NHS HWE ICB Board meeting held in Public

Friday 31 January 2025

Latton Bush Conference Centre

Southern Way

Harlow, CM18 7BL

11:00 - 15:00

Meeting Book - NHS HWE ICB Board meeting held in Public

Agenda

11:30	1. Welcome and apologies		Chair
	2. Declarations of Interest		Chair
11:33	3. Minutes of last meeting held on Friday 29 November 2024	Approval	Chair
	4. Action Tracker	Approval	Chair
	System, Leadership and Strategy		
11:35	5. Deep Dive - Objective 5: Achieve a balanced financial position annually	Discussion / Assurance	ICB Executive Team
	Lunch break 12:40 - 13:15		
	ICB Business		
13:15	6. Chair's update report	Information	Chair
13:25	7. Chief Executive Officer's Report	Information	Chief Executive Officer
13:35	8. Governance report	Approval	Chief of Staff
13:45	9. Update from Sub-Committees 9.1 Audit and Risk Committee 9.2 System Transformation and Quality Improvement Committee 9.3 Strategic Finance and Commissioning Committee 9.4 People Committee 9.5 East and North Herts HCP Board 9.6 South West Herts HCP Board 9.7 West Essex HCP Board 9.8 Mental Health, Learning Disabilities and Autism HCP Board 9.9 Patient Engagement Forum	Assurance	Committee Chair's
14:05	10. Integrated reports for finance, performance, quality and workforce	Assurance/Discussion	ICB Executive Team
14:35	11. Question from the patient engagement forum and members of the public	Information	ICB Executive Team

	Closing items		
14:45	12. What would service users, patients, carers and staff take away from our discussions today?		All
15:00	Close of meeting		Chair
	For information only - Exception reports		
	13. Quality Escalation report	Information	Director of Nursing & Quality
	14. Performance report	Information	Director of Performance
	15. ICB/ICS In-Year Finance report	Information	Chief Finance Officer
	16. Committee Summary reports	Information	Committee Chair's
	Date of next meeting: Friday 28 March 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:**	**31/02/2025**	
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:	Simone Surgenor, Deputy Chief of Staff - Governance and Policies						
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 Sub-Committees' Register of Interests are 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.						
Recommendations:	The Committee is asked to: ▪ Note the returned declarations and whether these reflect the current membership/regular attendees for this Committee, ▪ Review any potential conflicts of interest that need to be managed at the meeting in accordance with the agenda,						

	▪ Remind members and regular attendees that - whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interests (e.g., where an individual takes on a new role outside the ICB or enters into a new business or relationship), a further declaration should be made to reflect the change in circumstances as soon as possible, and in any event within 28 days. The revised declaration will countersigned by their Line Manager or lead, and then forwarded to hweicbwe.declarations@nhs.net for logging.			
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
	N/A			
Implications / Impact:				
Patient Safety:	N/A			
Risk:	N/A			
Financial Implications:	N/A			
Impact Assessments:	***Equality Impact Assessment:***		N/A	
	Quality Impact Assessment:		N/A	
	Data Protection Impact Assessment:		N/A	

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

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.
			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.

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			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.
			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.

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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	Ended Aug-2024	
			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	
			GP appraiser East of England (previously included in salaried GP post as paid to practice)	√					2005	To date	
			GP locum Herts/Beds/Bucks	√					Aug-24	To date	
			Attend educational meetings - Spire hospital Harpenden, OSD Healthcare			√			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.
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

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			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
Moberly	Nick	Non-Executive Member HWE ICB Chair - ICB Strategic Finance & Commissioning Committee	CEO MS Society UK (including Director of MS Society Nominees Ltd and MSS (Trading) Ltd)	√					Jan-19	Present	
			Non-Executive Director, NHS Property Services	√					May-21	Present	
			Board Adviser/Chair, Dr Morton's Ltd (with small shareholding) – business has now ceased trading	√					Jan-21	Ended Dec-24	Mitigating steps to be taken surrounding Board or committee papers/agenda items.
			Board Adviser/Chair, DKWHS Ltd (new business which has acquired the business and assets of Dr Morton's on a going concern basis). Minority shareholder	√					Jan-25	Present	Mitigating steps to be taken surrounding Board or committee papers/agenda items.
			Trustee - Christian Aid			√			Dec-18	Ended Oct-24	
			Board member, MS International Federation			√			Jun-19	Ended Oct-24	
			Trustee, Medical Aid for Palestinians			√			Mar-24	Ended Oct-24	
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

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			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 Assemble Fundco 1 Ltd (Company Number 06471659) Assemble Holdco 1 Ltd (Company Number 06471233) Assemble (MKHQ) HoldCo Ltd (Company Number 06710941) Assemble (MKHQ) Ltd (Company Number 06711023) All of 128 Buckingham Palace Road, London, SW1W 9SA.			√			Jul-08	Current	My role on the Board of the LIFT Company Group is to represent the interests of the local public sector, provide insight, but also to oversee the financial and governance arrangements of the companies. The Group of Companies was created to provide benefits to the NHS locally and a conflict is highly unlikely to occur. Should any conflict of interest arise, I would excuse myself from both parties for the relevant matter and should an ongoing conflict arise I would resign my director position with the Group of Companies.
			My Partner is a GP Partner of a Practice associated with HWE ICB (at Haverfield Surgery, Kings Langley) and is engaged as a clinical lead by the HWE ICB.	-	-	-	-	√	Aug-10	Current	On matters relating to primary care generally, I would always declare my relationship to my partner so anyone could question me on my motives. For matters relating specifically to Haverfield Surgery only, I will excuse myself from any discussion and take no part in any decision making. I will keep confidential any information I receive that could be of benefit to Haverfield Surgery and/or my partner.

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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.
Ridgwell	Angie	CEO Hertfordshire County Counci Partner Member to the HWE ICB Board	There may be occasions when ICB are making strategic commissioning or policy decisions that will have an impact on HCC services, creating cost, demand or delivery changes.		√				Sep-24	Current	If a conflict of interest arises this will be discussed with the chair, ICB notified and possible reclusion from the decision.
Sewell-Jones	Adam	Chief Executive East & North Herts NHS Trust Joint Senior Responsible Officer East & North Herts HCP	Nil								
Shah	Avni	Director of Primary Care HWE ICS	Spouse works for a Pharmaceutical Industry – Scope, who distribute a number of eye products across the UK.					√	Nov-20	Current	As Director of Primary Care I am not directly involved in the local decision making process of new drugs hence managing conflict
			Spouse provides supervision and support via CPPE to foundation year community pharmacist who required support. This is commissioned through HEE and covered London and South East Area					√	Apr-23	Current	This is commissioned directly from HEE to CPPE hence NO involvement in commissioning and contracting of this
Shattock	Frances	Director of Performance	Nil	-	-	-	-	-	-	-	-
Stober	Thelma	Non-Executive Member, NHS HWE ICB Chair - ICB System Transformation and Quality Improvement Committee	Patient , Surgery Berkhamsted	-	-	√	-	-	2018	Current	HWE Conflict of interest Policy . NHS England » Managing conflicts of interest in the NHS and Best practice in corporate governance
			Patient, RNOH Stanmore			√			2005		
			Patient, Stoke Mandeville Hospital			√			2010		
			Employee of Local Government Association	√	-	-	-	-	2013	Current	
			Trustee of London Emergencies Trust			√			2017	Current	
			Trustee of the National Emergencies Trust			√			2020	Current	

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			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	-	-	-	-	-	-	-	-
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 29 November 2024**			
Time:	**11:00 – 15:00**			
Venue:	**The Forum, Hemel Hempstead and remotely via MS Teams**			

MINUTES

Name	Title	Organisation
Members present:		
Ruth Bailey (RB)	Non-Executive Member	Hers and West Essex ICB
Paul Burstow (PB)	ICB Chair	Herts 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
Beverly Flowers (BF)	Director of Strategy	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 Care Partnership	Herts and West Essex ICB
Rachel Joyce (RJ)	Medical Director	Herts and West Essex ICB
Thom Lafferty (TL)	Chief Executive Officer, Princess Alexandra Hospital	Herts and West Essex ICB
Chris Martin (CM)	Commissioning Director	Essex County Council
Nick Moberly (NM)	Non-Executive Member	Herts and West Essex ICB
Ian Perry (IP)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Alan Pond (AP)	Chief Finance Officer	Herts and West Essex ICB
Gurch Randhawa (GR)	Non-Executive Member	Herts and West Essex ICB
Angie Ridgwell (AR)	Chief Executive Officer, Hertfordshire County Council	Herts and West Essex ICB
Adam Sewell-Jones (ASJ)	Joint SRO ENH Health Care Partnership	Herts and West Essex ICB
Thelma Stober (TS)	Non-Executive Member	Herts and West Essex ICB
Karen Taylor (KT)	Partner Member (NHS Mental Health Trust)	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 Herts	Herts and West Essex ICB
Iram Khan (IK)	Corporate Governance Manager	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)	Director of Corporate Governance	Herts and West Essex ICB
Michael Watson (MW)	Chief of Staff	Herts and West Essex ICB
Tracey Norris (TN)	Meeting Clerk	HFL Education
Matt Webb (MW)	Place Director, South and West Herts	Herts and West Essex ICB
Via Microsoft Teams:		
Amanda Yeates (AY)	Head of Emergency Planning, Resilience and Response	Herts and West Essex ICB
Holly Jenkins (HJ)	Associate Medical Director	Herts and West Essex ICB

ICB/86/24	**Welcome, apologies and housekeeping**
86.1	The Chair welcomed all to the meeting, in particular two new members of the Board, Angie Ridgwell and Thom Lafferty. 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).
86.2	Apologies for absence had been received from: • Prag Moodley
ICB/87/24	**Declarations of interest**
87.1	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/88/24	**Minutes of the previous meeting**
88.1	**The minutes of the previous meeting held on Friday 27 September 2024 were approved as an accurate record.**
ICB/89/24	**Action Tracker**
89.1	Action ICB/82.4/24: Update on Mental Health Intensive and Assertive Outreach Review would be shared in January 2025.
89.2	**The Board noted the updates to the action tracker.**
ICB/90/24	**Chair's update report**
90.1	The Chair referred to his report (see pages 25-29 of the document pack) drawing the board's attention to the following: • There was a typographical error on page one of the report: the government's third strategic shift was analogue to digital (not digital to analogue). • A board development day would be arranged in February 2025 to take forward the board's responsibilities vis EDI objectives.
90.2	Questions and comments were invited: ▪ Q What opportunity was there for input into the national health plan? Ans: The ICB was supporting the consultation process, and a series of formal events and workshops had been planned, as well as informal feedback from colleagues and providers. ▪ The short window of consultation meant that we need to maximise our use of existing channels to ensure we maximised engagement.
90.3	**The Board noted the Chair's update**
ICB/91/24	**Chief Executive Officer's report**
91.1	Jane Halpin (JH) referred to her report (see pages 30-38 of the document pack) drawing the board's attention to the following: • Summary of progress towards the medium term plan. • The nature of the changes of the working arrangements between the ICB and NHSE would be less dramatic that previously suggested by the Secretary of State; the details of the oversight framework would be shared in due course. • National insurance changes and the increase in the minimum wage would have significant impact on care providers and hospices in particular and work was underway to see what mitigation could be put in place within the ICB to support these pressures within the constraints of unknown funding levels for 2025/26.

91.2	There were no questions arising.
91.3	**The Board noted the CEO's report**
ICB/92/24	**Governance Report**
92.1	Michael Watson (MW) presented the governance report (see pages 39-46 of the document pack) and sought approval for the following: • Revision of the ICB template Board and Coversheet to include details of patient or public engagement or consultation. • Amendment to the HWE ICB Constitution following a revised template issued by NHS England (to include clarification of the roles and responsibilities of the deputy chair and the creation of a senior non-executive member).
92.2	There were no questions arising and the amendments were approved.
92.3	**Board Assurance Framework**: MW reported that: • The number of risks rated 16 and above remained at 5, and there was no change to the scoring of those risks.
92.4	Questions and comments were invited: • A future conversation on the inclusion of broader social issues as potential risks for the ICB was suggested, eg the cost of living crisis resulting in widening inequalities in particular for child poverty; the "fourth role" of the ICB. • The outcome of the government's ten year plan would enable the ICB to differentiate between issues and risks.
92.5	**The Board approved the updated ICB template board and coversheet and the amended Constitution and noted the board assurance framework.**
ICB/93/24	**Committee Summary Reports**
93.1	Each committee chair and executive lead were invited to highlight the risks/challenges in their area. Summary notes of recent meetings were included in the meeting pack (see pages 47-67). Delivery plans for each HCP would be shared with the board when finalised.

93.2	**West Essex HCP Board: Thom Lafferty & Toni Coles**
	▪ Three locality presentations from GP leads; spotlighting the deprivation and inequality disparity within each place.
	▪ Vice-chair appointed.
	▪ Board principles:
	  ○ Be organisationally agnostic;
	  ○ Be agile and brave (innovation should be encouraged); and
	  ○ Be holistic and mindful of the wider determinants of population health, eg education and housing.
	▪ Green shots of progress from Integrated Neighbourhood Teams; 5% reduction in admission rates for over 65 year olds.
	▪ Greater understanding of the issues facing PCNs would continue to be explored; eg out of hours support (or lack of) for key services eg end of life care planning.

93.3	**East and North Herts HCP Board: Adam Swell-Jones** ▪ Potential risk of meeting overload for INTs/HCPs etc – there would be a review of roles and responsibilities to ensure meetings were warranted and had impact. ▪ Frailty; how to achieve the 25% reduction in admissions. ▪ Geographical boundaries and overlap with PAH re service delivery. ▪ Successful community assembly session facilitated by Health Watch: risk that engagement work by multiple providers and organisations would lead to duplication. ▪ Progress towards the creation of a balanced scorecard for acute hospital performance reporting – this was producing genuine quality indicators. ▪ Collaboration to achieve efficiencies were needed in all areas, eg:

	○ IT: shared digital platform. ○ Estate strategy (usage audit): to create opportunities for better utilization; more clinical work was now delivered in peoples' homes rather than in a clinic. ○ People team: support for more flexible working and job planning.
93.4	**South and West Herts HCP Board: Matthew Coats (MC)** ▪ GP leads for each of the four locality areas had been appointed. ▪ Common theme: frailty and how to achieve the medium-term strategy of a reduction in admissions for this cohort. A proactive care pilot was in place. ▪ The three-year delivery plan would need to balance clinical need, the prioritisation framework and financial constraints. ▪ Interactions between locality leads and INTs were working well.
93.5	**MHLDA HCP Board: Karen Taylor (KT)** ▪ Substance misuse; a detailed plan had been co-produced. ▪ Evaluation of the crisis hub; this was being contributed to by multiply partners. ▪ Better comms were now being provided to patients on waiting lists. ▪ Capacity and waiting lists still remained an issue. ▪ Greater understanding of funding streams between different partners following presentation at the Finance Sub Committee – transparency was key.
93.6	**System Transformation and Quality Improvement Committee: Thelma Stober** • Task and finish group to review the governance process; NB quality committee assurances. • Preparation for winter pressures. • Quality escalation items to the board; review of risk and mitigation in place. • Challenge: how to hear/collect the voice of children in community services.
93.7	**Strategy Committee: Gurch Randhawa** • Review of dashboard information. • Assurance debate; where does the assurance on the medium-term plan come from, how to balance the MTP with national directives re budget, NHS 10-year plan. • HCP operating plans would be key. • The profile of health inequalities needed to be raised at every level.
93.8	**People Committee: Ruth Bailey** • Workforce transformation remained a focus. • EDI workforce workstream plan was reviewed and actions to address the concerns raised by the experiences of international nurses re discrimination (raised by Health Watch) would be turned into a delivery action plan. • Social care workforce strategy deep dive presented by local authority colleagues.
93.9	**Patient Engagement Forum: Alan Bellinger** ▪ 24 volunteers were now on the PEF; all keen to improve the patient experience in the short and medium term. ▪ All key issues are reported to the board with PEF input into: ○ Medicines project ○ St Albans surgical centre ○ DNA project ○ ARRs roles ○ Blood pressure programme ○ The role out of the NHS Medium Term Plan. ○ Frailty admission targets ▪ There was still some way to go to ensure that public voice across all pathways was heard and coordinated to avoid duplication and ensure a balanced view was recorded.
93.10	**The Board noted the Committee updates**
93.11	***Action: Board to have future discussion/presentation on estate strategy.***

	Local delivery plans to be incorporated into the joint forward plan update to the board in March 2025.
ICB/94/24	**Integrated report for finance, performance, quality and workforce**
94.1	The Chair introduced this agenda item (see pages 56-66 of the document pack) and invited each of the area leads to present their highlight report before opening for questions.
94.2	**Workforce overview:** Tania Marcus (TM) provided the following update from month 7: • Staff workforce has increased by 107 WTE against a projected increase of 20 WTE. • Agency usage had flatlined but was below projected. • Slight rise in bank staff. • Wage bill in M7: £400,000 over budget (3% over workforce budget). • Work was ongoing with providers and university to meet clinical expansion plans.
94.3	**Quality overview:** Natalie Hammond (NH) provided the following update • Progress had been made against the improvement action plan in place for AJM wheelchairs: internal operational challenges had impacting patient experience and waiting times. There had been poor communications to families/system partners but this was now improving. • ENH maternity services were no longer on the safety and support programme. This had been the speediest turnaround (nationally); a reflection of the good leadership in place.
94.4	**Performance overview:** Frances Shattock provided the following update: • Continuous improvements in most areas of UEC metrics had been recorded. • Category 2 response times remained challenged and the 4hr performance had dipped slightly (this drop was a regional and national trend – due to increased demand, PAH had been the most challenged). • Winter plans had been finalised. • 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. • CHC assessments within 28 days remains significantly challenged, most notably in South & West Herts. • The disparity between children vs adults' community waits remains high but ahead of operating plan.
94.5	**Finance overview:** Alan Pond (AP) summarised the financial position: • The ICS had projected a £20m deficit by year end (31 March 2025), this position has deteriorated month on month. • Month 7 had seen the strongest performance in terms of underspend; the in-year deficit had reached £26m by M6 and this had now fallen to £21.77m. • This represented an overspend against plan of £8.096m. • £1.6m additional funding had been confirmed to cover the direct costs incurred relating to the periods of industrial action during the year. • Non-recurrent costs had been incurred: eg Lister Ward. • Efficiency savings had been achieved, but many were non-recurrent. • Capital programme: a good plan was in place which would be responsive if more capital became available.
94.6	**Questions and comments were invited:** • Q: When would permanent capacity issues in paediatric audiology be resolved? Ans: A temporary staff imitative was in place – see deep dive at agenda item 99.1. This would remain challenging for some time. • Q: Out of area placements – was there any impact from the new ward at Lister? Ans: The ward had opened but demand continued to rise. • Q: How quickly could the team respond to new capital announcements? Ans: Investment decisions would be made on activities which could be actioned quickly.

	• Q: There was a serious risk of the ICB not achieving breakeven by year end – what decisions would be made? Ans: Conversations with NHSE were ongoing and if the financial trajectory continued to follow its current path, then a request for contingency reserves would need to be explored. The January board meeting would be an opportunity to look at 2025/26 spending plans/projections.
94.7	**The Board noted the integrated reports for finance, workforce, quality and performance**
ICB/95/24	**Emergency Preparedness, Resilience and Response Report**
95.1	Amanda Yeates, Head of Emergency Planning, Resilience and Response, joined the meeting remotely to present this agenda item (see pages 79-92 of the document pack) drawing the board's attention to: • The self-assessment judgements against the NHS core standards: Fully compliant with some providers reporting sustainably compliant.
95.2	**Questions and comments were invited:** • Did any of the "substantial" areas of compliance raise a cause for concern? Ans: No. The system was in a good place, those providers who had reported "substantially compliant rather than full was due to the timings of business continuity annual reviews. • Counter terrorism support from the police should be explored; this could provide planners with a better understanding of the lived experience of victims of terrorism and how this feedback could be incorporated into emergency plans.
95.3	**The Board approved the EPRR report.**
ICB/96/24	**Quality Escalation Report**
96.1	See pages 93-120 of the document pack
96.2	**The Board noted the Quality Report**
ICB/97/24	**Performance Report**
97.1	See pages 121-169 of the document pack.
97.3	**The Board noted the Performance Report**
ICB/98/24	**ICB Finance Report**
98.1	See pages 170-187 of the document pack.
98.2	**The Board noted the ICB Finance Report**
PCB/99/24	**Deep Dive: Objective 3: Improve access to health and care services**
99.1	**Diagnostics** Frances Shattock (FS) and Natalie Hammond (NH) presented this agenda item and summarised the presentation at pages 188-200 of the document pack: ▪ Key issues for HWE diagnostic service: ○ 95% of patients to receive results within 6 weeks by March 2025. ○ Increasing demand. ○ Supply challenges. ○ Aging equipment; need for capital investment. ○ Workforce. ▪ Community diagnostic centres were being established in St Albans and St Margarets to offer one-stop testing outside of acute. ▪ Imaging network: digitalisation and standardisation programmes in place. ▪ Activity in all areas is unable to keep pace with demand. ▪ Variations between providers; see chart on page 196. **Audiology**

	▪ Worse performing sector: audiology, NB paediatrics. An improvement programme was in place to address this need covering recruitment, mutual aid, pathway review. Full recovery would take some time, estimated at 18mths. ▪ Accurate mapping of estates and workforce was required; sites needed to be suitable for a VAR booth. Different testing spaces were required for children. ▪ Key appointments had been made: ○ Head of audiology ○ Head of paediatric audiology ▪ Aim: creation of a paediatric audiology centre, with clinicians able to respond to families and other liaison services in a timely and appropriate manner.
99.2	**Questions and comments were invited:** • Q Some of the other diagnostic targets were not being met, was this a cause of concern? Ans: These were being monitored and addressed within the normal performance process. MIR was the next area of concern; demand capacity planning was in place. • "Waiting well" should be part of solution. • A better understanding of the drivers of demand were needed as well as good quality data on diagnostic referrals. • Increasing demand for some diagnostics eg blood pressure management would result in more diseases being caught at an earlier stage resulting in long term improvements in population health. • The aging population and adherence to clinical guidelines (resulting in over-investigation, over-treatment in some cases) were highlighted as two of the main causes for increasing demand as well as patient expectation. • Diagnostics was an important area; any delays resulted in increased patient anxiety. Imaging was a key piece of service delivery for all hospitals. • AI could increase productivity; but this was an emerging market. • Improvements in current IT systems would improve pathways, eg IRefer. • EDI lens: Q Did the data report show usage/waiting times for minority/vulnerable groups? Ans: Yes, it could but this relied on good data entry at the beginning of the referral. Not all protected characteristics were recorded/collected. Performance monitoring regularly looked at the volume of referrals made by different practices. • Only 50% of primary care had so far signed up to data sharing agreements. • Suggestion: positive action in lieu of EDI data analysis; instruct acute providers to prioritise patients with learning difficulties/MH issues on waiting lists.
99.3	**Same Day Emergency Care** Holly Jenkins presented this agenda item and summarised the presentation at pages 201-207 of the document pack: • Unnecessary admissions often resulted in deconditioning and poorer outcomes. • Many conditions did not require a hospital stay. • Aim: Reduce hospital admission in frailty cohort by 25%; this was the largest cohort seen by acute and could be achieved by early clinical review by specialist senior decision maker.
99.4	**Questions and comments were invited:** • Capacity modelling (for workforce and diagnostics) was needed to understand what was achievable. • Workforce was key: junior doctors were not senior decision makers. • Clarification/reform of ambulatory care definitions was recommended as well as early (front door) triage/assessment of how well a patient was in context of frailty and Rockwood. • The oversight and assurance group would be able to identify variations in pathways and decision making. • An effective SDEC approach would benefit all areas of the system, not all specialists were in place at the moment, this would require a phased approach. • Any admissions solely for purpose of diagnostics needed to be challenged. • Priorities could be identified from analysing why a patient had not been discharged.

99.5	**The Board noted the diagnostics deep dive**
ICB/100/24	**Questions from the public**
100.1	Four questions had been submitted in advance of the meeting. These had been included in the meeting pack together with the ICB's response at pages 208-211.
ICB/101/24	**What would service users, patients, carers and staff take away from our discussion today?**
101.1	The following observations were made: • Collaboration between estates/workforce/IT was essential to deliver better services for patients. • Improved communications/vocabulary to describe/promote treatment at home for patients as a good outcome rather than second best to hospital admission. • EDI and equality of agency/navigation of NHS were key areas which board members needed to focus on in all meetings/discussions. • Three things were essential to ensure a successful operating model; feedback from strategic review, a sustainable financial model and a sustainable clinical model.
Date of next meeting: Friday 31 January 2025	
The meeting closed at 14:40	

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 21 Jan 2025								
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**~~ **28/03/2025**	**21.01.2025 - BF updated that there is a delay to the planning guidance for next year, however the work is continuing to progress locally. Further update to be presented at the next meeting.**	**Open**
Public	93.11	29/11/2024	Committee Summary Reports	**Board to have future discussion/presentation on estate strategy.** **Local delivery plans to be incorporated into the joint forward plan update to the board in March 2025.**	A Pond / B Flowers	**28/03/2025**		**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

Board Deep Dive: Objective 5:

Achieve a balanced financial position annually

Working together
for a healthier future

Introduction

PWC conducted a rapid review of financial improvement plans across HWE ICS for 24/25, spanning six weeks from 12/8/24 to 20/9/24 (using M3 data). The final report was received on 10/10/24. The focus was on balancing cost improvement activities with transformational schemes at both organisational and system levels.

The scope of the Review was:

1. Review existing efficiency plans – Reviewed the current efficiency plans and pipelines within the ICB and system providers to advise on whether plans are adequate in scope, breadth, and composition, whilst also commenting on whether the plans are sufficiently developed to deliver against the agreed CIP targets. Also identified areas of potential risk (i.e. unidentified gaps, duplication high risks schemes, schemes without sufficient evidence or plans to materialise a financial benefit).	**2. Review the governance underpinning system financial improvement** – Reviewed documentation, interviewed stakeholder and observed relevant forums. Commented on the governance underpinning the System's financial improvement and provided key recommendations for improvement. This included reviewing • transparency and consistency on financial decision making • robustness of challenge into governance to support effective delivery, and • extent to which there is the capability and capacity within the financial recovery programme to deliver against the System's financial plan.	**3. Identify further opportunities for financial improvement –** **I**dentified key areas (whether in current plans or not) which could be stretched or expedited in FY24/25 and further key areas for improvement which would support delivery of the forecasted year-end position. High level consideration of key system transformation areas

The report's initial findings were discussed at the System Financial Recovery Programme Board (FRPB) on 29th October. Further actions included:

1. Report sections shared within Trusts – to enable actions like governance controls and identifying remaining CIPs.
2. Trying to validate potential additional savings opportunities of £5.1m in 24/25 across productivity, workforce, medicines optimisation subject matter experts.
3. System Chief Executives Group and DOFs group reviews

Overall Summary:

Additional financial opportunity:

- *The review did not find significant additional in-year opportunity (estimated at £5-6M gross, but noting the need to "invest to save" and thus lag time to achieving results)*
- *Highlighted potential additional opportunities are however being validated, and may offer more in 25/26 (£28M gross, investment requirements not quantified).*
- *Despite requests to do so, the work did not explore in any real detail opportunities linked to service transformation (eg reducing avoidable non-elective admission)*

Financial governance and controls:

- *Overall, controls were relatively robust, although opportunities for further enhancement were identified for all parties*
- *Different approaches in each organisation to how CIP schemes (or similar) are identified, planned, overseen, and tracked makes it hard to fully understand whether there are opportunities that could be enhanced through sharing good practice*
- *Lack of consistent methods hinders development of cross-organisational / system-wide CIP work.*

FY24/25 CIP Gap and YTD Slippage Opportunities:

- *Productivity – full year opportunity £13M – BADs alignment, DC:IP conversion avoidance, OP DNS rates and N:FU ratios, CHC placements and MH OOA placements*
- *Medicines optimisation – full year opportunity £6M – increase commercial clinical trials capacity, increase pharmacy manufacturing sales, rationalise formulary, reduce waste, use digital technology more*
- *Procurement – full year opportunity £4M – system-wide catalogue, consistent contract and inventory management, reduction of waste and control of discretionary spend*
- *Workforce – full year opportunity £1-2M – medical job planning linked to speciality level demand / capacity, reduced used of "specialling", review part-time vacancies to see what tasks could be incorporated into existing filled posts, optimise corporate workforce, further reduce temporary staffing, better use of "mutual aid" between organisations.*

Summary of the PwC Report (1 of 3):

FY24/25 Financial Performance of HWE System:

- *System's financial plan results in a £20m deficit, with a deficit of £27.6m as of M3, against a planned deficit of £19.1m.*
- *System's financial plan results in a £20.0m deficit, with £212.5m of CIP planned.*
- *At M3, system reported a deficit of £27.4m against a planned deficit of £19.1m and delivered £40.5m CIP against a planned delivery of £42.3m.*
- *Improvement observed at M5, but this period falls outside review timelines.*
- *High value and proportion of schemes at 'plans in progress' and 'opportunity' stages pose risk to the CIP plan.*

FY24/25 CIP Target and HWE *System Progress:*

- *ICB's FY24/25 CIP target is £212.5m, with £206.1m identified at M3 and £60.3m (29%) in development.*
- *HWE System delivered £40.5m at M3, leaving a £6.4m shortfall.*
- *Only 71% of schemes were 'fully developed', leaving £60.3m for further work.*
- *Slippage against CIP target of £1.8m at M3 YTD due to adverse variances.*
- *High risk level in HWE System pipeline.*
- *Pipeline phased to deliver £116.1m of efficiencies in H2, increasing risk.*
- *HWE System should address CIP gap at pace.*

FY24/25 CIP Gap and YTD Slippage Opportunities:

- *Identified (gross) £5-6m opportunities for FY24/25 and £26.2m to £28.0m full year effect.*
- *Rapid review identified 76 opportunities, 58 of which have potential in-year effect value of £5-6m.*
- *Identified schemes enabling in nature, some not quantified but worked through with teams.*
- *Focus on supporting the HWE System to focus on in-year opportunities.*
- *Key thematic areas include (in order) productivity, medicines optimisation, procurement and workforce.*
- *Opportunities include mobilizing alternative workforce models, tightening resourcing compliance, streamlining catalogue products and pricing, improving contract management, centralizing inventory management, and improving waste control.*

Summary of the PwC Report (2 of 3):

Financial Improvement Opportunities in HWE System:

- *Review frailty pathways to reduce non-electives by 25%.*
- *Convert operational improvement plans into financial improvement plans.*
- *Review Mental Health/Learning Difficulty bed growth and costs.*
- *Consider funding and contract arrangements for bulk purchase of MH/LD beds.*
- *Collaborate with clinical networks for service transformation and redesign.*
- *Reduce spend across the HWE System through holistic contract review and service rationalisation.*

Financial Improvement Governance in the ICB and HWE System:

- *Financial Improvement Governance in ICB and HWE System*
- *Variable financial improvement governance across ICB and organizations.*
- *Structures for financial improvement governance exist.*
- *Approaches range from robust to less robust.*
- *ICB can standardize and align key approaches for financial recovery.*
- *Key themes include setting timelines, integrating PMO frameworks, communicating expectations, and assessing risks.*

Financial Controls Strengthening across ICB:

- *Pay expenditure controls show strength across the ICB.*
- *Addressing variability of controls across the HWE system is needed for improved run rate.*
- *Assessment based on 'NHSE Grip and Control Checklist' and experience in supporting organizations.*
- *Opportunities exist to enhance non-clinical, nursing, and medical pay controls.*
- *Improvements in 'No PO, No Pay' and 'Triple Lock' processes, business case reviews, SFIs, and CHC review process.*
- *Consideration of standardized and automated controls reporting system for in-year benefits tracking.*

Summary of the PwC Report (3 of 3):

Lord Darzi's Rapid Investigation of NHS Alignment with HWE System:

- *Re-engage staff and patients for better care control.*
- *Shift care closer to home by hardwiring financial flows.*
- *Drive hospital productivity through improved operational management and staff empowerment.*
- *Support more people off waiting lists and back into work.*
- *Utilize technology like electronic FP10s for increased productivity.*

Key Next Steps for HWE System to Close FY24/25 CIP Gap and Support FY25/26 Pipeline Development:

- *Focus on work opportunities and discuss with organizational teams.*
- *Address OP DNA's & N:FU's: optimize high-cost placements, use technology for efficient case management, tighter contract management, and workforce optimization.*
- *Address (MH) OOA placement costs and review of bed base.*
- *Explore extending current pharmacy manufacturing units to include PAH - Chemotherapy sales and expand drug commercial trial base.*
- *Enhance productivity through reviews against BADS targets and bed management (inc intended DC conversion to IP).*
- *Balance cost improvement activities and transformational schemes.*

HWE System Areas of Opportunity 2025/26:

Workstream Leads Agreed PwC Opportunities for 2025/26:

Workstream Ref:	Workstream Lead	Area of Opportunity	2025/26 FYE Savings £m *
WS1 Productivity	Richard Hammond	Intended Management / BADs Targets	4.5
WS1 Productivity	Richard Hammond	Outpatient DNA Rate: Opportunity: ENHT; PAHT; WHTH	1.4
WS1 Productivity	Richard Hammond	Other Non-PwC Opportunities: Opportunity: System	Tbc
		WS1 Productivity Sub Total	**5.9**
WS2 Workforce	Tania Marcus	Medical Job Planning (Pay): **Opportunity (System)**	1.1
WS2 Workforce	Tania Marcus	Approved Clinical Roles: tbc (HPFT)	0.5
WS2 Workforce	Tania Marcus	Part-time Vacancies: Limited Opportunity (HPFT)	0.5
		WS2 Workforce Sub Total	**2.1**
WS5 Procurement	Adrian Stobie	Streamlining Catalogue Products & Pricing	0.3
WS5 Procurement	Adrian Stobie	Waste/Stock Reduction: Opportunity: System reliant on Centralised Inventory Management system installation	0.5
		WS5 Procurement Sub Total	**0.8**
WS5.4 Medicines Optimisation	Anurita Rohilla	Off Contract Claims: Opportunity in 25/26 (ENHT)	0.92
WS5.4 Medicines Optimisation	Anurita Rohilla	Deprescribing/Appropriate Prescribing of PPIs: Opportunity 25/26 (ICB)	0.1
WS5.4 Medicines Optimisation	Anurita Rohilla	Chemotherapy Sales (PMU): Opportunity in 25/26 (ENHT)	0.5
WS5.4 Medicines Optimisation	Anurita Rohilla	Catheter Reviews: Opportunity in 25/26 (ICB)	0.2
WS5.4 Medicines Optimisation	Anurita Rohilla	Rationalisation of FP10 Prescribing: Opportunity in 25/26 (HCT/HPFT)	0.21
		WS5.4 Medicines Optimisation Sub Total	**1.93**
		Total Opportunities 2025/26	**10.73**

** PwC Opportunities & Costings.*

Hertfordshire and
West Essex Integrated
Care System

Care closer to home

Working together
for a healthier future

Some of the evidence

It is predicted that there will be a 42% rise in non-elective admissions for the over 65 year olds over the next 20 years.

People aged over 65 years and particularly those aged over 85 years are at the greatest risk of living with frailty, comorbidities, and requiring support with their day-to-day living also with greatest risk of requiring urgent care.

The population cohorts with EoL, frailty and dementia have roughly 16x more spent on them (PPPY >£4000) compared to those in the healthy population cohort (£250 PPPY)

On average, systems that invested more in care in the community saw 15% lower non-elective admission rates and 10% lower ambulance conveyance rates, Unlocking the power of health beyond the hospital | NHS Confederation

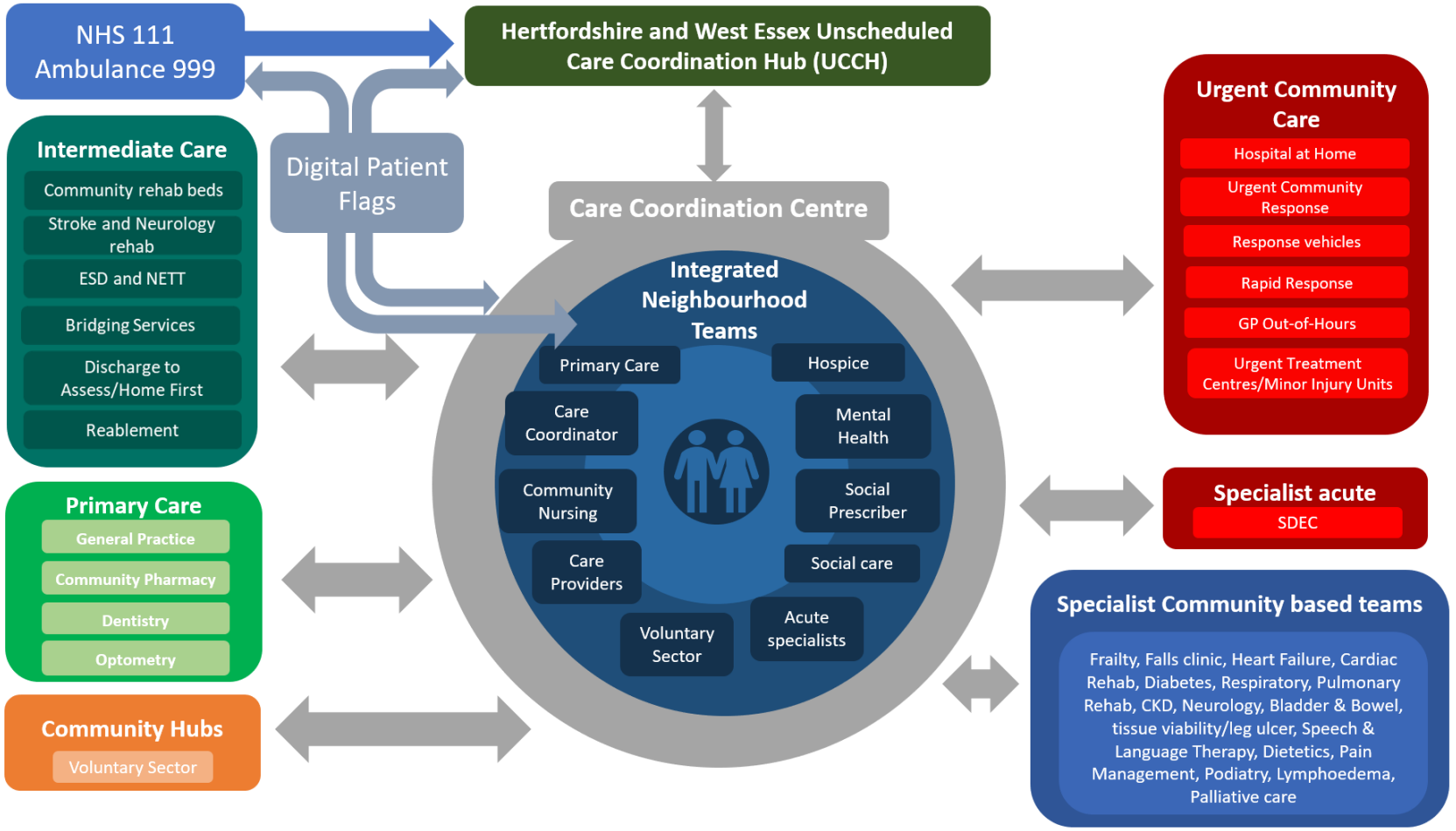
Through digital remote monitoring Frimley Health and Care ICS saw A&E attendances decreased by 39%, non-elective admissions reduced by 54%, a 27% reduction in outpatient appointments, GP contacts have reduced by 19%

source

Care Closer to Home and Community Services Review

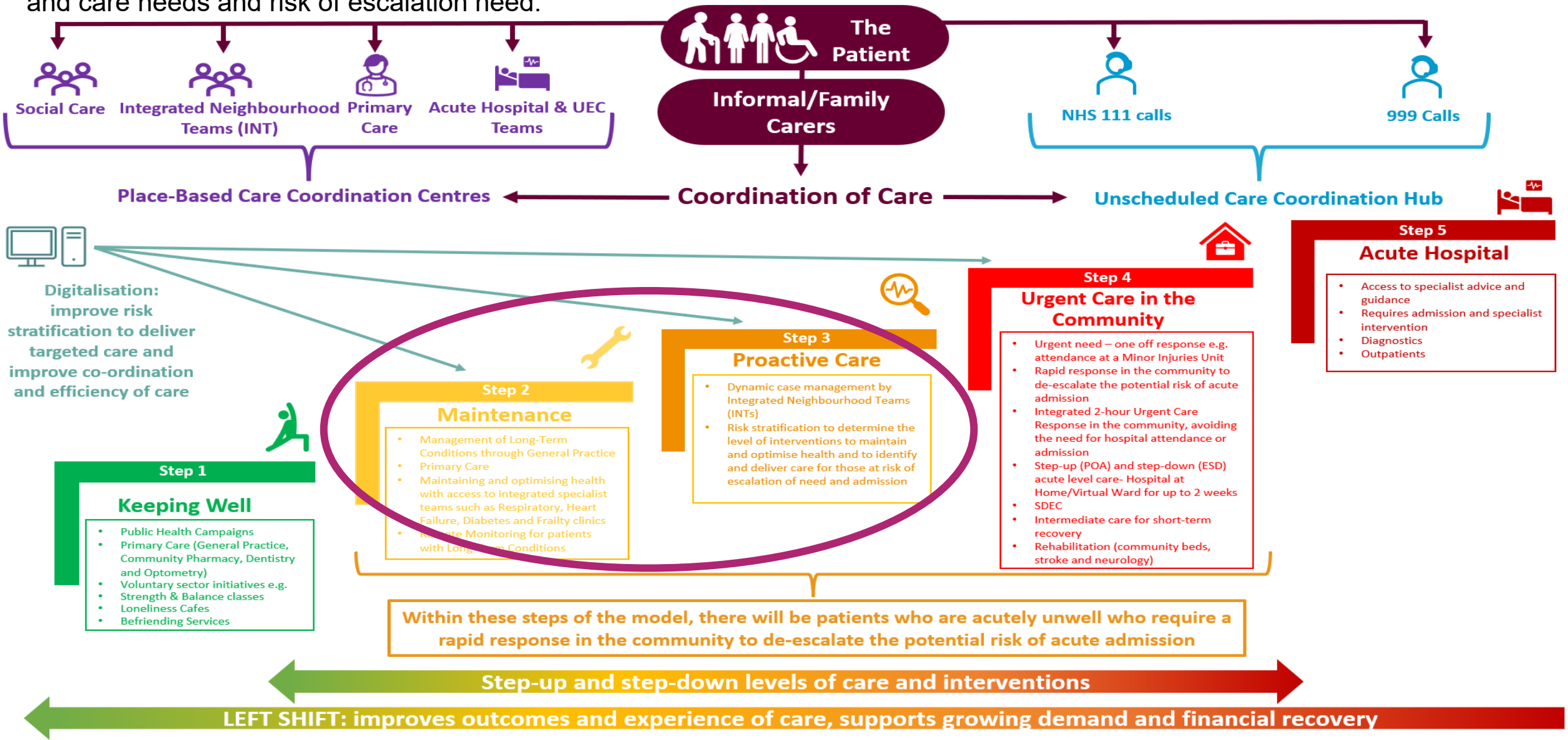
The Care Closer to Home strategy and model of care is one of the recommendations from the Adult Community Services Review undertaken in the Autumn of 2023. This review was to address the variation in services commissioned across the ICB for adult community services.

It is also now one of the key transformation priorities contributing to the delivery of the ICBs Medium Term Plan.



Model of Care: Step-Up and Step-Down

There are 5 main steps to the CCH model of care which can be delivered in the community or in the individuals place of residence. Patients can step –up and step-down the levels of interventions and care delivered based on their individual health and care needs and risk of escalation need.



Contributing to our Medium-Term Plan

A consistent model for Care Closer to Home for our adult population

- Improving and addressing variation in health outcomes, experience, and quality of care.
- Address siloed and poorly coordinated care and move to continuous integrated care that can be accessed easily and quickly
- Enable a targeted approach to addressing health inequalities delivered through our Health and Care Partnerships.
- Build confidence in our public

Strategy & core model approve Feb 2025. Delivery HCP Integrated Delivery Plans

Transforming our services to support financial sustainability of our system

- Reduce demand on our acute hospitals and move from reactive acute care to community-based preventative, proactive and personalised care, focusing on evidenced based interventions to prevent illness and reduce the risk of hospitalisation.
- Increase productivity through use of technology such remote monitoring
- Reduce duplication through greater integration between community and acute specialist teams
- Shift care to a lower cost setting and resources aligned with population needs

Initial focus on reducing Frailty non-elective admissions by 25%

Developing a contractual framework that enables the delivery of the model

- Using contractual levers as enablers to commission a core offer from our providers
- Move to outcome base commissioning giving flexibility to respond to population needs
- Alignment of contractual incentives across providers to system priorities and outcomes.

New contract specifications for our Community providers from April 2025 implemented by Oct 25

Implementation

2526 planning HCPs Integrated Delivery Plans

Delivering the model of care	Modelling, financial planning, impact. Feb 25	IDPs approval by ICB Board Mar 25	Fast-tracking implementation of priorities from April 25	Stepped change for winter Oct 2025

Programme approach to community contract specifications

Contractual levers	Governance and PMO in place Q3 2425	Phase 1 completed Q4 2425	Phase 2 completed Q1 2526	All specifications completed by Oct 2025

Hertfordshire and West Essex Integrated Care System

ICB Board – Deep dive

Objective 5: Achieve a balanced financial position annually.

Workforce enablers

1) Developing a local workforce pipeline in line with workforce clinical expansion targets, support better retention of our workforce and reduce agency spend

2) Making better use of workforce data and digital innovation to support workforce productivity and efficiency.

Working together
for a healthier future

Developing a local workforce pipeline in line with workforce clinical expansion targets, support better retention of our workforce and reduce agency spend.

A key tenet of the system's People Strategy and the national Long-Term Workforce Plan is to support a domestic recruitment pipeline for workforce across all areas of care in Hertfordshire and West Essex, working closely with providers and the University of Hertfordshire.

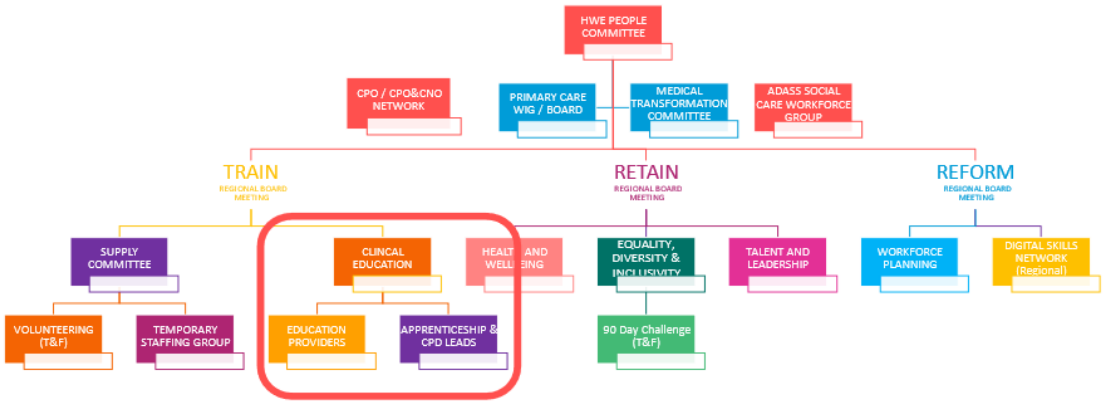
Regional trajectories forecast an increase of circa 470 new clinical education placements to a total of 1,675 for registered professional programmes in the next five years, 20% of which should be undertaken by apprenticeship.

The programme is focussed on three core elements:

1. Supply support
2. Programme and Apprenticeship expansion and academic capacity
3. Placement Capacity

A detailed implementation plan for HWE ICS was submitted to region at the end of November 2024. The system is now collating capacity forecasts to meet the regional trajectory.

Governance Structure



Refined/Developed as part of CE Readiness requirements for region.

Highlight Report Workstream 2 – Manage Workforce Growth & Reduce Agency Spend

Report Date:	Dec 2024

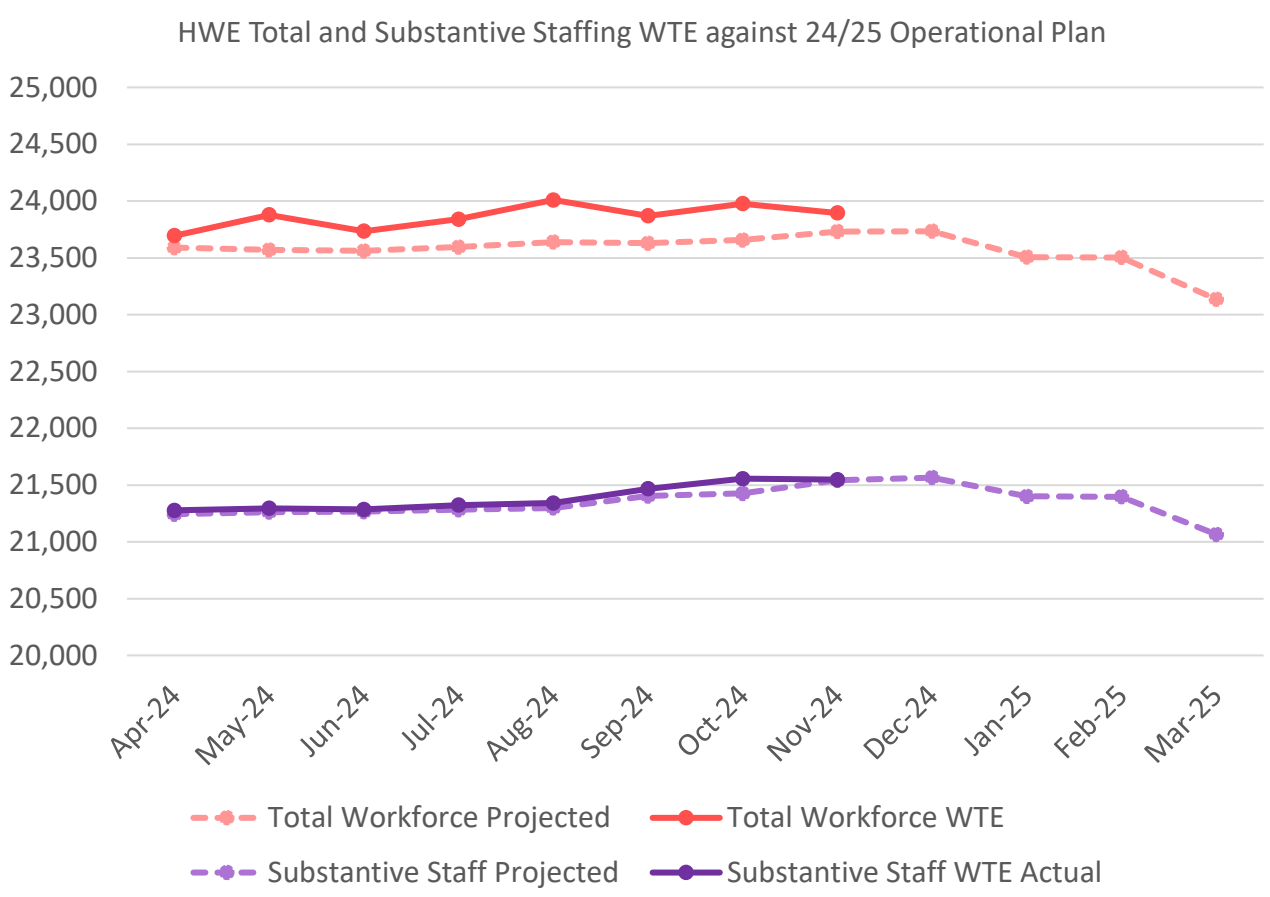
Efficiencies/Savings:	**Apr '24**	**May '24**	**Jun '24**	**Jul '24**	**Aug '24**	**Sep '24**	**Oct '24**	**Nov '24**	**Dec '24**	**Jan '25**	**Feb '25**	**Mar '25**	**Total £m**
WS2.1 – Support the system in reducing WTE staff in post by 2.4% by March 2025 (*figures shown against forecast*)	+155.6 wte (0.6%)	+359.6 wte (1.5%)	+ 223.0 wte (0.9%)	+295.9 wte (1.2%)	+420.6 wte (1.7%)	+290.1 wte (1.2%)	+320.0 wte (1.3%)	+163.2 wte (0.6%)					
WS2.2 – Support the system in reducing bank usage by 15 per cent by March 2025 (*figures shown against forecast*)	+87.7 wte (4%)	+256.8 wte (11%)	+195.9 wte (9%)	+207.1 wte (10%)	+382.0 wte (16%)	+283.8 wte (13%)	+305.6 wte (14.3%)	+252.9 wte (12.2%)					
WS2.3 – Support the system in reducing agency usage by 25 per cent by March 2025 (*figures shown against forecast*)	-15.6 wte (-3.6%)	19.2 wte (4%)	-42.6 wte (-11%)	-2.7 wte (-0.6%)	-56.3 wte (-15%)	-107.0 wte (-36.3%)	-114.7 wte (-38.9%)	-95.7 wte (-33.6%					
WS2.4 – Continued delivery of no off-framework agency spend and ensure system-wide compliance of cap rates for temporary staffing				CAP 50.4%	OF £14k (ENHT) CAP 54.6%								
WS2.5 – Maintain current staff sickness/absence rates at around four per cent	4.2%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%						
WS2.6 – Maintain current staff turnover rates throughout the year at around 12 per cent	11.7%	11.7%	11.5%	11.3%	11.2%	10.9%	10.6%						

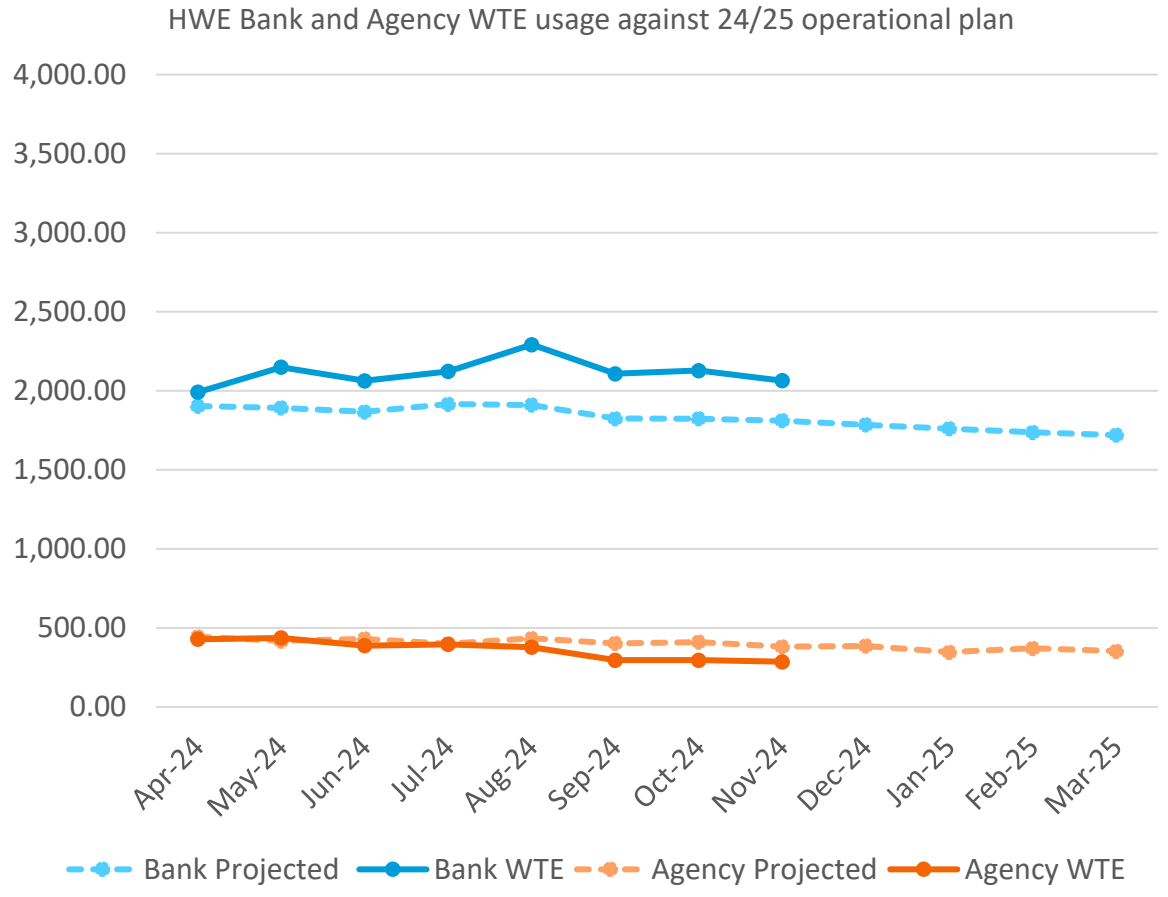
Areas to highlight by exception

The programme supports a key work stream as part of the wider financial recovery programme, workforce vacancies are rigorously reviewed through the triple lock process, which has led to significant reductions in agency and staffing costs.

- The system reduced its workforce size by 81.4wte in M8 – this brings the system to 0.6% over planned use – equivalent to 163wte. Substantive staff use was on plan, and agency staff use was a further third below projected use. While bank staff use fell month on month by 63wte we are still over planned use by 12%, equating to an over-use of 252wte.
- Pay bill projections have now been realigned consistently across the system which puts HWE at 1.2% over planned total workforce pay bill spend – equivalent to circa. £12.5m. This is predominantly in substantive staff costs where we are over planned spend by circa £12m (1.4%). Bank staffing costs are also over against plan – but by circa £1m (1%).
- Agency spend continues to be lower than plan – under by £660,000 (-2.3%) – and agency as a total percentage of pay bill spend has now fallen below 3% for the first time. A reduction of 0.7% from M3 figures.

Substantive and Temporary Staffing usage against 24/25 operational plan



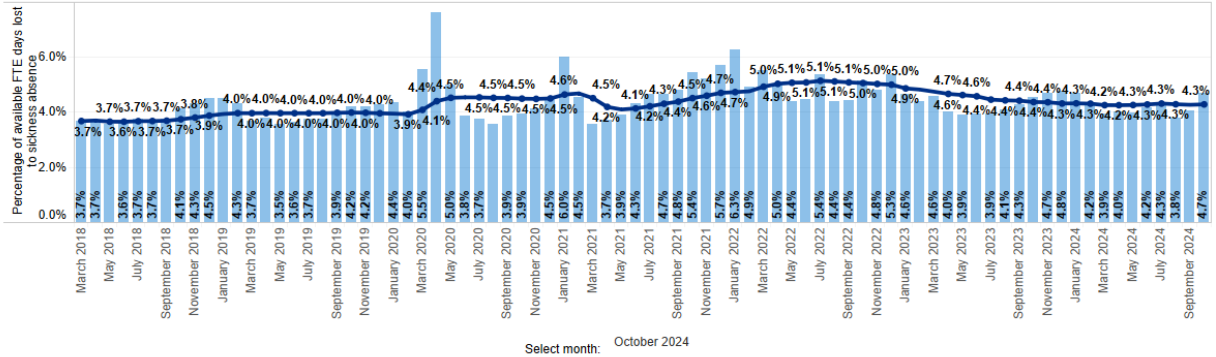


Retention and Wellbeing

Staff retention has continually improved over the course of 2024/25, as well as maintaining a comparatively low sickness/absence rate. Both of which have supported the reductions in agency use across the system. We are anticipating a slight rise in turnover and leaver rates towards the end of the financial year as we see staff TUPE out of provider trusts as part of the pathology service.

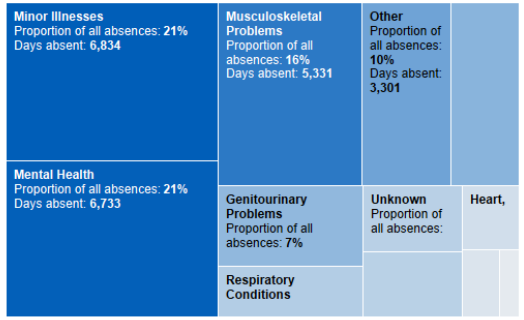
Sickness Absence

Sickness Absence Rate by Month and 12 Monthly Rolling Rate

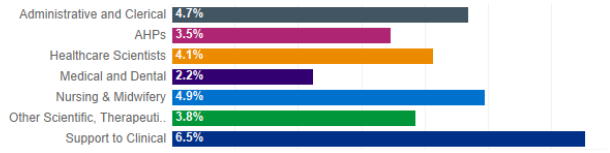


Select month: October 2024

Reasons for sickness absence | October 2024 |

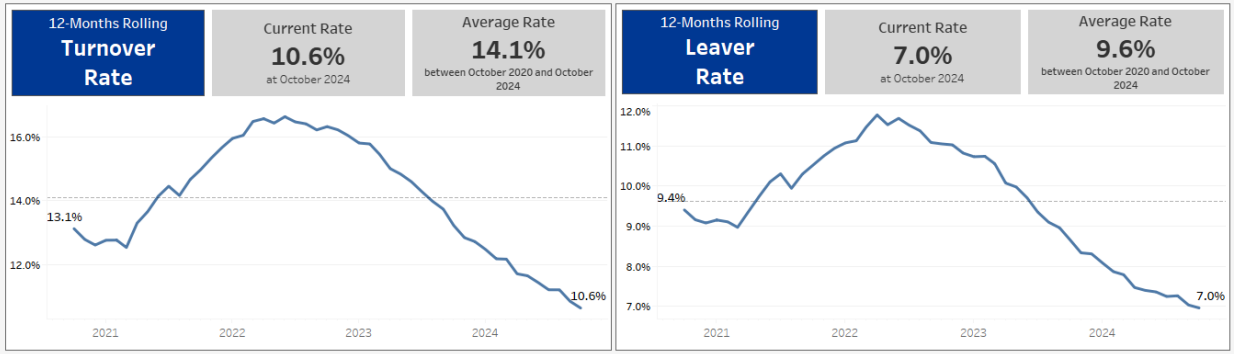


Sickness Absence Rate by Staff Group | October 2024 |



From March 2022 we have made changes to the way in which sickness absence rates are calculated to correct errors in the dataset. These changes may result in absence rates for individual providers differing from previously shown.

Turnover and Leaver Rate — Hertfordshire and West Essex



12-Months Rolling Turnover (Moves out of selected ICS) and Leaver Rate as at October 2024

Staff Group		Latest Turnover Rate	Latest Leaver Rate
Administrative and Clerical	Administrative and Clerical	10.8%	7.9%
AHPs	AHPs	10.1%	4.7%
Healthcare Scientists	Healthcare Scientists	14.3%	9.5%
Medical and Dental	Medical and Dental	6.3%	4.4%
Nursing & Midwifery	Nursing & Midwifery	9.5%	5.2%
Other Scientific, Therapeutic and Technical Staff	Other Scientific, Therapeutic and Technical Staff	14.3%	7.3%
	Pharmacists	10.9%	6.0%
Support to Clinical	Support to and Trainees in Pharmacy	17.4%	11.9%
	Support to and Trainees in HCS	17.0%	13.0%
	Support to Other ST&T	16.3%	11.0%
	Support to AHPs	11.2%	8.3%
	Support and Trainees in Nursing & Midwifery	10.8%	8.5%

Key system challenges

There are a number of challenges and risks faced by the system in meeting these ambitious plans:

1. Access to/and quality of **placement and apprenticeship data** across the system is currently extremely limited.

2. The lack of a **clinical placement management system** is prohibiting best use of placement opportunities and limiting expansion plans.

3. Creation of apprenticeship posts is not seen as either financially viable and cannot be built into providers **establishment plan** nor the value seen from senior clinical leads for areas like ACP which leads to lack of innovation in pathway development.

4. **Financial restrictions** in use of apprenticeship funds for backfill, as well as restrictions on tariff means there is limited opportunity for development of the internal pipeline across Hertfordshire and West Essex. We await national announcements on this.

5. Lack of **sustainable funding** for key pipeline support procedures such as the Health and Care Academy or Clinical Education Lead and associated supporting teams.

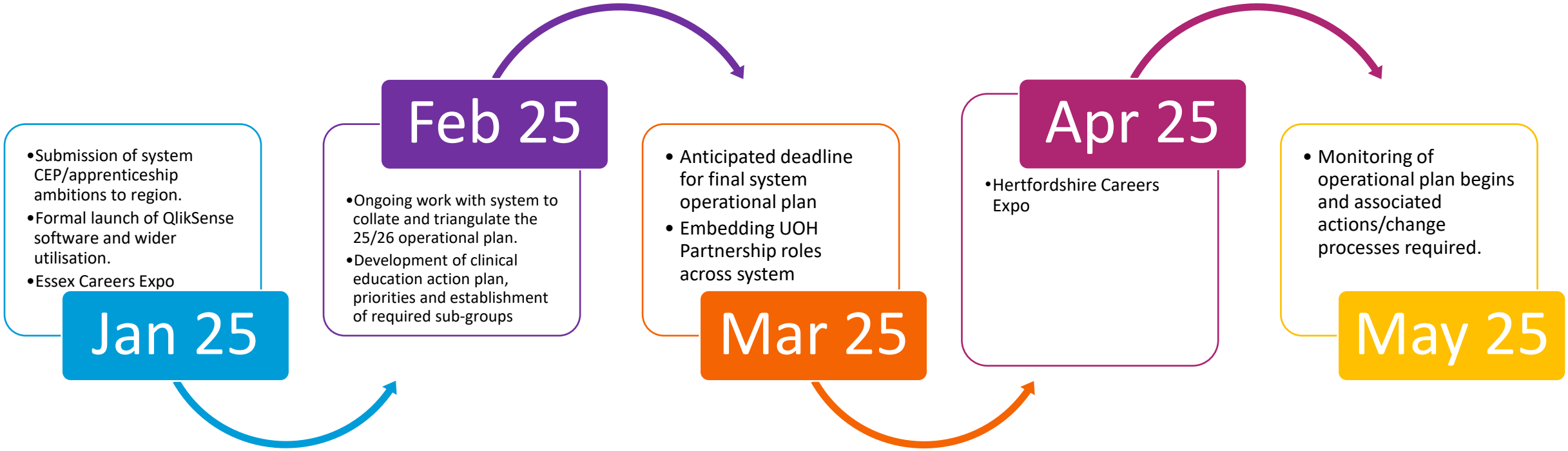
6. Reduced talent pool ready to start apprenticeship due to **not meeting criteria for functional skills** or residency status

7. Placement **capacity can be underutilised due to several factors**, including students' travel and transport issues, limited use of simulated practice learning, a shortage of educators and supervisors, and the lack of protected time for them to provide high-quality learning environments. Although measures to address these challenges are in progress, they need to be expedited to meet the set targets.

8. There are similar **shortages of Academic teaching staff**, and again a sustainable plan will need to be developed in partnership with HEIs to ensure programmes are deliverable to the levels set out within the expansion plan.

Next steps

The system is working alongside providers and wider stakeholders to refine the plans detailed above. The following key areas have been identified as priorities to progress:



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:**	**31/01/2025**	
Report Title:	**Chair's update report**				**Agenda Item:**	**06**	
Report Author(s):	With contributions from the ICB Executive Team and Partner Members						
Report Presented by:	Paul Burstow, ICB Chair						
Report Signed off by:	Paul Burstow, ICB Chair						
Purpose:	**Approval / Decision**	☐	**Assurance**	☒	**Discussion**	☐	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	▪ Increase healthy life expectancy and reduce inequality ▪ Give every child the best start in life ▪ Improve access to health and care services ▪ Increase the number if citizens taking steps to improve their wellbeing ▪ Achieve a balanced financial position annually						
Key questions for the ICB Board / Committee:	N/A						
Report History:	N/A						
Executive Summary:	This report provides the ICB Board with a high-level update of the range of key operational & transformational workstreams across the organisation and wider system.						
Recommendations:	The Board is asked to note the contents of the report.						
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			
	N/A						
Implications / Impact:							

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

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Chair's Report

Introduction

I want to begin by thanking colleagues across the system for their continued dedication and hard work during what has been a particularly challenging period. The significant demand placed on health and care services this winter, compounded by broader pressures across the sector, has tested all parts of the system. I would like to specifically recognise those who worked over the holiday period, ensuring that services remained available to those who needed them most.

While these challenges are ongoing, they also underscore the importance of the collaborative, system-wide approach we have been working hard to embed. This report highlights key areas of focus, the role of the Medium Term Plan (MTP) as our guiding framework, and the progress we are making in delivering against our priorities.

Progress in Urgent and Emergency Care

Urgent and emergency care continues to be a critical area for improvement. Over the past few years, we have developed a more coordinated approach, aiming to build a system where organisations work together seamlessly. This includes ensuring that when one part of the system faces significant pressure, others step in to provide support.

While we are not yet where we need to be, particularly in terms of meeting national performance targets, there are clear indications that the work done so far has had a positive impact. This winter, our collaborative approach allowed us to manage demand more effectively than would otherwise have been possible. It is a reminder that collective action and mutual support are essential for improving outcomes and ensuring sustainability.

The Medium Term Plan as our Guiding Framework

The Medium Term Plan (MTP) is the foundation of our work, aligning efforts across the system to address shared priorities. It is not simply a document; it is a framework that connects everything we do, providing clarity and focus amidst competing demands.

The MTP is particularly critical as we implement our new operating model, which builds on the purpose of Health and Care Partnerships (HCPs). This approach places HCPs at the centre of local service delivery, empowering them to tailor interventions to the needs of their communities. At the same time, we are

strengthening provider collaboratives to ensure that common standards and practices are maintained across the system.

This dual approach—devolving responsibilities to local partnerships while maintaining consistency through provider collaboratives—ensures that we can address local challenges while delivering on system-wide goals. The Board will have further opportunities to discuss the operating model at our session in February, with a final proposal expected in March.

Planning for 25/26

The Chief Executive's report outlines the significant financial and operational challenges we face as we plan for 2025/26. Across the NHS and the wider health and care system, resources are stretched, and it is more important than ever to focus on priorities that will deliver the greatest impact.

The MTP provides the structure needed to navigate these pressures. By focusing on what we have collectively agreed to deliver, we can ensure that our efforts are aligned and that resources are used effectively.

We must also recognise the pressures faced by our non-NHS partners. Local government colleagues are grappling with difficult financial circumstances, which we heard about at our last meeting. Similarly, voluntary sector organisations are facing significant challenges, including rising employer costs. These pressures directly affect the broader system and highlight the importance of continued collaboration and mutual support.

Adapting to a Changing Context

The context in which we operate is changing rapidly, with several developments that will impact our work over the coming years.

First, we are awaiting NHS England's revised operating framework, which must simplify oversight and accountability within the NHS. This presents an opportunity to align regulatory frameworks and ensure that the various strategies, including the NHS Long Term Plan and the National Oversight and Assurance Framework, work together effectively.

As Chair of the NHS Confederation's regulation reference group, I have been involved in discussions with NHS England, emphasising the importance of a streamlined and consistent approach. These developments, while largely outside our control, reinforce the need for a clear and consistent focus on our priorities as a system.

Second, the Government's recent confirmation of funding for new hospitals in Watford and Harlow. However, the timelines for these projects, with construction not expected to begin until 2032, means we must continue to address the challenges presented by the current estate whilst doing everything possible to advance the case for both schemes to progress at the earliest opportunity.

Finally, proposed devolution in Essex could lead to significant changes in local government structures, with implications for how we work together across the system. Further details of the preferred approach to devolution in Hertfordshire are awaited. While these changes are still at an early stage, they present both challenges and opportunities for greater integration and collaboration across health and local government.

The Growth Board and Healthy and Safe Places

I co-chair the Hertfordshire Growth Board's Healthy and Safe Places Mission on behalf of the ICB. The mission is closely aligned with our Medium Term Plan, focusing on creating communities where health, safety, and well-being are embedded into every aspect of local planning and development. This initiative addresses critical challenges such as health inequalities, population growth, and environmental concerns like air quality and transport connectivity.

Recent progress includes the completion of a comprehensive baseline assessment and securing funding for developing a Healthy Place-Making Framework, which will embed health into planning decisions across Hertfordshire. By aligning our efforts with the Growth Board's mission, we are working to ensure that health and care priorities are central to broader development plans.

Strengthening Patient Engagement

The Patient Engagement Forum remains a key element of our governance structure, ensuring that the patient voice is central to decision-making. Earlier this month, I had the opportunity to meet with the Forum to discuss its evolution and next steps.

During this meeting, I reiterated the ICB's commitment to delivering the vision we set out when the Forum was established: to be a key advisory body to the Board, ensuring that the views and experiences of patients inform our work. Moving forward, we have agreed that Forum meetings will focus on the agenda of upcoming Board sessions and the delivery of Board priorities.

To strengthen this relationship further, I plan to appoint a Non-Executive Member with responsibility for patient experience, to work closely with the Forum to ensure its input is impactful and aligned with the Board's needs.

Leadership Transitions

I would like to take this opportunity to congratulate Catherine Dugmore on her appointment as Chair of West Hertfordshire Teaching Hospital Trust. Catherine's contributions as a Non-Executive Member of the ICB and as Chair of the Audit and Risk Committee have been invaluable, and she will be greatly missed.

We will shortly commence the process of recruiting her replacement and I will confirm interim arrangements shortly. This transition highlights the importance of strong and stable leadership as we navigate the challenges and opportunities ahead.

Conclusion

The MTP is the golden thread running through all our work, providing the focus and alignment needed to deliver meaningful improvements across the system. Whether addressing urgent care challenges, planning for the future, or responding to external changes, the MTP ensures that we remain focused on what matters most.

While there is much to do, the progress we have made demonstrates the the value of our collective approach. By working together, guided by the principles and priorities of the MTP, we can navigate the challenges ahead and deliver on our shared vision for a healthier

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:**	**31/01/2025**
Report Title:	**Chief Executive Officer's report**		**Agenda Item:**	**07**
Report Author(s):	With contributions from the ICB Executive Team and Partner Members			
Report Presented by:	Jane Halpin, Chief Executive Officer			
Report Signed off by:	Jane Halpin, Chief Executive Officer			

Purpose:	**Approval / Decision**	☐	**Assurance**	☒	**Discussion**	☐	**Information** ☒

Which Strategic Objectives are relevant to this report **[Please list]**	▪ Increase healthy life expectancy and reduce inequality ▪ Give every child the best start in life ▪ Improve access to health and care services ▪ Increase the number if citizens taking steps to improve their wellbeing ▪ Achieve a balanced financial position annually
Key questions for the ICB Board / Committee:	N/A
Report History:	N/A
Executive Summary:	This report provides the ICB Board with a high-level update of the range of key operational & transformational workstreams across the organisation and wider system.
Recommendations:	The Board is asked to note the contents of the report.

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 Executives Report- January 31st 2025

I would like to begin by echoing the thanks from the Chair in his report to everybody that has been working to support patients through the recent period of extreme high demand. I fully appreciate how challenging this will have been for everyone involved- and it is hard to overstate my thanks to them for everything they are doing.

The upcoming period is one in which we will know more about the environment we will be working in next year and beyond. We are awaiting the imminent publication of NHS planning guidance for 25/26 and the announcement of the new operating model for NHS England, continuing to engage in the development of the proposed NHS long term plan, awaiting further detail on local government devolution and making progress on confirming the next steps in the local operating model for Hertfordshire and West Essex ICS.

It is critical that we have as many of these elements in place as possible ahead of the coming year, because as I describe later in my report, it is likely to be the most challenging we have faced as a system since the years of the pandemic.

However, in recognising how challenging the coming year will be, we should also not lose sight of how far we have come as a system to this point. I plan to use my report to the March board to highlight some of the significant success we have had this year. But we should reflect on the fact that we are close to agreeing an ambitious new operating model as a system, have seen real improvements across planned and urgent & emergency care, developed a new planned surgical hub (soon to open at St Albans City Hospital but serving all residents), put in place an initial service to support those in mental Health crisis in Stevenage and have agreed an ambitious Medium Term Plan around which we have coalesced as system.

We have a long way to go as a system, as part of an NHS which itself is still on a journey to recovery. But I do believe that together we are on the right track.

System Finances 24/25

We know that our system financial plan for 24/25 committed the system to finding high levels of efficiencies and a collective approach to delivering a position as close to break even as we possibly could.

Delivery of that plan has been difficult- as it has been for almost every system across England. Despite this, as the financial report to today's board makes clear, we are seeing progress against plan in many parts of our system- thanks to hard work and collective effort. This progress will have to continue and grow in these last few critical months as we seek to achieve our target position- but thank you to everyone involved to this point.

Planning for 25/26

As you would expect at this point in the year, the ICB and the wider system is currently engaged in a planning exercise for the next financial year. In doing so, we are aware that the financial challenge we have faced this year will continue, with the need to develop further efficiencies to deliver our financial plan.

However, 25/26 will also be a year in which we will only be able to achieve a balanced financial plan and make improvements for patients by making the genuine and sustainable transformation that we need to see across our system- as set out in our medium term plan. Our new operating model will support this, and the system CEO group is discussing further ways we can improve our approach in 25/26. In addition within the ICB we are undergoing a business planning process designed to leave us in a stronger position to deliver this transformation, alongside a review of our current approach to utilising our transformation and project management resource.

New Hospital Programme

Colleagues on the board will have heard the government's announcement in relation to the New Hospital Programme- which was announced shortly before this report was produced. It is welcome news that funding has been confirmed for both sites, albeit with an expected start date now set as 2032.

As an ICB we will continue to work with system colleagues to try to mitigate the challenges presented by our current estate, and continue to make the case for developments to begin earlier if at all possible.

Joint Forward Plan

Board members will know that our Medium Term Plan for 2024-2030 sets out the key priorities and areas of focus for our system during that time. We are also required to publish a Joint Forward Plan (JFP), which sets out our approach to delivering those priorities alongside the various statutory and other responsibilities we have as a system.

The refresh of the JFP is due for the start of the financial year. Given the need to align it to the new long term plan due to be published by NHS England, we are doing a very 'light touch' refresh- focusing only on updating to demonstrate progress during 24-25.

Executive Team announcement

Many members of the board will already be aware that our Chief Finance Officer, Alan Pond has announced that he will retire in July. I have worked with Alan in a variety of roles for a number of years, and would like to place on record my thanks to him for all he has done for the system, dating back long before the creation of ICBs. As a senior member of my executive team since the creation of the ICB Alan has been invaluable in the creation and operation of this new operation, and our achievement of our financial plans in 22/23 and 23/24.

He leaves a strong legacy and will be sorely missed

Medium Term Plan Updates

The update below highlights some of the work that has taken place across the system in recent months to support the delivery of our Medium Term Plan.

East and North Herts- care closer to home

Work is commencing to develop a comprehensive fracture liaison service across the HCP for fragility fracture, fractures and osteoporosis focusing on those seen in ED, admitted to orthopaedics and those under ortho- geriatrics. A care plan will be put in place for anyone started on high dose steroids who are at risk of osteoporosis and include access to Dexa scanning and other treatments.

The Integrated Heart Failure service continues to roll out remote monitoring technology in line with the care closer to home model.

West Essex HCP- Supporting healthy life expectancy

Further work on blood pressure checks in Harlow is planned, along with working with Essex County Council to improve the uptake of NHS health checks.

Joint working between UEC and Planned Care to embed alcohol support worker in PAHT emergency dept is taking place. This includes support for implementing a non-admission detox alone policy.

Five Dinners online meal planner platform launched in Harlow on 13th January with everyone living or working in Harlow having free access for 12 months.

Supporting new care models- CVD and hypertension

The ICB are actively engaged with regional team on the implementation of the New Care Model for CVD, which will support the existing work to increase the prevalence of hypertension, and the proportion of people with hypertension who are treated to target.

South and West Herts HCP- Improving access to Health and Care Services

An on-day urgent care service has been piloted in the Hertsmere locality, intending to use ringfenced additional urgent on day appointments to increase local access to primary care services with those with the most urgent issues and so reduce demand at hospital EDs.

Mental Health, learning Disability and Autism HCP- Improving access to Health and Care Services

Three new Mental Health Joint Response vehicles are being mobilised across the ICS with recruitment underway for Paramedic and Mental Health Professional cover to respond and support people in Crisis.

The Mental Health Urgent Care Centre (at Stevenage) continues to develop with environmental improvements and pathway expansion to include self-referral access. Communications are currently being finalised for the public.

The planned review and remodelling of the Children and Young People Mental Health Crisis Offer has aligned well with the arrival of NHSE guidance for urgent and emergency mental health care for children and young people.

Access numbers continue to increase and are on track to meet the agreed ICB trajectory for Children and Young People accessing Commissioned mental health support across the ICB area. This key increase in access has been supported by the roll out of Wave 11 Mental Health in Schools Teams this year.

Becoming financially sustainable- workforce

The system reduced its workforce size by 81.4wte in M8 – this brings the system to 0.6% over planned use – equivalent to 163 wte. Substantive staff use was on plan, and agency staff use was a further third below projected use. While bank staff use fell month on month by 63 wte we are still over planned use by 12%.

Pay bill projections have now been realigned consistently across the system which puts HWE at 1.2% over planned total workforce pay bill spend – equivalent to circa. £12.5m. This is predominantly in substantive staff costs where we are over planned spend by circa £12m (1.4%). Bank staffing costs are also over against plan – but by circa £1m (1%). Agency spend continues to be lower than plan – under by £660,000 (-2.3%) – and agency as a total percentage of pay bill spend has now fallen below 3% for the first time. A reduction of 0.7% from M3 figures.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐				
	HWE ICB Board meeting held in Public				**Meeting Date:**	**31/01/2025**		
Report Title:	**Governance report**				**Agenda Item:**	**08**		
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:	• 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:	• ICB Constitution – todays update is in support of a paper received by board when it sat in November 2024. • 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: • HWE ICB Constitution – proposed amendments – confirmed approved of board supported revisions. This has triggered full adoption of the changes as version 7.0 on the ICBs Constitution.							

<table>
<tr><td></td><td colspan="4">Better Care Fund s.75 with Hertfordshire County Council. Noting pending approval and seal of final 2023- 2025 agreement.
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:
Note - ICB Constitution – NHS approval update for noting.
Note - Better Care Fund update – for noting.
Note – 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">This update provides core governance framework updates, and therefore supports patient safety.</td></tr>
<tr><td>Risk: Link to Risk Register</td><td colspan="4">Risks noted as part of the enclose Board Assurance Framework (BAF). This document forms part of the Board assurance surrounding compliance.</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>Patient or public engagement or consultation:</td><td colspan="4">Noting in addition to note, over and above the work undertaken in support of the documented services.</td></tr>
<tr><td rowspan="3">Impact Assessments:
(Completed and attached)</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">Constitutional changes - Equality Impact Assessment received and noted by the ICB Board when it sat in November 2024.</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:

a) Note the ICBs Constitution update.
b) Note the included Better Care Fund s.75 update.
c) Note the Board Assurance Framework updates as summarised in paragraph 4 of this paper.

2. 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.

The ICB Board was approached when it sat in November 2024 to support documented amendments.

The Board will note that NHS England approved the proposed amendments on 24th December 2024 with version 7.0 being formally adopted.

3. Better Care Fund – section 75 with Hertfordshire County Council (HCC)

As confirmed in NHS England's – Better Care Fund Support offer - Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care.

A section 75 agreement covering the above has been in place between the parties since November 2015, with a revision taking place in 2019.

These agreements contained a number of services and from July 2023, joint work was undertaken by HWE ICB and Hertfordshire County Council to:

- clarifying which services are covered by current legal agreements that underpin joint commissioning.
- confirming where governance of these legal agreements and the services covered by them sits.
- agreeing any amendments needed to arrangements to account for changes arising from the Health and Care Act 2022, and to support existing and emerging areas of joint working between the ICB and HCC.

In support of the ICBs Scheme of Reservation and Delegation, and following an update provided to the Better Care Fund Board on 3rd October 2024, and Hertfordshire Health and Wellbeing Board on 11th December 2025 - the board will note the revised s.75 has now been finalised for 2023-2025. At the point of drafting this document the draft is with NHS Cambridge and Peterborough ICB (who is also a party) for final comment. Therefore, use of the ICB seal to approve is imminent. Once triggered, application of the ICB seal will be noted at the ICBs Audit and Risk Committee.

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.

The Hertfordshire and West Essex Integrated Care Board (ICB) currently oversees 98 risks, with 59 fully approved, and maintains a strategic risk appetite ensuring effective monitoring.

The corporate risks within the ICB remain unchanged at 17, while the number of risks on the Board Assurance Framework remains steady at 5. Following the System Transformation and Quality Improvement Committee's review, the risk score for risk 608 has increased from 16 to 20 due to winter pressures.

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

APPENDIX A: Assurance Framework Report (16+)

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

Assurance Statement

We assure the Board that we have conducted a comprehensive review of the corporate risks facing the ICB. The Datix Risk Register currently lists 98 risks, of which 17 are identified as corporate risks (rated 12+). Among these, five have been classified as the most critical (rated 16+) and are highlighted in this Board Assurance Framework (BAF). These critical risks are associated with IDs 526, 608, 610, 649, and 679. It was agreed at the STIQI committee that risk 608 be escalated from a risk score of 16 to 20 due to winter pressures.

The Board, gains further assurance on strategic and system risks that are scored 16 and above, including the rationale for risk scores and the effectiveness of the controls in place to mitigate the identified risks. Additionally, the Board is expected to gain assurance from the alignment of risk management processes with the three lines of defence framework, ensuring that risks are identified, assessed, and managed appropriately throughout the organisation.

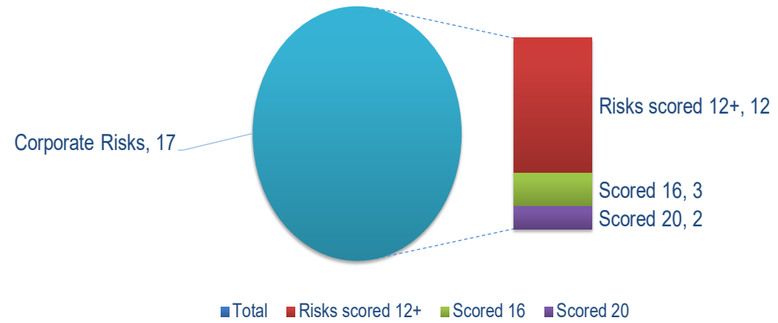
RAG rating of overall perfomance
Amber
g
Progress

TRIGGER ZONES FOR MANGEMENT ACTION PLANS

Risk Matrix		Consequence (C)				
		1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
Likelihood (L)	5. Almost Certain			1	1	
	4. Highly Likely			2	3	1
	3. Possibly				9	
	2. Unlikely					
	1. Rare					

No#	HWE ICB Directorates	No of risks (12+)
1	Chief of Staff (Communication, Corporate Governance, Information Governance)	1
2	Finance and Premises	1
3	Medical (Digital Transformation & Medical)	0
4	Operations (3 Places, Contracts & HBLICT)	6
5	Performance (Business Intelligence & Performance)	2
6	Primary Care	2
7	Quality and Nursing	2
8	ICB Strategy (People, Workforce, Strategy)	3
		17

Further breakdown into principal risks scored 12+



RISK ID	Date open	SO ID	Risk Owner	Directorates	Risk Description (16+)	Rationale for current risk score	Risk Appetite	L = Likelihood C = Consequence L	C	Current risk score L x C = RS	Key Controls	Direction	Assurance levels 1st line	2nd line	3rd line
5															
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, produsctivity and/or cost savings of 5%. Not all savings are fully identified and there is risk to delivery currently assessed at c£20m. This equates to more than 0.5% of the ICB's budget and without developed plans with action owners is highly likely to materialise as a variance to plan. If such variance arose, the overspend would become repayable over 3 years from 2026/27.	Seek	4	5	20	Budgetary control framework in each organisation and assessment against HFMA governance control and grip framework Triple-lock framework which requires expenditure in scope to be second/third approved by ICB and NHSE Income and expenditure reporting and analysis and maintain oversight of financial position at least monthly Efficiency programme and organisational oversight and reporting through Programme Management Offices	⇔	Reasonable	Reasonable	Reasonable

649	**08/08/2023**	**SO3**	Natalie Hammond	Nursing & Quality	**Paediatric Audiology Service Delays and Patient Safety Concerns**: If the timeliness and quality of care provided across the HWE paediatric audiology services (recognising current quality challenges identified at ENHT) does not meet the UKAS accredited standards, then there is a risk that access to time critical testing does not occur in a safe and timely way resulting in potential harm to our population both in terms of safety and patient experience.	System position unchanged. Site visits recently undertaken for HCT and PAH, awaiting formal reports. HCT quite positive however expected outcome is 'partial assurance'. PAH site visit identified estates concerns and work required before mutual aid could be considered. System work is progressing, potential for risk score to reduce in coming months if mutual aid can be introduced.	**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/ System Quality Director NHSE/ICB site visits undertaken for PAH and HCT Nov 24 (awaiting reports) 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 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	**Planned Care Improvement:** If waiting lists for elective and diagnostics are not reduced, there a risk to patient health and outcomes, then patients conditions may worsen resulting in deterioration of patient health. Additionally there is a reputational risk to the ICB which carries a risk of NHSE interventions.	The target to reach zero 65week waits by the end of December is challenging although plans are in place for delivery. DM01 diagnostics rates for September was c56% across the system with variation across each place.	**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 Rview meetings with system partners for IB oversight and escalation as required. Harm oversight linked to elective recovery is maintained through Patient Safety Incident Response Framework (PSIRF) processes.	⇔	Reasonable	Reasonable	*None*
608	**10/03/2023**	**SO4**	Frances Shattock	Performance, Business Intelligence	**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 STQI committee agreed to increase the risk rating to 20 due to the cat2 response times, ambulance handovers and 4hr performance. Performance has been deteriorating over the winter period.	**Open**	5	4	**20**	See Operations Directorate UEC plans and Board Assurance Framework related to UEC Priority Metrics. Actions linked to Performance Improvement Trajectories. Cross reference to UEC mitigations for ENH / SWH / WE place required Performance is discussed at weekly place based senior team meetings and monitored at fortnightly place based performance meetings with providers and NHSE. Performance and operational action taken to monthly System Resilience group / Local Delivery Board meetings and discussed in line with UEC action plans with escalations to monthly UEC Board. Additionally, performance is monitored at the bi-monthly Performance Committee with escalations to the ICB board. This risk complements the Operations Directorate UEC plans and Board Assurance Framework related to UEC Priority Metrics. Actions linked to Performance Improvement Trajectories. Cross reference to UEC mitigations for ENH / SWH / WE place required Risks relating to mental health patients in ED units are also being addressed in the appropriare forums and links to risk 609. Clincial harm processes for 12 hour breaches and corridor care are in place across the ICS with minimal harm identified. Quality risks related to UEC performance (including ambulalnce handover times) are discussed at Quality Review Meetings with system partners for ICB oversight and escalation as required. HWE System Incident Meeting is in place providing a system-wide review of patient harm due to delayed 999 responses and identify improvement actions. ICB oversight of patient safety incidents includes those linked to UEC performance. Learning related to UEC performance shared through Patient Safety Incident Response Framework (PSIRF) processes.	↑	Reasonable	Substantial	*None*
526	**06/09/2022**	**SO2**	Beverly Flowers	Strategy (People, Workforce, Strategy)	**Increased Demand on Children's Community Services:** If the demand for children's community services continues to increase then statutory requirements will not be met resulting in delays to accessing care, poor patient experience and poorer patient outcomes (wellbeing and educational)The main services impacted include: Community Paediatrics incl. ASD/ADHD, Children's Therapies (OT/SLT), Community Allergy and Dietetics, Community Audiology, Special School Nursing.	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

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐
	NHS HWE ICB Board meeting held in Public		**Meeting Date:**	**31/01/2025**
Report Title:	**ICB Committee Summary Reports**		**Agenda Item:**	**09**
Report Author(s):	Governance Leads, HWE ICB			
Report Presented by:	Committee Chairs / Executive Leads			
Report Signed off by:	Michael Watson, Chief of Staff			

Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	☐	**Information**	☒

Which Strategic Objectives are relevant to this report

[Please list]

- Increase healthy life expectancy, and reduce inequality
- Give every child the best start in life
- Improve access to health and care services
- Increase the numbers of citizens taking steps to improve their wellbeing
- Achieve a balanced financial position annually

Key questions for the ICB Board / Committee:

N/A

Report History:

N/A

Executive Summary:

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

All summary reports can be found in the information section of the agenda.

Committee	Date of meeting	Chair
Audit and Risk Committee	6 December 2024	Catherine Dugmore
System Transformation and Quality Improvement Committee	15 January 2025	Thelma Stober

	Strategic Finance and Commissioning Committee	9 January 2025	Nick Moberly
	People Committee	23 January 2025	Ruth Bailey
	East and North Herts Health and Care Partnership Board	6 December 2024	Adam Sewell-Jones
	Mental Health, Learning Disabilities and Autism Health and Care Partnership Board	12 December 2024	Karen Taylor / Chris Badger
	Patient Engagement Forum	14 January 2025	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

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐				
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**31/01/2025**		
Report Title:	**Integrated reports for finance, performance, quality and workforce**				**Agenda Item:**	**10**		
Report Author(s):	Executive Team							
Report Presented by:	Alan Pond, Frances Shattock, Tania Marcus, Natalie Hammond, Michael Watson							
Report Signed off by:	Alan Pond, Frances Shattock, Tania Marcus, Natalie Hammond, Michael Watson							
Purpose:	**Approval / Decision**	☐	**Assurance**	☒	**Discussion**	☐	**Information**	☐
Which Strategic Objectives are relevant to this report **[Please list]**	• Increase healthy life expectancy, and reduce inequality • Give every child the best start in life • Improve access to health and care services • Increase the numbers of citizens taking steps to improve their wellbeing • Achieve a balanced financial position annually							
Key questions for the ICB Board / Committee:	Areas for discussion are identified in the summary section of the paper							
Report History:	N/A							
Executive Summary:	This report provides a summary of the quality, performance and finance reporting shared elsewhere on the agenda, whilst also providing an update on workforce across the ICS. **Board members should also review the more detailed reports in the for information section of the todays board agenda.**							
Recommendations:	The Board is asked to consider the report and the areas highlighted for discussion.							

Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
Implications / Impact:				
Patient Safety:	*N/A*			
Risk: *Link to Risk Register*	*N/A*			
Financial Implications:	*N/A*			
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***		N/A	
	Quality Impact Assessment:		N/A	
	Data Protection Impact Assessment:		N/A	

1. Summary

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

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

2. Key issues highlighted

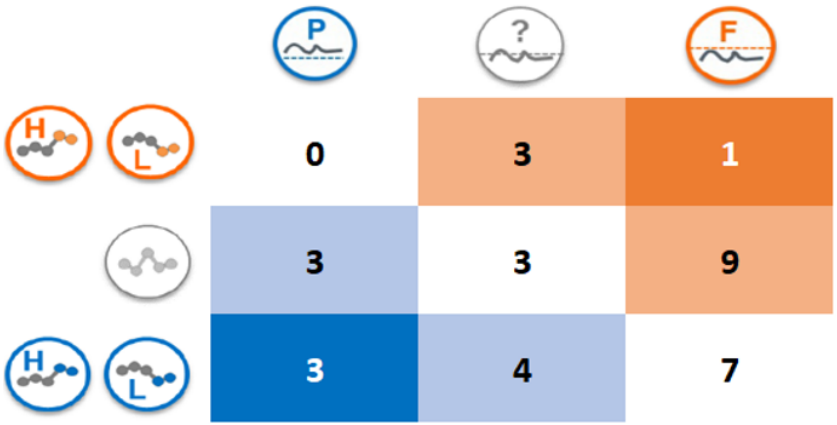
The executive team would like to bring the follow key areas to the Board's attention, which have an impact on quality and performance- and will need to be considered carefully as we deliver our plans in relation to finance and workforce:

Area of concern/ improvement	Current situation
System financial position 24/25	The Year to Date (YTD) actual position is a deficit of £23m unchanged from Month 8. The adverse variance from plan is now £6.4m which has reduced by £2.2m compared to Month 8. The ICS continues to report projected achievement of the full year target to breakeven. Based on current predictions on the delivery of existing plans, to deliver this it needs to find another c£11m in cost reductions in the last 3 months of the year.
Agency Spend	M8 figures saw agency costs undergo a very small rise month on month, but nonetheless agency costs remain £660,000 below projected costs of the operational plan – this equates to -2.3%. This put agency costs at 2.9% of our total pay bill for the system, slightly ahead of the system's target which was 3.01%.
Urgent and Emergency Care Performance	• The mean Category 2 ambulance response time was 70 minutes in December. This remains significantly adrift of the national 30-minute standard and is the fourth month in a row when performance has deteriorated, remaining a high performance risk • Mean C2 response times in HWE are consistently longer than the regional average (Dec-24 = 57 mins) and national average (Dec-24 = 47 mins) • ED performance across the system was 69.2% in December. This is low compared to the Mar-Sep period but better than where the system was in Dec-23 (62.6%) • Performance remains below plan but all three Providers have seen improvements in 4 hour performance in the last week (to 14th Jan) and trend analysis forecasts performance improvements to continue into February
Elective waiting times	• The overall number of patients waiting >65 weeks has decreased significantly, although the December zero target was not achieved. There remains variation at place level, however System clearance of 65 weeks is forecast by end of February 25 • The number of patients waiting >52 weeks has been consistently improving since summer 2023 • The 18 week position is of renewed focus and has plateaued around 50% with common cause variation. Delivering the improvement required to meet the recent Reforming Elective Care guidance will be challenging
Waiting time for Children and Young People	• The number of children on community waiting lists remains very high with children's community waits now our single area of highest risk. • Waits over 52 weeks increased in Oct to 3,743, predominantly at ENHT • The % of children waiting less than 18 has fallen for the last 5 months and is now at 35.9%, compared to the national average of 50.4%
Continuing Healthcare	• CHC assessments within 28 days has significantly improved in the last two months to 71% in October, moving from highest area of risk to high risk; performance has most notably improved in South & West Hertfordshire which is now achieving 80% • The recovery of the 28-day standard is forecast be achieved across the System by Q4 24/25 and is on track with delivery

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
Community Waits (Children)	Community

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
Community Waits (Adults)	Community
% of on the day GP Appointments	Primary Care
31 Day Standard	Cancer
62 Day Standard	Cancer

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

High Risk	Programme
Ambulance Handovers	UEC
18 Week RTT	Elective
CHC Assessments < 28 Days	Community
6 Week Waits	Diagnostics
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

Narrative

Executive summary

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

- NHS 111 abandoned call performance continues on an improved trend however has slipped slightly over the last two months and narrowly missed the 3% national standard in November;
- Cat 2 ambulance response times have continued to increase reaching 68 mins in Nov; HWE response times remain significantly adrift of the national 30-minute std, and consistently longer than the regional average;
- Hours lost to handover >15mins also saw a steep increase over the last two months, moving significantly above our fair shares handover target and into our high risk category for November;
- Although still on an improved trend, HWE 4-hour ED performance declined over the last two months to just under 70% in Nov moving further adrift from the recovery trajectory; PAH remains most challenged.

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

- The overall elective PTL size remains high, however has continued to reduce over the last two months . The increase to the PTL this year is largely due to PAH converting Appointment Slot Issues (ASIs) to the live PTL;
- All three Trusts have now reached zero waits over 78 wks and continue to focus on reducing 65 and 52 wks. The focus will also return to 18 wks which is now included in this report;
- 65 wk waits have continued to reduce however along with all ICBs, HWE did not meet the end of Sept clearance target, The new national end of Dec clearance target remains challenging with variances at Place;
- 52 wk waits have continued to reduce on a trend of improvement. The 18 wk position has plateaued around 50% with common cause variation, however continuing significantly below national standard is of high risk.

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

- Although remaining at lower performance levels, 6-week waits improved at every Trust in October to achieve just under 60% at System level, moving from highest risk to high risk for the ICB. Significant variation remains by Trust however; a return to reporting of the challenged paediatric audiology service at ENHT in June 24 saw a step change decline in system 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 just under 80% in October. 31 day performance also continues to meet the national standard of 96%;
- HWE 62-day performance continues to meet the 70% planning target but there remains notable variation by Trust with PAH the most challenged. All three cancer standards are now at lowest or low risk for the ICB.

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

- Learning Disability Annual Health Check (LDAHC) performance remains strong with all Places exceeding their equivalent 23/24 positions; the 75% target was met in 23/24 and remains on track to deliver in 24/25;
- Increase in number of HWE Out of Areas Placements in Oct at 39 against plan of 6. The re-opening of Lister's Aston Ward has seen Herts numbers improve to October however West Essex numbers have increased;
- Community Adult MH median waits for a 2nd contact remained consistent in the quarter to October at 57 days; this continues to benchmark well against the national average of 95.

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

- The number of children on community waiting lists remains very high with children's community waits now our single area of highest risk. Waits over 52 weeks increased in Oct to 3,743, predominantly at ENHT;
- 18 week % for children's community waits continues to decline at 35.9% in Oct compared to the national average of 50.4%. 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 declined further in November to below 40%. Vacancy rates continue to impact;
- Children's waits for a Community MH 1st appointment increased slightly to 143 days in November with variation across the system, however continues to better the national average of 243 days.

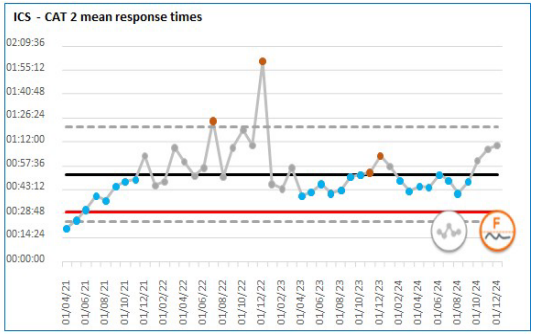
COMMUNITY (Adults)	**% <18 Weeks**	**National: HWE better than average**	**Adult waiting times better than CYP**

- The % of adults waiting <18 weeks remains comparatively strong at 90.3% compared to the national average of 84.2%;

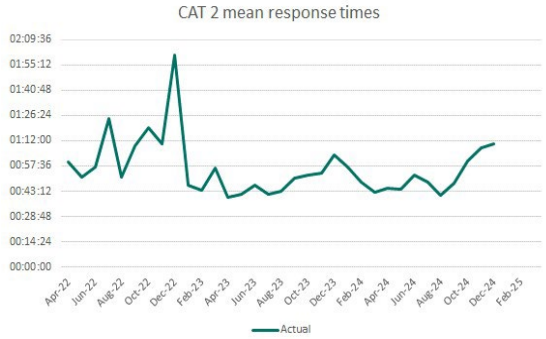
PRIMARY CARE & CHC	**CHC Assessments Within 28 Days:**	**HWE worse than regional and national average**

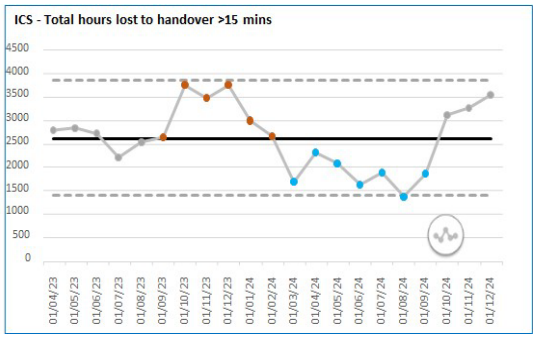
- There has been sustained improvement in the % of gp appts seen on same day, moving from variable to low risk. The % seen within 14 days continues along the mean and is marginally below this year's plan of 89%;
- CHC assessments within 28 days has significantly improved in the last two months to 71% in October, moving from highest area of risk to high risk; performance most notably improved in South & West Hertfordshire.

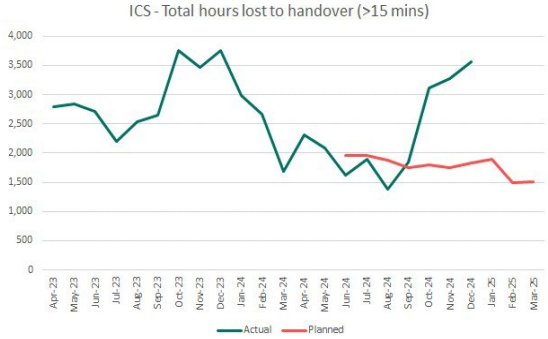
Urgent & Emergency Care (UEC) - Ambulance Response and Handover



Recovery Trajectories







24/25 HWE target is 1,515 per month

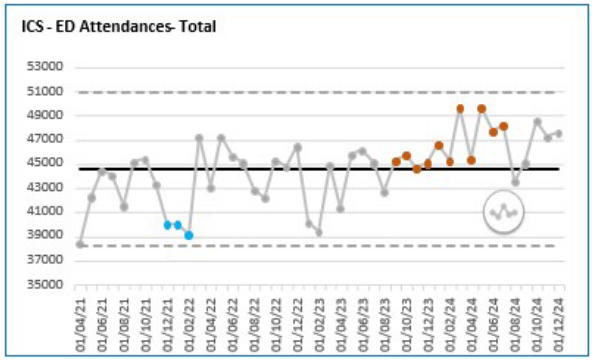
What the charts tell us

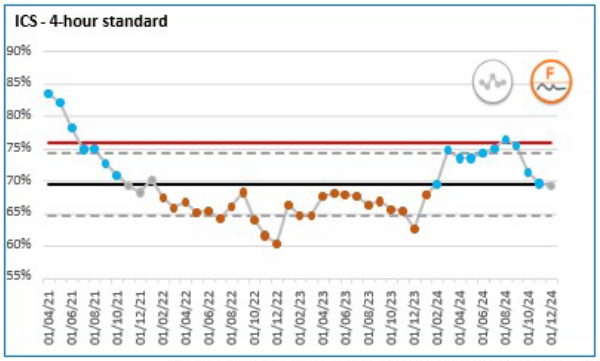
- The mean Category 2 ambulance response time was 70 minutes in December. This remains significantly adrift of the national 30 -minute standard and is the fourth month in a row when performance has deteriorated
- Mean C2 response times in HWE are consistently longer than the regional average (Dec-24 = 57 mins) and national average (Dec -24 = 47 mins)
- Hours lost to handover >15 mins have increased during October, November and December and reached 3556 hours in December. This is significantly worse than the target of 1835 hours for December
- Hours lost to handover are similar to levels from Dec -23 (3757 hours)

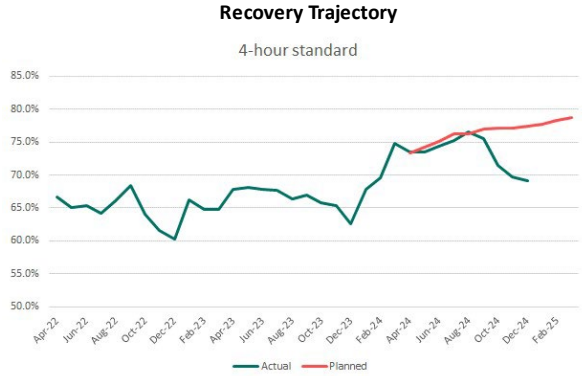
ICB Issues and actions

- Ambulance incidents have generally been higher in FY2425 compared to FY2324. In Nov-24, incidents were 5.2% higher compared to Nov -23
- There are c.70 x WTE vacancies at EEAST in the HWE region
- This means that the deployed staffing hours per incident was 4.4 in HWE in compared to 5.1 across the region as a whole
- Plans developed for EEAST to reduce vacancies in HWE from 78 to 27 by Mar
- Handover-45 was introduced at the end of November with the goal of limiting the number of handovers >45 minutes
- The minimum viable product for the unscheduled care and coordination hub was implemented in Nov; there has been reduction in face -to-face responses and conveyances since it was introduced
- PAH: New PDSA cycle commenced with further expansion of cubicles for triage from 2 to 4. System initiated trial of EAAST access to UTC commenced
- WHTH: All patients assessed by senior decision maker on arrival and treatment commenced if delayed. Increased nursing establishment through winter funding to support timely offloading and release of crews

UEC – Emergency Department



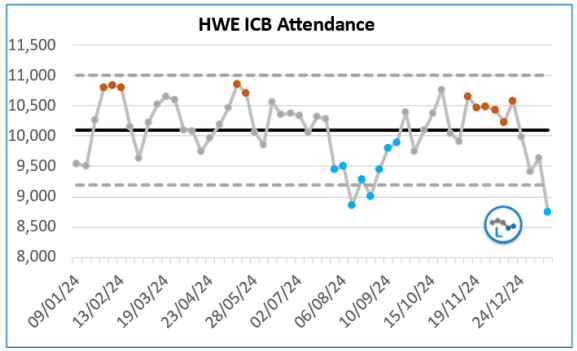


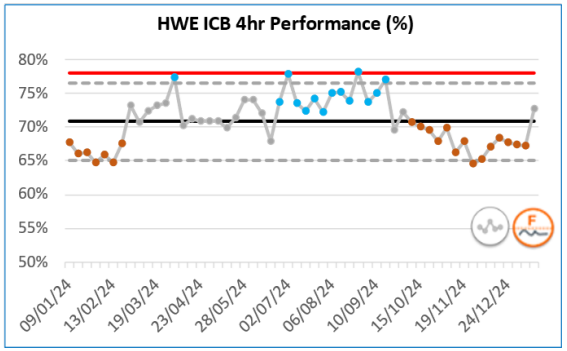


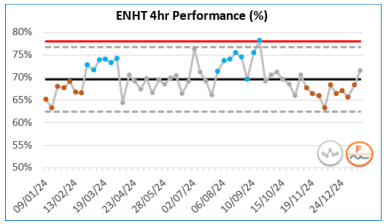
What the charts tell us	Issues	Actions

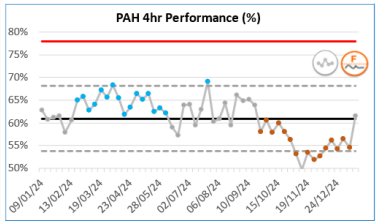
• ED performance across the system was 69.2% in December. This is low compared to the Mar -Sep period but better than where the system was in Dec-23 (62.6%)
• Performance remains below plan
• The number of attendances remains high and has been above average for 11 out of the last 12 months
	• There remains significant variation at place level. In December:
	  ○ SWH = 76.4%
	  ○ ENH = 69.7%
	  ○ WE = 58.4%
	• PAH performance has been impacted by rollout of their new Electronic Health Record (EHR) system
	• Continued high demand: ED attendances across the system were 5.7% higher in Dec -24 compared to Dec-23
	• Mental Health (MH) presentations at ED remain high, coupled with a shortage of beds / assessment space. 20% of MH patients spent >12 hours in ED in Nov -24, compared to 14.3% for patients overall
	• Hospital flow remains challenging with high occupancy rates, especially at PAH where average bed occupancy in December was 98.5%
		System
		• The minimum viable product for the Unscheduled Care and Coordination Hub (UCCH) is now in place with a GP in the hub. Reduction in conveyances during Nov / Dec, but walk -in attendances have been very high
		• Straight to SDEC pathways now in place for EEAST crews
		East and North Herts
		• Lister UTC opening hours extended to 12am in December
		• Introduction of a dedicated rota for leadership of 4 -hour performance
		• ED admitting rights work ongoing for some defined pathways – e.g. NOF direct to ward
		• Doctor wait-to-be-seen times deteriorated since October. Workshops held to agree process improvements
		West Essex
		• PAH Internal Winter Plan and trajectory refreshed for agreement at Trust January Board
		• IUATC utilisation - improvement for last 3 months - November achieved 76.1% utilisation
		• Relaunch trust wide Internal professional standards to support speciality assessment outside of the ED
		• Plans for estates work to increase footprint for non -admitted patients drawn up
		South and West Herts
		• Walk-ins separated from ambulance stream to provide clearer visibility across the department and decompress bottleneck areas
		• High Impact Changes work focussing on rapid clinical assessment

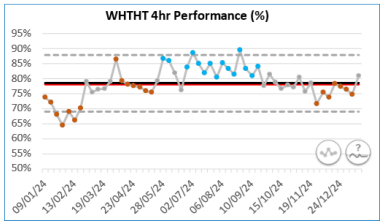
Urgent & Emergency Care (UEC) – latest unvalidated position





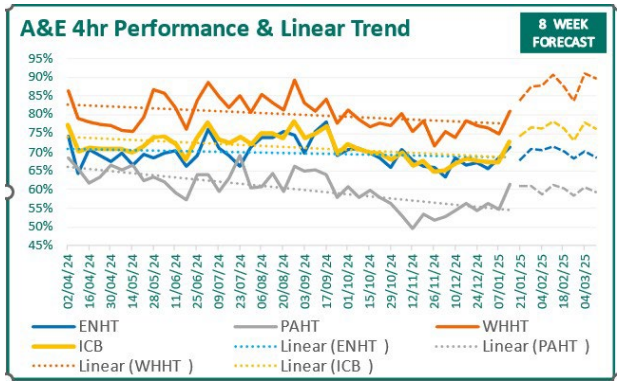






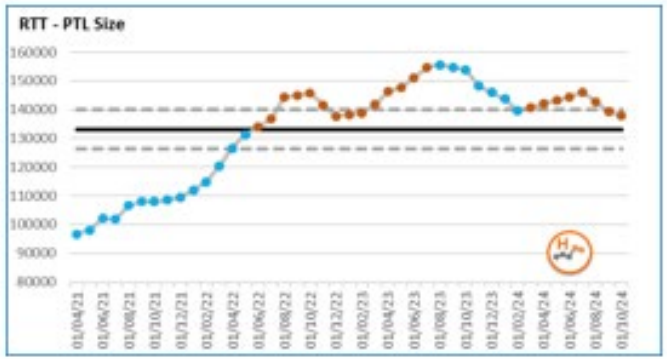
What the charts tell us

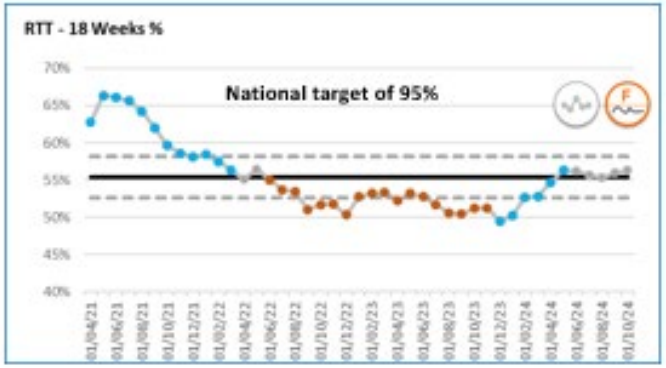
- ED attendances have seen a drop off following a peak at end of December;
- All three Providers have seen improvements in 4 hour performance in the last week (to 14th Jan)
- Trend analysis forecasts performance improvements to continue into February

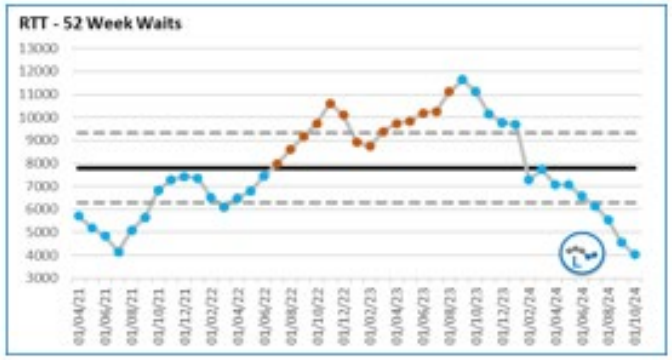


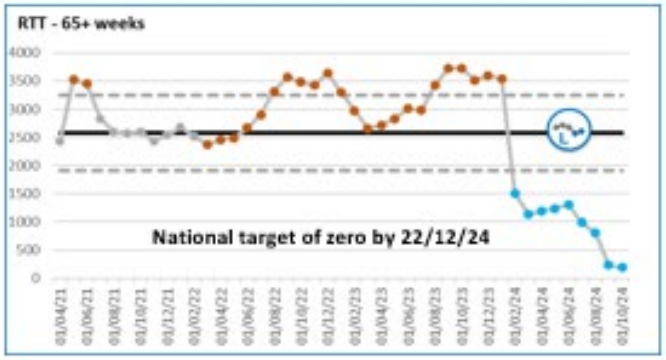
Hertfordshire and West Essex Integrated Care System

Planned Care – PTL Size and Long Waits



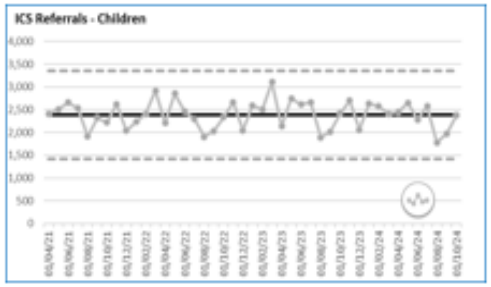


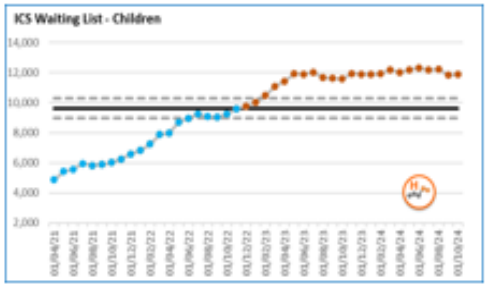


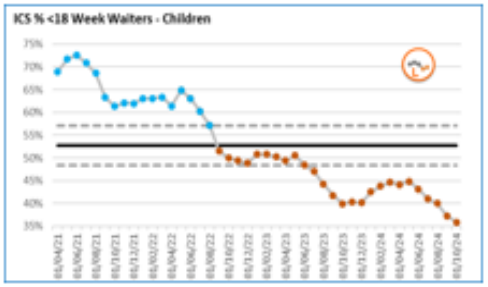


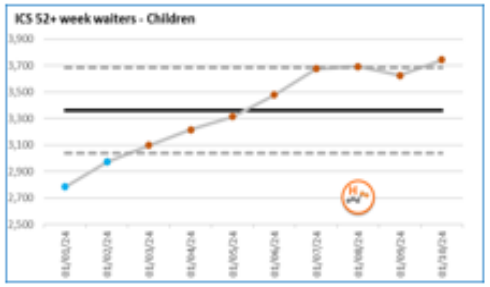
Community Paediatrics patients have been excluded from RTT reporting from February 2024 in line with national guidance
Waiting lists therefore show significant reductions

Community Waiting Times (Children)









		Referrals			Patients Waiting			% Waiting <18 weeks			Patients Waiting >52 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	1978	2386	↑	11833	11884	↑	37.28%	35.85%	↓	3626	3743	↑	October

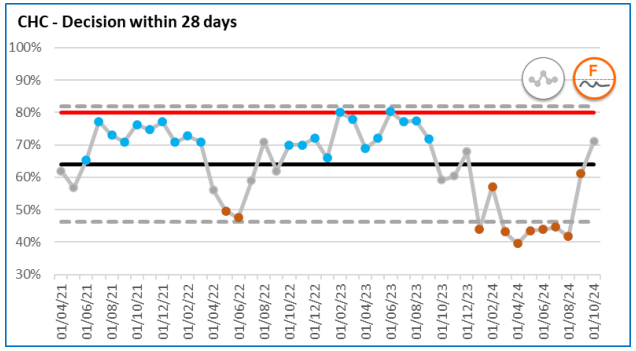
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	325	386	↑	685	617	↓	84.67%	86.06%	↑	0	2	↑	October
ENH	AJM (W/Chairs)	25	25	→	134	132	↓	64.18%	55.30%	↓	1	1	→	October
ENH	ENHT Community Paeds.	201	265	↑	6215	6303	↑	14.50%	13.98%	↓	3555	3684	↑	October
ENH	**All**	**8957**	**9001**	↑	**10355**	**10489**	↑	**89.09%**	**88.62%**	↓	**23**	**37**	↑	**October**

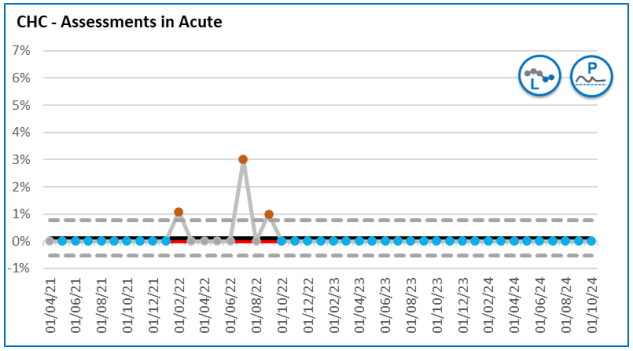
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
SWH	HCT	1009	1219	↑	3768	3664	↓	53.29%	50.60%	↓	70	54	↓	October
SWH	AJM (W/Chairs)	16	21	↑	129	121	↓	55.04%	52.89%	↓	0	2	↑	October
SWH	Communitas (ENT)	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	October
SWH	**All**	**1025**	**1240**	↑	**3897**	**3785**	↓	**55.62%**	**53.35%**	↓	**70**	**56**	↓	**October**

Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
WE	EPUT (W/Chairs)	22	23	↑	29	36	↑	100.00%	100.00%	→	0	0	→	October
WE	HCRG	380	447	↑	873	1011	↑	84.31%	81.21%	↓	0	0	→	October
WE	**All**	**402**	**470**	↑	**902**	**1047**	↑	**84.81%**	**81.85%**	↓	**0**	**0**	→	**October**

NOTE: **Work underway with all Community Providers currently not providing accurate community waiting list data**

Continuing Health Care (CHC)





	What the charts tell us	Issues	Actions

HWEICB	• The 28-day standard has notably improved over the last two months, most significantly in South & West Hertfordshire
	• Performance is trending above the historic mean, and ICB projections for the quarter are being met
	• October overall performance is significantly improved and has reached levels last seen in October 2023:
	  ○ Overall ICB – 71%
	  ○ West Essex – 65%
	  ○ ENH – 65%
	  ○ SWH – 80%
	• The assessments in an acute setting <15% standard continues to be routinely achieved
		• The newly recruited starters do not have previous CHC experience and therefore require robust training and development
		• The recovery of the 28 -day standard is forecast be achieved by Q4 24/25 and is on track
		• West Essex 28 -day performance has declined by 8% in October vs. September. The key issue is workforce. West Essex has a total of 15 WTE, with 5.4 WTE posts currently vacant. In addition to staff sickness issues, the vacancies have meant that West Essex are currently 40% reduced from their WTE establishment
			• 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 is being implemented across the West Essex service to significantly improve work allocation, daily analysis of completed work, case status and risk identification. This approach is similar to that which has improved the service in South & West Herts
			• More robust induction and training packs are being developed for new starters to ensure they can become as productive as possible with day -to-day operations as quickly as possible

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 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)

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.

Reasons to be Proud

Inaugural Patient Safety Incident Response Framework System Leaning Event.

An Inaugural Hertfordshire and west Essex (HWE) cross-system learning event was held on 18th November 2024 related to an incident regarding mental health and discharge arrangements from an inpatient setting. Involved in the learning event were some key provider representatives, including general practice. The aim of the event was to identify areas of good practice, learning and opportunities for strengthening improvement as a system. Work continues to determine which incidents meet the threshold for a cross-system learning event and how these are supported by the ICB.

Mount Vernon Cancer Centre (MVCC).

MVCC has collaborated with patients to produce an informative video on You Tube explaining what to expect during your appointment at the Cancer Treatment Suite in MVCC. https://www.youtube.com/watch?v=ebFp5AhuIcQ

Central London Community Healthcare (CLCH) - Hertfordshire staff member named employee of the month

A Biomechanics Specialist Podiatrist from the Hertfordshire team has been recognised within CLCH as providing exceptional care. The staff member went 'above and beyond' for a patient over a bank holiday weekend, where the decisions made, and support provided to the patient ensured life-risking or life-changing consequences of a limb amputation were avoided.

The Designated Nurse for Safeguarding at HWE Integrated Care Board (ICB) received the Queen Elizabeth the Queen Mother Award for Outstanding Service from the Queen's Nursing Institute.

Only three people across the whole of the UK were granted the prestigious award this year – a recognition given to nurses who provide exceptional care to their patients and show a continuing passion and enthusiasm for nursing.

Princess Alexandra Hospital NHS Trust (PAHT) – Awards.

The Chair of the PAHT Patient Panel has been awarded the British Empire medal which was presented to her by the Lord Lieutenant at County Hall (Chelmsford) on the 30th of October 2024.

Showcasing system quality work to regional Designated Clinical Officer (DCO) /Designated Medical Officer (DMO) Forum.

A presentation was requested and shared via HWE ICB with the Regional Special Education Needs and Disability (SEND) DCO/DMO forum related to SEND quality assurance and improvement work undertaken since and in response to the Hertfordshire SEND inspection report being published in 2023. Very positive feedback was subsequently received from the East of England Regional SEND Lead with an invitation to present details of the system and partnership quality focused work undertaken locally and to showcase this with the National SEND Leads forum.

Paediatric Audiology

ENHT continue to receive 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. Whilst the position remains challenged, there are areas of progress linked to recruitment of key posts, planned estates work, and demand and capacity modelling to support recovery. Robust oversight remains in place with involvement from both the ICB and NHS England, a meeting is also being scheduled with the national team to discuss progress and seek any further support required. All improvement work is aligned to the National Paediatric Hearing Services Improvement Programme.

As part of the wider paediatric audiology improvement work, a regular system level paediatric audiology meeting continues to take 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 and site visits undertaken as part of the national improvement programme.

Quality of Care in Pressurised Services

The ICB has worked with system partners including acute, community and mental health providers to review and seek assurance around the processes and support in place to ensure patients are continuing to receive quality care in pressurised services including temporary escalation spaces; this is particularly key with the current pressures on urgent and emergency care. The work has been focused around maintaining safe care linked to the Care Quality Commission (CQC) fundamentals of care standards. Discussions have taken place at the System Quality Group and System Transformation and Quality Improvement Committee, to understand any further actions that can be taken currently to improve quality and safety this winter, as well as to consider future work to support longer term improvements. Alongside and aligned closely to this work, there have been focused discussions around staff support and wellbeing whilst working under extreme pressure and the impact it can have on staff when they are delivering care in non-optimal environments and conditions.

Finance

HWE System Revenue Year to Date (YTD) Position:

In Month 9 (December), Hertfordshire and West Essex (HWE) Integrated Care System (ICS) reported a Year-To-Date (YTD) **deficit position of £23.049m,** which is **£6.397m behind plan**. This indicates an improvement of £41k in year-to-date spending compared to Month 8, along with an improvement in the year-to-date variance from the plan of £2.186m when compared to the Month 8 adverse plan position of £8.583m.

ICS organisations have collectively delivered 96% of the YTD efficiency target of £130m; of the total £125m delivered, £75m (60%) was delivered recurrently.

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 continues to report projected achievement of the full year target to breakeven. Based on current predictions on the delivery of existing plans, to deliver this it needs to find another c£11m in cost reductions in the last 3 months of the year.

HWE System Capital Financial Position

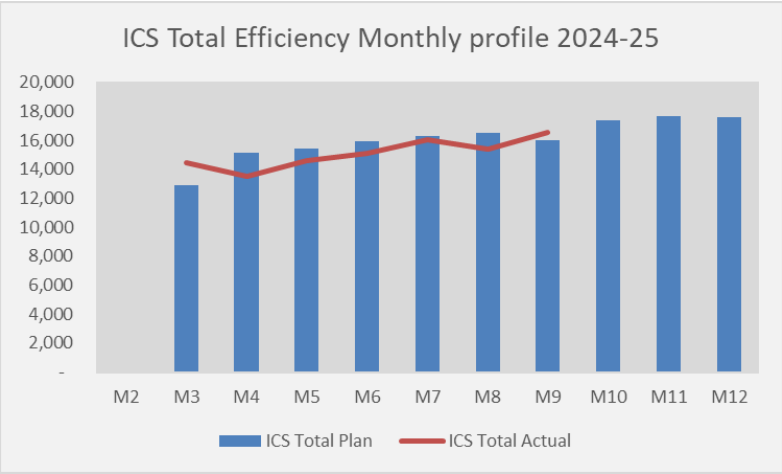
HWE ICS received total system capital allocations of £85.014m for the System, including GPIT and voluntary sector grants. This is expected to be fully utilised by the end of the financial year.

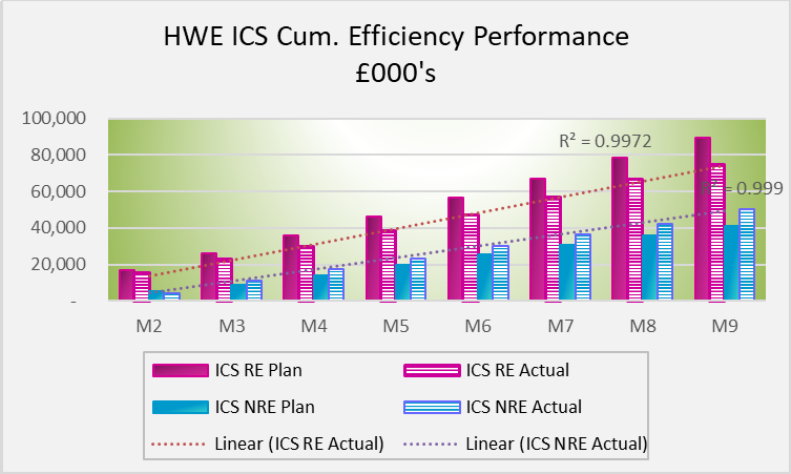
The ICS was also successful in securing an additional £5.8m of capital through recent bidding against National slippage and this is also expected to be fully utilised by the end of the financial year.

Tables

Month 8 2024/25			
Orgn	YTD Plan	YTD Actual	YTD Variance
	£'000	£'000	£'000
ENHT	930	243	**(687)**
HCT	(280)	(1,077)	**(797)**
HPFT	(2,931)	(5,276)	**(2,345)**
PAH	(6,635)	(6,437)	**198**
WHTH	(9,210)	(13,655)	**(4,445)**
ICB	3,619	3,112	**(507)**
TOTAL ICS	**(14,507)**	**(23,090)**	**(8,583)**

Month 9 2024/25			
Orgn	YTD Plan	YTD Actual	YTD Variance
	£'000	£'000	£'000
ENHT	138	(555)	**(693)**
HCT	(292)	(955)	**(663)**
HPFT	(2,685)	(5,276)	**(2,591)**
PAH	(7,897)	(6,582)	**1,315**
WHTH	(10,339)	(13,610)	**(3,271)**
ICB	4,423	3,929	**(494)**
TOTAL ICS	**(16,652)**	**(23,049)**	**(6,397)**





FOT at Month 9 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

- **2024/25 Operational Plan Workforce Monitoring**

We have received M9 workforce figures, but just awaiting the final provider financial returns to undertake the bi-angulation work against pay bill, so M8 figures are shared on pay costs.

			Sep-24	Oct-24	Nov-24	Dec-24
Operational Plan WTE	Total Workforce	ACTUAL	23,870.22	23,978.12	23,896.68	23,896.14
		MxM Change	-140.63	107.90	-81.44	-0.54
		PROJ.	23,630.03	23,658.07	23,733.40	23,735.40
		DIFF. ACT v PROJ	240.19	320.05	163.28	160.74
		% DIFFERENCE	1.01%	1.33%	0.68%	0.67%
	Substantive	ACTUAL	21,467.62	21,555.42	21,548.05	21,689.69
		MxM Change	125.16	87.80	-7.37	141.64
		PROJ.	21,404.18	21,426.26	21,541.96	21,565.71
		DIFF. ACT v PROJ	63.44	129.16	6.09	123.98
		% DIFF.	0.30%	0.60%	0.03%	0.57%
	Bank	ACTUAL	2,107.75	2,128.00	2,064.07	1,935.62
		MxM Change	-183.69	20.25	-63.93	-128.45
		PROJ.	1,823.91	1,822.34	1,811.14	1,784.79
		DIFF. ACT v PROJ	283.84	305.66	252.93	150.83
		% DIFF.	13.47%	14.36%	12.25%	7.79%
	Agency	ACTUAL	294.85	294.69	284.56	270.83
		MxM Change	-82.09	-0.16	-10.13	-13.73
		PROJ.	401.94	409.46	380.30	384.90
		DIFF. ACT v PROJ	-107.08	-114.77	-95.74	-114.07
		% DIFF.	-36.32%	-38.95%	-33.64%	-42.12%

M8 saw a reduction in workforce by 81wte over this time, followed up by no change to our total staffing number in M9. This puts the system at 0.6% over planned total workforce at this point in the plans. Within M9 there was a substantial increase in substantive staff (+141wte) which puts the overall system 0.5% over plan at M9. This was off-set by a reduction in bank staffing usage at this time (-128wte), agency use continues to perform well and reduced further in M9 (-13wte).

It will be important to refer this against pay bill figures, as while WTE usage indicates comparatively good performance we were anecdotally aware that there was a requirement for some providers to introduce incentives for some temporary staffing towards the end of M9 and beginning of M10 to provide safe services during winter pressures.

			Sep-24	Oct-24	Nov-24
Costs - £'000	Total Paybill	ACTUAL	£698,182	£850,454	£972,007
		MxM Change	£115,796	£152,272	£121,553
		PROJ.	£691,766	£826,873	£959,588
		£ DIFF.	£6,416	£23,581	£12,419
		% £ DIFF.	0.92%	2.77%	1.28%
	Substantive	ACTUAL	£605,934	£743,995	£852,146
		MxM Change	£101,485	£138,061	£108,151
		PROJ.	£600,246	£721,813	£840,019
		£ DIFF.	£5,688	£22,182	£12,127
		% £ DIFF.	0.94%	2.98%	1.42%
	Bank	ACTUAL	£69,677	£81,098	£91,676
		MxM Change	£11,439	£11,421	£10,578
		PROJ.	£69,210	£79,392	£90,724
		£ DIFF.	£467	£1,706	£952
		% £ DIFF.	0.67%	2.10%	1.04%
	Agency	ACTUAL	£22,570	£25,361	£28,185
		MxM Change	£2,871	£2,791	£2,824
		PROJ.	£22,310	£25,669	£28,845
		£ DIFF.	£260	-£308	-£660
		% £ DIFF.	1.15%	-1.21%	-2.34%
	Agency as % of Paybill	ACTUAL	3.2%	3.0%	2.9%
		PROJ.	3.23%	3.10%	3.01%

At M8 pay bill costs seem to have been consistently adjusted across all providers to account for the nationally agreed pay deal and back-pay arrangements. This has improved the system's position, albeit we are still off-plan. The system is currently 1.2% off-plan – equating to £12.4m over planned spend on total workforce. The vast majority of this is related to substantive staff costs which are currently £12.1m over planned spend (1.4%) – this is predominantly caused from pay bill costs at WHTH not being built into the operational plan – specifically the band 2/3 job

evaluation and back pay arrangements, and to a lesser extent HCT's additional use of substantive staff – although HCT's costs are somewhat off-set by reduced costs in temporary staffing use. Bank staff costs are £952,000 over plan (1%) some of which is off-set by agency staffing costs being £660,000 under projected costs (-2.3%). This puts the agency as percentage of pay bill at 2.9%.

- **Clinical Expansion Plans**
  The narrative expansion plan has been shared with region and received informal positive feedback. Work has been underway to review the regional trajectory calculated from the national modelling for the Long-Term Workforce Plan. These numbers are currently being evaluated before finishing the complete submission.

- **Nursing and Midwifery role evaluation**

Following a request made by the Royal College of Nursing (RCN) and the Royal College of Midwives (RCM) to the NHS Staff Council in 2021, the JEG has been undertaking a review of the national job matching profiles for nursing and midwifery (band 4 and above) and expects to complete this work in the first half of 2025. The JEG consulted on proposed revisions to the job evaluation matching profile for nursing and midwifery - bands 4, 5 and 6 earlier in the year and are consulting on proposals for bands 7 to 9 currently.

National guidance has been made available to guide the initial steps

1. Data analysis and evidence gathering
2. Engagement
3. Risk assessment and Board assurance
4. Local action plan development

Our provider organisations are engaging with their boards to assess the next steps in taking this forward are developing potential financial scenarios to consider the pay impact and outcomes.

- **Audiology Workforce**

As highlighted in the performance section, paediatric audiology is a significant concern for the system, and the workforce within this area is a limiting factor. A workforce mapping and analysis exercise has been completed and shared with the task and finish group. Further analysis needs to be undertaken to provide support for the system in recruitment and retention of staff within this service area and an associated action plan will be developed to support culture and career development across the system. This includes review of the CPD and training support provided for audiology staff as well as a career pathway for staff across the system.

- **Get Britain Working / Connect to Work**

Following publication of the Get Britain Working white paper the transformation team has been working with colleagues across the system to identify opportunities to collaborate on supported employment schemes. This includes engagement with Herts Futures (which is the new name for the Hertfordshire local enterprise partnership) and supporting Hertfordshire and Essex's Connect to Work programme, which is effectively about helping people out of long-term sickness into employment.

- **Statutory and Mandatory Training**

All NHS organisations have been asked to sign the StatMand staff movement MOU which will provide a nationwide arrangement to underpin the portability of training records. It is for any staff movements (substantive or bank workers) between any of the 266 NHS organisations in England, as listed on the signature pages. This MOU is supported by NHS England, CQC and NHS Resolution. It is exclusively for the transfer of the 11 Core Skills Training Framework (CSTF) subjects plus learning disabilities and autism training (aka Oliver McGowan training).

Employment checks require a higher legal threshold and will be covered by the digital staff passport.

The MOU establishes an agreement that all organisations will accept prior training for the subjects listed, for at least the time periods set out in the appendix and will help to save up to 100,000 days of staff time.

- **Health Managers Consultation**

The government is currently out to consultation on the most effective way to strengthen oversight and accountability of NHS managers, seeking views from stakeholders on:

  - the type of regulatory system that would be most appropriate for managers
  - which managers should be in scope for any future regulatory system
  - what kind of body should exercise such a regulatory function
  - what types of standards managers should be required to demonstrate as part of a future system of regulation

NHS England is developing a leadership and management framework, which will introduce a code of practice, a set of core standards and a development curriculum for managers. This will support managers and leaders to undertake further training to improve their effectiveness and to progress in their careers.

The consultation can be found here: https://www.gov.uk/government/consultations/leading-the-nhs-proposals-to-regulate-nhs-managers/leading-the-nhs-proposals-to-regulate-nhs-managers and closes on the 18 February 2025.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Questions to the ICB Board

1. Question

A pilot Mild Cognitive Impairment pathway to provide post-diagnostic support to patients with early stage dementia was provided in West Essex in the last financial year (2023-2024). It assisted about 350 patients. It was successful, but funding was not renewed this year (2024-2025). A similar pilot pathway in Suffolk and North Essex ICS was equally successful and is now permanently funded. Would the Board please explain:

a) The reasons for not providing permanent funding for the local pathway?
b) If the reasons are essentially lack of money, whether the Board considers the West Essex pilot results are sufficiently good to review the pathway when funds allow?
c) What is the effect of closing the Milfd Cognitive Impairment pathway on other elements of dementia services in West Essex?

Response:

The MCI Pathway was a pilot funded with non-recurring monies to support this group of patients post covid. The outcomes from this pilot are being considered alongside other priorities for supporting people with dementia as part of the ICBs commissioning intentions for 25/26.

2. Question - Patient Choice for People living on Place Boundaries

Is the Board able to provide assurance to patients living on Place Boundaries that patient choice is respected and the out of area hospital pathways are followed at all times?

Response:

NHSE Guidance is clear that Trusts cannot reject patients as being “out of area”, where we are informed of pockets of this the ICB raises this with the Trusts concerned and seeks to remove blocks to referral and treatment. The majority of patients are treated at their closest hospital for example, in West Essex place Princess Alexandra NHS Trust represent 54% of our hospital activity, 12% go to Cambridge University Hospital NHS Trust and 6% to Barts.

Non consultant led referrals/activity are not within patient choice, in which case NHS patients have to use the contracted services. This affects services such as Tier 3 weight loss, community dermatology, physiotherapy and community nursing.

Background

The treatment that patients living on Place Boundaries receive from out of area providers is mixed, and often at variance with the treatment that patients within the home hospital's local Place area receive.

Response:

Providers are expected to deliver care within agreed clinical pathways and in line with NICE, contractual, quality and professional standards. If patients have concerns about the quality of care being provided, they should contact local PALS support and if necessary standard complaints processes.

For example patients on Herts borders going to PAH are telling us that they are being sent to UCLH for Cardiovascular diagnostics rather than Basildon – the local Cardiothoracic Centre – and not being offered alternatives which are easier to access due to contract arrangements.

Response:

Where Trusts such as PAH retain the clinical care of patients then they have specific pathways which enables them to review the diagnostics with ease. Having the main care in one Trust, and diagnostics in a separate Trust without those formal links can add complications to the patients pathway. With regards to this specific query, PAH have confirmed that they have used the service at UCLH for over 20 years and have found the service to be excellent in terms of time, quality and communication. Myocardial perfusion scan requests are sent to UCLH, when patients find it difficult to travel they can be switched to Stress MRI at Basildon.

What is the appeal process for people on Place Boundaries where patient choice is not respected and standard pathways aren't used?

Response:

Patients should raise any specific queries with primary care or PALS, who will then follow up with the provider and/or contracts team to seek a resolution.

Patients have reported that there is no patient choice for ADHD and Autism

Response:

The right to choose for ADHD and Autism Assessments and treatment for children and adults is available and can be accessed through a GP, if the GP feels the assessment is indicated for the person. There have been recent changes in Patient Choice Guidance and ICB is working to implement the appropriate Provider Accreditation processes to on-board providers. ADHD & autism assessment services have seen significant growth in referrals and waiting times in the past year and a growth of independent providers requiring accreditation.

3. **Question**

As the adoption of AI continues to shape the delivery of healthcare, what is the ICB's approach to leveraging these tools to enhance outcomes, improve efficiency, and ensure equitable access to services?

Response:

The ICB digital team are currently baselining current AI and RPA initiatives underway within our system to identify collaboration opportunities and develop an operating framework. Some examples of projects underway include an AI enabled HR assistant to automate and support key functions like automating leave and updating personal details.

Primary care are developing AI for efficiency in admin functions like new patient registrations. Our Acute providers have implemented AI technology in radiology departments for CT scans and X-Rays improving accuracy and increasing capacity thereby providing faster and more accurate diagnosis for patients. Our community trust are using AI for consultation notes and also exploring AI technology for wound care diagnosis to improve clinical decisions and triage. Also, one of our acute trusts has on their roadmap deploy AI technology in their outpatient department the intention is to use AI to prioritise patients who need to be seen quickly thereby improving outcomes rather than providing appointments chronologically.

The technology also can identify likely missed appointments thereby making outpatients more efficient and creating capacity. So far These technologies are currently being funded by our providers and the ICB however we expect NHS England to provide a steer on national AI intentions and crucially funding following the treasury spending review in 2025/26.

4. **Question**

Is the ICB confident that the new hospital hub or campus that is planned for the Hemel Hempstead Market Square will meet the future needs of not just Dacorum patients but also those across South & West Herts "Place"? Further, how will the ICB ensure that patients are fully engaged in the co-design and development of any new facility to replace Hemel Hempstead Hospital?

Response:

The work done to date on the planned Hemel Hempstead Health Campus has taken account of current and future projected health needs for local residents who would be expected to potentially use it. This extends beyond people living in the Dacorum Borough Council area, and also includes projected future population growth, including housing growth. As this work progresses, there will be further engagement with residents and patients, including with the South and West Herts Co-Production Board, to co-design services that will be delivered in Hemel Health Campus.