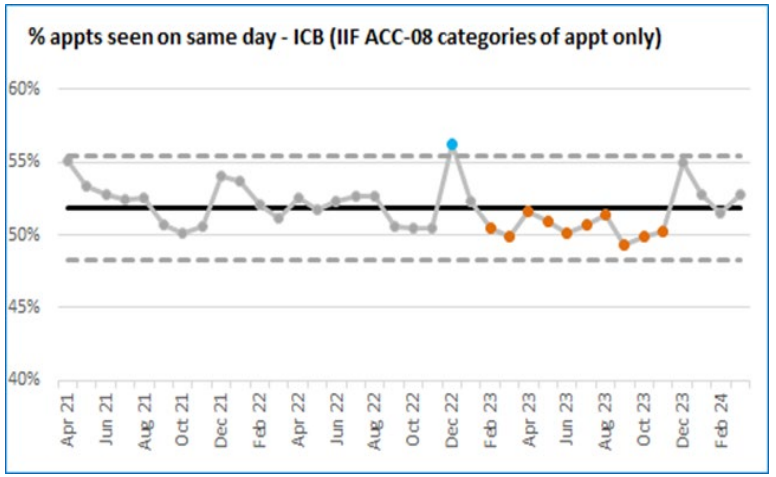
HWEICB	• The 28-day standard continues to present a significant challenge, most notably in South & West Hertfordshire
	• Performance has deteriorated for the last 3 months
	• May overall performance is similar to April as below, but there has been further slippage in West Essex:
	  ○ Overall ICB – 40%
	  ○ West Essex – 62%
	  ○ ENH – 65%
	  ○ SWH – 23%
	• The assessments in an acute setting <15% standard continues to be routinely achieved
		• Workforce - new starters do not have CHC experience and require robust training and development
		• Recovery of the 28-day standard is forecast to take at least 6 months and targets will be met by Q4 24/25. This has been agreed with NHSE
		• WE 28-day performance is 9% worse in May v. April. Key issue is delays in allocation of social workers from ECC due to recruitment challenges
			• Weekly meetings are in place across all areas to monitor performance. Additional assurance meetings are being held with NHSE
			• A further comprehensive layer of management control and support has been implemented across the SWH service to significantly improve work allocation, daily analysis of completed work, case status and risk identification
			• The same process for all areas will be implemented moving forwards
			• ECC continue to focus on social worker recruitment

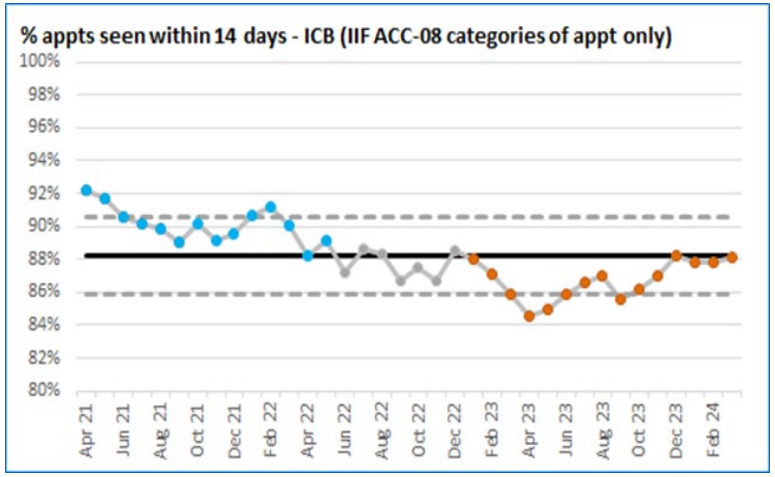
Primary Care – performance summary

Current Performance Period vs Prior Period								ICB	ENH	SWH	WE
Area	Indicator	Type	Prior Mth	Current	Change	Movement	Period	Rank (out of 42 ICBs)	Rank (out of 106 ICBs)		
Primary Care	S001a: Number of general practice appointments per 10,000 un-weighted patients	Monthly	4,468	4,227	(240)	↓	Feb-24				
	% of appointments which are seen on the same day	Monthly	46.2%	44.7%	(1.5%)	↓	Feb-24				
	% of appointments which are seen within 14 days	Monthly	84.2%	83.9%	(0.3%)	↓	Feb-24	23	92	31	40
	S074a: FTE doctors in General Practice per 10,000 weighted patients	Monthly	6.22	6.13	(0.09)	↓	May-23				
	S075a: Direct patient care staff in GP Practices and PCNs per 10,000 weighted patients	Quarterly	6.29	6.67	0.38	↑	Q4 23-24	35			
	S037a: Percentage of patients describing their overall experience of making a GP appointment as good	Annual	54.5%	52.4%	(2.1%)	↓	2023	32			
	S085a: Proportion of people with severe mental illness receiving a full annual physical health check and follow up interventions	Quarterly	68.7%	74.9%	6.2%	↑	Q1 23-24				
	S030a: Proportion of people aged 14 and over with a learning disability on the GP register receiving an annual health check ICB	Monthly	55.6%	71.1%	15.5%	↑	Dec-23	38			
	S055a: Number of referrals to NHS digital weight management services per 100k head of population	Quarterly	24.7	37.9	13.2	↑	Q4 22-23				
	S050a: Cervical screening coverage - % females aged 25 - 64 attending screening within the target period	Quarterly	73.8%	73.6%	(0.2%)	↓	Q2 23/24	7	28	43	20
	S047a: Proportion of people over 65 receiving a seasonal flu vaccination	Seasonal	80.3%	80.7%	0.4%	↑	Feb-23	26	47	51	82
	S109a: Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted	Annual	67.1%	72.5%	5.4%	↑	2022-23				
	S044a: Antibiotic items prescribed in primary care per STAR-PU (specific age-sex related prescribing unit)	Monthly	0.995	0.991	(0.004)	↓	Jan-24	28	61	18	73
	S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Monthly	8.78%	8.78%	0.00%	↑	Jan-24	34	84	83	72

Primary Care – key indicator trends







NOTE: %s in the above charts are based on appointments made, not requests received

What the charts tell us

- GP appointments remain within expected common cause variation limits. However, there are indications of an overall growing trend in attended appointments
- The % of appointments which were seen on the same day of booking has been within common cause variation for the last four months. This follows a period of below average same day appointment bookings. The chart above now shows the % of same day appointments for a subset of appointment types where the patient would typically want the first available appointment, rather than reviews / check-ups
- The % of appointments which were seen within 14 days of booking has been consistently below the mean for the last 14 months. However, there are signs of a return towards the mean over the last four months, and performance is only marginally below this year's plan of 89%. The chart above now shows the % of same day attendances for a subset of appointment types where the patient would typically want the first available appointment, rather than reviews / check-ups

Primary Care – narrative

ICB Area	Issues	Actions
ICB	• General Practice continues to see increases in demand against a backdrop of working through the backlog, workforce pressures and negative media portrayal • National contract for 24/25 imposed without agreement from profession, with Industrial Action in Primary Care a possibility and added to the risk register • 24/25 focus on cutting bureaucracy, helping practices with cash flow and increase financial flexibilities and continue to improve patient experience of access	**Engagement with the National Access Recovery Plan** • For 23/24 all 34 PCNs had an agreed Access Improvement Plan (AIP) as outlined in the Primary Care Access Recovery Plan. A year-end qualitative & quantitative review now undertaken; reported to ICB Board • Majority of PCNs/Practices have been able to demonstrate access improvements through the year to merit award of the full funding at the discretion of the ICB • ICB support will continue through 24/25, albeit reflecting the 'lighter-touch' national direction based on Clinical Directors' declaration of PCN/Practice status • Many practices transitioning to Modern General Practice (MGP) through demand / capacity analysis, use of cloud-based telephony, roll out NHS app, online GP registration, development of GP and PCN websites and testing triage models • Transition Cover funding (to support implementation of MGP) - Indicative £13.5k per qualifying practice available for 23/24, and the same for 24/25. Place teams reviewed and approved submissions from practices, with 95% of practices receiving funding in 23/24 • PC Teams supporting PCNs in maximising the increased functionality of new cloud-based telephony systems and maximising online consultation availability/use. This remains an area of considerable variance • National GP Improvement Programme - 30 practices & 4 PCNs participated in this nationally supported facilitated programme, enabling them to focus on key development areas to improve access • 28 sites have received cloud base telephony. A further 6 practices are now being upgraded from sub-optimal CBT systems to advanced CBT. 16 practices have been offered free of charge upgrades on their current systems which are CBT but lacking some functions. 16 practices currently have no funded upgrade path but are using a sub-optimal CBT system., currently working with region to understand options for these • Good progress on prospective records access . Many practices are now actively moving towards full enablement or have plans in place to enable; almost 700,000 patients across HWE have access to their records; over 90% of practices have as the default for new NHS app users; 60% of practices have 90%+ of patients with online access + records access enabled; almost 80% of practices with 80%+ • Partnership working to increase self-referrals 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. Roll-out of SLF facilitated sessions for practices at increased pace in 24/25 • Comms. to support ICB and practice websites, media statements and patient comms re the Delivery Plan • Development of PC Dashboard to include further metrics to allow triangulation / narrative in the absence of plan / reporting requirement in national contract **Other** • Enhanced Commissioning Framework (ECF) refined for 24/25 and include shared care monitoring arrangements • 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 • Initiatives for Primary Care Workforce to support recruitment and retention, supported by the HSE ICB Training Hub • Daily review of OPEL reporting by practices and follow up by place Primary Care Teams with individual practices • Pharmacy First now live, work with Community Pharmacy leads and practices to promote service

Performance v. 23/24 Operational Plans

		M12 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	37,196	46,305	24.49%	9,109	↑	475,522	502,475	5.67%	26,953	↑
EM11a	Number of specific acute non-elective spells in the period with a length of stay of zero days	3,087	4,046	31.07%	959	↑	40,926	37,375	-8.68%	-3,551	↓
EM11b	Number of specific acute non-elective spells in the period with a length of stay of one or more days	6,117	7,229	18.18%	1,112	↑	74,110	81,080	9.40%	6,970	↑
EM10a	Elective day case spells	9,614	10,216	6.26%	602	↑	110,102	118,653	7.77%	8,551	↑
EM10b	Elective ordinary spells	1,012	981	-3.06%	-31	↓	13,812	10,802	-21.79%	-3,010	↓
EM32g	Outpatient attendances (all TFC; consultant and non consultant led) - First attendance	39,958	43,057	7.76%	3,099	↑	514,915	505,806	-1.77%	-9,109	↓
EM32h	Outpatient attendances (all TFC; consultant and non consultant led) - Follow-up attendance	53,407	65,533	22.70%	12,126	↑	628,787	782,550	24.45%	153,763	↑
EB20	The number of incomplete Referral to Treatment (RTT) pathways (patients yet to start treatment) of 65 weeks or more	1,535	1,127	-26.58%	-408	↓	27,422	35,702	30.19%	8,280	↑
	Operational planning modalities (provider)	37,491	35,082	-6.43%	-2,409	↓	431,256	415,281	-3.70%	-15,975	↓

ICB Issues and escalations

- 23/24 attendances, and non-elective spells with a length of stay of one of more days, were both higher than plan
- Non-elective spells with a zero-day length of stay were slightly below plan
- Elective inpatient activity was below plan for the year, with elective activity in all areas impacted by Industrial Action
- The number of 65-week waits did not achieve plan, however the target for zero 65ww breaches has been extended to end of September 2024

Appendix A – Performance Dashboard

April 2024

Area	Activity	Target	Herts & West Essex ICB (Commissioner) Latest published data	Data published	Previous month	Trend *1	Variation	Assurance	NATIONAL position National vs (ICB)	REGIONAL position EoE Region vs (ICB)	ICB Ranking	ICB Aggregate Provider	Trend *1	Provider ENHT	Trend *1	WHTHT	Trend *1	PAH	Trend *1
111	Proportion of calls answered < 60 secs	95%	72.0%	May 24	57.52%	✓ 20.09%		F	71.66% (Better)	69.16% (Better)	15	72.0%	✓ 20.09%						
	Proportion of calls abandoned	3%	5.6%	May 24	10.95%	✓ -96.58%		?	5.72% (Better)	5.60% (Better)	11	5.57%	✓ -96.58%						
A&E	% Seen within 4 hours	76%	73.5%	May 24	73.49%	✗ -0.038%	H	F	73.96% (Worse)	73.77% (Worse)	25	73.47%	✗ -0.04%	72.02%	✗ -0.52%	79.80%	✓ 1.22%	66.98%	✗ -0.60%
	12 Hour Breaches	0	199	May 24	225	✓ -13.07%		?	42,181 (0.43%)	2,913 (6.25%)	8	199	✓ -13.07%	69	✗ 68.12%	1	– 0.00%	129	✓ -56.59%
Cancer	31 days	96%	90.3%	April 24	91.20%	✗ -1.04%		?	89.17% (Better)	87.73% (Better)	20	93.71%	✗ -1.94%	94.62%	✗ -1.45%	94.44%	✗ -1.75%	87.33%	✗ -5.69%
	62 days	70%	69.6%	April 24	65.73%	✓ 5.57%		F	66.63% (Better)	64.24% (Better)	13	71.29%	✓ 3.65%	85.89%	✓ 3.95%	70.37%	✗ -1.75%	46.64%	✓ 0.51%
	28 days Faster Diagnosis	75%	73.8%	April 24	77.53%	✗ -5.07%	H	?	73.45% (Better)	69.17% (Better)	25	75.44%	✗ -4.54%	77.49%	✗ -4.53%	77.74%	✗ -0.46%	70.73%	✗ -10.13%
RTT	Incomplete Pathways <18 weeks	92%	56.6%	April 24	55.58%	✓ 1.88%		F	58.25% (Worse)	54.57% (Better)	26	54.67%	✓ 3.44%	58.21%	✓ 5.55%	52.80%	✓ 2.68%	51.24%	✓ 0.02%
	52+ weeks	0	9,156	April 24	9833	✓ -7.39%	L	F	302,589 (3.03%)	51,428 (17.80%)	32	7,063	✓ -9.33%	2,696	✓ -14.17%	2,334	✓ -13.84%	2,033	✗ 2.26%
	65+ weeks	0	1,592	April 24	1514	✗ 4.90%	L	F	50,397 (3.16%)	10,515 (15.14%)	31	1,198	✗ 5.93%	373	✗ 2.68%	242	✓ -1.24%	583	✗ 10.98%
	78+ weeks	0	82	April 24	65	✗ 20.73%		?	5,013 (1.63%)	1,042 (7.87%)	33	54	✓ -48.15%	25	✓ -16.00%	0	– 0.00%	29	✓ -72.41%
Diagnostics	6 week wait	5%	30.6%	April 24	28.89%	✗ 5.58%		F	23.00% (Worse)	31.49% (Better)	36	36.11%	✗ 4.97%	49.50%	✗ 2.51%	13.98%	✗ 16.28%	29.28%	✗ 3.59%

Area	Metric	Target	Herts & West Essex ICB (Commissioner) Latest published data	Data published	Previous month	Trend *1	Variation	Assurance	National position (ICB vs National)	Regional position (ICB vs EoE Region)	ICB Ranking	Sub-ICB East & North Herts	Trend *1	South & West Herts	Trend *1	West Essex	Trend *1
111	Proportion of calls answered < 60 secs	95%	72.0%	May 24	57.52%	✓ 20.09%		F	71.66% (Better)	69.16% (Better)	15	72.11%	✓ 19.59%			71.46%	✓ 22.12%
	Proportion of calls abandoned	3%	5.6%	May 24	10.95%	✓ -96.58%		?	5.72% (Better)	5.60% (Better)	11	5.63%	✓ -91.98%			5.33%	✓ -116.03%
Mental Health	Dementia Diagnosis rate	66.6%	64.4%	April 24	64.68%	✗ -0.51%	H	F	64.60% (Worse)	63.00% (Better)	20	62.95%	✗ -1.17%	61.98%	✓ 0.00%	71.26%	✗ -0.28%
	OOA placements	0	34	April 24	n/a	last month's data missing	L	F	n/a	n/a	n/a	23			last month's data missing	11	✗ 45.45%
CHC	% of eligibility decisions made within 28 days	80%	43.2%	March 24	57.14%	✗ -32.43%	L	?	72.94% (Worse) *2	70.43% (Worse) *2	36	67.50%	✗ -19.16%	23.53%	✗ -50.30%	76.19%	✗ -11.06%
	% of assessments carried out in acute	15%	0.0%	March 24	0.00%	– 0.00%	L	P	0.24% (Better) *2	0.40% (Better) *2	39	0%	– 0.00%	0%	– 0.00%	0%	– 0.00%

LEGEND

Performance against target
- On/above target
- Below target

Performance against previous month
- ✓ Improvement
- ✗ Deterioration
- – No change

ICB Ranking
- First quartile
- Middle quartile
- Lowest quartile

Appendix B: Glossary of acronyms (1 of 2)

A&E	Accident & Emergency
AAU	Ambulatory Assessment Unit
ADHD	Attention Deficit hyperactivity Disorder
AHC	Annual Health Check
ASD	Autism Spectrum Disorder
BAME	Black Asian & Minority Ethnic
BAU	Business As Usual
CAMHS	Children & Adolescent Mental Health Service
CCATT	Children Crisis Assessment & Treatment Team
CDC	Community 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
CPCS	Community Pharmacy Consultation Service
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
ECAT	Emergency Clinical Advice and Triage
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
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 Adelescent Unit
FNC	Funded Nursing Care
GIRFT	Getting It Right First Time
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
HCRG	Health Care Resourcing Group
HUC	Hertfordshire Urgent Care
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
IUATC	Integrated Urgent Assessment and Treatment Centre

Appendix B: Glossary of acronyms (2 of 2)

IVR	Interactive Voice Response
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
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	NHS England
NICE	The National Institute for Health & Care Excellence
NLMCTR	No Longer Meets Criteria To Reside
NOK	Next Of Kin
OHCP	One HealthCare Partnership
OOAP	Out of Area Placements
OPEL	Operational Pressures Escalation Levels
OT	Occupational Therapy
PAH / PAHT	The Princess Alexandra Hospital NHS Trust
PCN	Primary Care Network
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
SMI	Severe Mental Illness
SRG/LDB	System Resilience Group / Local Delivery Board
SSNAP	Sentinel Stroke National Audit Programme
SVCC	Single Virtual Call Centre
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
WGH	Watford General Hospital
WHHT	West Herts Hospital Trust
WW	Week Waits

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 Board Meeting held in Public				**Meeting Date:**	**26/07/2024**		
Report Title:	**HWE Finance Report**				**Agenda Item:**	**11**		
Report Author(s):	Frances Barnes - Associate Director of ICS Finance Debbie Griggs – Deputy Chief Finance Officer							
Report Presented by:	Alan Pond, Chief Finance Officer, HWE ICB							
Report Signed off by:	Alan Pond, Chief Finance Officer							
Purpose:	**Approval / Decision**	☐	**Assurance**	☒	**Discussion**	☒	**Information**	☒
Which Strategic Objectives are relevant to this report **[Please list]**	▪ *Enhancing productivity and value for money* ▪ *Helping the NHS support broader social and economic development*							
Key questions for the ICB Board / Committee:	For discussion / noting							
Report History:	n/a							
Executive Summary:	**Planning 2024-25** Following the planning submission on 2nd May 2024, NHSE announced a further review of planning positions by Systems and HWE was required to move its financial position from a deficit of £44.9m, to a deficit of £20m. The improvement of £24.9m was delivered by Trusts reducing their deficits by £4.9m, the ICB increasing its surplus by £15.1m and a system improvement of £4.9m, which will be developed in year with input from all organisations. This refreshed plan was submitted to NHSE on 12th June 2024. **ICS YTD Position – Month 2** In month 2, NHSE requested submission of YTD positions, but did not require a full year forecast, due to the on-going planning process. The HWE System reported a deficit position of £16.4m which was worse than the YTD plan (£12.7m deficit), by £3.7m.							

<table>
<tr><td></td><td colspan="4">ICS Efficiencies
The ICS has an ambitious plan to deliver £183.1m efficiencies during 2024-25, being 5.6% of the system allocation. There was no requirement by NHSE to report delivery performance at month 2, but this will be monitored via this report from month 3.
Capital
Capital reporting was not required by NHSE in month 2, due to the on-going planning process.</td></tr>
<tr><td>Recommendations:</td><td colspan="4">The Board is requested to:
note the financial position of the HWE ICS System at the end of month 2
note the planning position for the HWE ICS for 2024-25
note the financial position of the ICB at the end of month 2
note the planning position for the ICB for 2024-25
note the system capital plan for 2024-25.</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"></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"></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

HWE ICB Board meeting – in Public

26th July 2024

Working together
for a healthier future

HWE ICS – Financial Report for Month 2 2024-25

Executive Summary

Planning 2024-25

Following the planning submission on 2nd May 2024, NHSE announced a further review of planning positions by Systems and HWE was required to move its financial position from a deficit of £44.9m, to a deficit of £20m.
The improvement of £24.9m was delivered by Trusts reducing their deficits by £4.9m, the ICB increasing its surplus by £15.1m and a system improvement of £4.9m, which will be developed in year with input from all organisations.
This refreshed plan was submitted to NHSE on 12th June 2024.

ICS YTD Position – Month 2

In month 2, NHSE requested submission of YTD positions, but did not require a full year forecast, due to the on-going planning process.
The HWE System reported a deficit position of £16.4m which was worse than the YTD plan (£12.7m deficit), by £3.7m.

ICS Efficiencies

The ICS has an ambitious plan to deliver £183.1m efficiencies during 2024-25, being 5.6% of the system allocation. There was no requirement by NHSE to report delivery performance at month 2, but this will be monitored via this report from month 3.

Capital

Capital reporting was not required by NHSE in month 2, due to the on-going planning process.

System Planning 2024-25

HWE ICS – System Planning 2024-25

Nationally, final plans were submitted to NHSE on 2nd May 2024, by all systems.
HWE System had a plan for a deficit of £44.9m.

Following this planning round, a face-to-face NHSE review meeting was held with each System in the East of England, the regional Chief Finance Officer and the National Chief Finance Officer.
During this meeting, HWEICS was challenged to improve its plan by a further £24.9m, to a deficit position of £20m.

Provider	2 May Plan	ICB	ENHT	HCT	HPFT	PAH	WHTH	12 June Position
ENHT	0.0		1.0					1.0
HCT	(2.1)			0.5				(1.6)
HPFT	(15.4)				0.0			(15.4)
PAH	(25.4)					1.0		(24.4)
WHTH	(13.9)						2.4	(11.5)
ICB	11.8	15.1						26.9
ICS	0.0	4.9						4.9
TOTAL	(44.9)	20.0	1.0	0.5	0.0	1.0	2.4	(20.0)

System CEOs and CFOs relooked at the difficult decisions it had been required to put together and the opportunity for further stretch in areas such as efficiency and ERF. The ICB agreed to improve its position by a further £15.1m, to a surplus position of £26.9m.

Trusts undertook plans to improve their positions collectively by £4.9m and a further system challenge of £4.9m was agreed, although the detail of this is yet to be confirmed.

To ensure cash is not lost to the system, the surplus position in the ICB was agreed to be distributed to Trusts. If the ICB were to continue to hold the surplus, they would not need to draw down the cash from NHSE. By raising payments to the providers, cash is drawn to support those payments.
The final planning position is shown to the right, by organisation.
This deficit planning position of £20m was submitted via a further planning round, on 12th June 2024.

£000	12 June Position	Targeted ICB Funds	Pro Rata to Deficit	Final 12 June Position
ENHT	1.0	0.0	0.0	1.0
HCT	(1.6)	0.0	0.4	(1.2)
HPFT	(15.4)	9.0	2.8	(3.6)
PAH	(24.4)	2.1	4.6	(17.7)
WHHT	(11.5)	3.6	2.5	(5.4)
ICB	31.8	(14.7)	(10.3)	6.8
Total	**(20.0)**	**0.0**	**0.0**	**(20.0)**

The HWE System Position - Month 2

HWE ICS – Financial Report for Month 2 2024-25

Orgn	YTD Plan	YTD Actual	YTD Variance	Variance as % YTD Plan
	£000's	£000's	£000's	%
ENHT	(1,183)	(1,116)	67	6%
HCT	(344)	(469)	(125)	-36%
HPFT	(3,163)	(3,164)	(1)	0%
PAH	(3,723)	(6,475)	(2,752)	-74%
WHTH	(4,335)	(4,342)	(7)	0%
ICB	0	(880)	(880)	
ICS	**(12,748)**	**(16,446)**	**(3,698)**	**-29%**

Orgn	Annual Plan
	£000's
ENHT	1,000
HCT	(1,164)
HPFT	(3,600)
PAH	(17,683)
WHTH	(5,388)
ICB	6,835
ICS	**(20,000)**

The HWE system reported an adverse position against plan at month 2, as shown above.

It was not required to report a full year forecast - the plan for a deficit of £20m is in place.

It is early in the year for Trust and ICB efficiency plans to be fully mobilised, however the system has a programme of efficiencies at varying levels of readiness to deliver.

All organisations have profiled their plans slightly differently and the treatment of the recycled ICB funding was inconsistent, largely because of the timing (being agreed between the 2 planning dates and close to the end). Most Trusts planned for larger deficits in the first two months of the year. This is evidenced above, with a YTD plan for a deficit of £12.7m, against a full year deficit of £20m. This allows for the full implementation of efficiency plans over the early months and required productivity improvements to hit ERF levels included in plans.

Month 3 reporting has not yet been finalised, however early indications suggest the position will be worse than plan by c£8.3m across the system.

HWE ICS – Efficiencies 2024-25

Trust	Total Efficiencies	Recurrent			Non-Recurrent			Unidentified
		Fully Developed	Plans in Progress	Opportunity	Fully Developed	Plans in Progress	Opportunity	
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
ENHT	33,849	16,079	11,469	-	321	1,984	-	3,996
HCT	8,500	-	5,620	1,620	-	-	-	1,260
HPFT	22,870	1,324	15,407	4,334	-	1,805	-	-
PAH	18,500	996	6,317	2,900	-	-	4,386	3,901
WHTH	26,593	-	13,597	4,083	-	-	8,913	-
ICB	72,824	40,359	8,774	2,202	-	18,414	3,075	
HWEICS	**183,136**	**58,758**	**61,184**	**15,139**	**321**	**22,203**	**16,374**	**9,157**

The table above sets out the efficiency programme included in the plan by all Trusts and the ICB.

The efficiency plan includes £9.2m of schemes which need to be identified. This position will evolve by week as further plans are identified and implemented and was correct at the time of publishing 12th June 2024.

The plan is profiled to deliver the greatest value of efficiencies in the latter months of the year, as the first months allow for implementation and a glide path to full delivery.

Trusts are working to identify further schemes for in-year implementation. The plan for £183.1m efficiencies equates to 5.6% of the system allocation, which will be extremely challenging to deliver and is above anything delivered by the system before.

HWE ICS – Efficiencies

There are currently five financial recovery workstreams that are being developed, to create savings across the system, to improve the financial position in 2024-25 and beyond. The progress of these work streams will be monitored via the Financial Recovery Board.

FRP work stream 1 – Improving productivity

Drive up productivity, reduce variation and create room for maximisation of elective recovery fund (ERF) income. This work stream will look at theatre optimisation, reducing length of stay, optimising outpatient procedures and utilisation of virtual ward.

Update: *There is a programme of work for the next six months for both theatres and outpatients; visits will be undertaken within the system to map the day-to-day work of theatres. The biggest opportunity is early finishes: on average these are more than 60 minutes across the week in certain specialities. Also work continues to improve pre-operative assessment and support for patients prior to theatre sessions going ahead. Further work will focus on missed opportunities around the Patient Initiated Follow-up (PIFU) targets as they are quite modest; the decision support tool in association with the University of Hertfordshire will provide the ability to analyse patient pathways data and provide more intelligence in this area.*

Main Risks: Recent BMA guidance to General Practice advising them not to engage/use advice and guidance

Main issues: The current problem is converting the increase productivity into financial efficiencies.

FRP work stream 2 – Manage workforce growth and reduce agency spend

Improve the productivity of our workforce; employ fewer people more cost effectively through the development of the primary and community workforce. This work stream will look at skills mix, safer staffing ratios, job planning, agency staffing and vacancy controls.

Update: *Further deep dive to be undertaken on the data received; there is concern around agency usage; this is being reviewed at the temporary staffing group and for mitigating actions to be agreed to address the increase in bank and agency spend. PAH noted that their agency usage is associated with non-consultant doctors and the improvement notice; the biggest driver is within medical workforce and the additional scrutiny that has been put in place.*

Main Risks: Continued industrial action from staff groups resulting in increased requirements for temporary staffing.
Staff sickness increases caused by pressures from introduction of vacancy controls, staff reductions impacting workforce capacity

Main issues: Not receiving the necessary data which usually comes from NHSE; seeking a local resolution to receive the data as its uploaded to NHSE – support from system partners requested.

HWE ICS – Efficiencies

FRP work stream 3 – Transformative approach to managing frail and elderly
Reduce frailty non-elective activity, develop and implement best practice models for managing care closer to home, maximise same day emergency care, increase advanced care planning and end of life management and optimise prescribing.
Update: *Three strands of work: i) service transformation ii) Care Closer to Home iii) Specific work related to the Frailty Board. Focussing on 10 projects; 2 workshops taking place on demand management and the other on care closer to home.*
Main Risks: Digital Advanced Care Planning Platform: Lack of access to funding to move to milestone 2 of the project plan.

FRP work stream 4 - Transformative approach to managing growth and costs in Mental Health & Learning Disability & Autism Services
Implement a range of initiatives to manage growth and the use of premium contracted beds, maximise use of the new crisis centre, agree an approach to investing in the backlog clearance and managing bed flow.
Update: *Need to recognise that the scope of much of this work is Hertfordshire focused. Driving the same principles in Essex is being done via the various Essex commissioning arrangements either led by ECC , MSE or EPUT. A small team with no specific PMO support has meant focus in the last couple of months has been securing this year's financial position, & SDF sign off. Closure of Aston Ward has had significant impact on ability to move forward.*
Main Risks: None identified.
Main issues: No PMO support.
Increased waiting lists.

FRP work stream 5 - Secure better value from contracts and increase efficiency
Continue to review all commissioned contracts, decision making processes around high-cost complex cases and clinical thresholds to improve outcomes. Identify best use of estate and excess estate for disposal. Look at opportunities for sharing back-office functions.
Update: *24/25 Contract agreement coming to conclusion with remaining out of area contracts waiting to be signed or escalated to mediation processes as appropriate. Contracts expiring on or before 31st March are being reviewed to test for value for money and alternative options. A range of high cost, complex, out of area placements is being reviewed for alternative options.*
Main Risks: Mediation / Arbitration may be required to deliver planned savings
Consultation processes may be required to end contracts

HWE ICS – Financial Report for Month 2 2024-25

ENHT

ENHT reported a YTD position just ahead of plan (£1.2m deficit) by £0.1m.

April saw a slow start to ERF delivery, due to delays in mobilising additional capacity, but improving throughout May. YTD this still leaves variable income worse than plan by £0.6m.

Higher than planned locum usage in the ED department, Orthopaedics and Childrens services increased the adverse variance, with higher use of bank staff in nursing and clinical support workers, contributing further. Agency spend is 3.3% YTD, versus plan 3.2% (as set out by NHSE). Overall pay was worse than plan by £0.9m YTD.

Efficiencies were on plan YTD (£4.7m), although much of this was via non-recurrent schemes, at this stage of the year. There is an increase in the required delivery of efficiencies in the second half of the year.

HPFT

HPFT reported a YTD deficit of £3.2m deficit against a plan of £3.2m deficit, with no variance to date.
The plan was profiled unevenly across the year, to allow for efficiencies to be implemented and reach full delivery slightly later in the year, together with additional costs included in early months, related to Aston Ward.

Income at month 2 YTD, is ahead of plan by £0.8m across a number of contracts.
Pay for bank and agency staff is higher than plan, whilst there is a saving against plan for substantive staff. This overspend in bank and agency is across a number of staff groups, but in the main 'support to nursing staff', driven by high levels of observations in inpatient settings . Overall pay is lower than plan by £1.3m.
Secondary commissioning YTD is over plan by £0.8m across a few areas, but particularly arising from increased acute bed days and Psychiatric Intensive Care Unit (PICU) spend.
Non pay is worse than plan by £1.2m, the main areas of overspend being additional hard facilities management, site costs and an IM&T contract.

HWE ICS – Financial Report for Month 2 2024-25

PAH

PAH reported a YTD position of £6.5m deficit against a plan of £3.7m, being worse than plan by £2.8m.

Trust income was worse than plan due to under-performance on variable funded activity. This was compensated for by higher-than-expected high-cost drug income, uplift re consultant pay greater than plan and other favourable variances.

Cost pressures include high outsourcing and clinical consumable costs, together with pay costs being worse than plan.

The Trust has delivered £1.7m efficiencies YTD against a plan of £3.1m, although its plan was phased evenly across the year. Delivery should increase as the year progresses, because plans will start to bed in.

HWE ICS – Financial Report for Month 2 2024-25

WHHT

At month 2, WHHT reported a financial position on plan with a £4.3m deficit. This relied on receipt of non-recurrent income relating to an historic insurance claim.

Income was over plan, arising from CDC income, additional outsourcing, pass-through drugs and devices, overseas income and over-performance against elective activity.

The pay position was over plan although agency spend was tracking plan at the end of month 2.

The non-pay position was over plan, arising mainly from outsourcing and drugs costs.

The Trust has identified £23.2m of the £26.6m efficiency plan required to be delivered (87%). It has delivered £3.1m YTD, being ahead of plan by £0.4m. Most of the efficiencies were delivered by tackling temporary staffing costs and recruiting to substantive posts, demonstrating the impact of the grip and control action in place in the Trust.

Productivity improvement work is in train through the McKinsey work. Phase 1 of the recommendations provides the key to the delivery of the 2024-25 efficiency programme. Some of this will require a longer lead in time – later in the year and into next year. However, for 24-25, divisions are working to improve delivery of their Value Weighted Activity (VWA) performance against 2023-24.

South-West Herts place have committed to delivery of 164 virtual beds by the end of the financial year. At month 2 there was an underperformance.

HWE ICS Elective Recovery Fund (ERF) Performance in 2024-25

ERF performance has not yet been published for the current financial year by NHSE.

There is considerable risk tied into plans, with the improved financial position relying to some extent on ambitious ERF performance. Continuing Industrial Action will compromise planned performance.

The target and stretch plans are shown below:

	Target	Stretch Target
ENHT	114%	136%
PAH	103%	116%
WHHT	103%	112%

The ICB Revenue Position – Month 2

HWE ICB - Year to Date (YTD) Financial Report for Month 2 2024-25

Financial Planning Round

There has been a protracted financial planning exercise undertaken for 2024/25, culminating in a final submissions being made on 12 June 2024. On 20 May 2024, the ICB submitted a plan showing a surplus position of £11.8m. For the final submission on 12 June 2024, the ICB updated its planning position to a surplus position of £6.8m; this includes £5m of System unidentified additional efficiency requirement and £25m distribution of System Support.

ICB Year-To-Date Position (YTD):

At Month 2, HWE Integrated Care Board (ICB) reported a YTD over spend of **£0.9m** against the 20 May 2024 financial plan expected YTD position of breakeven. This is **£0.9m** behind plan, which comprises of the following:

- (£0.5m) - NHSE Specialist Commissioning team reporting spend against a contingency reserve which is currently being held centrally
- (£1.6m) – CHC spend at Month 2 is £1.6m overspent; this is in advance of 2024/25 efficiencies programme, which is expected to be delivered from Month 4
- £0.6m – SDF is expected to underspend, with specific areas identified as part of the 12 June Financial Plan submission.

Early indications on the **Month 3 YTD** position is an overspend of **£3.9m**, which comprises of CHC overspend of £2.8m; Independent Sector overperformance on non-ERF activity £0.324m; Learning Disabilities placements overspend of £0.336m and Running Costs overspend of £0.278.

Summary ICB Position as at Month 2 (May) 2024/25				
		Year to Date Position		
Annual Budget £'000	Expenditure Category	Budget £'000	Actual £'000	Variance £'000
1,672,639	Acute Services	278,773	279,090	(317)
304,648	Specialised Commissioning	50,221	50,673	(452)
165,804	Continuing Healthcare Services	27,452	29,010	(1,558)
314,613	Community Services	52,435	52,442	(7)
313,555	Mental Health Services	52,259	52,298	(39)
272,628	Delegated Primary Medical Services (GPs)	55,217	55,217	0
144,551	Delegated Pharmacy, Ophthalmology & Dental (POD)	23,225	23,219	6
44,890	ICB Primary Care Services	5,016	5,019	(3)
235,008	Prescribing	39,275	38,876	399
6,285	Other Commissioned Services	1,079	1,079	0
25,265	Corporate Services (Running Costs)	4,211	4,357	(146)
25,288	Other Programme Services	1,638	1,059	579
39,263	Service Development Funding (SDF)	6,544	5,884	660
(3,385)	Reserves and Contingency	1,338	1,338	0
3,561,053	**Total Expenditure**	**598,684**	**599,563**	**(879)**
11,818	Planned Underspend	0	0	0
3,572,871	**Total Expenditure**	**598,684**	**599,563**	**(879)**

HWE ICB - Forecast Outturn (FOT) Financial Reporting for 2024-25

ICB Forecast Outturn Position (FOT):
At Month 2, Hertfordshire and West Essex (HWE) Integrated Care Board (ICB) reported a Forecast Outturn (FOT) position in line with the agreed plan, which is **£6.835m** underspent.

The ICB is not permitted to report any variance to the FOT position, without obtaining express permission from NHS England. However, the ICB will report the estimated FOT position to the Strategic Finance and Commissioning Committee (SFCC) and the Board, to facilitate the agreement of any remedial actions that may be required to achieve the ICB's control total.

These reports will be made available from Month 3 and will be developed to remove the impact of non-recurrent income and expenditure, showing the recurrent run rate. Through the monitoring of the recurrent run rate, the ICB will be able to assess the organisation's financial health for this year, the successfulness of the recurrent efficiency programme and the potential funding gap for future years. The ICB is also working with each of the Trusts in the ICS to do the same for their financial reporting. This will enable sight of the in-year and recurrent monthly position of the whole System. We would aim to bring the first such report to the Board in September.

The Capital Position - Month 2

System Capital Position

The HWE ICS received a system operating capital allocation of £61.9m in 2024-25..
Additionally, it received bonus capital of £3.7m for delivering a break-even position during 2023-24.
WHHT was awarded £1m of capital for its UEC performance in 2023-24.
Finally, a further £0.04m was awarded to the system for the small surplus position reported in 2023-24.

£'000	
Operating Capital Allocation	61,875
Additional Allocation for breaking even 23-24	3,654
Additional Allocation for reporting a small surplus 23-24	39
Additional allocation WHHT - for UEC performance	1,000
IFRS16 Allocation	15,439
Total Provider Capital Allocation	**82,007**

An allocation of £15.4m for IFRS16- leases has been provided to the system, giving it total system capital of £82m, as shown.

Further guidance from NHSE is awaited relating to the 'netting off' process, which was adopted last financial year, for intra-DHSC leases. If this process is repeated, it will provide additional capital for all intra-DHSC lease arrangements.

Trusts will receive national capital for a range of initiatives covering CDCs, the elective hub and endoscopy investment amongst other things. Currently £53.7m has been allocated to Trusts for such schemes, but more is likely to be awarded throughout the year.

The ICB received a capital allocation of £2.4m to fund GPIT across its practices.

This provides a total capital allocation of £138.1m.

Due to the on-going planning process, capital reporting was not required at month 2 by NHSE, however the position from month 3 onward, will be reported at this meeting.

£'000	
Total System Capital	82,007
National Capital	53,665
GPIT allocation	2,448
Total Capital Allocation	**138,120**

A Strategic Approach to Capital Investment

The joint capital use resource plan was published on the HWE ICB intranet and has been shared with NHSE and health and well-being boards. It will need to be updated if there is a significant change in the value of capital available to the system.

The Estates Infrastructure Strategy is being developed and is due to be submitted to NHSE at the end of July 2024. This will include a 10-year plan from all Trusts and the ICB, to enable a longer-term view of capital investment to be taken by the system. A simplified prioritisation process will need to be undertaken prior to submission.

Alongside this, work continues to develop a capital prioritisation framework, being led by the Chief Finance Officer of HPFT on behalf of System Finance Directors. This will see a more sophisticated prioritisation process developed, to ensure the system invests in the right capital and estate to meet its strategic aims, maximises benefits for patients and health care users, whilst keeping its service delivery safe. This will move away from the current approach which mirrors the national allocation formula originally used by NHSE to allocate capital directly to Trusts.

The current financial year will act as a shadow year to test this framework, with all Trusts working together to deliver an effective model.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

<table>
<tr><td rowspan="2">Meeting:</td><td colspan="2">Meeting in public</td><td>☒</td><td colspan="2">Meeting in private (confidential)</td><td>☐</td></tr>
<tr><td colspan="3">NHS HWE ICB Board meeting held in Public</td><td>Meeting Date:</td><td colspan="2">26/07/2024</td></tr>
<tr><td>Report Title:</td><td colspan="3">ICB Committee Summary Reports</td><td>Agenda Item:</td><td colspan="2">12</td></tr>
<tr><td>Report Author(s):</td><td colspan="6">Governance Leads, HWE ICB</td></tr>
<tr><td>Report Presented by:</td><td colspan="6">Committee Chairs / Executive Leads</td></tr>
<tr><td>Report Signed off by:</td><td colspan="6">Michael Watson, Chief of Staff</td></tr>
<tr><td>Purpose:</td><td>Approval / Decision</td><td>☐</td><td>Assurance</td><td>☐</td><td>Discussion</td><td>☐</td><td>Information</td><td>☒</td></tr>
<tr><td>Which Strategic Objectives are relevant to this report
[Please list]</td><td colspan="6">▪ 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</td></tr>
<tr><td>Key questions for the ICB Board / Committee:</td><td colspan="6">N/A</td></tr>
<tr><td>Report History:</td><td colspan="6">N/A</td></tr>
<tr><td>Executive Summary:</td><td colspan="6">Each ICB Sub-Committee has produced a summary document providing an update from the last meeting.
<table>
<tr><th>Committee</th><th>Date of meeting</th><th>Chair</th></tr>
<tr><td>People Committee</td><td>16 May</td><td>Ruth Bailey</td></tr>
<tr><td>People Committee</td><td>11 July</td><td>Ruth Bailey</td></tr>
<tr><td>Audit and Risk Committee</td><td>18 June</td><td>Catherine Dugmore</td></tr>
<tr><td>Strategic Transformation and Quality Improvement Committee</td><td>04 July</td><td>Thelma Stober</td></tr>
<tr><td>Strategy Committee</td><td>03 July</td><td>Gurch Randhawa</td></tr>
<tr><td>Strategic Finance and Commissioning Committee</td><td>11 July</td><td></td></tr>
</table></td></tr>
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	Patient Engagement Forum	09 July	Alan Bellinger	
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

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

People Board: 16th May 2024	
Signed off by Chair and Executive Lead:	**RB, TM**
Key items discussed: *(From agenda)*	• Workforce Transformation Programme Report – Operational planning update • Workforce risk and assurance report • Staff Survey • Staff Experience • AHP Faculty Evaluation • People Committee Governance
Key points made / Decisions taken:	**Workforce Transformation**– Meeting held re Clinical Education Expansion targets, exploring education targets to meet new models of care and the long-term plan. HPFT 2nd cohort of People promise, and retention priorities being worked through. Recently celebrated the Healthcare and Herts week promoting system opportunities with UofH. Still running a significant deficit and exploring a range of system wide measures. Additional vacancy control measures including B9 and above, triple lock pay and non-pay controls for all organisations, HWE to submit workforce control tracker to NHSE. **Operational Plan –** System reduction of 2.4% WTE forecast. Majority of systems reducing bank staff by 15% and agency by 25%. HCT have small growth relating to new services commissioned and existing agreements, HPFT planning to shift from agency to substantive staffing largely to support MH UCC. ENHT forecasting reduction of 4% WTE on March 24 levels. PAH plan profiled WTE reduction for pathology and EHR by end of Q4. WHHT substantive change of 2.6% and overall establishment change of 1.4%. Discussion centered around risks and the need to work smarter to achieve reductions. Group pulling together list of workforce opportunities reviewing ratios of professional groups against models of care where variation exists, reviewing corporate services to understand where there may be opportunities for shared services. Dashboard will be created for People Committee, shared at Performance committee, sustainable supply committee and temporary staffing group. TUs to be involved. **Workforce Risk and Board Assurance Framework Report –** Existing risks reviewed; People Committee agreed there are no unreported risks. **NHS Staff Survey Analysis –** 2nd year of regional analysis against 7 People Promise themes. Several areas of good progress across the system particularly PAH. HWE compares favorably against other systems in the region but below national average in several areas. System partners shared their priorities for improvement. Regional priorities will be shared shortly all system partners will need to work to, HPFT have People Promise exemplar site and there will be further regional posts relating to retention, staff experience and flexible working delivery. **Staff Experience –** Social Care data collected from Skills for Care. Herts care workforce c38k, 550 CQC registered

	250 nonregistered providers. **Key challenges** – Variable quality of leadership, wages, T&Cs. Open and supportive cultures, lack of time to support service users. Training and management skills including funding and time, lack of recognition. International recruits embedding UK culture i.e. food prep. Ongoing scrutiny, 0 hours contracts, and staff turnover. **Positives** – Examples of great leadership, education, examples of good culture, working relationships with system partners, empowered advocates for Sus. Care academy, lengthy experience in sector, good examples of wellbeing and recognition schemes. Discussion centered around workplace culture, staff wellbeing and retention, involving staff in change, more TU support, a need to have a collective system understanding of scalable culture improvement work. National Care Service (Unison) National standards to maintain SC as an attractive career. To continue discussing in People Committee. **AHP Faculty Evaluation -** HWE AHP Faculty in place since June 2022, supported Strategic Faculty Lead, Project Manager, and a Project Support Officer with funding from HEE. Funding ceased in March 24 so AHP Faculty will cease in current form. Paper demonstrates the successful impact of the faculty: voice and visibility, delivery for the AHP Council, newly qualified staff with the Precept Preceptorship framework, AHP leadership programme and EDI leadership commitment. **People Committee Governance – Effectiveness Survey results were fedback** high level of general satisfaction with the operation and effectiveness of People Committee. Some suggestions put forward to help enhance the new committee were discussed at the meeting to ensure the appropriate balance between the effectiveness of the Committee, meeting papers and general engagement. ToR review including a change to Non-Exec Member. Forward planner revised to align with priorities and inclusion of all sectors.
Committees to note:	N/A
Forward plan issues:	Primary Care workforce to be rescheduled for a later committee in light of changing GP Board membership
Date of next meeting	11th July 2024

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

People Board: 11th July 2024	
Signed off by Chair and Executive Lead:	**RB, TM**
Key items discussed: *(From agenda)*	• Ogechi Emeadi • Workforce Transformation Programme Report – Workforce Monitoring • Workforce risk and assurance report • Supply Committee Update • Health and Care Academy • Clinical Education and Apprenticeships
Key points made / Decisions taken:	The committee took a moment of contemplation and reflection for the recent loss of our highly talented and well-respected system colleague Ogechi Emeadi, CPO from Princess Alexandra Hospital Trust. **Workforce Transformation** – The report is now split to better align to the LTWP and the 5 ICS priorities. The workforce transformation team met with leads to explore the workforce implications and further updates will come to People Committee. As HCPs stand up there will be areas of focus and priorities identified which will require workforce support. Operational plan update – full set of workforce returns received for M1 and M2, the system has strayed from the plan by approx. 270 WTE. Largely within bank staffing (approximately 240 - 11%) - although agency is also over projection (approximately 10 WTE - 2%), YTD 8% more bank than anticipated but 5% less agency usage than planned. Provider finance returns due in M3, further financial details and triangulation available at Sept Committee, also looking to support community and primary care with usage. HPFT performed well in relation to usage over M1 and M2. Key differences appear in acute nursing, STT and clinical support staff groups. Significant progress in agency usage for medical and dental, although still higher than projected. Increase in sickness has impacted usage. Significant control mechanisms including the triple lock firmly in place. Temporary staffing group taken actions away re bank v agency rates and focus on creasing long term bank and agency usage ensuring exit plans in place. Good progress made with digital passports, will bring benefits re staff moving around the system, developing sooner than anticipated. The UoH hosted Eastern Partnership for Innovations in Integrated Care (EPIIC) conference was successful, showcasing Qliksense and AI workshop demonstrating capabilities of the dashboard - launching in August, EPIIC positively demonstrated partnership working with UoH, and plans for partnership posts to support clinical expansion. Following M3 returns to undertake a re-profiling exercise to ensure pressure is well understood. 2 People Committee workstreams don't currently have SROs this presents a risk to system work, members encouraged to step up to SRO roles, progress update to next committee. **Workforce Risk and Board Assurance Framework Report –** Existing risks reviewed; People Committee agreed

there are no unreported risks but during the People Committee discussion a risk was identified in relation to Education take up rates which are lower than target and a risk to sustainability and long term planning of the Health and Care Academy due to non-recurrent funding.

Supply Committee Update - Areas of focus for the system to alleviate areas of pressure: Diagnostics, Elective Hub and Mental Health. Clear that work undertaken as a system to support the LTWP, funding streams not yet fully communicated. Aims under the 'Train' pillar increase education and training to record levels, increase apprenticeships and alternative routes into professional roles, increasing new roles to meet the changing needs of patients and supporting transformation.

System identifying key areas of focus for improving the recruitment experience. Looking to introduce system wide consistent approach from advertising, induction, making use of technology opportunities. System losing talent in not taking a systemwide approach to redeployment, having clearer processes to passporting staff across the system to retain our talent, creating a talent pool of prospective staff that we interview to enable signposting to other opportunities across the system. Steady improvement in turnover, reducing vacancy rates in acute providers, shifting focus from international recruits to focusing on newly qualified staff.

Community, HCA and support worker vacancy rates remain high, turnover rates are also more challenging.

Temp staffing group update - Standard approach for resource control around agency and bank staffing has increased the focus on challenging usage. Targeted approach on costs and considering innovation for hard to recruit to medical roles. System wide review of agency price cap compliance is complete, this work has identified further opportunities for agency rate reductions and this work is underway.

The People Committee discussed how the system can work together to address the difficult to recruit to areas i.e. Pharmacy, Pediatrics, EUC and Data Scientists

Health and Care Academy - The Health and Care Academy is funded annually by NHSE to increase applications to H&SC courses, increase course placements and numbers of students going on to either health and social care higher education or direct to employment with system partners. Activities include regional collaboration with HCS leads 'Health Care Careers in Focus, Enrichment programme expansion, Work Experience rotations, Work Experience 'Plus' and Virtual Work Experience. The academy will launch a communications plan and want to do promotional site visits to encourage staff to sign up as ambassadors. Project pilot to introduce 1-2-1 virtual chats with young people in teacher presence and will be promoting the network with the 1st annual awards ceremony. EPUT and PAH have funding to put on 'career camp' training for young people recruited from job centres into direct employment. Oaklands have funding for similar scheme in Hertfordshire. Looking to tailor to areas with higher vacancies. School engagement at 42%, college engagement 100%. Placements key in providing exposure to the roles and environment and reducing attrition. Challenges in following individuals' journey but some destination data is available and further work to improve mapping entrants from the career camp initiatives. NHSE funded NHS recruitment app and looking at piloting with some system partners. Some gaps in work experience placements across the system, further work to encourage participation directly with system partners. The academy is critical to supporting young peoples entry into H&SC roles, non-recurrent funding is a risk to the sustainability and longer term planning.

Clinical Education and Apprenticeships – Clinical Education Programme priorities refreshed to align with the LTWP, UCAS reporting reduction of 11% for nursing and midwifery and 6% for AHP for 2024/25. Ambitious growth targets

	over long term, a breakdown of clinical expansion and student attraction for Nursing, Midwifery and AHPs against the regional trajectory, biggest areas of challenge areas include Dietetics, OTs and Therapeutic radiography. Cited data shared via UCAS and RCN 46% of those enrolled considering leaving their course due to financial concerns, 58% witnessed low morale and burn out amongst nursing staff. Crowdsourcing project looking at changing the landscape to promote and improve the messages. Important to link workforce establishment and organisational capacity for education. Qliksense will help improve the quality and availability of data, understanding capacity and supporting optimization of placement opportunities. Aiming to increase educator capacity and capabilities, improve learning experience and support the transition to newly qualified practitioners. Taking an innovative approach to placements including: simulation, virtual placements, creating more varied placements utilising social and primary care. Actions include: • Proposing education and development partnership meeting, looking to set up a T&F group specifically for AHPs. • Piloting multi-professional AHP educators' course, offering practice assessor update training. • Development of the regional app, developing a community of practice for preceptorship, gaining feedback while on placements making use of the national education and training survey and understanding how the tariff is being used in providers to support students. Seeking 22% increase in clinical HE apprenticeships for 2031 from 7% in 2022/23. Exploring levy spend split, gifting levy spend not yet above 10%. Don't yet have data for PAH and EPUT. Qliksense will enable ICB to obtain information on hard to recruit to roles where system-wide apprentices could be arranged to help address challenges. Four new apprenticeships commencing 2025: SLT, Diagnostic radiography, Therapeutic radiography, and Dietetics. • UOH are now offering Elizabeth Garett Anderson Apprenticeship for Health Leadership at Level 7 • Pharmacy Apprenticeships – working with ICB Pharmacy team to look at offer and promotion of entry points. • Ophthalmology Apprenticeships – Working with ENHT to explore ways to increase up take. • Medical Apprenticeships – working with Mark Lim to look at developments in this area Challenges include: • Nursing Associate and RNDA numbers have not increased year on year within workforce plans • Back Fill • Tariff does not come attached to an apprenticeship placement. • No local apprenticeship providers for Maternity & Ophthalmology • Functional Skills • Internal Talent Pool reducing in certain areas.
Committees to note:	
Forward plan issues:	90 Day challenge update to come back to next People Board
Date of next meeting	19th September 2024

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document

Audit and Risk Committee, 18th June 2024	
Signed off by Chair and Executive Lead:	**CD, MW**
Key items discussed: *(From agenda)*	• Governance Update • Risk and Board Assurance Report • Information Governance/SIRO report • 23/24 Annual Report and Accounts • Review major changes in policies, planned disclosures, accounting estimate and judgement. • External Audit Plan • Review of tender waivers, procurement register. • Internal Audit 23/24 Plan • Local Counter Fraud • Workplan
Key points made / Decisions taken:	**Governance Update** - The committee noted the reviewed SORD and SFIs approved at May Board, conflicts of interest register and work on the annual refresh, policy register, use of the seal and Special payment made on 18.12.23 in respect of a settlement agreement connected to the Pathology procurement. **Risk and Board Assurance Report –** LA provided an overview of the current focus and ongoing work around RM infastructre and culture including increased engagement and risk ownership at an Exec level, ensuring corporate risks are discussed at executive meetings, monthly reviews and training sessions have been supported by the team, the Risk Review Group now alternates between ICB-specific and system-wide risks. The de-escalation of risk 659 was discussed, relating to the gap in microbiology provision (now successfully awarded and at mobilisation phase) a number of risks are currently in the Exec review and approval stage (in line with the improved process). GW highlighted the role of ICB boards and committees in respect of the three lines of defence and inclusion in reporting. MW and CD acknowledged the good progress and work of the Risk team. **Information Governance/SIRO report** – the committee noted the report and compliance levels across the IG workstream, CD acknowledged the increase in activity and explored the team's resource; a number of processes have been streamlined, teams are looking at proactive publishing of commonly requested data, a new FOI webform has been introduced, the chair thanked the team for their work in managing to maintain compliance across the ICB an manage the increase in activity.

	23/24 Annual Report and Accounts – The draft annual report and accounts for 23/24 which are subject to audit were received by the committee.The audit has been delayed slightly due to the late finalisation of WECCG 22/23 and ICB 9 months account for 22/23 resulting in a submission date of 12th July. ICB and BDO are meeting twice weekly to ensure queries are progressed and resolved as quickly as possible. Breakeven duties have been met, no significant changes are expected **Review major changes in policies, planned disclosures, accounting estimate and judgement** – no significant changes to report. **External Audit Plan –** The 23/24 plan was presented and approved. Discussion centred around the timeline for 24/25. BDO are confident that the extraordinary situation for 22/23 will not manifest itself for 24/25. An interim audit will take place mid year which will support the timely conclusion of the audit for 24/25. **Review of tender waivers, procurement register –** The committee noted the register, CD asked for additional detail relating to approving committee to be added to the next report. JO to be invited to the next committee to provide an overview of the changes to the procurement regulatory landscape. SS highlighted that procurement was becoming a highly litigious area across the NHS. **Internal Audit Plan –** The 24/25 plan was presented and approved. RSM thanked Exec for supporting the timely conclusion of 23/24 workplan, the RSM papers include a number of insightful breifings, CM offered the committee/Board a workshop on the provider selection regime, CD requested inclusion of formal reporting of legal claims within the Governance report to support visibility. **Local Counter Fraud –** Counter Fraud workplan and progress report received, LCFS already well engaged with key teams within the ICB. **Workplan –**Governance lead and chair to discuss further refinement and alignment.
Committees to note:	• Further national conflicts of interest guidance awaited.
Forward plan issues:	• Quarterly mandatory training figures to be reported to Audit and Risk Committee. • Quarterly CoI register to be reported to Audit and Risk Committee, then published proactively on the website. • AD of Procurement to attend the committee in September to provide information regarding to the changing landscape of procurement regulation. • Report of legal claims to come to Audit and Risk Committee
Date of next meeting	Friday 6th September 2024

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document

System Transformation and Quality Improvement Committee – Thursday 04 July 2024	
Signed off by Chair and Executive Lead:	**T Stober / N Hammond / F Shattock**
Key items discussed:	• Deep dive: Maternity - Presentation from leads across the ICS. The report provides an update on our system position in relation to the national drivers for Maternity and Neonatal Services and highlight the work that has or is underway to support. • This report highlights how we currently raise challenge and capture the voices of our service users to inform our programmes of work and how the LMNS and ICB provide system level oversight. • Working towards NHSE 3-year delivery plan for maternity and neonatal services published in 2023. • The aim to achieve this has been set out under 8 workstreams; Personalisation & Choice, Prevention, Workforce, Inclusion, Quality and Safety, Neonatal, Digital and Data and Ongoing. • Workforce remains the biggest challenge although the picture is changing – work under way to retain staff, support existing staff via ongoing training and wellbeing checks, upskilling and placements for all trainees who qualify in September. Recruiting into the system digital midwife role. • The LMNS strategy will be launched imminently. • Future deep dives and discussions to include obstetric input as well as midwifery. • Quality Committee Governance – Noted the new committee Terms of Reference and work plan. There is an agreement to develop a task and finish group to support the transition work for this new committee. • Quality Escalations Report - Measles remain an area of concern and numbers continue to increase across the region. • Water quality in some providers due to requiring estates improvements. • Lampard enquiry update – live and ongoing since the report was written, updates will be provided to the ICB Executive and Board meetings. • Work across all 3 acutes on pressure ulcer figures. • David Fuller report –a T&F group has been established to review all mortuary facilities across Hertfordshire and West Essex and will now be benchmarked against the Fuller report and Human Tissue Authority regulatory guidance.

	• Paediatric audiology improvement work at East and North Herts Trust continues as well as implementation of system approach • Performance Report – 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. • High risk area – CHC 28-day assessment. • Childrens community waits remain high - driven by neurodiversity services, paediatric audiology and speech and language services. • Maintained Emergency Department standards. Behind regional national averages but best performance since April 21. • Focus on reducing number of long waits for elective care patients. 78 week waits continue to fall; 65 week waits remain challenging. • Learning Disability Health checks excellent results and a continuing good performance expected. • 28 & 62 day cancer performance continues to perform well, and 62 day betters national and regional average figures. • ICB Quality Dashboard – New areas for reporting include workforce, Primary Care quality focus on access and Oliver McGowan information. Performance management of workforce and primary care quality are discussions that take place in other forums. • Nursing & Quality and Performance teams will continue to work in partnership to develop aligned reporting on the most relevant and up to date positions. • Continuing Healthcare Report - Update report on the Southwest Hertfordshire Continuing Healthcare Turnaround plan and current position. The leadership team will be undertaking a deep dive into the data, processes, and feedback from staff to understand the challenges. A recovery plan is in place and being rolled out across the System. • Staffing remains a challenge, currently there are 9 vacancies within the team being backfilled by agency, with plans underway for adverts to go out in forthcoming weeks. Existing staff are welcoming of changes implemented and reports received show an upturn in staff happiness and contentment within their roles. • ICB Risk Register (Quality and Performance) – new aligned register across quality and performance. New risk in relation to the increased prevalence of measles. • Committee agreed to reduce the risk score for the risk relating to diagnostic risk from 16 to 12. This is considering the improved performance and number of mitigations and actions in place. • Quality Account - commissioner statements for main providers – the Committee noted the process for review of the Quality Accounts alongside the final signed commissioner statements. • Annual Infection Prevention Control Report – summary of the work carried out by HWE ICB Infection Prevention and Control team in maintaining ICB oversight of IPC across the system between April 2023 and March 2024. • This work remains focused on system implementation of both the National Infection Prevention and Control

	Manual for England (NHSE, 2024), and the Health and Social Care Act 2008. • The 5-year strategy will be the main focus for implementing work in collaboration with system partners. • Policies for approval - The Committee recommended for approval the Mental Capacity and Deprivation of Liberty Safeguards, Domestic Abuse, Safeguarding and Complaints, Concerns and Patient Feedback Policies. • Feedback from Patient Subgroup – the last meeting was attended by ICB colleagues to provide updates on the Quality Strategy and Patient Experience Dashboard and the Quality Committee work including current governance changes. • Patient Engagement Forum updated on the recent survey carried out across the patient network, findings highlighted key issues for patients remain GP access and primary care. • Minutes from Sub-Groups – for info.
Date of next meeting	Wednesday 11 September 2024

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document

NHS HWE ICB Strategy Committee – 3rd July 2024	
Signed off by Chair and Executive Lead:	**G. Randhawa (Chair)** **B. Flowers (Exec..)**

Key items discussed:
(From agenda)
	• Quorate meeting
	• Minutes from 29th May 2024 approved.
	• No declarations declared.
	• Terms of Reference – Following committee requests from May 24, amendments noted and version 2 approved. Committee observed to keep under review, particularly to capture:
	  • Health Care Partnership links and reporting
	  • Links to other ICB committees to ensure assurance, reporting and links work.
	  • Noted also the assurance mapping being undertaken by the ICB internal auditors, also considering committee coverage.
	  • Therefore, noted the Terms of Reference are likely to be subject to further amendments this financial year, as the Committee evolves.
	• EEAST Urgent and Emergency Care Strategy – received by committee. Committee thanked EEAST attendance and the work plus ambition of this work. Key areas for updates from EEAST as we progress through this financial year –
	  • for EEAST to return – timings to be considered with synergy work with Medium Term Plan and Joint Forward Plan work.
	  • Synergies with this work and the ICBs Medium Term Plan – so the alignment is clear.
	  • Experience of any shifting matrix over the year from work being undertaken.
	  • What blockages are being observed, and whether there is anything the ICB and wider ICS can do to support resolution.
	• Medium Term Plan – how we are going track how priorities are going to be met. Very deliberately sought to pull together work already happening, than triggering new work. Noted link of this work with ICBs development and implementation of Equality Objectives. Similar linkage with the ICBs Joint Forward Plan.
	• Joint Forward Plan – committee received an update, and the statutory requirements behind this work. Key points raised, over how we distill/extract key priorities from this and hone in on the metrics to shift, and how we are going to effectively use this as a tool. Identified:
	  • Alignment with the Medium Term Plan – and using this to support identifying the priorities in the Joint

	Forward Plan. • Focus on the key areas of work. • What are the key indicators? • Demonstrating the golden thread through ICBs, system, and place. Key items for inclusion for September: • Fuller details of progress on Medium Term Plan – identifying also how these key strategies speak to each other. Suggested having an infographic. • 25/26 planning round and forward plan on key pieces of work with direction of travel – e.g. community forward plan, mental health.
Key points made / Decisions taken:	• As detailed above.
Committees to note:	• As detailed above.
Forward plan issues:	• Please see above, key items identified for September.
Date of next meeting	4th September 2024

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document - public

NHS Hertfordshire and West Essex Integrated Care Board

HWE ICB Strategic Finance and Commissioning Committee – 11.07.24	
Signed off by Chair and Executive Lead:	• **Nick Moberly – HWE ICB NEM** • **Alan Pond – HWE ICB CFO** • **Elizabeth Disney – HWE ICB Director Operations**

Key items discussed:
(From agenda)
	• Meeting quorate.
	• Declarations of Interest Register – noted. No additional declarations raised.
	• Minutes -
	  • HWE ICB Commissioning Committee – 16.05.24 – approved.
	  • HWE ICB Finance and Investment Committee – to be circulated virtually for approval.
	• Terms of Reference –
	  • Noted. Understood forum in first sitting and will evolve.
	  • Discussed reporting and relationship between this Committee and Health and Care Partnerships (HCPs) – this will evolve and be subject to further conversations.
	  • Clarity over role the Local Authorities have in supporting the committee.
	• Workplan
	  • Received and discussed. Agreed to keep under review and revise as committee settles. Areas possibly identified include a presentation reflecting on this ICB discharging its duties.
	• ICB/ICS Financial Report
	  • Efficiencies being sought noted, with challenge delivering against this noted.
	  • Financial Delivery Board acting as a point of assurance with this plan and its delivery.
	  • Reporting against Capital Investment Plans.
	  • Plan track of efficiencies monthly – against the five workstreams.
	• Capital Report
	  • Committee noted the Joint Capital Resource Use Plan sets out plans for capital resource use in 2024-25.
	  • Noted the ongoing updates that will be received.
	• ICS Estates Infrastructure Strategy (EIS) with Capital Pipeline:
	  • Committee noted the scope and delivery dates of the task, alongside the progress to date.
	  • Identified level of engagement from provider trusts, in support of completing a response to NHS England

	infrastructure prioritisation based on a 10-year plan. • Committee endorsed key need to provider cooperation with this plan, and its importance. • Identify in forward plan to consider opportunities for space utilisation and drive shared thinking across the system. Further, opportunities to link with HCPs to drive conversations about transformation and utilisation. • Contracts update – • Monthly commissioning and contracting panel in place across the ICB. • The ICB is working with a remaining 2-to-4-week horizon to understand any variance between planned financial assumptions for contracts and contract negotiations being concluded with accepted offers. Further update to come to the committee related to any variances to financial plan and any decision required. • Psychology Support Services Options: • Change in service, based on ICB position being directed by provider no longer providing service. Service ceased to exist with notice being issued by provider. • Based on 6-month review, to understand if assumptions on impact have changed. • Watch has been kept on demand on this particular service. • Approve recommendation to go with option 2, subject to confirmation being received if engagement or consultation is needed. • Request for update to come back to the committee with the ongoing review. Ongoing review to also include what is happening in other areas regarding these services. • HCP Committee update reports • Updates received, noted on evolution of HCP developments. • Minutes received for South Herts HCPs System Finance and Commissioning Committee. • Policies recommended by the ICB's Clinical Policies Group • Individual Funding Request policy with System Operating Procedure – approved. • Hybrid Closed loop for adult policy – approved. • Hybrid Closed loop for children and young people policy – approved. • Wigs and Hairpieces policy – now a signposting document instead of a policy – approach approved. • Interim policy on CamAPS FX policy for pregnancy and very young children, is now incorporated in the Hybrid Close Loop Policies – approach approved. • Rolling over for 2 years policies on arthroscopic subacromial decompression, Bobath therapy, hair transplantation, reversal of sterilisation, tattoo removal and tonsillectomy for tonsilloliths. • Verbal update received regarding revised guidance surrounding Continuous Glucose Monitoring systems for Type 2 diabetics - further paper to be received. • Primary Care Commissioning Committee summary • Summary noted. • New risks and escalations from committee and review of actions – not escalations identified.

Key points made / Decisions taken:	• Noted as above.
Committees to note: **=**	• Discussions surrounding evolving reporting from Health Care Partnerships • The Committee Terms of Reference to remain under review. • Further paper due to report on outcome of 24/25 contract negotiations.
Board to note:	• Noted as above.
Forward plan issues:	• Noted as above.
Date of next meeting	12.09.24

Hertfordshire and West Essex Integrated Care System

ICB Meeting Notes and Actions

NHS Hertfordshire and West Essex Integrated Care Board

Patient Engagement Forum (PEF) – 9 July 2024		
Signed off by Chair and Lead:	**Patient Chair: Alan Bellinger / Michael Watson, Chief of Staff**	
Members and Attendees:	**Patient representatives** Joy Das, Citizen representative, Primary Care Transformation Group 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 Transformation Group Citizen representative, East and North Herts) Alan Bellinger- patient Chair (ICB Buddy Scheme patient representative) Fiona Corcoran (Deputy CEO Healthwatch Herts) Justin Jewitt (Patient Safety Partners and Quality Committee patient representative) Andrew Smith – Herts service user representative, Viewpoint Sam Glover – CEO Healthwatch Essex Helen Clothier, Patient representative South and West Herts Paul Campion, Quality patient group Marianne Hiley (Citizen representative on ICB Primary Care Transformation Group, South and West Herts) Nishall Garala – patient and community representative West Essex	**Herts and West Essex Integrated Care Board staff** Michael Watson (Chief of Staff) Lauren Oldershaw (Senior Communications and Engagement Officer) Heather Aylward (Engagement Manager) Louise Manders - Deputy Head of Communications and Engagement **Apologies** Martin Norman, John Wigley, Claire Uwins
Key items discussed: ***(From***	Main focus : ICB financial update, medium term plan priorities and new ways of working: Updates from PEF Working Groups:	

agenda)	• Primary Care including DNA pilot project and supporting the development of PPGs • Mental health • Secondary care and community • Communications • PEF Collaboration platform • Social Care • Medicine Management
Agreed Actions:	1. Mental Health working group to connect on ICB Priority: Giving every child the best start in life and find out more about the new HPFT pathways for mental health services 2. PEF members offered support to the ICB to help communicate with patients on the Medium Term Plan and financial savings 3. Follow up with Dr Lim re involvement in Waiting List working group 4. Mapping and communication with PPGs to continue to build connection, widen the patient voice and share good practice 5. PEF involvement in developing the collaboration platform on ICB website 6. Undertaking one year review of PEF activity
Items for escalation / Committees / Board to note:	Board to note PEF activity
Date and time of next meeting:	13 August, 5.30pm Next face to face session: 7 October 2024

Hertfordshire and West Essex Integrated Care System

ICB Board Deep Dive:

Give every child the best start in life

Friday 26 July 2024

Working together
for a healthier future

Hertfordshire and
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Care System

Improving emergency pathways for children and young people

Working together
for a healthier future

Improving urgent and emergency pathways for children and young people - what are we doing

- Expanding and promoting Healthier Together as a resource to support self-care and self-management by families and CYP, recent review of pathways for common presentations/conditions.
- Review of our Urgent Treatment Centres and Minor Injury Units including pilot PCN same day access hubs (Stevenage South and North) with recommendations to ensure we have appropriate capacity to manage CYP, that flexes in response to unforeseen changes in demand throughout the year and supports young wheezy children.
- Paediatric pulse oximeters were purchased to ensure all GP practices had these available for winter 23/24.
- Acute trusts are working to implement a digital system to identify the deteriorating child, the national Paediatric Early Warning System (PEWS).
- Maintaining 24/7 access to community crisis response and intensive home treatment as an alternative to acute inpatient admissions.

Next steps – what we still need to do

- Develop our innovative **demand management model** using learning from national pilot to include **paediatric expertise** in the NHS 111 Clinical Assessment Service to support decision-making and management of minor illness in CYP.
- Expand the approach of the system-wide Same Day Emergency Care (SDEC) group, engaging children's leads, to ensure a consistent **model for paediatric SDEC**, building on the work happening in PAH as part of the UEC improvement programme.
- Commitment to future **developments of virtual ward/hospital at home for CYP**, scoping step-up and step-down services (in particular, respiratory).
- HCPs consider how best to support frequent attenders/**high intensity users** CYP (e.g. integrated neighbourhood team (INT) working and achieving at least one **CYP social prescribing link worker** in each PCN, or broader service development of UTCs, or use of health visiting/family centres)
- **Whole system planning** and understanding of UEC outcomes for CYP, enabled by the HWE PHM Data platform linking data from paediatric services, primary care, acute and mental health services, immunisation and school attendance.

Improving urgent and emergency pathways for children and young people - what are we doing

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Hertfordshire and
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Care System

Reducing waiting times in targeted children's services

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Reducing waiting times in targeted children's services - what are we doing

Waiting times for speech and language therapy

- December and January catch-up clinics were very successful: 526 SLT assessments completed reducing the waiting list by 78%. The clinics have been evaluated with therapists, schools and families and this approach will be continued at the end of each half term
- Successful workforce initiatives, education leads in post, new schools training team and prioritisation framework
- Improvements to website (co-produced)
- HCRG continues to be a partner in the Balance Models that HWE lead on, on behalf of Essex. This model is designed to be a leaner methodology in the provision of services and includes staffing, capacity, demand breakdowns

Audiology

- ABRs undertaken by HCT whilst ENHT progress recovery. Ongoing communications with practitioners, schools and stakeholders. Hotline in place to support queries from parents with support from National Child Deaf association

ASD/ADHD

- Neurodiversity Clinical Model and Support Hub. Operational modelling and design of the new clinical pathway completed & business case is almost final.
- The neurodiversity support hub expanded across Hertfordshire and independent evaluation was extremely positive. Feedback from families/carers has been taken on board and the operating hours will be expanded.
- Roll out of 'Understanding my autism' training is now underway.
- New model has been developed with clinical pathways, staffing that providers have agreed to. Implementation will now begin.
- HCRG provide the JADES pathway for West Essex and continue to develop their services in line with increasing demand.

On-going, graduated and tailored support across services – not diagnosis led

Digital support offers

Behaviour management techniques for families

Educational support

Chat / Text support

CYP / Peer support

CYP ND SUPPORT HUB

Self-referral

Educational Psychologist / SENCo

Health Professional

MH Professional

Other professional

Digital gateway

TRIAGE

Specialist triage to direct families and CYP to the right service(s) and identify optimum route for needs based support

Lead clinician identified

Clinical diagnostic pathway (if required)

MDT Assessment

Single Clinician assessment

Complex MDT

Stabilisation / Medication (if required)

"Understanding my Autism / ADHD" post-diagnosis course

Post-diagnosis medical support

Medication / prescribing (if required)

Care coordinator
Supporting family through choices

"Waiting well" if diagnosis required
Understanding processes and support available
Managing expectations
Accessing service not requiring a diagnosis

GP PCN referal

PCN Care co-ordinator / Neuro-diversity co-ordinator (if in place) support for families and GP services

GP On-going clinical / prescribing support

Hertfordshire and West Essex Integrated Care System

‘Nine box’ cohort segmentation model

Duty Clinician - Triage	Age of CYP / Pathway	Under 7 y/o	8 – 12 y/o	Over 13 y/o
	Single professional assessment **ADHD only**	**Community Paediatrician / Clinical Psychologist**	**Speciality doctor / GPwSI** **Clinical Psychologist /** **ADHD Nurse prescribers /** **Pharmacists /** **Paramedics** **with Consultant oversight**	**Speciality doctor/GPwSI** **Clinical Psychologist /** **ADHD Nurse prescribers /** **Pharmacists /** **Paramedics** **with Consultant oversight**
	MDT Assessment – autism only	**Community Paediatrician** Plus relevant clinical professionals such as: Speech and Language Therapist Occupational Therapist Assistant Psychologist Specialist Health Visitor	**Psychologist with CP Consultant oversight** Plus relevant clinical professionals such as: Speech and Language Therapist Occupational Therapist Assistant Psychologist Educational Psychologist	**Psychologist** Plus relevant clinical professionals such as: Speech and Language Therapist Occupational Therapist Assistant Psychologist Educational Psychologist
	Complex / enhanced MDT Assessment **ADHD and Autism (may not be concurrent assessment where stabilisation is required)**	**Community Paediatrician** Plus: Speech and Language Therapist	**Specialist Dr (ADHD) with CP Consultant oversight** Plus relevant clinical professionals such as: Speech and Language Therapist (Autism) Psychologist	**Psychiatrist (ADHD)** Plus relevant clinical professionals such as: Speech and Language Therapist (Autism) Psychologist Specialist Nurse Occupational Therapist Pharmacist

Hertfordshire and
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Care System

Herts SEND inspection

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Herts SEND inspection update

- Work continues to progresses at pace against the five key areas that have formed the priority action plan. Primary focus for health is the reduction of waiting list in community paeds, ASD, ADHD, Audiology and input from SALT into EHCP.
- Data from ENHT is still difficult to obtain
- Requests for assessments across services continue to rise which is causing waiting lists to increase
- The executive board meets regularly and chaired by Dame Christine Lenehan
- The partnership board meets regularly and has a demonstrable evidence base on the work that has been undertaken by all partners
- A quality assurance framework has been developed and the first quality visits are taking place shortly
- The following slide shows the five improvement plan for ease
- Second slide shows the SEND dashboard with progress to date

Our improvement areas

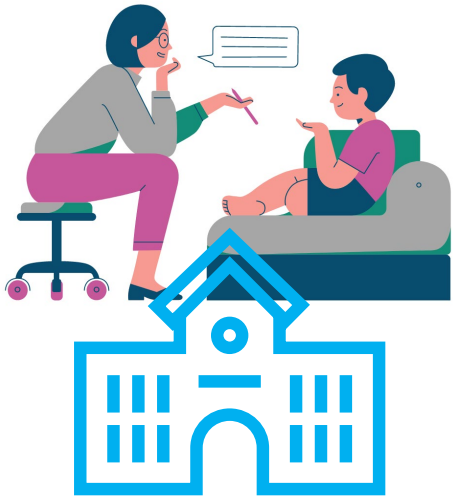
Leaders across the partnership should address the variability in CYP's access to health services that exists in the local area.

Leaders across the partnership should act to improve the quality of EHC plans, ensuring they capture the voices of CYPF in a meaningful way.

Leaders should take action to ensure that CYP with EHCPs are attending provision stated on their plans, that it meets need, and the use of part-time timetables is appropriate.

Leaders should further address the gaps and delays in service provision. This includes services for ASD, ADHD, mental health, audiology and speech and language.

The local area partnership should act to address parents' and carers' concerns at an early stage to increase satisfaction and eliminate the need for them to follow formal routes.



SEND 0-25 years

Herts Parent Carer InVolvement
www.hertsparentcarers.org.uk

NHS Hertfordshire and West Essex Integrated Care Board

Hertfordshire

Hertfordshire and West Essex Integrated Care System

Performance Headlines – SEND System Health - May 24 SEND Data Dashboard

Monthly Change | DoT - baseline

213

children waiting beyond 20 weeks for EHC Assessment to be finalised - May 24 (446 in Sep 23)

PAP2 IA2

Monthly Change | DoT - baseline

54.4%

of new EHC Plans completed YTD May 24 were finalised within 20 weeks (35.7% full year 2023)

PAP2 IA2 Target 60%

Monthly Change | DoT - baseline

18.1%

Of Annual Review Decisions were made within 4 weeks YTD May 24 (9.5% full year 2023)

PAP2 IA2 Target 40%

Monthly Change | DoT - baseline

19.41%

Of amended EHCPs following Annual Review were finalised within 12 weeks YTD May 2024 (14.9% full year 2023)

PAP2 IA2 Target 40%

136

Stage 1 complaints relating to statutory SEND in Q4 in 2023/24 compared to 181 (-33%) in Q4 2022/23

PAP2 IA2 Target 20% reduction

104

compliments in Q4 23/24 compared to 47 in Q4 22/23 (+121%)

PAP2, IA2, IA5 Target: Increase by 20% by April 2025 (250 in year)

9%

Decrease in the number of SEND related MP/Councillor enquiries Jan - May 24 compared to Feb 23

IA5

4.6%

Appeal Rate – (12 months rolling) May 2024 compared to 2.6% in May 2023

IA5

24%

Of EHCPs audited in Quarter 4 through Invision 360 were audited Good or Outstanding (5% in Quarter 2 23)

PAP2 IA2. Target 40%

357

children on referral for specialist school placement in May 24 (460 in Sep 23)

PAP2 IA3

62 (17.36%)

children on referral for specialist school placement have been for over 12 months May 24 (187 (41%) in Sep 23)

PAP2 IA3 TARGET 0 by Jan 25

137

children awaiting SaLT EHCP Report waiting >6 weeks in Apr 24 (535 in Sep 23)

IA1 IA4 TARGET: 0 by July 2024

5587

children on RTT list for Community Paediatrics in East & N Herts in Apr 24 (4795 in Sep 23)

PAP2 IA1 IA4

THIS INCLUDES CYP INITIAL APPOINTMENTS BEFORE REFERRAL TO ASD LIST

807

on ASD Waiting List in East & North Herts in Apr 24 (698 in Sep 23)

PAP2 IA1 IA4

THIS FOLLOWS INITIAL COMM PAEDS APPOINTMENT

ADHD

No data available for East & North Herts

PAP2 IA1 IA4

Paediatric Audiology

No data available for East & North Herts

IA1 IA4

1555

children on RTT list for Community Paediatrics S&W Herts in Apr 24 (1581 in Sep 23)

PAP2 IA1 IA4

THIS INCLUDES CYP INITIAL APPOINTMENTS BEFORE REFERRAL TO ASD LIST

1118

on ASD Waiting List in South & West Herts In Apr 24 (914 in Sep 23)

PAP2 IA1 IA4

THIS FOLLOWS INITIAL COMM PAEDS APPOINTMENT

1854

on ADHD Diagnostic Assessment Waiting List in SW Herts in Apr 24 (1772 in Sep 23) **PAP2 IA1 IA4**

***THIS FOLLOWS ADHD SCREENING ***

1555 /5 (0.32%)

Children on RTT list for Paediatric Audiology – in S&W Herts (HCT) waiting/ waiting > 65 weeks In Apr 24 (2220 / 24 in Sep 23)

IA1 IA4

Hertfordshire and
West Essex Integrated
Care System

Essex SEND inspection

Working together
for a healthier future

Essex SEND inspection

- The Joint Commissioning Group continues with the workstreams as identified in the last inspection – these are Neuro Diversity, Therapies, Local Offer, Equipment and SENDIASS.

- The Joint Neuro Diversity Strategic Partnership initial ‘kick off’ session has taken place lead by West Essex
- West Essex leads the Pan Essex Balance System programme for Therapies, this includes Southend and Thurrock Local Authorities

- The dash board continues to be refined with Mid & South Essex taking the lead for this as a key action from the previous inspection

- The SEND Partnership board meets regularly and provides over arching governance to the work programme

- Workshops have commenced with the support of the regional team to discuss the impending inspection which is expected in the Autumn term.

Hertfordshire and
West Essex Integrated
Care System

Implementing the Saving Babies Lives Care Bundle version 3

Working together
for a healthier future

A system wide approach to Implementing SBLCBv3

The Saving Babies' Lives Care Bundle (SBLCB) Version 3 is a significant driver to deliver the National ambition to reduce stillbirth, maternal mortality, neonatal mortality, and serious brain injury by 50% and preterm births from 8% to 6% by 2025. Local Maternity and Neonatal Systems (LMNS) should be assuring themselves that maternity providers within their systems are fully implementing the care bundle and Maternity Incentive Scheme (MIS) in relation to the six elements contained within the bundle as listed below, with Diabetes being a new addition for this year.

- Reducing Smoking in Pregnancy
- Fetal Growth Assessment
- Reduced Fetal Movement
- Fetal Monitoring in Labour
- Reducing preterm birth
- Diabetes in Pregnancy

LMNS Oversight & Assurance

Maternity Providers

DATA Oversight	Enablers (MIS/CNST)	Assurance
Provide Monthly data on metrics contained within SBLCBv3	SBLCBv3 is a requirement, adding an additional layer	Providers report SBLCBv3 status into LMNS Q&S Forum
↓	↓	↓
Reviewed by LMNS, Region and fed into National Team	Providers report status of SBLCBv3 to LMNS quarterly	SBLCBv3 reported by exception to LMNS Board

→ ICB & Quality Board

Hertfordshire and West Essex Integrated Care System

SBLCBv3 Work To date

- Set compliance metrics and stretch targets in partnership with the Trusts
- Scrutinised the submitted evidence submitted by providers, gaps identified (23-24)
- Improvement actions identified and communicated to each Trust via the Tool Kit
- Re-evaluated evidence following implementation of action- Trusts met compliance targets (23-24)
- Created a neonatal Governance team to support oversight
- Worked with our service users to ensure we are listening and continuously improving by creating enablers to receive feedback and turn that into action- Mum & Baby App
- SBL service improvement across each provider: smoking cessation service, Continuous Glucose monitoring, Safety Champions, System wide Fetal Monitoring training, Fetal Growth Assessment Training

SBLCBv3 Work in progress

- System wide SBLCBv3 reporting template being rolled out via LMNS Dashboard which captures SBL metrics
- Digital Lead Midwife recruited to support digital enablers contributing to SBLCBv3
- Diabetes continuous Glucose monitoring devices fully implemented and procured for up to one year following delivery
- Linked in with system peers across Region to share learning and support best practice of SBL elements
- LMNS presence at each provider Q&S forum where SBLCBv3 is reported in detail
- Provider SBLCBv3 Trust link leads now in situ
- Preterm births specialists in 2/3 Trusts, 1 being recruited imminently
- Appointment of Quality & Safety Lead (LMNS)
- Quarterly SBL assurance meetings scheduled with providers and LMNS
- LMNS involved in national pilot delivering care and education aligned to SBL

SBLCBv3 Planned Work & Ambitions

- SBLCBv3 aligned to LMNS Strategy and 'best start for life'
- Peer review of SBLCBv3 data collection from other LMNS' across the region
- Improvements to reviewing patient safety incidents and investigations (PSII) and actioning improvements from shared learning
- Improvements to the LMNS' functions to provide oversight and assurance of SBL
- A new LMNS Quality & Safety Improvement plan and committee to capture actions and themes and generate programmes of work and continuous improvement
- SBLCBv3 specialist posts rolled out across all providers for all elements of the care bundle- ambition
- Early pregnancy pathways scope underway with a view to optimise pre-term birth pathways and those most at risk (secondary deriver)

Hertfordshire and
West Essex Integrated
Care System

Improve paediatric access to NHS dentistry

Working together
for a healthier future

Improving access to paediatric dentistry

Improving access to NHS dental services is both a national and local priority. The 2024-25 dental priorities align to the ICB strategic objectives and the below work programmes specifically supports the ICB ambition to *"Giving every child the best start in life"*

Dental Checks in residential special schools

- Access to dental checks for children and young people with a learning disability and/or autism is an NHS Long Term Plan commitment.
- Funding for the dental checks is part of the service development funding (SDF) allocation for 2024-25.
- This service will be delivered as part of dental screening in special schools that is provided by Community Dental Services and commissioned by the local authority.
- Of 44 special schools in Hertfordshire and west Essex, 7 are residential (6 in Hertfordshire; 1 in west Essex) serving approx. 445 pupils
- Publication of national service specification is expected imminently.

Child Focussed Dental Practices

- The East of England Paediatric Managed Clinical Network (MCN) has set out proposals to support improvement in oral health for children and young people by enhancing the skillset of the oral healthcare team within primary dental practices.
- This has been identified as a regional priority and is supported by all ICBs in region.
- HWE ICB is working with the Chair of the Paediatric MCN to understand the model better and potential investment required and will develop a business case to mobilise a pilot across 5 or 6 practices initially. The aim is to mobilise by Q1 25-26 at the latest.
- This follows a pilot led by Eastman Dental Hospital in 2022-23 which showed improved patient outcomes, reduced waiting times for treatment, easing pressure on community and acute dental services, positive practitioner engagement and financial benefits.

Epidemiology

- Annual dental epidemiology surveys measure the oral health of specific age cohort of patients. Information gathered is used to:
  - feed into local authority statutory health needs assessments;
  - provide standardised information for comparison locally, regionally and nationally, including child age comparisons with previous years (2008, 2012, 2015, 2017, 2019 and 2022) as part of the Public Health Outcomes Framework;
  - inform local oral health improvement strategies.
- The 2023-24 survey covered 5-year-old school children to look at prevalence and severity of dental caries; a minimum of 250 children are sampled per lower tier local authority from a minimum of 20 schools in each of the 10 LTA.
- Data from the sampling is due to be submitted by 31 July 2024 with results published later in the year.

Oral Health Promotion

- A new joint Oral Health Alliance (OHA), chaired by HWE ICB will meet in September. This will bring together public health teams from Hertfordshire and Essex county councils to ensure shared learning and a consistent approach to oral health promotion.
- The group will initially focus on the recommendations from the Hertfordshire Oral Health Joint Strategic Needs Assessment published at the end of 2023.
- Current initiatives include handing out toothbrush packs in Holiday Clubs (west Essex), pop-up clinics in Family Centres in areas of deprivation and supervised tooth-brushing schemes (Hertfordshire).

Flexible Commissioning

- An approach to flexible commissioning under existing primary dental contracts is being developed which will target children and young people to improve access and to include support for looked after children.

Investment into Community Dental Services – additional funding secured to increase capacity with CDS and implementation of an anxious child pathway to reduce referrals into acute trusts.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Questions to the Board – July 2024

Public Engagement Forum:

Question:

Continuity of Care

What is the ICB's position on ensuring continuity of care across primary, community, hospital and mental health providers? And is there any assurance you can give that there is sufficient capacity and skills in care services to support this aspiration?

Response:

The ICB makes a commitment in its Medium- Term Plan to delivering a shift in care from a sometimes a siloed and poorly coordinated model to continuous, integrated care. Continuity of care has benefits for patients, GPs and the wider health system. For example, increased continuity has been linked to lower avoidable hospital admissions, fewer urgent care visits and higher satisfaction among both patients and GPs.

The ICBs patient-centred care team is proactively involved in the ongoing health and care management toward a shared goal of high -quality of care to improve outcomes for the patients and their own experience.

A critical element that underpins continuity of care is ensuring that patients are able to see their usual or preferred GP. The ICB is working with GP practices top support this through the implementation of Modern General Practice- in particular in relation to patients with long terms conditions or complex needs.

The challenges presented by siloed record systems within and between health and social care are well known. Sharing traditionally relied on emails/phone calls, or information relayed by the individual receiving care. This often resulted in long waits for information, impacting the quality, safety and effectiveness of care delivered. Lack of visibility of which parties are involved in an individual's care from both health and social care often led to sub-optimal triage, unnecessary duplication, time wasted for staff and delays for individuals waiting to receive care.

Like many Integrated Care Systems, Hertfordshire and West Essex have invested in a digital Shared Care Record to address these issues, using the Oracle Cerner Health Information Exchange technology. More information on the Shared Care record can be found at www.mycarerecord.org.uk.

Some of the impact of this has been:

- Connection of the HWE Shared Care Record to the parallel system in Suffolk and North East Essex. This ensured that staff within Essex County Council have visibility of information despite spanning three Integrated Care Systems. Connection of

Cambridgeshire University Hospitals NHS Trust which is outside of our ICS footprint but has significant patient flow and is the regional major trauma centre.

- Being the first ICS outside of the Capital to connect to the London Care Record. This is hugely beneficial as many patients live on the border or travel to receive specialist care within London. Staf at Hertfordshire County Council based within London trusts can access the same valuable information about their service users as colleagues in Hertfordshire.
- Increasing the programme scope during delivery to add connection to the Bedfordshire, Luton and Milton Keynes Shared Care Record. This was in response to requests from users, in particular, GP practices on the border with Bedfordshire.
- There was a range of record systems and levels of digital maturity across partner organisations. This meant data sets would differ between partners. An overriding principle set by the programme board to move at pace and not be held back from
- delivering what was possible by what was not. This was managed in practice by a clear message to all stakeholders throughout delivery, reinforced in ongoing communication and training that the level of information available will vary but continue to grow.The value of shared information between health and social care has been demonstrated by the rapid uptake of the HWE Shared Care Record within Hertfordshire County Council (HCC). Six months after full roll-out to adult care services staff, HCC accounts for 10% of all use of the HWE Shared Care Record. Utilisation continues to grow but currently, around 7500 instances of care are supported each month by council staff having access to the information they need at the right time.

We use a variety of measures to improve continuity of care. One key measure is electronic health records within general practice, as the data generated by this enables a greater understanding of patients preferences in relation to accessing their GP.. This information can be used to calculate how often a patient sees the same GP or combination of GPs, or how often a GP sees a patient on their list.

Another approach is to ask patients, for instance through the GP Patient Survey, how often they are able to see or speak to their preferred GP when they would like to. Survey information can capture additional nuances about patient preference for continuity of care that are not available from electronic health records.

Question:

Covid

What is the current advice that the ICB receives from NHS-E about the rise in Covid cases in Hertfordshire and west Essex, and does the ICB feel that there is a need for guidance for people at risk?

Response:

The ICB IPCT have been made aware of a number of new variants circulating in the UK, UKHSA advise that to date there is no evidence of a difference in severity compared to other variants currently circulating in the UK. As such there has been no update to current guidance relating to COVID-19; other than UKHSA continue to work with Vaccine developers to ensure efficacy of current and new vaccines.

However, HWE ICB is actively promoting COVID vaccination for eligible population and recently completed the Spring 24 programme. The uptake was 57.5% for all eligible patients compared to 59.5% across the region. Work has now commenced to plan for the Autumn covid programme which is expected to start in October 2024. In the mean time our infection prevention control teams are continuously giving advice to all providers and keeping professional abreast of local and national guidance and have continued to monitor small outbreaks across our system partners but there has been no significant rise in the number of COVID-19 outbreaks occurring. To date there has been no indication that changes to current COVID -19 management are required.

Question:

Dentistry

What is the current measurable gap between demand and supply? How will the ICB close the gap?

Response:

Although access to dental services is challenging on a national, regional and local level, Hertfordshire and West Essex ICB has the best workforce recruitment and retention in the East of England; and is second best in relation to dental access based on the data available on number of appointments per 1000.

It is difficult to measure the gap between demand and supply as demand is not captured in a consistent way and where dental practices may operating a waiting list, they are not required to share this with the ICB. In relation to urgent dental care, since taking on the dental commissioning from April 2023, one of the key areas HWE ICB has been working on is ways to improve access to urgent dental appointments having received constant feedback and complaints received by Healthwatch and from our 111 provider on lack of supply. In light of this, HWE has commissioned an enhanced urgent dental access to meet the needs of the populations and to learn whether we have commissioned the right level of activity to meet the growing need. We are monitoring the data we received from NHS 111 on call data related to dental which gives us a level of understanding and an opportunity to tweak the model of care and evolve it.

Dental practices do not have practice boundaries or registered lists the same as medical practices therefore patients can seek access from any practice in or outside the ICB boundary. Data from 2022 shows that 90% of all patients who accessed dental services within a HWE dental practice were HWE residents.

Another key area of focus for the ICB is to understand the oral health needs of the population to ensure we can commission the appropriate services where it is needed most. The ICB is building a clearer picture of this with the refresh of the Dental Health and Dental Access review alongside the publication of the Hertfordshire Oral Health Joint Strategic Need Assessment in December 2023 and annual commissioning of national Dental Epidemiology Survey which will help to shape the dental workplan and use flexible commissioning as a way of commissioning additional dental capacity targeted to groups of populations. This includes the ongoing work in care homes and scoping of oral health support in schools and other population groups such as migrants and travellers. Aim is to create child friendly dental practices and ensuring we are creating a family approach to dental care.