HWE ICB Board meeting held in Public

Friday 29 November 2024

Conference rooms

The Forum

Hemel Hempstead

HP1 1DN

11:00 - 15:00

Meeting Book - HWE ICB Board meeting held in Public

Agenda

	Part One - ICB Business		
11:00	1. Welcome and apologies		Chair
	2. Declarations of Interest		Chair
11:05	3. Minutes of last meeting held on 27 September 2024	Approval	Chair
	4. Action tracker	Approval	Chair
11:07	5. Chair's update report	Discuss / Information	Chair
11:15	6. Chief Executive Officer's report	Discuss/Information	Chief Executive Officer
11:25	7. Governance report	Approval	Chief of Staff
11:35	8. Committee summary reports	Assurance	Committee Chair's
	8.1 West Essex HCP Board		
	8.2 East and North Herts HCP Board		
	8.3 South and West Herts HCP Board		
	8.4 MHLDA HCP Board		
	8.5 System Transformation and Quality Improvement Committee		
	8.6 Strategy Committee		
	8.7 People Committee		
	8.8 Patient Engagement Forum		
11:50	9. Integrated reports for finance, performance, quality and workforce	Assurance	ICB Executive Team
12:15	10. Emergency Preparedness, Resilience and Response Report	Approval	
	Exception reports		
	11. Quality escalation report	Assurance	
	12. Performance report		Assurance
	13. ICB/ICS In-Year Financial Report	Assurance	

	Lunch break 12:30 - 13:15		
	Part Two - System, Leadership and Strategy		
13:15	14. Deep Dive: Objective 3: Improve access to health and care services	Assurance / Information	ICB Executive Team
14:15	15. Question from the Patient Engagement Forum and members of the public	Assurance / Information	ICB Executive Team
14:30	16. Reflections and feedback from the meeting		All
14:40	Close of meeting		Chair
	Date of next meeting: Friday 31 January 2025		

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:**	**29/11/2024**		
Report Title:	**Register of Interests**				**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 full ICB Declarations of Interest Register is routinely reported to the Audit & Risk Committee in line with the Committee Workplan and Terms of Reference							
Executive Summary:	▪ The Board Register of Interests is maintained in line with the HWE Standards of Business Conduct Policy (incorporating Conflicts of Interest). ▪ All members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Where a conflict is identified, at the Chair's discretion, the person may be asked to leave the meeting while a particular topic is being discussed. ▪ At the point of drafting this report, Board member/regular attendee declarations that remain pending for 2024/25 are highlighted in yellow in the attached Committee Register.							

<table>
<tr><td>Recommendations:</td><td colspan="4">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,
Ask that any outstanding returns from Board members/regular attendees (highlighted in yellow) are submitted to hweicbwe.coi@nhs.net to comply with the 2024/25 annual refresh.
Remind members and regular attendees that - whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interests (e.g., where an individual takes on a new role outside the ICB or enters into a new business or relationship), a further declaration should be made to reflect the change in circumstances as soon as possible, and in any event within 28 days. The revised declaration should be countersigned by their Line Manager or lead, and then forwarded to hweicbwe.declarations@nhs.net for logging.</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>

Key:	White background indicates 2024/25 delcaration received
	Awaiting 2024/25 declaration form / queries
	Full Grey Line indicates staff no longer employed by ICB - declaration to remain on the register for 1 year
	Part grey line indicates the interest has ended.

Hertfordshire and West Essex Integrated Care System

Hertfordshire and West Essex ICB
Board Register of Interests 2024-25

NHS Hertfordshire and West Essex Integrated Care Board

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	Forename			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct interest	Indirect interest	From	To	
Bailey	Ruth	Non-Executive Member, NHS HWE ICB	Expert advisor to Boston Consulting Group in the Middle East on a public sector project that is not healthcare related.	√					2021	Ended 2022	
			Associate HR Consultant for 3XO. Not engaged on any healthcare related projects.	√					2022	Ended 2022	
			Spouse is Director in UK Health Protection Agency.					√	2016	Present	
			Executive Director of People and Organisational Effectiveness for the Nursing and Midclose relativery Council (job share)	√					2022	Present	
			Non-Executive member of South West London ICB.		√				2022	Ended Aug-24	
Burstow	Rt. Hon. Paul	Non-Executive Member, NHS HWE ICB Chair NHS HWE ICB	As Managing Director of Indy Associates Limited. The company is jointly owned by myself and my spouse and undertakes consultancy, advisory and public policy work: • I have undertaken paid non-proprietary consultancy for AstraZeneca on two occasions in 2023 and at the point of making this entry two occasion in 2024. • I also act as a paid senior adviser to the health practice of MHP Group. The role includes advising on health policy, government decision making, and the health system landscape. I chair, facilitate, and present at events organised by MHP Group with and for their clients in the pharmaceutical sector, patient advocacy groups, NGOs, and professional organisations. • As part of my MHP Group work - in October 2024 – I will be presenting at a Sickle Cell Transition Policy Lab. My role does not involve and I am not being asked to endorse sponsor company products. The sponsors for this event are Novo Nordisk and Pfizer. • As part of my MHP Group work – in late October 2024 – I will act as chair and facilitate a non-promotional* event concerning Cardio Renal-Metabolic disease. The meeting is for the company Boehringer Ingelheim. • On 12th November 2024 – I will be acting as chair for a roundtable event being held at the Houses of Parliament. The event is sponsored by Boehringer Ingelheim, with OVID Health conducting an insight gathering exercise.	√		-	-		May-15	Present	The company does not tender for workfrom NHS organisations. Should a discussion or paper relate to: • AstraZeneca • Boehringer • OVID Health •Ingelheim • MHP Group • OVID Health I will declare an interest either in advance of the meeting or at the point a direct or perceived conflict is identified. I play no part in any tendering, marketing, or lobbying work on behalf of clients of MHP Group or OVID Health. 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.

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			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 chair of the trading charity, the Social Care Institute for Excellence. The charity undertakes consultancy and improvement support in social care and beyond.	√					Jul-17	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 Jul-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.
Coats	Matthew	Senior Responsible Officer South West Herts HCP	2024/25 declaration of Interest to be completed								
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.
			Natural England, Board Member	√					Mar-18	Present	Declare as required.
			Housing 21, Board Member	√					Sep-21	Ended May-24	Declare as required.

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			Aldwickbury School Trust, Governor			√			Nov-18	Present	Declare as required.
			Royal Society for the Protection of Birds (RSPB), Trustee			√			Oct-24	Present	Declare as required.
			Institute of Chartered Accountants for England and Wales (ICAEW), Member		√				1992	Present	Declare as required.
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.)	-	√	-	-	√	Jan-19	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.

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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	Current	To be logged on ICB DoI registers and declared if relevant in meetings/ work
			From 2018 I was a Director for Ranine Ltd - a company that provides private medical services by one consultant (spouse as above) to local independent hospitals. From 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	Current	To be logged on ICB DoI registers and declared if relevant in meetings/ work
			Director of Castellan Homes Ltd, a family company for which I am a director.	√					2024	Current	It does not have and has never had a contract with the health or social sector - operating completely out of that environment.
Khan	Iram	Corporate Governance Manager - Board & Committees	Nil	-	-	-	-	-	-	-	-
Lafferty	Thomas	Chief Executive Princess Alexandra Hospital NHS Trust Chair WE HCP Board	Director & Owner; TWL Associates Ltd (dormant)	√					Jun-14	Present	
Lavington	Adam	Director of Digital Transformation	Nil	-	-	-	-	-	-	-	-
Marcus	Tania	Chief People Office	Nil								
Marovitch	Joanna	Chair VCSFE Alliance VCFSE Allinace board member Regular Attendee ICB Primary Care Transformation Committee	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

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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	
			Director North Stevenage PCN	√	-	-	√	-	2022	Continuing	
			Partner at Larksfield Medical Practice	√	-	-	√	-	2018	Continuing	
			Partner 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						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

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			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.			√					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

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			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 Type 1 Diabetes	-	-	-	-	√	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	Chief Executive Officer - Hertfordshire Partnership University NHS Foundation Trust	Chief Executive and employee of HPFT	√					Dec-21	Current	Declare interest
			Board Trustee - NHS Providers		√				Jul-23	Current until Jul-26	Declare interest
			East of England Provider Collaborative Lead CEO 2024		√				Jul-24	Current	Declare interest
Turnock	Philip	Managing Director of HBL ICT Shared Services	Nil	-	-	-	-	-	-	-	-
Watson	Michael	Chief of Staff, NHS HWE ICB	Nil	-	-	-	-	-	-	-	-

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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
Wightman	Lucy	Partner Member, Local Authority	Member of international Advisory Panel for Academic Health Solutions	√					Apr-22	Present	Exclusion from related/conflicted agenda items/papers
			Board Member for Northamptonshire Sport		√				Apr-22	Present	Exclusion from related/conflicted agenda items/papers
			Member of Reform Health Council						Sep-22		Exclusion from related/conflicted agenda items/papers
			Board Member for Intelligent Health & Sport England Advisory Board		√				Aug-22	Present	Exclusion from related/conflicted agenda items/papers
			Student at Anglia Ruskin University		√				Jan-23	Present	Exclusion from related/conflicted agenda items/papers

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

DRAFT MINUTES

Meeting:	**NHS Herts and West Essex Integrated Care Board** **Board meeting held in Public**			
	Meeting in public	☒	*Meeting in private (confidential)*	☐
Date:	**Friday 27 September 2024**			
Time:	**12:45 – 15:15**			
Venue:	**Latton Bush Conference Centre, Harlow and remotely via MS Teams**			

MINUTES

Name	Title	Organisation
Members present:		
Paul Burstow (PB)	ICB Chair	Herts and West Essex ICB
Ruth Bailey (RB)	Non-Executive Member	Hers and West Essex ICB
Catherine Dugmore (CD)	Non-Executive Member	Herts and West Essex ICB
Trevor Fernandes (TF)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Jane Halpin (JH)	Chief Executive Officer	Herts and West Essex ICB
Natalie Hammond (NH)	Director of Nursing and Quality	Herts and West Essex ICB
Elliot Howard-Jones (EHJ)	Joint SRO ENH Health and Care Partnership	Herts and West Essex ICB
Rachel Joyce (RJ)	Medical Director	Herts and West Essex ICB
Helen Maneuf (HM) Deputy for Scott Crudgington	Operations and Commissioning Director for Older People, HCC	Hertfordshire County Council
Chris Martin (CM)	Commissioning Director	Essex County Council
Nick Moberly (NM)	Non-Executive Member	Herts and West Essex ICB
Prag Moodley (PM)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Ian Perry (IP)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Rodney Pindai (RP) Deputy for Matthew Coats	Acting Chief Finance Officer	West Hertfordshire Teaching Hospitals NHS Trust
Alan Pond (AP)	Chief Finance Officer	Herts and West Essex ICB
Gurch Randhawa (GR)	Non-Executive Member	Herts and West Essex ICB
Adam Sewel Jones (ASJ)	Joint SRO ENH Health and Care	Herts and West Essex ICB

	Partnership	
Thelma Stober (TS)	Non-Executive Member	Herts and West Essex ICB
Karen Taylor (KT)	SRO Mental Health, Learning Disabilities and Autism Health and Care Partnership	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 and North Hertfordshire	Herts and West Essex ICB
Iram Khan (IK)	Corporate Governance Manager	Herts and West Essex ICB
Sharon McNally (SM)	Deputy Chief Executive, PATH	Herts and West Essex ICB
Tania Marcus (TM)	Chief People Officer	Herts and West Essex ICB
Frances Shattock FS)	Director of Performance	Herts and West Essex ICB
Avni Shah (AS)	Director of Primary Care Transformation	Herts and West Essex ICB
Simone Surgenor (SS)	Deputy Chief of Staff Governance and Policies	Herts and West Essex ICB
Michael Watson (MW)	Chief of Staff	Herts and West Essex ICB
Tracey Norris (TN)	Meeting Clerk	HFL Education
Via Microsoft Teams:		
Sam Williamson (SW)	Associate Medical Director	Herts and West Essex ICB
Harper Brown (HB)	Director of Integrated Specialised Care	Herts and West Essex ICB

ICB/70/24	**Welcome, apologies and housekeeping**
70.1	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).
70.2	Apologies for absence had been received from: • Beverley Flowers • Matthew Coats represented by Rodney Pindai, WHTHT. • Scott Crudgington represented by Helen Maneuf, HCC.
ICB/71/24	**Declarations of interest**
71.1	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/72/24	**Minutes of the previous meeting**
72.1	**The minutes of the previous meeting held on Friday 26 July 2024 were approved as an accurate record.**
ICB/73/24	**Action Tracker**
73.1	Action ICB/60.3/24: An update had been provided (see page 20 of the document pack) and this item was closed.
73.2	**The Board noted the updates to the action tracker.**
ICB/74/24	**Chair's update report**
74.1	The Chair referred to his report (see pages 21-24 of the document pack) drawing the board's attention to the following: • ICP meeting held w/c 23 September –progress was being made in developing a new approach to childhood obesity and weight. There had been an important shift in the discussion away from personal choice towards environmental factors. • Collaborative working between HCC and ICB would establish practical next steps and PB would ensure there was connectivity between ICP and the Herts Growth Board Healthy Places Mission.
74.2	There were no questions arising.
74.3	**The Board noted the Chair's update**
ICB/75/24	**Chief Executive Officer's report**
75.1	Jane Halpin (JH) referred to her report (see pages 25-35 of the document pack) drawing the board's attention to the following: • Work in both Hertfordshire and Essex to improve SEND support for children and families continued at pace. • A mid-point stock take had been conducted in Herts following its recent inspection and initial outcomes were positive; families were feeling the impact of progress.
75.2	There were no questions arising.
75.3	**The Board noted the CEO's report**
ICB/76/24	**Governance Report**

76.1	Michael Watson (MW) presented the governance report (see pages 36-42 of the document pack) and sought approval for the following: • Updates to the ICB's Standing Financial Instructions and delegation levels concerning Primary Care Commissioning Committee. • To note and approve amendments to this ICBs System Transformation and Quality Improvement Committee terms of Reference.
76.2	There were no questions arising and the amendments were approved.

76.3	**Board Assurance Framework**: MW reported that:
	• Following review and revision by the executive team, a new board assurance framework had been created, see page 40-41 of the document pack.
	• The number of risks had been reduced from 8 to 5:
	  ○ Financial efficiency;
	  ○ Paediatric Audiology Service Delays and Patient Safety Concerns;
	  ○ Planned care improvements;
	  ○ Failure to meet UEC targets; and
	  ○ Increased Demand on Children's Community Services.
	• Due to the timing of this meeting, the assurance framework had not been reviewed by the Audit and Risk Committee; moving forward the committee would have first review of the assurance framework before its presentation at the board.

76.4	Questions and comments were invited: • The Audit and Risk Committee Chair stressed the need for the assurance framework to be reviewed by the committee; and over time to be shared with system partners to test for accuracy and relevance across the system.
76.5	**The Board approved the updated Standing Financial Instructions and the amended terms of references for the System Transformation and Quality Improvement Committee and noted the board assurance framework.**
ICB/77/24	**Committee Summary Reports**
77.1	The Chair explained that this agenda item had been moved to earlier in the agenda to allow chairs of committees to bring to the Board's attention any elements of their committee's work as required which related to content/delivery.
77.2	**Strategic Transformation and Quality Committee: Thelma Stober** • Review of the medium-term plan (MTP) and how to drive the delivery of key elements of the MTP. • Discussion of priority areas and relationships with HCPs.
77.3	**Strategy Committee: Gurch Randhawa** • Delivery against inequality; see deep dive at agenda item 84/24. • Tensions between finance and commissioning which could impact strategic delivery.
77.4	**Strategy Finance and Commissioning Committee: Nick Moberly** • Medium-term financial plan delivery. • Challenge of achieving in-year balance. • Review of the four-year ICS financial plans overlaid with transformation initiatives to understand impact. • Need for decision making process for all business cases to be clearer and more transparent.
77.5	**Patient Engagement Forum:** meeting summary noted.
77.6	Questions and comments were invited: • The risks and opportunities raised at each of the committees (and at HCP level) provided a rich source of content and oversight which needed to be shared with the Board in a meaningful way. • The Chair would discuss how best to achieve this with committee chairs.

77.7	**The Board noted the Committee updates.** **The Board approved the 2023/24 Annual Reports; Patient Experience (Complaints and other Feedback), Safeguarding (Children's and Adults) and Child Death Overview Panel (Herts and Essex).**
ICB/78/24	**Integrated report for finance, performance, quality and workforce**
78.1	The chair invited each of the leads to present their highlight report before opening for questions.
78.2	**Performance overview:** Frances Shattock provided the following update: • Improvements in most areas of UEC metrics had been recorded. • The 4hr performance and 111 call performance were trending upwards. • Category 2 response times remained challenged. This was an issue with EEAST and a delivery plan was being worked on. • Diagnostic metrics (6 week wait) now included audiology and had dropped as a result to 55.5%. This was the worse system performance in England. • Community waiting lists remained high for children but were improving in acute. • There had been an improvement in CAMHS 28-day target.

78.3	**Quality overview:** Natalie Hammond (NH) provided the following update
	• Focused work at local, regional and national levels to improve paediatric audiology services with robust oversight in place.
	• Reviews of cases for paediatric audiology services at East and North Herts Trust (ENHT) had been conducted (>100 cases) this showed that:
	  ○ There had been one case of significant harm and some moderate/low harm.
	  ○ This was a national issue with other trusts conducting similar exercises.
	• A new head of audiology had been appointed to ENHT.

78.4	Questions and comments were invited: • Was the UEC system ready for the usual winter surge? Lessons would be taken from last year's successful management of winter. The winter plan was being drafted and would be shared with the board in October. • Had the diagnostic metrics been reviewed with audiology removed? What did this show? Other areas were challenged eg imaging CT, MRI and ultrasound. • Had a target been set for community MH appointments? Not yet, data had been compared to national and whilst waiting times are better than the national position they are long, and we want to see improvement. • Out of area bed usage (for MH patients) had improved but was still high at 30-35 patients, driven by increased demand and the temporary closure of Aston ward (a 20 bedded unit) due to an estate issue. • The board were concerned that Cat2 response times had fallen despite improvements in handover rates and welcomed the challenge to EEAST re their delivery plans.
78.5	**Workforce overview:** Tania Marcus (TM) provided the following update from month 5: • Staff use continued to rise despite the triple lock in place; 2.2% above projected. • Bank staff usage was tracking 16% above plan (in part a result of a reduction in agency staff). • Agency staff usage was 16% under plan but 6.2% over in terms of payroll – due to agency use for high-cost positions. • Focused monitoring remained in place for agency, activity levels, staffing models and recruitment. • It is noted that the relative HWE position is one of positive progress when compared to peers.
78.6	**Finance overview:** Alan Pond (AP) summarised the financial position: • The ICS plan forecast a £20m deficit by year end (31 March 2025), and we remain off trajectory to achieve that plan.

	• Month 4: the deficit was £25.7m - an underspend was required in the remaining 8 months to claw back the £5.7m which would bring the ICS back to the agreed £20m deficit. • Additional efficiencies would materialise later in the year and seasonal factors had already been incorporated into the plan. Further savings would need to be identified. • Funding from national to cover the cost of industrial action had been confirmed: £1.6m. • NHSE are allocating additional funds of £20M as agreed as part of the 24/25 planning round, to offset the planned £20M deficit in the plan.
78.7	Questions and comments were invited: • Medical post recruitment challenges: the data would continue to be interrogated, and these posts would be added to the triple lock. PAH and West Herts had higher agency costs due to ongoing vacancies for medical posts. • Suggestion: If some posts remained stubbornly hard to recruit to then the team could consider alternative solutions beyond agency eg GP provision. • The People Board had spent time at their recent meeting considering the impact of the disruptions during the summer on workforce and what comms/support was necessary; feedback had been positive to date. • Much of the MTP transformation work would realise financial savings, the most traction was in the areas of productivity and elective work. There was no impact yet from the transformations in frailty – it was too early to assess. The rising demand in mental health services presented the biggest challenge. • Potential industrial action by GPs would have a knock-on effect of increasing demand at UEC – the PC team were closely monitoring this situation and were pushing for all parties to sign data sharing agreements. • The University of Herts would be offering an undergraduate medical school; this would provide the ICS with the opportunity to influence teaching and train in the community. • The chair summarised the board's desire for committee to retain scrutiny over transformation projects and have oversight of the financial impact of any such projects.
78.8	**The Board noted the integrated reports for finance, workforce, quality and performance**
ICB/79/24	**Quality Escalation Report**
79.1	See pages 67-97 of the document pack
79.2	**The Board noted the Quality Report**
ICB/80/24	**Performance Report**
80.1	See pages 98-144 of the document pack.
80.3	**The Board noted the Performance Report**
ICB/81/24	**ICB Finance Report**
81.1	See pages 145-166 of the document pack.
81.2	**The Board noted the ICB Finance Report**
ICB/82/24	**Mental Health Intensive and Assertive Outreach Review**
82.1	Robin Goold (RG) presented this agenda item and summarised the presentation at pages 167-182 of the document pack: • There were exceptional challenges facing mental health services across the UK. Both Trusts within HWE were facing different context and challenges. • NHSE were promoting the creation of standalone Intensive and Assertive Outreach Teams; currently within HWE many of these functions were already present across other teams with the wider system.

	• There was exceptional demand in community teams; emerging risk – the skills and core focus teams would become diluted. • An action plan would be created following the completion of the review; findings to date were summarised at pages 179-178 of the document pack.
82.2	Questions and comments were invited: • It was expected that new policy would be created at a national level following the completion of the review, but it was unlikely that this would dictate the creation of an Assertive Outreach Team. • Karen Taylor (KT) assured the board that the trusts had strong risk management and risk assessment procedures in place with multiply teams having the skills to delivery assertive outreach when required. • The review was a good opportunity to undertake an audit/stock take of current provision. • The pressure on nursing workforce was noted given the increasing caseloads and increasing complexity of service users. Most community nurses have 30-35 patients, they did not have the capacity to delivery assertive outreach as well. • Risk assessments were completed daily; the risk in the community increased when there were insufficient beds for patients. • GPs' experience of dealing with mental health issues was mixed but the introduction of ARRs have helped, in particular, the appointment of mental health workers. • Suggestion: direct access between police and mental health teams (bypassing GP gatekeeping) could save time and increase effectiveness.
82.3	**The Board noted Mental Health Intensive and Assertive Outreach Review**
82.4	**Action: Update to Board on NHSE's response to review**
ICB/83/24	**Deep dive: Objective 2: Increase healthy life expectancy and reduce inequality**

83.1	**Cardio-vascular disease (CVD): Sam Williamson (SW)**
	SW presented this agenda item and summarised the presentation shared at pages 184-189 of the document pack:
	• 40% of conveyancing to UEC were due to CVD.
	• Detection and management were key; improved access to blood pressure checks was a focus within HWE.
	• Blood pressure monitoring had been rolled out to over 200 pharmacies.
	• A pilot was underway to offer this service at opticians and dentists (14 sites across HWE) and outpatient departments (in high footfall areas eg audiology and musculoskeletal services) to "make every contact count" as well as toolkit/outreach work in areas of deprivation/hard to reach communities.
	• A senior advisory group had been formed and a joint plan created to cover:
	  ○ Hypertension
	  ○ Communication campaign
	  ○ Heart failure and cholesterol management
	  ○ Pathway review/service model standardisation
	  ○ Standardisation of guidance on injectables

83.2	Questions and comments were invited:
	• Estimates of people living with CVD unknowingly were in the region of 14-16% of the population (c200,000 citizens in HWE).
	• Suggestions to address health inequalities as well as the cohort of patients who rarely attended PC included;
	  ○ Outreach work/pop up clinics at places of worship/football matches,
	  ○ More signage in coffee shops, near pharmacies; and
	  ○ Recorded message on 111 waiting call.
	• Health Watch had been commissioned to research CVD access/reach in the autumn and the team was working with the One Vision community group to access religious settings.
	• Green/social prescribing: this would be a big part of the action plan and national pathways would be adopted re lifestyle management and support.

	• The direct comms from GPs to patients had proved an effective way to explain why blood pressure testing was so important. • The system wide, data/evidence approach to this project was highlighted as an exemplar for other service reviews.

83.4	**Veterans: Harper Brown**
	HP presented this agenda item and summarised the presentation at pages 190-192 of the document pack:
	• The Armed Forces Covenant set out the responsibilities of the ICS in relation to veterans/service personnel and their families and how they access housing, education, medical support.
	• Context within HWE (as of 2021 census):
	  ○ 33,098 Veterans
	  ○ 1,900 serving
	  ○ 550 service children in local schools
	  ○ Bases in Northwood, Saffron Walden and Hitchin.
	• In the last 12 months, 68 practices had achieved accreditation as "Veteran Friendly" with at least one practice per PCN by April 2024.
	• All six NHS Trusts within HWE are veteran aware with over 250 veteran champions.
	• Other initiatives include:
	  ○ Forces Connect: an app which maps out the 170 services across the ICS.
	  ○ Protocols to support families access mental health services and suicide prevention support.
	  ○ Learnings from best practice in other area eg Kent/Medway re access to training.
	  ○ Research and innovation to support veterans caught up in the criminal justice system and provide them with a single point of contact.

83.5	Questions and comments were invited: • Were all veterans and their families accounted for and receiving comms/support? Ans: Unknown. Accredited providers were now coding veterans, but this would take time. • The planned studies by Health Watch Essex and Health Watch Hertfordshire would hopefully provide more up to date data.

83.6	**Smoke free and tobacco dependency: Rachel Joyce**
	RJ presented this agenda item and summarised the presentation at pages 193-197 of the document pack:
	• Maternity pathway was live and BAU at all three providers – well established.
	• Mental health inpatients pathway was live at HPFT – well established
	• Funding uncertainties had affected the third pathway:
	  ○ Acute inpatients pathway stopped at WHHT at beginning of 24/25.
	  ○ ENHT paused/very small scale with no dedicated staff but keen to restart ASAP.
	  ○ PAH live but limited wards.
	• A national dashboard was in place to monitor the take-up/impact of the tobacco dependency programme – this suffered from technical issues.
	• Despite the issues caused by the short-term funding model there was excellent clinical leadership in place and various initiatives underway to further promote smoke free and tobacco dependency programmes:
	  ○ "Love your bump"
	  ○ Pre-op assessment referrals to smoking cessation
	  ○ Vaping initiative "swap to stop".
	  ○ Stoptober

83.7	Questions and comments were invited: • What programmes were in place for people who had become addicted to vaping (having taken this up without previously smoking)? There was currently no guidance from Public Health England on vaping. The focus was on stopping tobacco products. • The increase in vaping in young people and the lack of compliance to age restrictions by vendors was raised as a concern.
83.8	**The board noted the deep dive into Objective 2: increase healthy life expectancy and reduce inequality**

ICB/84/24	**Questions from the public**

84.1	MW presented this agenda item.
	• Four questions had been submitted by the Patient and Engagement Forum and two questions from members of the public. These had been included in the meeting pack together with the ICB's response at pages 198-202.
	• He invited colleagues to summarise each question and answer.
	• In addition, Alan Pond provided the following explanation as to why PAH had a higher deficit compared to WHT:
	  ○ PAH and WHT were different sized organisations facing different challenges and problems, NB structural challenges at PAH.
	  ○ Timescales were impacting financial performance, both organisations had a similar sized deficit at month 4 but the rate of improvement was greater at WHT.

ICB/85/24	**What would service users, patients, carers and staff take away from our discussion today?**
85.1	The following observations were made: • The breadth and depth of discussions had highlighted the genuine partnership working across the ICS to tackle longstanding issues. • The Board needed to mindful of productivity/efficiency pressures on staff in the drive to improve service delivery and achieve cost savings. • Children services remained unstable despite progress in some areas; the Board needed to maintain good focus in this area.
Date of next meeting: Friday 29 November 2024	
The meeting closed a 15:15.	

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Herts and West Essex Integrated Care Board Board Meeting Action Tracker Last updated on 18 November 2024								
Private / Public	**Action Tracker Ref No**	**Date of Meeting**	**Subject**	**Action**	**Responsible Lead**	**Deadline Date**	**Comments and Updates**	**Status**
Public	82.4	27/09/2024	Mental Health Intensive and Assertive Outreach Review	**Update to Board on NHSE's response to the Mental Health Intensive and Assertive Outreach Review**	B Flowers	**31/01/2025**		**Open**

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

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**29/11/2024**	
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

Since our September meeting, further details of the Government's proposed approach to health and care have been set out, alongside important developments concerning the NHS's operating model. Taken together with the financial announcements in the recent Budget the direction of travel is becoming clear.

As we approach the winter period, however, it is crucial to recognise that the immediate priority for our staff and the public remains the delivery of care in the face of challenging levels of demand. I extend my thanks to all our colleagues working tirelessly to meet these pressures.

Strategic alignment with the 10 year Health Plan

The recent Budget (outlined in the CEO's report) reflects the new Government's acknowledgment that the NHS funding settlement at the beginning of the year was insufficient to manage the financial and operational challenges we face. The Government has launched its consultation to support development of the 10 year Health Plan for the NHS. The focus of that consultation is on delivering the three strategic shifts:

1. **Hospital to Community** – Expanding care into local settings.
2. **Treatment to Prevention** – Prioritising preventive care.
3. **Digital to Analogue** – Accelerating digital transformation.

Our Medium Term Plan (MTP), developed ahead of the new Government's strategy, aligns well with these shifts. While we anticipate the need to test our plan against the finalised 10 year Health Plan, the MTP's core principles and priorities remain robust. Integrated Care Boards (ICBs) have a pivotal role in shaping and supporting these priorities, aligning the ambitions of neighbourhood health service with system-wide goals.

Insightful Board and Governance

The release of NHS England's **Insightful Board** guidance underscores the importance of effective oversight and accountability in ICB operations. This document, which can be read here, provides critical questions to guide boards in fulfilling their responsibilities. Having reviewed this guidance, I am confident it reflects our practices. Nevertheless, I have asked the Governance team to identify potential gaps and will update the board in due course.

I am sure that colleagues will have noted the recent statements from the Secretary of State for Health and Social Care, and the Chief Executive of NHS England, regarding the future role of ICBs in relation to the performance of the provider organisations.

We remain committed to the principles of clear roles and collaborative governance as outlined in the national framework. As reaffirmed by NHS England, ICBs retain their oversight role in ensuring that providers meet commissioned outcomes, even as further clarity emerges on the evolving accountability structures.

Local and National Developments

Hertfordshire and West Essex CEO/Chair Meeting

On November 19, I joined Chairs and CEOs from across our system to discuss the findings of the system CEO group's work on the future operating model for our system. The outcomes emphasise alignment with national priorities, particularly in driving self-managing and self-improving systems and delivering the three shifts and our MTP priorities. The approach to strengthening and accelerating the pace of integration in each of our three places was supported by colleagues and I look forward to briefing the board on next steps.

Dash Review

Since our last meeting the final recommendations from Dr Penny Dash's review into the Care Quality Commission (CQC) have been published. The Dash review recommends the CQC should rapidly improve operational performance; fix data infrastructure; improve the quality and timeliness of reports; rebuild expertise and relationships; review the single assessment framework; make ratings more transparent; improve local authority assessments; and pause ICS assessments for six months.

I welcome the recommendations of this review- the Care Quality Commission has a crucial role to play in ensuring quality across the NHS and Social Care, and it is important that changes are made to ensure it can fulfil that role.

Health in an Ageing Society

On the 8 November, I joined leaders from across the East of England Region for a series of presentations and table discussions. This included a presentation by the Chief Medical Officer, Sir Chris Whitty, who focused on the findings in his report on "Health in an Ageing Society". The report highlights challenges and opportunities arising from an ageing population. Its focus on improving quality of life in later years and reducing the duration of ill health aligns strongly with our broader strategic objectives set out in our Medium Term Plan.

The emphasis on **shifting from treatment to prevention** is especially relevant. For example, the report underscores the importance of preventing or delaying disease onset and managing multimorbidity to extend healthy, independent living. This reflects the strategic shift toward prevention within the NHS's 10 year Health Plan, as well as our local focus on addressing population health needs and reducing the reliance on secondary care.

Key recommendations in the report also resonate with our discussions on digital innovation, as outlined under the **digital transformation** shift. Improved health data systems, integration of multimorbidity management pathways, and the adoption of approaches that focus on understanding the biological mechanisms of ageing to delay the onset of age-related diseases and extend healthy lifespan.

Finally, the focus on adapting environments for older adults to maintain independence links directly to the **hospital-to-community** strategic shift and resonates with the Hertfordshire Growth Board's Health Places Mission, which I co-chair.

Looking Ahead

Our collective focus remains on managing the pressures of the winter season and delivering our financial plan while positioning our system to deliver our transformation priorities. The next steps in enacting the changes to our system's operating model will be critical to both the transformation we seek and our financial sustainability.

Welcome to new board members

I would like to welcome Thom Lafferty (Chief Executive of PAH) and Angie Ridgwell (The Chief Executive of Hertfordshire County Council) to their first board meeting today. They have both been working in the system for a short period but are already crucial system partners, and I look forward to their role in our deliberations today and in the future.

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:**	**29/11/2024**
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

System Financial Position

At today's meeting we will receive an update from our Chief Finance Officer on the progress our system has made towards delivery of its financial plan for 24-25. This shows that at Month 7 we are seeing some improvement, with a reduced level of variance from our plan. The overall financial position of the NHS, and Hertfordshire and West Essex ICS, remains a challenged one. However, it is good to be able to see that the work that is taking place across all parts of our system, to take the decisions and deliver the efficiencies required, is showing impact.

The board will also be aware of the Chancellor's recent budget announcement of increased funds for the NHS. This is welcome news- and a recognition of the challenged circumstances I mention above. However, we continue to await the detail of this new funding. We know that some of it relates to known commitments, such as pay uplifts and other cost increases. The need to maintain focus on our work to drive efficiencies in our system and develop new approaches to achieving financial sustainability remain.

Operational position going into winter

We have now entered the most challenged time of the year for health and care services, and are beginning to see sustained increases in demand across Hertfordshire and West Essex. There is no doubt that we face several challenging months ahead. However, I would encourage the board to reflect on the improved position of the system as we enter winter. Not just in terms of the overall UEC operational improvements we have seen across the system (and in particular at West Herts Teaching Hospitals NHS Trust). But also, in terms of the greater collaboration that now underpins our approach. This is evident both in managing the immediate challenges of high demand by mutual aid and day to day partnership working, but also in the strategic decisions we are taking to reduce demand in our Accident and Emergency departments across all four of our Health and Care Partnerships.

This is an ongoing example of the impact that a more integrated system approach can have.

Recent Speeches by the Secretary of State and Chief Executive of NHS England

Colleagues on the board will, of course, be aware of the recent statements from the Secretary of State and the Chief Executive of NHS England regarding the future role of ICBs in oversight of the performance of our provider organisation.

As the chair references in his report- there has been subsequent clarification of the changes, and in particular the continuing role that ICBs will play. However, because of the media focus on the performance changes, key elements of the two speeches may have been overlooked. In particular I welcome the restatement of the ICBs key role as a strategic commissioner- and the importance of using that role to drive the strategic shifts that the government are calling for and which we as a system are seeking to deliver through our medium term plan.

Primary Care Awards

Paul and I were delighted to be able to join the '**Celebrating Primary Care Achievements Awards 2024'**, event earlier in November. The event was a celebration of hard work, successes and

achievements in primary care. The primary care sector remains integral to everything we are trying to achieve as a system and it was a great opportunity to recognise and reward those who are carrying out so much fantastic work.

Increase in National Insurance (Employers contribution)

It was also announced in the budget that there will be increases in employer National Insurance Contributions (NICs). This will result in a 15% contribution rate for employers, with a lowering of the earnings threshold, which will now apply to all salaries of £5,000 and above. Whilst we have been assured that funding to cover this is being set aside for the NHS and public sector, I am aware that this will have a significant impact on many of our ICS partners, including those delivering services within hospices, care homes, the voluntary sector, and general practice. I realise that this is causing significant concern and uncertainty for many organisations which are now seeking guidance on how the impact of these changes might be mitigated.

At this stage the ICB has limited information about the implementation of these plans, but we will continue to seek further information during the weeks ahead. Please be assured that we will share any further updates with our stakeholders as soon as we have them. Throughout this process we will continue to engage with all our partner organisations affected by the proposed changes.
Another element of the budget for which are continuing to seek to identify further detail is the increase in the employer rate of National Insurance.

Whilst I recognise the challenge this increase will have across many sectors in our system, I particularly wanted to recognise the concern that it has caused in the Voluntary, Community, Faith and Social Enterprise sectors, and in doing so reiterate the commitment of the ICB to working with the VCSFE alliance to support and grow the sector, which is crucial to achieving our vision as a system.

Recent visit with East of England Ambulance Trust

I would like to thank colleagues from the East of England Ambulance Trust, who recently allowed me to join them in an ambulance for the day. The time I spent with the team reconfirmed my existing gratitude for all of our emergency response teams, who do a difficult job on a daily basis with the upmost professionalism. It also allowed me to see first hand some of the areas where we can do more to integrate our services and utilise digital solutions more effectively, and I will continue to work with colleagues in the ICB and across the system to make improvements in these areas.

Welcome to Thom Lafferty and Angie Ridgwell

I would like to end today's report by welcoming Thom Lafferty to our system, as the new Chief Executive of Princess Alexandra Hospital Trust. He brings a wealth of experience and has already been a valued addition to the system CEOs group. I would also like to welcome Angie Ridgwell, who joins our system as the Chief Executive of Hertfordshire County Council. They are already making significant contributions to our system and I wish them well in their new roles.

Progress on delivering our Medium Term Plan

24-25 priorities:

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

Work continues across the system to increase the prevalence and treatment to target for hypertension.

- GP practices with the lowest prevalence and treatment to target and serving higher areas of deprivation have been revisited to monitor progress and offer support to increase detection of hypertension.
- Information packs on hypertension detection and treatment at practice level have been produced and circulated. The ICB supported Watford FC Community Trust in delivering hypertension awareness campaign event.
- The Dental and Optometry blood pressure check pilot is now into implementation. Training has been completed at 14 sites, and 67 readings taken September – October 2024.
- A new initiative is beginning across the ICS to improve coding of hypertension in primary care. Practices identified as having the highest proportion of people with potential hypertension who are not coded will be visited to support the practice to develop an action plan to review and manage this cohort.
- ENH HCPs managing heart failure at home pilot has been awarded 'The most promising Pilot in 2024' by the HTN Health Tech Awards. Congratulations to all ENH partners who supported this pilot which has demonstrated the power of proactive and preventative care for our patients with heart failure. The new Integrated Heart Failure Service has adopted this learning and is expanding the remote monitoring capability within its service offer.
- Hypertension Champion: EPUT blood pressure monitoring has started in sheltered housing schemes and partners are working together to improve the model of delivery. All patients under the care of the community integrated teams in Uttlesford have had BP checks this will extend to Epping and Harlow. BP machine in situ at Dunmow Clinic to support local population to record BP with advice and guidance leaflets.
- Hertfordshire Talking Therapies' Emotional support for Long Term conditions campaign aims to encourage individuals struggling with stress, low mood, or anxiety related to their LTC to seek help through NHS Talking Therapies services. For information about the campaign, available resources, and how to get involved, visit: https://www.hpft-talkingtherapies.nhs.uk/talk-for-your-health

Prevalence of hypertension has increased steadily across the ICS; there has been a 0.5% increase and a narrowing in the gap between some to the practices with lower than predicted prevalence. Currently, 77% of people with hypertension are treated to target. People across HWE now have significantly improved access to blood pressure checks across a range of settings, including general practice, community pharmacy, some dental and optometry sites, outpatient departments and through community services. Over 100,000 people have submitted home or ambulatory blood pressure readings to their general practice so far this financial year, making it easy to share results and access support for blood pressure management. This puts us on course to outperform last financial year when 117,000 readings were submitted.

Improve UEC through more anticipatory/SDEC care:

In ENH HCP five Respiratory Hubs have gone live to support the care and management of patients with respiratory illness in their local community. A pneumonia pathway is also being developed. The HCP held a Frailty conference this month with all partners to explore opportunities for collaboration to support the ICB ambition of a 25% reduction in non-elective admissions for our frail population.

The Urgent Treatment Centre at ENHT has piloted the management of children with minor injuries who are "streamed" from the front door of ED. Opportunities to explore how the management of minor illnesses can be integrated with primary and community services is being explored.

In West Essex approval has been given for a pilot scheme - to dedicate a proportion of community bedded capacity to complex placements through winter. The intention is to offer better care for adults needing short-term "Discharge to Assess Bedded Care Placement". It will bring together resources already available in the system to form a dedicated team of social workers, therapists, mental health and CHC nurses. The pilot aims to reduce the length of stay for these adults, reduce their long term care needs, reduce readmissions, make better use of system resources and ultimately, improve the experience and outcomes for the adult. The pilot is due to commence on 1st November.

A pilot project coordinated by HCC in 53 care homes has been completed by the Integrated Care Programme Team (ICPT). Hertfordshire Care Providers Association (HCPA), our delivery partner continues to embed the use of the lifting devices in care homes to respond to falls and acutely unwell people, thereby reducing avoidable hospital admissions and attendances at ED, increasing appropriate local alternatives, and improving Hertfordshire resident experience and outcomes.

KPI	Target	Progress
To reduce 999 calls for an ambulance from Care homes due to non-injurious falls.	30% reduction	27% Reduction
To reduce hospital attendances and hospitalization due to non-injurious falls in Care home.	30% reduction	19% Reduction

Better care for those in mental health crisis:

- Interim Evaluation report for the Mental Health Urgent Care Centre has been produced and will be considered at the ICB's Urgent and Emergency Care Board. The evaluation shows the positive impact of the service on the experience and outcomes for people presenting in crisis as well and how it has helped to reduce the number of people being admitted.

- The Mental Health Response Vehicle is being mobilised. Recruitment in underway now so that the additional vehicles can be active over the winter period.

- In mid-October an Essex-wide mental health in-patient discharge (MADE) event was held, as part of the work to improve flow and reduce the use of out of area beds, to a maximum of 20 by the end of December 2024. As a result of the initial event, existing weekly operational processes have been reinvigorated, discharge dates have been agreed for the majority of delayed patients and a longer-term work-plan is being developed to address some of the

wider system issues identified. A series of mini-MADE events will take place over the next couple of weeks and a further full MADE event is proposed for late December.

Elective care recovery:

HCC continues 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.

Childrens care backlog recovery:

Mobilisation of the new model for the assessment and diagnosis for children and young people with possible ADHD or neurodiversity in Hertfordshire has begun. Considerable work has been undertaken on the single referral gateway and standardised referral routes. Partnership working with HCT ENHT, HPFT – operational and clinical teams - and the MHLDA HCP has reached agreement on the draft suite of referral forms, and work is underway to consult with primary care colleagues and parent carers before digitisation. Recruitment for four new specialist admin roles to support the new gateway is underway and awaiting approval through Vacancy Panel.

The initial findings of the independent evaluation of the Children and Young People's Neurodiversity Support Offers has been received. The evaluation points to improved confidence and engagement from children and young people, friendships and trust with other young people being formed over the course period, and significant improvements in self-awareness and acceptance of themselves and their neurodivergence.

Medium Term Plan objectives:

Ensuring every child has the best start in life:

- Informal feedback from the SEND stock take (Hertfordshire) has taken place. DfE and NHSE noted that as a system sufficient process has been made, Concerns remain regarding Audiology and ASD/ADHD waiting times.
- Preparation for the SEND Essex inspection continues. It is expected to have a key focus around ASD/ADHD assessment waiting times and pathways, speech and language therapies (SALT).
- Other actions taking place in Essex at the current time include:
- Re-procurement of the Essex Child and Family Wellbeing.
- The pilot PINS programme (partnership in neurodiversity in schools NHSE programme) continues across Essex and Herts. DfE and NHSE are interested in both programmes and early discussions on continuation of funding as a pilot programme nationally have taken place.
- FOLLOW programme, a multi-agency speech, language and communication campaign which is led by the Early Years Service has launched in Essex.

Within Hertfordshire:

- The first pilot “Pregnancy and parenting” circles have started in Stevenage, Harlow, and Watford. The LMNS are working with the research team at City University to develop a robust evaluation process.

- Further work is continuing between education and health partners in Harlow. One of the priorities is around parenting skills, speech and language development and school readiness in the ‘bump to five’ period. A range of activities are underway, including the provision and quality of information given to families and carers during this period, involving students from Harlow College as part of their course work. Other priorities of the partnership include healthy weight (children and parents/carers) and oral health. Parenting skills lessons are also being launched in and around Harlow.

Increasing healthy life expectancy and reduce inequality:

In ENH Hitchin and Whitwell PCN are hosting a series of Healthy Eating webinars. Each webinar will have a different focus on healthy eating with participants having the option of cooking a meal as part of the webinar.

In West Essex HCP the successful ‘Ninefields’ project in Waltham Abbey is being extended to two other deprived parts of Epping Forest – Oakwood Hill and Limes Farm. A new meal planning platform, ‘Five Dinners’ is to be launched in Harlow shortly. Devised by author and TV chef Theo Michaels, it gives advice and support in creating a healthy, balanced diet for the week with advice on nutritional value and online help in preparing meals. All people living and working in Harlow will have free access to the platform, which has been commissioned by a partnership between Harlow Council, Essex County Council, the WEHCP and Rainbow Services. The project is aligning closely with the emerging Sport England/Active Essex sponsored ‘place partnership’ in Harlow focusing on driving up physical activity.

Progress is also being made in the development of ‘healthy places’ across west Essex. A multi-sector group of representatives from the WEHCP visited Bicester recently to see the good work being done both in the design of the built environment and use of open space. WEHCP is keen to develop closer, more strategic relationships between planning and growth – not just in terms of the capacity of existing services to meet growth but, importantly, to prevent ill health by design. Improvements to current housing stock is another aim, as is the development of ‘One Public Estate’, not just from a financial point of view but to improve access to services for the public.

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

In ENH Hertfordshire County Council have reviewed their digital approach to supporting patients in their own home in line with the advancing work on those with frailty, to support the earlier.

The MHLDA HCP convened a Mental Health and Substance Use system-wide workshop on 09 October 2024. A broad range of partners, including Hertfordshire Constabulary, District and Borough Councils and representatives from across health and social care providers attended. Workshop participants heard about the latest intelligence and evidence on the scale and impact of co-occurring substance use and mental illness and considered the range of services already available through local substance use providers and mental health providers. The outputs of the workshop will directly inform the programme going forwards and the networks developed on the day provide a solid foundation for the joint-work and common understanding that will be required.

Achieve financial sustainability:

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.

The ***Continuing Health Care*** Service continues to make improvement to patient's pathways. Notably, the processes used for rapid assessment of people who have been identified as close to the end of life have been improved, which has shortened assessment times for these patients. In addition, the investment in nurses to oversee patients on a "discharge to assess" pathway has improved the timeliness of assessments and identification of the care required to support patients' long term. Both these initiatives have improved our response to patients needs and driven financial efficiency.

The system is reviewing technological innovations to aid innovation and efficiencies in human resources by working with IBM and the region, on an AI assistant to aid core HR functions and queries from across organisations.

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:**	**29/11/2024**		
Report Title:	**Governance report**				**Agenda Item:**	**07**		
Report Author(s):	• Simone Surgenor – Deputy Chief of Staff, Governance and Policies • Iram Khan – Governance Manager – Board and Committees • Tatiana Njendu – Risk and Compliance Officer							
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:	• Changes to the ICB Constitution – to confirm support for the proposed changes to be submitted to NHS England for formal approval. • Board Assurance Framework – is the committee content with the ICB's approach to handling risk? Are there any further questions triggered from the risks reported?							
Report History:	The ICBs Risk Report, Board Assurance Framework and Corporate Risk Register – are also reported to the ICB's Audit and Risk Committee.							
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: • Revision of the ICB template Board and Coversheet to include details of patient or public engagement or consultation. • HWE ICB Constitution – proposed amendments – following a revised template issued by NHS England.							

<table>
<tr><td></td><td colspan="4">• Board Assurance Framework - This report provides assurance on the effectiveness of the ICB's risk management processes, highlighting key changes in corporate risks.</td></tr>
<tr><td>Recommendations:</td><td colspan="4">Members are kindly requested to:
▪ Approve – Board and Committee cover sheet update, to support evidencing of the ICBs compliance with section 14Z45, of the NHS 2006 Act (public involvement and consultation).
▪ Approve – In compliance NHS England mandated guidance, Board support to submit the proposed amendments to NHS England for approval.
▪ 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">No direct or perceived conflicts identified from disclosures received.</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">The delegation levels referenced for Primary Care Commissioning Committee do not place any additional financial pressures on the ICB.</td></tr>
<tr><td rowspan="3">Impact Assessments:
(Completed and attached)</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">In respect of the proposed Constitutional changes - please see the attached completed and signed off Equality Impact Assessment.</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 is asked to:
1.2 Approve an update to the Board/Committee cover sheets used within this ICB.
1.3 Support proposed amendments to the ICBs Constitution, as detailed in paragraph 3 below.
1.4 Note the Board Assurance Framework updates as summarised in paragraph 4 of this paper.

2. Governance update to ICB Board/Committee cover sheet.

In support of the ICBs duties surrounding public involvement, as found in section 14Z45 National Health Service Act 2006 (NHS Act 2006) and paragraph 1.4.7 (f) of the ICBs Constitution, an additional section has been placed in the Board and Committee cover sheet used within the ICB. In the sections for completion the following is found:

Patient or public engagement or consultation:	*[Identify and list patient or public engagement or consultation that has taken place]*

3. NHS Hertfordshire and West Essex ICB - proposed Constitution updates

On the 12th July 2024, NHS England issued a new ICB Constitution template. No time limit was stipulated for the implementation of template changes over and above - that they be adopted through natural round of ICB Constitution updates.

When updating an ICB Constitution, the ICB Board is approached to support the amendments, with NHS England providing approval for the changes. Once approved, the revised Constitution is then published via the ICB website as version 7.0.

The proposed are found in the following sections:

- 1.4.7(f) – inclusion of a “5” to read - 14Z54
- 1.5.1 – removal “This Constitution must be reviewed and maintained in line with any agreements with, and requirements of, NHS England set out in writing at establishment.”
- 1.7.3 (d) – Change in clause reference from 3.6.2 to 3.7.2.
- 2.2.3(f) – additional of wording “(one of which, but not the Audit Committee Chair, will be appointed Deputy Chair; and one of which, why may be the Deputy Chair or the Audit Committee Chair, will be appointed the Senior Non-Executive Member)”
- 3.2.7 - addition of sentence “meaning an individual…”. Removal of “(within the meaning of section 14N of the 2006 Act)”.
- 3.3.1(b) – “willing” changed to “committed”. “Uphold”, changed to “upholding”.
- 3.3.4 – change of “total” to “maximum”.
- 3.4 – new paragraph detailing Deputy Chair and Senior Non-executive Member.
- 3.6 – change Forward Plan Condition, amended to read as a name with an upper case used at the beginning of each word. Same with Level of Service Provided Condition.
- 3.7.2 and 3.7.2 (b) – amended clause number references.

- 3.7.5 – amended clause number references.
- 3.8.2 – amended clause reference.
- 3.13.3 – amended clause reference.
- 3.15 – removal of paragraph headed “Specific arrangement for appointment of Ordinary Members made at establishment.”
- 4.6.8, second paragraph – inclusion of reference to “and Deputy Chair”.
- 7.3.8. – inclusion of “(the “Joint Forward Plan”).
- 7.3.8 (c)- addition of wording “set out…” and deletion of “proposed steps”.
- 7.3.8 (d) – amended wording.
- 7.3.8.(e) – amended wording.
- Appendix 1 – added definitions – including Forward Plan Condition.
- Standing Order – paragraph 4.2.3 – new paragraph from NHS England revised template. The template provides ICB wording over arrangements where the Chair or Deputy Chair are absent or disqualified from participating by a conflict of interest. The suggested wording has been provided, after also considering local wording adopted by neighbouring ICBs:
- “the assembled members may appoint a temporary deputy to preside over meetings of the board.”
- Standing Order – paragraph 4.7.2(c) – new paragraph from NHS England revised template: “A nominated deputy permitted in accordance with standing order 4.5 will count towards quorum for meetings of the board”. The Board has the option to say “will not” – this is supported by current wording found in the ICBs Constitution at paragraph 4.5.1 of the ICBs Standing Orders – “*With the permission of the person presiding over the meeting, the Executive Directors and the Partner Members of the board may nominate a deputy to attend a meeting of the board that they are unable to attend. The deputy may speak but not vote on their behalf*.”

These revisions are supported by:

- An Equality Impact Assessment.
- Covering letter to NHS England from the ICBs Chief Executive Officer and Chair.

4. Board Assurance Framework

The Board Assurance Framework comprises of strategic risks as defined by the board: the major risks that could prevent the board from fulfilling the objectives in the ICBs strategy.

The following report provides assurance on the effectiveness of the ICB’s risk management processes, highlighting key changes in corporate risks.

Since the last report, the number of risks has decreased from 27 to 17. The number of risks rated 16 and above on the Board Assurance Framework has remained at 5.

All risk registers are living documents, and the Risk Team will continue to provide ongoing support to directorates in updating their risk:

												Assurance Levels		
Risk ID	**Date**	**S.O**	**Risk Onwer**	**Directorate**	**Risk Description**	**Rationale**	**Risk Appetite**	**L**	**C**	**Score**	**Risk Control**	**1st**	**2nd**	**3rd**
679	**16/05/2024**	**SO5**	Alan Pond	Finance & 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, productivity 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.	System position remains the same currently, both site visits for PAH and HCT being undertaken end of November, outcomes may impact on future risk score.	**Seek**	4	4	**16**	Further site visits taking place to clarify urgent estate needs. Limited mutual aid in place from HCT, CUHFT, Chear System - Audiology reviews with all appropriate providers via QI/assurance mechanisms NHSE Desktop reviews completed for PAH and HCT ICB Internal weekly escalation meetings occurring with key leads such as performance and estates Monthly whole HWE system audiology meeting established. Chaired by ICB Director of Nursing NHSE/ICB site visits planned for PAH and HCT Oct/Nov Mapping of estates and workforce at system level to support improvement actions ENHT - ICB led fortnightly oversight meetings ENHT to progress action plans, trajectories and known interdependencies Scrutiny from Guys & St Thomas' Specialist Regular updates to ICB STQI Committee, System Quality Group, Regional Quality Group, Board etc NHSE oversight and support via new regional PMO team Planning of additional clinics to reduce waiting lists	Reasonable	Reasonable	Reasonable

610	**10/03/2023**	**SO3**	Frances Shattock	Performance, Business Intelligence	**Elective Long Waits:** If waiting lists are not reduced, there a risk to patient health and outcomes, then patient's 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.	This risk has been combined into Planned Care Improvement to incorporate both elective long waits and diagnostics	**Open**	4	4	**16**	Work is continuing at both system and providers to reduce waiting lists with a focus on 65ww.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 Review 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	**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 most pressured areas are West Essex and category 2 ambulance response times.	**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 appropriate forums and links to risk 609. Clinical 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 ambulance 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 include 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.	There are continued discussions on going regarding a business model for CYP, have been to triple lock and it is to be discussed at exec regarding £ investment amount. On going discussions regarding investment into comm paeds continues. Next discussion to be had once business case is reviewed and presented to exec.	**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

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

<table>
<tr><td rowspan="2">Meeting:</td><td>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>29/11/2024</td></tr>
<tr><td>Report Title:</td><td colspan="3">ICB Committee Summary Reports</td><td>Agenda Item:</td><td>08</td></tr>
<tr><td>Report Author(s):</td><td colspan="5">Governance Leads, HWE ICB</td></tr>
<tr><td>Report Presented by:</td><td colspan="5">Committee Chairs / Executive Leads</td></tr>
<tr><td>Report Signed off by:</td><td colspan="5">Michael Watson, Chief of Staff</td></tr>
<tr><td>Purpose:</td><td colspan="5">Approval / Decision ☐ Assurance ☐ Discussion ☐ Information ☒</td></tr>
<tr><td>Which Strategic Objectives are relevant to this report
[Please list]</td><td colspan="5">▪ 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="5">N/A</td></tr>
<tr><td>Report History:</td><td colspan="5">N/A</td></tr>
<tr><td>Executive Summary:</td><td colspan="5">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>West Essex Health and Care Partnership Board</td><td>19 September</td><td>Toni Coles</td></tr>
<tr><td>East and North Herts Health and Care Partnership Board</td><td>04 October</td><td>Adam Sewell-Jones</td></tr>
<tr><td>South West Herts Health and Care Partnership Board</td><td>13 November</td><td>Matthew Coats</td></tr>
<tr><td>Mental Health, Learning Disabilities and Autism Health and Care Partnership Board</td><td>01 October and 08 November</td><td>Karen Taylor / Chris Badger</td></tr>
</table></td></tr>
</table>

	Strategic Transformation and Quality Improvement Committee	13 November	Thelma Stober
	Strategy Committee	05 November	Gurch Randhawa
	People Committee	21 September	Ruth Bailey
	Patient Engagement Forum	12 November	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

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document

West Essex Health and Care Partnership Board - 19 September 2024	
Signed off by Chair and Executive Lead:	**Toni Coles**

Key items discussed: ***(From agenda)***	• H&WE ICB Report
	• HCP subcommittee reports: The sub-committees did not report as they had not yet met. Due to meet in October
	  ○ Transformation and Quality Committee
	  ○ Finance and Commissioning Committee
	  ○ Operational Delivery Committee (LDB)
	• HCP Development Approach and Approval of Governance Structure
	• WEHCP Delivery Plan - Update
	• Care Closer to Home Model of Care - Update
	• Prevention and wider determinants programmes – update
	• Mental Health Deep Dive
	• West Essex One Public Estate Group

Key points made / Decisions taken:	**Governance and leadership**: • The Board received an introduction from Sharon McNally, interim CEO of PAH and explained that Thomas Lafferty the incoming CEO is scheduled to chair from November. • Key governance developments included approving a structure for the HCP Board with a focus on professional diversity. Members were asked to provide input on appointing a Vice Chair and filling gaps in medical/nursing representation. • The previously drafted Memorandum of Understanding for the partnership was discussed and agreed to be updated and circulated for comment. • The need for an organisational development (OD) plan was emphasized to foster partnership culture across executive and managerial levels. **ICB Financial and Performance Report**: • The Board reviewed the ICS's financial position and service performance as of July, with strategic developments such as the Darzi review and plans for an Elective Hub.

	• Two new committees—Finance & Commissioning and Quality & Transformation—will provide detailed financial and quality performance oversight. Both committees are scheduled to meet for the first time in October. **Delivery of HCP Priorities**: • Prevention: Efforts to target hypertension among high-risk groups were highlighted, including an integrated heart failure model under consideration. • Frailty and Community Urgent Care (UEC): Initiatives to reduce frailty-related admissions, including audits of intermediate care and community hospital capacity, are progressing. A winter plan to allocate a community ward for discharge and complex cases is in development. **Care Close to Home (CC2H) Model**: • The CC2H model aligns with the ICS's strategic goal of shifting from acute hospital care to community-based, preventative care. The WEHCP's 2024-2025 delivery plans are designed to support this model, scheduled for Board review in November. **Prevention and Wider Determinants**: • Initiatives focused on healthy meal planning, workforce engagement, and community support programs for new parents and women's safety. Programmes like 'Bump to Five' support early parenting, while multi-agency collaborations aim to address public health needs. **Mental Health and Wellbeing:** • Addressing mental health needs through early intervention, homelessness support, and crisis care was discussed. Additional data sharing was requested to aid local budget planning and summarised plan to be brought to the November Board. **One Public Estate Group**: • This group's mandate is to incorporate health considerations into local planning, particularly housing developments, and to track impacts through a dashboard. Terms of reference and membership for the group are being developed.
Committees to note:	• Financial reports and governance structure approval are key action items. The Board will review the ICS Estates Strategy and the CC2H model in November. • Approval and feedback on a Vice Chair and professional diversity on the HCP Board are essential.

Board to note:	• Estates Strategy and Care Close to Home model will be reviewed by the HCP Board in November. • Mental health strategy discussions, including crisis intervention and suicide prevention, are ongoing.
Forward plan issues:	• **MOU Development**: A draft Memorandum of Understanding, will be presented in November. • **Planning for 2025/26**: The HCP will lead next year's planning cycle, focusing on national, ICS & HCP priorities. • **OD** An OD plan for the partnership will be drawn up in collaboration with partner communications departments. • **Social Care**: Representation adjustments for social care on the Board will be considered to ensure both adults & children are represented.
Date of next meeting	Date of next meeting – 21 November 2024

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document

East and North Herts Health Care Partnership Board – 04.10.24	
Signed off by Chair and Executive Lead:	• **Adam Sewell-Jones (Chair)** • **Sharn Elton (Executive Lead)**

Key items discussed:
(From agenda)
	• First formal meeting.
	• Declarations of Interests – no declarations raised for items on the agenda.
	• ENH Development Directors Update – Papers detailed highlights from September's HCP progress.
	  • 15th January – start date for new Development Director.
	  • Continued HCP development support to ensure the maximum benefit of ENH HCP is achieved including capacity, executive leadership, local priorities and the role of partners to support and drive delivery.
	  • Focus on avoiding duplication in meetings and ensuring the HCP has the right level of focus with a clear message. Programmes identified with this included Care Closer to Home, Frailty – identified as having improved.
	  • Identified settling of formal delegation, but continued progress on joint working with a focus on the future landscape. Update provided on ICB Planning Round and progress.
	• Transformation Portfolio Overview – for noting.
	  • Workforce and estates - board identified:
	  • Estates Strategy ICB noted but felt would benefit from having a greater forward-looking focus.
	  • Discussion surrounding opportunity for system partners to utilise e.g. rates and wider estate vacancies/available space. With care needed in scoping.
	  • Further work in identifying medium and long-term opportunities.
	  • With progressing in setting base line metrics – how we are identifying and how we are going to monitor progress, progressing with update. Virtual transformation team, and agreeing some principles of getting the base line, hypothesis.
	• Transformation Highlights
	  1) Care closer to home and Frailty 25% Plan:
	  - Noted linking of carers voice.
	  - Discussion surrounding ways of working and workforce – and how the health care organsiations can target and exploit data to utilise system response whilst tying this into operational procedures.
	  - Further identified cross East of North Herts/West Essex boarder link – and Princess Alexandra

	Hospital Trust (PAHT) inclusion in this work. - Concern about framing 25% and mitigating impact – alongside standardising metrics to support understanding impact. - Frailty Conference on Wednesday 13th November – discussion over presentation of this work utilising the message. - Enhanced Care Home proposal – verbal update presented to the board for noting only. Board updated process being run through Provider Selection Regime, and final offer progressing through governance in the ICB. Collaborative approach being sought with this service. 2) ENH Delivery plan against ICB priorities – to be heard at development session. Initial discussion surrounding identified risks and their progression. - Risks reported to this board – identified as transformation risks. Current risk of escalation through committees however noting from ICB NEM, continuity in assuring awareness and linking with the formal reporting to ICB so it has sight. 3) Future planning – linked to 25/26 planning. To come back to this board. • Community Assembly Involvement Proposal – presentation provided. Agreed to share partner contacts. • Board supported building on the primary care/Patient Participation Groups (PPG) and Patient Engagement Team links. • HCP Governance - included for information. • Performance Review – noted. Board identifying progress in this work. Request in support of further understanding - specific rates/measures of quality within ENH.
Key points made / Decisions taken:	Noted as above.
Committees to note:	Noted as above.
Board to note:	This summary will be received by the ICB Board when it sits in November 2024.
Forward plan issues:	ENH Delivery plan against ICB priorities – to be heard at development session.
Date of next meeting	1st November 2024

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document

South West Herts Health and Care Partnership Board - 13 November 2024:	
Signed off by Chair and Executive Lead:	

Key items discussed: ***(From agenda)***	• Locality updates
	• HCP subcommittee reports:
	  ○ Quality and Performance Committee
	  ○ Finance and Commissioning Committee
	• Hemel Hempstead Health Hub
	• Proactive Care Pilot (Dacorum)

Key points made / Decisions taken:	**Locality Updates**: • Key developments updates for primary care GP led locality activity, projects and initiatives for each of the 4 localities population, highlighting areas of risk and achievement with a focus on collaborative working across aligned priorities. **Quality and Performance Committee Report**: • The Board reviewed the detailed service quality and performance oversight for month 5, main areas of risk include ADHD and ASD waits for children, CHC assessments, noted increase in MSK waiting list. WHTHT has made significant progress on 65 week waits. Audiology services closer working between WHTHT & HCT, the board noted the improvements needed in staffing. • A new integrated report provides comprehensive escalation from all relevant working groups across the HCP. **Finance and Commissioning Committee Report**: • The committee met on 24th October and agreed the focus is the £1.2bn healthcare expenditure in SWH; revised report includes mental health and learning disability budgets as an addendum and the addition of risks and mitigations; contract performance noting that the contract with the greatest risk remains the CHEC (ophthalmology) contract which is projecting a £1m overspend for 2024/25; contracts due to expire by 31st

	March 2025 noting several Herts-wide contracts and received updates on next steps for these and Hertfordshire Admissions Avoidance Response Car service (HAARC) business case noting the committee supported the recommendation to extend the contract **Hemel Hempstead Health Hub**: • New Health Campus with Market Square identified as a potential location. All partners confirmed ongoing support. Strategic outline business case to be developed with partners to take this through respective governance. Site analysis to be undertaken and a more detailed feasibility study needed to inform business case and proposals. Work on communications and engagement strategy. • Dacorum Borough Council health inequalities projects in train, working with stakeholders around the approach to broader health inequalities, looking to deliver collaboratively with support from localities. **Proactive Care pilot:** • Social Finance, Macmillan and West Herts Trust are co-designing a place-based outcomes-based fund which aims to commence investment in proactive care pilot by 2025. Macmillan will act an anchor institution and grant funds to support local systems via an anchor relationship between local organisations and statutory provision to improve health outcomes for local people. WHTHT will work with ICB to set up investment mechanism ensuring all HCP partners shape the approach. Next steps are to develop grant proposal, undertake diagnostic work with VCSFE to develop a working hypothesis for supporting and capacity building with VCSFE. **AOB: Faith and Health Network**: • HCP working with the Faith and Health Network over the next three years. Working in parallel with faith leaders and discussing best practice. Successful conference held by One Vision in late Sept with 200 attendees.
Date of next meeting	Date of next meeting – 8th January 2025

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document

Mental Health, Learning Disabilities and Autism Health and Care Partnership Board Friday 1 October 2024	
Signed off by Chair and Executive Lead:	**[Please insert initials and date of sign off]**
Key items discussed: ***(From agenda)***	• Development directors report • Intensive and Assertive Outreach return to NHS England had been discussed with partners across the system. • The Mental Health and Substance Use Steering Group had convened a workshop on 09 October 2024 to scope out the work programme for the upcoming year. The workshop had representation from multiple areas of the system including district and borough councils, the two acute hospital trusts and wider voluntary, community, faith and social enterprise partners. • The new Memory Support Hertfordshire service went live on 01 October 2024 and the MHLDA HCP has been assisting with promotion of the new service and the alignment of its activity to the wider Hertfordshire Dementia programme. • Initial discussions around the role and function of the new MHLDA HCP subcommittees are taking place to ensure that the meetings add value and to clarify the connection between these subcommittees and the wider HWE ICB governance structures. • CYP Emotional & Mental Wellbeing Board Update • Presentation provided to the Board highlighting progress against the Board's key priorities and performance metrics. Hertfordshire is seeing an increase in the number of children and young people accessing mental health services and is on track to meet and potentially exceed the NHS Long Term Plan access target by the end of 2024/25. It is noted that there were 76% of accepted referrals in Quarter 1 of 2024/25. • SEND Report Update • The team have been working with local MPs to brief them on the current state of the SEND provision and the improvement journey. A joint letter had been drafted which raises issues around increasing funding, a revised SEND policy, greater inclusion in mainstream schools and strengthened recruitment and retention of key professionals. • The presentation covered improvement areas and achievements made so far.

	• Primary and Community Transformation Programme • The HPFT Core Community Mental Health Services which compromises eight focus areas aimed to create more collaboration around the needs of service users. The consultation and engagement that had supported the model and how this had focussed on how best to deliver interventions that will make a difference and move people into recovery. • The presentation recognises the importance of reframing the community care activity within HPFT to improve the connection between Primary and Secondary care services.
Forward plan:	• Board briefing session to focus on SDF funding. • CPAC to pick this up. Deep dive into 18-25 cohort. • Session on the Primary Care Mental Health offer for a future meeting of the MHLDA HCP.
Date of next meeting	Friday 08 November 2024

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document

Mental Health, Learning Disabilities and Autism Health and Care Partnership Board Friday 08 November 2024	
Signed off by Chair and Executive Lead:	**[Please insert initials and date of sign off]**
Key items discussed: ***(From agenda)***	• Development directors report • Following the Government's launch of the initiative Change NHS - help build a health service fit for the future, an online portal for public and staff feedback has been set up to collate information from ICSs working with their communities for local engagement. The MHLDA HCP Development team is creating plans to ensure the voices of those with mental illness, learning disabilities, and neurodiversity are included, coordinating efforts with partners and supporting Hertfordshire and West Essex Integrated Care Board's comprehensive consultation response. • The Board recognised the challenges following the Budget announcement including national insurance contributions, pressure on local government, voluntary sector and primary care. • Co-occurring Mental Health and Substance Use Programme update • As a priority area for the HCP, the Board received an update report of the work taking place. A new strategic lead has been appointed to support this work and ensure there is a more joined up across organisations. • The presentation covered the recommendations set out in the JSNA which have been included in the programme of work for 24/25. The presentation provided in depth detail of risks, challenges, opportunities and next steps. Co-occurring MHSU Workshop took place 7th October 2024 with good stakeholder representation and engagement across organisations. Multi-agency agreement to the overall programme of work. • The Mental Health, Learning Disabilities and Autism Health and Care Partnership Board agreed to commit to the priorities of the Mental Health and Substance Use Programme Priorities. • Learning Disabilities and Autism Strategic Partnership Board update • Key areas covered since the last update include, Service Development Fund, Transforming Care, Autism Strategy Governance Arrangements, Health Inequalities, LeDeR Annual Report, Children and Young People Community Commissioning, Inpatient Quality Programme and EoE Provider Collaborative Overview. • The Board discussed plans for SDF expenditure 24/25, outturn for 23/24 and draft expenditure plans for 24/25. A revised plan in light of the new financial control regimes and the NHS System Control Total has been drafted.

	• 23/24 Annual LeDeR Report • The Board received an updated plan highlighting the next steps which include recommendations, objectives, stakeholder engagement, progress and evaluation. The Board agreed to review the action plan in March 2025. • Volunteering for Health • HWE ICB's Volunteering for Health programme is part of a national programme established following recommendations from the Volunteering Taskforce. HWE is one of 15 ICB's who applied for funding and received the most. The funding allows the system to have one voluntary coordinator to work across all four Health and Care Partnerships and a further four coordinators for each Health and Care Partnership. • The Board endorsed the proposal.
Forward plan:	• Board briefing session to focus on SDF funding. • Session on the Primary Care Mental Health offer for a future meeting of the MHLDA HCP.
Date of next meeting	Friday 13 December 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 – Wednesday 13 November 2024	
Signed off by Chair and Executive Lead:	**T Stober / N Hammond / F Shattock**
Key items / Decisions taken:	▪ **Committee work plan and update from task and finish group** – focus remains on aligning to system priorities, ensuring correct membership and key discussion areas for Health and Care Partnerships. Work has continued to improve committee reports to ensure sufficient and high-level reporting. MHLDA HCP working towards their first meeting in December. **Integrated Quality and Performance Report –** new format of reporting with a streamlined joint executive summary highlighting key areas of work**.** ▪ **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 areas include, CHC waits, diagnostics and children's community waits, paediatic audiology and neurodiversity pathways. - There is significant work taking place across the system reflecting on learning from last winter, which is informing the winter plan and will be shared with the Board. ▪ **Quality Escalation Report –** report covers escalations areas regarding CQC registered care homes providing complex neurological care to patients and their families. Improvement and assurance plans have been put into place. ▪ The report highlights the ongoing work in Hertfordshire resulting from the SEND inspection this will be brought to January's committee meeting. ▪ **Quality Dashboard** – update report with the dashboard detailing broader view of a range of quality metrics. The report provides sufficient assurance of the robust processes in place to monitor and oversee the improvements that are required in terms of quality. ▪ **Paediatric audiology** – update report on the work taking place under the National Improvement Programme. - The improvement process involves workforce competency and capacity, appropriateness of estates and maintenance and updates to equipment, as well as the recognition of working to standardise protocols and the right kind of pathways and access. - The committee noted the report and agreed a very good conversation around this area had been achieved it was further agreed that this will need to be brought back to future meetings for regular updates as an area of concern to

	monitor. ▪ **Continuing Healthcare Report –** discussion regarding the key issues for CHC. Work is taking place in relation to recruitment within the team. ▪ Targets remain challenging with some being met and others at very high percentage of completion, the team continue to strive to reach all targets, with high levels of scrutiny to applications now being implemented. Timelines for applications continue to be achieved. ▪ **ICB Risk Register (Quality and Performance) –** overview of the quality and performance risks, the Committee noted that the risks reflect the current position and mitigating actions in relation to risk areas as discussed in the Performance and Quality summary and agreed the recommendations from the report. ▪ **2023/24 Annual Reports** ▪ **Annual Quality Report for Pharmacy & Medicines Optimisation (PMOT)** ▪ The report summarises the work undertaken on medicines optimisation across the system in 2023-24 with regular reports to ICB Primary Care Commissioning Committee. The report focuses on the quality and safety aspects and initiatives undertaken by the teams. ▪ **Safeguarding Children, and Adult Partnership/ Board Annual reports 2023-2024** ▪ The reports evidence continued commitment to the safety, protection, and prevention from harm to the population of HWE and outline how the ICB has safely discharged its statutory responsibilities within the NHSE Safeguarding Accountability and Assurance Framework 2022, and relevant safeguarding children and adults' legislation and guidance. ▪ A key focus of the report the statutory duties undertaken alongside the Safeguarding Adult and Children Boards and the Safeguarding Partnerships in Hertfordshire and Essex. ▪ **Medium Term Plan priorities update: UEC and Feedback from the Patient Quality sub-group** – deferred to next meeting.
Items for escalation / Board to note:	As above.
Date of next meeting:	Wednesday 15 January 2025

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document

NHS HWE ICB Strategy Committee – 05 November 2024	
Signed off by Chair and Executive Lead:	**Gurch Randhawa** **Beverley Flowers**

Key items discussed:
(From agenda)
	• Quorate meeting
	
	• Minutes from 04 September 2024 approved
	
	• Declarations of Interest:
	  • Thom Lafferty (CEO, PAH) is now in post. His declaration of interest is to be added and Lance McCarthy's to be removed.
	  • Nick Moberly's interests to be included
	
	• National Policy Update:
	  • Consultation process on 10 year plan has been launched
	  • Awaiting workshop-in-a-box due to come out in November; the action from the letter to Chairs and CEOs with the expectations of the ICBs
	  • Work ongoing to identify various routes into different aspects of the plan
	  • Waiting to find out impact of budget on medium term policy and bring a further update to the January meeting
	
	• Update on Medium Term Plan:
	  • Dashboard that sets out progress against each of the 5 priority areas in the MTP will come to each committee to track progress
	  • Noting the caveat on data that it is not perfect and therefore to view it though that lens
	  • ICB and HCPs working on a single way of reporting progress on priorities acknowledging that HCPs will deliver the priorities in different ways according to local needs
	
	• 25/26 planning round and the operating plan:

	• A 3 year integrated delivery plan to be developed for each HCP • Developing a planning framework at ICB level to help HCP with tools it needs to be able develop plans and set out principles • Early versions of the framework have gone out to HCPs for discussion. Next steps are to finalise the approach to go to HCPs in mid-November and to the Executive Team meeting. The framework can come back to a future Strategy Committee for noting • Frailty/UEC – medium term plan update on work programme to deliver the 25% reduction in admissions - implications for 2025/26: • The ambition to reduce admission by 25% started with 3 large overlapping programmes of work; frailty, urgent and emergency care and care closer to home. Need to consider governance and make better use of resources and avoid duplication. • Once scoping is done at ICB level then devolve to HCP for implementation. • Highlighted data with expected impact of 7 frailty interventions to help guide the programme to help push resource and identify where biggest impact will be • Next steps - as part of business planning, working with HCPs on a case for change basis including what could be done differently, financial impact etc • Health Inequalities and Inequalities – ICB/system perspective update • Highlighted key updates • Identified the need for health inequalities to be everyone's business rather than a standalone programme.
Key points made / Decisions taken:	• As detailed above.
Committees to note:	• As detailed above.
Forward plan issues:	• Care closer to home model to come to the next meeting • Neurodevelopment model for HWE still in development and to come to a future meeting • University wider update to be brought to the next meeting • Further detail on budget implications to be brought to the next meeting
Date of next meeting	08 January 2025

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

People Board: 19th September 2024	
Signed off by Chair and Executive Lead:	**RB, TM**
Key items discussed: *(From agenda)*	• Workforce Transformation Programme Report • Workforce Risk and Assurance Report • Insight on impact of racially motivated disorder • UoH Partnership Programme update • Committee Forward Planner • International Recruitment Review • 90 Day Challenge
Key points made / Decisions taken:	**Workforce Transformation** – Consistent approach for B2-3 re-banding at PAH, HCT, HPFT. WHHT in progress. ENHT challenges with Unison and will be entering into discussions via ACAS. Paediatric audiology has significant workforce challenges – being reviewed at regional event. Social Care workforce strategy developed, will come to a future meeting. Operational plan update: M5 shows 2.2% increase in WTE due to increased bank usage. Significant growth in nursing, midwifery, and clinical support staff. Despite increased bank usage, overall pay bill decreased by £257,000 between July and August. System is over pay bill budget by £5.9 million to date. Future updates should focus on actions to achieve further reductions, regional review upcoming which will inform some of these actions. 20 funded posts from HCC will be removed by the 1st of Jan 2025, including 160 social care posts. Need to assess the impact on NHS support and winter plans. **Workforce Risk and Board Assurance Report –** Summary provided on risk updates, two new risks discussed but in the process of being articulated and agreed. All workstreams now have SROs. Awaiting update from NHSE in relation to education commissioning, looking to harmonise workforce planning and operational planning. Ahead of the next meeting reevaluate risks relating to B2-B3 re-banding, re-evaluation needed in relation to the workforce reduction targets. **Racially motivated disorder –** Committee invited to reflect on insights from sessions with colleagues about the impact and lessons learned, Positive feedback from staff, staff reported feeling listened to and supported, proactive actions to support safety of staff, concerns raised acted upon quickly with good communication, collaboration with equality networks. Key messages that EDI and anti-racism must be ongoing, racism is a constant issue not just a temporary one. lessons learned to be documented and reflected on for preparedness in future situations, zero tolerance approach to be discussed by CPOs. Primary care, Optom and Dental need to be considered in communications, messaging and support were slower, ongoing collaborative with staff networks, emphasis on conscious allyship and inclusion, goal to

	make EDI a regular part of the agenda to inform the narrative and culture, **International Recruitment** – Health Watch were commissioned by the ICB to explore the experiences of internationally recruited staff across acute trusts. 49% staff seeking roles outside of the system. Findings included: unequal treatment, racism, bullying & harassment from both patients and staff with some staff feeling unsafe to raise concerns. Lack of opportunities for career progression (favoritism and bias) Community cohesion, cost of living. Implementation suggestions include: consistent recruitment process and communication, awareness of roles prior to arriving and support to transition to the different health system, induction support and pastoral care, protecting health and wellbeing, improving per support, supporting int. recruits with career progression and development. **90 Day Challenge –** Challenge set by NHSE supporting Nursing & Midwifery staff with measurable results. Strengthening inclusive recruitment and talent management for the global majority/BAME workforce. 15 individual career development conversations. Career coaching or development conversations to 42 Band 5 nurses and midwives. "My Career, My Purpose" workshops. Reviewed the "no more tick boxes" approach, gaining insights into inclusive language in recruitment and selection processes. Focus group to understand the experiences of internationally recruited workforce, emphasizing the need for professional and financial recognition of prior service. New steering group for international recruitment and nursing experiences. The Sustainable Supply Committee will assist with the "No More Tick Boxes" audit and future initiatives.
Committees to note:	
Forward plan issues:	Social Care workforce strategy to come to future meeting. People Strategy review upcoming.
Date of next meeting	21st November 2024

Hertfordshire and West Essex Integrated Care System

ICB Meeting Notes and Actions

NHS Hertfordshire and West Essex Integrated Care Board

Patient Engagement Forum (PEF) – 12 November 2024		
Signed off by Chair and Lead:	**Patient Chair: Alan Bellinger / Michael Watson, Chief of Staff/ Nuala Milbourn, Deputy Chief of Staff**	
Members and Attendees:	**Patient representatives** Kevin Minier –shared South and West Herts Health and Care Partnership Co-production Board patient representative) Leighton Colegrave (ICB Primary Care Transformation Group Citizen representative, East and North Herts) Alan Bellinger- patient Chair (ICB Buddy Scheme patient representative) Andrew Smith – Herts service user representative, Viewpoint 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) Mark Hill, patient and community representative SW Herts Leigh Hutchins, WHTH Patient Panel and Chair Disability Watford Rajwant Kaur Singh, West Essex Patient representative Peter Wilson, Cancel out Cancer volunteer Martin Norman, Patient representative East and North Herts John Wigley – South and West Herts Health and Care Partnership Co-Production Board patient representative Jenny Bridger, patient representative, MIND	**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) Nuala Milbourn – (Deputy Chief of Staff, Communications and Engagement (corporate) Simone Surgenor (Deputy Chief of Staff, Governance and Policies) **Apologies** Claire Uwins, Indra Jones, Nishall Garala, Joy Das
Key items discussed: ***(From agenda)***	**Conflict of interest:** PEF members were reminded about the importance of registering any potential conflicts of interest **Engagement updates:** Mount Vernon Cancer Centre, Youth Council, NHSE Ten year plan **Medium Term Plan** Patient volunteers (to provide the patient perspective and report back to PEF) agreed for: ○ Planned Care Group and Committee, Urology , Gynecology, Ophthalmology , MSK, Theatre, Outpatients , Frailty, Virtual Hospitals, Audiology, Urgent and Emergency Care Strategy ○ Hyper tension campaign: to share information and offer blood pressure monitoring at community events. ○ UEC – engagement commenced	

	○ Children * Young People – in progress **Hearing the Patient Voice (Darzi)** A report on a session facilitated by PEF on 'what is important to patients' has been shared with the ICB Board, awaiting a response **Updates from PEF Groups** • **PPG steering group** ○ Group working with IB on next stage of GP practice website programme ○ Updated 'how to make a complaint' document shared, considering including escalation process flow chart ○ GP survey results, shared with Primary Care for next steps and actions ○ PPG self-assessment guidance being developed • **DNA project** ○ Research programme funding declined, Primary Care Team reviewing how this work can be shared across other practices. • **Communications** ○ Supporting winter comms and ARRS toolkit • **Medicine Management** ○ Need to agree project, objectives (SMART) and measurements. ▪ Empower patients, using the It's ok to ask approach. Helping to improve medication safety, adopting the seven steps putting the patient in control. ▪ Target high risk group (over 65s taking 10+ medication) to reduce unnecessary hospital admissions ○ Opportunity to take a quality improvement approach similar to DNA project. **Response to annual PEF review**: • Ways of working' guidance approved by members • Terms of reference session to be organised, led by Healthwatch Herts CEO, to agree updated Terms of Reference, decision making and chairing arrangements
Agreed Actions:	1. PEF members to review their Declaration of Interest forms and update if needed. 2. Facilitate volunteers on the planned care groups and arrange training for hypertension – blood pressure monitoring 3. Organise session on PEF Terms of Reference, facilitated by Healthwatch Herts 4. Board to respond to 'What is important for patients' document 5. Board to consider PEF support for the shift from sickness to prevention
Board to note:	Board to note PEF activity
Date/time of next meeting:	10 December, 5.30pm

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:**	**29/11/24**	
Report Title:	**Integrated reports for finance, performance, quality and workforce**				**Agenda Item:**	**09**	
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

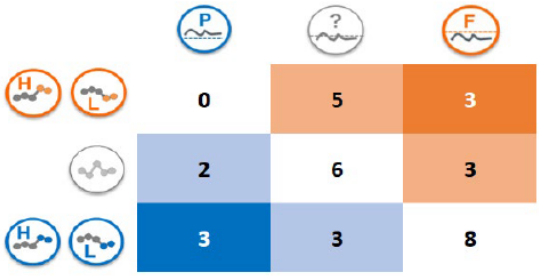
The executive team would like to bring the follow key areas to the Board's attention, which have an impact on quality and performance- and will need to be considered carefully as we deliver our plans in relation to finance and workforce:

Area of concern/ improvement	Current situation
System financial position 24/25	In M7 the system had its strongest performance YTD, with a 2.8m surplus.
Agency Spend	M7 saw a further reduction in agency spend, and saw it run one per cent below our operational plan projection. Agency spend now accounts for 3% of our total pay bill.
Urgent and Emergency Care Performance	Hours lost to handovers >15 minutes continues to improve. NHS111 abandoned call performance has continued to improve. Sept saw a slight downturn in 4-hour ED performance at 75.6%.
Elective waiting times	August saw a decrease in 78ww long wait breaches. WHTH reached zero in April, PAH reached zero breaches in July and ENHT forecasted to reach zero by end of October. The overall number of patients waiting >65 weeks has decreased over the last two months, but there remains variation at place level.
Waiting time inequality for Children and Young People	Longest waits on children's community waiting lists is 136 vs 58 weeks for adults.
Paediatric audiology	A regular system level paediatric audiology meeting is taking place, which reports into regional audiology meetings, which feed into the national improvement programme. There are 2 main priority areas for the system meetings; firstly to support a collaborative approach to all improvement work with the aim to support the delivery of timely, equitable and safe care for our patients including those currently waiting at ENHT. The second priority area is to support both PAH and HCT to progress their improvement plans following the desktop exercise undertaken as part of the national improvement programme
AJM Wheelchairs	A further system quality meeting took place in October and some progress made against improvement plans observed. There has been a reduction in concerns raised by service users and improved feedback from system partners.
Continuing Healthcare	We have seen a step change in improvement for October with SWH delivering the 28-day assessment KPI for the first time in 2 years. Overall the ICB has delivered 71% of assessments completed and is ahead of the recovery trajectory.

3. Overview by area

Performance

Executive Summary – KPI Risk Summary



Further information regarding high level risks can be found within the accompanying Risk Report

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

Lowest Risk	Programme
Learning Disability (LD) Health Checks	Primary Care
28 Day Faster Diagnosis	Cancer
CHC Assessments in Acute	Community

Low Risk	Programme
2 Hour UCR	UEC
NHS 111 Calls Abandoned	UEC
No Criteria to Reside (NCTR)	UEC
Day Case Rates	Elective
Community Waits (Adults)	Community

Variable Risk	Programme
% of on the day GP Appointments	Primary Care
% of <14 day GP Appointments	Primary Care
Dementia Diagnosis	Primary Care
Ambulance Handovers	UEC
ED 4 Hour Standard	UEC
Patients discharged before Noon	UEC
Talking Therapies	Mental Health
Severe Mental Illness (SMI) Health Checks	Mental Health
31 Day Standard	Cancer
62 Day Backlog	Cancer
62 Day Standard	Cancer
RTT 78 Week Waits	Elective
RTT 65 Week Waits	Elective
RTT 52 Week Waits	Elective

High Risk	Programme
Ambulance Response Times	UEC
Out of Area Placements	Mental Health
CAMHS 28 Day Standard	Mental Health
Community MH - CYP Waits for 1st Appt	Mental Health
Community MH - Adult Waits for 2nd Appt	Mental Health
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	**4 Hour Performance**	**Region: HWE better than average**	**National: HWE better than average**

- Hours lost to handover >15mins continues a trend of improvement. 1,845 hours were lost in Sept, which was slightly behind our fair shares handover target
- Sept saw a slight downturn in 4-hour ED performance at 75.6%; variation by Provider with PAH remaining the most challenged, however WHTHT continue to deliver above 80% and held be up as a national exemplar
- NHS 111 abandoned call performance has continued to improve and is now achieving the 3% national standard, with an abandonment rate in September of 1.6%
- Following an improvement in August, Cat 2 ambulance response times increased in Sept at 48 mins; this remains adrift of the national 30-minute standard and the regional average, which was 41 minutes in Sept

PLANNED CARE	**18 Week RTT**	**Region: HWE better than average**	**National: HWE worse than average**

- The overall elective PTL size remains high, however five months of continuous growth came to an end in August. The increase this year is largely due to PAH converting Appointment Slot Issues (ASIs) to the live PTL
- 78-week waits continue at low numbers, with 17 reported across the ICS for August; full clearance is expected by end of October
- 65-week waits have improved over the last two months with WHTHT the best performing in region at end of September with 3 breaches. The latest end of October forecast for HWE is 82: ENHT 40, WHT 26, ISP 16 Full clearance of 65ww is expected before the end of December, as per national requirement

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

- 6-week wait performance continues at declined levels at 56.1% in August. A return to reporting of the challenged paediatric audiology service at ENHT in June 24 has driven a step change decline in performance

CANCER	**28 Day FDS / 31 Day / 62 Day**	**Region: HWE better than average**	**National: HWE better than average**

- 28-day Faster Diagnosis Standard (FDS) performance continues to meet this year's ambition of 77%, achieving 80% in August
- 62-day performance continues to meet the 70% target, but with notable variation by Trust (ENHT 87.5%; WHTH 74.9%; PAH 59%). 31-day performance continues to fluctuate but met the national std of 96% in Aug

MENTAL HEALTH / LD	**Community MH (2nd Appt)**	**National: HWE better than average (Adult)**	**LDAHC**	**Regional: HWE worse than average**

- Learning Disability Annual Health Check (LDAHC) performance remains strong with all Places exceeding their equivalent 23/24 positions. Performance is 1.4% behind EOE average but on track to achieve by year end
- Increases in Out of Area Placements (OAPs) across last two months; 35 in Aug against plan of 8. Lister's Aston Ward re-opened for phased returns early Oct and should have positive impact on OAP numbers from Nov
- Community Adult MH median waits for a 2nd contact increased in the quarter to August at 66 days, however this still benchmarks well against the national average of 122

CHILDREN	**Various**	**Community 18 Week %: HWE worse than national**	**Community MH 1st Appts: HWE better than national**

- The total number of children on community waiting lists remains very high but has plateaued over the last 14 months. Longest waits have increased further to 136 weeks; this compares to 58 weeks for adults
- 18 week % for children's community waits continues to decline; at 40% in Aug compared to the national average of 54%. The main pressure areas continue to be Community Paeds, 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
- The 28-day CAMHS access standard in Hertfordshire has not been achieved since 2021. Performance has declined for three consecutive months with c.45% achieved in September. Vacancy rates continue to impact
- Children's waits for a Community MH 1st appointment continue to better the national average. However median waits are 165 days, compared to 66 days for a 2nd contact in adult services

COMMUNITY (Adults)	**% <18 Weeks**	**National: HWE better than average**	**Adult waiting times better than CYP**

- The % of adults waiting <18 weeks remains strong at 90.4% compared to the national average of 84%

PRIMARY CARE & CHC	**CHC Assessments Within 28 Days:**	**HWE worse than regional and national average**

- The % of appointments seen on the same day remains within common cause variation limits. The % seen within 14 days of booking continues along the mean and is marginally below this year's plan of 89%
- CHC assessments within 28 days remains significantly challenged, most notably in South & West Hertfordshire with performance at 24% in August against 80% target; this remains an area of highest risk

Performance v. 24/25 Operational Plans – Month 5

Area	Description	Year To Date					Latest Data
		Plan	Actual	Variance to Plan	Variance to Plan %	Performance	
Planned Care	Elective day case spells	64,534	66,314	1,780	2.8%	↑	Aug-24
	Elective ordinary spells	5,754	5,966	212	3.7%	↑	Aug-24
	Outpatient procedures	114,619	127,719	13,100	11.4%	↑	Aug-24
	Percentage outpatients follow-up without a procedure	49.5%	47.6%	-1.9%		↓	Aug-24
	Total outpatient attendances	669,701	703,366	33,665	5.0%	↑	Aug-24
	Incomplete (RTT) pathways 65 weeks+	145	801	656	452.4%	↑	Aug-24
	The number of incomplete Referral to Treatment (RTT) pathways	140,779	142,736	1,957	1.4%	↑	Aug-24
	Diagnostic test waiting list over 6 weeks - All Planning Modalities	8,100	17,870	9,770	120.6%	↑	Aug-24
Cancer	Percentage patients seen within 62 days	76.3%	72.7%	-3.6%		↓	Aug-24
	Percentage cancer 28 day waits (faster diagnosis standard)	73.9%	78.9%	5.1%		↑	Aug-24
UEC	Type 1, 2, 3 A&E attendances	213,515	218,258	4,743	2.2%	↑	Aug-24
	Percentage Type 1, 2, 3 A&E attendances < 4 hours	75.0%	72.7%	-2.4%		↓	Aug-24
	Non-elective spells - 0 days length of stay	13,818	19,801	5,983	43.3%	↑	Aug-24
	Non-elective spells - 1+ days length of stay	35,256	35,553	297	0.8%	↑	Aug-24
Primary Care	Percentage of appointments seen within two weeks	89.2%	88.2%	-0.9%		↓	Aug-24

Key	
↑	Value is above plan
↓	Value is below plan
	Variation of a positive nature
	Variation of a negative nature

Mental Health Performance v. 24/25 Operational Plans – Month 5

MONTHLY METRICS

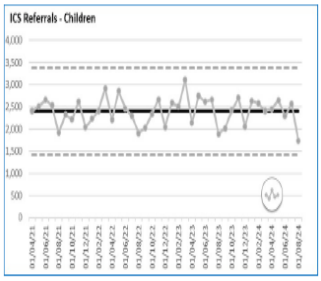
Area	Description	Latest month		Year To Date					Latest Data
		Plan	Actual	Plan	Actual	Variance to Plan	Variance to Plan %	Performance	
OAPs	Active inappropriate adult acute mental health OAPs	8	35	53	176	123	232.1%	↑	Aug-24
Talking Therapies	Percentage of patients that achieved reliable recovery	48.5%	52.0%	48.5%	51.6%	3.1%		↑	Aug-24
	Percentage of patients that achieved reliable improvement	67.1%	63.7%	67.1%	63.1%	-4.0%		↓	Aug-24
Dementia	Estimated prevalence of dementia based on GP registered populations	65.1%	64.7%	64.7%	64.7%	0.0%		↓	Aug-24
CYP	Number of CYP supported through NHS funded mental health services receiving at least one contact	19,057	10,735	93,376	55,345	-38,031	-40.7%	↓	Aug-24

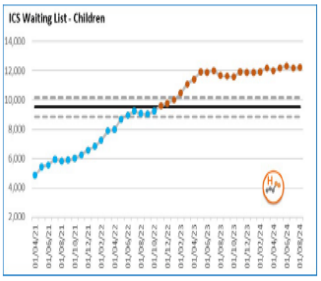
QUARTERLY METRICS

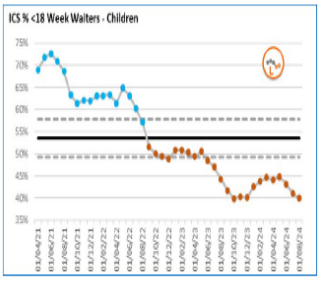
Area	Description	Latest month		Year To Date					Latest Data
		Plan	Actual	Plan	Actual	Variance to Plan	Variance to Plan %	Performance	
Learning Disability	% of AHCs carried out for 14+ year olds on the QOF Learning Disability Register	18.8%	23.7%	18.8%	23.7%	4.9%		↑	Q1
	Learning Disability Inpatient Rate per Million ONS Resident Population	29.01	-	29.01	-	-		-	Q1
	Learning Disability Inpatient Rate per Million ONS Resident Population	15.09	-	15.09	-	-		-	Q1
SMI	Percentage of people with severe mental illness receiving a full annual physical health check	48.7%	46.8%	48.7%	46.8%	-1.9%		↓	Q1

Key	
↑	Value is above plan
↓	Value is below plan
	Variation of a positive nature
	Variation of a negative nature

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	2565	1735	↓	12162	12244	↑	40.96%	39.99%	↓	131	136	↑	August

Place	Provider													
ENH	HCT	376	300	↓	817	767	↓	75.89%	80.18%	↑	52	46	↓	August
ENH	AJM/Millbrook	13	27	↑	147	142	↓	65.31%	59.86%	↓	48	53	↑	August
ENH	ENHT Community Paeds.	345	169	↓	5964	6154	↑	15.69%	15.75%	↑	131	136	↑	August
ENH	**All**	**734**	**496**	↓	**6928**	**7063**	↑	**23.85%**	**23.63%**	↓	**131**	**136**	↑	**August**

Place	Provider													
SWH	HCT	1378	890	↓	4190	4049	↓	57.61%	55.50%	↓	73	79	↑	August
SWH	AJM/Millbrook	23	17	↓	154	144	↓	63.64%	59.03%	↓	44	48	↑	August
SWH	**All**	**1401**	**907**	↓	**4344**	**4193**	↓	**57.83%**	**55.62%**	↓	**73**	**79**	↑	**August**

Place	Provider													
WE	EPUT - Wheelchairs	12	16	↑	23	23	→	100.00%	100.00%	→	29	13	↓	August
WE	HCRG / Virgin	418	316	↓	867	965	↑	91.70%	90.36%	↓	26	36	↑	August
WE	**All**	**430**	**332**	↓	**890**	**988**	↑	**91.91%**	**90.59%**	↓	**29**	**36**	↑	**August**

Quality

Key areas

1. Paediatric Audiology.

Position since Previous Report: New Escalation / Significant oversight in place and further assurances required.

a) System Approach to Audiology – System audiology meetings have been implemented in line with the national paediatric audiology improvement programme, to support ENHT recovery as well as ensuring an equitable quality service to children across the system.

b) East and North Hertfordshire Trust (ENHT) - progress remains challenging with limited mutual aid. Additional clinics are occurring and ongoing improvement work is taking place for workforce and estates with ongoing mechanisms in place for oversight and assurance.

2. Elysium Healthcare - Care Home.

Position since Previous Report: New Escalation.

2 nursing homes under Elysium Healthcare have had quality concerns identified. Areas identified include infection prevention and control, medication, feeding and dietetics and safeguarding. Co-ordinated quality visits and system wide meetings in place to support provider with required improvement.

3. Hertfordshire Joint Targeted Area Inspection (JTAI) Domestic Abuse

Position since Previous Report: New Escalation.

- Hertfordshire County Council were notified of a JTAI of multi-agency arrangements and services for children who are victims of domestic abuse. All relevant services have worked together to respond to inspection and identify, support and protect vulnerable children and young people.

4. AJM Wheelchair Services

Position since Previous Report: Significant oversight in place with further assurances required.

- System Quality Meetings facilitated by HWE ICB in line with National Quality Board guidance have taken place. Further meeting planned January 2025.
- Detailed improvement plan with clear trajectories has been agreed between AJM and the ICB senior Multi-Disciplinary Team.

5. Lampard Inquiry

Position since Previous Report: Ongoing process with long term assurances required.

- Inquiry commenced initial public Hearings over 9th - 25th Septembe[illegible]he three Essex-facing Integrated Care Boards have implemented a collaborative approach which includes aligned reporting to Boards. Due to the live nature of the Inquiry further reporting will be taken via the three ICB Boards only.

6. Hertfordshire Special Educational Needs and Disability (SEND)

Position since Previous Report: Continued progress with significant ongoing work required.

- Multi agency stocktake with NHSE and Department of Education in October 2024 with some positive progress noted around assurance / improvement activity including partnership visits, Education and Health Care Plan audit and system partnership and leadership engagement.

Paediatric Audiology

ENHT continue to require enhanced support to deliver the required improvements regarding paediatric audiology. Current priority areas of focus include estates, workforce capacity and competencies and securing mutual aid to support the care of children and young people on the waiting lists. Robust oversight remains in place with involvement from both the ICB and NHS England. Escalation and requests for support continue to be raised both regionally and nationally, linked to the wider National Paediatric Hearing Services Improvement Programme.

As part of the wider paediatric audiology improvement work, a regular system level paediatric audiology meeting is taking place, which reports into regional audiology meetings, which feed into the national improvement programme. There are 2 main priority areas for the system meetings; firstly to support a collaborative approach to all improvement work with the aim to support the delivery of timely, equitable and safe care for our patients including those currently waiting at ENHT. The second priority area is to support both PAH and HCT to progress their improvement plans following the desktop exercise undertaken as part of the national improvement programme. The next stage of the national programme involves site visits for all providers of audiology services, within Hertfordshire and west Essex it is anticipated that following the site visits to local providers it may be possible to implement local mutual aid to support reduction of the ENHT waiting lists.

AJM Wheelchairs

In previous reports concerns have been reported regarding waiting times and communication from AJM, the wheelchair provider for adults and children in Hertfordshire. These have impacted on adults and children using the service as well as system partners. There is ongoing work within the ICB to ensure robust oversight of the recovery plans, with a co-ordinated approach across quality, performance and contracts teams to help drive the required improvements. Agreed actions with the provider link to reduction of the current waiting lists, system wide arrangements between wider organisations and AJM to support risk-based equitable care across the system, and improved patient feedback processes within AJM.

A further system quality meeting took place in October where some progress was noted against the improvement plans. Additionally there has been a reduction in the patient or family concerns raised and improved feedback from system partners, this will continue to be monitored closely. From a quality and safety perspective discussions have taken place at relevant system and regional forums, with actions aligned to the National Quality Board risk and escalation guidance.

Reasons to be Proud

Essex Partnership University Foundation Trust (EPUT) – Shortlisted for a Health Service Journal (HSJ) award.
The Patient Safety Partners, who regularly speak to patients, their families and carers about safety have been shortlisted for a HSJ award in the category of Patient Safety Award. The nomination recognises the team contributed to improved understanding of patients' needs and concerns, which has led to a reduction in harm and complaints and lowered the use of restrictive practice and medication.

New family space opens in the Children's Assessment Unit at Lister Hospital.
A new designated space at Lister Hospital has been opened for families with children and young people (CYP) with a palliative or end-of-life condition, which has been named the Phoenix Room. Located in the Children's Assessment Unit (CAU) at Lister, the new space will give families a comfortable and quieter area when at Lister. The room can also be used by families with CYP who have special educational needs and disabilities. A range of new equipment for the CAU has been purchased, including hand-held oxygen saturation monitors for the community children's nursing team, blankets and teddies for bereaved families, more reclining parent chairs in the CAU and a communication aid. The Phoenix room also includes wheelchairs, reclining parent chair, a hoist and an ensuite bathroom. The room has been funded by the NHS Hertfordshire and West Essex (HWE) Integrated Care Board (ICB), as part of the NHS England (NHSE) long term funding for children's palliative and end of life care.

Princess Alexandra Hospital Trust (PAHT) - Ophthalmology.
PAHT ophthalmology team have been recognised for the ongoing improvement work for this specialty – addressing the longest backlogs for patients on the waiting list. Positive progress has been seen and continuous improvement work remains ongoing in partnership with the Getting It Right First Time team through the Ophthalmology Improvement group.

Essex Partnership University Foundation Trust – Legionella round table event.
Really positive look back exercise which has identified some useful learning lessons which will be taken forward to assist in future planning and delivery. Outstanding actions will be discussed and monitored via the Trusts Infection Prevention Control committee meetings.

Hertfordshire Partnership University Foundation Trust (HPFT).
Recruitment - successful recruitment of 83 newly qualified nurses joining HPFT in September/October 2024. HPFT are the lowest spending mental health trust for agency staff, but recruitment remains a focus. The Division continues to work with the recruitment team to manage the vacancies.
Routine referral - recognition of achievement of 96% compliance with community mental health referrals.

Central London Community Healthcare (CLCH) – Allied Health Professions Summer School.
CLCH's first Allied Health Professions (AHPs) Summer School successfully completed during August. Five students from Hertfordshire completed the two-week programme gaining experience of the CLCH academy, simulation labs, direct clinical services led by AHPs, engaging in group exercise and wellbeing sessions led by AHPs on the wards and question and answer sessions with AHPs in traditional and non-traditional roles. This was followed by visits to a variety of university partners to understand the programmes on offer. CLCH are working towards engaging the Herts students into the Trust volunteer programme.

Finance

HWE System Revenue Year to Date (YTD) Position:

The Hertfordshire and West Essex (HWE) System reported a YTD financial position of £21.77m overspent, which is an improvement of £2.847m against the YTD position at Month 6 but remains behind the planned overspent position of £13.673m, reporting an overspend against plan of £8.096m.

HWE System Revenue Forecast Outturn (FOT) Position:

In Month 6, the ICS received £20m non-recurrent deficit support to bring the system back into a breakeven position. This was distributed to the four Trusts with deficit financial plans, reducing, but not eliminating, their planned deficit positions. The ICS also received £1.6m of funding to cover the direct costs incurred relating to the periods of Industrial Action in this financial year. HWE ICS is now reporting expected achievement of breakeven, in line with the revised Control Total, by the end of the financial year.

HWE System Capital Financial Position

HWE ICS is expected to remain within the System Capital Departmental Expenditure Limit (CDEL) for 2024/25, including the costs for lease capital (IFRS 16) above the received allocation.

HWE System Efficiency Delivery

HWE System has delivered 93% of the YTD efficiency plan; the recurrent efficiencies delivered were below the expected level at 84% and the non-recurrent efficiencies exceeded the planned levels at 114%.

HWE ICS Revenue Financial Position – Month 7 2024/25

The table below shows the Month 7 financial position for HWE ICS.

The ICS is reporting an adverse YTD variance of £8.097m at Month 7. The YTD spend position improved by £2.846m, compared to an expected planned improvement of £2.164m. This has reduced the adverse variance to plan by £0.682m. Both PAH and the ICB showed significant reductions in the adverse variance to plan whereas HCT and WHTH both continued to deteriorate against plan. .

HWE ICS is now reporting expected achievement of breakeven, in line with the revised Control Total, by the end of the financial year.

Month 6 2024/25			
Orgn	YTD Plan	YTD Actual	YTD Variance
	£'000	£'000	£'000
ENHT	(622)	(1,318)	**(696)**
HCT	(256)	(743)	**(487)**
HPFT	(3,276)	(5,345)	**(2,069)**
PAH	(5,559)	(6,724)	**(1,165)**
WHTH	(8,135)	(9,821)	**(1,686)**
ICB	2,011	(665)	**(2,676)**
TOTAL ICS	**(15,837)**	**(24,616)**	**(8,779)**

Month 7 2024/25			
Orgn	YTD Plan	YTD Actual	YTD Variance
	£'000	£'000	£'000
ENHT	940	260	**(680)**
HCT	(268)	(903)	**(635)**
HPFT	(3,274)	(5,285)	**(2,011)**
PAH	(5,475)	(5,443)	**32**
WHTH	(8,411)	(11,406)	**(2,995)**
ICB	2,815	1,007	**(1,808)**
TOTAL ICS	**(13,673)**	**(21,770)**	**(8,097)**

Month 7 2024/25			
Orgn	Annual Plan	FOT	Variance
	£'000	£'000	£'000
ENHT	1,000	1,000	**0**
HCT	(328)	(328)	**0**
HPFT	(1,013)	(1,013)	**0**
PAH	(4,977)	(4,977)	**0**
WHTH	(1,517)	(1,517)	**0**
ICB	6,835	6,835	**0**
TOTAL ICS	**0**	**0**	**0**

Workforce

The total workforce was forecast to rise by 20wte in M7 as part of our operational plan but instead has shown growth of 107 wte between September and October – this was again predominantly in substantive staffing and was caused by small growths in each of our Trusts – with the exception of HCT who's substantive staff reduced. This could potentially be caused by the onboarding and recruitment of newly qualified staffing into post. There was also a small rise in bank staffing – with agency use flatlined, but still significantly below our projected use, explaining some of our increased bank usage through agency to bank transfer.

Our total pay-bill rose by circa £40k between M6 and M7, which puts us almost 3% over our projected workforce cost at M7. This increase against projection is predominantly caused by the nationally agreed pay deal. Substantive and bank costs were over budget, but for the first time our agency costs fell below projections.

			Aug-24	Sep-24	Oct-24
Operational Plan WTE	Total Workforce	ACTUAL	24,010.85	23,870.22	23,978.12
		MxM Change	169.40	-140.63	107.90
		PROJ.	23,640.22	23,630.03	23,658.07
		DIFF. ACT v PROJ	370.63	240.19	320.05
		% DIFFERENCE	1.54%	1.01%	1.33%
	Substantive	ACTUAL	21,342.46	21,467.62	21,555.42
		MxM Change	18.56	125.16	87.80
		PROJ.	21,297.59	21,404.18	21,426.26
		DIFF. ACT v PROJ	44.87	63.44	129.16
		% DIFF.	0.21%	0.30%	0.60%
	Bank	ACTUAL	2,291.44	2,107.75	2,128.00
		MxM Change	169.11	-183.69	20.25
		PROJ.	1,909.38	1,823.91	1,822.34
		DIFF. ACT v PROJ	382.06	283.84	305.66
		% DIFF.	16.67%	13.47%	14.36%
	Agency	ACTUAL	376.95	294.85	294.69
		MxM Change	-18.26	-82.09	-0.16
		PROJ.	433.24	401.94	409.46
		DIFF. ACT v PROJ	-56.30	-107.08	-114.77
		% DIFF.	-14.94%	-36.32%	-38.95%

			Aug-24	Sep-24	Oct-24
Costs - £'000	Total Paybill	ACTUAL	£582,386	£698,182	£850,454
		MxM Change	£116,342	£115,796	£152,272
		PROJ.	£576,394	£691,766	£826,873
		£ DIFF.	£5,992	£6,416	£23,581
		% £ DIFF.	1.03%	0.92%	2.77%
	Substantive	ACTUAL	£504,449	£605,934	£743,995
		MxM Change	£100,844	£101,485	£138,061
		PROJ.	£500,491	£600,246	£721,813
		£ DIFF.	£3,958	£5,688	£22,182
		% £ DIFF.	0.78%	0.94%	2.98%
	Bank	ACTUAL	£58,238	£69,677	£81,098
		MxM Change	£12,029	£11,439	£11,421
		PROJ.	£57,440	£69,210	£79,392
		£ DIFF.	£798	£467	£1,706
		% £ DIFF.	1.37%	0.67%	2.10%
	Agency	ACTUAL	£19,699	£22,570	£25,361
		MxM Change	£3,469	£2,871	£2,791
		PROJ.	£18,463	£22,310	£25,669
		£ DIFF.	£1,236	£260	-£308
		% £ DIFF.	6.27%	1.15%	-1.21%
	Agency as % of Paybill	ACTUAL	3.38%	3.2%	3.0%
		PROJ.	3.20%	3.23%	3.10%

- **Audiology Workforce**

There are continuing concerns for the audiology workforce, both withing the system and the wider region. Members from across the system attended a regional workshop in Cambridge to seek to further understand and develop plans for improving the recruitment and retention situation. Within Hertfordshire and West Essex, East and North Herts Trust have successfully appointed to two key posts to support work in this area. The programme continues to seek to support organisations by aiding processes for temporary staffing recruitment as well as addressing some of the wellbeing needs required by teams.

- **Celebrating Primary Care Achievement Awards 2024**

One the 6 November 2024, the second annual 'Celebrating Primary Care Achievements' awards were held, showcasing a wealth of different NHS primary care service across HWE. 65 nominations were received, highlighting projects, teams and individuals across nine categories.

- **University of Hertfordshire Medical School**

The Primary Care Workforce team have been involved in the external stakeholder groups to learn more about the whole process of the medical school approval process. The University is working with St George's Medical School to develop their curriculum and are developing a Primary Care faculty.

To ensure a comprehensive implementation plan is in place an internal validation event is planned for the Bachelor of Medicine, Bachelor of Surgery (MBBS) programme at the University, scheduled for 11 December 2024.

The University is preparing to submit a full application to the GMC in January 2025.

- **Clinical Expansion Plans**

The programme is working with providers and the University of Hertfordshire to develop an appropriate action plan identifying the progress the system can make in meeting the area's designated proportion of the Long-Term Workforce Plan's proposed clinical expansion to meet the modelled demographic need for the area. Plans are due to be submitted at the end of November and beginning of December and focus on actions required to support a domestic pipeline through pre-registration courses and apprenticeship programmes.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐				
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**29/11/2023**		
Report Title:	**Emergency Preparedness, Resilience and Response Annual Report**				**Agenda Item:**	**10**		
Report Author(s):	Amanda Yeates, Head of Emergency Planning, Resilience and Response							
Report Presented by:	Jo Burlingham, Deputy Director of Operations							
Report Signed off by:	Elizabeth Disney, Director of Operations							
Purpose:	**Approval / Decision**	X	**Assurance**	☐	**Discussion**	☐	**Information**	X
Which Strategic Objectives are relevant to this report [Please list]	▪ Improve access to health and care services							
Key questions for the ICB Board / Committee:	▪ Does the ICB Board feel fully assured around EPRR work streams and compliance with national legislation and EPRR good practice based on the contents of this report? ▪ Does the ICB Board support the ICB self-assessment of substantial compliance?							
Report History:	The report has previously been circulated to the Joint Executive Committee							
Executive Summary:	This paper contains the annual report to Board in public on organisational Emergency Preparedness, Resilience and Response (EPRR). The report includes the results of our self-assessment against NHSE Core Standards for EPRR for 2024 which show us to be “Fully Compliant.”							
Recommendations:	The Board is being asked to: ▪ **Note** the information in relation to Emergency Preparedness, Resilience and Response (EPRR) for annual assurance and the work undertaken during the last 12 months ▪ **Note** the planned work for 2024/25 ▪ **Approve** the EPRR core standards and deep dive assurance self - assessment recommendation of ‘Fully Compliant’ for 2024							

<table>
<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>
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<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">Current EPRR links to the Corporate risk register are as below:

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<tr><th>Risk no.</th><th>Risk</th><th>Score</th></tr>
<tr><td>673</td><td>Animal disease</td><td>8</td></tr>
<tr><td>672</td><td>Repatriation of nationals</td><td>12</td></tr>
<tr><td>671</td><td>Loss of fixed & mobile telecoms</td><td>9</td></tr>
<tr><td>665</td><td>Aviation accident</td><td>8</td></tr>
<tr><td>664</td><td>Loss of supplier</td><td>8</td></tr>
<tr><td>354</td><td>Extreme temperatures</td><td>12</td></tr>
<tr><td>353</td><td>Terrorist attack - cyber</td><td>12</td></tr>
<tr><td>352</td><td>Terrorist attack</td><td>10</td></tr>
<tr><td>652</td><td>National Power Outage – planned rota disconnection</td><td>8</td></tr>
<tr><td>357</td><td>Utility failure</td><td>9</td></tr>
<tr><td>651</td><td>Climate change</td><td>4</td></tr>
<tr><td>650 & 358</td><td>Industrial action – elective trajectories (650) & Industrial action – continuation (358)</td><td>12</td></tr>
<tr><td>362</td><td>Primary Care BC sustainability</td><td>12</td></tr>
<tr><td>351</td><td>Pandemic</td><td>16</td></tr>
<tr><td>670</td><td>Loss of supplier</td><td>8</td></tr>
<tr><td>361</td><td>System inability to respond to incidents</td><td>5</td></tr>
<tr><td>356</td><td>Industrial accident</td><td>8</td></tr>
<tr><td>355</td><td>Flooding</td><td>6</td></tr>
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<tr><td>Financial Implications:</td><td colspan="4">N/A</td></tr>
<tr><td rowspan="3">Impact Assessments:
(Completed and attached)</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Quality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Data Protection Impact Assessment:</td><td colspan="2">N/A</td></tr>
</table>

1. Executive summary

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

2. Background

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

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

This report summarises the EPRR work that has been carried out in 2023/24 by HWE ICB to ensure that the organisation meets its legal obligations in relation to EPRR.

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

3. Incidents

There have been a range of incidents across the HWE system in 2023/24, the details of those specifically related to and managed by provider organisations are not included within this report. However, there were some incidents affecting primary care and other incidents which have required system coordination by HWE ICB. These include:

- Industrial Action
- GP Collective Action
- South and West Place Primary Care EMIS Disruption
- HWE ICS System Pressures
- Church Street Practice Power Outage
- Joseph Rank House
- Crowd Strike Incident
- Early Prison Release
- Fire at Harvey House Surgery GP Practice
- UK Civil Unrest

Details of these incidents are included in appendix A, together with information about lessons learned from formal debriefings (where available) and how changes to address these will be embedded to improve the health system's and ICB's resilience in the future.

4. Risks / mitigation measures

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

- Herts LHRP 3 Year Strategy (2022/4)
- Essex LHRP Strategy and Work Plan (March 2024)
- Herts LHRP 3 year Exercise plan (2022/4)
- Essex Resilience Forum Exercise and Event Tracker (V3)
- HWE ICS EPRR Training plan (2024)
- Essex Resilience Forum Training Plan (2024)

Copies of these documents can be found in appendix D. West Essex provider organisations are fully signed up to both Essex and Hertfordshire plans listed above, including exercise and training. The Herts Exercise plan is also noted by Essex LHRP and Essex Resilience Forum has its own exercise schedule which runs in parallel with this.

5. EPRR policies and plans

A number of EPRR policies and plans have been reviewed and updated within the last 12 months to reflect revised national guidance, legislation, good practice and any learning identified from incident debriefs and exercise. Key plan reviews include:

- HWE ICB EPRR policy
- HWE ICB Business Continuity Policy and Plan
- HWE ICB Business Impact Assessments
- HWE ICB Incident Response plan
- HWE ICB Severe Weather plan
- HWE Incident Control Centre plan

In addition to the above reviews, a new HWE ICB Incident Communications plan has been introduced this year.

6. EPRR Exercising

One of the ways in which we can ensure staff are capable and aware of their roles and responsibilities during an incident is to regularly exercise emergency plans. Subsequently, there are exercise schedules in place for both Herts and Essex to ensure that we continue to meet our legal obligations in relation to the exercising of organisational emergency plans.

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

The Herts LHRP has previously approved a 3 year exercise plan which will help to ensure that HWE ICB continues to meet its' statutory exercise obligations until 2024.

7. EPRR Training

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

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

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

	Strategic / Tactical / Principles of Health Command	Recovery	Media	Public Inquiry	JESIP	Incident Room Set Up	Business Continuity Champion	Operational
Total number of staff required to undertake training	67	22	23	22	61	76	54	51
Total number of staff completed or have training booked	64	19	21	22	55	57	53	51
Percentage compliance	95.5%	86.4%	91.3%	100 %	90.2%	75%	98.1%	100%

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

8. External Audit

An external audit was completed in June 2024 which covered business continuity plans and the subsequent report is included in appendix D for information. The audit showed that the ICB has well defined processes in place to ensure continuity of services. It was established that a formal Business Continuity Plan had been established which was last reviewed and approved in September 2023 and due to be next reviewed in September 2024. The auditors confirmed that the Business Continuity Plan included resource and information requirements for business continuity as well as clear and concise guidance on the actions to take during an incident.

Five sample business impact analysis were requested by the auditors and the following review identified that business continuity arrangements were not formally documented for one of the teams. This was highlighted by the auditors as a risk because the lack of documented business continuity arrangement increases risk of inefficiency and delays in business continuity in event of an incident resulting in failure to continue business. Subsequently a management action was recommended to rectify the issue.

Since the circulation of the audit results, the recommended management action has been completed and all teams now have formal business impact analysis / business continuity plans in place. The ICB Business Continuity Policy and Plan also underwent the required annual review in September 2024 and this has been signed off by the ICB Executive Committee.

9. NHSE Core Standards for EPRR self-assessment

HWE ICB has self-assessed its current emergency planning arrangements against the NHS Core Standards for EPRR as “Fully Compliant” for 2024.

Compliance against each standard has been assessed by the EPRR team and signed off by the ICB Deputy Director of Operations and the ICB Director of Performance (Accountable Emergency Officer). The statement below provides an overview of HWE ICB compliance for the NHS Core Standards for 2024.

HWE ICB Compliance Statement

HWE ICB currently fully meets all 47 requirements of the 47 core standards across the nine domains applicable in this year's core standards submission. Therefore, the ICB has self-assessed as being "fully" compliant with the NHSE Core Standards for EPRR overall this year. The ICB self-assessed as "fully" compliant with all 47 of the core standards last year.

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

This year's "Deep Dive" was in relation to cyber security. HWE ICB was fully compliant with all 11 of the 11 deep dive criteria and therefore we can demonstrate full compliance in relation to this. However, it should be noted that the results of the "Deep Dive" do not affect the ICB's overall core standards self-assessment rating. Full details of the HWE ICB core standards submission can be found in appendix D. An action plan has been put in place to ensure that the ICB maintains full compliance against the NHSE Core Standards for EPRR next year. Please see appendix C.

HWE ICS Position

The table below shows how all organisations within HWE ICS have scored against the core standards for 2024 and how this compares to previous years. The overall ICS position will be signed off by both Essex and Hertfordshire Local Health Resilience Partnerships before being submitted to NHSE by the deadline of 2 December 2024.

Organisation	2022	2023	2024
HWE ICB	Substantially Compliant	Fully Compliant	Fully Compliant
Princess Alexandra Hospitals NHS Trust	Partially Compliant	Substantially Compliant	Substantially Compliant
West Herts Hospitals NHS Trust	Fully Compliant	Substantially Compliant	Substantially Compliant
East and North Hospitals NHS Trust	Substantially Compliant	Substantially Compliant	Substantially Compliant
Herts Urgent Care	Substantially Compliant	Substantially Compliant	Substantially Compliant
Herts Partnership Foundation Trust	Substantially Compliant	Fully Compliant	Fully Compliant
Herts Community Trust	Substantially Compliant	Substantially Compliant	Fully Compliant
HCRG	Substantially Compliant	Fully Compliant	Substantially Compliant

9. Recommendations

Based on the evidence that the ICB is able to provide (detailed in the core standards submission spread sheet in appendix D), it is recommended that the ICB self-assesses against the NHSE Core Standards as “Fully Compliant” for 2024.

10. Conclusion / Next Steps

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

- HWE ICS core standards self-assessment to be submitted to NHSE before 2 December 2024.
- HWE ICB to progress the core standards action plan in appendix C over the next 12 months with a view to maintaining full compliance for 2025.
- ICB EPRR Leads to hold interim review meetings with provider organisations in March / April 2025 to check progress against their own core standards action plans.

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

- The Accountable Emergency Officer (AEO) and the EPRR team for the HWE ICB will focus on the response to and recovery from ongoing incidents;
- Maintaining 24/7 on-call functions across the HWE ICB;
- Continuing to ensure that all ICB EPRR plans/policies/arrangements align to national directives, legal requirements and best practice;
- Ensuring lessons from incidents and exercises are learned and any necessary changes to processes and procedures are implemented;
- Overseeing and managing clinical risks within the HWE ICS with specific reference to UEC Demand and Capacity via the SCC Safety, Oversight and Impact Group;
- Continuing to consider the HWE incident response to a National Power Outage;
- Considering the impact of a RAAC incident within the HWE ICS and ensuring robust plans are in place to respond;
- Considering how EPRR is managed in primary care; ensuring GP practices are aware of their EPRR and business continuity responsibilities; preparing for the future roll out of annual core standards assurance to all practices within primary care.

Appendix A – Incidents
Full reports have been compiled on each of the below incidents and are included in appendix D.

Industrial Action
15 December 2022 (ongoing)
There has been a protracted period of NHS staff taking industrial action which commenced on 15th December 2022. The vast majority of unions representing health accepted an increased government Agenda for Change pay offer in May 2023 which was implemented in June 2023. However, junior doctors and consultants have continued to undertake regular periods of industrial action during the last 12 months.

HWE ICS has become well practised in responding to periods of industrial action - command and control and system communications are always highlighted as areas of response that we have learned to do well and with increasing efficiency. We have continued to learn lessons from industrial action responses over the last 12 months including recognising the benefits of virtual Incident Control Centres and reduced meeting cadences in the event of prolonged incident response; the importance of early escalations to Patient Transport Services and maintaining regular system updates over the weekend; the need to improve the reporting of junior doctor attendance at some acute trusts during period of industrial action; the advantages of lunch time updates from mental health trusts to the System Co-ordination Centre; and particularly around dealing with the complexities involved with managing concurrent incident responses. Relevant debriefs and subsequent action plans are included in appendix D.

Consultants accepted a government pay offer in April 2024 and therefore we are not expecting them to undertake any further industrial action at this time. Junior doctors accepted a government pay offer in September 2024. The RCN has asked nursing staff for a view on whether or not they will accept the government pay offer made to Agenda for Change Staff and the majority do not. There are no plans for a formal ballot at this time but the potential for future industrial action cannot be ruled out.

Currently the main issues sit within primary care and details about “GP Collective Action” are included later in this appendix. It should be noted that pharmacists are currently voting as to whether they will take similar action.

South and West Herts Place EMIS Outage
12 December 2023
In December 2023 there was a localised issue within the EMIS platform which impacted a small number of the GP practices within the S&W Herts area. Building works were taking place close to the NHS Digital Office and a digger had cut through the fibre cable, affecting the data “pushes and pulls” from GP practices to the EMIS provider. The contingency network was activated but this system had a slower capacity and was not able to handle the amount of information being transmitted. This subsequently led to an increase in the number of GP Practices reporting issues as the day progressed. HBLICT investigated the issue and worked alongside the EMIS service provider to identify the problem. The issue was discussed at a routine S&W Herts primary care webinar in the early afternoon and HBLICT confirmed that the issue had been resolved. However, some practices were disappointed by the lack of prior communication from HBLICT and the ICB.
Primary care learned lessons from this incident around communications and information sharing, incident notification / escalation and management processes, business continuity planning and recording information. The full debrief and subsequent action plan is included in appendix D.

HWE System Pressures
7 – 8 February 2024

On 7 February 2024 Herts and West Essex (HWE) Integrated Commissioning Board (ICB) declared a level 3 critical incident on behalf of HWE Integrated Care System (ICS). This is because the ICB could no longer maintain patient safety within the ICS footprint due to extreme pressure on our services. NHSE was asked to co-ordinate external support from other NHS organisations outside of our ICS borders as, despite implementation of OPEL 4 and extremis, surge and escalation actions, the HWE system was unable to decompress. The main reasons for this were increased footfall through Emergency Departments (EDs) and increased ambulance conveyances which were compounded by the high acuity of patients across the system, including within community and mental health services. In response to the system pressures the SCC stood up enhanced coordination and the ICS enacted all OPEL 4 actions to try to decompress the system.

The system remained under pressure and a level 3 critical incident was stood up. Key clinical staff reviewed the current risks within the system and considered whether any further actions could be taken to maintain patient safety, improve patient flow across the system and support recovery. The subsequent agreements and principles outlined during the clinical meeting were used to inform the clinical actions taken during the critical incident and will also informed the debrief action plan. Although out of area support was requested from NHSE, it was not received. The SCC stood up an enhanced system situational awareness call cadence and actions were continually reviewed throughout the next 24 hours. Good progress was subsequently made to decompress the system and the level 3 critical incident was stood down on 8 February 2024.

Many lessons were learned as a result of this incident. There were key areas of excellent practice included general communication and co-ordination, chairing and cadence of meetings, command and control, system collaboration and partnership working. Key areas for improvement were noted in relation to GP communications, some processes and procedures, appropriate or timely involvement of provider EPRR and primary care staff, access to the STACK, requesting out of area mutual aid and having clear expectation of providers during a critical incident. A full incident debrief and action plan can be found in appendix D.

Church Street Power Outage
14 February 2024

There was a loss of power at Church Street Partnership in February 2024 which impacted service delivery and the GP practice subsequently activated their business continuity plan. Mitigations were implemented which included the temporary closure of the Directory of Service (DoS) and the redirection of phone calls to 111 call centres. GP online consultations remained open to ensure that urgent patients were still seen. There were some difficulties during the incident response due to multiple channels of communication being used which caused confusion. There was an initial agreement between the Practice Manager and the ICB to communicate via a singular email route but other staff from the practice continued reach out to other ICB staff for additional support. This meant the SCC were not fully sighted on all issues relating to the incident response. Power was restored on site at 17:35hrs and no further issues were reported overnight.

Primary Care learned lessons around business continuity planning, the importance of general accessibility to emergency plans, communications and information sharing, reporting lines, incident management and reporting processes, as well as the process for diverting practice calls to the 111 service. The full debrief and associated action plan is included within appendix D.

Joseph Rank House
25 – 28 June 2024

On 25 June 2024 Essex Fire & Rescue Services (EFRS) proposed the issue of a prohibition notice for the residents of Joseph Rank House in Harlow, Essex. This would require the relocation of all residents from the building due to significant fire safety concerns around both the structure of the building and the cladding on the outside. EFRS carried out further risk assessments in conjunction with the building's management company "Places for People" and the fire safety concerns were not sufficiently alleviated. Therefore, a prohibition notice was served on 28 June 2024 and all 115 residents were successfully and safely relocated to emergency accommodation. It was highlighted prior to the relocation that some residents may be NHS patients and staff. The ICB co-ordinated the health response by liaising with system providers to establish whether any action needed to be taken to ensure the welfare of staff or safeguard vulnerable patients. EFRS conducted a "hot" debrief immediately following the incident and a "cold" debrief was carried out on 22 August 2024. A debrief report has recently been received and the ICB is currently reviewing this to see what action needs to be taken to embed lessons learned from the incident into future incident responses.

GP Collective Action
1 August 2024 (ongoing)

A recent BMA referendum saw over 99% of members reject the imposed national GP contract. Subsequently, GPs were able to start taking "collective action" from 1 August 2024. The BMA has set out the areas where practices may wish to take industrial action (see appendix D) and they have advised practices to choose which of the areas they wish to take action on.

This type of action is very difficult to prepare for because we often don't know which practices are taking action or what action they are taking until we see the impacts of this in the system. Impacts are likely to be minimal to start with, building over time the longer it continues. Our providers are starting to notice some small impact by way of increased administration from GPs reverting to using "dear doctor" letters rather than agreed referral templates and pathways. There are ongoing national discussions about potential impacts on 111 which is being closely monitored. NHSE has created a dashboard designed to identify potential impacts of GP action within the system.

The ICB is liaising with providers via daily system situational awareness calls and also stood up a Health Economy Tactical Coordinating Group (HETCG) to try and understand any system impacts so that measures can be put in place where appropriate to mitigate these. The ICB also attends regular Incident Management meetings chaired by NHSE. Possible risks to the HWE health system have been identified due to some GPs potentially limiting patient appointments to 25 per day. There is also a possible financial risk for the ICB if GPs stop using ScriptSwitch and start prescribing branded medication to patients instead of the more cost-effective alternative agreed - further information about these risks and more detail information about action being taken by GPs in HWE can be found in appendix D. However, the impact of the collective action on the rest of the health system to date has been limited. The frequency of NHSE Incident Managements has subsequently reduced and the HWE ICS HETCG has been stood down but the situation remains under constant review.

The ICB submitted an assurance return to NHSE in September 2024 indicating there is minimal risk and impact related to GP Collective action at this time.

CrowdStrike
19 July 2024

CrowdStrike distributed a faulty update to its Falcon Sensor security software that caused widespread problems with Microsoft Windows computers running the software. As a result, roughly 8.5 million systems crashed and were unable to properly restart, in what has been called the largest outage in the history of information technology. The outage disrupted daily life, businesses, and governments around the world. Many industries were affected—airlines, airports, banks, hotels, hospitals, manufacturing, stock markets, broadcasting, gas stations, retail stores, and more. While

the impact to the ICB itself was minimal, for HWE service providers, including primary care, the impact was more significant with key computer services including EMIS affected.

Within hours, the error was discovered and a fix was released, but because many affected computers had to be fixed manually, outages continued to linger on many services.

Primary Care learned lessons around business continuity planning, as well as incident response and escalation procedures. As a result of this, business continuity plan templates will be reviewed, arrangements will be made for the annual testing of GP and EPRR training will be offered to primary care. An incident response GP action card will also be implemented. The full debrief and action plan can be found in appendix D.

Fire at Harvey House GP Surgery
5 August 2024

On 5 August 2024 a fire took place at Harvey House GP Surgery. The fire brigade extinguished the fire within a few minutes. The fire had started on the right-hand side of our top bay in the roof / attic bay by contractors that had been previously carrying out work there. The practice implemented their business continuity plans and GPs, staff and patients were re-directed to the branch practice (Jersey Farm).

Harvey House GP Surgery reopened on 6 August 2024 with reduced capacity as 3 of the consulting rooms had to be closed - one due to damaged and the other 2 as a precautionary measure.

Primary Care learned lessons around communication and escalation procedures and OPEL reporting. Subsequently, an incident response GP action card will be implemented. The full debrief and action plan can be found in appendix D.

UK Civil Unrest
6 - 19 August 2024

Due to the scenes of violence and disorder across the country, and a large amount of rumour and speculation circulating online referencing possible ‘gatherings’ in Essex and Herts, both Essex and Herts Local Resilience Forums took the decision to activate Strategic Co-ordination Groups (SCG) on 6 August 2024. This was to ensure that the volatile situation was closely monitored and local systems were prepared to respond to any credible threats. Disinformation was shown to be a huge driver of the violence across the country, and many of those taking part were doing so in direct response to what they had read online. System partners were asked to reassure staff and local communities that Hertfordshire Constabulary had additional resources on duty, despite no confirmed evidence of any so-called events, and were fully prepared to respond appropriately should the need arise. People were also encouraged to follow official sources of information for updates, rather than social media, and refrain from sharing information about ‘gatherings’ in any way as this would only serve to increase fear and tension. The ICB communicated with staff and GP surgeries with signposting to wellbeing services, as well as holding “listening” events for staff to reassure them and keep them updated. A Health Economy Tactical Co-ordinating Group was set up to co-ordinate the health system response in Herts and West Essex and keep the system updated. Ultimately, there were no significant events in either Herts or Essex and the SCG was stood down.

Appendix B – Exercises undertaken 2023/24

HBLICT Business Continuity Tabletop Exercise 5 October 2023

HBLICT provide ICT services and support to HWE ICB and this exercise was designed in conjunction with them to allow staff to walk through and review current readiness to a cyberattack. The objectives of the exercise were to explore how HBLICT would respond to an attack that originated from a supplier; to review existing plans and procedures and identify areas for further development; to explore the coordination between HBLICT and other organisations during an incident response; and to provide refresher training for all participants in the exercise.

As a result of the learning gleaned from this exercise, a number of actions were outlined for taking forward around assessment of the Security Information and Event Management system and logging and retention tools, annual review of and consideration of storage locations of the Major Incident / Disaster Recovery / Business Continuity plan and also the need for additional communications guidance. A copy of the full debrief and subsequent actions agreed are included in appendix D.

Exercise IGNIS 20 March 2024

Exercise Ignis was an Essex County Fire and Rescue Service (ECFRS) led exercise simulating a major incident in Essex which involved a wildfire scenario and a simultaneous incident within Stansted Airport on 20 March 2024. The exercise was developed and produced to allow strategic leaders to work in conjunction with partners from other Category 1 and 2 responders in a response to a large-scale incident. It was designed to test the multi-agency response to a major incident within Essex, whilst working within both strategic and tactical co-ordination groups. The debrief of this exercise took place on 17 April 2024 and a debrief report is still awaited.

Exercise Enterprise Parts 1 & 2 18 April & 17 June 2024

Part 1 of Exercise Enterprise was held on 18 April 2024 and was based around an explosion in the arrival area at Stansted Airport. This exercise provided an opportunity for the ICB's Hospital Evacuation and Mass Casualty Incidents Response Action Card to be tested. The action card details the key responsibilities and management actions to be taken in the event of such an incident. The ICB focus was on the distribution of Priority 3 (walking wounded) patients.

Part 2 of Exercise Enterprise was held 17 June 2024 to further test the regional response to an incident involving mass casualties. The Stansted Airport scenario continued with many dead and injured people and there was representation from across the HWE health system. A date is currently awaited for Exercise Enterprise part 3 and once this has been completed an exercise debrief will be produced outlining the learning from these actions. The ICB will then consider how best to implement the learning from the exercise to improve current hospital evacuation and mass casualty processes and procedures.

Ride London Exercise 1 May 2024

An Essex tabletop exercise was held on 1 May 2024 to focus on possible scenarios which could present themselves during Ford RideLondon on Sunday 26 May 2024 and to test contingency plans. Whilst the scenarios only provided for a limited health response, the exercise itself provided opportunities to network and better understand partner agency roles. A series of exercise debriefs have been carried out and when the ICB receives the results of these, consideration will be given as to how best to implement any learning in order to improve current incident response processes and procedures.

Exercise Elucid 22 May 2024

In response to the rise in measles notifications and infections in England, the UKHSA & NHSE Strategic Health Resilience Group requested an East of England system tabletop exercise to be organised in March 2024. Regional EPRR Leads from NHSE and UKHSA developed the exercise scenario with local system partners in ICBs and local authority. The tabletop simulation exercise, Exercise Euclid, was held on 22 May 2024 to rehearse the health protection response to a measles outbreak in the East of England. Exercise Euclid identified 6 examples of good practice. There were several enablers to a successful response. Clear understanding of roles and responsibilities was achieved through agreed health protection MOUs. There were several examples of strong partnership working such as designated structures for situational awareness sharing, designated IPC single points of contact and the creation of measles cells working on preventative activity, prior to incident arrangements being required. Partner agencies also shared effective communication strategies for alerting primary care.

The exercise highlighted areas for improvement, which have been summarised into 26 lessons which covered sharing situational awareness; incident governance; assurance; communications; immunisation and screening; outbreak Management; debriefing and concurrent incidents. The full debrief document can be found in appendix D. ICBs were asked to review the lessons learned and recommended actions and liaise with relevant local structures (e.g. Health Protection Board, IPC Board, Measles cell) to implement the lessons. A copy of the subsequent ICB action plan is also included in appendix D.

Exercise Toucan 2024 23 May 2024

This exercise was designed to test processes and the ability to cascade an incident notification through established incident cascade methods. The aim was to ensure that organisations within the HWE ICS had resilient, dedicated mechanisms and structures to enable 24/7 receipt and action of incident notifications which provide the facility to respond to or escalate notifications to an executive level.

A notification was cascaded by NHSE to ICBs and the expectation was then for this notification to be forwarded to provider organisations. All organisations just had to confirm receipt of the notification and were not required to undertake any further action. ICBs were then expected to gather and compile data to demonstrate the outcome of the exercise and return this to NHSE (see appendix D). The outcome of the exercise was positive with the longest response time being 1 hour and 2 minutes, well within the required response time of 2 hours. A debrief report is currently awaited from NHSE. This will enable the ICB to assess whether any lessons can be learned from the exercise which can be used to improve existing on call processes and procedures.

Operation Herb Exercise 13 June 2024

This regional counter terrorism (CT) exercise on 13 June 2024 impacted Essex at Stansted Airport and required a virtual Strategic Coordinating Group (SCG) to be convened to look at initial and subsequent consequence management. The exercise was run by the National CT Network and, as a Category 1 responder, the ICB was required to attend and work through the given scenario with partner agencies. A debrief is currently being completed and will inform learning for the ICB.

On Call Communications Exercise 10 July 2024

On Wednesday, 10 July 2024, at 07:46, an out of hours communication call exercise was performed. This was a limited notice exercise, whereby the On Call Teams were made aware that an exercise would take place during the week commencing the 08 July 2024, though they were unaware of the day and time. The aim of this exercise was to test the resilience of the out of hours communication arrangements for the HWE ICB On Call Teams.

Four of the five staff members contacted answered either immediately or called back immediately. Staff were not in the workplace, so examples such as being with their family or driving to work were the reasons for not immediately picking up; however, the times taken to call back were within 5 seconds of the call – so no real negative delay. The HWE ICB Communication's phone number was called twice, and two voicemails were left. Despite this, there was no call back and so no response recorded. When followed up with the Comms team post exercise it was established that the phone ringer had been switched off and therefore it hadn't been noticed that the phone was ringing.

As a result of the learning from this exercise, an on call action card detailing response time objectives is in the process of being implemented. The full debrief for this exercise is included in appendix D.

Appendix C - Core Standards Action Plan 2024/25

Action Required	Responsible Owner	Due Date
Alignment of ICB Recovery Time Objective (RTO) / Recovery Point Objective (RPO)s to those outlined in the HBLICT MI, DR, BC plan to be streamlined where possible.	WR / KF	31/6/2025
Cyber Attack Exercise to be undertaken, debrief and lessons learned to be circulated for action	WR	31/12/2024
Reconfigure IRP to produce a new document which focuses on the operational response	WR	30/4/2025

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:**	**29/11/2024**	
Report Title:	**ICB Quality Escalation Report**				**Agenda Item:**	**11**	
Report Author(s):	Multiple authors including relevant quality leads, collated by Shazia Butt, Assistant Director for Quality Assurance and Improvement, HWE ICB.						
Report Presented by:	Natalie Hammond, Director of Nursing and Quality.						
Report Signed off by:	Natalie Hammond, Director of Nursing and Quality.						
Purpose:	**Approval / Decision**	☐	**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 November 13th 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 several 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 colspan="4">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;

• Essex Partnership University Foundation Trust (EPUT) shortlisted for a Health Service Journal (HSJ) award in the category of Patient Safety.
• New family space opens in the Children's Assessment Unit at Lister Hospital, East and North Herts Trust (ENHT).
• EPUT Legionella round table event highlights positive learning.
• Princess Alexandra Hospital Trust (PAHT) Ophthalmology team recognised for ongoing improvement work addressing the longest backlogs for patients on the waiting list.

Key challenges include;

• Paediatric audiology with work ongoing with ENHT and at system level to support required improvements.
• AJM Wheelchair Services – second system quality meeting undertaken with progress noted. Oversight of Improvement plan continues.
• Multi Agency SEND Improvement focus in Hertfordshire continues including via ongoing joint quality visits. West Essex SEND inspection due to take place imminently.</td></tr>
<tr><td>Recommendations:</td><td colspan="4">The Board is asked to note the contents of the report.</td></tr>
<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4">N/A</td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">Patient Safety is a driving principle and at the core of the Quality Report. The paper flags areas of good practice, identifies risks to patient safety 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
November 2024

Report Contents

Executive Summary	Slide 3
Sharing Best Practice / Learning from Excellence	Slide 4 -5
Key Priority Areas	Slide 6
Patient Experience and Safety	Slide 7
National Patient Safety Strategy Implementation and Quality Improvement	Slide 8-10
All Age Safeguarding	Slide 11
Infection Prevention and Control	Slide 12-13
Mental Health - Children	Slide 14
Maternity and Children and Local Maternity Neonatal System (LMNS)	Slide 15-16
Acute and Urgent Care	Slide 17-18
Mental Health - Adults	Slide 19-20
Community	Slide 21-22
Primary Medical Care	Slide 22
Care Homes	Slide 23
Acronyms	Slide 24-25

Executive Summary

1. Paediatric Audiology. Slide 17.

Position since Previous Report: New Escalation / Significant oversight in place and further assurances required.

a) System Approach to Audiology – System audiology meetings have been implemented in line with the national paediatric audiology improvement programme, to support ENHT recovery as well as ensuring an equitable quality service to children across the system.

b) East and North Hertfordshire Trust (ENHT) - progress remains challenging with limited mutual aid. Additional clinics are occurring and ongoing improvement work is taking place for workforce and estates with ongoing mechanisms in place for oversight and assurance.

2. Elysium Healthcare - Care Home. Slide 23.

Position since Previous Report: New Escalation.

2 nursing homes under Elysium Healthcare have had quality concerns identified. Areas identified include infection prevention and control, medication, feeding and dietetics and safeguarding. Co-ordinated quality visits and system wide meetings in place to support provider with required improvement.

3. Hertfordshire Joint Targeted Area Inspection (JTAI) Domestic Abuse. Slide 11.

Position since Previous Report: **New Escalation.**

- Hertfordshire County Council were notified of a JTAI of multi-agency arrangements and services for children who are victims of domestic abuse. All relevant services have worked together to respond to inspection and identify, support and protect vulnerable children and young people.

4. AJM Wheelchair Services. Slide 21.

Position since Previous Report: Significant oversight in place with further assurances required.

- System Quality Meetings facilitated by HWE ICB in line with National Quality Board guidance have taken place. Further meeting planned January 2025.
- Detailed improvement plan with clear trajectories has been agreed between AJM and the ICB senior Multi-Disciplinary Team.

5. Lampard Inquiry. Slide N/A

Position since Previous Report: Ongoing process with long term assurances required.

- Inquiry commenced initial public Hearings over 9th - 25th September. The three Essex-facing Integrated Care Boards have implemented a collaborative approach which includes aligned reporting to Boards. Due to the live nature of the Inquiry further reporting will be taken via the three ICB Boards only.

6. Hertfordshire Special Educational Needs and Disability (SEND). Slide N/A.

Position since Previous Report: Continued progress with significant ongoing work required.

- Multi agency stocktake with NHSE and Department of Education in October 2024 with some positive progress noted around assurance / improvement activity including partnership visits, Education and Health Care Plan audit and system partnership and leadership engagement.

Sharing Best Practice / Learning from Excellence

Reasons to be Proud

Essex Partnership University Foundation Trust (EPUT) – Shortlisted for a Health Service Journal (HSJ) award.
The Patient Safety Partners, who regularly speak to patients, their families and carers about safety have been shortlisted for a HSJ award in the category of Patient Safety Award. The nomination recognises the team contributed to improved understanding of patients' needs and concerns, which has led to a reduction in harm and complaints and lowered the use of restrictive practice and medication.

New family space opens in the Children's Assessment Unit at Lister Hospital.
A new designated space at Lister Hospital has been opened for families with children and young people (CYP) with a palliative or end-of-life condition, which has been named the Phoenix Room. Located in the Children's Assessment Unit (CAU) at Lister, the new space will give families a comfortable and quieter area when at Lister. The room can also be used by families with CYP who have special educational needs and disabilities. A range of new equipment for the CAU has been purchased, including hand-held oxygen saturation monitors for the community children's nursing team, blankets and teddies for bereaved families, more reclining parent chairs in the CAU and a communication aid. The Phoenix room also includes wheelchairs, reclining parent chair, a hoist and an ensuite bathroom. The room has been funded by the NHS Hertfordshire and West Essex (HWE) Integrated Care Board (ICB), as part of the NHS England (NHSE) long term funding for children's palliative and end of life care.

Princess Alexandra Hospital Trust (PAHT) - Ophthalmology.
PAHT ophthalmology team have been recognised for the ongoing improvement work for this specialty – addressing the longest backlogs for patients on the waiting list. Positive progress has been seen and continuous improvement work remains ongoing in partnership with the Getting It Right First Time team through the Ophthalmology Improvement group.

Essex Partnership University Foundation Trust – Legionella round table event.
Really positive look back exercise which has identified some useful learning lessons which will be taken forward to assist in future planning and delivery. Outstanding actions will be discussed and monitored via the Trusts Infection Prevention Control committee meetings.

Hertfordshire Partnership University Foundation Trust (HPFT).
Recruitment - successful recruitment of 83 newly qualified nurses joining HPFT in September/October 2024. HPFT are the lowest spending mental health trust for agency staff, but recruitment remains a focus. The Division continues to work with the recruitment team to manage the vacancies.
Routine referral - recognition of achievement of 96% compliance with community mental health referrals.

Central London Community Healthcare (CLCH) – Allied Health Professions Summer School.
CLCH's first Allied Health Professions (AHPs) Summer School successfully completed during August. Five students from Hertfordshire completed the two-week programme gaining experience of the CLCH academy, simulation labs, direct clinical services led by AHPs, engaging in group exercise and wellbeing sessions led by AHPs on the wards and question and answer sessions with AHPs in traditional and non-traditional roles. This was followed by visits to a variety of university partners to understand the programmes on offer. CLCH are working towards engaging the Herts students into the Trust volunteer programme.

Key Priority Areas

Patient Experience and Safety - ICB

ICB Area June/July reporting	Compliments	Complaints	PALS	Member of Parliament	Provider quality queries	Whistle-blowing	PSII on STEIS	Never Events
East and North Hertfordshire	1	35	61	4	76	0	3	0
South and West Hertfordshire	0	36	75	4	49	0	3	0
West Essex	0	25	60	5	90	1	0	0
All ICB localities	0	12	38	0	*N/A	0	*N/A	*N/A
Other	1	12	47	0	0	0	0	0
Total	2	120	281	13	215	1	6	0

* Not applicable as Patient Safety and GP queries are recorded as location specific.

ICB area	Key themes and Risks	Improvement Actions and Mitigations
All Localities - Inappropriate Requests from secondary care to General Practice (GP).	Ongoing issue with GP practices reporting inappropriate requests from secondary care continues to be the key theme of queries reported through the Quality Review System.	Trusts are asked to remind their clinicians of appropriate processes and the Integrated Care Board (ICB) continues to raise the issue at the place-based interface group meetings.
All localities.	Continued queries in relation to all aspects of Attention Deficit Hyperactivity Disorder (ADHD) care; referral, diagnosis, commencement on medication, waiting times and shared care with private providers.	ICB Patient Experience Team continue to respond to individual queries. Ongoing monitoring of queries to undertake analysis of themes and if any specific localities are being impacted.
Continuing Healthcare (CHC) Complaints.	The volume and complexity of CHC complaints has been increasing. There are delays in the process due to capacity.	Weekly improvement meetings are taking place between the Patient Experience Team and the CHC Team, including senior level oversight, to review and improve processes and ensure progress with open cases continues.

National Patient Safety Strategy Implementation (1/2)

Priority Area	Current Position	Status for HWE ICB
Just Culture.	• Ongoing work with Human Resources within the ICB, for example staff survey results, and working with providers regarding psychologically safe and just culture across system. Supported by Patient Safety Incident Response Framework implementation (PSIRF).	In progress.
Medical Examiner System for community deaths.	• The statutory requirements for community deaths came into effect on 9th September. Medical Examiner Offices (MEOs) have not reported any significant concerns from practices. The ICB have managed a few queries from practices signposting to the national guidance or the MEOs. • A lunchtime question and answer webinar took place in October. Several queries were raised and responses provided by MEOs. The Frequently Asked Questions document has been updated.	On track.
Patient Safety Incident Response Framework (PSIRF).	• Integrated Care System implementation ongoing; all main Trusts are operating under PSIRF. Several small providers have transitioned to PSIRF, and the ICB are working with the remaining providers to support their plans for transition. • The ICB is required to approve any updates to provider plans as part of the review process and are currently developing a plan for this.	On track.
System-wide Learning from Deaths forum.	• The first full meeting of the group was held in September. It was agreed to make some amendments to the Terms of Reference and to avoid duplication of work taking place in other groups. • A proforma has been developed to enable providers to share themes identified from their internal mortality reviews. These themes will be compiled by the ICB and used to inform deep dive reviews for future forum meetings.	On track.
National Patient Safety Strategy for Primary Care.	• The National Patient Safety Strategy for Primary care was launched on 26th September. The ICB is reviewing the requirements and will develop a plan for implementation in the coming months. A national implementation plan and timescales for delivery has not yet been published. • The ICB is supporting a pilot for some Hertfordshire and west Essex (HWE) General Practices and Primary Care Networks to implement PSIRF in their settings. The pilot is in the early stages. Priority focus areas have been agreed and an initial meeting has been set up with the participating practices.	In progress.
Involving Patients in Patient Safety.	• Two Patient Safety Partners in place within HWE ICB who are well-engaged with system-level quality and safety work. Currently working on ICB Patient Safety Partner Policy and evaluation of new role.	On track.

National Patient Safety Strategy Implementation (2/2)

Priority Area	Current Position	Status for HWE ICB
National Patient Safety Alerts.	• Robust processes in place within the ICB and with main Trusts. The ICB is currently reviewing the process in place internally to avoid duplication of work with medication alerts.	In progress.
Transition from National Reporting and Learning System to Learning from Patient Safety Events (LFPSE).	• All main providers have transitioned to LFPSE. Due to some issues with the functionality of the system for ICB oversight, providers have been asked to continue to log those incidents identified for individual Patient Safety Incident Investigation (PSIIs) on the historical system. The rollout for primary care has been delayed and will be incorporated into the PSIRF pilot for General Practices in Hertfordshire and west Essex.	On track.
Patient Safety, Education and Training.	• Level 1 training uptake within ICB currently sitting at 90%. Level 2 training uptake at 83% as at October 2024.	On track.
National Patient Safety Improvement Programmes.	• All programmes led by the local Patient Safety Collaboratives, local providers and the ICB where appropriate are engaged in the main programmes of work.	On track.

Quality Improvement (QI)

Priority Area	Current Position	Status
Creating shared purpose and system priorities.	• The work linked to the successful Health Foundation bid has now been completed. • The bid supported the implementation of the HWE System Quality Improvement (QI) Network, including two face-to-face improvement events, regular network meetings with patient engagement, development of a dedicated internet page, tracking and monitoring outputs and improvements. The evaluation has now been completed following the successful face-to-face event that took place on 6th June 2024.	Completed.
Developing QI communications plan: **- To build the 'will' to create a movement for QI.** **- Promoting Herts and West Essex Quality Improvement Network System update as an enabler for change.**	• NHS Futures Platform dedicated page and WhatsApp group in place. • Work has begun to engage our staff, patients and partners to build the will for QI and to ensure sustainability of the Network. This includes promoting the Network through a new QI communications plan. A QR code flyer is designed to promote joining our Network and will be shared as part of the communications plan. • Ongoing development of the system Quality Improvement Network. The Network membership list has been refreshed and updated, currently sits just under 100 members. • A refresh of network membership aims, measures and a forward planner mapping out future events and webinars for the period November 2024 to May 2025 is currently being developed with the aim to commence in November 2024.	On track.
NHS Impact update.	• Baseline assessments have been completed for Trusts and ICB. • Current work includes scoping of the NHS Impact self-assessment for our readiness to change as an ICB. A series of engagement focus group workshops and virtual interviews are being offered to staff across the ICB and externally to system partners during October and November 2024. The feedback will inform our NHS Impact delivery plan. It will then be used to inform our HWE ICB QI approach and training offers.	In progress.
ICB QI delivery plan.	HWE ICB QI plan and driver diagram in progress to inform our QI delivery plan, aligned to our Quality strategy, PSIRF, the NHS Impact 5 key priorities and our ICB operating model.	In progress.
ICB QI capability and capacity building plan.	• Scoping work has begun to develop HWE QI offers for building capability and capacity within the ICB and across the system for smaller providers and primary care. • A HWE QI: Introduction to QI training offer to commence December 2024.	In progress.

Safeguarding All Age

Theme	Issue and Impact	Mitigating Action
Gaps in Safeguarding Resource. • North - East London Foundation Trust (NELFT) services. • Hertfordshire Community Trust (HCT) Safeguarding, Child Death Teams.	• NELFT potential impact on safeguarding assurance. • HCT – high vacancy rate within Safeguarding /Child death Team.	• Designated Nurses for Safeguarding Children from HWE ICB are working with system partners across Essex to address the concerns. • HCT recruitment in progress. ICB support for changes to delivery of supervision and training in place to mitigate risk.
Domestic Abuse Joint Targeted Area Inspection (JTAI). Inspection October 2024 assessing how local authorities, the police, health, probation and youth offending services are working together around domestic abuse to identify, support and protect vulnerable children and young people.	• Focus on system working to support children and young people. • Staff supported to work additional hours to meet requirements.	• Inspection outcome due to be shared with commissioners in December 2024.
Hertfordshire Child Death Review. Quality and safety issues in service provided by Hospices - • Customised East of England standardised drug charts and administration of medication.	• The Haven and Keech: some gaps in children receiving intravenous medication. • Gaps in bereavement services for education settings when deaths occur. • Disparity in 7-day nurse cover for Community team and end-of-life lead.	• Review of commissioned services for palliative care underway and issues are being addressed via the ICB children's commissioners and Lead pharmacist. • Raised at regional Child Death Overview Panel. Scoping required including to develop single point of access for East and West.
Care Leaver (CL) Deaths. Essex Thematic review of CL deaths commissioned. Domestic abuse noted to be a factor in some cases.	• Thematic focus of Care Leaver deaths in Herts over the last 5 years required. To include suicide prevention team and their role in domestic abuse linked deaths. Modify use of language used to describe care leavers who do not accept support for mental health concerns. • Increase in Care Leaver deaths.	• Actions in place to monitor and take forward where learning is identified. • Analysis of Care Leaver Deaths to identify learning. • Further work to understand disparity in mortality rate amongst Care Leavers.

Infection Prevention and Control (IPC) (1/2)

Area	Issue	Mitigating Action	Timescale
C.Difficile (C.diff).	Nationally C. diff cases above pre-pandemic levels and rising. HWE ICB are above trajectory at this point of the year, as are West Herts Teaching Hospitals Trust (WHTHT) and Princess Alexandra Hospital Trust (PAHT). East and North Hertfordshire Trust (ENHT) on target to meet their trajectory. South and West Hertfordshire place, West Essex place and WHTHT infection rates below East of England (EoE), with East and North Hertfordshire place, ENHT and PAHT reporting rates above that of the region.	• National C. diff trajectories for current year have now been published although trajectories for the individual place bases are not yet available. • Place based healthcare associated infections (HCAI) oversight groups reconvened for early December. • Plan for ENHT reviews to include primary care. • HWE Integrated Care System (ICS) IPC 5-year strategy implementation plan workshop taken place. Further meetings scheduled to agree on key deliverables.	Ongoing.
Mpox.	Clade I Mpox virus is high consequence infectious disease which may be more severe and transmissible than Clade II Mpox, which has been present in the UK, since 2022. There is increasing transmission of Clade I Mpox in Democratic Republic of Congo and other surrounding countries.	• Action cards updated in line with the updated case definition and in line with new published IPC guidance. • Weekly Health Economy Tactical Control Group meetings will be reconvened if a case is identified within the UK. • UK Health Security Agency (UKHSA) and ICB leads continue to monitor the situation. • Existing care pathways and policies which were developed in 2022 under revision.	Ongoing.

Infection Prevention and Control (IPC) (2/2)

Area	Issue	Mitigating Action	Timescale
Measles.	A rise in the number of confirmed cases of measles in England. Data demonstrates that Hertfordshire has highest number of laboratory confirmed cases within EoE - a total of 66 cases between 1st January and 16th September 2024. Essex reported 18 cases. In the 4 weeks since 26th August 2024, there have been 59 laboratory confirmed measles cases, with 10% (6 of 59) cases reported in EoE. Nationally, there is a downward trend in number of cases reported since mid-July. To date, no healthcare outbreaks reported in HWE.	• Essex wide response meetings have been implemented. • Assurance is being sought from across the system (including primary care) in relation to non- compliance with fit testing for appropriate respirators. • Measles risk on ICB risk register, with score level recently reduced due to mitigations in place. • System partners have developed measles pathways and learning shared from individual cases reported. • Multi-agency meetings taking place to support learning where identified.	Ongoing.
Legionella.	High counts of Legionella reported in water samples from Aston Ward in Hertfordshire. Hertfordshire Partnership Foundation Trust (HPFT) and at St. Margaret's Hospital in Essex Partnership University Trust (EPUT).	• Water safety experts consulted for the Lister site, including a site visit which has taken place. • Water sampling completed. • Aston Ward has now been re-opened with water outlets flushed three times weekly, and increased water sampling. • Legionella round table event implemented at EPUT and similar events scheduled at HPFT/East and North Herts Trust (ENHT).	Ongoing.

Mental Health - Children

Area	Issues and Mitigating Actions
Southend , Essex and Thurrock (SET) Child and Adolescent Mental Health Services (CAMHS). Eating Disorder Service.	• Joint quality visit undertaken with North East London NHS Trust (NELFT). Ongoing challenges with recruiting clinical lead post however interim support is in place. • Oversight and assurance is being obtained through joint contractual meetings and follow up visit is being planned.
Hertfordshire Partnership Foundation Trust (HPFT) CAMHS. Deteriorating performance resulting in delays in routine assessments for waiting times.	• Improvement approach in place including piloting of shared resources to improve integrated working with initial focus on access points of pathway. • Workforce skill analysis and local actions informing recruitment activity. Short-term agency backfill remains in place. • Ongoing oversight and assurances in place through multidisciplinary discussions and Quality Review Meetings.

Maternity and Children

Area	Issues and Overview	Mitigating Action
Paediatric Neurodiversity. Waiting Times.	West Essex (WE). • Referrals for Autism Spectrum Disorder (ASD) diagnosis continue to be above commissioned capacity. • Data for Attention Deficit Hyperactivity Disorder (ADHD) is embedded in community paediatric activity, currently performing 95% within 18 weeks. Hertfordshire. • Demand for Neurodiversity assessments continues to significantly increase.	• Future model development aims to reduce waiting times to 65 weeks before current contract comes to an end (March 2027). • Essex partnership discussions underway to consider implementing Portsmouth tool, supporting pre-screening approach. Aim is to enhance pathway via running process alongside ASD pathway as a single neuro-diagnostic service. • Future Neurodiversity Model for Hertfordshire signed off through clinical governance, and agreed by operational teams across Hertfordshire providers. Business case progressing through ICB approval processes.

Local Maternity Neonatal System (LMNS)

Area	Issues and Overview	Mitigating Action	Timescale
Princess Alexandra Hospital Trust (PAHT) and East and North Herts Trust (ENHT).	• All three provider sites currently rated 'Requires Improvement'. • PAHT entered onto Maternity Safety Support Programme (MSSP) 2020- currently working with Maternity Improvement Advisor (MIA) on an exit plan. • ENHT Section 29a closed. Entered onto MSSP 2023- Exit planning currently with Maternity Improvement Advisor.	• The LMNS have requested to meet with the Maternity Improvement Advisor and providers to be part of the exit planning and offer LMNS support. • The LMNS have asked for feedback from colleagues across the system regarding how this relationship and planning have been undertaken collaboratively.	3 months.
Systemwide. Stillbirths**.**	• Stillbirth data across the system shows disparity in rates between 'all stillbirths' and those across Black, Asian and Minority Ethnic communities. Regional rates collectively showed little variation.	• Raised at LMNS Board with request for Multi-Disciplinary Team approach to thematic review. • Regional input and sharing of other reviews to support approach and learning.	3-6 months.
Systemwide. Digital Concern**.**	• Clinical safety risk relating to interoperability between digital systems. Impacting clinician ability to view patient records for women out of area. • Implementation of Digital Electronic Patient Record threatening compliance of Clinical Negligence Scheme for Trusts (CNST) for two providers.	• Round table discussion planned involving Trust and appropriate system leads, alongside regional data lead to discuss options and mitigations. • Cross border options work carried out by Regional Senior Clinical Lead with suggestions to support mitigation. • On LMNS Risk register and escalated through LMNS Partnership Board.	3-6 months.

Assurance and Oversight - Acute and Urgent Care (1/2)

Area	Risk	Mitigating Action	Timescale
East and North Herts Trust (ENHT) - Paediatric Audiology.	• Risks due to a range of factors including workforce, estates, capacity, with limitations around mutual aid.	• ENHT is working with the ICB and other stakeholders. Regular meetings are held with ICB oversight and weekly internal meetings. • Ear, Nose and Throat pathway restarted as well as limited capacity for the 3-5 year old and over 5 year old pathways. • Mutual aid in progress from Hertfordshire Community Trust (HCT), limited mutual aid from Cambridge University Hospital and another provider, Chear. • Waiting list continues to grow with increasing referrals. Focus on risk stratification and communications. • System paediatric audiology meetings established in line with the national paediatric audiology improvement programme • System level work being undertaken to support ENHT recovery as well as ensuring an equitable quality service to children across the system.	Ongoing.
West Herts Teaching Hospitals Trust (WHTHT). Mortuary Services.	Opening of new and refurbished mortuary facilities at Watford General Hospital and Hemel Hempstead Hospital delayed.	• Watford General Hospital new mortuary opening delayed from October 2024 to end of November 2024, due to wider site ground works. • Hemel Hempstead General Hospital mortuary remedial work delayed from September 2024 to early 2025 due to fire safety requirements. • Mutual aid agreed with ENHT and WHTHT continue to support with staffing. • Regular system meeting with regional mortuary teams is in place to support a system approach. • ICB support visit planned for November 2024, ahead of Human Tissue Authority visit to review previous improvement requirements.	Ongoing.

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

Area	Risk	Mitigating Action	Timescale
Princess Alexandra Hospitals Trust (PAHT). Implementation of integrated electronic health care record system.	Introduction of new integrated electronic health care record system. PAHT will operate under business continuity during implementation to manage normal levels of patient flow.	• New integrated electronic health care record system, powered by Cerner Millennium has gone live in November 2024. • To support implementation PAHT operated a 'Mega' Multi Agency Discharge Event (MADE) event from 23rd October – 5th November 2024. • Partners working collaboratively to maintain patient safety. Daily meetings and command control stood up to ensure operational effectiveness.	November 2024.

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

Area	Issue and Impact	Mitigating Action	Timescale
Hertfordshire and West Essex. Long lengths of stay and delayed transfers of care impacting effective discharge and delays into appropriate settings.	Hertfordshire Partnership Foundation Trust (HPFT) - Clinically Ready for Discharge to be maintained at a minimal level (target <3.5%). Improvements achieved in latest reporting position. Essex Partnership University Trust (EPUT) - Inappropriate Out of Area (OOA) beds being used for lengths of stay over agreed 35 days.	HPFT • Recruitment of second social worker to support delayed discharges and outpatient appointments and Enhanced Discharge team vacancies recruited. • System group established with Executive senior management oversight. Improvement focus on actions for service users with Long length of Stay and analysis of reasons for different types of delayed transfer of care. • Regular internal Multi Agency Discharge Event (MADE) reviews and targeted MADE for individual service users with the wider system partners. EPUT • All patients reviewed have an Estimated Discharge Date set and SMART discharge action plan. • All patients reviewed with a system delay to be discharged from EPUT by the 30/11/2024.	Ongoing.
Hertfordshire and West Essex. Mental Health Intensive and Assertive Outreach Review.	NHSE published Guidance to ICBs on intensive and assertive outreach.	• Deep dive completed and presented to System Quality Group. Findings shared with NHSE. • Detailed actions being formulated with short-term and long-term areas for focus. Timelines to be agreed. • NHSE will summarise findings from all ICBs and share before the end of Quarter 3.	Ongoing.

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

Area	Issue and Impact	Mitigating Action	Timescale
Hertfordshire and West Essex. People with severe mental illness who have received a list of physical checks (in-patients only).	Hertfordshire Partnership Foundation Trust (HPFT) - In August 2024 under 50% of service users have a reported physical health check against 90% target. Essex Partnership University Trust (EPUT) - meeting compliance for this standard hence an opportunity for sharing learning and good practice.	• Discussed at Quality Review Meeting in October. • Advert published for Physical Health Lead. Presently Trust is using the Physician Associate to assist with physical health checks and ensuring recording is carried out by medical staff. • Consultants are being asked to review paperwork routinely, identify and address gaps in completion.	Ongoing.
Hertfordshire and West Essex. Attention Deficit Hyperactivity Disorder (ADHD) - Unprecedented demand for ADHD diagnosis and treatment nationally and locally across all age groups.	HPFT - ADHD referrals for patients with more complex mental health, psychosocial difficulties and co-morbidities to be offered specialist mental health initial assessment via local Adult Community Mental Health Service. Cessation of ADHD referrals has had a positive impact on number of referrals received and the team's ability to maintain performance. EPUT – ADHD referral to assessment Standard. Percentage of patients who were offered an initial assessment within 90 days of referral performance is currently not meeting compliance due to prioritising long-waiters.	• Single Point of Access continue to triage referrals for ADHD and patients not meeting the complexity threshold are referred back with self-help and signposting. • Integrated Care Board finalising policy for both children and adults, this will go to regional level to ensure all areas have the same policy.	Ongoing.

Assurance and Oversight – Community (1/2)

Area	Issue and Impact	Mitigating Action	Timescale
AJM. Wheelchair Services for Hertfordshire**.**	• Concerns regarding waiting times for wheelchairs. • Variable communication across service areas leading to escalated risks. • Issues impacting patient outcomes, experience and safety.	• System Quality Meeting approach remains in place to oversee quality elements. • Improvement actions in place and approach aligned to National Quality Board Guidance for risk and escalation. • Some improvements being seen, with robust senior level oversight. • Further system quality meeting to take place in January to assess progress.	Ongoing.
Hertfordshire Community Trust (HCT). Workforce challenges in Community Nursing.	• Impact on workforce and referrals due to increase in demand and complexity across teams and in particular community nursing Integrated Community Teams and Hospital at Home service to support system wide pressures.	• Ongoing recruitment and retention activity, review of caseloads, and use of bank and agency staff. • Skill mix reviews and capacity and demand audits undertaken with aligned business case to confirm ongoing funding requirements to meet service needs. • Partnership Quality Visit took place in June and September 2024 within Integrated Community Team, highlighting key challenges and noting improvement work in place to support.	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	47	1	0	49
	West Essex (WE)	1	0	25	1	2	29

GP Practice	Issue and Impact	Mitigating Action	Timescale
West Essex.	1 practice rated as Inadequate, placed in special measures following inspection November 2023 (published March 2024).	• Support from ICB teams provided to practice to address highest risk issues. • ICB Contract and Quality visit in September 2024 showed progress against improvement areas including issues raised by Care Quality Commission (CQC).	Ongoing.
West Essex.	1 practice re-inspected June 2024. Warning notice issued - Regulation 17 related to Good Governance. Full outcome awaited.	• Support provided from ICB teams, addressing CQC issues raised.	Ongoing.
Hertfordshire and West Essex.	5 practices (4 in ENH and 1 in SWH) are currently rated as 'Requires Improvement' overall by the CQC.	• Support offered/provided by ICB Primary Care and Quality Teams to address CQC issues raised. • Support from ICB specialist teams as required for example, Medicines, Infection Prevention Control and Safeguarding. • Improvement actions monitoring and support offered.	Until next CQC inspection/ assessment and review.

Assurance and Oversight – Care Homes

System Care Home Overview					
CQC	3 Inadequate	49 Requires Improvement	215 Good	10 Outstanding	25 Not Yet Rated
PAMMS	13 Poor	55 Requires Improvement	171 Good	16 Excellent	47 Not Yet Rated

Area	Issue and Impact	Mitigating Action	Timescale
Hertfordshire.	3 Care Homes are in a Safety Improvement Process (SIP). Quality concerns relate to: • Workforce • Care planning • Governance • Leadership **Impact** -service provision, resident experience, safety.	• Joint visits with ICB nursing and county council colleagues to review action plans and provide ongoing support. • Attendance at and feedback on support provided to system-wide partner formal strategic management meetings to assure improvements.	Ongoing.
East and North Hertfordshire.	• 2 nursing homes under Elysium Healthcare have had quality concerns identified. Areas identified include; • Infection prevention and control • Medication • Feeding and dietetics • Safeguarding • Leadership **Impact** - service provision, resident experience and safety.	• Co-ordinated quality visits from relevant teams including nursing and quality, continuing healthcare, and pharmacy to support provider with areas highlighted for improvement. • Attendance and feedback at system wide meetings to ensure needed actions are progressing. • Communication to residents and families. • Embargo to new referrals and admissions. • Wider commissioner engagement supporting communication requirements.	Ongoing.
Hertfordshire and West Essex.	Visa restrictions on international healthcare staff affecting all providers, with homecare most impacted. **Impact** - increasing workforce vacancies.	• Local Authority supporting displaced workers. • Action card being developed by Adult Care Services Resilience Board.	Ongoing.

Acronyms (1/2)

ADHD	Attention Deficit Hyperactivity Disorder
AHP	Allied Healthcare Professional
ASD	Autism Spectrum Disorder
CAMHS	Child Adolescent & Mental Health Services
CAU	Children's Assessment Unit
CHC	Continuing Healthcare
CL	Care Leaver
CLCH	Central London Community Healthcare NHS Trust
CNST	Clinical Negligence Scheme for Trusts
CQC	Care Quality Commission
CYP	Children and Young People
DTOC	Delayed Transfer of Care
ECC	Essex County Council
ED	Emergency Department
ENH	East and North Hertfordshire
ENHT	East and North Hertfordshire NHS Trust
EOE	East of England
EPUT	Essex Partnership University NHS Foundation Trust
GP	General Practitioner
HCAI	Healthcare Associated Infection
HCPA	Hertfordshire Care Providers Association
HCT	Hertfordshire Community NHS Trust
HPFT	Hertfordshire Partnership University NHS Foundation Trust
HSJ	Health Service Journal
HWE	Hertfordshire West Essex
ICB	Integrated Care Board
ICS	Integrated Care System
IPC	Infection Prevention and Control
LFPSE	Learning from Patient Safety Events
LMNS	Local Maternity and Neonatal System
MADE	Multi Agency Discharge Event
MDT	Multi Disciplinary Team
MEO	Medical Examiner Office

Acronyms (2/2)

MSSP	Maternity Safety Support Programme
Mpox	Clade I Mpox Virus
NCL	North Central London
NHS	National Health Service
NHSE	NHS England
NELFT	North East London NHS Foundation Trust
OOA	Out of Area
PAHT	Princess Alexandra Hospital NHS Trust
PALS	Patient Advice and Liaison Service
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Incident Response Framework
PTL	Patient Tracking List
QI	Quality Improvement
RQG	Regional Quality Group
SEND	Special Education Needs and Disabilities
SET	Southend, Essex and Thurrock
SI	Serious Incident
SIP	Safety Improvement Process
SQG	System Quality Group
STEIS	Strategic Executive Information System
SWH	South and West Hertfordshire
UKHSA	United Kingdom Health Security Agency
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:**	**29/11/2024**	
Report Title:	**HWE ICS Performance Report**				**Agenda Item:**	**12**	
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 • Joanne O'Connor, Deputy Director of Performance, Hertfordshire and 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, 11th September 2024						
Executive Summary:	Since reporting to the September Board, there has been improvement, or continued positive performance, in many key areas: • NHS111 abandoned call rates improved further to achieve 3% standard • Hours lost to ambulance handover continue on improved trajectory • The 78-week and 65-week elective backlogs continues to reduce, with WHTHT the best performing in region at end of September for 65-week • Cancer performance continues to better regional and national averages ○ The 28-day cancer faster diagnosis standard was again met						

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The 62-day ambition of 70% for 24/25 was also achieved
31-day performance continues to fluctuate but met the national std of 96% in Aug

Learning Disability Annual Health Checks (LDAHC) – all Places are outperforming their equivalent 23/24 positions
Community Adult MH waits for a 2nd contact continues to benchmark well against the national average
The % of adults waiting <18 weeks for community services remains strong at 90.4% compared to the national average of 84%

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

CHC assessments within 28 days remains significantly challenged, most notably in South & West Hertfordshire with performance at 24% in August
6-week wait diagnostics performance continues at declined levels at 56.1% in August. A return to reporting of the challenged paediatric audiology service at ENHT has driven a step change decline in performance
Cat 2 ambulance response times remain the highest in the region
Children’s community waiting lists (including for ASD & ADHD) remain high, with waiting times notably longer than in adult services
The 28-day CAMHS access standard in Hertfordshire has not been achieved since 2021

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<tr><td>Recommendations</td><td>

To note Executive Summary highlights as reported to the HWE ICB System Transformation and Quality Improvement Committee

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<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>
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<tr><td colspan="2">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td>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>Linked to Performance Directorate Risk Register. Datix Refs:

608 Urgent & Emergency Care

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	• 610 Planned Care Improvement	
Financial Implications:	N/A	
Impact Assessments:	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A

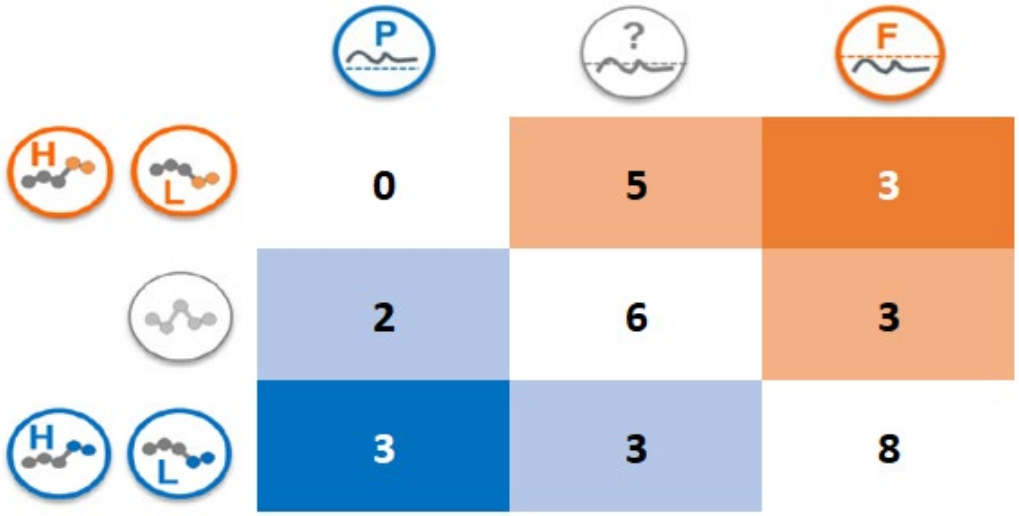
Hertfordshire and
West Essex Integrated
Care System

HWE ICS Performance Report

November 2024

Working together
for a healthier future

Executive Summary – KPI Risk Summary



Further information regarding high level risks can be found within the accompanying Risk Report

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

Lowest Risk	Programme
Learning Disability (LD) Health Checks	Primary Care
28 Day Faster Diagnosis	Cancer
CHC Assessments in Acute	Community

Low Risk	Programme
2 Hour UCR	UEC
NHS 111 Calls Abandoned	UEC
No Criteria to Reside (NCTR)	UEC
Day Case Rates	Elective
Community Waits (Adults)	Community

Variable Risk	Programme
% of on the day GP Appointments	Primary Care
% of <14 day GP Appointments	Primary Care
Dementia Diagnosis	Primary Care
Ambulance Handovers	UEC
ED 4 Hour Standard	UEC
Patients discharged before Noon	UEC
Talking Therapies	Mental Health
Severe Mental Illness (SMI) Health Checks	Mental Health
31 Day Standard	Cancer
62 Day Backlog	Cancer
62 Day Standard	Cancer
RTT 78 Week Waits	Elective
RTT 65 Week Waits	Elective
RTT 52 Week Waits	Elective

High Risk	Programme
Ambulance Response Times	UEC
Out of Area Placements	Mental Health
CAMHS 28 Day Standard	Mental Health
Community MH - CYP Waits for 1st Appt	Mental Health
Community MH - Adult Waits for 2nd Appt	Mental Health
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

Executive summary

URGENT CARE	**4 Hour Performance**	**Region: HWE better than average**	**National: HWE better than average**

- Hours lost to handover >15mins continues a trend of improvement. 1,845 hours were lost in Sept, which was slightly behind our fair shares handover target
- Sept saw a slight downturn in 4-hour ED performance at 75.6%; variation by Provider with PAH remaining the most challenged, however WHTHT continue to deliver above 80% and held be up as a national exemplar
- NHS 111 abandoned call performance has continued to improve and is now achieving the 3% national standard, with an abandonment rate in September of 1.6%
- Following an improvement in August, Cat 2 ambulance response times increased in Sept at 48 mins; this remains adrift of the national 30-minute standard and the regional average, which was 41 minutes in Sept

PLANNED CARE	**18 Week RTT**	**Region: HWE better than average**	**National: HWE worse than average**

- The overall elective PTL size remains high, however five months of continuous growth came to an end in August. The increase this year is largely due to PAH converting Appointment Slot Issues (ASIs) to the live PTL
- 78-week waits continue at low numbers, with 17 reported across the ICS for August; full clearance is expected by end of October
- 65-week waits have improved over the last two months with WHTHT the best performing in region at end of September with 3 breaches. The latest end of October forecast for HWE is 82: ENHT 40, WHT 26, ISP 16 Full clearance of 65ww is expected before the end of December, as per national requirement

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

- 6-week wait performance continues at declined levels at 56.1% in August. A return to reporting of the challenged paediatric audiology service at ENHT in June 24 has driven a step change decline in performance

CANCER	**28 Day FDS / 31 Day / 62 Day**	**Region: HWE better than average**	**National: HWE better than average**

- 28-day Faster Diagnosis Standard (FDS) performance continues to meet this year's ambition of 77%, achieving 80% in August
- 62-day performance continues to meet the 70% target, but with notable variation by Trust (ENHT 87.5%; WHTH 74.9%; PAH 59%). 31-day performance continues to fluctuate but met the national std of 96% in Aug

MENTAL HEALTH / LD	**Community MH (2nd Appt)**	**National: HWE better than average (Adult)**	**LDAHC**	**Regional: HWE worse than average**

- Learning Disability Annual Health Check (LDAHC) performance remains strong with all Places exceeding their equivalent 23/24 positions. Performance is 1.4% behind EOE average but on track to achieve by year end
- Increases in Out of Area Placements (OAPs) across last two months; 35 in Aug against plan of 8. Lister's Aston Ward re-opened for phased returns early Oct and should have positive impact on OAP numbers from Nov
- Community Adult MH median waits for a 2nd contact increased in the quarter to August at 66 days, however this still benchmarks well against the national average of 122

CHILDREN	**Various**	**Community 18 Week %: HWE worse than national**	**Community MH 1st Appts: HWE better than national**

- The total number of children on community waiting lists remains very high but has plateaued over the last 14 months. Longest waits have increased further to 136 weeks; this compares to 58 weeks for adults
- 18 week % for children's community waits continues to decline; at 40% in Aug compared to the national average of 54%. The main pressure areas continue to be Community Paeds, 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
- The 28-day CAMHS access standard in Hertfordshire has not been achieved since 2021. Performance has declined for three consecutive months with c.45% achieved in September. Vacancy rates continue to impact
- Children's waits for a Community MH 1st appointment continue to better the national average. However median waits are 165 days, compared to 66 days for a 2nd contact in adult services

COMMUNITY (Adults)	**% <18 Weeks**	**National: HWE better than average**	**Adult waiting times better than CYP**

- The % of adults waiting <18 weeks remains strong at 90.4% compared to the national average of 84%

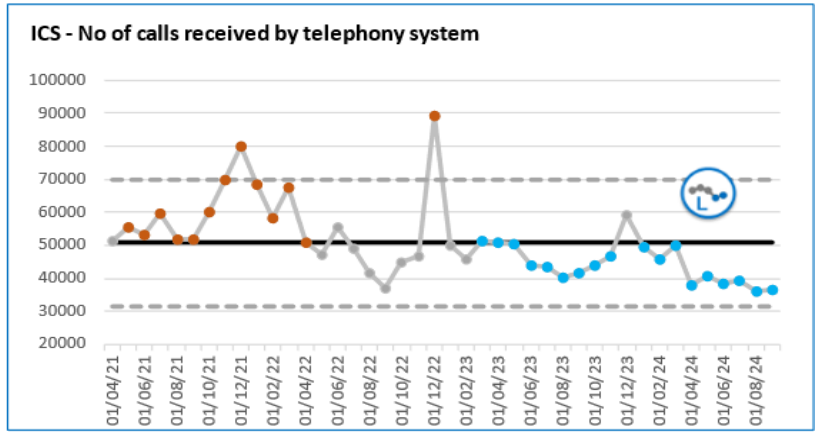
PRIMARY CARE & CHC	**CHC Assessments Within 28 Days:**	**HWE worse than regional and national average**

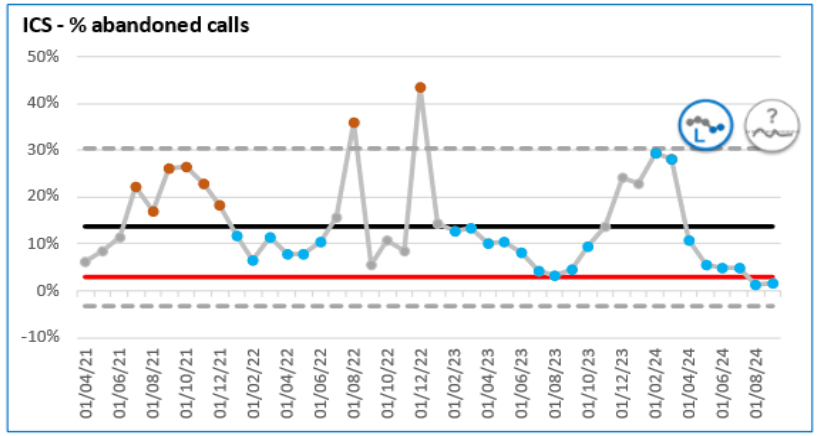
- The % of appointments seen on the same day remains within common cause variation limits. The % seen within 14 days of booking continues along the mean and is marginally below this year's plan of 89%
- CHC assessments within 28 days remains significantly challenged, most notably in South & West Hertfordshire with performance at 24% in August against 80% target; this remains an area of highest risk

Performance by work programme

Slide 5: NHS 111
Slide 6: Urgent 2 Hour Community Response
Slide 7: Ambulance Response & Handover
Slide 8: Emergency Department
Slide 9: UEC Discharge & Flow
Slide 10: Planned Care
Slide 12: Diagnostics
Slide 13: Theatre Utilisation & Productivity
Slide 14: Day Case Rates
Slide 15: Cancer
Slide 17: Mental Health
Slide 25: Autism Spectrum Disorder (ASD)
Slide 28: Attention Deficit Hyperactivity Disorder (ADHD)
Slide 30: Community Wait Times
Slide 34: Community Beds
Slide 36: Integrated Care Teams
Slide 38: Continuing Health Care
Slide 39: Primary Care
Slide 41: Performance against Operational Plan
Slide 43: Appendix A, Performance Benchmarking
Slide 44: Appendix B, Statistical Process Control (SPC) Interpretation
Slide 45: Appendix C, Glossary of Acronyms

NHS 111



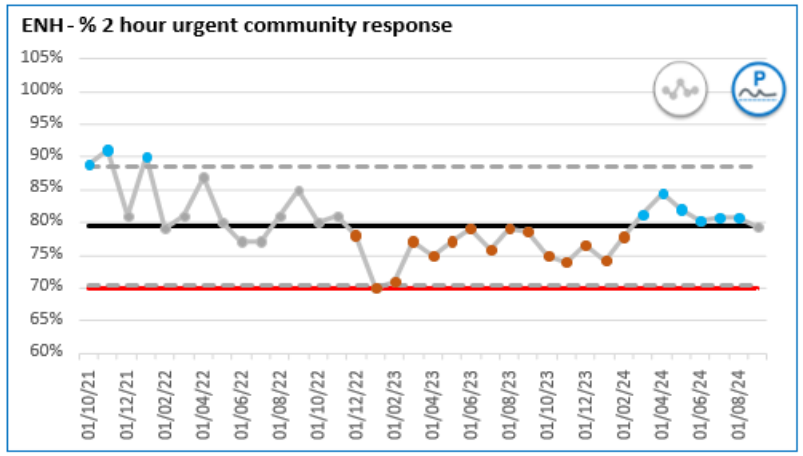


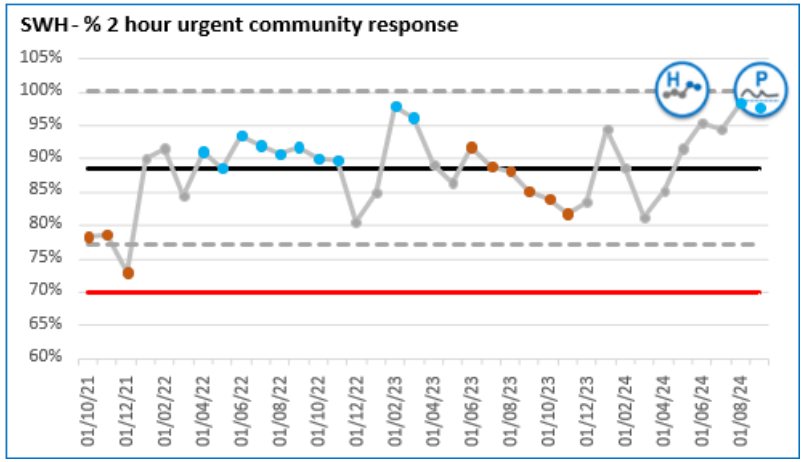
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Hertfordshire	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	31,14	31,47	29,02
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	7,469	7,731	6,874
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	38,61	39,20	35,89

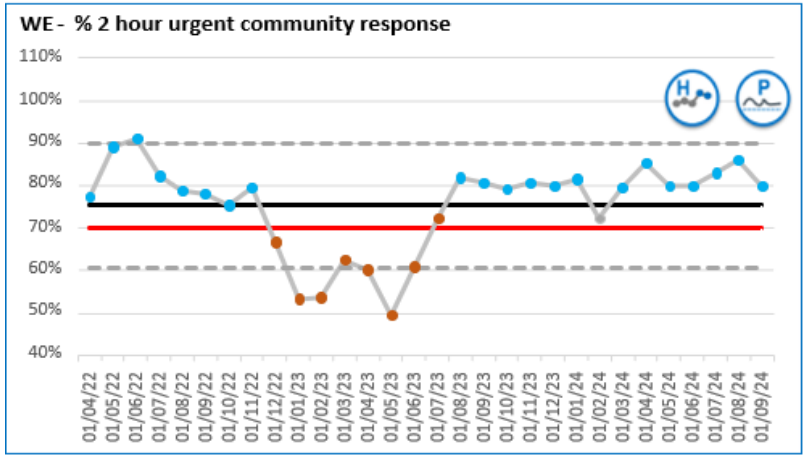
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Hertfordshire	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%	5.0%	4.9%	1.3%
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%	4.7%	5.0%	1.3%
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%	5.0%	4.9%	1.3%

ICB Area	What the charts tell us	Issues	Actions
HUC	• Call volumes have been consistently trending below the historic mean since 2022 • Significant improvement in abandoned call rates with the 3% national standard being achieved in both August and September	• Recruitment continues to be challenging, particularly for evening / weekend shift patterns as these are not desirable • National shortage and delays in issuing of smartcards continues. This has increased the average handling time for new starters, of which c.31% are in their probation period	• Escalation of smartcard shortage issue to NHSE • Targeted assessment days in September to improve staffing ahead of winter • Cross-site networking remains in place as HUC moves to a pan-HUC model to increase efficiencies and resilience. This has supported improved rota fill which continues to improve against current expected establishment • Improved internal processes to support with average speed to answer and average handling times, including call flow scripts, wrap up times and additional non-clinical floor walkers (NCFWs) • Deep dive into HUC-wide rotas to ensure sufficient capacity to meet demand spikes, including review of seasonality forecasting. Also reviewing “shrinkage”, including break usage etc, and how these can be managed to improve efficiencies across HUC sites

Urgent 2 Hour Community Response (UCR)





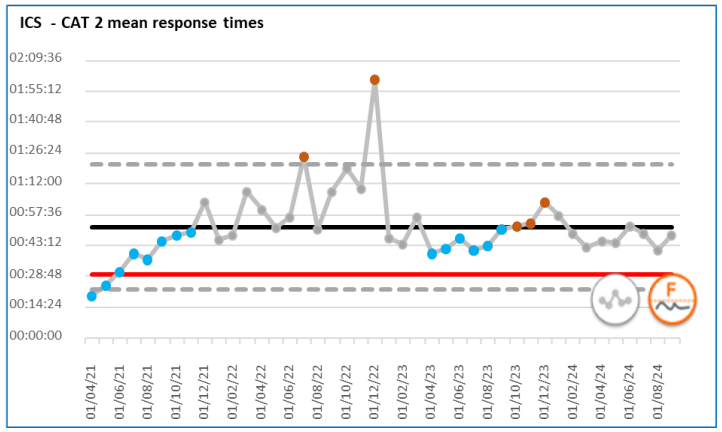


Referrals	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
West Essex	399	453	344	301	313	317	412	397	416	391	461	386	454
East & North Herts	693	643	631	650	709	568	707	736	691	621	659	676	657
South & West Herts	175	180	158	157	213	212	209	237	217	246	204	197	176

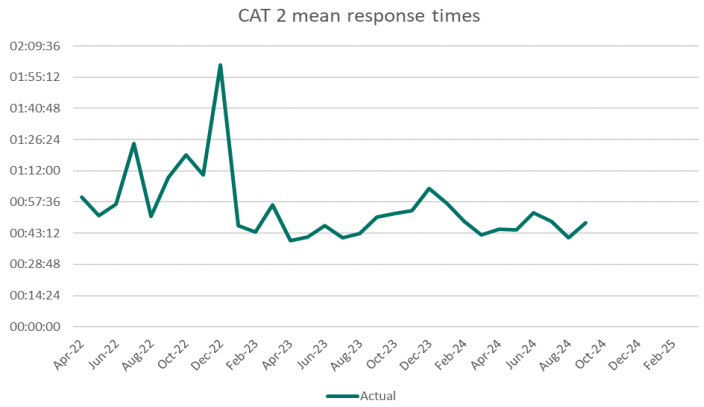
ICB Issues, escalation and next steps

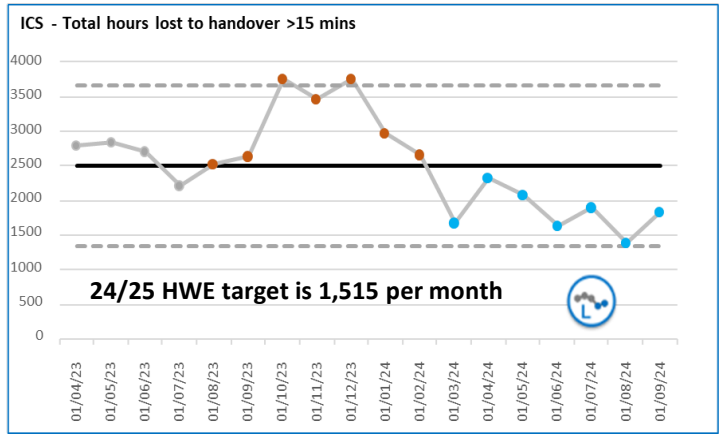
- The ICS and all 3 Places continue to achieve the 70% standard
- Although CLCH is achieving the 2hr target, activity remains low when compared to EPUT and HCT. Further system work is required to ensure like for like is being reported

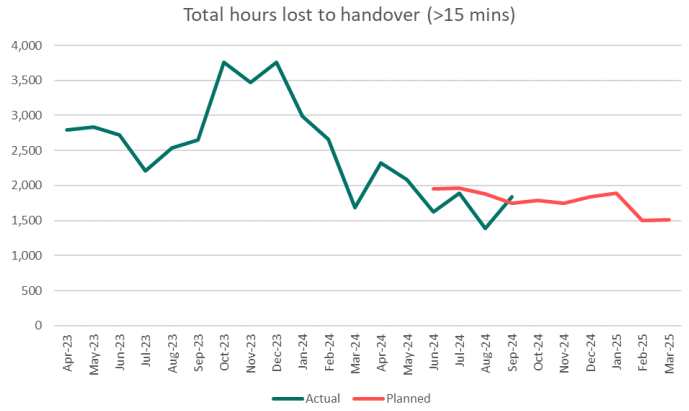
Urgent & Emergency Care (UEC) - Ambulance Response and Handover



Recovery Trajectories







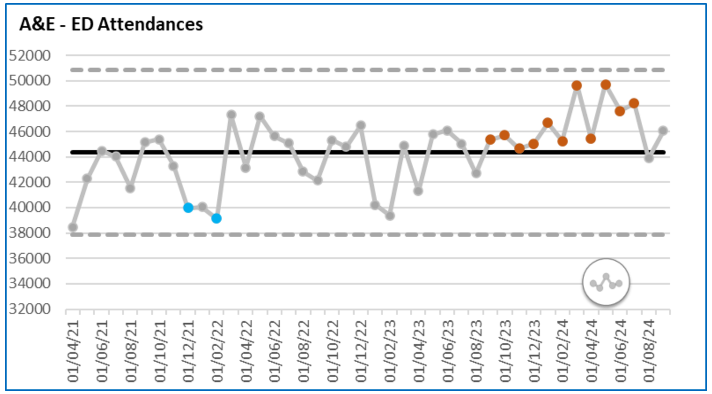
What the charts tell us

- The mean Category 2 ambulance response time was 48 minutes in September. This remains significantly adrift of the national 30-minute standard
- The performance trend has been largely flat since Jan-23
- Mean C2 response times in HWE are consistently longer than the regional average, which in Sep-24 was 42 minutes
- Hours lost to handover >15 mins have decreased significantly from a peak of 3,757 in Dec-23 to 1,845 in Sep-24. This is slightly worse than the trajectory of 1745 hours for Sep-24

ICB Issues and actions

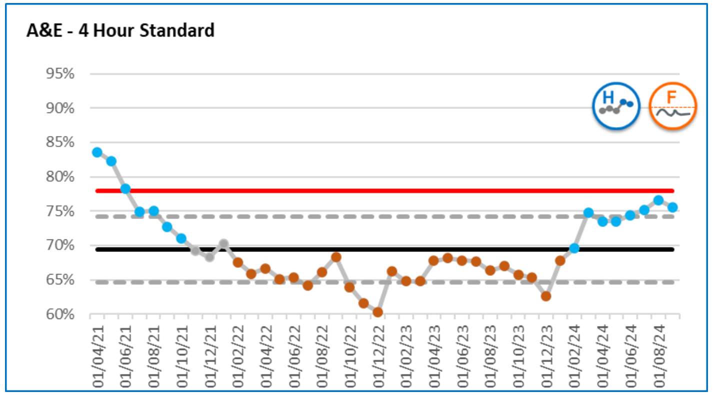
- Ambulance incidents were 3.4% higher in Sep-24 compared to Sep-23
- There are c.80 x WTE vacancies at EEAST in the HWE region
- This means that the number of deployed staffing hours per ambulance incident was 4.2 in HWE in compared to 5.0 across the region as a whole
- Current plans are for EEAST to reduce the vacancies in the HWE sector from 78 to 27 by Mar-25
- EEAST has introduced some joining incentives in HWE and has a policy to not allow transfers out of the HWE sector to other EEAST sectors
- Since September, EEAST has been a Tier 1 organisation and subject to Tier 1 meetings with NHSE. This is primarily in response to EEAST's CAT 2 mean response time performance

UEC – Emergency Department



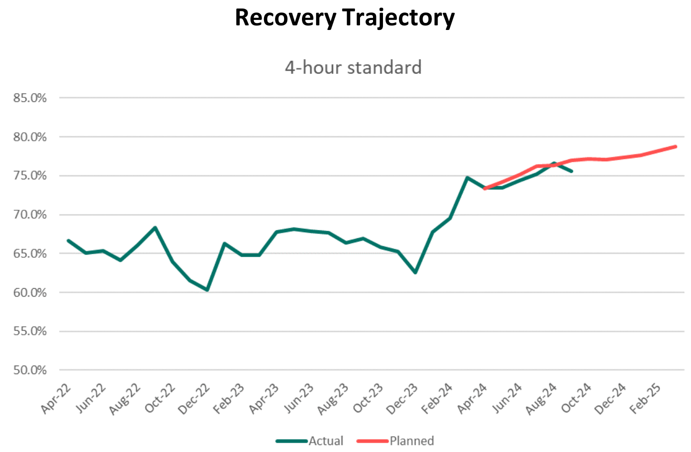
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
East And North Hertfordshire Place (ENHT and HUC)	15,2	16,6	17,7	17,6	16,8	18,3	18,4	17,5	16,2	15,9	15,9	19,1	17,0	19,0	18,0	18,2	17,1	16,6	17,8	17,4	17,7
West Hertfordshire Hospitals NHS Trust	13,2	14,4	15,1	15,2	13,9	14,9	15,2	14,5	13,4	13,5	13,0	15,5	14,7	15,6	15,6	15,1	14,8	14,1	15,5	15,5	16,6
West Essex Place (PAH and HCT)	10,0	11,2	11,5	11,2	10,7	11,7	11,7	11,2	10,3	10,5	10,1	12,6	11,3	12,5	12,0	11,6	10,8	11,3	11,9	11,8	12,0
ICS	38,4	42,2	44,4	44,0	41,5	45,1	45,3	43,3	39,9	40,0	39,1	47,2	43,1	47,2	45,6	45,0	42,8	42,1	45,3	44,7	46,4

	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	Jun-24	Jul-24	Aug-24	Sep-24
East And North Hertfordshire Place (ENHT and HUC)	15,7	15,3	17,5	15,9	18,2	18,1	17,5	16,6	17,7	17,9	17,6	17,7	17,9	17,9	19,7	18,1	19,7	18,7	19,0	17,2	18,1
West Hertfordshire Hospitals NHS Trust	14,1	13,7	15,7	14,7	16,0	16,0	15,8	14,8	15,9	15,7	15,9	16,1	16,5	15,6	17,2	16,3	17,3	17,1	16,9	15,6	16,3
West Essex Place (PAH and HCT)	10,3	10,3	11,5	10,5	11,5	11,8	11,5	11,2	11,6	12,0	11,0	11,1	12,1	11,6	12,6	10,9	12,5	11,7	12,1	10,9	11,5
ICS	40,2	39,3	44,9	41,2	45,7	46,0	45,0	42,7	45,3	45,7	44,6	45,0	46,6	45,2	49,6	45,4	49,6	47,6	48,2	43,8	46,0



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
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%
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%
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%	62.7%	56.6%	58.6%	54.0%
ICS	83.6%	82.2%	78.3%	74.9%	75.1%	72.7%	71.0%	69.2%	68.2%	70.3%	67.5%	65.9%	66.6%	65.1%	65.4%	64.1%	66.1%	68.4%	64.0%	61.5%	60.3%

	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	Jun-24	Jul-24	Aug-24	Sep-24
East And North Hertfordshire Place (ENHT and HUC)	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%	73.1%	72.9%	76.4%	76.2%
West Hertfordshire Hospitals NHS Trust	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%	82.6%	83.5%	84.2%	81.7%
West Essex Place (PAH and HCT)	58.6%	55.6%	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%	64.6%	65.8%	66.1%	66.2%
ICS	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%	74.4%	75.2%	76.6%	75.6%



What the charts tell us

- The significant improvements in ED performance between Dec-23 and Mar-24 have been maintained at a system level, and there have been seven consecutive months where performance has been close to the upper process limit
- In Sep-24, ED performance was 75.6% which is just below the system target of 77% for Sep-24
- The number of attendances remain high and have been above average for 12 of the last 13 months

Issues

- There is significant variation at place level and the gaps between places have increased. In September:
  - SWH = 81.7%
  - ENH = 76.2%
  - WE = 66.2%
- Continued high demand: ED attendances across the system were 1.6% higher in Sep-24 than they were in Sep-23
- Mental Health (MH) presentations at ED remain high, coupled with a shortage of beds / assessment space. 19.4% of MH patients spent >12 hours in ED in Sep-24, compared to 8% for patients overall
- Hospital flow remains challenging with high occupancy rates, especially at PAH where average bed occupancy in September was 98.1%

Actions

System

- Single point of access and SDEC task and finish group established. Focusing on getting a GP in the UCCH during winter and how this will be most effective, and straight to SDEC pathway for EEAST crews

East and North Herts

- CDU expansion to 10 chairs was implemented in Sep-24
- Successful MADE week took place during Sep-24
- New Combined Streaming & Triage (Striage) process expected to implemented in Nov-24
- Lister UTC opening hours extending to 12am in Dec-24
- ED admitting rights work ongoing for some defined pathways – e.g. NOF direct to ward

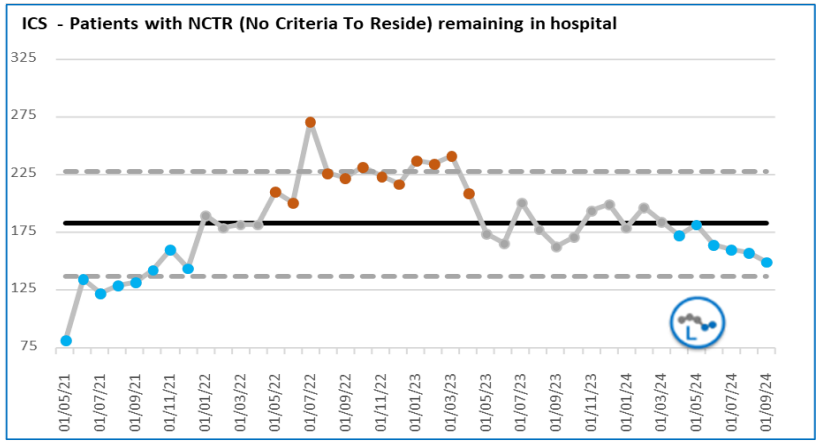
West Essex

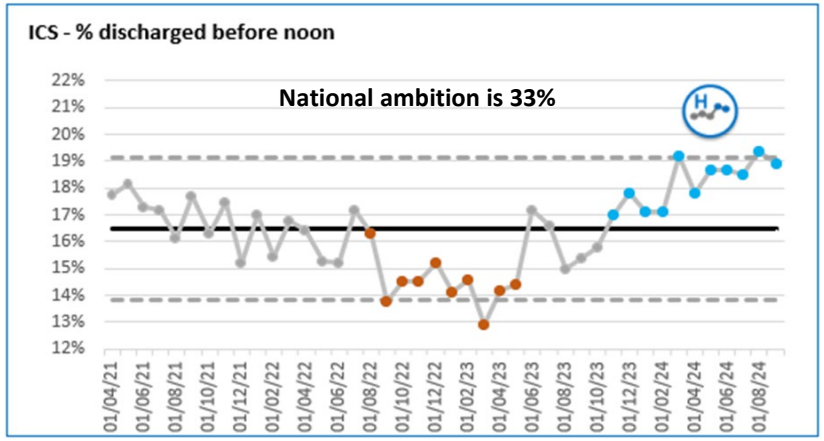
- Mega MADE event planned for Oct-24 with >85% ambition
- IUATC utilisation - incremental improvements in Aug-Oct but plan to strengthen workforce during winter
- Medical SDEC – PDSA re extending referral acceptance time from 4pm to 5pm
- Medical SDEC – collaborating with ED to identify patients earlier in their journey
- "Golden Patient" project to identify patients for discharge the following morning

South and West Herts

- Oct-24 – trial for ED clinician support in the care coordination centre
- Oct-24 – support task related to HAARC car utilisation

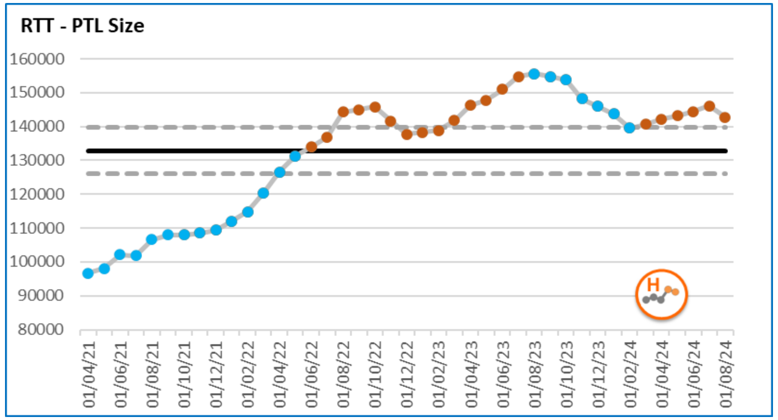
UEC – Discharge & Flow





What the charts tell us	Issues	Actions
• The system-level daily average number of patients with no criteria to reside remaining in hospital has been reducing over the last two years • The Sep-24 figure of 150 patients per day is the lowest since Dec-21 • The % of patients discharged before noon is improving and reached 18.9% in Sep-24	• There remains significant variation across the three HWE acute trusts for the % of patients discharged before Noon. In Sep-24: ○ ENHT – 18.8% ○ WHTH – 22.9% ○ PAH – 12.8% • The issues are typical discharge challenges, including: ○ Availability of out-of-hospital capacity ○ Complex discharges ○ Internal process challenges	**East and North Herts** • Successful MADE week took place between 9th -13th September 2024 with positive trial of extended opening of SDEC to 10pm and Frailty Assessment Unit (FAU) beds in CDU • New complex care pathway implemented **West Essex** • New community bed model for Winter. Repurpose of 22 beds to support complex care patients. Target go live in Nov. • New referral process agreed to manage EPUT/HCT H@H referrals from PAH via the PAH TOCH which is aligned to WE CCC. Referrals processed as pathway 1 discharge in accordance with the national D2A guidelines • Mega MADE event scheduled for October with a target of <80% occupancy for that week • Failed discharge review by ward has been undertaken – action plan to be developed **South and West Herts** • Oct-24 – Discharge Improvement Programme first working group set up with a focus on a new SOP • Oct-24 – Discharge-to-Assess overstayers – developing a plan for reducing the number of patients waiting for a continuing healthcare assessment

Planned Care – PTL Size and Long Waits



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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	55671	53409	51478	49894
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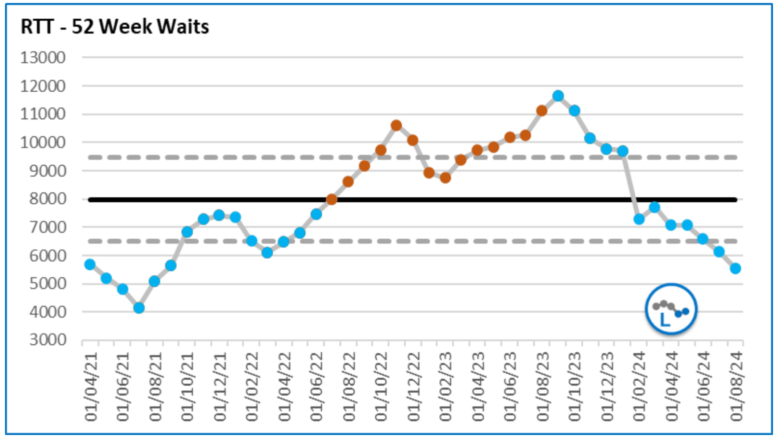
ICS	96634	98071	102115	101855	106611	108059	107939	108544	109411	112062	114788	120424	126561	131249	133906	136840	144349	144955	145881	141637	137708	138239	138822	141789	146242	147751	151008	154723	155654	154779	153738	148201	145930	143794	139524	140688	142264	143158	144387	146108	142736



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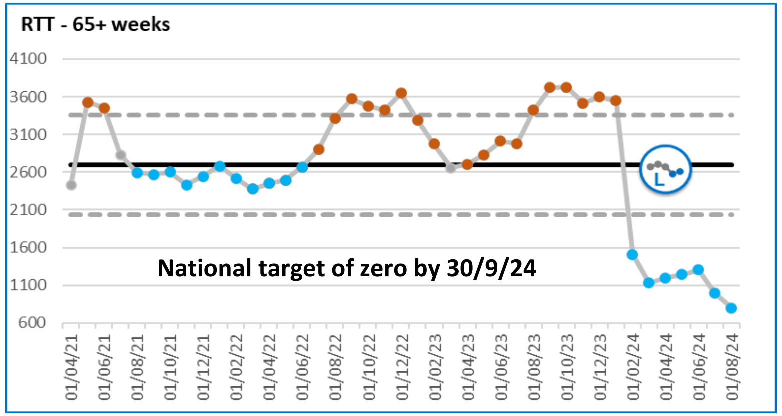

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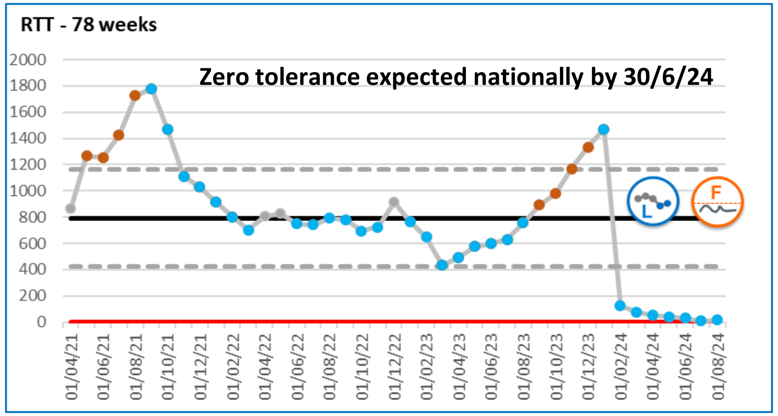

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THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	0	231	218	288	378	434	399	325	283	260	243	190	223	266	281	296	248	208	141	108	157	147	95	14	23	37	37	51	90	117	118	104	136	99	84	50	29	25	24	5	4
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EAST AND 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	18	7	5	11

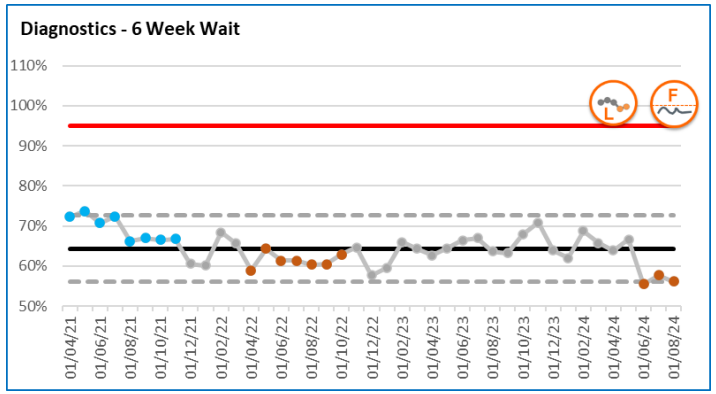
Community Paediatrics patients have been excluded from RTT reporting from February 2024 in line with national guidance
Waiting lists therefore show significant reductions

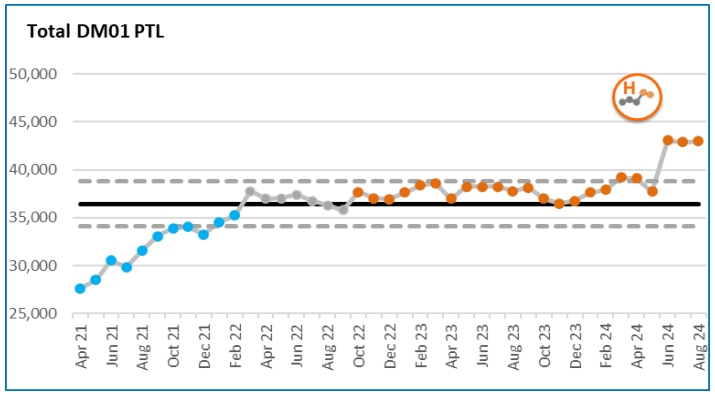
Planned Care – PTL Size and Long Waits

ICB Area	What the charts tell us	Issues	Actions

HWE	• August saw a decrease in 78ww long wait breaches. WHTH reached zero in April, PAH reached zero breaches in July and ENHT forecasted to reach zero by end of October
	• The overall number of patients waiting >65 weeks has decreased over the last two months, but there remains variation at place level
	• Excluding Community Paediatrics, the number of patients waiting >52 weeks has shown a decreasing trend over the last seven months
	• The overall PTL size remains high. August showed a slight decrease, reversing a trend of increases over the previous four months
	• 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 increase in the PTL this year is largely due to PAH converting Appointment Slot Issues (ASIs) to the live PTL
		• The system is forecasted to reach the zero target for 78ww breaches by the end of October (as of 15/10)
		• The 65ww target of reaching zero by the end of September has not been achieved, although it should be noted that this has not been met by any ICB nationally
		• The end of September 65ww actuals at HWE were 244:
		  • ENHT: 70
		  • WHTH: 3
		  • PAH: 150
		  • ISP: 21
		• The end of October 65ww forecast (as of 15/10) is 82
		• Trauma and Orthopaedics (T&O) remains the main specialty under pressure, with ENT also a notable risk
		• Staffing remains a challenge
			• 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 >65 weeks, with regional and national oversight
			• Demand, capacity & recovery plans are in place to monitor 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
			
			Increasing capacity and improving productivity
			• Repair works completed on the two previously closed PAH theatres. Operating recommenced mid-September
			• 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
			• Six area have ICB wide GIRFT programmes to improve productivity: Theatre Utilisation, Ophthalmology, MSK, Urology, Gynae and ENT
			• PAH Vanguard theatre live on 19th August and managing Ophthalmology procedures. Cataract waiting list reduced by 49% and additional capacity released in main theatres for cancer recovery

Planned Care – Diagnostics





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EAST AND NORTH HERTFORDSHIRE NHS TRUST	69.5%	69.6%	66.7%	70.5%	62.6%	63.0%	60.4%	61.0%	54.7%	60.9%	60.0%	64.9%	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%	61.7%	60.5%	63.6%	39.2%	42.3%	41.3%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	81.5%	83.5%	77.6%	76.5%	75.2%	73.8%	75.4%	72.1%	66.3%	64.6%	67.5%	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%	89.3%	91.6%	91.7%	92.1%			
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%	71.0%	69.6%	74.7%	69.2%
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%	66.6%	55.5%	57.7%	56.1%

What the charts tell us

- 6-week wait performance across the ICS has been at c.56% for the last 3 months
- Decline since May driven by the inclusion of ENHT Audiology data
- August performance improved at WHTH, but dipped slightly at PAH and ENHT
- After a period of stability there was a sharp increase in the overall PTL in June, again due to the inclusion ENHT Audiology data

Issues

- Significant variation in Trust performance:
  ENHT – 41.3% / WHTH – 92.1% / PAH – 69.2%

ENHT

- The significant drop in % of patients waiting <6 weeks has been caused by Audiology returning to reporting. There are notable capacity issues within the service
- Excluding Audiology, the % of patients waiting <6 weeks was 58.5% which is lower than peers
- Excluding Audiology, the longest waits remain in DEXA and MRI

PAH

- Non-Obstetric Ultrasound (NOUS), Echocardiography, Cystoscopy and Audiology remain the key challenges at PAH

WHTH

- In September, the lowest performing services were Cystoscopy and Neurophysiology

Actions

ENHT

- Adult Audiology: exploring outsourcing options; waiting list cleansing exercise under-way
- Paediatric Audiology: mutual aid is being provided by CUH, MSE and CHEAR; band 7 Audiologist starting in October; insourcing companies being explored but there are issues with the suitability of the rooms at ENHT
- ENHT is progressing with several initiatives to increase imaging capacity, including:
  - Continued outsourcing MRI to Pinehill and utilising a mobile scanner on the Lister site
  - CT increasing capacity for evening / weekend sessions
  - DEXA increasing capacity through return to work of 0.4 x WTE and DEXA lead post out to advert
  - New Ultrasound sonographer moved to 8 sessions per week at the end of July

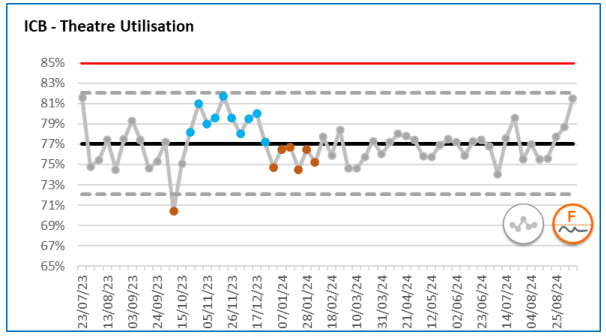
PAH

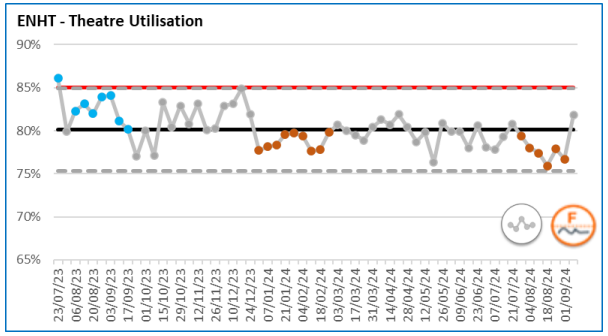
- NOUS: New locum Sonographer and entry level Sonographers; Additional sessions continue at agreed rates; Scoping weekend Locum opportunities
- Echocardiography: 2 recent offers - 1 x Band 7 and 1 x Band 6 development post. sponsorship and visa requirements will impact timeline
- Cystoscopy: Insourcing commenced 18/10 – additional 60 slots per week; Revised recovery trajectory for compliance in January
- Audiology: Recruitment to 3 WTE posts. Additional capacity expected in November

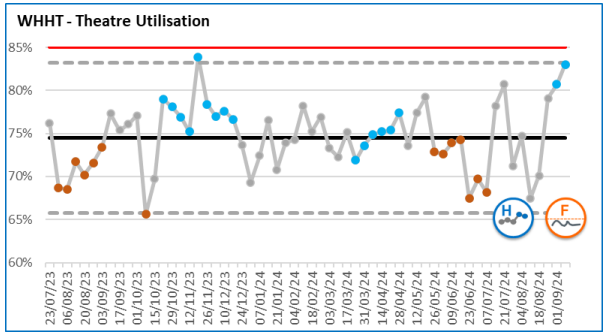
WHTH

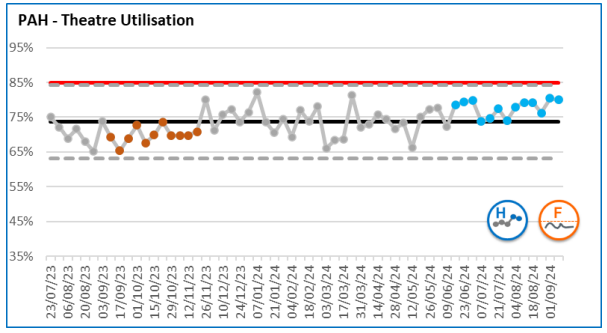
- There is improvement month on month with the recovery trajectory on track

Planned Care – Theatre Utilisation / Productivity



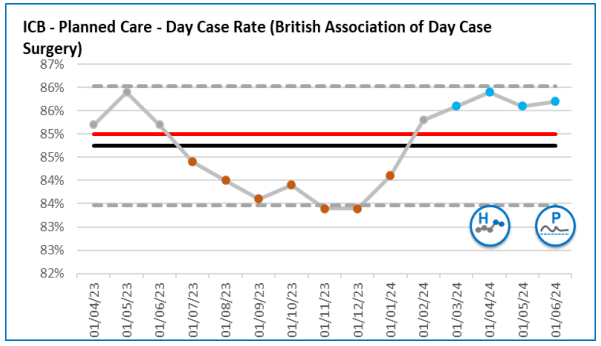


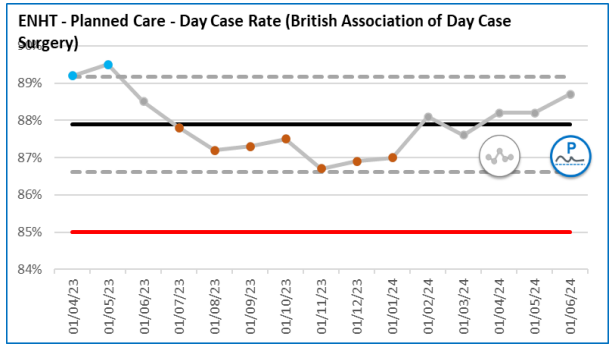


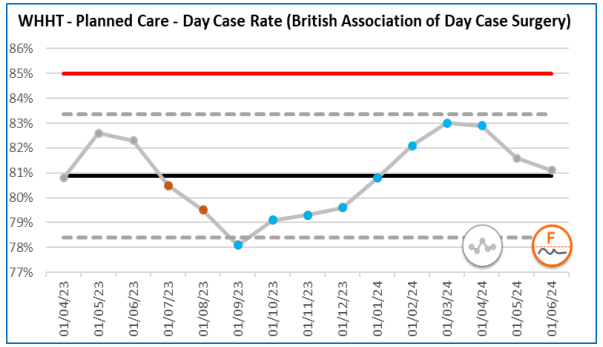


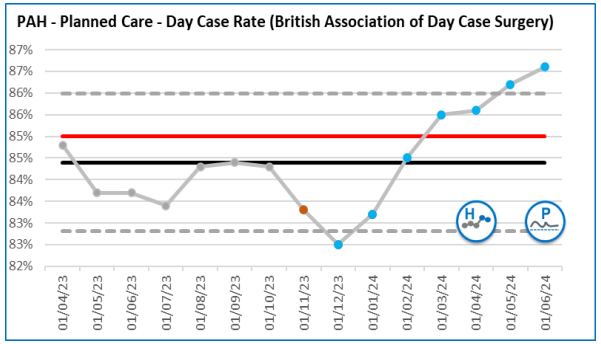
ICB Area	What the charts tell us	Issues	Actions
HWEICB	• ICB theatre utilisation is 82% against the 85% target • Comparable performance v. peers for most aspects except late finishes and early starts where HWE have a worse position **Other data** • Average cases per session for the ICB (2.5) are slightly better than peers (2.4), although PAH is below average at 2.0 • For sessions finishing early, the average minutes lost was 42 for the ICB, which is worse than peers who have an average of 39 minutes, but higher than the expected 15-30 minutes	• Overall productivity has improved in August, with a significant improvement at WHTH and ENHT, whereas PAH has remained relatively static • ENHT – although generally good performance, capped utilisation has yet to achieve the national target of 85% and is currently 81.8% • PAH – although capped utilisation dropped slightly in August reaching 80%, it had improved during June and July and is therefore relatively high and on an improving trajectory • WHTH - capped utilisation rates improved significantly in June, July and August reaching 83%	• 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 demonstrated in the improved numbers • Active theatre improvement programmes at each of the acute providers • There is a GIRFT review planned for H3

Day Case Rates



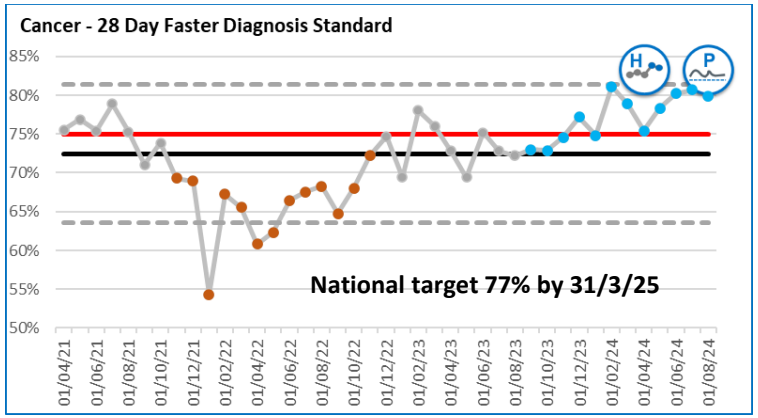






ICB Area	What the charts tell us	Issues	Actions
HWEICB	• Day case rates at the ICB were 86% during July, which is above the 85% national target • There is variable performance across the system. ENHT and PAH are performing above the national target, and WHTH slightly below at 81%	• Specialities where BADS is less than national / peer average are Orthopeadics, Urology and Vascular. This may be attributed to the complexity of patient pathways • Issues with not listing the intended procedure correctly (listing day case rather than inpatient and vice versa) create inconsistency and incorrect data. Model Hospital measures the intended procedure (rather than the actual), which leads to under recording of the true day case rate • Conversion from day case to inpatient stay is high in some specialities due to incorrect listing, complications during surgery, poor pre-operative assessment and management	• Improvements to administrative processes are underway to support the correct listing of procedures through process review, training and education • Further investigation into reasons for high conversation rate between day case to inpatient required with a possible review of patient pathways • Improvements to the pre-operative process to ensure patients are listed correctly and fully optimised for their procedures

Cancer



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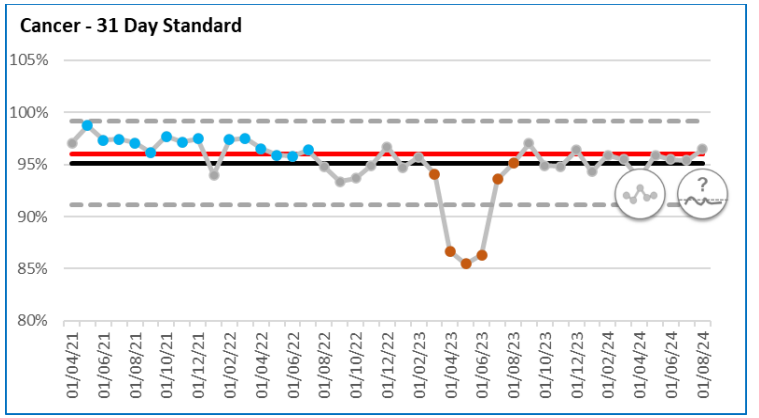
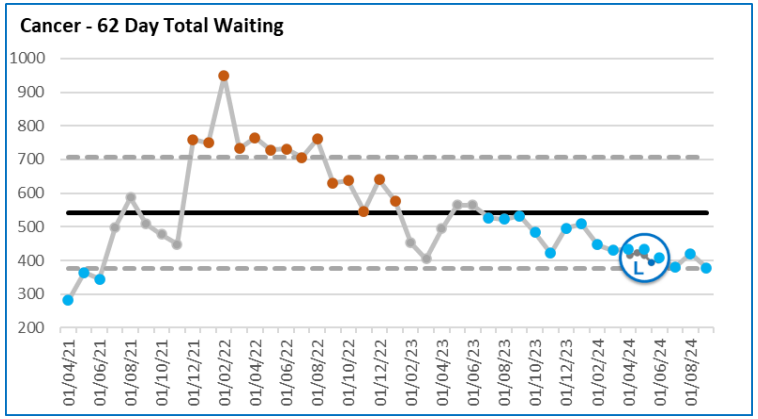
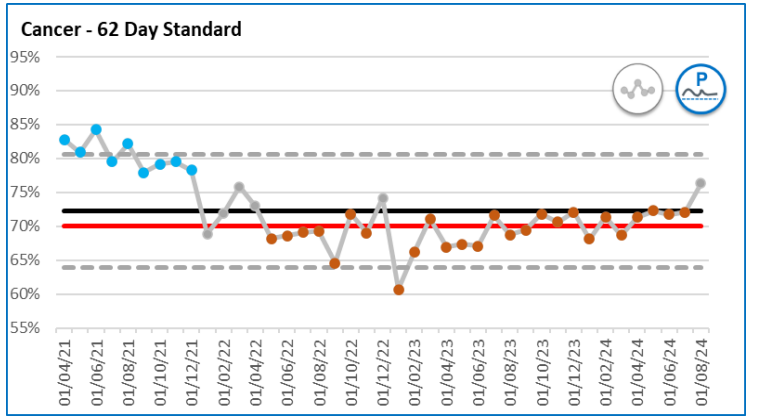
EAST AND NORTH HERTFORDSHIRE NHS TRUST	72.1%	75.6%	76.2%	76.7%	72.0%	71.8%	76.5%	74.8%	74.1%	64.2%	72.9%	74.6%	68.1%	64.2%	70.8%	71.8%	72.7%	69.7%	71.4%	71.7%	77.4%	65.8%	76.1%	72.9%	69.8%	69.3%	76.4%	75.9%	73.0%	74.1%	77.8%	78.2%	80.5%	76.1%	83.4%	81.0%	77.5%	80.1%	78.7%	80.6%	77.0%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	81.3%	79.8%	81.4%	82.1%	77.8%	77.2%	77.7%	71.9%	64.7%	47.0%	59.2%	54.6%	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%	80.5%	82.2%	81.3%	84.1%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	72.3%	74.6%	68.8%	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%	74.4%	79.5%	80.3%	78.4%
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%	78.3%	80.2%	80.7%	79.9%



	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	Jun-24	Jul-24	Aug-24
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%	96.9%	96.4%	96.7%	96.6%	97.0%	96.4%	97.0%
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%	94.3%	91.3%	93.3%	97.5%
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%	94.9%	94.4%	91.8%	91.2%
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%	95.9%	95.5%	95.4%	96.5%



	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	Jun-24	Jul-24	Aug-24	Sep-24
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	71	63	67	74
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	167	162	134	108
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	171	155	220	197



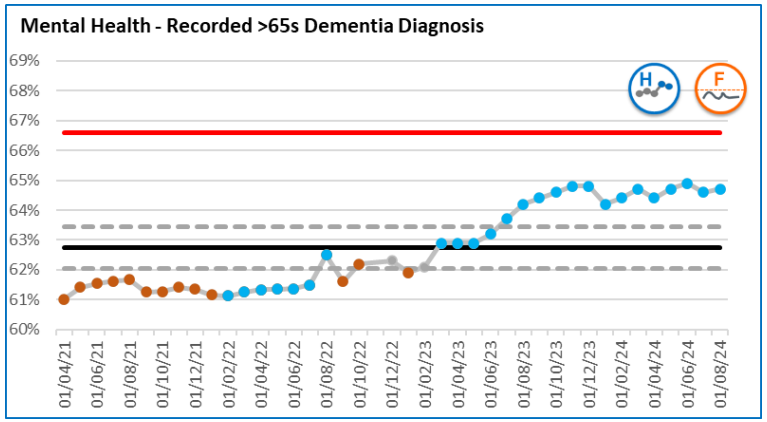
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
EAST AND NORTH 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%	83.6%	82.8%	86.9%	87.5%
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%	69.5%	74.1%	68.9%	74.9%
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%	54.1%	52.3%	56.0%	59.0%
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%	72.3%	71.7%	72.1%	76.3%

Cancer

What the charts tell us	Issues	Actions

• 28-day Faster Diagnosis Standard (FDS) performance dipped slightly in August but is above the target at 79.9%
• All three acute Trusts surpassed the 77% FDS standard in August
• The 31-day target was reached collectively in August, although PAH missed the target
• Performance against the 62-day standard improved significantly in August and although remains below the national target, it is surpassing the 70% standard expected in the 24/25 National Planning Guidance
• Each Trust has improved over the last three months but there is significant 62-day variation between Trusts:
  ○ ENHT 87.5%
  ○ WHTH 74.9%
  ○ PAH 59.0%
• The 62-day backlog is variable but with a generally improving trend
	ENHT
	• All three standards were met by ENHT for both July and August
	• However, there remain some challenged pathways. For example, for the Urology pathway in August, only 40.3% of patients met the faster diagnosis standard
	• For the week ending 13th October, there were 200 patients waiting longer than 62-days following an urgent cancer referral. This is above the Trust's recovery trajectory of 170
	
	WHTH
	• 28-day FDS Improvement seen overall, however some smaller volume pathways are not meeting the standard (Haematology, Head & Neck, Urology)
	• 31-day has continual under performance in Breast
	• 62-day improvement with Urology, Haematology and Head & Neck having the most challenged pathways
	
	PAH
	• Urology remains the biggest challenge in terms of FDS performance, with 24.2% achieved in August
	• Urology and Skin remain the biggest challenges in terms of the greater than 62-day waits, collectively accounting for 75% of the overall patient backlog
		ENHT
		• The Urology two-stop service has been introduced in September and there is currently an MRI van supporting the pathway
		• Breast radiology delays continue due to a Radiologist leaving in June. ENHT is currently organising waiting list initiatives and a locum in order to meet capacity requirements
		• Head & Neck – Increased one stop service to 8 slots per week at the end of July
		• Gynaecology – pathway analyser work completed
		
		WHTH
		• Cancer Improvement Programme Board continues to oversee service level plans and service developments
		• Cancer Alliance review underway of Gynae patient pathways. Local and specialist MDT processes in WHTHT and ENHT at the request the provider organisations
		• Pathway analyser work carried out on Urology pathways and to be undertaken for Haematology, H&N and UGI Pathways
		• Development continues on a one-stop diagnostic pathway for Urology, using Cancer Alliance transformation funding. Workforce model adjusted due to challenges recruiting an Advanced Practitioner. Go live delayed due to workforce challenges
		• Redistribution of transformation funding agreed in response to workforce recruitment challenges
		• Planning continues for transformation of Acute Oncology Service (AOS) and the establishment of a cancer / Haematology ward (Granger) at WGH
		
		PAH
		• Princess Alexandra Hospital remains in Tier 2 of the national oversight and support infrastructure for Cancer recovery, with the focus being on 62-day recovery
		• Significant progress during September in reducing the >62-day backlog. PAH has now achieved its national "fair shares" target, including in Urology
		• September's unvalidated 62-day performance is currently 49.2% which is a direct consequence of the backlog reduction in month. Now that the backlog is more manageable the trust will direct focus to achievement of the 62-day standard
		• Vanguard theatre now being utilised for all Ophthalmology patients, freeing main theatre and day unit capacity for cancer procedures

Mental Health – Dementia Diagnosis in Primary Care



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
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%	62.9%	63.1%	62.9%	62.7%
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%	62.6%	62.5%	62.3%	62.3%
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%	71.7%	72.7%	72.1%	72.9%
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%	64.7%	64.9%	64.6%	64.7%

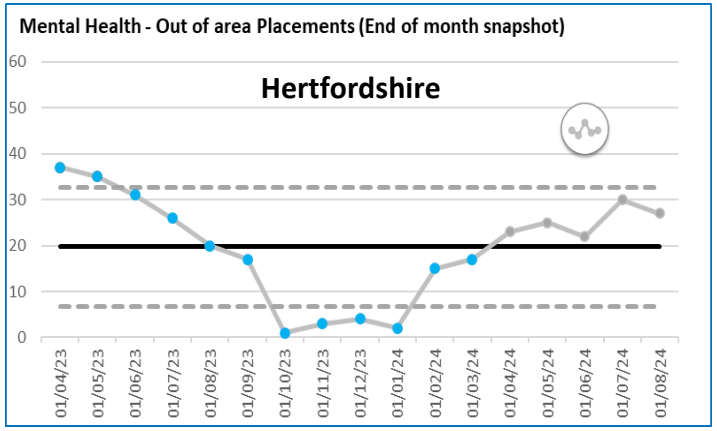
ICB Area	What the charts tell us	Issues	Actions
Dementia Diagnosis in Primary Care	• September data shows a further small increase to 64.8%, but is still short of the national target of 66.7%, and is not meeting our August plan of 65.4% • Performance does however better the EOE average of 64.0% • Both Hertfordshire places are achieving 62.6% • West Essex continue to achieve the standard at 72.8%	• High demand for memory assessment services with significant waiting lists (especially in Herts). In Hertfordshire, a trajectory is in place to reduce the waiting list and therefore recover performance against the 12 week wait to diagnosis KPI by the end of Q4 • Estimated prevalence rate of people with dementia rises month on month • Coding exercise and case finding needed in primary care, but is not being prioritised due to GP capacity and not mandated in ECF	• Monthly meetings continue to monitor HPFT progress in Hertfordshire. Monthly performance report is produced • Hertfordshire memory service currently on track to recover their KPI in Q4 • Hertfordshire memory service is currently reducing waiting lists through increased capacity. Intention is to offer up to 129 appointments per week in line with the Q4 trajectory • Diagnosis remains a key focus of the Hertfordshire Dementia Strategy, with a subgroup progressing actions to improve diagnosis • Conversations continue to resolve the challenges with Primary Care and to agree actions

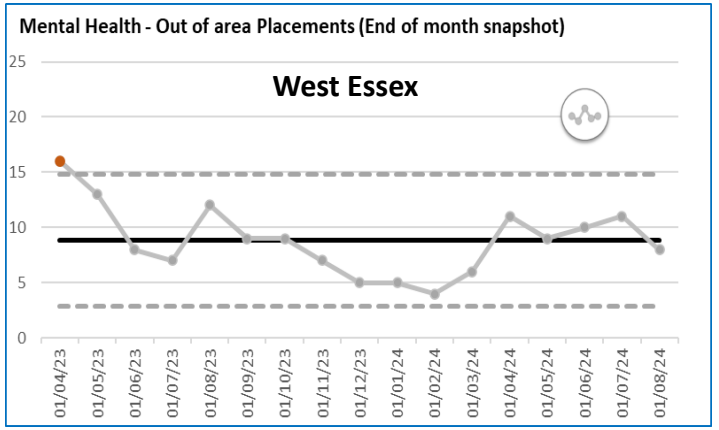
Mental Health – Out of Area Placements (OAPs)

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

HWE August total out of area placements:
32 vs. 5 plan

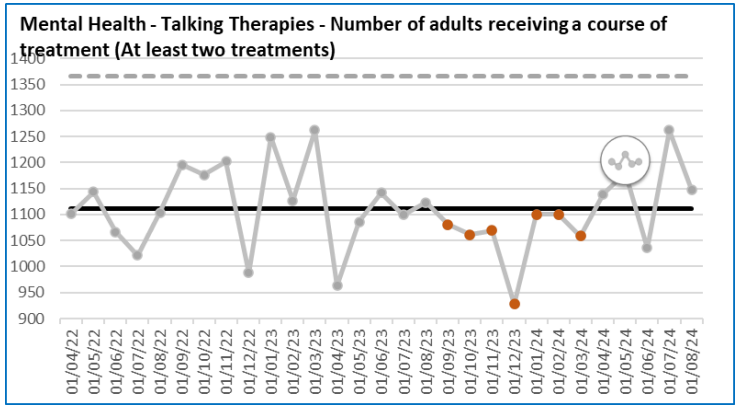




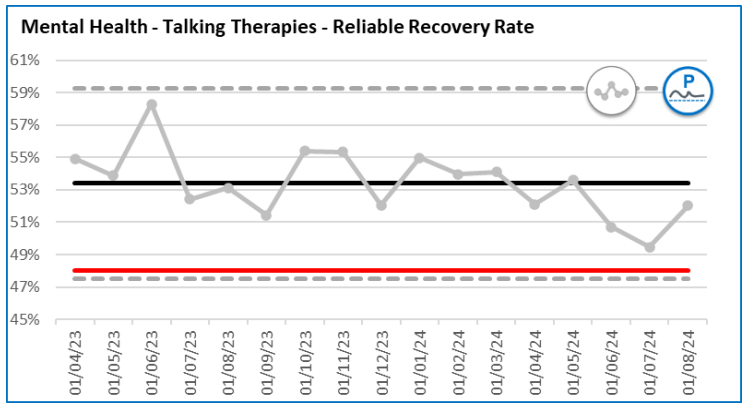
ICB Area	What the charts tell us	Issues	Actions
West Essex	• There has been a reduction in the number of out of area placements, however further work needs to continue to achieve national ambition	• A national shortage of MH beds and increased pressures on service use of inappropriate OOA beds is likely to continue • Essex risk share of inpatient beds, with increased usage of beds at place by Essex wide footprint	• Essex wide review of all inpatient beds as well as at place (West Essex) • EPUT MADE event with system partners during October 2024 • Full review of MADE event in November to identify next steps in conjunction with NHSE • Review of West Essex Community Rehab has seen an increase in discharges at place to support repatriation • Weekly system DTOC calls and ongoing focus on 'time to care and purposeful admissions' • Continued engagement with national GIRFT programme to identify areas of improvement • Full review of 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 early 2024 due to a combination of increased demand and delayed transfers, as well as the closure of Aston ward (20 beds) at Lister site due to Water Safety Incident	• Reduced capacity due to closure of Aston Ward; the ward re-opened for phased returns on 7th October • Hertfordshire low number of beds per population – now supported by provision of additional block beds • National shortage of MH beds, high occupancy rates and use of OOA beds is likely to continue • Placement challenges for service users with complex needs who are ready for discharge • Inpatient and Community recruitment	• Phased re-opening of Aston Ward - estimated to return to full capacity in 4-5 weeks. This should start to have an impact on OAPs by mid-November 24 • Further alternatives to admission – Crisis House – in place • 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 and continues to be developed • A group from across the system established to review and oversee some of more complex discharge issues • Invitation letter from DHSC and NHSE for an information gathering visit to Hertfordshire ICS to help develop future policy and plans on discharge from mental health settings – initial meeting on 4 Sep 2024. Since this date HPFT have been able to re-open Aston ward that was closed for a number of months and have also held a "perfect week" to support the ongoing flow.

Talking Therapies

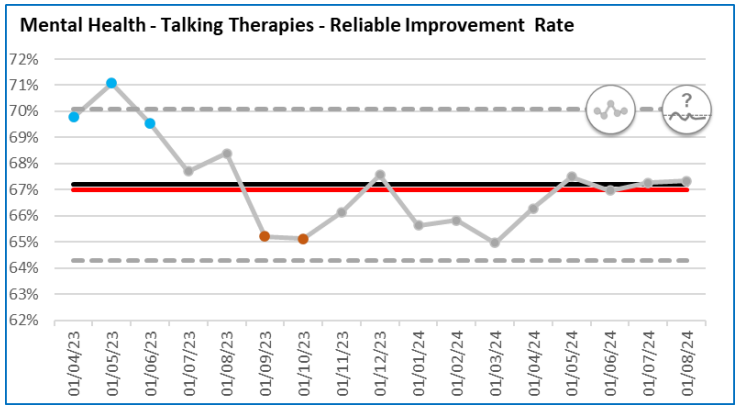
Number of people who are discharged having completed a course of treatment
Number of patients that achieved reliable recovery
Number of patients that achieved reliable improvement



Adults receiving treatment	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Hertfordshire	969	933	976	921	901	923	778	925	930	875	925	956	837	1040	948
WECCG	173	166	147	160	160	146	150	175	170	184	214	225	198	222	200
ICS	1142	1099	1123	1081	1061	1069	928	1100	1100	1059	1,139	1181	1035	1262	1148



Reliable recovery rate	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Hertfordshire - Actual	58.40%	52.40%	53.10%	51.30%	55.80%	55.80%	52.80%	55.20%	53.90%	54.00%	50.80%	52.60%	50.34%	48.55%	51.17%
West Essex - Actual	55.90%	53.10%	52.40%	57.10%	44.00%	42.90%	33.30%	48.00%	56.00%	57.10%	57.00%	57.50%	52.06%	53.24%	55.61%
ICS Actual	58.30%	52.40%	53.10%	51.40%	55.40%	55.30%	52.00%	55.00%	54.00%	54.10%	52.10%	53.60%	50.70%	49.46%	52.03%

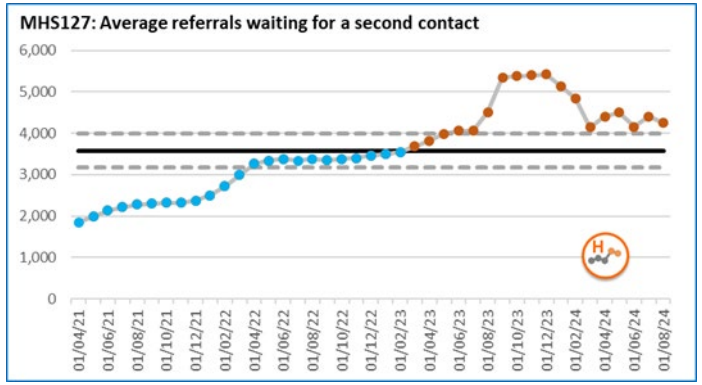


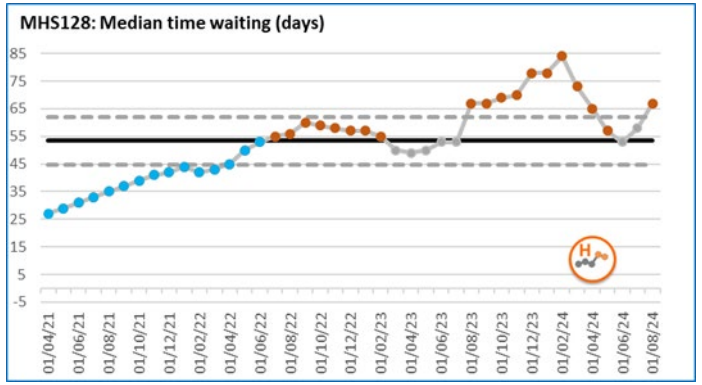
Reliable improvement rate	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Hertfordshire - Actual	68.90%	67.10%	67.70%	65.10%	64.30%	66.30%	68.30%	65.70%	65.30%	63.70%	64.80%	66.80%	65.47%	66.35%	66.14%
West Essex - Actual	72.83%	71.33%	73.38%	65.63%	70.00%	65.07%	64.00%	65.14%	68.82%	71.20%	72.90%	70.50%	73.23%	71.62%	73.00%
ICS - Actual	69.53%	67.71%	68.40%	65.22%	65.13%	66.14%	67.56%	65.64%	65.82%	64.97%	66.29%	67.50%	66.96%	67.27%	67.33%

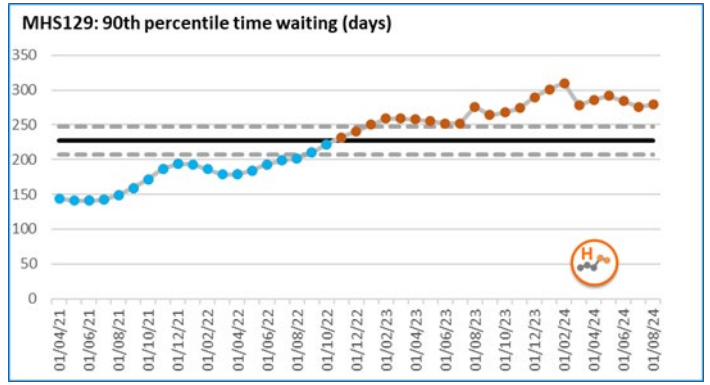
ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	• Treatments reduced in August; however national trends demonstrate a decline through summer months • The number of people completing a course of treatment is still within expected common cause variation limits • The System and Places are consistently achieving the reliable recovery 48% standard • The reliable improvement standard has been met for 3 of the last 4 months	• Understanding and interpreting the new national targets to ensure consistency of data collection and quality across the system • Continuing 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 was access / first appointments • Potential risk in Hertfordshire that procurement process not successful with building capacity to support 'counselling for depression'. Currently delay to procurement process • Reliable improvement rate for those completing a course of treatment in Hertfordshire requires slight improvement. Q2 reflecting 65.75% HPFT	• Ongoing partnership working across the system with NHSE to provide support clarity and data validation • Ongoing conversation with NHSE regarding additional trainee posts for services in line with workforce planning ICB wide • Procurement of counselling providers in Hertfordshire by 2025, leading to an improvement of pathways and ensuring right modality in place for service users • Scope to provide extension liaising with SPG and legal • NHS England representation embedded within West Essex contract meetings

Mental Health – Community Waits

Adults and Older Adults – time still waiting for second contact





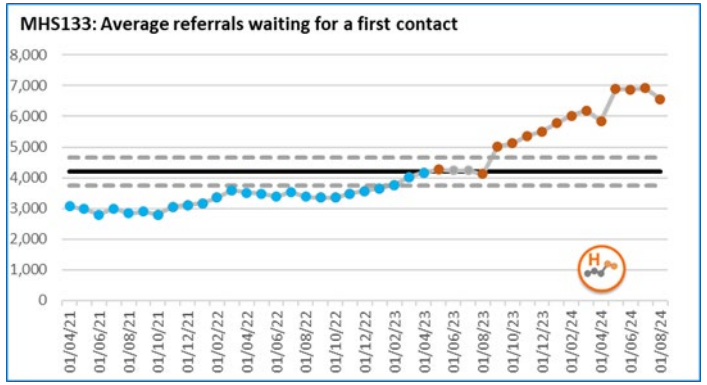


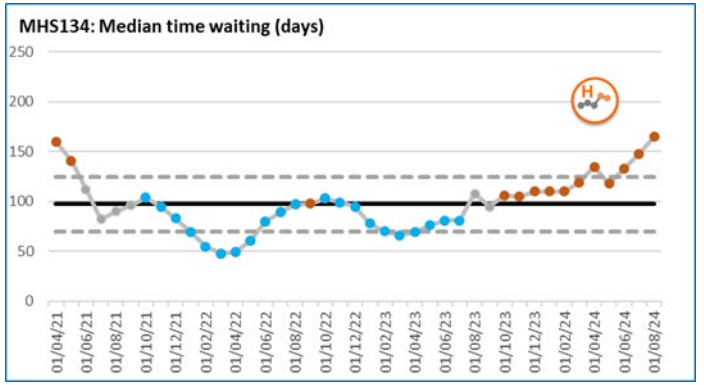
ICB Area	What the charts tell us	Issues	Actions

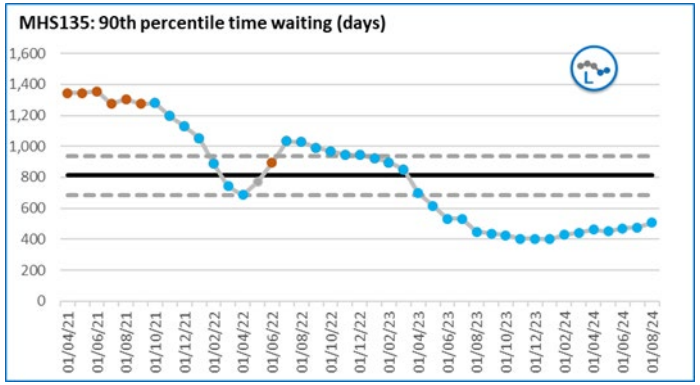
Hertfordshire & West Essex	• Median waiting times for a 2nd appt. for the quarter to August were 66 days
	• 66 days benchmarks well against the national average of 122 days, but has increased in the last two months
	• Within the system there is variation of between 48 and 68 days:
	  • East & North Herts 66 days
	  • South & West Herts 68 days
	  • West Essex 48 days
	• 90th percentile waits for the quarter to August were 279 days
	• 279 days benchmarks well against the national average of 794 days, however there is a long-term trend of variation above the historic norm
	• Within the system there is variation of between 258 & 290 days:
	  • East & North Herts 265 days
	  • South & West Herts 290 days
	  • West Essex 258 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 there is variation from local data sets to nationally published data. An improved performance position is expected with complete data; current waits reported are for specialist services only that have longer waiting times.
		• 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. Service lines have incorporated the new waiting times into their transformation work. SNOMED codes have been re-mapped on the HPFT EPR, PARIS, and continue to be reviewed as changes are made at National level. Internal reporting continues to prove challenging and working with Regional colleagues to better understand NHSE scripts
			• A Trust-wide waiting times steering group is in place to ensure the care and safety of all people waiting for services
			• 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 People-s services to ensure that refs and treatment are recorded as for adults
			• All ICBs working with mental health Trusts to review 104 week waits as requested by NHS England

Mental Health – Community Waits

Children – time still waiting for a first contact



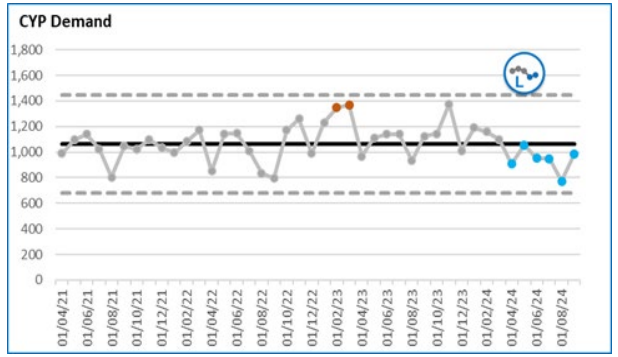


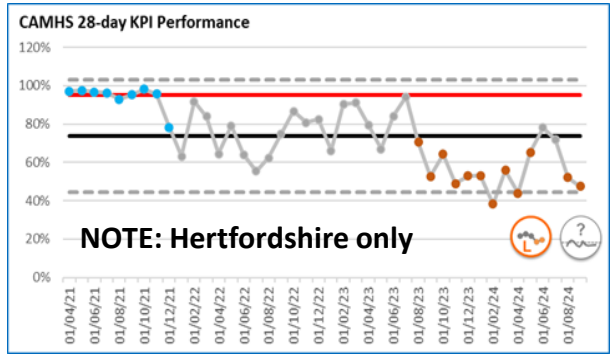


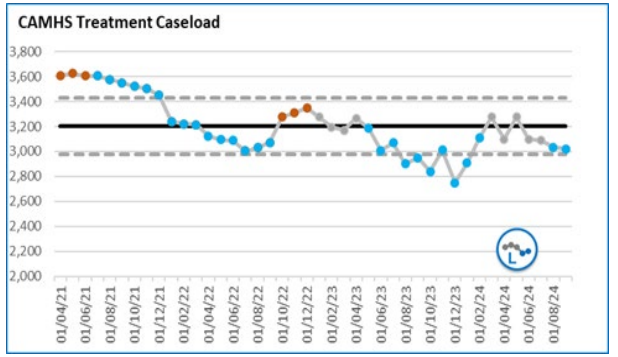
ICB Area	What the charts tell us	Issues	Actions

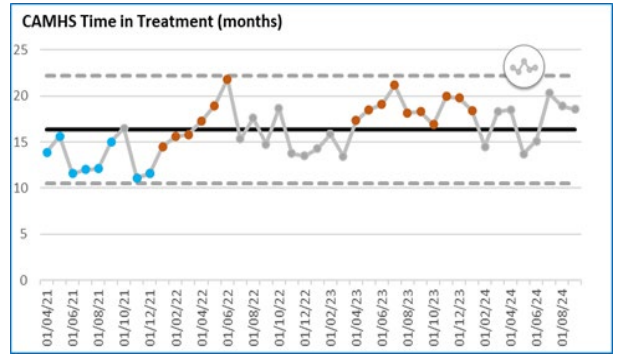
Hertfordshire & West Essex	• Median waiting times increased to 165 days and have been trending above the historic mean since August 23
	• 165 days benchmarks well against the national average of 240 days
	• Within the system there is variation of between 68 and 192 days:
	  • East & North Herts 68 days
	  • South & West Herts 192 days
	  • West Essex 111 days
	• 90th percentile waiting times for the quarter to August were 507 days, and on a long-term trend of improvement
	• 507 days benchmarks well against the national average of 789 days
	• Within the system there is variation of between 317 & 543 days:
	  • East & North Herts 317 days
	  • South & West Herts 543 days
	  • West Essex 415 days
		• The biggest impact on the Hertfordshire waiting list and long waiters is Autism & ADHD backlogs / waiting lists for diagnostic pathways
		• South & West Hertfordshire data is reflective of the historically longer waiting times in the patch, due to ASD / ADHD backlogs (for East & North these services are delivered by ENHT not HPFT/HCT)
		• The 18+ week waiters within West Essex (NELFT) are predominately within the Getting Help element of the Thrive model. As @ end of August there were 7 x 18+ week waiters in the service, equating to 2.7% of all waiters
			• CAMHS services are incorporating the new waiting times in their transformation work and service design. SNOMED coding has been re-mapped on the HPFT EPR, PARIS and internal reporting is under development with support from Regional colleagues
			• A Trust-wide waiting times steering group is in place to ensure the care and safety of all people waiting for services
			• Local provider dashboards in place assessment & treatment activity, caseloads and waiting times. Average waits not always reflective of challenges experienced by service, but recovery action plans in place where applicable and closely monitored by commissioning leads
			• Commissioners, HPFT and now an HCT representative are linked into EOE waiting times standards group. Now focus is on 104 weeks waiters report to NHSE due by 8/11/24. Long waiters only in HPFT all relate to ADHD backlog.
			• In NELFT Team Managers monitors their >18-week waiters on a weekly basis. All waiters >18 weeks have a clinical harm review in place and the teams will be working towards seeing all longest waiters as soon as possible. Team will continue to review the >18- week waiters and if there increase in risk, allocation for treatment will be considered as per team capacity and escalated via the Clinical Harm Audits

Mental Health – CAMHS Services









What the charts tell us	Issues	Actions
West Essex • West Essex does not have a formal KPI for 28 days, but this is monitored at monthly provider meetings • Decrease in demand at SPA during Q2 2024/25 which is seasonal variation • Slight decrease to caseload as @ end of Q2 2024/25 when compared to end of Q1 **Herts – HPFT only** • Demand into the service has reduced, as expected over summer months • Caseloads are steady and tracking around the historic mean • 28-day performance has fallen for 3 consecutive months • Time in treatment is variable, close to the historic mean	**West Essex** • Challenges continue with recruitment to specialist community eating disorder team manager and clinical lead roles **Herts – HPFT only** • Clinicians have reported increased acuity / complexity of caseloads • Active issue regarding recruitment to vacancies impacting on capacity and performance • Acquiring highly skilled CAMHS clinicians remains difficult. Non-health support roles being used to bolster teams • Forecast recovery by the end of Q3 will not be achieved due to capacity issues within the Herts Quadrant Teams. Work on current and future capacity models is being undertaken to determine expected recovery timescale	**West Essex** • Recruitment drives ongoing in NELFT with rolling advertisement for ED team manager and clinical lead roles. Support to the CYP ED team provided from within the wider organisation to minimise any impact on CYP engaged with the service; progress monitored at contract meetings **Herts – HPFT only** • MH Leads meeting with HPFT on 7th November to review revised safety and recovery plan / trajectory • Continuous improvement methods introduced to support the quality of clinical reporting, achieve data accuracy and optimise the trajectory. 28-day KPI doesn't include all CYP waiting – commissioners have requested waiting list position for all CYPs • West & East CAMHS quadrants are indicating improvements against localised & deliverable recovery actions • Visible & accessible operational leadership support to help sustain progress in above now in place • All quadrants are engaged with the recovery plan inclusive of care of waiter and demand & capacity initiatives; CQI projects (access & flow improvement) • Resource under review across all quadrants to improve equity & flow of service delivery. Test of shared resource where most practical to improve integrative working – initial focus on entry/access points • HPFT/HCT SLT partnership initiative progressing to support equity, better communication, improve relations and system working • Divisional Director continues to lead & monitor recovery, including vacancy management, delivering value and job planning for individual care professionals • Workforce Skill analysis & local plans informing recruitment activity with valued based & targeted short-term agency backfill

Mental Health – Learning Disability (LD) Health Checks

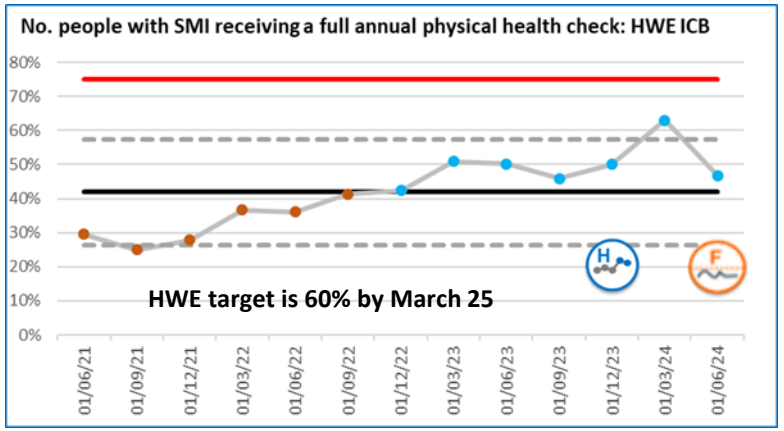
LD Health Checks July 2024	Total LD Register (age 14+)	Completed health checks	Health Checks Declined	Patients NOT had a health check	% Completed health checks *	Comparison to July 2023
NHS Hertfordshire and West Essex ICB	**7,742**	**1,219**	**23**	**6,500**	**15.7%**	**14.0%**
East & North Hertfordshire	3,202	558	4	2,640	**17.4%**	**15.2%**
South & West Hertfordshire	3,380	490	14	2,876	**14.5%**	**12.4%**
West Essex	1,160	171	5	984	**14.7%**	**12.9%**

*** 75% Year End Target**

ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	• All three places achieved the 75% standard in 23/24 • July 24 data shows the ICB and each place ahead of the equivalent 2023 position at this point in the year • August data is not available at the point of writing	• It is challenging to forecast end of year performance against the 75% LD Health Checks standard, as a large proportion of health checks are carried out towards the end of the year, and particularly in Quarter 4	• Ongoing work between HWE Team and NHSE to cross check local data against national systems

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

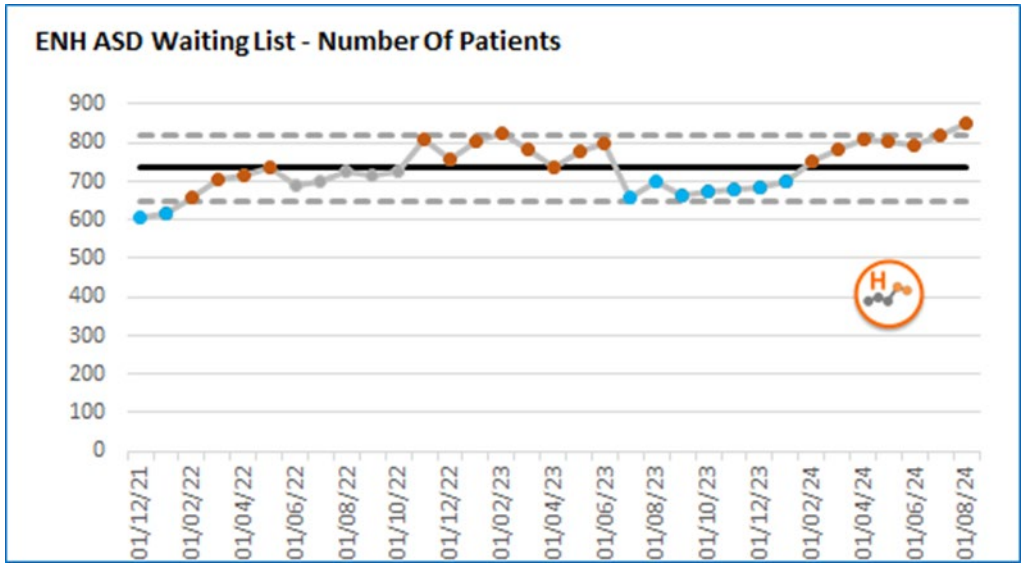


	2021/22				2022/23				2023/24				2024/25
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
East and North Herts Place	19.6%	11.9%	15.1%	25.8%	24.0%	36.3%	40.4%	45.9%	49.7%	47.7%	49.4%	60.5%	52.3%
South West Herts Place	39.4%	38.2%	39.5%	47.5%	44.6%	46.4%	43.6%	55.9%	51.0%	44.8%	52.2%	66.9%	38.9%
West Essex Place	28.9%	24.5%	30.6%	36.5%	38.5%	38.9%	44.0%	50.4%	49.4%	44.8%	46.4%	59.2%	52.1%
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%**	**46.8%**

- The systems for submitting and reporting of SMI Health Checks data has changed for 24/25
- Health Checks undertaken in Secondary Mental Health Services may not currently be fully captured, and therefore a direct comparison to last year's data is not possible at present. This is a known national issue

What the charts tell us	Issues	Actions
• As described above, current data is not capturing all health checks undertaken in secondary care MH services • Notwithstanding the incomplete datasets, East & North Hertfordshire and West Essex Q1 performance is still ahead of their equivalent 23/24 positions • The position in South & West Hertfordshire is notably lower at 38.9%	• Data quality issues as described to be resolved • SDF funds for secondary mental health services to support primary care ceased in 24/25 • 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	• The data is being extracted from General Practice Extraction Service (GPES), an alternative system this year in Primary Care. There is a piece of work that needs to take place in order that the GPs are recording the data for health checks undertaken in primary care, as well as those carried out when a person is under the care of the MH Trust. This is a known national issue • Work with ICB BI leads and Provider leads to understand reporting requirements of secondary mental health services and primary care QOF data to ensure clear guidance and responsibilities, in line with the NHSE reporting procedures • Action to standardise record checking across secondary care and primary care to ensure the SMI lists for QOR and open to HPFT are defined and agreed • Outreach physical health check pilot funding agreed to March 2025. A pan-HWE business case will now be developed • HCP place meetings in SW and ENH diarised to present current support offer to GPs and identify further actions to support programme of work • Support the improvement of interoperability and provider electronic care records and information systems to enable monitoring of performance against equity of access to care • Working with Regional MH Team support and feedback to the NHS England regional and national teams • Working with Regional MH Team to look at shared care protocols to detail who is responsible for the physical health check, and how support for people who only engage with secondary care and not primary care will be captured • Working with the Trust to look at SMI registers in Primary Care and advise who is open to community services and who is responsible undertaking the health check

Autism Spectrum Disorder (ASD) – East & North Hertfordshire



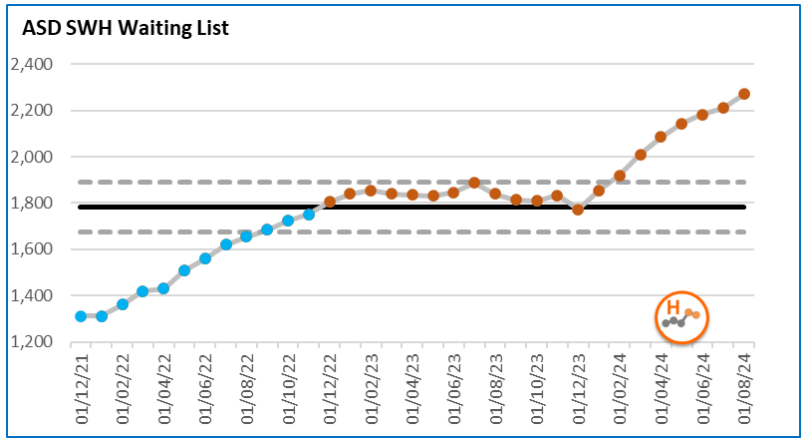
- In ENH, patients have a first appointment with Community Paediatrics. If the clinician, then considers that the patient requires an ASD assessment then they are added to the ASD waiting list
- Data is available on the waiting times for the first community paediatrics appointments and also for ASD assessments 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 Jun-24):

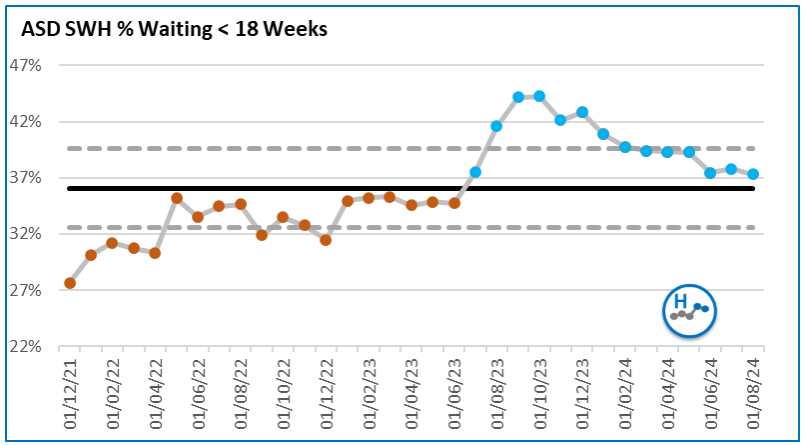
Waiting list bucket	Number of patients (Jul-24)	Number of patients (Aug-24)
<18 weeks	109	143
18 – 65 weeks	471	475
66 – 78 weeks	82	79
>78 weeks	157	156

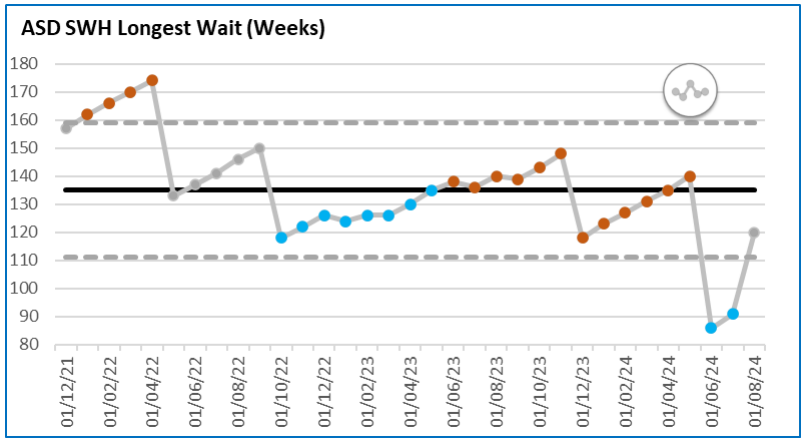
ICB Area	What the charts tell us	Issues	Actions
East & North Herts	• The ASD waiting backlog waiting list continues to increase and reached 853 patients in Aug-24 which is the highest recorded level • The number of patients waiting >78 weeks for an ASD assessment has risen from 86 in Dec-23 to 156 in Aug-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 and 2025/26 • Neurodiversity support hub needs agreement on funding post March 2025 by end of October to enable procurement to proceed and ensure no gap in service	• Procurement process to outsource assessments for autism paused as funding has been stopped due to lack of funding • 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 • A business case has been developed and is going through governance to enable procurement process to proceed for service beyond March 2025 for the Neurodiversity Support Centre • Clinicians have agreed future best practice Neurodiversity Model for Hertfordshire. This has been signed off through clinical governance and agreed by operational teams. The business case is complete and agreement on governance route and funding is being confirmed in the ICB • Hertfordshire wide single point of referral for all ASD and ADHD is progressing well with providers working together to plan full implementation in 2024 / early 2025 • Partnership for Inclusion of Neurodiversity in schools (PINs programme) on behalf of Herts and West Essex ICB and HCC was successful. The programme has begun with the 25 selected schools

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	2210	2270	↑	37.78%	37.31%	↓	91	120	↑	August



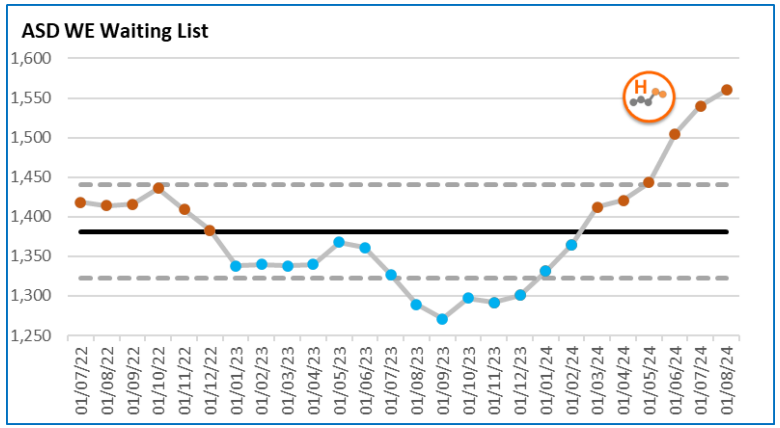


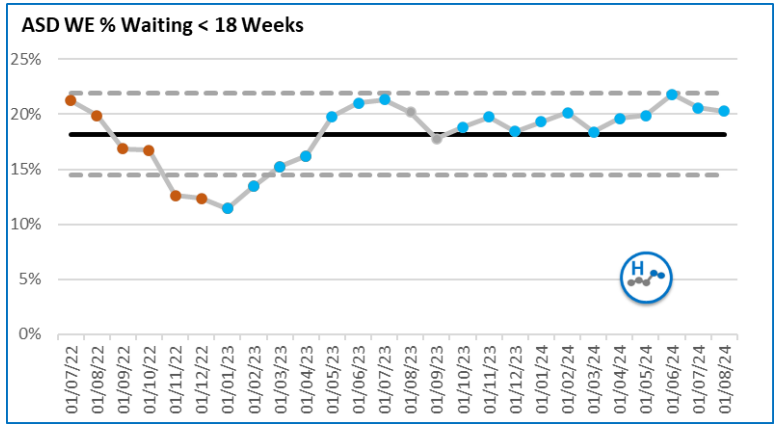


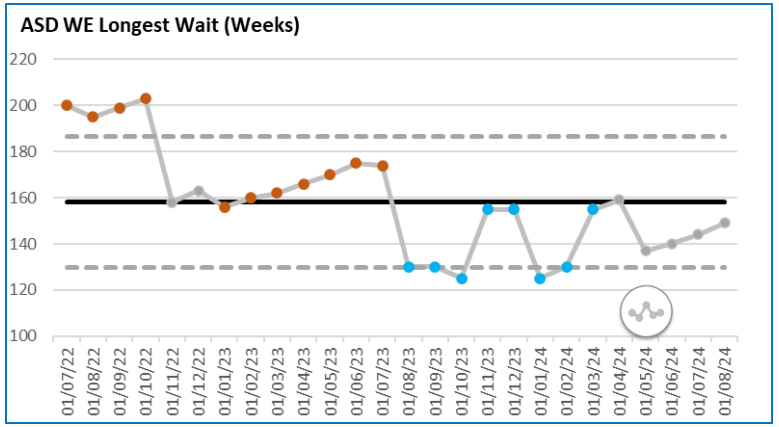
ICB Area	What the charts tell us	Issues	Actions
South & West Herts	• The overall waiting list remains consistently above the historic mean and increased further to its highest level in August • The % of ASD waiters < 18 weeks remains just above the historic mean, but has fallen by c.8% since October • The longest waits are variable but within common cause variation limits	• Capacity in existing services does not meet demand • Further increases in demand predicted • Payment will be based on activity in 2024/25 • Awaiting confirmation of investment into the service for 2025/26 • Neurodiversity support hub needs agreement on funding post March 2025 by end of October to enable procurement to proceed and ensure no gap in service	• 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 • A business case has been developed and is going through governance to enable procurement process to proceed for service beyond March 2025for the Neurodiversity Support Centre • Clinicians have agreed future best practice Neurodiversity Model for Hertfordshire. This has been signed off through clinical governance and agreed by operational teams. The business case is complete and agreement on governance route and funding is being confirmed in the ICB • Hertfordshire wide single point of referral for all ASD and ADHD is progressing well with providers working together to plan full implementation in 2024 / early 2025 • Partnership for Inclusion of Neurodiversity in schools (PINs programme) on behalf of Herts and West Essex ICB and HCC was successful. The programme has begun with the 25 selected schools

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	1540	1560	↑	20.58%	20.26%	↓	144	149	↑	August







ICB Area	What the charts tell us	Issues	Actions
West Essex	• The ASD waiting list continues to increase and is now at its highest reported level • The number of ASD waiters <18 weeks remains low, but is consistently above the historic average • The longest wait increased further to 149 but remains just below the historic mean • 262 of the 1,560 total waiting list are >104 weeks	• Average monthly referral rate continues to be 75-100% greater than commissioned capacity, for Q2 this was an average of 71 per month against capacity for 40 • 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. Awaiting release of identified ICS wide funding • 'Waiting well' workstream continues with local partners at Place, led by HCRG, also linking in with Essex wide joint commissioning initiatives

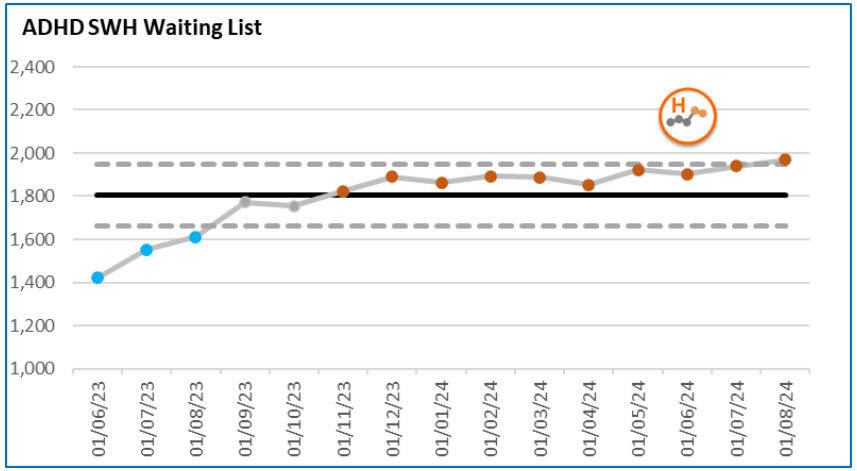
Attention Deficit Hyperactivity Disorder (ADHD)
West Essex & East & North Hertfordshire

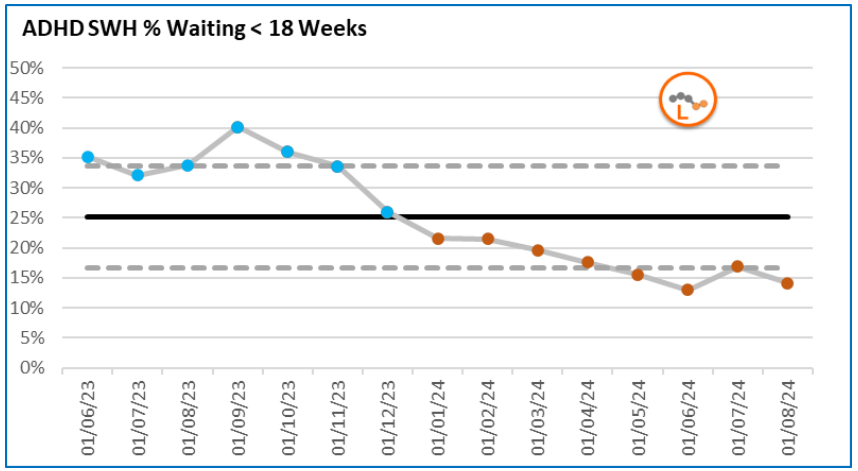
			Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	ENHT Paediatrics Service	Children	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	August
WE	HCRG	Children	310	311	↑	79.68%	70.42%	↓	48	52	↑	August

ICB Area	What the charts tell us	Issues	Actions
West Essex	• West Essex waiting lists in August were broadly similar to July • The % of children waiting <18 weeks fell by a further 9% in month • The longest wait in West Essex increased by 4 weeks to 52 weeks • ENHT is not currently able to report on waiting times / waiting list sizes for patients waiting for an ADHD assessment	• Partial reporting of the Essex ADHD Minimum Dataset whilst pathway improvements continue, aiming for completion during Q3 • Referral rates continues to rise, resulting in risk to maintaining waiting list performance	• 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. In the interim, manual ADHD has been included in this report

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

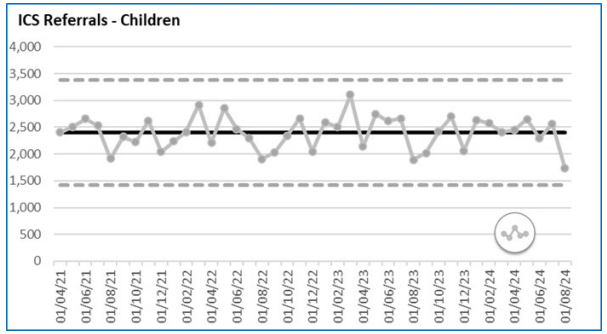
			Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
SWH	HPFT	Children	1940	1968	↑	16.86%	14.18%	↓	163	173	↑	August

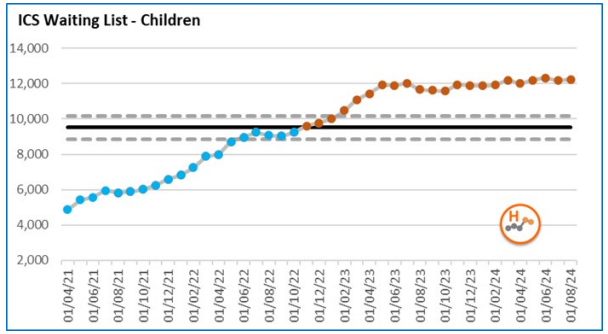


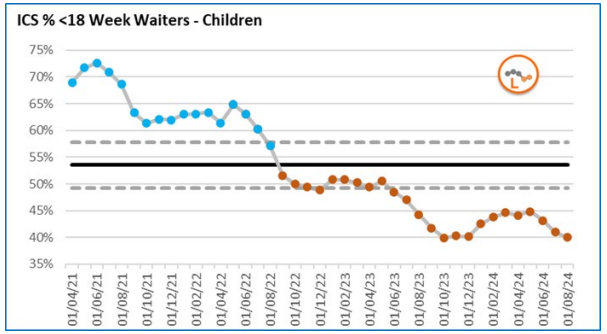


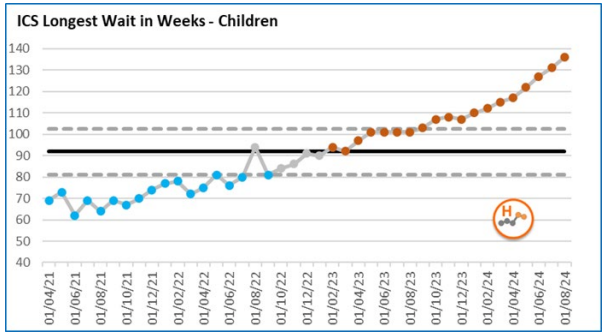
ICB Area	What the charts tell us	Issues	Actions
West Essex	• Overall waiting list is relatively stable but has been consistently above the historic mean for the last 10 months • The % of ADHD waiting <18 weeks continues to be of concern at 14.2% for August	• Payment will be based on activity in 2024/25 • Awaiting confirmation of investment into the service for 2025/26 • Neurodiversity support hub needs agreement on funding post March 2025 by end of October to enable procurement to proceed and ensure no gap in service	• 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. The business case is complete and agreement on governance route and funding is being confirmed in the ICB • Hertfordshire wide single point of referral for all ASD and ADHD is progressing well with providers working together to plan full implementation in 2024 / early 2025 • Partnership for Inclusion of Neurodiversity in schools (PINs programme) on behalf of Herts and West Essex ICB and HCC was successful. The programme has begun with the 25 selected schools

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	2565	1735	↓	12162	12244	↑	40.96%	39.99%	↓	131	136	↑	August
Place	**Provider**													
ENH	HCT	376	300	↓	817	767	↓	75.89%	80.18%	↑	52	46	↓	August
ENH	AJM/Millbrook	13	27	↑	147	142	↓	65.31%	59.86%	↓	48	53	↑	August
ENH	ENHT Community Paeds.	345	169	↓	5964	6154	↑	15.69%	15.75%	↑	131	136	↑	August
ENH	**All**	**734**	**496**	↓	**6928**	**7063**	↑	**23.85%**	**23.63%**	↓	**131**	**136**	↑	**August**
Place	**Provider**													
SWH	HCT	1378	890	↓	4190	4049	↓	57.61%	55.50%	↓	73	79	↑	August
SWH	AJM/Millbrook	23	17	↓	154	144	↓	63.64%	59.03%	↓	44	48	↑	August
SWH	**All**	**1401**	**907**	↓	**4344**	**4193**	↓	**57.83%**	**55.62%**	↓	**73**	**79**	↑	**August**
Place	**Provider**													
WE	EPUT - Wheelchairs	12	16	↑	23	23	→	100.00%	100.00%	→	29	13	↓	August
WE	HCRG / Virgin	418	316	↓	867	965	↑	91.70%	90.36%	↓	26	36	↑	August
WE	**All**	**430**	**332**	↓	**890**	**988**	↑	**91.91%**	**90.59%**	↓	**29**	**36**	↑	**August**

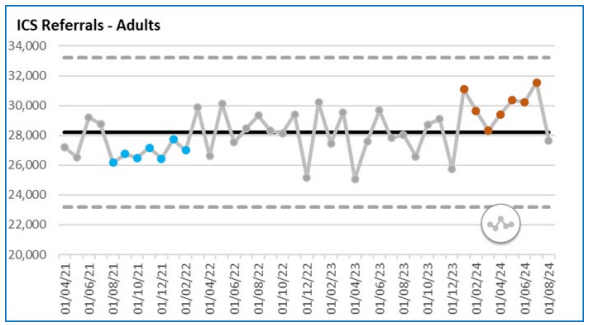
Hertfordshire and West Essex Integrated Care System

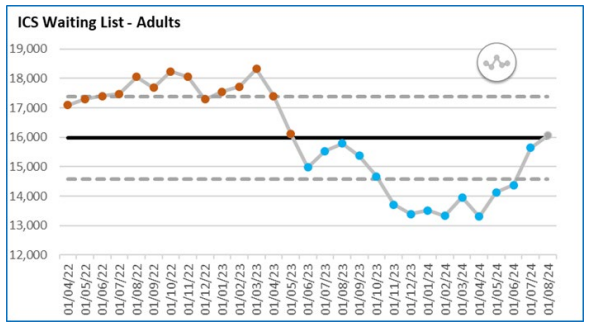
Community Waiting Times (Children)

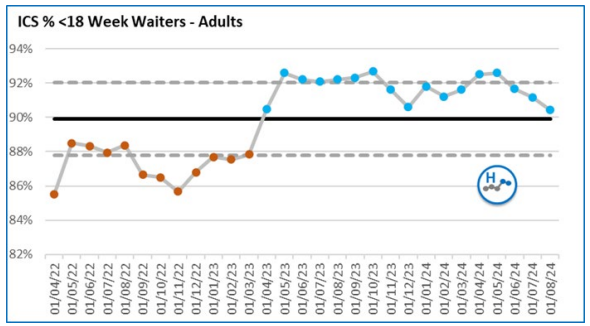
The NHS 18-week Referral to Treatment (RTT) standard only applies to consultant led services. For Children's community services this include Community Paediatrics (ICS wide) and Children's Audiology (SWH). Other services have locally agreed waiting times standards which may be 18 weeks or less. All services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

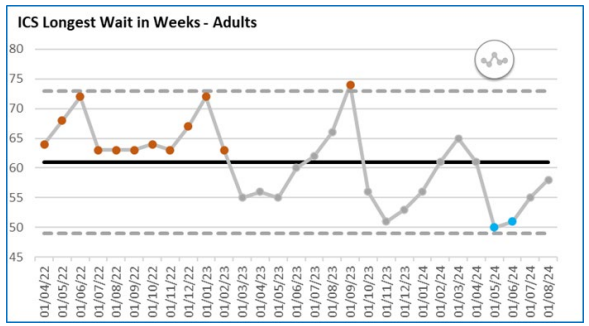
ICB Area	What the charts tell us	Issues	Actions
ICB	• Overall referrals to all services continue to fluctuate within expected common cause variation limits • The total number of children on waiting lists remains very high, but has plateaued at c.12,000 • The % of children waiting less than 18 has fallen for the last 3 months and is now at 40%, compared to the national average of 54% • The longest waits are within the ENHT Community Paediatrics Service at 136 weeks. There are also long waits of up to 79 weeks within HCT services in South & West Hertfordshire • Consultant led 18-week RTT performance: SWH Community Paediatrics – 47.4% SWH Children's Audiology – 46.3% ENH Community Paediatrics – 15.8% WE Community Paediatrics – 95.0%	**Hertfordshire** • Most HCT children's specialist services are seeing a marked increase in demand • Waiting times in the SWH HCT Community Paediatrics service are improving, with a decreasing number of long waiters and an improvement trend since August 2023 • There are continued waiting time pressures in Paediatric Audiology in SWH, but there has been improvement with a 26% decrease in total waiters since a high point in June 2023. 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)** • Referrals to CYP services fell slightly in some services over the summer months. This follows the annual profile with family holidays and school closures • Most services at or slightly below plan for activity levels due to staff leave	Joint system review of community waits for children and young people to be undertaken with the aim to reduce overall waiting times and backlogs, mitigate further growth and support patients well. **Hertfordshire** • For HCT services the number of over 52-week waits has reduced from 494 in September 2023, to 94 in September 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 • Waiting list initiatives in place for some services to achieve no 65+ week waiters each month • Community Paediatrics in SWH is receiving non-recurrent additional investment to increase workforce capacity and introduce new specialist nursing posts. Service working at fully established WTE • 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, now being rolled out to other localities • EHCP dashboard developed to improve waiting list management **Community Paediatrics ENHT** • Referrals have increased by 30% since FY1920 but activity has only increased by 17% (28% increase in follow-up activity but a 15% decrease in new activity) • Ongoing recruitment attempts have been unsuccessful and there is little appetite for waiting list initiatives in the service • Development of a single model of care for neurodiversity in Hertfordshire is progressing. Proposed service will include a single point of referral for all ADHD / ASD referrals in Hertfordshire and make full use of the MDT for pathways that don't need to be Consultant led **West Essex (WE)** • Focus on caseload cleanse for a number of services over the quieter summer period • Considering a PIFU approach in Dietetics. Vacancy remains • Awaiting release of identified CYP funds from the ICB • Preparation for recommissioning of HCRG contract ongoing

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	31541	27662	↓	15642	16057	↑	91.16%	90.43%	↓	55	58	↑	August
Place	Provider													
ENH	HCT	9657	7559	↓	8573	9169	↑	91.19%	90.97%	↓	55	58	↑	August
ENH	AJM/Millbrook	156	112	↓	637	633	↓	67.03%	63.98%	↓	50	54	↑	August
ENH	**All**	**9813**	**7671**	↓	**9210**	**9802**	↑	**89.52%**	**89.23%**	↓	**55**	**58**	↑	**August**
Place	Provider													
SWH	CLCH	7512	6870	↓	1604	1833	↑	99.69%	98.96%	↓	19	23	↑	August
SWH	Circle	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	August
SWH	HCT	907	857	↓	1106	1102	↓	83.45%	83.12%	↓	53	55	↑	August
SWH	AJM/Millbrook	139	125	↓	729	716	↓	69.00%	61.59%	↓	55	58	↑	August
SWH	**All**	**8558**	**7852**	↓	**3439**	**3651**	↑	**87.96%**	**86.85%**	↓	**55**	**58**	↑	**August**
Place	Provider													
WE	EPUT	13058	12028	↓	2873	2469	↓	99.90%	100.00%	↑	27	18	↓	August
WE	EPUT - Wheelchairs	112	111	↓	120	135	↑	100.00%	99.26%	↓	24	19	↓	August
WE	**All**	**13170**	**12139**	↓	**2993**	**2604**	↓	**99.90%**	**99.96%**	↑	**27**	**19**	↓	**August**

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

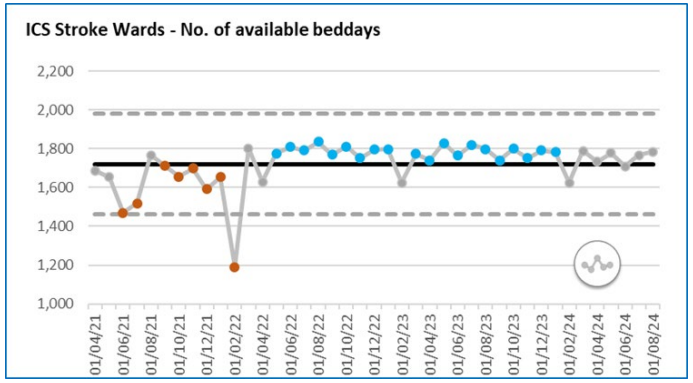
Hertfordshire and West Essex Integrated Care System

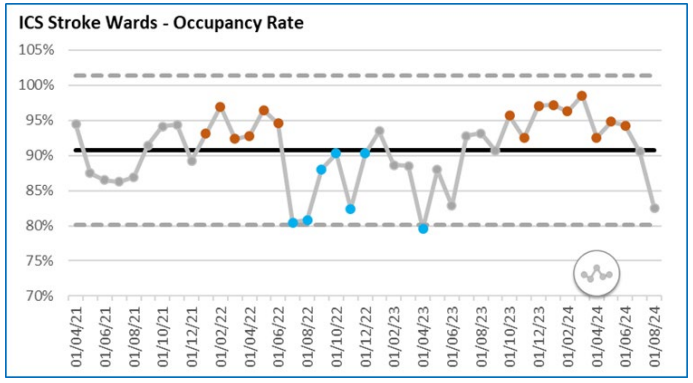
Community Waiting Times (Adults)

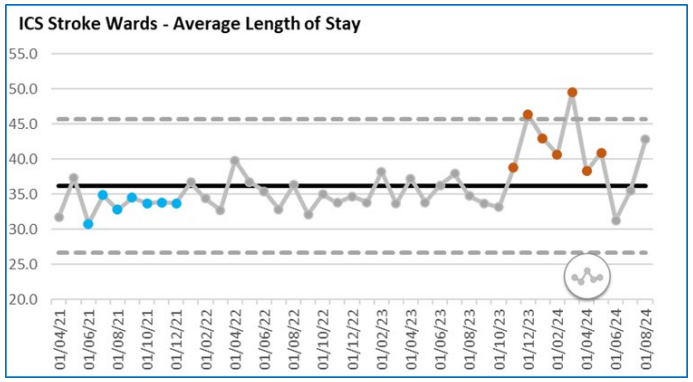
The NHS 18-week Referral to Treatment (RTT) standard only applies to consultant led services. For Adult community services this include Skin Health (ENH), Respiratory (S&W), and Podiatric Surgery (WE). Other services have locally agreed waiting times standards which may be 18 weeks or less. All services 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** • Overall referrals are within common cause variation limits, but have been above the historic average throughout 2024 to date • The % of patients waiting less than 18 weeks has fallen for the last 3 months, but remains comparatively strong at 90.4%, compared to the national average of c.84% • Overall waiting lists are within common cause variation limits, but have increased for the last 4 months driven by high referrals and transfer of iMSK patients to EPUT in WE • Longest waits are within HCT services in East & North Hertfordshire • Consultant led 18-week RTT performance: ENH Skin Health – 90.8% SWH Respiratory – 98.9% WE Podiatric Surgery – 100%	**East & North Hertfordshire (ENH)** • Referrals have increased compared to 2022/23 • Slight reduction in the 'waiting within target' performance in recent months when compared to the pre-pandemic baseline **South & West Hertfordshire (SWH)** • MSK services previously delivered by Connect have been reprocured with Circle. Work continues to resolve a number of data quality issues before incorporation into this report • Slight decrease in referrals at CLCH • CLCH longest waiter has increased from 19 to 23 weeks • Total number of patients waiting has increased **West Essex (WE)** • SLT maximum wait time has increased to 13 weeks due to vacancy and non-availability of bank/agency • Podiatry maximum wait time has increased to 12 weeks, again due to staffing gap • MSK breaches and increased PTL following transfer of iMSK patients from Stellar Healthcare on contract termination	**East & North Hertfordshire (ENH)** • All waits are closely monitored and subject to robust internal governance • Service productivity initiatives continue • 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 and analysis has allowed the Trust to compare waiting times and DNA rates for those living in relative deprivation versus those that do not. 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 • External provider support will be coming to an end over the next few weeks. Services working on plans to ensure waiting times positions are maintained • Divisional weekly waiting times group remains in place which also feeds into Trust group • Division specific recruitment day held in Hemel in October • Trajectories now in place for all services of concern. These are reviewed and monitored weekly **West Essex (WE)** • Successful recruitment to SLT vacancy. Position will improve over October / November. High risk patients being prioritised • Podiatry locum support secured – commenced November • iMSK recovery plan agreed with full recovery expected by March 25. Trajectory TBC

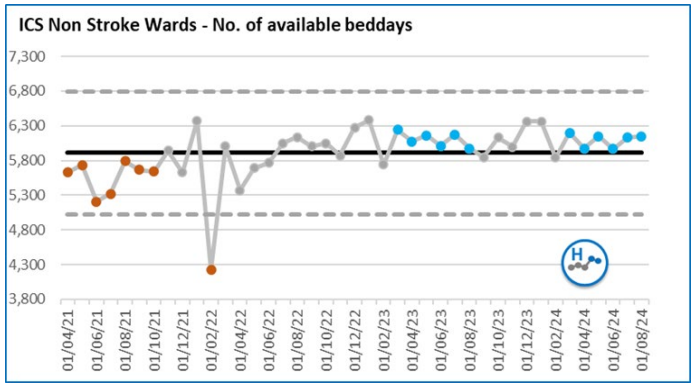
Community Beds (Stroke & Non-Stroke)

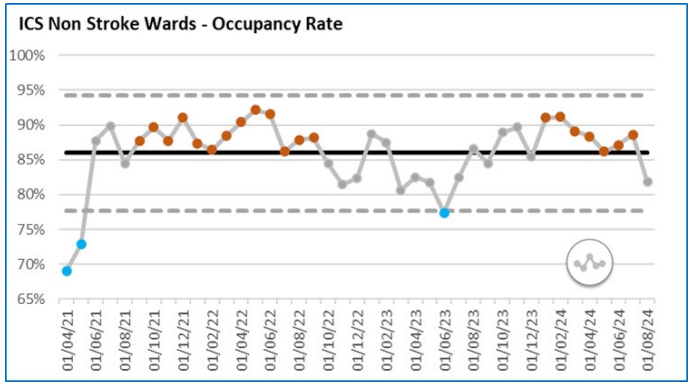


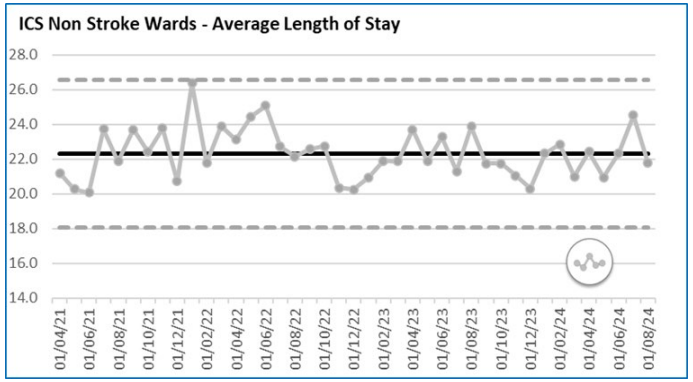




Stroke Wards		Number of available beddays			Occupancy Rate			Average length of stay (days)			
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	744	744	⇨	87.23%	70.30%	↓	35.6	33.4	↓	August
SWH	CLCH	589	606	↑	98.47%	98.51%	↑	27.0	51.0	↑	August
WE	EPUT	434	434	⇨	85.48%	81.11%	↓	48.6	43.0	↓	August
ICS	**All**	**1767**	**1784**	↑	**90.55%**	**82.51%**	↓	**35.5**	**42.8**	↑	**August**





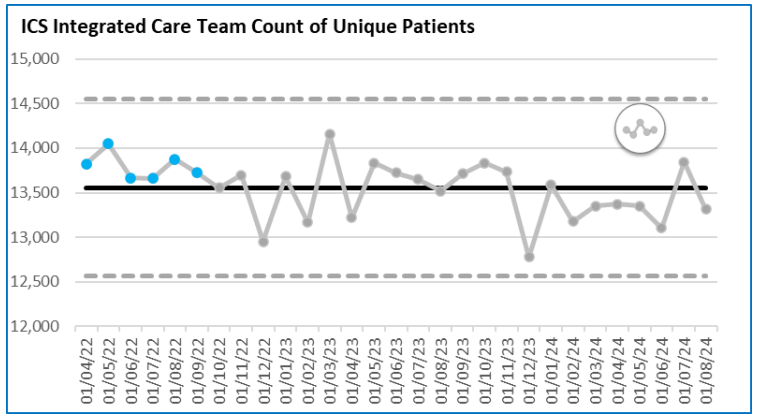


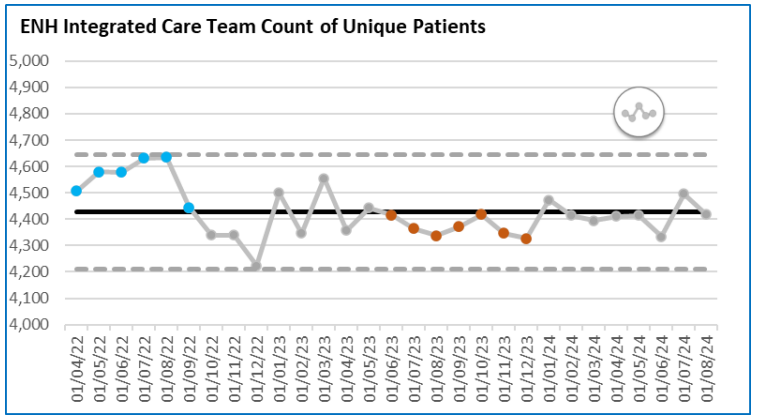
Non-Stroke Wards		Number of available beddays			Occupancy Rate			Average length of stay (days)			
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	1643	1643	⇨	84.36%	71.70%	↓	24.7	21.9	↓	August
SWH	CLCH	2224	2241	↑	92.54%	91.74%	↓	26.0	23.5	↓	August
WE	EPUT	2263	2263	⇨	87.85%	79.28%	↓	22.9	19.6	↓	August
ICS	**All**	**6130**	**6147**	↑	**88.61%**	**81.80%**	↓	**24.5**	**21.8**	↓	**August**

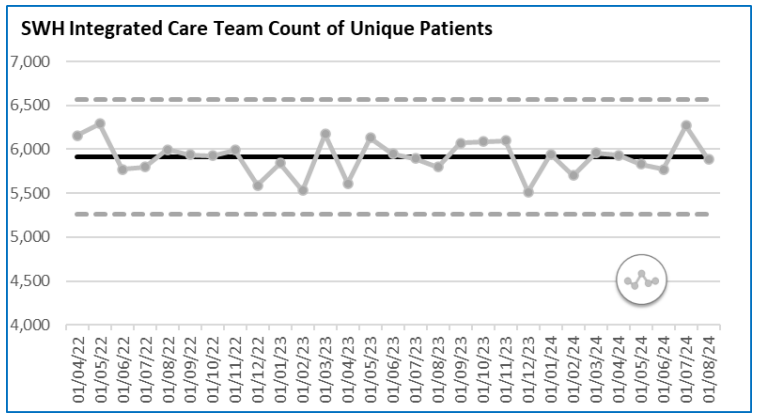
Community Beds (Stroke & Non-Stroke)

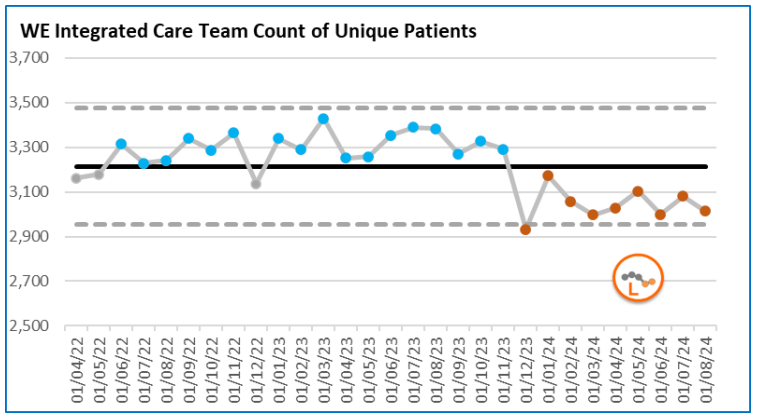
ICB Area	What the charts tell us	Issues	Actions
ICB	**Stroke Beds Days** • Available stroke bed days remain stable • Overall stroke bed occupancy rates significantly reduced during July and August, most notably at HCT (70.3%) • CLCH occupancy remains very high at 98.5% • Overall length of stay is within common cause variation limits, but has been largely above the historic average during 2024 • Length of stay at CLCH was significantly up in August (51 days) **Non-Stroke Beds Days** • Available non-stroke bed days remain consistent at c.6,100 per month • Overall occupancy rates reduced across the system and in each place in August, most notably at HCT (71.7%) and EPUT (79.33%) • Overall length of stay remains within common cause variation limits	**East & North Hertfordshire (ENH)** • Bed occupancy remains the highest at Danesbury with an average of 94% over the past 12 months. Herts & Essex and QVM have an average occupancy of 81% and 83% respectively • Average length of stay over the past 12 months for Herts & Essex averaged 25 days, and 28 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 19, and Herts & Essex averaging 32 **South & West Hertfordshire (SWH)** • Continued high occupancy rates across stroke beds due to supporting system flow and admitting higher acuity patients • However slight reduction in non-stroke bed occupancy • Average length of stay increased in August for stroke beds, but reduced in non-stroke beds **West Essex (WE)** • Length of stay on stroke ward continues to be impacted by a complex patient. Extension to stay has been agreed with ICB commissioners • Non-stroke bed occupancy remains low	**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 • Review of Transfer of Care HUB with system partners currently underway • In partnership with social care colleagues, currently reviewing escalation plan **West Essex (WE)** • Daily escalation calls in place to support all delayed discharges • West Essex HCP + Essex County Council plan to use bed capacity to support Discharge to Assess (D2A) patients from November 2024

Integrated Care Teams (ICT)







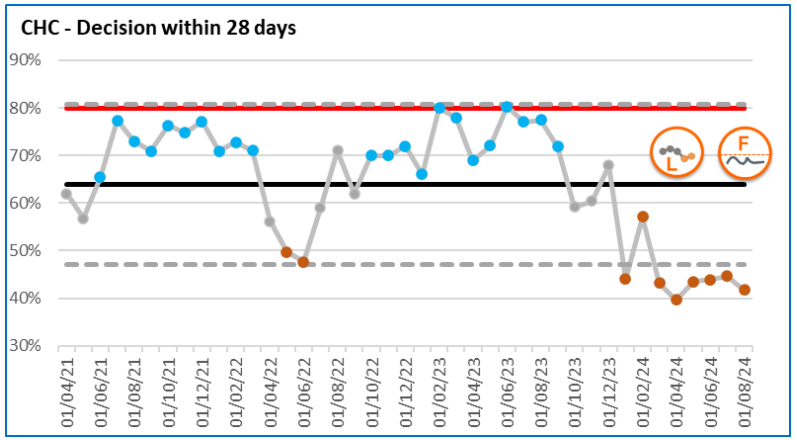


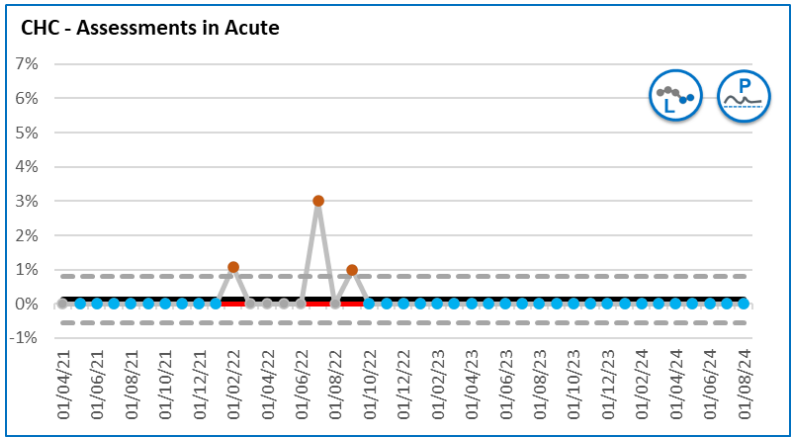
			Contacts (unique patients)			Contacts (unique patients) per 1000 population			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	All	4497	4418	↓	7.1	7.0	↓	August
SWH	CLCH	All	6268	5884	↓	9.1	8.5	↓	August
WE	EPUT	All	3081	3014	↓	9.2	9.0	↓	August
ICS	**All**	**All**	**13846**	**13316**	↓	**8.4**	**8.0**	↓	**August**

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 have trended below the historic mean for the last 9 months	**East & North Hertfordshire (ENH)** • The number of individuals rereferred to the ICT is similar to pre-pandemic • Contacts per month are lower than pre-pandemic (linked to increasing complexity) and there is an increase in the first-to-follow-up appointment ratio • The net effect of these factors is that the overall caseload is much higher than in 2019/20 across all localities • Patient complexity is increasing, with more intensive treatments required. e.g., numbers of intravenous antibiotics (IV) and End of Life (EOL) patients • 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, suggesting an increase in acuity of patients receiving care in the community	• Care Closer to Home programme 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 • A comprehensive transformation programme in place focused on workforce, wound care and diabetes management with the ICT • SystmOne optimisation project underway aiming to streamline use of clinical systems with a prospective productivity gain. Some promising initial progress in relation to revised design • The Hospital at Home service appears to be effectively supressing Acute demand **West Essex (WE)** • Work progressing to support development of Integrated Neighbourhood Teams of which the ICTs are integral, alongside socialisation of the new HWE care closer to home model of care. Proactive care model for segments 4 & 5 to support reduction on NELs by 25%

Continuing Health Care (CHC)





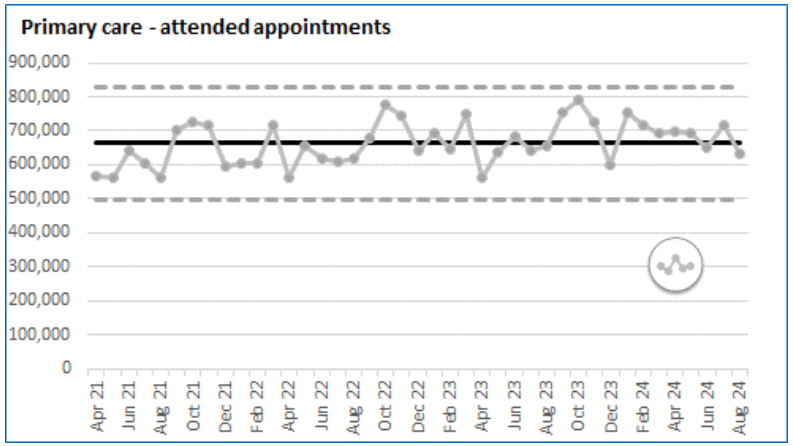
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
East & North Hertfordshire	38.7	23.3	50.0	58.3	50.0	66.7	77.4	70.4	47.8	52.6	72.0	69.0	70.8	74.2	94.9	86%	100%	83%	100%	70%	88%	83%	91%	87%	82.5	86.5	82.1	75.6	87.5	82.9	75.7	77.1	80.0	50.0	80.4	67.5	65.0	71.9	48.8	71.7	64.3
South & West Herfordshire	47.2	65.7	74.4	81.5	80.4	66.7	61.1	72.3	85.7	80.5	71.2	72.5	47.2	35.2	23.4	36%	41%	33%	50%	63%	58%	63%	72%	67%	50.0	61.7	73.6	71.8	69.7	56.5	36.4	45.8	47.5	34.9	35.4	23.5	22.4	23.2	28.0	28.6	24.4
West Essex	100.	87.0	71.0	83.0	80.0	88.0	100.	93.0	92.3	68.4	80.0	70.0	88.9	89.5	85.0	75%	100%	85%	89%	81%	78%	64%	87%	89%	91.7	91.3	87.9	92.9	83.9	87.5	92.6	70.8	92.9	76.5	84.6	76.2	71.4	56.8	71.8	52.1	66.7
ICS	62.0	56.8	65.4	77.3	73.0	71.0	76.3	74.8	77.2	70.9	72.8	71.0	56.2	49.7	47.6	59%	71%	62%	70%	70%	72%	66%	80%	78%	68.9	72.1	80.3	77.1	77.5	71.9	59.2	60.4	67.9	44.0	57.1	43.2	39.6	43.5	43.9	44.6	41.6

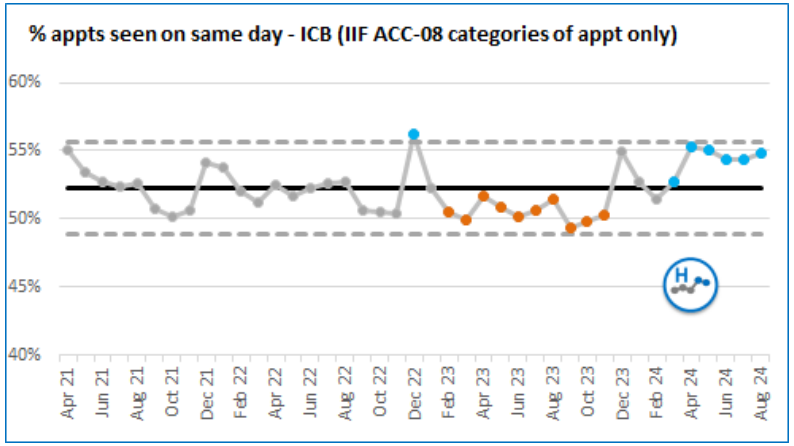
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
East & North Hertfordshire	0%	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%	0%	0%
South & West Herfordshire	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	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%	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%	0%	0%	0%
ICS	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	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%	0%	0%

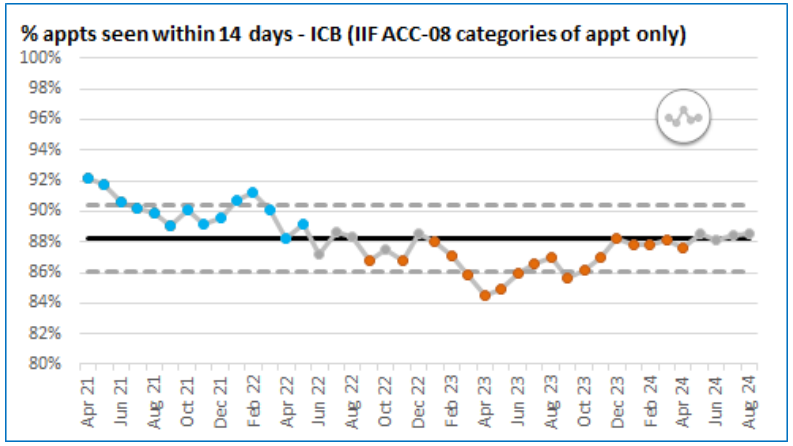
	What the charts tell us	Issues	Actions

HWEICB	• The 28-day standard continues to present a significant challenge, most notably in South & West Hertfordshire
	• Performance is trending below the historic mean, however ICB projections for the quarter have been met (>=40% to 49.9%)
	• August overall performance is slightly worse compared to July as below, with further slippage in ENH and SWH:
	  ○ Overall ICB – 42%
	  ○ West Essex – 67%
	  ○ ENH – 64%
	  ○ SWH – 24%
	• 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
		• ENH 28-day performance is 7% worse in Aug vs. July, and SWH performance is 4% worse in Aug vs. Jul. Key issue is delays in allocation of social workers from HCC due to resource challenges, as well as workforce issues around sickness and leave across the service
			• 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 is being implemented moving forwards
			• More robust Induction and training packs being developed for new starters to ensure they can become as involved with day-to-day operations as quickly as possible

Primary Care







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

What the charts tell us

- GP appointments attended each month remain within expected common cause variation limits. However, there are indications of an overall growing trend in attendances, with only 3 of the last 12 months being below the mean line
- The % of appointments seen on the same day of booking has been above the long-term mean for the last six months, suggesting that there has been a sustained improvement in the % of appointments seen on the same day. 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 (IIF ACC-08 categories of appointment)
- The % of appointments which were seen within 14 days of booking has been consistently below the mean since Jan-23. 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 (IIF ACC-08 categories of appointment)

Primary Care

ICB Area	Issues	Actions
ICB	• National contract for 24/25 imposed without agreement from and Collective Action in Primary Care added to the risk register • General Practice continues to see increases in demand against a backdrop of working through the backlog, workforce pressures and negative media portrayal • 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** • Logging local intelligence on practices taking part in collective action and ongoing work with HETCG and liaison with LMC to identify and mitigate any issues arising • Annual GP Patient Survey (GPPS) now published (data collected Jan –Mar 24). Overall slight improvement and PCCC and Primary Care Board oversight of results. Action plan developed through the Access MDT Group. BI and primary care teams looking at data which will be presented at Primary Care Transformation Committee and STQIC. Triangulation with other data held does not show any strong correlation e.g. number of appointments, digital telephony etc. • GPPS 2024 Dental Access results shows HWE as best performing in East of England • 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 • 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 • National GP Improvement Programme - 30 practices & 4 PCNs participated in this nationally supported facilitated programme • 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 • Many practices are now actively moving towards full enablement of prospective records access; almost 700k patients across HWE have access to their records; 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 • Communications 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 • Local CAIP - 21 of 25 PCNs have submitted their self-declaration based on the PCN's progress in implementing the Modern General Practice Access (MGPA) model and specifically in delivering against three priority domains. Specifically, these are Better Digital Telephony – 21 PCNs; Simpler Online Requests – 16 PCNs; Faster Care Navigation, Assessment and Response – 19 PCNs. PCNs can submit their self-declaration up to 31 March 25 • Transition Cover – 108 practices supported with further funding to implement modern general practice **Other** • Funding for Additional Capacity via PCNs over Winter agreed locally as no National funding this year – action to review PCN plans against 2 agreed priorities - Prevention (frailty, LTC, EOL) or Same day access – submissions by 18/10/24 • 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 • 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. 24/25 Operational Plans – Month 5

Area	Description	Year To Date				Performance	Latest Data
		Plan	Actual	Variance to Plan	Variance to Plan %		
Planned Care	Elective day case spells	64,534	66,314	1,780	**2.8%**	↑	Aug-24
	Elective ordinary spells	5,754	5,966	212	**3.7%**	↑	Aug-24
	Outpatient procedures	114,619	127,719	13,100	**11.4%**	↑	Aug-24
	Percentage outpatients follow-up without a procedure	49.5%	47.6%	**-1.9%**		↓	Aug-24
	Total outpatient attendances	669,701	703,366	33,665	**5.0%**	↑	Aug-24
	Incomplete (RTT) pathways 65 weeks+	145	801	656	**452.4%**	↑	Aug-24
	The number of incomplete Referral to Treatment (RTT) pathways	140,779	142,736	1,957	**1.4%**	↑	Aug-24
	Diagnostic test waiting list over 6 weeks - All Planning Modalities	8,100	17,870	9,770	**120.6%**	↑	Aug-24
Cancer	Percentage patients seen within 62 days	76.3%	72.7%	**-3.6%**		↓	Aug-24
	Percentage cancer 28 day waits (faster diagnosis standard)	73.9%	78.9%	**5.1%**		↑	Aug-24
UEC	Type 1, 2, 3 A&E attendances	213,515	218,258	4,743	**2.2%**	↑	Aug-24
	Percentage Type 1, 2, 3 A&E attendances < 4 hours	75.0%	72.7%	**-2.4%**		↓	Aug-24
	Non-elective spells - 0 days length of stay	13,818	19,801	5,983	**43.3%**	↑	Aug-24
	Non-elective spells - 1+ days length of stay	35,256	35,553	297	**0.8%**	↑	Aug-24
Primary Care	Percentage of appointments seen within two weeks	89.2%	88.2%	**-0.9%**		↓	Aug-24

Key	
↑	Value is above plan
↓	Value is below plan
	Variation of a positive nature
	Variation of a negative nature

Mental Health Performance v. 24/25 Operational Plans – Month 5

MONTHLY METRICS

Area	Description	Latest month		Year To Date				Performance	Latest Data
		Plan	Actual	Plan	Actual	Variance to Plan	Variance to Plan %		
OAPs	Active inappropriate adult acute mental health OAPs	8	35	53	176	123	**232.1%**	↑	Aug-24
Talking Therapies	Percentage of patients that achieved reliable recovery	48.5%	52.0%	48.5%	51.6%	**3.1%**		↑	Aug-24
	Percentage of patients that achieved reliable improvement	67.1%	63.7%	67.1%	63.1%	**-4.0%**		↓	Aug-24
Dementia	Estimated prevalence of dementia based on GP registered populations	65.1%	64.7%	64.7%	64.7%	**0.0%**		↓	Aug-24
CYP	Number of CYP supported through NHS funded mental health services receiving at least one contact	19,057	10,735	93,376	55,345	-38,031	**-40.7%**	↓	Aug-24

QUARTERLY METRICS

Area	Description	Latest month		Year To Date				Performance	Latest Data
		Plan	Actual	Plan	Actual	Variance to Plan	Variance to Plan %		
Learning Dissability	% of AHCs carried out for 14+ year olds on the QOF Learning Disability Register	18.8%	23.7%	18.8%	23.7%	**4.9%**		↑	Q1
	Learning Disability Inpatient Rate per Million ONS Resident Population	29.01	-	29.01	-	**-**		-	Q1
	Learning Disability Inpatient Rate per Million ONS Resident Population	15.09	-	15.09	-	**-**		-	Q1
SMI	Percentage of people with severe mental illness receiving a full annual physical health check	48.7%	46.8%	48.7%	46.8%	**-1.9%**		↓	Q1

Key	
↑	Value is above plan
↓	Value is below plan
	Variation of a positive nature
	Variation of a negative nature

Appendix A: Performance Benchmarking

August 2024

Area	Activity	Latest published data	Data published	Trend *1		NATIONAL position National vs (ICB)	REGIONAL position EoE Region vs (ICB)	ICB Ranking
		Hertfordshire and West Essex ICB						
111	Proportion of calls answered < 60 secs	92.4%	September 24	✗	-1.38%	85.42% (Better)	87.84% (Better)	6
	Proportion of calls abandoned	1.6%	September 24	✗	21.70%	2.33% (Better)	2.10% (Better)	5
A&E	% Seen within 4 hours	75.6%	September 24	✗	-1.279%	74.22% (Better)	73.07% (Better)	11
	12 Hour Breaches	138	September 24	✗	13.04%	38,880 (0.35%)	2,702 (5.1%)	5
Cancer	28 days Faster Diagnosis	78.2%	August 24	✗	-0.84%	75.55% (Better)	73.27% (Better)	11
	31 days	91.7%	August 24	✗	-2.23%	91.67% (Better)	88.72% (Better)	24
	62 days	71.2%	August 24	✓	3.56%	69.16% (Better)	66.06% (Better)	15
RTT	Incomplete Pathways <18 weeks	56.7%	August 24	✗	-0.97%	58.27% (Worse)	54.40% (Better)	30
	52+ weeks as % of total PTL	3.77%	August 24	✓	-7.62%	3.70% (Worse)	4.99% (Better)	25
	65+ weeks as % of total PTL	0.58%	August 24	✓	-24.87%	0.60% (Better)	0.92% (Better)	25
	78+ weeks as % of total PTL	0.03%	August 24	✗	80.28%	0.04% (Better)	0.07% (Better)	24
Diagnostics	6 week wait	39.0%	August 24	✗	7.50%	23.93% (Worse)	35.44% (Worse)	40
Mental Health	Dementia Diagnosis rate	64.8%	September 24	✓	0.15%	65.5% (Worse)	64% (Better)	23
	OOA placements	35	August 24	✗	-17.14%	n/a	n/a	n/a
CHC	% of eligibility decisions made within 28 days	41.7%	August 24	✗	-7.04%	72.49% (Worse, at 55.21%) *2	68.56% (Worse, at 55.21%) *2	36
	% of assessments carried out in acute	0.0%	August 24	▬	0.00%	0.34% (Worse, at 0.66%) *2	0.19% (Worse, at 0.66%) *2	34

LEGEND

Performance against target
- On/above target
- Below target

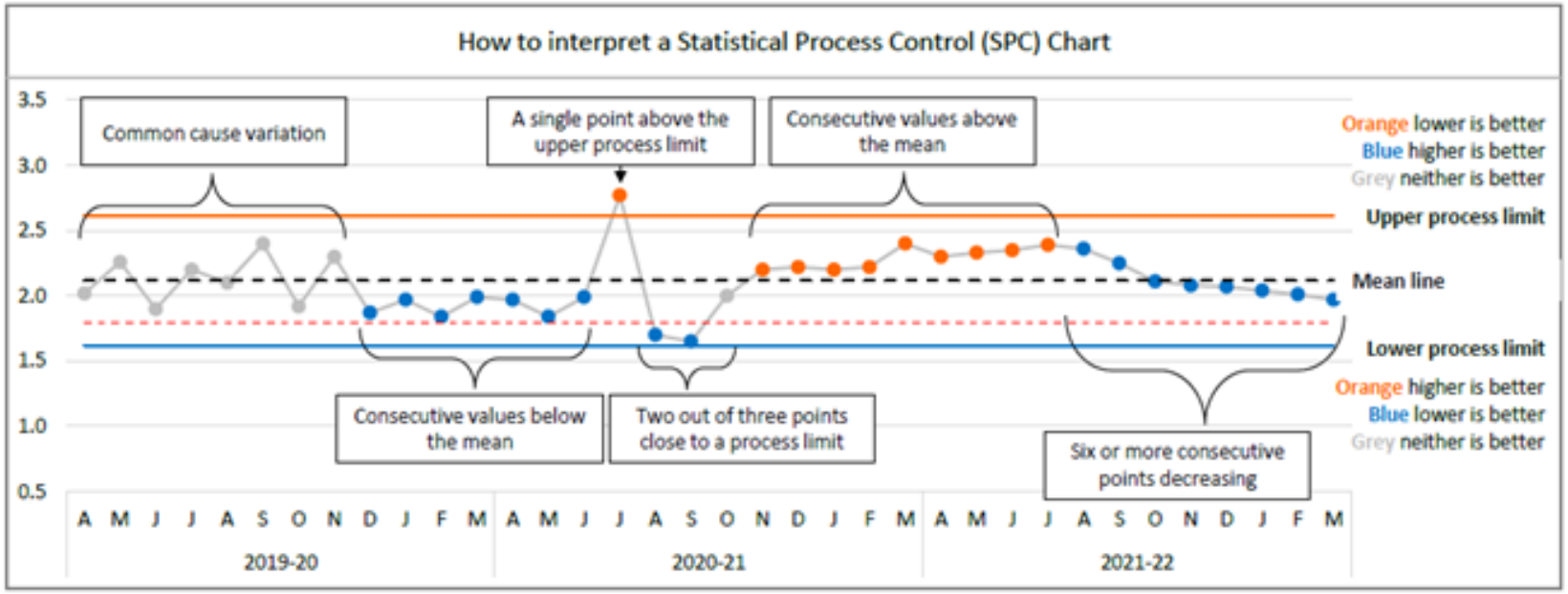
Performance against previous month
- ✓ Improvement
- ✗ Deterioration
- ▬ No change

ICB Ranking
- First quartile
- Middle quartile
- Lowest quartile

*1 Trend against last month's performance.

*2 **Benchmarking and ranking for CHC** is based on quarterly data only. The latest data is for Q1 for 2024/25 (covering Apr - Jun 2024).

Appendix B: Statistical Process Control (SPC) Interpretation



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

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

Appendix C: 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
CCC	Care Coordination Centre
CDC	Community Diagnostic Centre
CDU	Clinical Decision Unit
CHAWS	Child Health and Women's Service
CHC	Continuing Healthcare
CISS	Community Intensive Support Service
CLCH	Central London Community Healthcare NHS Trust
CPCS	Community Pharmacy Consultation Service
CQI	Continuous Quality Improvement
CQC	Care Quality Commission
CT	Computerised Tomography (scan)
CYP	Children & Young People
D2A	Discharge to Assess
DEXA	Dual Energy X-ray Absorptiometry (bone density scan)
DMAS	Digital Mutual Aid System
DQ	Data Quality
DST	Decision Support Tool
DTA	Decision To Admit
DTOC	Delayed Transfer of Care
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
GPPS	GP Patient Survey
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
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)

LA	Local Authority
LD	Learning Disability
LDAHC	Learning Disability Annual Health Checks
LMNS	Local Maternity Neonatal System
LMS	Local Maternity System
LoS	Length of Stay
MADE	Multi Agency Discharge Event
MDT	Multi Disciplinary Teams
MH	Mental Health
MHSOP	Mental Health Service for Older People
MOU	Memorandum Of Understanding
MRI	Magnetic Resonance Imaging
MSK	Musculoskeletal
NHSE	NHS England
NICE	The National Institute for Health & Care Excellence
NMCTR	Not Meeings Criteria To Reside
NOK	Next Of Kin
NOUS	Non-Obstrtric Ultrasound
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
TOCH	Transfer of Care Hub
TTA	Take Home Medication (To Take Away)
UEC	Urgent Emergency Care
US	Ultrasound Scan
UTC	Urgent Treatment Centre
VCSFE	Voluntary, Community, Faith and Social Enterprise
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 ICB Board meeting held in Public				**Meeting Date:**	**29/11/2024**		
Report Title:	**ICB/ICS In-Year Financial Report**				**Agenda Item:**	**13**		
Report Author(s):	Debbie Griggs, Deputy Chief Financial Officer							
Report Presented by:	Alan Pond, Chief Financial Officer							
Report Signed off by:	Alan Pond, Chief Financial 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 and noting							
Report History:	N/A							
Executive Summary:	**ICS Financial Position** At Month 7, Hertfordshire and West Essex (HWE) Integrated Care System (ICS) reported a **deficit position of £21.77m,** which is **£8.096m behind plan**. The Year to Date (YTD) position improved from Month 6 by £2.846m, compared to an expected planned improvement of £2.164m. This has reduced the adverse variance to plan by £0.682m. Both PAH and the ICB showed significant reductions in the adverse variance to plan whereas HCT and WHTH both continued to deteriorate against plan. In Month 6, the ICS received **£20m non-recurrent deficit support** to bring the system back into a breakeven position. This was distributed to the four Trusts with deficit financial plans, reducing, but not eliminating, their planned deficit positions. The ICS also received £1.6m of funding to cover the direct costs incurred relating to the periods of Industrial Action in this financial year. HWE ICS is now reporting expected achievement of							

<table>
<tr><td></td><td>breakeven, in line with the revised Control Total, by the end of the financial year.
Agency Cap Compliance
A comparison of the Providers' Agency Cap Compliance shows an improvement in the cost of agency staff with a reduction of 0.2% in the month; 3.1% in Month 6 reducing to 2.9% in Month 7.
Delivery of Efficiencies
ICS organisations have collectively delivered 95% of the YTD efficiency target of £97m; of the total £93m delivered, £57m (61%) was delivered recurrently.
Capital
HWE ICS received total system capital allocations of £82.007m for system providers and £2.448m for GPIT and is expected to be fully utilised by the end of the financial year.</td></tr>
<tr><td>Recommendations:</td><td>The Board is asked to:
note the financial position of the HWE ICS System at Month 7 2024/25
note the financial position of the HWE ICB at Month 7 2024/25</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>
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<tr><td colspan="2">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td>N/A</td></tr>
<tr><td>Risk: Link to Risk Register</td><td>Risk 679 – Financial Efficiency Risk</td></tr>
<tr><td>Financial Implications:</td><td>N/A</td></tr>
<tr><td>Impact Assessments:
(Completed and attached)</td><td><table>
<tr><td>Equality Impact Assessment:</td><td>N/A</td></tr>
<tr><td>Quality Impact Assessment:</td><td>N/A</td></tr>
<tr><td>Data Protection Impact Assessment:</td><td>N/A</td></tr>
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Hertfordshire and West Essex Integrated Care System

HWE ICB Board - Meeting in PUBLIC

Finance Report – Month 7 2024/25

29 November 2024

Working together
for a healthier future

HWE ICS Finance Executive Summary for Month 7 2024/25

HWE System Revenue Year to Date (YTD) Position:

The Hertfordshire and West Essex (HWE) System reported a YTD financial position of £21.77m overspent, which is an improvement of £2.847m against the YTD position at Month 6 but remains behind the planned overspent position of £13.673m, reporting an overspend against plan of £8.096m.

HWE System Revenue Forecast Outturn (FOT) Position:

In Month 6, the ICS received £20m non-recurrent deficit support to bring the system back into a breakeven position. This was distributed to the four Trusts with deficit financial plans, reducing, but not eliminating, their planned deficit positions. The ICS also received £1.6m of funding to cover the direct costs incurred relating to the periods of Industrial Action in this financial year. HWE ICS is now reporting expected achievement of breakeven, in line with the revised Control Total, by the end of the financial year.

HWE System Capital Financial Position

HWE ICS is expected to remain within the System Capital Departmental Expenditure Limit (CDEL) for 2024/25, including the costs for lease capital (IFRS 16) above the received allocation.

HWE System Efficiency Delivery

HWE System has delivered 93% of the YTD efficiency plan; the recurrent efficiencies delivered were below the expected level at 84% and the non-recurrent efficiencies exceeded the planned levels at 114%.

HWE ICS – System Revenue Position at Month 7 2024/25

HWE ICS - Revised Control Total

In Month 6, HWE ICS received £20m non-recurrent deficit support to bring the system back into a breakeven position. This was distributed to the four Trusts with deficit financial plans, reducing, but not eliminating, their planned deficit positions. The ICS also received £1.6m of funding to cover the direct costs incurred relating to the periods of Industrial Action in this financial year.

The table below shows the distribution of the non-recurrent deficit support and the revised Control Total for each organsiation in the ICB.

Org'n	2 May Submitted Plan	Improvement made	Targeted Support	System Support	12 June Submitted Plan	NR Deficit Support	Month 6 Control Total
ENHT	**0**	1,000		0	**1,000**	0	**1,000**
HCT	**(2,064)**	500		400	**(1,164)**	836	**(328)**
HPFT	**(15,400)**	0	9,000	2,800	**(3,600)**	2,587	**(1,013)**
PAH	**(25,382)**	999	2,100	4,600	**(17,683)**	12,706	**(4,977)**
WHTH	**(13,888)**	2,400	3,600	2,500	**(5,388)**	3,871	**(1,517)**
ICB	**11,818**	20,017	(14,700)	(10,300)	**6,835**	0	**6,835**
Total ICS	**(44,916)**	**24,916**	**0**	**0**	**(20,000)**	**20,000**	**0**

Source of data; TFR/PERS

HWE ICS Revenue Financial Position – Month 7 2024/25

The table below shows the Month 7 financial position for HWE ICS.

The ICS is reporting an adverse YTD variance of £8.097m at Month 7. The YTD spend position improved by £2.846m, compared to an expected planned improvement of £2.164m. This has reduced the adverse variance to plan by £0.682m. Both PAH and the ICB showed significant reductions in the adverse variance to plan whereas HCT and WHTH both continued to deteriorate against plan. .

HWE ICS is now reporting expected achievement of breakeven, in line with the revised Control Total, by the end of the financial year.

Month 6 2024/25			
Orgn	YTD Plan	YTD Actual	YTD Variance
	£'000	£'000	£'000
ENHT	(622)	(1,318)	**(696)**
HCT	(256)	(743)	**(487)**
HPFT	(3,276)	(5,345)	**(2,069)**
PAH	(5,559)	(6,724)	**(1,165)**
WHTH	(8,135)	(9,821)	**(1,686)**
ICB	2,011	(665)	**(2,676)**
TOTAL ICS	**(15,837)**	**(24,616)**	**(8,779)**

Month 7 2024/25			
Orgn	YTD Plan	YTD Actual	YTD Variance
	£'000	£'000	£'000
ENHT	940	260	**(680)**
HCT	(268)	(903)	**(635)**
HPFT	(3,274)	(5,285)	**(2,011)**
PAH	(5,475)	(5,443)	**32**
WHTH	(8,411)	(11,406)	**(2,995)**
ICB	2,815	1,007	**(1,808)**
TOTAL ICS	**(13,673)**	**(21,770)**	**(8,097)**

Month 7 2024/25			
Orgn	Annual Plan	FOT	Variance
	£'000	£'000	£'000
ENHT	1,000	1,000	**0**
HCT	(328)	(328)	**0**
HPFT	(1,013)	(1,013)	**0**
PAH	(4,977)	(4,977)	**0**
WHTH	(1,517)	(1,517)	**0**
ICB	6,835	6,835	**0**
TOTAL ICS	**0**	**0**	**0**

Source of data; TFR/PERS

HWE ICS Financial Run Rate – Month 7 2024/25

The tables below shows the Month 7 Year to Date (YTD) position compared to restated Month 5 and reprofiled Month 4 plan.

The average monthly deficit position for Months 1 to 5 is £4.220m, with the movement in Month 6 from Month 5 showing an in-month deficit of £3.515m. However, the Month 7 movement from Month 6 shows an in-month surplus of £2.846m.

M7 YTD Surplus / (Deficit) Position - Financial Year 2024/25								
Org'n	YTD Restated 12th June Plan	YTD Restated Reprofiled Plan at M4	Restated Month 5 Actual	Month 6 Actual	Month 7 Actual	Average monthly surplus / (deficit) for M1-M5	Month 6 in-month surplus / (deficit)	M7 movement from M6
ENHT	(0.622)	(1.722)	(1.305)	(1.318)	0.260	(0.261)	(0.013)	1.578
HCT	(0.256)	(0.784)	(0.578)	(0.743)	(0.903)	(0.116)	(0.165)	(0.160)
HPFT	(3.276)	(3.509)	(4.441)	(5.345)	(5.285)	(0.888)	(0.904)	0.060
PAH	(5.559)	(5.697)	(4.817)	(6.724)	(5.443)	(0.963)	(1.907)	1.281
WHTH	(8.135)	(9.054)	(8.162)	(9.821)	(11.406)	(1.632)	(1.659)	(1.585)
ICB	2.011	(1.859)	(1.798)	(0.665)	1.007	(0.360)	1.133	1.672
TOTAL ICS	**(15.837)**	**(22.625)**	**(21.101)**	**(24.616)**	**(21.770)**	**(4.220)**	**(3.515)**	**2.846**
Plans have been restated to reflect the £20m deficit control total funding - equal 12ths per month								
Month 5 has been restated to reflect the £20m deficit control total funding and Industrial Action funding								

Source of data; TFI/PERS

HWE ICS Revenue Financial Position – Month 7 2024/25 – by HCP

The table below show the values of the Month 7 YTD variance attributed to the relevant HCPs and the ICB.

2024/25 Financial Position by HCP - Month 7 YTD

Org'n	ENH HCP	SWH HCP	WE HCP	MHLDA HCP	ICB	Total YTD Variance
ENHT	(634)	(39)	(6)			**(680)**
HCT	(548)	(77)	(10)			**(635)**
HPFT				(2,011)		**(2,011)**
PAH	12	0	20			**32**
WHTH	(34)	(2,961)				**(2,995)**
ICB	1,064	(1,048)	(1,398)		(425)	**(1,808)**
TOTAL ICS	**(140)**	**(4,126)**	**(1,394)**	**(2,011)**	**(425)**	**(8,097)**

HWE ICS - Providers Agency Cap Compliance

The table below on the left compares the Month 7 and Month 6 compliance to the Agency Cap by each ICS Provider, showing a reduction of 0.2% across the ICS, and is now below the planned target of 3.1% .

The table below on the right shows the total provider agency spend is less than plan and is only 53.4% of annual ceiling at Month 7 compared to planned target of 55.7%.

Reporting Month 7

Orgn	ENHT	HCT	HPFT	PAH	WHTH	ICS Providers
	%	%	%	%	%	%
YTD Plan	2.6%	3.3%	3.1%	3.4%	3.4%	
YTD Actual	2.7%	2.8%	2.8%	3.5%	2.6%	2.9%
YTD Total Gross Staff Costs £000's	253,931	70,645	150,466	164,073	218,116	857,231
YTD Total Agency Spend £000's	6,952	1,969	4,206	5,711	5,771	24,609

Reporting Month 6

Orgn	ENHT	HCT	HPFT	PAH	WHTH	ICS Providers
	%	%	%	%	%	%
YTD Plan	2.7%	3.3%	3.3%	3.7%	3.4%	
YTD Actual	3.0%	3.1%	3.0%	3.7%	2.9%	3.1%
YTD Total Gross Staff Costs £000's	207,716	58,829	124,647	135,022	177,461	703,675
YTD Total Agency Spend £000's	6,182	1,796	3,783	5,035	5,097	21,893

Reporting Month 7

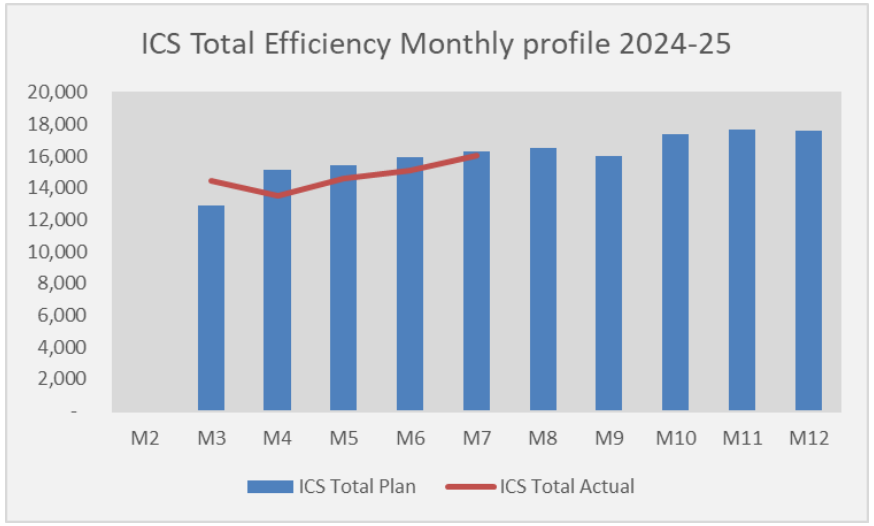
Description	Value £000's	% of Agency Ceiling
HWEICS System level Provider Agency Annual Ceiling	46,124	100.0%
YTD Provider Agency Spend Plan	25,669	55.7%
YTD Provider Agency Actual Spend	24,609	53.4%

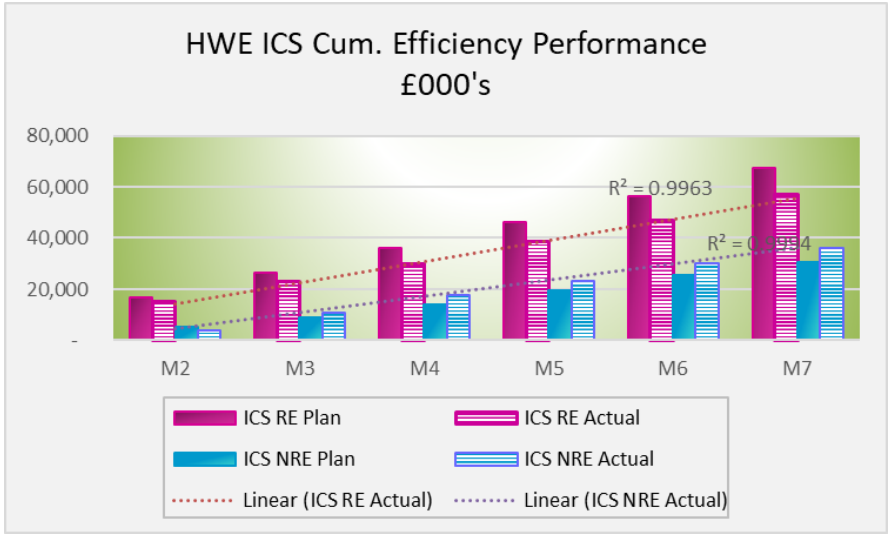
HWE ICS - Efficiency Performance at Month 7 2024/25

ICS organisations have collectively delivered 95% of YTD efficiency target of £97m; of the total £93m delivered, £57m (61%) was delivered recurrently.

The graph below on the left shows the monthly profile of the ICS efficiency plan across the financial year and demonstrates the delivery of these efficiency schemes to date.

The second graph shows the under delivery of recurrent efficiencies against plan, which is being compensated by the over delivery of non-recurrent efficiencies. Although this trend ensures the delivery of the required efficiencies for current financial year, the higher level of non-recurrent efficiencies will add additional pressure to financial position of future years.





Hertfordshire and West Essex Integrated Care System

ICB - Revenue Position at Month 7 2024/25

HWE ICB - YTD Position – Month 7 2024/25

At Month 7, the ICB reported a YTD position of £1.007m underspent, which is an improvement of £1.7m against the Month 6 position, which was an overspend against plan of £0.7m.

The areas that saw an increase in their overspending position were:

- Acute Services saw unusually high levels of UK cross border invoices in the month; higher levels of spending on patient transport costs and increased spend on CGM consumables.
- Prescribing saw higher costs in August than was expected and was higher than August last year.
- Corporate saw several non-recurrent pressures, including increased external audit costs and external consultancy spend. There continues to be pressure from the high levels of legal costs being incurred.

Continuing Healthcare Services (CHC) reduced their overspending YTD position in Month 7 by £0.1m, which shows the progress achieved against the planned efficiency programmes.

The ICB had planned to be underspent by £2.815m at Month 7, so remains behind the plan with an adverse position of £1.808m. This is an improvement of £0.9m against Month 6, which was reported as £2.7m adverse to plan.

Summary HWE ICB Expenditure Position as at Month 7 (October) 2024/25

Year to Date Budget £'000	Year to Date Actual £'000	Year to Date Variance £'000	Expenditure Category
1,033,077	1,034,451	(1,374)	Acute Services
186,029	186,029	0	Specialised Commissioning
96,930	101,697	(4,767)	Continuing Healthcare (CHC)
188,611	187,757	854	Community Health Services
193,659	193,556	103	Mental health Services
281,188	280,169	1,019	Primary Care Servicse
139,366	142,211	(2,845)	Prescribing
3,744	3,744	(0)	Other Commissioned Services
15,226	15,893	(667)	Corporate Services (Running Costs)
2,738	(3,003)	5,740	Other Programme Costs
30,236	30,108	128	Service Development Funding (SDF)
8,930	6,114	2,816	Reserves
2,179,733	**2,178,726**	**(1,007)**	**Total Expenditure**
(2,815)	0	2,815	Planned Underspend
2,176,918	**2,178,726**	**1,808**	**Month 7 Reporting Position**

Hertfordshire and West Essex Integrated Care System

HWE ICB - FOT Position – Month 7 2024/25

At Month 7, the ICB reported a Forecast Outturn (FOT) position of £6.835m underspend, which is in line with the ICB's agreed Control Total.

Summary HWE ICB Expenditure Position as at Month 7 (October) 2024/25			
Annual Budget £'000	Forecast Outturn £'000	Variance £'000	Expenditure Category
1,750,130	1,752,845	(2,714)	Acute Services
316,533	316,533	0	Specialised Commissioning
166,004	169,665	(3,661)	Continuing Healthcare (CHC)
324,006	322,559	1,447	Community Health Services
333,299	334,402	(1,103)	Mental health Services
479,458	478,247	1,210	Primary Care Servicse
235,686	240,628	(4,941)	Prescribing
6,275	6,275	0	Other Commissioned Services
26,120	26,930	(810)	Corporate Services (Running Costs)
21,500	10,997	10,502	Other Programme Costs
51,867	51,798	69	Service Development Funding (SDF)
19,441	12,606	6,835	Reserves
3,730,319	**3,723,484**	**6,835**	**Total Forecast Outturn**
		6,835	Target Underspend
		0	**Variance to Control Total**

HWE ICB - Efficiencies Position – Month 7 2024/25

HWE ICB has delivered 97% of the YTD efficiency target. There was a shortfall of recurrent efficiencies against the YTD plan, which were mitigated by the overperformance of non-recurrent efficiencies against the planned levels.

Description	YTD (M7)			Annual		
	Plan	Actual	Variance Surplus/ Deficit)	Plan	Actual	Variance Surplus/ Deficit)
	£000's	£000's	£000's	£000's	£000's	£000's
Net Financial Position	**2,815**	**1,007**	**(1,808)**	**6,835**	**6,835**	**0**
Recurrent Efficiencies	41,427	37,746	(3,681)	71,565	66,138	(5,427)
Non-Recurrent Efficiencies	15,594	17,763	2,169	30,586	34,240	3,654
Total Efficiencies	**57,021**	**55,509**	**(1,512)**	**102,151**	**100,378**	**(1,773)**

HWE ICS - Capital Position at Month 7 2024/25

HWE ICS – System Capital Position

HWE ICS System Capital Allocations

HWE ICS received total system capital allocations of £82.007m for system providers and £2.448m for GPIT. The ICS has also secured £0.559m of mental health grants for voluntary sector providers.

Following a forecast earlier in the year, which indicated there was an over commitment against the allocations received, the ICS Trusts carried out a review of both system capital and lease commitments and are now expecting to remain within the system capital expenditure limit.

HWE ICS National Capital Allocations Forecast Outturn

National Capital Programmes HWEICS Forecast Outturn

Programme	FOT					
	ENHT	HCT	HPFT	PAH	WHHT	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Community Diagnostic Centres	-	-	-	11,460	2,000	13,460
Critical Infrastructure Risk	3,500	-	-	-	-	3,500
Diagnostic Digital Capability Programme	-	-	-	365	290	655
Elective Recovery/Targeted Investment Fund	-	-	-	-	18,395	18,395
Endoscopy - Increasing Capacity	-	-	-	-	11,000	11,000
Front Line Digitisation	750	-	-	6,836	-	7,586
NHP	-	-	-	2,141	6,874	9,015
STP Wave 1	-	-	-	1,500	-	1,500
STP Wave 7	-	-	-	3,500	-	3,500
PFI capital charges (e.g. residual interest)	144	-	-	-	-	144
National Capital	**4,394**	**-**	**-**	**25,802**	**38,559**	**68,755**

HWE ICS System Capital Forecast Outturn at Month 7

Capital Spend Type	Org'n	12 June Plan £m	Month 7 PFR/IFR FOT
CDEL	ENHT	15.289	15.284
	HCT	4.556	4.556
	HPFT	8.980	10.250
	PAH	14.297	14.297
	WHTH	19.753	18.253
Total CDEL		**62.875**	**62.640**
Less: Disposal Receipts	HPFT		(1.270)
Total CDEL less Disposal Receipt		**62.875**	**61.370**
IFRS 16	ENHT	7.813	6.550
	HCT	1.961	3.427
	HPFT	3.600	3.600
	PAH	0.188	4.110
	WHTH	0.500	2.000
Total IFRS 16		**14.062**	**19.687**
	ICB	2.448	3.007
Unallocated Performance Bonus		3.693	0.950
Total Other		**6.141**	**3.957**
Total HWE ICS 2024/25 Capital Plan		**83.078**	**85.014**
2024/25 HWE ICS System Capital Allocations	System CDEL Allocation		61.875
	WHTH UEC Performance Allocation		1.000
	IFRS 16 Allocation		15.439
	Performance Bonus Capital		3.693
	GP IT Allocation		2.448
	Mental Health Capital Grants		0.559
Total Other			**85.014**
HWE ICS Capital Forecast Outturn Against Plan			**-**

Hertfordshire and West Essex Integrated Care System

Diagnostics Deep Dive

November 2024

Working together
for a healthier future

Diagnostic Overview; What is a Diagnostic?

- Diagnostics are tests or procedures used to identify or monitor a person's disease or condition and allow a medical diagnosis to be made
- More than 85% of people seeking NHS care require diagnostics
- Prompt diagnosis can save lives, time and money and avoid worsening patient outcomes
- Diagnostics also play a role in preventative health by improving early detection of illness
- For the purpose of this deep dive, diagnostic tests include three main types:
    - Imaging – e.g. MRI, CT or DEXA scans
    - Physiological Measurement – e.g. Audiology assessments, Cardiology echocardiography or Respiratory physiology sleep studies
    - Endoscopy – e.g. Colonoscopy, Cystoscopy or Gastroscopy

Diagnostic Overview; Demand and Activity

- Demand for diagnostics has increased steadily over the past decade with a significant increase since Covid-19
- In March 2024, 1.6 million people were waiting for diagnostic tests – a 106% increase over the previous decade*
- In February 2024, the NHS ran nearly four million diagnostic tests, which is similar to pre-pandemic levels*
- The NHS diagnostic waiting times and activity collection (DMO1) collates waiting times for 15 key diagnostic tests
- The national target is that 99% of patients should wait less than 6 weeks for a DMO1 diagnostic test; this standard has not been met nationally since February 2017
- A national objective in the NHS 24/25 planning guidance was to increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
- There is also a Faster Diagnosis Standard for Cancer which states that 75% of people who have been urgently referred by their GP for suspected cancer must be diagnosed or have cancer ruled out within 28 days
- Staff shortages across the NHS are impacting diagnostics; there are significant vacancies across all specialities
- The diagnostic workforce draws on a wide range of health professionals, from radiologists to nuclear medicine specialists, histopathologists to endoscopists
- Diagnostics have been recognised as a priority to improve NHS performance; in 2021 the Govt announced the creation of new community diagnostic centres (CDCs) to tackle waiting lists and bring care closer to home

*Kings Fund Report: What are diagnostics, and how are diagnostics services performing? June 24

Our Diagnostic Provision and Activity

Diagnostic tests are carried out at:

- **East and North Herts NHS Trust** – 16,242 tests carried out in August 2024 (planning submission DM01 modalities)
  - Lister Hospital, QEII, Hertford County Hospital, Mount Vernon Cancer Centre

- **West Herts Teaching Hospitals NHS Trust** – 11,805 tests carried out in August 2024 (planning submission DM01 modalities)
  - Watford General Hospital, Hemel Hempstead Hospital, St Albans City Hospital

- **The Princess Alexandra NHS Trust** – 10,555 tests carried out in August 2024 (planning submission DM01 modalities)
  - The Princess Alexandra Hospital, Herts and Essex Hospital, St Margaret's Hospital

Community Diagnostic Centres (CDCs) in place at:

CDCs provide a broad range of elective diagnostics away from acute facilities, reducing pressure on hospitals and giving patients quicker and more convenient access to tests. CDCs co-ordinate all the diagnostic tests a patient requires and, wherever possible, provide them under one roof in a single visit.

West Herts

St Albans City Hospital

Hemel Hempstead Hospital

SACH - CT, MRI, NOUS (From April 2025), Audiology HHGH - Dermoscopy, Lung Function, Echo (TTE).

New QEII

New QEII Hospital, Welwyn Garden City

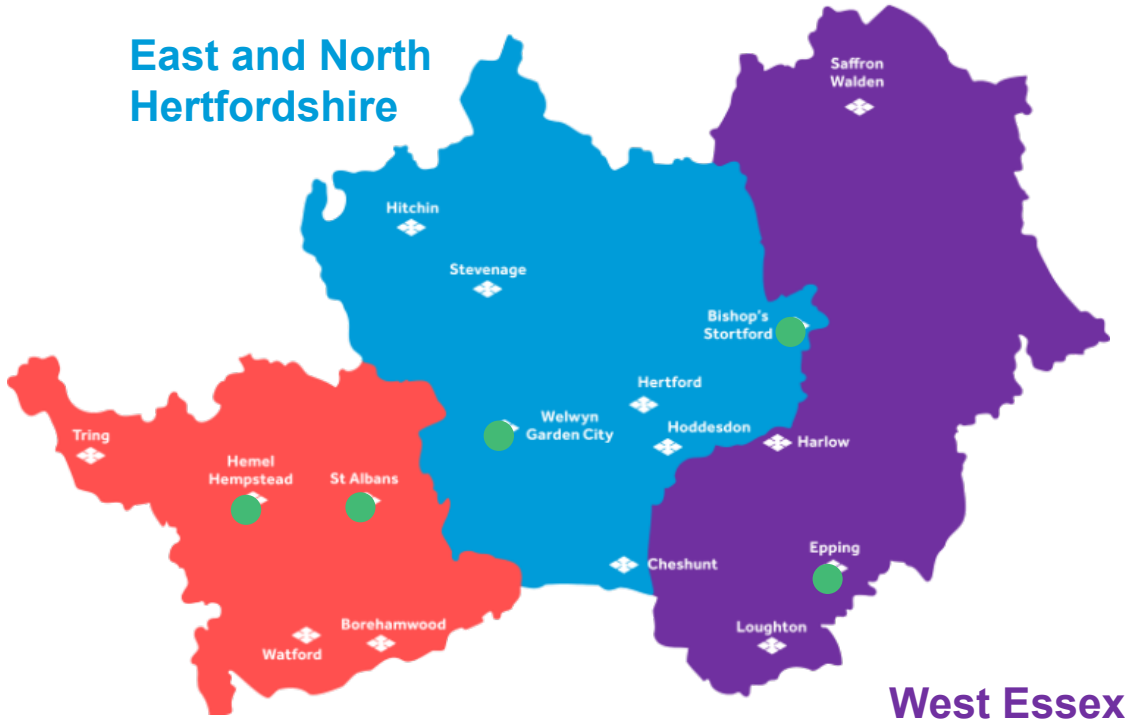
CT, MRI, NOUS, Xray, Ambulatory ECG (Holter), lung function, Echo (TTE) DEXA, fibroscan

West Essex

St Margaret's Hospital, Epping (hub)

Herts and Essex Hospital, Bishop's Stortford (spoke)

CT, MRI, NOUS, Xray, ECHO, phlebotomy, LFT, spirometry, ECG, FeNO



Hertfordshire and West Essex Integrated Care System

ImageEast

Transforming Imaging Services together

The ImageEast Imaging Network is a collaboration between the Trusts in Herts and West Essex ICS, Mid and South Essex ICS and BLMK ICS (Bedfordshire Hospitals only)

West Essex Integrated Care System

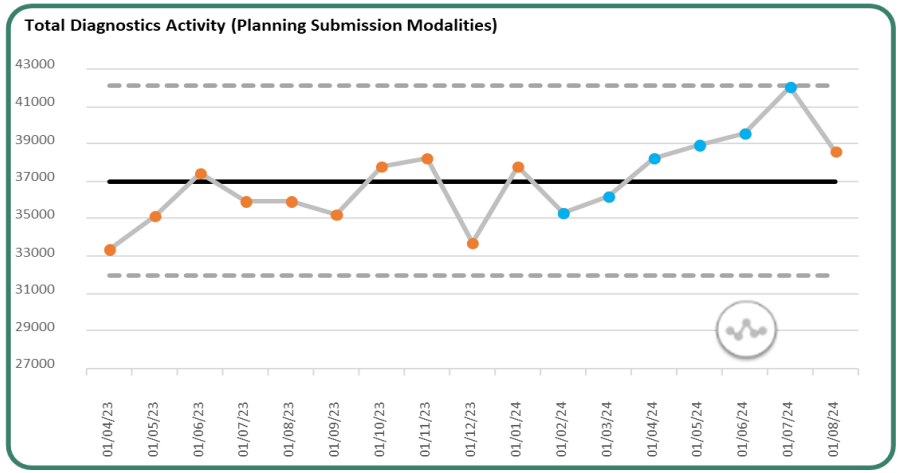
Imaging Network

Workforce	Clinical	Digital	Assets and Equipment	Quality and Governance
- Planning the future workforce - Growing the workforce - Developing people and roles - Ways of working across the network	Demand and capacity Network specialist imaging reporting expertise - Standardised Protocols and Pathways - Share l learning and CPD opportunities - Develop in-hours strategy for reporting ahead of OOH.	Continuing Deployment of Share+ in 2024 - CDS/-irefer – deployment based on PAH deployment success - DDC - Digital Streaming - CXR AI – deployment of AI for lung cancer - RPA – automations procured and deployed	Develop a strategy to include network asset overview, current Trust equipment replacement opportunities - Develop Network Priority replacement list including new additional equipment - Develop Network relationship with the CDC programme - Develop Network approach to procurement and contract terms	Network leadership team -Engagement with ICBs Succession planning to secure sustainable Network leadership model Clinical governance structure established at network level. Work towards QSIN endorsement -Supporting Trusts with QSI accreditation and endorsement

Patient Engagement and Patient Inclusion strategies

Our Diagnostic Provision and Activity

ICS



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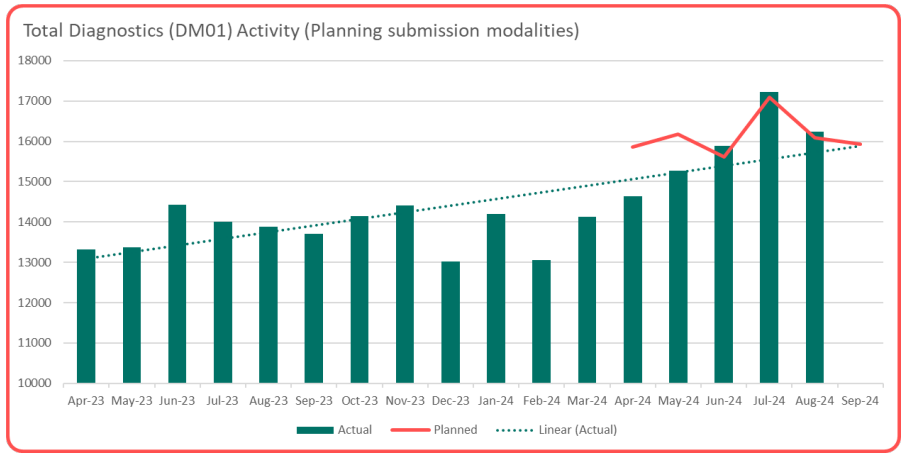

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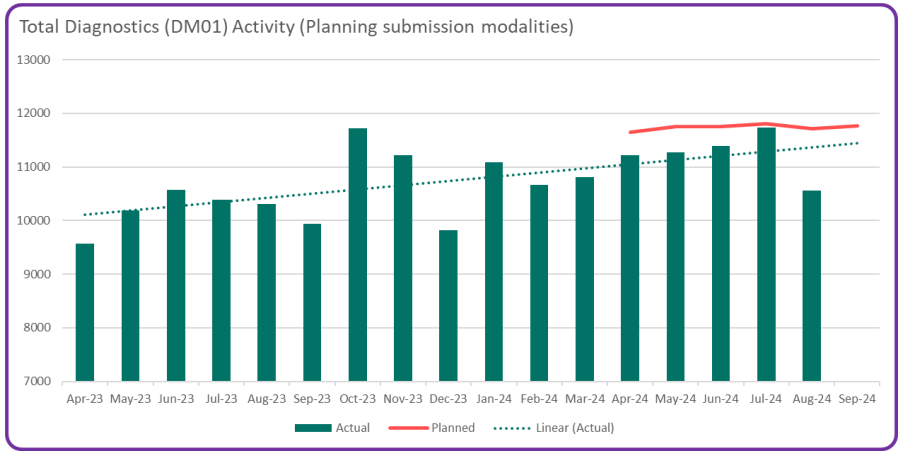
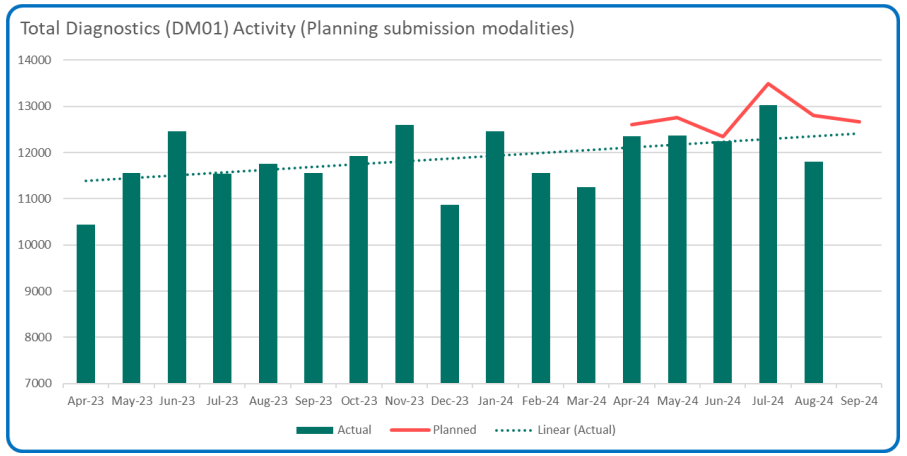


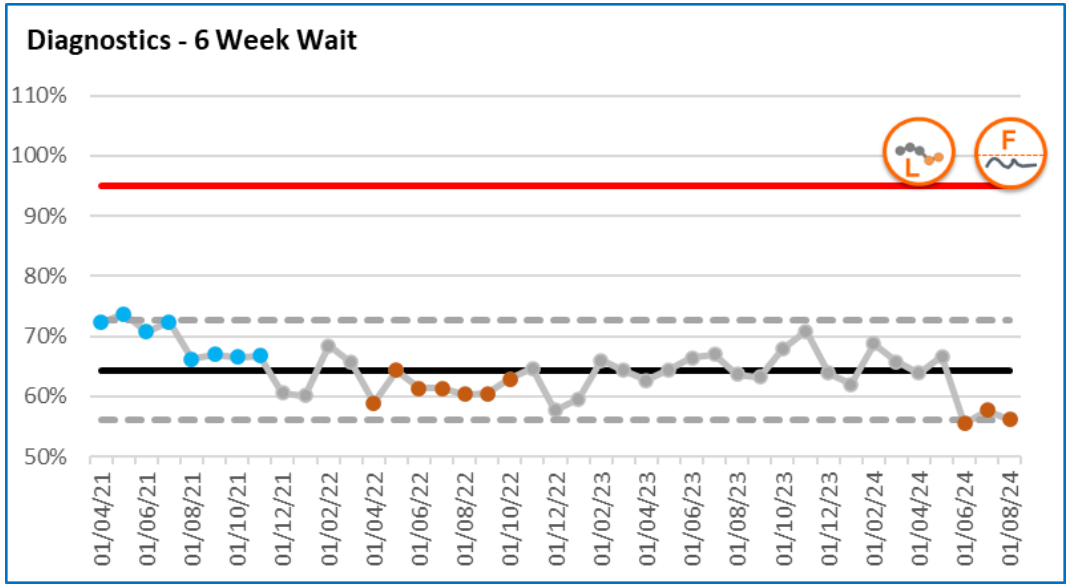
WHTHT

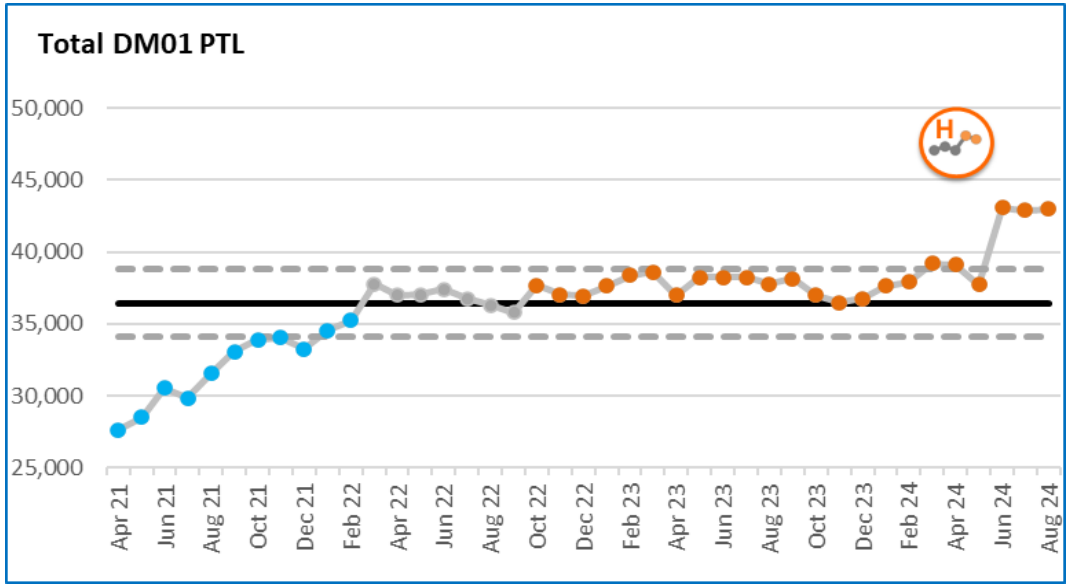


Hertfordshire and West Essex Integrated Care System

Our Diagnostic Performance

ICB August DM01 Performance and Total Waiting List Trend to August 2024

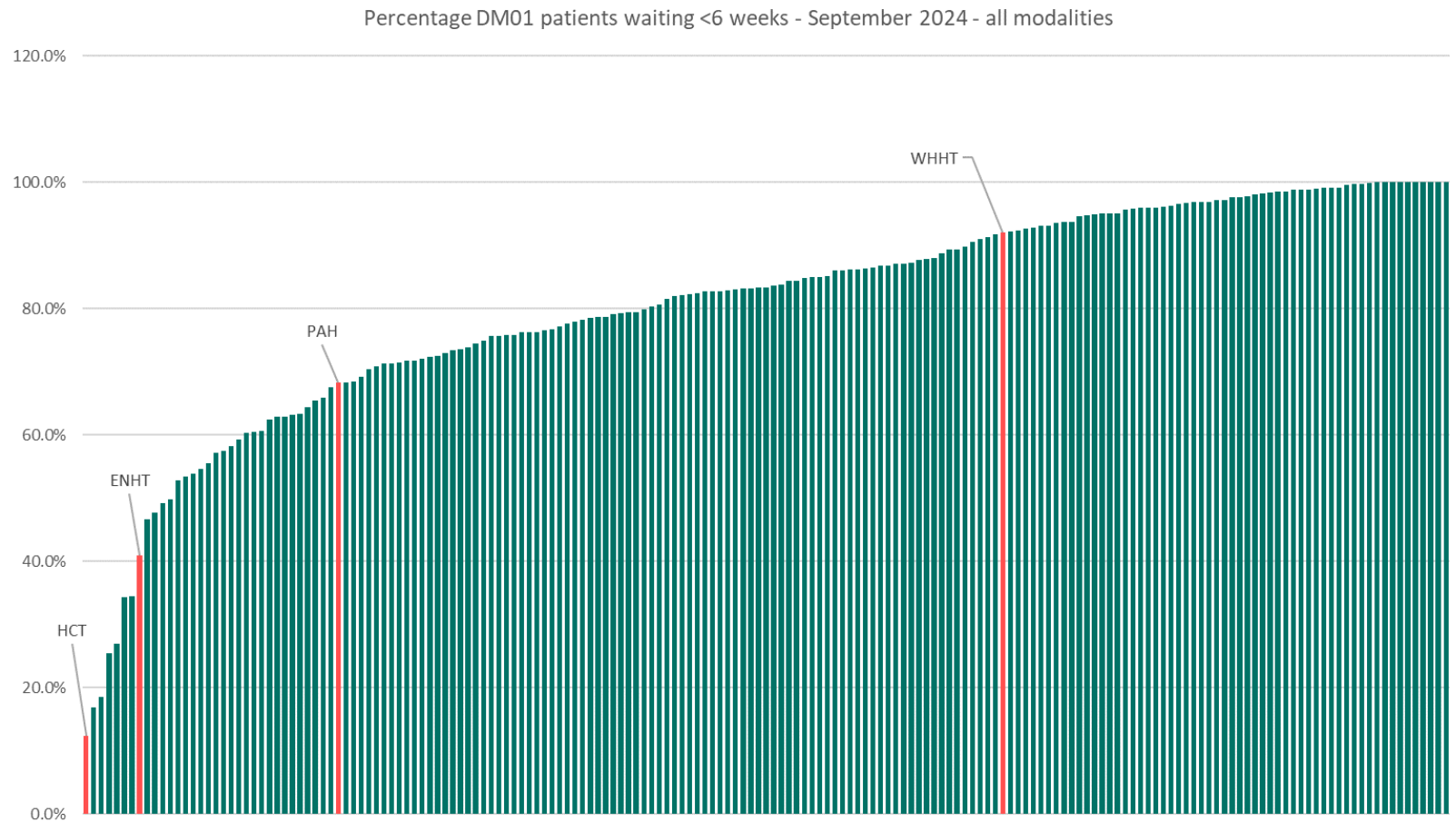




	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
EAST AND NORTH 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%	53.6%	39.2%	42.3%	41.3%
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%	89.3%	91.6%	91.7%	92.1%
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%	71.0%	69.6%	74.7%	69.2%
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%	66.6%	55.5%	57.7%	56.1%

Our Diagnostic Performance

DM01 National Provider Benchmarking (March 25 ambition is 95%)



Note: HCT only provide Paediatric Audiology

Hertfordshire and West Essex Integrated Care System

Our Diagnostic Performance

ICB August 2024 DM01 Position by Diagnostic Test (March 25 ambition is 95%)

DiagnosticTests	% Seen within 6 Weeks
AUDIOLOGY_ASSESSMENTS	13.22%
BARIUM_ENEMA	100.00%
COLONOSCOPY	90.30%
CT	85.28%
CYSTOSCOPY	62.66%
DEXA_SCAN	40.12%
ECHOCARDIOGRAPHY	82.86%
FLEXI_SIGMOIDOSCOPY	93.49%
GASTROSCOPY	93.62%
MRI	58.97%
NON_OBSTETRIC_ULTRASOUND	71.53%
PERIPHERAL_NEUROPHYS	85.88%
SLEEP_STUDIES	40.00%
URODYNAMICS	84.31%
	56.06%

Note: Table excludes HCT, however HCT data is included on slide 10 for Audiology

Our most significant performance issues and risk are in Audiology, but we also face challenges in MRI and DEXA

Diagnostic Performance

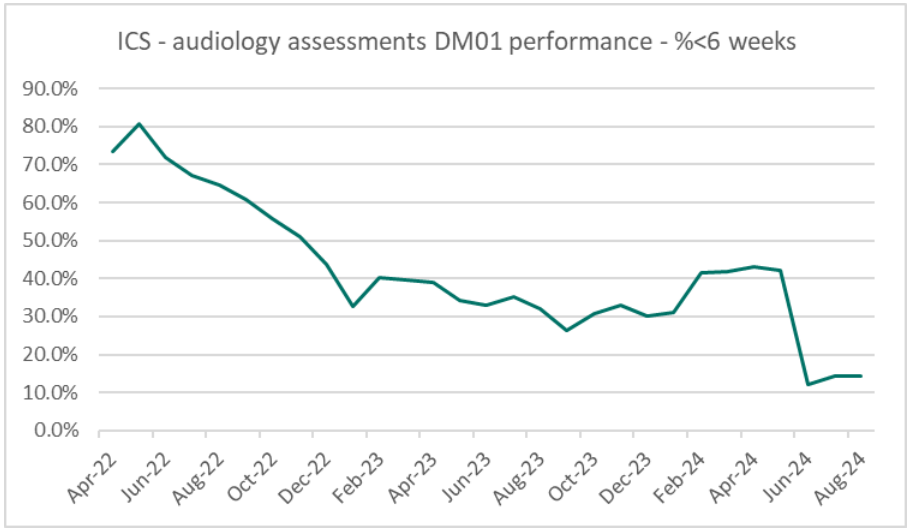
What the charts tell us	Issues	Actions
• 6-week wait performance across the ICS has been at c.56% for the last 3 months • Decline since May driven by the inclusion of ENHT Audiology data • August performance improved at WHTH, but dipped slightly at PAH and ENHT • After a period of stability there was a sharp increase in the overall PTL in June, again due to the inclusion ENHT Audiology data	• Significant variation in Trust performance: ENHT – 41.3% / WHTH – 92.1% / PAH – 69.2% **ENHT** • The significant drop in % of patients waiting <6 weeks has been caused by Audiology returning to reporting. There are notable capacity issues within the service • Excluding Audiology, the % of patients waiting <6 weeks was 58.5% which is lower than peers • Excluding Audiology, the longest waits remain in DEXA and MRI **PAH** • Non-Obstetric Ultrasound (NOUS), Echocardiography, Cystoscopy and Audiology remain the key challenges at PAH **WHTH** • In September, the lowest performing services were Cystoscopy and Neurophysiology	**ENHT** • Adult Audiology: exploring outsourcing options; waiting list cleansing exercise under-way • Paediatric Audiology: mutual aid is being provided by CUH, MSE and CHEAR; band 7 Audiologist started in October; insourcing companies being explored but there are issues with the suitability of the rooms at ENHT with Estates plan to remedy in development • ENHT is progressing with several initiatives to increase imaging capacity, including: o Continued outsourcing MRI to Pinehill and utilising a mobile scanner on the Lister site o CT increasing capacity for evening / weekend sessions o DEXA increasing capacity through return to work of 0.4 x WTE and DEXA lead post out to advert o New Ultrasound sonographer moved to 8 sessions per week at the end of July **PAH** • NOUS: New locum Sonographer and entry level Sonographers; Additional sessions continue at agreed rates; Scoping weekend Locum opportunities • Echocardiography: 2 recent offers - 1 x Band 7 and 1 x Band 6 development post. sponsorship and visa requirements will impact timeline • Cystoscopy: Insourcing commenced 18/10 – additional 60 slots per week; Revised recovery trajectory for compliance in January • Audiology: Recruitment to 3 WTE posts. Additional capacity expected in November **WHTH** • There is improvement month on month with the recovery trajectory on track

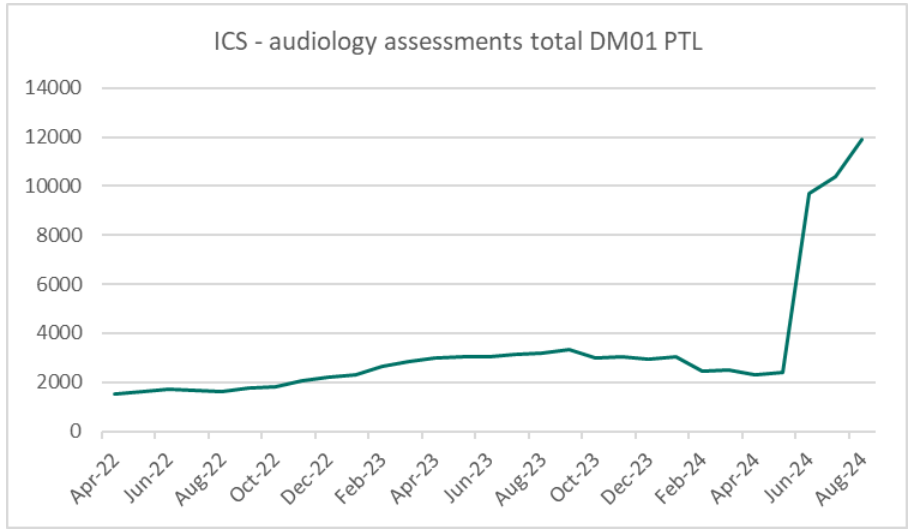
Diagnostic Performance; Audiology

Aug DM01	Audiology		
	Paed	Adult	**Total***
ENHT	8.00%	4.69%	**7.70%**
WHTHT	N/A	59.60%	**59.60%**
PAH	23.53%	17.30%	**21.00%**
HCT	10.80%	N/A	**10.80%**
ICS			**12.90%**

*Paediatric/Adult split not reported through DM01

ICS DM01 Audiology performance against 95% target (adult and paediatric combined)





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Audiology Prioritised Actions and Next Steps

HWE has 2 priority areas of focus for paediatric audiology;

- Progressing improvements at ENHT to open up paused pathways
    - Addressing estates challenges
    - Building workforce capacity and capability
    - Completing clinical review of PTL, and demand and capacity modelling. PTL validation is now complete.
- Opening up local mutual aid within the system
    - Completion of site visits and ABR reviews for PAH and HCT
    - System reporting waiting lists consistently across audiology and ENT pathways
    - Mapping of estates and workforce so mutual aid can be planned

Ongoing support requested from NHSE;

- Support with identifying external mutual aid outside HWE system, particularly for urgent children
- Support to open up PAH and HCT as mutual aid sites as soon as possible
- Provision of additional SME resource to support the ENHT improvement work

Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

Same Day Emergency Care (SDEC) Improving access to health and care services

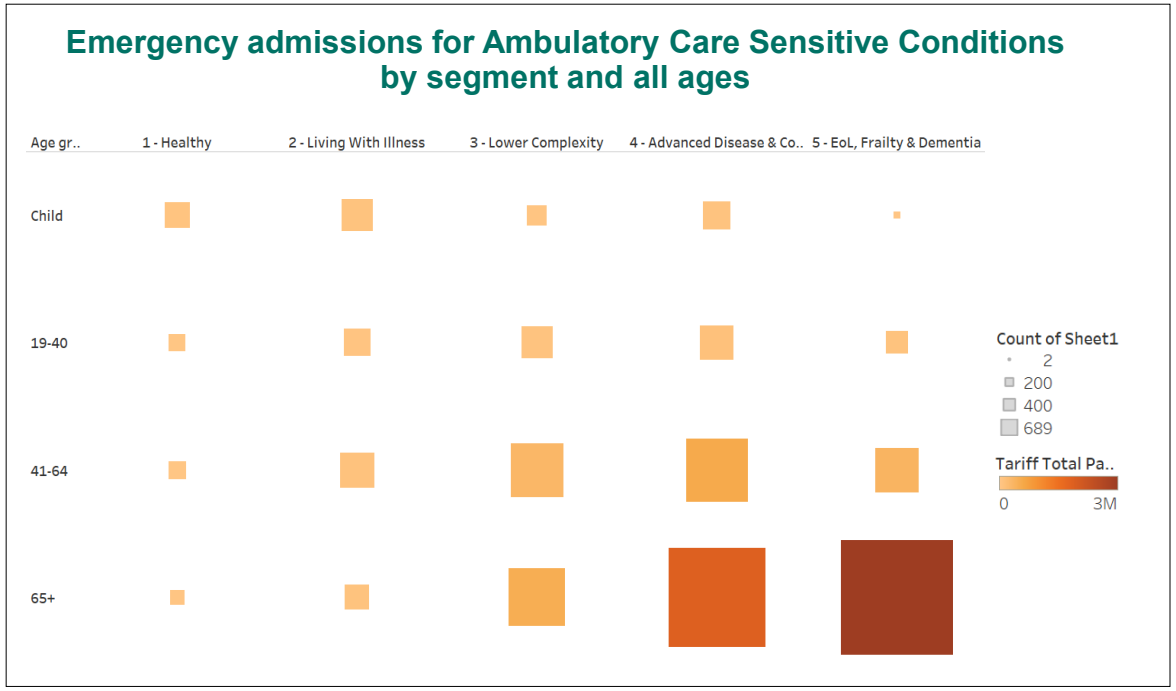
ICB Board

29th November 2024

Working together
for a healthier future

A case for change

- Hertfordshire and West Essex urgent and emergency care services are under significant pressure and busier than they have ever been. People have been experiencing long waits in A&E and hospital stays longer than necessary.
- The highest volume of emergency admissions are amongst our frail patients, many of these admissions are for conditions that are better managed either out of hospital, or their emergency care could be safely provided on the same day.



- HWE ICB Medium Term Plan priorities aim to shift our care model from acute reactive care to preventative, anticipatory, and community-based care that is continuous and coordinated.
- Aim to reduce non-elective admissions in frail, older people by 25% by 2025.

Hertfordshire and West Essex Integrated Care System

Improving access to Urgent and Emergency Care – Same Day Emergency Care (SDEC)

Same Day Emergency Care (SDEC) enables access to specialists to allow assessment, diagnosis, and treatment of patients on the same day of arrival, who would otherwise have been admitted to hospital.

SDEC provides better outcomes and patient experience by offering:

- A substitute for an unplanned hospital stay

  - crucial for frail patients at risk of 'deconditioning syndrome'.

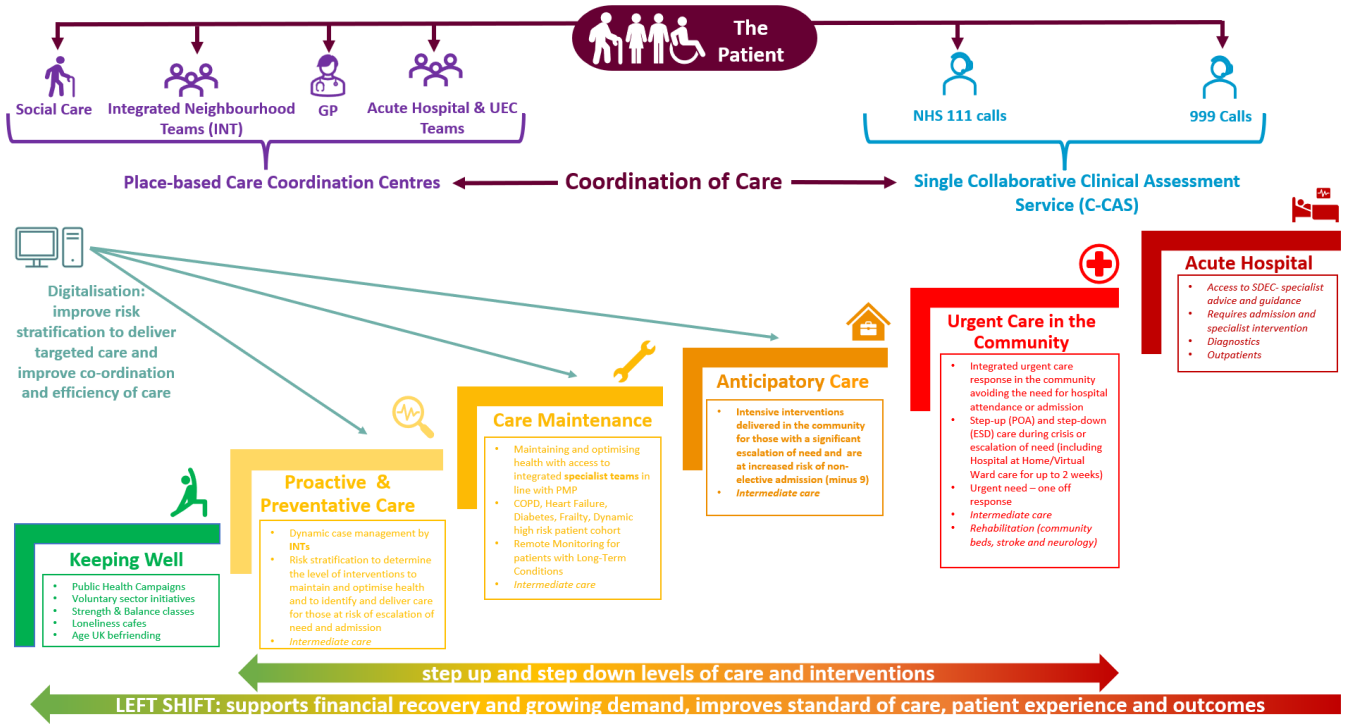
- Access to the right specialist care for early senior clinical decision-making and rapid treatment

  - avoiding the need for overnight admission to hospital.

- Direct access to SDEC from 999, 111, primary and community care

  - preventing overcrowding in A&E and improved flow through acute care.

SDEC is part of continuous, integrated and coordinated care and offers significant advantages for frail older adults – *the patient group with the highest volume of emergency hospital admissions.*



Evidence-based key interventions to reduce NEL admissions in frail, older population:

1. Integrated Neighbourhood Teams
2. Deprescribing
3. Community falls prevention
4. Advance Care Planning
5. Access to ambulance call stack
6. Falls response
7. Pre-admission senior clinical review

Hertfordshire and West Essex Integrated Care System

How we are monitoring our Same Day Emergency Care

Nationally, there has been a lack of a clear reporting model for SDEC with different data sets used.

Consequently, data quality and consistency is a challenge.

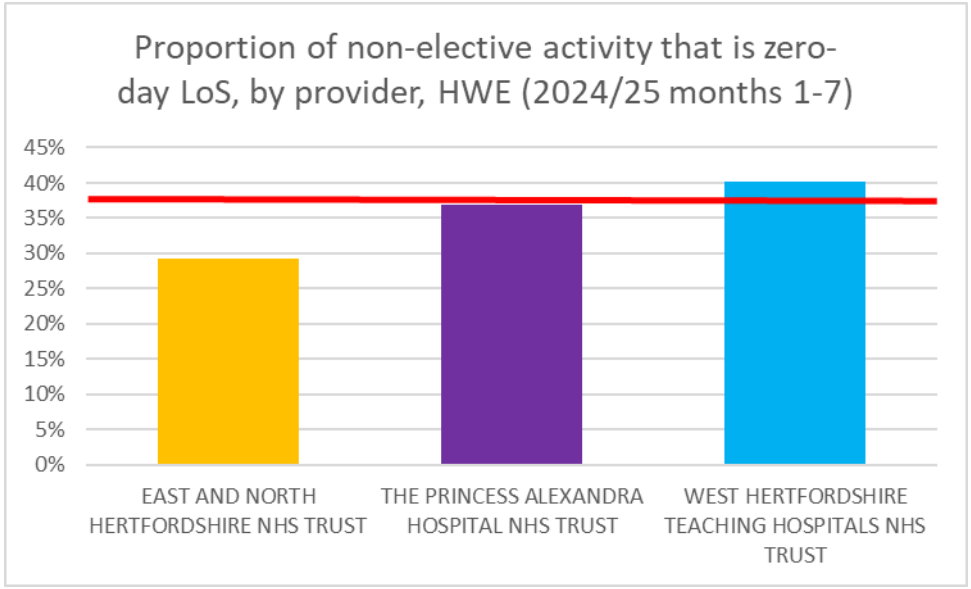
Aim is for all trusts to transition to recording SDEC activity on Emergency Care Data Set (ECDS)

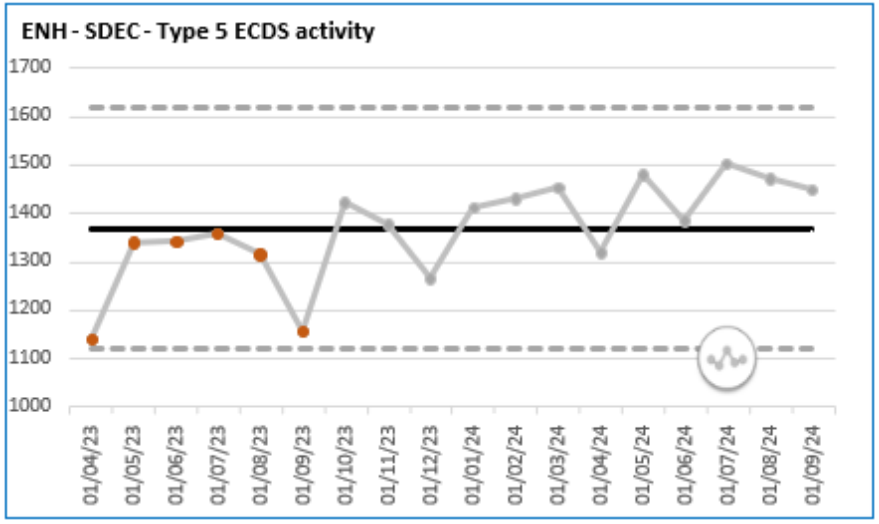
At present

West Hertfordshire Teaching Hospitals NHS Trust and Princess Alexandra Hospital NHS Trust recording via different data sets and therefore monitored by a proxy measure of SDEC activity:

- ≥33% of non-elective activity is zero-day length of stay (LoS)

East & North Hertfordshire NHS Trust is recording SDEC on ECDS as Type 5 activity which is increasing.





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SDEC Maturity Self-Assessment RAG (aligned to NHS England High Impact Intervention Maturity Self Assessment - SDEC)

	West Hertfordshire Hospitals NHS Trust	East and North Hertfordshire NHS Trust	The Princess Alexandra Hospital NHS Trust
The staffing model consists of a multi-disciplinary team including medical, surgical, nursing, Allied Health Professionals (AHPs), administrative and operational staff. Advanced level practice roles are embedded in the service model. A senior clinical decision maker is available during peak demand hours for a minimum of 12 hours a day.			
A minimum of 33% of non-elective activity is recorded as 0-day length of stay; and the organisation can demonstrate that patients attending SDEC avoided admission due to appropriate case mix selection.			
Clinicians across the healthcare system have direct access to medical, surgical and frailty SDEC, 12 hours a day 7 days a week matched to peak demand. This is available via clinician-to-clinician referral from ED, 111, 999, & Community/Primary care.			
The Directory of Service has an accurate profiling of the SDEC service and there is open access to referrals. This supported by minimal exclusion criteria across the ICS footprint, and includes all Type 1, 2 & 3 attendances, including patients deemed awaiting admission.			
Providers and commissioners regularly activity and patient experience / feedback using recognised methodology to maximise the opportunity to increase same day care provision. Demand and capacity modelling should be reviewed to ensure that SDEC footprint is fit for purpose and the 'fit to sit' space is maximised to improve patient flow.			
All SDEC activity is recorded via Admitted Patient Care records (APC) when activity is transitioned to be recorded on ECDS from July 2023 by July 2024.			
SDEC has rapid access (equitable to ED) to diagnostics 7 days per week including community diagnostic centres to reduce pressure in acute diagnostic services.			
SDEC is not bedded at times of escalation to ensure patient flow is not compromised.			

Hertfordshire and West Essex Integrated Care System

Ambitions for SDEC in Hertfordshire and west Essex

A culture of SDEC delivery for frail, complex patients

- Principle rather than criteria led SDEC.
- SDEC-by-default approach for patients with complex social and functional needs.
- Senior clinicians to support referral and streaming to SDEC and within SDEC to increase risk tolerance.
- Enabled by implementation of culture change strategy to achieve:
  - person-centred care
  - shared decision-making
  - care delivered closer to home

Develop effective and efficient pathways between SDEC and Care Coordination Centres (CCCs)

- Care Coordination Centres to support referrals to SDEC from:
  - primary care
  - community care
  - virtual ward/hospital at home
  - Urgent Community Response (UCR) services
  - Intermediate Care services
- Ensure pathways are streamlined and integrated.
- Enhance SDEC services so that they work across the community to support delivery of hospital at home.

Direct access to SDEC from the wider healthcare system

- Expand direct access for ambulance, supported by identification of frailty by ambulance operational staff.
- Ensure consistent profiling of all SDEC services in the Directory of Service (DoS) to support primary care, 111 and 999 direct access.
- Digital and booking tools considered and implemented as part of future planning to ensure ease of referral.

Where are we going in 2024/25 on the HWE SDEC journey?

What is already in place

- HWE Surgical and Medical SDEC standardised specification developed. Available for a minimum 12 hrs/day, 7 days p/w.
- Established a system wide SDEC Oversight and Assurance group.
- SDEC Activity reported to Urgent and Emergency Care (UEC) Board as both zero-day LoS inpatient admissions and Type 5 (SDEC) activity in ECDS.
- Direct referral to SDEC from Primary Care.

SDEC Direct Access

- Unscheduled Care Coordination Hub (UCCH) to support on-scene ambulance clinicians to refer direct to medical SDEC to access specialist care and diagnostics, avoiding ED conveyance.
- Maximise use of direct referral from NHS 111, primary care, community.
- **Success measured by:** Increased referrals to SDEC services from sources: ambulance, primary care, NHS 111.

SDEC Acute Frailty

- Clinically led group to drive forward early, consistent identification of frail patients at the front door.
- Acute frailty pathway to optimise alternatives to admission, an SDEC-by-default approach with early senior clinical decision-making and holistic care.
- **Success measured by:**
  - Accurate identification of frailty in 65+ - Clinical Frailty Score (Rockwood)
  - Number of senior clinical review at front door and % referred to alternative to admission

SDEC Data quality

- Support transition of West Hertfordshire Teaching Hospitals NHS Trust and Princess Alexandra Hospital NHS Trust to ECDS Type 5 reporting - drives consistency and comparison.
- System-wide monitoring and evaluation of SDEC activity by SDEC Oversight and Assurance Group
- **Success measured by:** Increasing proportion of emergency department (ED) attendances that are SDEC Type 5

Maximise SDEC opportunities

Through Oversight and Assurance Group ensure:

- SDEC pathways/services are operating to match SDEC-amenable demand to optimally support flow.
- Opening hours for referrals into the service match time of peak SDEC-amenable attendances.
- **Success measured by:** Referrals to SDEC provided for minimum 9 hours a day to meet peak demand times and allow discharge on same day

Hertfordshire and West Essex Integrated Care System

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Questions to the ICB Board

1. **Question -** PALS, and Complaint Management

What assurance does the ICB receive that the current PALS function is effective at both hearing patient complaints and ensuring appropriate resolution?

Response:

Patient experience and patient feedback are a core part of the ICB's quality oversight and assurance of the providers we commission. This includes the Patient Advice and Liaison Service (PALS) as well as other feedback mechanisms such as complaints, patient surveys, and wider feedback received directly from patients during quality visits to providers.

The ICB holds quality and performance meetings with all main providers, and the workplans include regular reporting and discussions regarding patient feedback including PALS. In addition to understanding the volume of queries received, discussions focus on the themes, learning and actions taken as a result of the patient feedback.

The ICB also receives assurance within the providers' annual complaints and PALS reports, and from their Quality Accounts.

We are aware that the volume of PALS enquiries is currently high across many providers, in part due to the size of waiting lists and queries regarding appointments, and this can bring challenges in providing timely responses. We will continue to monitor this over the coming months as part of our ongoing assurance framework.

2. **Question -** Health Provision to support Population Growth

The increased population resulting from new housing developments (current and planned) will bring extra funding from NHS-E; but that provides a fixed amount per head to support variable demand from maternity to care homes and hospices (and everything in between). What assurance does the ICB have that it will be able to meet the increased demand from new properties with the incremental funding it receives?

Response:

Financial allocations to Integrated Care Boards (ICBs) are made each financial year by NHS England (NHSE). NHSE uses a weighted capitation formula to calculate the fair share of national revenue resources that each ICB should receive. The underlying principle of the weighted capitation formula is to distribute resources based on the relative needs of each area to enable each ICB to commission similar levels of healthcare for populations with similar healthcare needs.

The weighted capitation formula is complex and although population is the starting point, the make-up of the population is also critical – people do not have identical needs for health care. Need varies according to gender, age and many other factors and the weighted capitation formula considers the different characteristics of each ICB's population. There is no standard fixed amount per person.

The weighted capitation formula calculates each ICB's relative share of national funding rather than the total amount of funding that should be allocated to it. There is no automatic increase in funding because the population size is increasing. However, to date, funding growth added at a national level has always resulted in an increase in funding per head of population and at a local level has always led to an increase in the funding per head of weighted head of population. The ICB therefore can be confident that additional revenue funding will be received as the population grows.

Whilst confident that additional revenue funding will be received, the delivery of services to meet population need often requires additional staffing and infrastructure. Funds are available to pay for the staffing costs and running costs of the infrastructure; service and workforce planning will identity the future need and opportunities for meeting that need.

What does not automatically arise because of population growth is additional capital funding to create the additional health infrastructure required to meet the needs of the increased population. This can lead to pressure on the existing health infrastructure.

The ICB has a statutory role in planning and commissioning health services, and is a statutory planning consultee for Local Plans, engaging fully with Local Planning Authorities when Local Plans are under review. The ICB fulfils its statutory responsibility in this regard by timely engagement with all thirteen Local Planning Authorities and some developers. In addition to the statutory role the ICB is also responsive to planning applications seeking developer's contributions and/or land parcels to mitigate the impact the growth will have on healthcare services and infrastructure.

The ICB is one of many consultees requesting mitigating developer's contributions and there is an increasing trend of challenges arising from developers based on viability grounds.

Never-the-less the ICB continues to ensure that health need features in Local Plans and associated policies which is resulting in developer's contributions being secured, collected and invested into health infrastructure.

3. **Question – Ambulance** Handover Delays at A&E

We understand that there are excessive handover delays between the Ambulance Service and A&E due to incompatible systems.

PEF Members have experienced these delays and ambulance staff needed to re-type and re-enter the details several times before the entry was accepted.

Response:

Patients that are conveyed in by Ambulance and are triaged by a Nurse in the ED, they will write the initial patient history and observations from the Ambulance crew into their own system to speed up the process. Ambulance Crews then need to finalise their Electronic

Patient Record on the iPad, once that has been completed all relevant fields and have a signature from the triage nurse. This process of the ED team discussing and entering the Ambulance crew notes into their system is part of the clinical triage process for patients into the ED and supports patient safety. The ED team can review the Ambulance Electronic Patient Care record at any time for any further details once finalised. Given that this element of the process supports patient safety we do not have plans to change systems and we do not see it as the main cause of delay for ambulance handovers. However extensive work is being undertaken across the system to reduce other causes of handover delays as noted in the performance report.

It was unclear whether this was down to hardware (e.g. insufficient networking bandwidth) or software (e.g. incompatible interfaces between systems).

Response:

The Ambulance EPCR software can be downloaded by ED staff as and when required.

We understand that East of England Ambulance Service has requested that all acute hospitals aim to achieve a maximum hand-over time of 45 minutes. Will our three acute hospitals achieve that goal and what will happen to patients if they don't?

Response:

The roll out of Release to Respond (HO45) is not the same process as LAS. EEAST has engaged and consulted with ICB and Acute Hospital senior colleagues. This will be a new process to embed across the region and this will be monitored over the coming months.

We have evidence of this occurring at the Lister and are unclear whether this is replicated at either Harlow or Watford.

Response:

The process of transferring patient history and observations from the ambulance crew to the ED team is similar at all three of our providers.

4. **Question -** Many GPs in partnerships are self-employed and make a surplus out of their practice. Can the ICB confirm whether this is the truth? And if so, how much does each practice generate as a surplus or profit per year? Patients need to know this to understand why more isn't being invested in staff and services.

Response:

Yes, GP practices are private contractors to the NHS. We pay contractors in line with national contracts and we do not have sight of their business costs, surpluses or deficits. However, NHS England require that the earnings of doctors engaged in a practice

are publicised on practice websites. However, the prescribed method for calculating earnings is potentially misleading because it takes no account of how much time doctors spend working in the practice and can't be used to for any judgement about GP earnings, nor to make any comparisons with other practices as it will be an average and not necessarily reflect the number of hours worked.

GPs earning over £150k must declare this to NHS England, this is not collated by ICBs. There is an average of GP earnings published by NHS Digital each year. For England 22/23 (latest available) the average earnings are £140,200 for contract holder GPs (partners), £69,200 for salaried GPs and £110,200 for combined (contractor and salaried) GPs. GP Earnings and Expenses Estimates, 2022/23 - NHS England Digital