

## NHS HWE ICB Board meeting held in Public - For Information Only

Latton Bush Conference Centre

Southern Way

Harlow, CM18 7BL

# Meeting book – NHS HWE ICB Board meeting held in public – for information only

## Agenda – for information online

### Exception reports

13. Quality Escalation report – Director of Nursing and Quality
14. Performance report – Director of Performance
15. ICB/ICS In-Year Finance report – Chief Finance Officer
16. Committee Summary reports – Committee Chairs

<b>Meeting:</b>	Meeting in public		<input checked="" type="checkbox"/>		Meeting in private (confidential)		<input type="checkbox"/>	
	NHS HWE ICB Board Meeting in Public				Meeting Date:		31/01/2025	
<b>Report Title:</b>	Quality Escalation report				Agenda Item:		13	
<b>Report Author(s):</b>	Multiple authors including relevant quality leads, collated by Shazia Butt - Assistant Director for Quality Assurance and Improvement, HWE ICB.							
<b>Report Presented by:</b>	Natalie Hammond, Director of Nursing and Quality.							
<b>Report Signed off by:</b>	Natalie Hammond, Director of Nursing and Quality.							
<b>Purpose:</b>	Approval / Decision	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Information	<input checked="" type="checkbox"/>
<b>Which Strategic Objectives are relevant to this report [Please list]</b>	<ul style="list-style-type: none"> <li>• Increase healthy life expectancy and reduce inequality.</li> <li>• Give every child the best start in life.</li> <li>• Improve access to health and care services.</li> <li>• Increase the numbers of citizens taking steps to improve their wellbeing.</li> </ul>							
<b>Key questions for the ICB Board / Committee:</b>	<p>Does the report provide sufficient information for the Board to be assured regarding the work undertaken to manage risks and drive forward needed quality improvements?</p> <p>Alongside this question, the Board is asked to note that work is ongoing to develop and refine the Quality Escalation Report and the Quality Dashboard.</p>							
<b>Report History:</b>	<p>The full report was presented and discussed at the ICB System Transformation and Quality Improvement Committee on 15th January 2025. This version has been adapted to ensure it is appropriate for public discussion.</p> <p>At the Committee the Quality Escalation Report is presented alongside the quality dashboard that contains additional information relating to several key metrics and quality performance.</p>							



<b>Executive Summary:</b>	<p>This paper provides a summary position relating to quality and safety across Hertfordshire and West Essex.</p> <p>Areas included relate to sharing of best practice and learning from excellence as well as highlighting key areas of challenge and risk.</p> <p>Areas of best practice include;</p> <ul style="list-style-type: none"> <li>• Inaugural Patient Safety Incident Response Framework System Leaning Event.</li> <li>• Mount Vernon Cancer Centre (MVCC) Information video.</li> <li>• Central London Community Healthcare (CLCH) - Hertfordshire staff member named employee of the month.</li> <li>• 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.</li> <li>• Showcasing system quality work to regional Designated Clinical Officer (DCO)/Designated Medical Officer (DMO) Forum.</li> <li>• Princess Alexandra Hospital NHS Trust (PAHT) – British Empire Medal Award.</li> </ul> <p>Key challenges include;</p> <ul style="list-style-type: none"> <li>• Paediatric Audiology – continued oversight at a system level and within East and North Hertfordshire Trust (ENHT).</li> <li>• Two wrong site surgery Never Events have occurred (1 at West Hertfordshire Teaching Hospitals Trust (WHTHT), and 1 at ENHT).</li> <li>• Hertfordshire Joint Targeted Area Inspection (JTAI) Domestic Abuse undertaken in Herts from 07/10/2024 and 25/10/2024 with findings shared – Improvement Plan in place.</li> <li>• Special Education and Development Needs (SEND) – positive progress noted for quality with continued focus required.</li> <li>• AJM Wheelchair Services – second system quality meeting undertaken with progress noted. Further system meeting to take place in January 2025. Oversight of Improvement plan continues.</li> </ul>			
<b>Recommendations:</b>	<p>The Board is asked to note the contents of the report.</p>			
<b>Potential Conflicts of Interest:</b>	<i>Indirect</i>	<input type="checkbox"/>	<i>Non-Financial Professional</i>	<input type="checkbox"/>
	<i>Financial</i>	<input type="checkbox"/>	<i>Non-Financial Personal</i>	<input type="checkbox"/>
	<i>None identified</i>			<input checked="" type="checkbox"/>
	n/a			





Implications / Impact:		
<b>Patient Safety:</b>	Patient Safety is a driving principle and at the core of the Quality Report. The paper flags areas of good practice, identifies risks to patient safety and provides information about mitigation and actions to manage risks to patient safety.	
<b>Risk:</b> <i>Link to Risk Register</i>	Links to Nursing and Quality Directorate Risk Register. Datix Refs: <ul style="list-style-type: none"> <li>• 530 Maintaining High Quality Services</li> <li>• 649 Paediatric Audiology</li> </ul>	
<b>Financial Implications:</b>	n/a	
<b>Patient or public engagement or consultation:</b>	n/a	
<b>Impact Assessments:</b> <i>(Completed and attached)</i> <i>Please detail key impacts the Board/Committee should note:</i>	<b>Equality Impact Assessment:</b>	n/a
	<b>Quality Impact Assessment:</b>	n/a
	<b>Data Protection Impact Assessment:</b>	n/a



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

January 2025



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# Executive Summary

## Never Events (NE). Slide 18

Position since Previous Report: **NEW**

- **West Hertfordshire Teaching Hospitals Trust (WHTHT)** A Never Event has been declared relating to wrong site surgery and the appropriate processes being followed, including Duty of Candour being discharged. Urgent actions have been implemented.
- **East and North Hertfordshire Trust (ENHT)** A Never Event has been declared relating to surgery and the appropriate processes are being followed. A system event relating to National Safety Standards for Invasive Procedures/Local Safety Standards for Invasive Procedures to be arranged.

## Paediatric Audiology. Slide 18

Position since Previous Report: **Continued oversight and further improvements required**

- **System Approach to Audiology** Continue to focus on requirements outlined in the letter sent by NHS England (NHSE) to Integrated Care Boards (ICBs) regarding the Paediatric Hearing Services Improvement Programme. Harm review panel supported by NHSE to commence. Hertfordshire Community Trust (HCT) and Princess Alexandra Hospital Trust site visits took place in November.
- **ENHT** Pace of progress remains challenging due to a number of factors including workforce and estates. Additional clinics, estates and mutual aid options continue being planned and explored.

## Hertfordshire Joint Targeted Area Inspection - Domestic Abuse – October 2024. Slide 12

- Letter on multi-agency response to unborn children and children aged 0 to 7 years who are victims of domestic abuse outlined strength of partnership with identified areas for improvement that the Partnership will address across the multi-agencies, including Primary Care.

## Elysium Healthcare – Care Home Slide 23

Position since Previous Report:

- Elysium remain in the Safety Improvement Process (SIP) with regular System-Wide Meetings with commissioners and Elysium occurring. Additional assurance meetings held to review improvement evidence. Joint ICB, Hertfordshire County Council and other Commissioner quality visits continue with some progress being made.

## Hertfordshire Special Educational Needs and Disability (SEND). Slide 5

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

- Continued progress evidenced around quality assurance activity and system working, with ongoing risks also noted related to waiting times, capacity and funding.

## AJM Wheelchair Services. Slide 21

Position since Previous Report: **Continued oversight and further assurance required.**

- Improvement noted from initial escalation and systems support, however AJM are currently challenged in meeting agreed improvement trajectories. Escalated discussions are underway.

# **Sharing Best Practice and Learning from Excellence**

# Reasons to be proud

## **Inaugural Patient Safety Incident Response Framework System Learning Event.**

An Inaugural Hertfordshire and west Essex (HWE) cross-system learning event was held on 18<sup>th</sup> 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 YouTube](#) explaining what to expect during your appointment at the Cancer Treatment Suite in MVCC.

## **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.

# **Key Priority Areas**

# Patient Experience and Safety - ICB

ICB Area October/November 2024	Compliments	Complaints	PALS	Member of Parliament	General Practitioner (GP) queries	Whistle- blowing	PSII recorded on STEIS	Never Events
East and North Hertfordshire	1	45	64	12	78	0	2	1
South and West Hertfordshire	2	37	113	9	60	1	1	0
West Essex	1	21	48	6	64	0	1	0
All ICB localities	0	5	73	0	*N/A	1	*N/A	*N/A
Other	0	4	63	0	2 (all)	0	3	0
<b>Total</b>	<b>5</b>	<b>112</b>	<b>381</b>	<b>27</b>	<b>204</b>	<b>2</b>	<b>7</b>	<b>1</b>

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

ICB area	Key themes and Risks	Improvement Actions and Mitigations
<b>All Localities - Inappropriate requests from secondary care to general practice (GP).</b>	GP practices reporting inappropriate requests from secondary care continues to be the key theme of queries reported through the Quality Review System.	This remains an ongoing issue across all acute trusts. Trusts are asked to remind their clinicians of the appropriate processes and the ICB continues to raise the issue at the place-based interface group meetings.
<b>East and North, West Essex.</b>	GP practices reporting delays in patients receiving appointments on the 2 week wait pathway.	Queries relate to PAHT and ENHT largely due to capacity issues. Individual cases resolved with patients being booked appointments and additional clinics being arranged. Work is underway by both trusts to improve referral pathways and appointment systems.
<b>All Localities.</b>	Length of waiting lists for adult and child Attention Deficit Hyperactivity Disorder (ADHD)/Autism Spectrum Disorder.	ICB Patient Experience Team continue to respond to individual queries. Ongoing monitoring of queries to undertake analysis of themes. Shared care elements under review.



# National Patient Safety Strategy Implementation (1/2)

Priority Area	Current Position	Status for HWEICB
<b>Just Culture.</b>	<ul style="list-style-type: none"> <li>Ongoing work within the ICB, for example staff survey results, and working with providers regarding psychologically safe and just culture across system. Supported by Patient Safety Incident Response Framework.</li> </ul>	In progress
<b>Medical Examiner (ME) System for Community Deaths.</b>	<ul style="list-style-type: none"> <li>Monthly meetings with the Lead Medical Examiners for the 3 place areas continue and the ICB are developing a process for intelligence and information that is shared in relation to Community Deaths.</li> <li>The MEs have been invited to lead a session for GPs' 'Protected Time to Learn' events in the future.</li> <li>Patient Safety Team are visiting the ME offices within the system, building rapport and understanding.</li> </ul>	On Track
<b>Patient Safety Incident Response Framework (PSIRF).</b>	<ul style="list-style-type: none"> <li>The ICB to focus on the transition to PSIRF for smaller providers.</li> <li>The ICB is working with the Patient Safety Network to review providers' priorities and to develop a process to sign off updated PSIRF plans.</li> <li>The first HWE system-wide learning response was supported (and chaired) by HWE colleagues. This was focused on mental health with several relevant providers being present, identifying areas of good practice and areas for improvement as a system.</li> </ul>	On Track
<b>System-wide Learning from Deaths Forum.</b>	<ul style="list-style-type: none"> <li>The Forum held its third meeting in early December and continues to develop.</li> <li>Providers are asked to contribute and share themes from their internal mortality reviews.</li> </ul>	On Track

# National Patient Safety Strategy Implementation (2/2)

Priority Area	Current Position	Status for HWEICB
<b>National Patient Safety Strategy for Primary Care.</b>	<ul style="list-style-type: none"> <li>The ICB will be presenting an overview of the requirements and plans for implementation to the Primary Care Transformation Committee.</li> <li>The ICB continues to support the GP PSIRF pilot and will be meeting with the practices involved in the new year to discuss progress.</li> </ul>	In Progress
<b>National Patient Safety Alerts.</b>	<ul style="list-style-type: none"> <li>Robust processes are in place within providers. The ICB is currently reviewing the internal processes in order to strengthen and improve the existing process.</li> </ul>	In Progress
<b>Transition to Learning from Patient Safety Events (LFPSE).</b>	<ul style="list-style-type: none"> <li>All main providers have transitioned to LFPSE. Due to some issues with the functionality of the system for ICB oversight, providers have been asked to continue to log those incidents identified for individual Patient Safety Incident Investigation (PSIIs) on the historical system.</li> <li>The rollout for primary care has been delayed and will be incorporated into the ICB's implementation plan for the National Patient Safety Strategy for Primary Care.</li> </ul>	On Track
<b>Patient Safety Education and Training.</b>	<ul style="list-style-type: none"> <li>The ICB requires all staff to complete Level 1 and Level 2 Patient Safety Training. The latest compliance rates sit at 95% for Level 1, and 87% for Level 2.</li> <li>There is an additional training requirement for staff at 8D and above, and those on the ICB Board. Training performance is currently 100% compliant.</li> </ul>	On Track
<b>National Patient Safety Improvement Plans.</b>	<ul style="list-style-type: none"> <li>All programmes led by the local Patient Safety Collaboratives, local providers and the ICB where appropriate are engaged in the main programmes of work.</li> </ul>	On Track
<b>Involving Patients in Patient Safety.</b>	<ul style="list-style-type: none"> <li>Monthly meetings are in place between the Assistant Director for Quality Improvement and Patient Safety and the Patient Safety Partners (PSP). Current plans to have a HWE PSP roundtable/forum to understand roles, remit and intelligence within the system. Regional PSP dates have been released for 2025.</li> </ul>	On Track

# Quality Improvement (QI)

Priority Area	Current Position	Status
<b>Creating shared purpose and system priorities.</b>	<ul style="list-style-type: none"> <li>The work linked to the successful Health Foundation bid is complete.</li> <li>The bid supported the implementation of the HWE System QI Network, including two face-to-face improvement events, regular network meetings with patient engagement, development of a dedicated internet page, tracking and monitoring outputs and improvements. The evaluation has now been completed following the successful face-to-face event that took place earlier in the year.</li> </ul>	Completed
<b>Developing QI communications plan:</b> - To build the 'will' to create a movement for QI. - Promoting Herts and West Essex Quality Improvement Network System update as an enabler for change.	<ul style="list-style-type: none"> <li>NHS Futures Platform dedicated page and WhatsApp group in place.</li> <li>Work has begun to engage staff, patients and partners to build the will for QI and to ensure sustainability of the Network. Plans include promoting the Network via staff briefings as well as formal and informal engagement workshops. A QR code flyer, designed to promote joining the Network has been a very successful, with the Network membership increasing and currently at 104 members.</li> <li>A 'Learn and Celebrate' event was successfully launched in November with 52 participants and key speakers from ENHT and WHTHT sharing learning from their QI projects. Positive feedback was received and will be used to inform future events.</li> </ul>	On track
<b>NHS Impact update.</b>	<ul style="list-style-type: none"> <li>Baseline assessments have been completed for Trusts and ICB.</li> <li>Current work includes scoping of the NHS Impact self-assessment for readiness to change as an ICB. A series of engagement focus group workshops and virtual interviews have been offered to staff and patients across the ICB and externally to all system partners during October and November 2024. The feedback will inform our NHS Impact delivery plan including our HWE ICB QI approach and training offers.</li> </ul>	In progress
<b>ICB QI delivery plan.</b>	<ul style="list-style-type: none"> <li>HWE ICB QI plan is in progress and will be aligned to the ICS Quality Strategy, PSIRF, the NHS Impact 5 key priorities and the ICB's Operating Model.</li> </ul>	In progress
<b>ICB QI capability and capacity building plan.</b>	<ul style="list-style-type: none"> <li>Scoping work has begun to develop HWE QI offers for building capability and capacity within the ICB and across system for smaller providers and primary care.</li> <li>A HWE QI: Introduction to QI Training offer commenced in December 2024. The first test wave of training to members has been delivered with additional sessions in place. The training will launch officially from January 2025.</li> </ul>	In progress

# Safeguarding All Age (1/2)

Theme	Issue and Impact	Mitigating Action
<b>HCT Child Death Review (CDR) -</b> Service affected by an increase in the number of reviews required (both expected and unexpected deaths), recruitment and retention challenges and a reduction of staff capacity.	<ul style="list-style-type: none"> <li>Disruption to statutory and operational CDR processes relating to timely reviews, identification of lessons learnt, delivery of effective bereavement care, support of health prevention work. Impact on staff wellbeing.</li> </ul>	Recruitment in progress.
<b>Recruitment and retention of ICB safeguarding staff</b> - Potential to impact the ability to meet statutory safeguarding responsibilities.	<ul style="list-style-type: none"> <li>Potential gaps in system oversight.</li> <li>Lack of capacity to fully contribute to multi-agency partnership working.</li> </ul>	<ul style="list-style-type: none"> <li>Business Continuity approach in place.</li> <li>Statutory core functions and staff support are being prioritised.</li> <li>Recruitment is in progress.</li> <li>Support is being provided to the team.</li> </ul>
<b>Mental Capacity Act 2005 (MCA) and Children Looked After (CLA) -</b> Learning from statutory reviews and MCA not consistently applied.	<ul style="list-style-type: none"> <li>Risks relating to informed consent, risk information sharing, clinical decision-making and safeguarding risk escalation.</li> <li>Gaps in effective policies and processes relating to MCA.</li> </ul>	<ul style="list-style-type: none"> <li>Safeguarding team supporting Continuing Healthcare Team at regular panel meetings.</li> <li>Series of system ICB and multi-agency training and learning events in progress.</li> <li>CLA robust assurance activity developed.</li> </ul>
<b>Temporary closure of Sexual Abuse Rape Crisis (SARC) service</b> – Lack of service access due to reduction in local service access. Hertfordshire building closed from the end of November 2024 and March 2025.	<ul style="list-style-type: none"> <li>Potential loss of forensic evidence and impact on prosecution.</li> <li>Some victims might decline to travel outside of Herts with potential for increasing trauma.</li> </ul>	<ul style="list-style-type: none"> <li>Concerns flagged to Hertfordshire Constabulary and NHS England who commission the service.</li> <li>Mitigations in place to support access.</li> <li>ICB will continue to monitor incident reports with no reported incidents to date.</li> </ul>

# Safeguarding All Age (2/2)

Theme	Issue and Impact	Mitigating Action
<p><b>Safeguarding Adult Reviews (SARs) and Domestic Abuse Related Deaths (DARDs) and Domestic Homicide Reviews (DHRs).</b></p> <p>Following data cleansing activities and the development of a Safeguarding Dashboard this concern has now been revised.</p>	<p><b>SARs update:</b></p> <ul style="list-style-type: none"> <li>• No open SARs in Hertfordshire.</li> <li>• 3 identified potential reviews awaiting start dates for 2025.</li> <li>• 8 cases (highlighted) covered by two themed SARs which have been completed with no identified outstanding actions for ICB.</li> </ul> <p><b>DHRs/DARDs update:</b></p> <ul style="list-style-type: none"> <li>• 4 active DHRs.</li> <li>• 4 complete cases submitted to the Home Office for approval.</li> <li>• 7 DHRs on hold due to ongoing and parallel legal processes. Authors not yet identified, awaiting authorisation by the Home Office or awaiting closure of outstanding reviews.</li> </ul>	<ul style="list-style-type: none"> <li>• The safeguarding team are developing processes to ensure accurate reporting and oversight of ICB actions for statutory reviews.</li> </ul>
<p><b>Hertfordshire Domestic Abuse Joint Targeted Area Inspection - Inspection findings.</b></p>	<p><b>Areas of strength identified from the inspection:</b></p> <ul style="list-style-type: none"> <li>• Children benefit from consistent relationships and high levels of support from professionals.</li> <li>• Children receive a wide range of trauma-informed and individualised help and interventions that support them in their recovery.</li> <li>• Embedded family safeguarding teams are providing a whole-family multi-disciplinary response to tackling the root causes of domestic abuse within families, while keeping children within their families when it is safe to do so.</li> <li>• Strong leadership across the partnership benefit create an ethos and culture of learning.</li> </ul> <p><b>Areas identified for improvement:</b></p> <ul style="list-style-type: none"> <li>• Improved identification and response to indicators/signs of potential harm to children from domestic abuse, ensuring training and learning is put into practice and the needs for a more consistent multi agency approach to bruising and domestic abuse.</li> </ul>	<ul style="list-style-type: none"> <li>• A new Children and Young People Domestic Abuse Sub-Group has been convened with defined Terms of Reference.</li> <li>• Areas of focus agreed to address key concerns identified in primary care and will be monitored as part of the ICB governance arrangements.</li> </ul>

# Infection Prevention and Control (IPC)

Area	Issue	Mitigating Action	Timescale
<b>C.difficile (C.diff).</b>	<p>Nationally C. diff cases above pre-pandemic levels and rising.</p> <p>HWE ICB are above trajectory at this point of the year, including all three acute trusts. E&amp;N place is above the East of England (EoE) rate with west Essex and South-West places below the regional rate. PAHT and ENHT are above the EoE regional rate with WHTHT below the regional rate.</p>	<ul style="list-style-type: none"> <li>• Three place-based healthcare associated infections (HCAI) oversight groups took place in December 2024.</li> <li>• ENHT reviews plan to include primary care.</li> <li>• HWE Integrated Care System IPC 5-year Strategy implementation plan workshop took place with additional place-based meetings to discuss and agree on key deliverables. A further workshop took place in December 2024 with key areas of focus led by IPC team.</li> <li>• Case reviews for community C.diff infections being collated.</li> </ul>	Ongoing
<b>Mpox.</b>	<p>Clade I Mpox virus is a high consequence infectious disease. There is increasing transmission of Clade I Mpox in Democratic Republic of Congo and other surrounding countries.</p> <p>As of 29/11/2024 there have been 5 confirmed cases of Clade I Mpox in the UK.</p>	<ul style="list-style-type: none"> <li>• A HWE Mpox Task and Finish Group has been set up and are meeting weekly to ensure effective local preparedness.</li> <li>• UK Health Security Agency (UKHSA) and ICB leads continue to monitor the situation.</li> <li>• Existing care pathways and policies are being revised.</li> <li>• A 'Learning Lessons' meeting has taken place with the acute IPC leads to discuss the learning from the Trusts who were involved in the recent care of contacts of a positive case.</li> </ul>	Ongoing
<b>Measles.</b>	<p>Hertfordshire has the highest number of laboratory confirmed cases within EoE with a total of 70 cases between 01/01/24 – 18/11/24. Essex has reported 50 cases</p> <p>Nationally there has been a downward trend in the number of cases being reported since mid-July 2024. To date, no healthcare outbreaks reported in HWE.</p>	<ul style="list-style-type: none"> <li>• Assurance is being sought from across the system, including primary care, in relation to non-compliance with fit testing for appropriate respirators.</li> <li>• Measles risk remains on the ICB risk register.</li> <li>• Further meetings have taken place to address the gaps in the administration of immunoglobulin pathway.</li> </ul>	Ongoing

# Mental Health- Children's

Area	Issues and Mitigating Actions
<p><b>Young people with mental health presentation and long stays in acute hospitals.</b></p>	<ul style="list-style-type: none"> <li>• Management of dysregulated behaviour within acute settings is challenging.</li> <li>• Placements for young people who present with dysregulated behaviours are limited.</li> <li>• Working group under Essex Safeguarding Children's Board set up.</li> </ul>
<p><b>ADHD – all age.</b> Unprecedented demand for ADHD diagnosis and treatment nationally and locally across all age groups.</p>	<p><b>HPFT</b> - ADHD referrals for individuals with more complex mental health and psychosocial difficulties and co-morbidities will be offered a specialist mental health initial assessment by their local Adult Community Mental Health Service. Cessation of ADHD referrals has had a positive impact on the number of referrals received and the team's ability to maintain performance.</p> <ul style="list-style-type: none"> <li>• Single Point of Access continue to triage all referrals for ADHD and those not meeting the complexity threshold are referred with self-help and signposting.</li> <li>• The ICB is finalising the policy for both children and adults. This will go to regional level to ensure all areas have an aligned approach.</li> </ul> <p><b>EPUT</b> - ADHD referral to assessment Standard. Percentage of patients who were offered an initial assessment within 90 days of referral performance is currently not meeting compliance due to prioritising long-waiters.</p>
<p><b>PAHT - Children and Young People (CYP) Diabetes Service.</b></p>	<p>PAHT CYP Diabetes Service continues to experience challenges in supporting CYP in transition to adult diabetes services with previously reported risks and mitigating actions remaining in place.</p>

# Learning from Lives and Deaths - People with a Learning Disability and Autistic People (LeDeR)

Area	Issues and Overview	Mitigating Action	Timescale
<b>HWE.</b>	<ul style="list-style-type: none"> <li>No autism-only reviews have been notified in West Essex and low numbers for Hertfordshire.</li> <li>Numbers remain low both locally and nationally.</li> </ul>	<ul style="list-style-type: none"> <li>Learning from Hertfordshire autism-only reviews continue to be presented to the LeDeR Leadership Group.</li> <li>Raising awareness of LeDeR to help more people with Autism without a Learning Disability is part of Year 2 (2025/26) of the Sussex, Essex and Thurrock (SET) 3 Year LeDeR Deliverable Plan 2024-2027.</li> </ul>	Ongoing
<b>HWE.</b>	Learning Disability (LD) Annual Health Checks (AHC) have variable uptake. Quality of Learning Disability (LD) AHCs is variable and health action plans (HAP) are not always evidenced.	<ul style="list-style-type: none"> <li>Pilot evaluation information reviewed and added to update for the SET Adults LD and Autism Health Equalities Board. West LD AHC Forum looking into uptake of AHCs of 14–17-year-old and improving quality of AHCs and HAPs moving forwards.</li> <li>Hertfordshire Health Equality Nurse for individuals who are ‘Hard to Reach,’ supporting practices to engage with patients.</li> <li>Hertfordshire new working group has been established focusing on uptake of AHCs of 14 to 17-year-old, improving quality of AHCs and HAPs.</li> </ul>	March 2025  March 2025  Year project April 24
<b>HWE.</b>	LeDeR reviews have highlighted that lack of flexibility of access to services can impact on risk of poor health outcomes such as lack of reasonable adjustments.	<ul style="list-style-type: none"> <li>New Information Standard notice requiring action by all system partners to implement Reasonable Adjustment Digital Flag.</li> <li>Task and Finish Group established with ICS leads for assurance of Digital Flag checklist supporting compliance. Opportunity to support services to be better informed. There is an opportunity to undertake national training.</li> </ul>	March 2025
<b>HWE.</b>	We Deserve Better Report 2023 highlights people from diverse backgrounds are dying earlier.	Improving health outcomes for people who have a learning disability and/or Autism from Global Majority Communities’ group led by Hertfordshire County Council. There are 4 workstreams. Hertfordshire and SET LeDeR Programme are supporting a workstream each, supporting a joint learning commitment.	March 2025



# Maternity and Children

Area	Issues and Overview	Mitigating Action	Timescale
<b>ENHT - Maternity Services.</b>	Positive improvements seen in Maternity Services at Lister Hospital recognised following completion of support programme.	<ul style="list-style-type: none"> <li>At the end of 2022 ENHT joined the Maternity Safety Support Programme in response to CQC Inadequate rating. Following a re-inspection in June 2023 the rating was increased to Requires Improvement.</li> <li>In November 2024 the Maternity Service had embedded significant improvements and been assessed as ready to exit the Maternity Safety Support Programme.</li> <li>ENHT remain committed to continually improve, striving to achieve an outstanding CQC rating.</li> </ul>	Ongoing
<b>Annual CQC Maternity Survey 2024.</b>	<p>Overall the 2024 survey results indicate positive trends in several key areas reflecting ongoing efforts to improve maternity care.</p> <p>Key recommendations for improving maternity care across the three acute trusts relate to: pain management, handling of complaints, kindness and compassion and postnatal care.</p>	<ul style="list-style-type: none"> <li>Analysis has been shared with the Trusts via the Local Maternity and Neonatal System (LMNS) in supporting development of provider level action plans.</li> <li>A system focus will also feed into LMNS Single Delivery Plan, Maternity and Neonatal Voices Partnership work plans and will be reported through LMNS Board. This will also support addressing and supporting transformation, Quality Improvement and assurance within the LMNS data intelligence meeting locally.</li> </ul>	Ongoing
<b>System LMNS.</b>	6 Maternity Neonatal Voices Partnership roles recruited to the system to represent voices of families - improving safety, quality of care.	<ul style="list-style-type: none"> <li>Induction in progress for newly recruited colleagues.</li> <li>Representation of voices in the system that promotes culture of inclusivity.</li> <li>Family experiences are used to promote safety and quality.</li> </ul>	Ongoing

# Local Maternity Neonatal System – LMNS

Area	Issues and Overview	Mitigating Action	Timescale
<b>System wide Digital Implementation.</b>	The implementation of new and complex systems poses several risks, including potential delays in actioning care needs, system access, and interoperability between systems.	<ul style="list-style-type: none"> <li>• Training and support provided for staff to adapt to new systems.</li> <li>• Phased roll-outs to manage workload and reduce pressure on staff.</li> <li>• Robust communication channels to address issues promptly.</li> <li>• Monitoring and evaluation of the impact new systems have on clinical processes and patient safety.</li> <li>• Ensure backup systems and contingency processes are in place to handle disruptions.</li> <li>• Address interoperability issues between all three acute trusts to ensure seamless access to patient records.</li> </ul>	0-3 months
<b>Cross-border Care.</b>	Cross-border working across and outside the system or region has caused risks and issues due to the interoperability of provider data/information and records systems.	<ul style="list-style-type: none"> <li>• LMNS working with providers to address issues and risks.</li> <li>• Key activities include information sharing hub, communication improvement to support improved informed choice and points of failure mapping to inform of further immediate actions to take.</li> </ul>	0-3 months

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

Area	Risk	Mitigating Action	Timescale
WHTHT.	2 Never Events - Wrong Site Surgery.	Duty of Candour conversation completed, and patient safety guidance/regulations being adhered to. Urgent actions taken: <ul style="list-style-type: none"> <li>• Extensive debrief, including surgeons and anaesthetist.</li> <li>• Electronic Patient Record World Health Organization surgical safety checklist additions to ensure review and display of preoperative images and MDT proformas in theatre, prior to anaesthesia.</li> </ul>	Ongoing
ENHT.		Duty of Candour completed. Urgent actions taken: <ul style="list-style-type: none"> <li>• Observational work planned to review team communications and language used during safety checks, studying factors that lead to confirmation bias, and use of visual prompts.</li> <li>• ENHT are planning a National Safety Standards for Invasive Procedures and Local Safety Standards for Invasive Procedures event and opportunity to expand this across the system.</li> </ul>	Ongoing
<i>*Incidents occurred in December 2024, therefore not included on slide 7 reporting.</i>			
ENHT - Paediatric Audiology.	<ul style="list-style-type: none"> <li>• Ongoing risks due to a range of factors including estates, workforce competency, capacity with limitations around mutual aid.</li> <li>• Current timeline for ENHT 0-3 year old pathway is Autumn 2025 due to required estates work.</li> </ul>	<ul style="list-style-type: none"> <li>• Lister Hospital estate works have been approved, and the project areas of focus under development.</li> <li>• Further scoping and coordination around key actions to drive improvement.</li> <li>• ENHT continue to progress workstreams in a range of areas, supported by both NHSE Region and HWE ICB. Mutual aid remains limited but some additional clinics are being planned with mutual aid support.</li> <li>• System paediatric audiology meetings established in line with the national paediatric audiology improvement programme.</li> <li>• System level work being undertaken to support ENHT recovery as well as ensuring an equitable quality service to children across the system.</li> </ul>	Ongoing

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

Area	Risk	Mitigating Action	Timescale
<b>PAHT - Implementation of Alex Health and 'Mega' Multi Agency Discharge Event (MADE).</b>	<p>Introduction of new integrated electronic health care record system.</p> <p>To monitor impact on patient safety and quality.</p>	<ul style="list-style-type: none"> <li>PAHT has maintained strong oversight and focus on safety and outcome patient performance metrics during implementation period, including reporting for incidents relating to some challenges in the migration of data.</li> <li>Detailed reporting and assurance is provided via the Trust's Patient Safety governance structures.</li> <li>Modules relating to IPC are not yet in place with the Trust IPC Team implementing additional processes to mitigate. Additional modules anticipated to be in place during 2025.</li> </ul>	Ongoing
<b>WHTHT - Mortuary Services.</b>	Opening of new and refurbished mortuary facilities at Watford General Hospital and Hemel Hempstead Hospital delayed, causing potential system impact.	<ul style="list-style-type: none"> <li>Human Tissue Authority visit took place in November 2024 to review actions taken following their previous visit. Positive verbal feedback has been shared.</li> <li>Watford General Hospital new mortuary is now operational.</li> <li>Hemel Hempstead Hospital mortuary remedial work anticipated to be completed in early 2025. Mutual aid remains in place from ENHT.</li> <li>ICB support visit will now take place in January 2025.</li> <li>Full Human Tissue Authority unannounced visit anticipated in early 2025.</li> </ul>	Estimated by end of April 2025

# Assurance and Oversight – Adult Mental Health

Area	Issue and Impact	Mitigating Action	Timescale
Inappropriate out-of-area (OOA) placements for adult mental health services.	A national shortage of mental health beds and increased pressures on service use of OOA beds is likely to continue.	<ul style="list-style-type: none"> <li>Revised quality assurance process for OOA placements are under development. Clinical review meetings and system-wide activity remains in place.</li> <li>'Perfect Week' held September 2024 - learning embedded.</li> <li>Good progress with recruitment to the Enhanced Discharge Team. Opening of the Urgent Care Centre unit at ENHT will provide support during the winter period.</li> </ul>	Ongoing
	<p><b>HPFT:</b> HPFT showed improvement from previous months at 18 beds for October 2024 and 6 beds for November 2024.</p> <p><b>EPUT:</b> EPUT currently have 11 service users in inappropriate out of area beds.</p>	<ul style="list-style-type: none"> <li>Learning from the Multi Agency Discharge Event has led to changes in oversight of delayed transfers of care.</li> <li>Weekly complex delay discharge meetings in place.</li> <li>Strategic inpatient bed occupancy group established as an escalation point in each ICB/County Council.</li> </ul>	Ongoing
Compliance with Serious Mental Illness Physical Health Checks (Inpatients).	<p>Impact on effective care delivery.</p> <p><b>HPFT:</b> HPFT achieved the target of 92% for October 2024. Significant improvement from previous months. Quarter 2 average reported at 63%.</p> <p><b>EPUT:</b> EPUT met target of 92% for August however, in September (72%) and October (68%).</p>	<ul style="list-style-type: none"> <li>Good progress made by inpatient consultants ensuring continued focus on recording physical health checks.</li> <li>Many of the breached physical health checks are partially completed. Consultants are focusing time in completing gaps in the partially completed physical health checks.</li> <li>Consultants have been working hard to ensure that physical health checks are being carried out and recorded correctly.</li> </ul>	Ongoing

# Assurance and Oversight – Community

Area	Issue and Impact	Mitigating Action	Timescale
<b>AJM Wheelchair Services for Hertfordshire.</b>	<ul style="list-style-type: none"> <li>Concerns regarding waiting times for wheelchairs.</li> <li>Adult and children's health, education and wellbeing outcomes and end-of-life experiences are impacted.</li> </ul>	<ul style="list-style-type: none"> <li>Some improvement seen, however behind trajectory. Escalated discussions are underway.</li> <li>Monthly referral triage and clinical harm audits are in place to identify any harm.</li> <li>Recent reduction in complaints received by AJM, and increase in compliments.</li> <li>System Quality Meeting approach remains in place to oversee quality elements.</li> <li>Improvement actions in place and approach aligned to National Quality Board Guidance for risk and escalation.</li> <li>Further system quality meeting to take place in January to assess progress. This will be supported by an ICB Partnership Quality Visit in early 2025.</li> </ul>	Ongoing

# Assurance and Oversight - Primary Medical Care

ICB Place	Inadequate	Requires Improvement	Good	Outstanding	Not yet inspected (e.g. merger)	Awaiting publication	Total
East North Herts	0	4	43	0	0	0	47
South and West Herts (SWH)	0	1	46	1	1	0	49
West Essex	1 (awaiting new rating)	1 (awaiting new rating)	25	1	1	(3)	29

GP Practice	Issue	Mitigating Action	Timescale
<b>Practice in West Essex.</b>	Rated as Inadequate following an inspection in November 2023. Re-inspected November 2024 with outcome awaited from the Care Quality Commission (CQC).	<ul style="list-style-type: none"> <li>Support from ICB teams provided to practice to address highest risk issues.</li> <li>ICB Contract and Quality visit in September 2024 showed progress and addressing issues raised by the CQC.</li> </ul>	Ongoing
<b>Practice in West Essex.</b>	Re-Inspected June 2024 following a January 2023 inspection and a Warning Notice was issued. Full outcome is awaited from CQC.	<ul style="list-style-type: none"> <li>Support provided from ICB teams with addressing CQC issues raised.</li> <li>Actions to be agreed once CQC outcome known.</li> </ul>	Ongoing
<b>All Practices in Hertfordshire and West Essex.</b>	There is a potential risk that practices are yet to be identified as not meeting the required quality standards.	<ul style="list-style-type: none"> <li>Resilience Index Tool used in Risk and Information sharing meetings offering support to reduce risks.</li> <li>Pilot ICB Contract/Quality review and visit rolling programme paused while updates take place, which will enable visits to be based on risk</li> <li>Development of ICB CQC preparation support offer to reflect new CQC assessment framework.</li> <li>Establish information sharing systems with CQC.</li> </ul>	<p>Ongoing</p> <p>Recommence pilot January/ February 2025</p> <p>Pilot from February 2025</p> <p>January 2025</p>

# Assurance and Oversight - Care Homes

## System Care Home Overview

Care Quality Commission	3 Inadequate	54 Requires Improvement	208 Good	10 Outstanding	26 not yet rated
Provider Assessment and Market Management Solution	17 Poor	56 Requires Improvement	175 Good	15 Excellent	30 not yet rated

Area	Issue	Mitigating Action	Timescale
East and North Herts.	<p>3 care homes are in a Safety Improvement Process (SIP). Quality concerns for 2 homes relate to: (<i>third home see below</i>)</p> <ul style="list-style-type: none"> <li>Consistency in management oversight, audits and governance</li> <li>Leadership changes</li> <li>Medication management</li> </ul> <p><b>Impact</b> -service provision, resident experience, safety.</p>	<ul style="list-style-type: none"> <li>Joint visits with ICB and County Council to review action plans.</li> <li>Ongoing support is being provided.</li> <li>Signpost provider for support and training to Hertfordshire Care Providers Association (HCPA).</li> <li>Escalated discussions with system partners.</li> </ul>	Ongoing
East and North Herts.	<p>SIP home - Elysium Healthcare.</p> <p>Quality concerns relate to:</p> <ul style="list-style-type: none"> <li>Safeguarding</li> <li>Pharmacy</li> <li>Feeding/nutrition</li> <li>Leadership, management consistency, oversight, audits and governance.</li> </ul> <p><b>Impact</b> - service provision, resident experience and safety.</p>	<ul style="list-style-type: none"> <li>Co-ordinated quality visits from relevant teams including nursing and quality, continuing healthcare, and pharmacy to support provider with areas highlighted for improvement.</li> <li>Attendance and feedback at system wide meetings to ensure needed actions are progressing.</li> <li>Communication to residents and families.</li> <li>Embargo to new referrals and admissions.</li> <li>Wider commissioner engagement supporting communication requirements.</li> </ul>	Ongoing
South and West Herts.	<p>3 supported living providers are in a SIP.</p> <p>Concerns relate to:</p> <ul style="list-style-type: none"> <li>Consistency in management oversight, audits and governance.</li> </ul> <p><b>Impact</b> - service provision, resident experience and safety.</p>	<ul style="list-style-type: none"> <li>Escalated discussions with system partners.</li> <li>Providers working with HCPA to improve training and staff knowledge.</li> </ul>	Ongoing



# Pharmacy and Medicines Optimisation

## Quality Issues and Impact

## Recent performance (Data monitored and fed back to practices every month as part of Enhanced Commissioning Framework (ECF))

### Polypharmacy:

Percentage of patients with an anticholinergic burden score of 6 or more - aged 65 and over.

Percentage of patients prescribed 8 or more unique medicines - aged 65 and over.

- ICB average 0.68% (better than England average, HWE target is 0.56% or lower based on the third of HWE practices with lowest scores).
- ICB average 16.18% (better than England average, HWE target of 14.44% or lower based on lowest prescribing third of HWE practices)

### Admission avoidance:

Eclipse is a medication-based risk stratification tool associated with significant reductions in emergency admission and ED attendances from primary care.

- Percentage of Red Alerts reviewed in Sep 24 88.61%.
- % of Anticoagulant Alerts reviewed in Sep 24 87.15%.
- % of Direct Oral Anticoagulants Alerts reviewed in Sep 24 82.39%.

### Antibiotic stewardship (based on 12-month rolling data):

Total antibacterial items.

Broad spectrum antibacterial prescribing (as a % of total antibacterial prescribing).

- ICB average 0.886 (target is below 0.871).
- ICB average 8.53% (target is below 10%).

**Opioid prescribing:** Patients receiving opioid pain medicines per 1,000 patients. Number of patients on combination of strong/weak opioids above 120mg oral morphine equivalents daily.

- 6<sup>th</sup> lowest out of 42 ICBs.
- 310 patients which is second lowest in East of England using weighted data, ranked amber in NHSE.

### Oral nutritional supplements:

Aiming for consistent product prescribing including discharge from acute care based on ICS guidance.

- Lowest number of scripts dispensed per 1000 patients in England.
- Largest reduction in scripts dispensed (April 2023 and September 2024).

**Respiratory:** High dose inhaled corticosteroid items as percentage of inhaled corticosteroid items. Long-term use of high dose ICS associated with increased risk of side-effects.

- Reduced significantly, now just slightly above NHS England average (March 2023 on 95<sup>th</sup> and Sept 2024 on 63<sup>rd</sup> percentile).
- ICB average in Enhance Commissioning Framework (ECF) 19.17%, includes ICS devices that can be either med or high dose depending on dose (target 17%).

The mitigating action for all of this issues will be from the ECF Medicines Optimisation dashboard for 2024/25. This is where practices who are predicted to be outliers will be offered support.

# Acronyms (1/2)

ADHD	Attention Deficit Hyperactivity Disorder
AHC	Annual Health Check
CDR	Child Death Review
CLA	Children Looked After
CLCH	Central London Community Healthcare NHS Trust
CQC	Care Quality Commission
CYP	Children and Young People
DARD	Domestic Abuse Related Death
DHR	Domestic Homicide Review
ECF	Enhanced Commissioning Framework
ED	Emergency Department
EoE	East of England
ENHT	East and North Hertfordshire NHS Trust
EPUT	Essex Partnership University NHS Foundation Trust
GP	General Practitioner
HAP	Health Action Plan
HCAI	Healthcare Associated Infection
HCPA	Hertfordshire Care Providers Association
HCT	Hertfordshire Community NHS Trust
HPFT	Hertfordshire Partnership University NHS Foundation Trust
HWE	Hertfordshire West Essex
ICB	Integrated Care Board
ICS	Integrated Care System
IPC	Infection Prevention and Control
JTAI	Joint Targeted Area Inspection
LD	Learning Disability
LeDeR	Learning Disability Mortality Review
LFPSE	Learning from Patient Safety Events
LMNS	Local Maternity and Neonatal System
MARAC	Multi Agency Risk Assessment Conference

# Acronyms (2/2)

MCA	Mental Capacity Act
MDT	Multi Disciplinary Team
ME	Medical Examiner
Mpox	Clade I Mpox Virus
MVCC	Mount Vernon Cancer Centre
NE	Never Event
NHS	National Health Service
NHSE	NHS England
OOA	Out of Area
PAHT	Princess Alexandra Hospital NHS Trust
PALS	Patient Advice and Liaison Service
PGD	Patient Group Directive
PSII	Patient Safety Incident Investigation
PSP	Patient Safety Partner
PSIRF	Patient Safety Incident Response Framework
QI	Quality Improvement
RQG	Regional Quality Group
SAR	Safeguarding Adult Review
SARC	Sexual Abuse Rape Crisis
SEND	Special Education Needs and Disabilities
SET	Suffolk, Essex and Thurrock
SIP	System Improvement Process
SQG	System Quality Group
STEIS	Strategic Executive Information System
SWH	South and West Hertfordshire
UKHSA	United Kingdom Health Security Agency
WE	West Essex
WHTHT	West Hertfordshire Teaching Hospitals NHS Trust

<b>Meeting:</b>	Meeting in public <input type="checkbox"/>		Meeting in private (confidential) <input type="checkbox"/>	
	NHS HWE ICB Board meeting held in Public		Meeting Date:	31/01/2025
<b>Report Title:</b>	HWE ICS Performance Report		Agenda Item:	14
<b>Report Author(s):</b>	<ul style="list-style-type: none"> <li>Stephen Fry, Head of Performance West Essex, Hertfordshire &amp; West Essex ICB</li> <li>John Humphrey, Head of Performance, East and North Herts, Hertfordshire &amp; West Essex ICB</li> <li>Alison Studer, Head of Performance, South and West Herts, Hertfordshire &amp; West Essex ICB</li> <li>Jo O'Connor, Deputy Director of Performance, Hertfordshire and West Essex ICB</li> </ul>			
<b>Report Presented by:</b>	Frances Shattock, Director of Performance and Delivery, Hertfordshire & West Essex ICB			
<b>Report Signed off by:</b>	Frances Shattock, Director of Performance and Delivery, Hertfordshire & West Essex ICB			
<b>Purpose:</b>	Approval / Decision <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
<b>Which Strategic Objectives are relevant to this report</b>	<ul style="list-style-type: none"> <li>Improve access to health and care services</li> <li>Increase healthy life expectancy, and reduce inequality</li> </ul>			
<b>Key questions for the ICB Board / Committee:</b>	<ul style="list-style-type: none"> <li>Review / discuss the content of the report</li> <li>Agree actions and items for escalation to ICB Board</li> </ul>			
<b>Report History:</b>	HWE ICB System Transformation & Quality Improvement Committee, Wednesday 15 <sup>th</sup> January 2025			
<b>Executive Summary:</b>	<p>The ICS Performance Report provides an overview of the performance of services being delivered by the system against key standards and benchmarks. Issues are escalated by exception with a focus on actions and next steps being taken to address.</p> <p>Performance highlights and challenges as detailed in the Executive Summary on pages 2 and 3 of the report.</p>			



<b>Recommendations:</b>	N/A			
<b>Potential Conflicts of Interest:</b>	<i>Indirect</i>	<input type="checkbox"/>	<i>Non-Financial Professional</i>	<input type="checkbox"/>
	<i>Financial</i>	<input type="checkbox"/>	<i>Non-Financial Personal</i>	<input type="checkbox"/>
	<i>None identified</i>			<input checked="" type="checkbox"/>
	N/A			
<b>Implications / Impact:</b>				
<b>Patient Safety:</b>	Actions detailed by programme area to support timely patient flow through the system, reduce length of waits for treatment and mitigate risk to patient safety where performance is poor.			
<b>Risk:</b> <i>Link to Risk Register</i>	Linked to Performance Directorate Risk Register. Datix Refs: <ul style="list-style-type: none"> <li>• 608 Urgent &amp; Emergency Care</li> <li>• 610 Planned Care Improvement</li> </ul>			
<b>Financial Implications:</b>	N/A			
<b>Patient or public engagement or consultation:</b>	N/A			
<b>Impact Assessments:</b> <i>(Completed and attached)</i> <i>Please detail key impacts the Board/Committee should note:</i>	<i>Equality Impact Assessment:</i>	N/A		
	<i>Quality Impact Assessment:</i>	N/A		
	<i>Data Protection Impact Assessment:</i>	N/A		





Hertfordshire and  
West Essex Integrated  
Care System

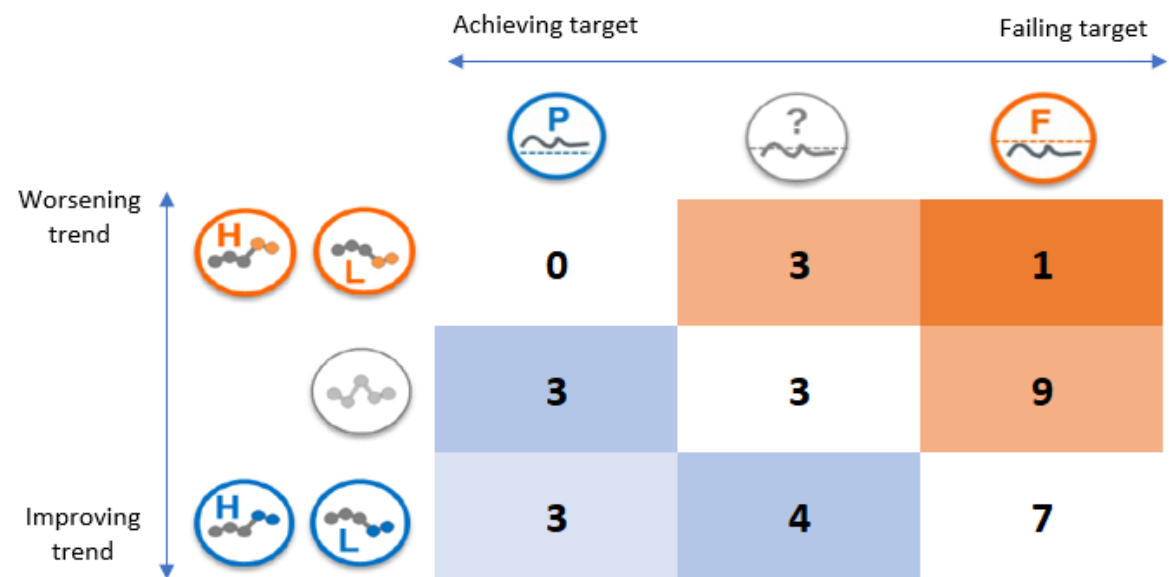
# HWE ICS Performance Report

January 2025

**Working together**  
for a healthier future



# Executive Summary – KPI Risk Summary



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

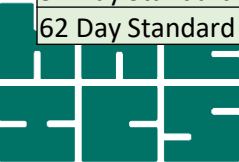
Highest Risk	Programme
Community Waits (Children)	Community

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



Hertfordshire and West Essex Integrated Care System



# Executive summary

URGENT CARE	4 Hour Performance	Region: HWE worse than average	National: HWE worse than average
<ul style="list-style-type: none"><li>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;</li><li>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;</li><li>Hours lost to handover &gt;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;</li><li>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.</li></ul>			
PLANNED CARE	18 Week RTT	Region: HWE better than average	National: HWE worse than average
<ul style="list-style-type: none"><li>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;</li><li>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;</li><li>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;</li><li>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.</li></ul>			
DIAGNOSTICS	6 Week Waits	Region: HWE worse than average	National: HWE worse than average
<ul style="list-style-type: none"><li>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.</li></ul>			
CANCER	28 Day FDS / 31 Day / 62 Day	Region: HWE better than average	National: HWE better than average
<ul style="list-style-type: none"><li>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%;</li><li>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.</li></ul>			
MENTAL HEALTH / LD	Community MH (2nd Appt)	National: HWE better than average (Adult)	
<ul style="list-style-type: none"><li>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;</li><li>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;</li><li>Community Adult MH median waits for a 2<sup>nd</sup> contact remained consistent in the quarter to October at 57 days; this continues to benchmark well against the national average of 95.</li></ul>			
CHILDREN	Various	Community 18 Week %: HWE worse than national	Community MH 1st Appts: HWE better than national
<ul style="list-style-type: none"><li>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;</li><li>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</li><li>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;</li><li>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;</li><li>Children’s waits for a Community MH 1<sup>st</sup> appointment increased slightly to 143 days in November with variation across the system, however continues to better the national average of 243 days.</li></ul>			
COMMUNITY (Adults)	% <18 Weeks	National: HWE better than average	Adult waiting times better than CYP
<ul style="list-style-type: none"><li>The % of adults waiting &lt;18 weeks remains comparatively strong at 90.3% compared to the national average of 84.2%;</li></ul>			
PRIMARY CARE & CHC	CHC Assessments Within 28 Days:	HWE worse than regional and national average	
<ul style="list-style-type: none"><li>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%;</li><li>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 &amp; West Hertfordshire.</li></ul>			



# Performance by work programme

Click to link to relevant slides:

[Slide 5: NHS 111](#)

[Slide 6: Urgent 2 Hour Community Response](#)

[Slide 7: Ambulance Response & Handover](#)

[Slide 8: Emergency Department](#)

[Slide 9: UEC Discharge & Flow](#)

[Slide 10: Planned Care](#)

[Slide 12: Diagnostics](#)

[Slide 13: Theatre Utilisation & Productivity](#)

[Slide 14: Day Case Rates](#)

[Slide 15: Cancer](#)

[Slide 17: Mental Health](#)

[Slide 26: Autism Spectrum Disorder \(ASD\)](#)

[Slide 29: Attention Deficit Hyperactivity Disorder \(ADHD\)](#)

[Slide 31: Community Wait Times](#)

[Slide 35: Community Beds](#)

[Slide 37: Integrated Care Teams](#)

[Slide 39: Continuing Health Care](#)

[Slide 40: Primary Care](#)

[Slide 42: Performance against Operational Plan](#)

[Slide 44: Appendix A, Performance Benchmarking \(ICB\)](#)

[Slide 45: Appendix B, Performance Benchmarking \(Providers\)](#)

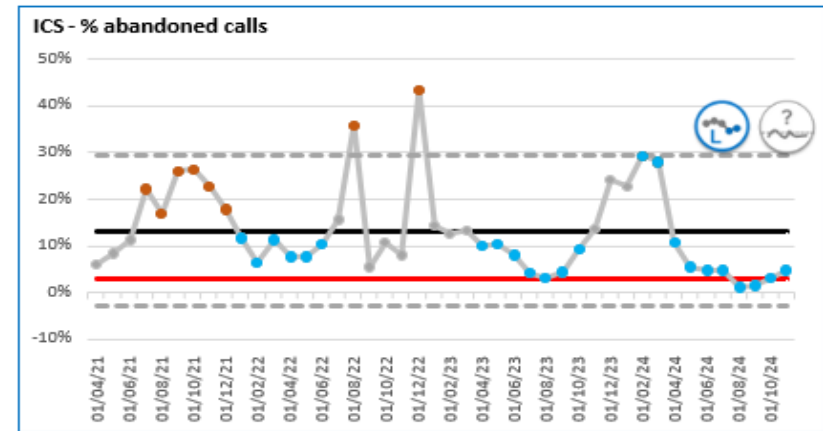
[Slide 46: Appendix C, Statistical Process Control \(SPC\) Interpretation](#)

[Slide 47: Appendix D, Glossary of Acronyms](#)



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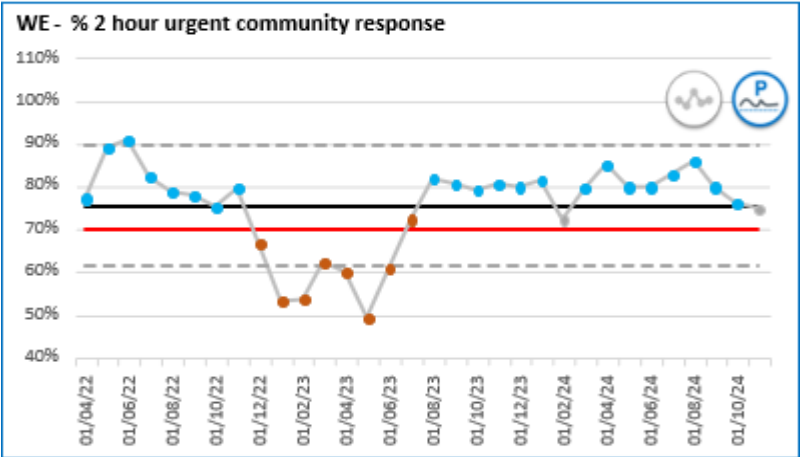
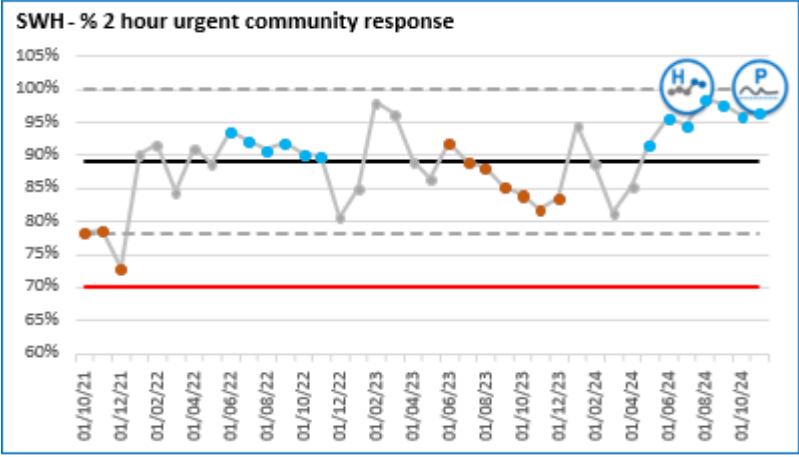
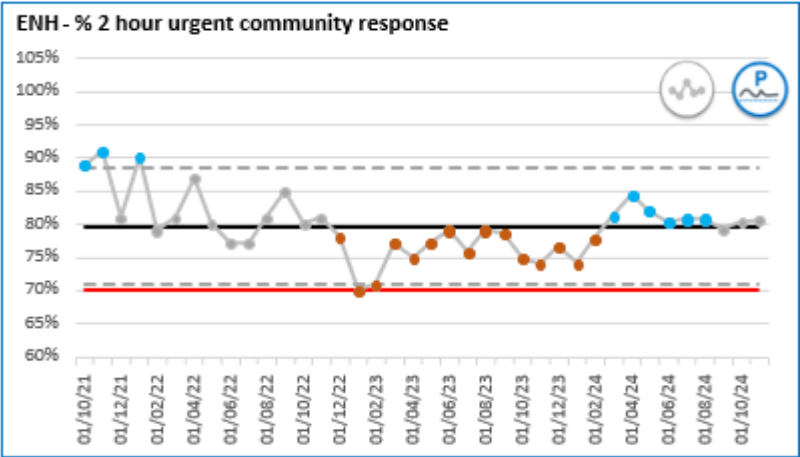




	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24		
Hertfordshire	6.1%	8.3%	11.29%	17.96%	4.25%	6.62%	7.82%	5.94%	0.11%	7.6%	6.5%	11.6%	7.8%	7.4%	10.3%	15.08%	5.6%	5.6%	10.5%	8.1%	4.2%	7.83%	8.61%	7.76%	7.3%	0.91%	2.91%	3.8%	2.4%	4.3%	3.3%	4.5%	9.6%	13.78%	3.62%	3.92%	8.92%	1.91%	8.5%	5.6%	5.0%	4.9%	1.3%	1.6%	3.4%
West Essex	7.1%	9.4%	12.46%	19.29%	19.29%	19.29%	15.62%	1.91%	0.91%	8.6%	6.5%	11.9%	8.5%	9.4%	11.88%	5.98%	5.6%	12.1%	11.8%	9.4%	6.16%	6.26%	7.13%	7.4%	7.91%	3.91%	3.8%	4.7%	3.3%	4.8%	8.6%	13.62%	5.21%	2.42%	2.92%	1.91%	5.5%	5.5%	4.7%	5.0%	1.6%	1.6%	3.2%		
ICS	6.3%	8.5%	11.52%	24.67%	4.02%	6.32%	7.42%	5.94%	0.21%	7.6%	6.5%	11.6%	7.9%	7.8%	10.6%	15.78%	5.6%	5.6%	10.5%	8.4%	4.5%	7.94%	8.61%	7.94%	7.3%	0.91%	3.91%	3.8%	4.3%	3.6%	4.9%	9.4%	13.78%	3.62%	3.92%	8.92%	1.91%	8.5%	5.6%	5.0%	4.9%	1.3%	1.6%	3.4%	

ICB Area	What the charts tell us	Issues	Actions
HUC	<ul style="list-style-type: none"> <li>Call volumes fell considerably in October but have returned to historic mean levels in November</li> <li>Abandoned call rates have slipped for the last two months, narrowly missing the 3% national standard in November</li> </ul>	<ul style="list-style-type: none"> <li>Increased call volumes in October – up 20% compared to September</li> <li>Average Handling Time up due to the impact of Care Advice SMS solution being switched off. Pathways have confirmed a resolution for early January</li> <li>Pan-HUC operating model now live – short term capacity impact resulting from staff 1:1s etc.</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment continues across all sites to support future potential attrition, with a particular drive to recruit into evening / weekend rota patterns in line with call demand and new Pan-HUC rota patterns</li> <li>Launch of new management structure in train with new roles going live from January. These roles will improve real time staff management (for support and productivity), which in turn will improve key performance indicators</li> <li>Additional non-clinical floor walkers (NCFWs) so support shortfall in Clinical Advisors</li> <li>Deep dive into HUC-wide rotas to ensure sufficient capacity to meet demand spikes, including review of seasonality forecasting. Also reviewing “shrinkage”, including break usage etc, and how these can be managed to improve efficiencies across HUC sites</li> </ul>

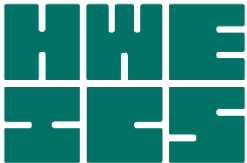
# Urgent 2 Hour Community Response (UCR)



Referrals	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
West Essex	344	301	313	317	412	397	416	391	461	386	454	511	483
East & North Herts	631	650	709	568	707	736	691	621	659	676	657	678	717
South & West Herts	158	157	213	212	209	237	217	246	204	197	176	200	230

ICB Issues, escalation and next steps

- The ICS and all 3 Places continue to achieve the 70% standard
- Whilst CLCH is achieving the 2hr target, activity remains low compared to EPUT and HCT
- Further system work is required to ensure like for like is being reported. This review will also include a review of workforce to help understand capacity
- Scheduled for discussion at the Community Providers Leads meeting in January 25

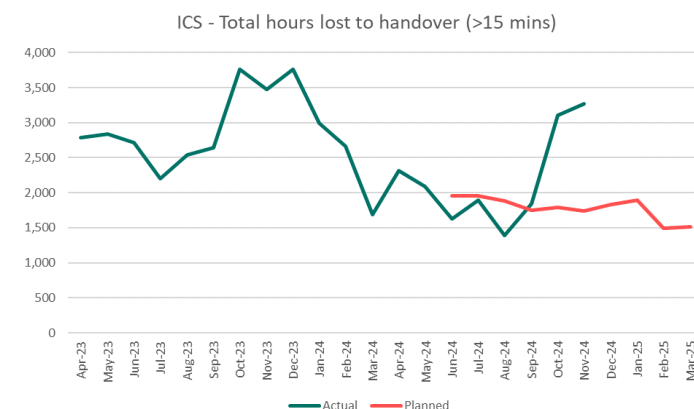
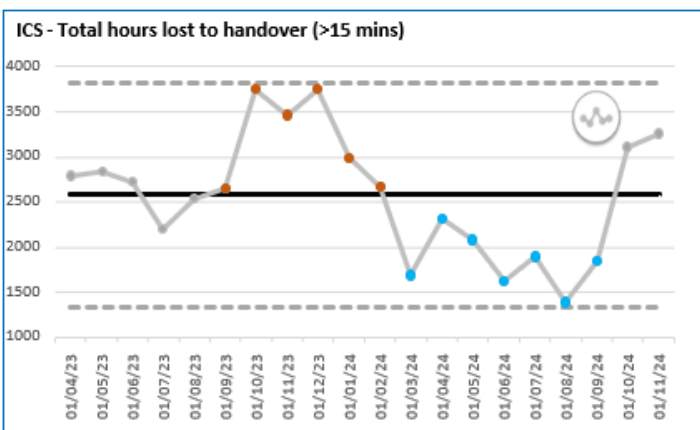
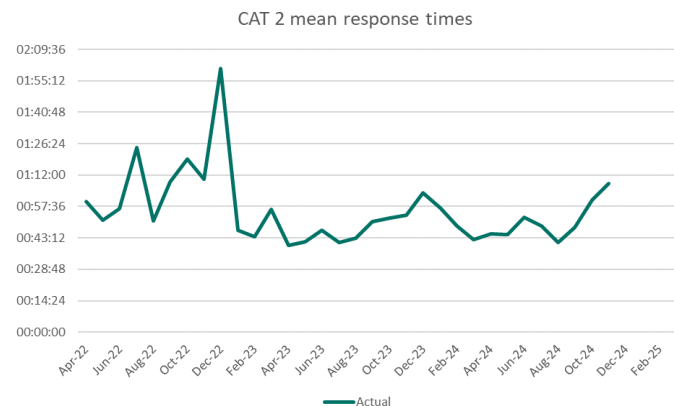
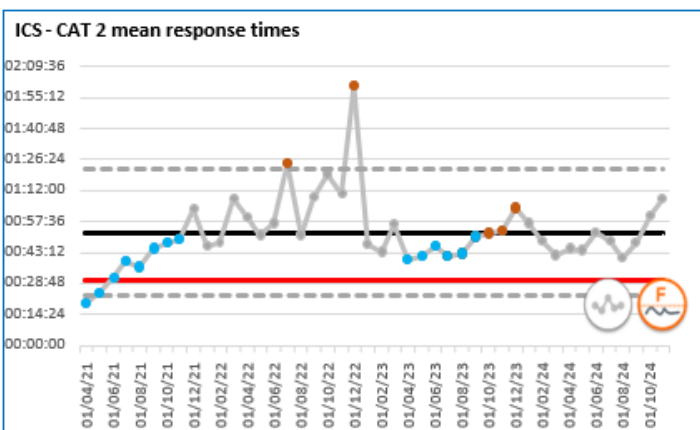


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# Urgent & Emergency Care (UEC) - Ambulance Response and Handover

## Recovery Trajectories



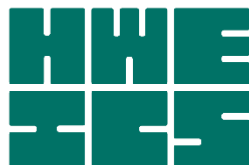
## What the charts tell us

- The mean Category 2 ambulance response time was 68 minutes in November. This remains significantly adrift of the national 30-minute standard and is the third month in a row when performance has deteriorated
- Mean C2 response times in HWE are consistently longer than the regional average (Nov-24 = 51 mins) and national average (Nov-24 = 42 mins)
- Hours lost to handover >15 mins have increased during October and November and reached 3268 hours in November. This is significantly worse than the target of 1744 hours for November, but remains better than FY2324

## ICB Issues and actions

- Ambulance incidents were 5.2% higher in Nov-24 v. Nov-23. However, conveyances were similar 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 4.3 in HWE in compared to 5.0 across the region as a whole
- Current plans 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

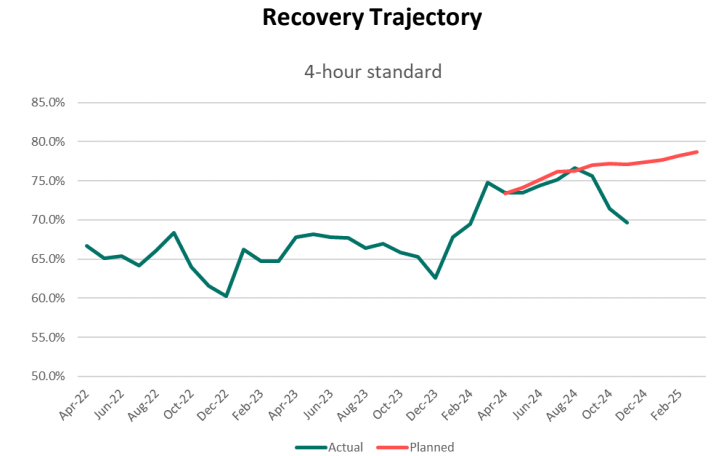
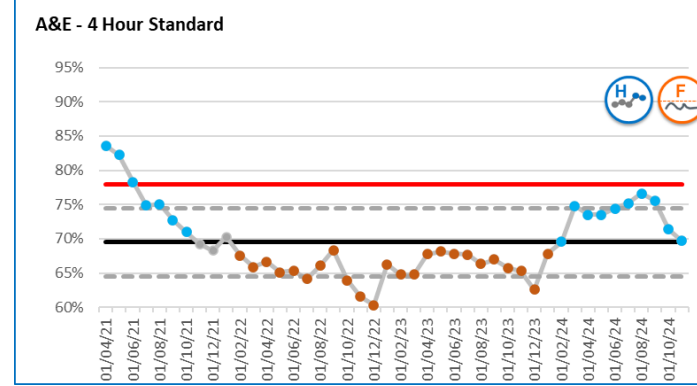
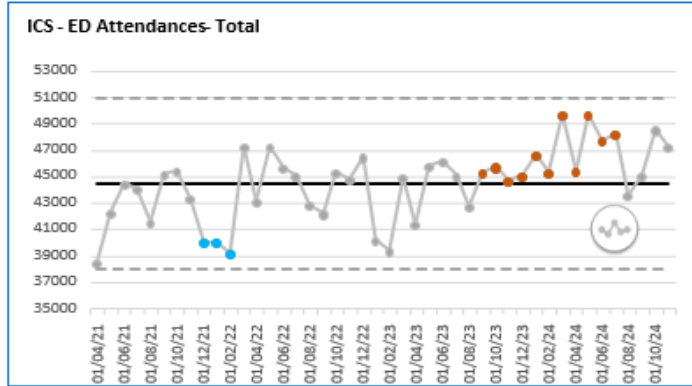
24/25 HWE target is 1,515 per month



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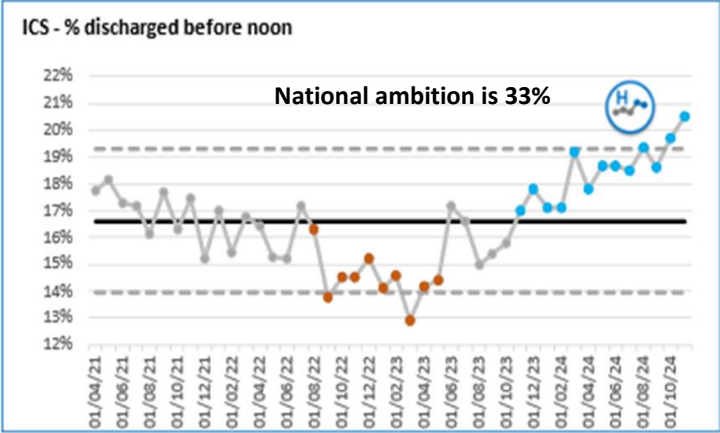
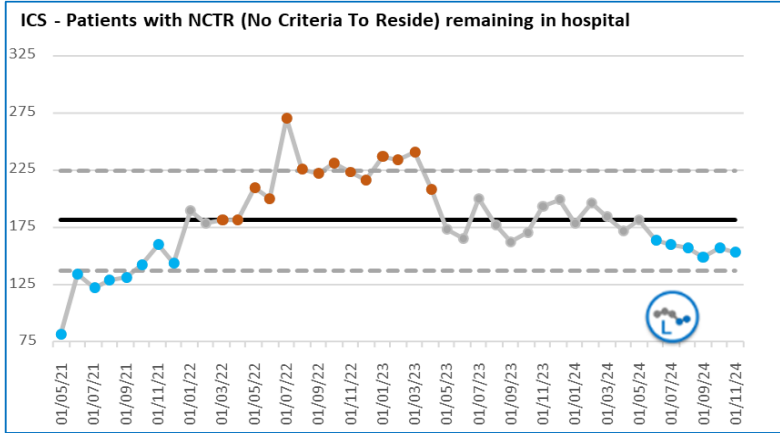


# UEC – Emergency Department



What the charts tell us	Issues	Actions
<ul style="list-style-type: none"> <li>There has been a deterioration in ED performance in October (71.4%) and November (69.7%)</li> <li>Performance is below plan for November (77.1%), but better than during FY2324</li> <li>The number of attendances remains high and has been above average for 11 out of the last 12 months</li> </ul>	<ul style="list-style-type: none"> <li>There remains significant variation at place level. In November:               <ul style="list-style-type: none"> <li>SWH = 75.9%</li> <li>ENH = 70.6%</li> <li>WE = 58.8%</li> </ul> </li> <li>PAH performance has been impacted by rollout of their new Electronic Health Record (EHR) system</li> <li>Continued high demand: ED attendances across the system were 5.8% higher in Nov-24 compared to Nov-23</li> <li>Mental Health (MH) presentations at ED remain high, coupled with a shortage of beds / assessment space. 22.8% of MH patients spent &gt;12 hours in ED in Oct-24, compared to 11.7% for patients overall</li> <li>Hospital flow remains challenging with high occupancy rates, especially at PAH where average bed occupancy in November was 98.5%</li> </ul>	<p><b>System</b></p> <ul style="list-style-type: none"> <li>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 November, but walk-in attendances have been very high</li> <li>Straight to SDEC pathways now in place for EEAST crews</li> </ul> <p><b>East and North Herts</b></p> <ul style="list-style-type: none"> <li>Lister UTC opening hours extending to 12am in December</li> <li>Introduction of a dedicated rota for leadership of 4-hour performance</li> <li>ED admitting rights work ongoing for some defined pathways – e.g. NOF direct to ward</li> <li>Doctor wait-to-be-seen times deteriorated in October. Workshops held to agree process improvements</li> </ul> <p><b>West Essex</b></p> <ul style="list-style-type: none"> <li>PAH Internal Winter Plan and trajectory refreshed for agreement at Trust January Board</li> <li>IUATC utilisation - improvement for last 3 months - November achieved 76.1% utilisation</li> <li>Relaunch trust wide Internal professional standards to support speciality assessment outside of the ED</li> <li>Plans for estates work to increase footprint for non-admitted patients drawn up</li> </ul> <p><b>South and West Herts</b></p> <ul style="list-style-type: none"> <li>Walk-ins separated from ambulance stream to provide clearer visibility across the department and decompress bottleneck areas</li> <li>High Impact Changes work focussing on rapid clinical assessment</li> </ul>

# UEC – Discharge & Flow



What the charts tell us	Issues	Actions
<ul style="list-style-type: none"><li>The system-level daily average number of patients with no criteria to reside remaining in hospital has been reducing over the last two years and reached 153 in Nov-24</li><li>The % of patients discharged before noon is continuing to improve and reached 20.5% in November. This is the best performance since at least Apr-21</li></ul>	<ul style="list-style-type: none"><li>There remains significant variation across the three HWE acute trusts for the % of patients discharged before Noon, although all three trusts are on an upward trajectory. In Nov-24:<ul style="list-style-type: none"><li>ENHT – 19.9%</li><li>WHTH – 24.5%</li><li>PAH – 14.5%</li></ul></li><li>The issues are typical discharge challenges, including:<ul style="list-style-type: none"><li>Availability of out-of-hospital capacity</li><li>Complex discharges</li><li>Internal process challenges</li></ul></li></ul>	<p><b>East and North Herts</b></p> <ul style="list-style-type: none"><li>New complex care pathway implemented</li><li>Improved CHC process implemented</li><li>Discharge improvement group established</li></ul> <p><b>West Essex</b></p> <ul style="list-style-type: none"><li>Virtual Ward / Community Beds Utilisation Workshop 12/12. Good clinical engagement from PAH, EPUT &amp; HCT</li><li>NHSE clinical sessions with PAH during December focussing on pre-Noon discharge. Regional Team investigating further PAH support under Phase 2 of the National Rapid Improvement Offer (RIO)</li><li>Learning from 85% occupancy achieved during Mega MADE - Clinical and Ops Leads in place to improve internal flow</li></ul> <p><b>South and West Herts</b></p> <ul style="list-style-type: none"><li>Discharge Improvement Programme continuing with a focus in December on renewed trial on Aldenham ward and develop of a standard operating procedure and internal professional standards</li><li>Discharge-to-Assess overstayers – continued reduction in discharge-to-assess overstayers and therefore discharge-to-assess bed occupancy</li></ul>

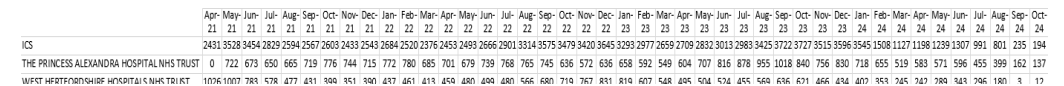
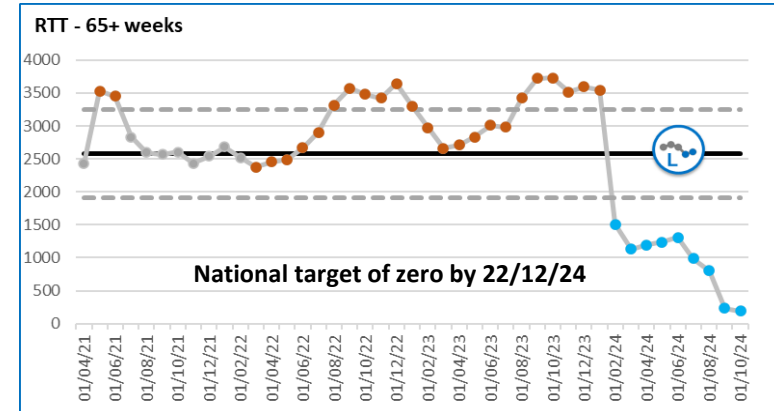
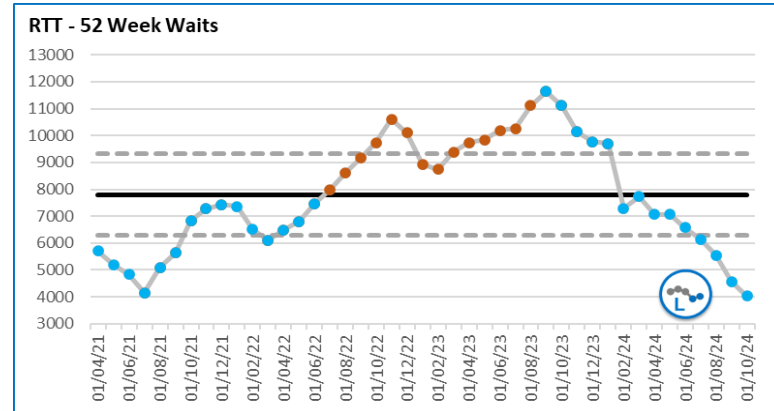
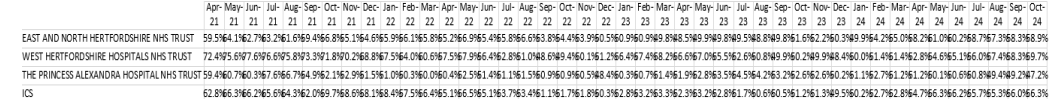
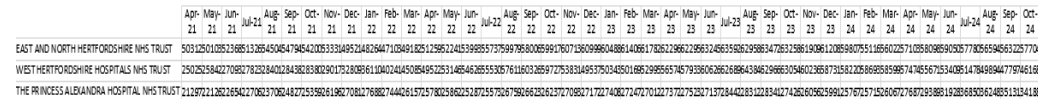
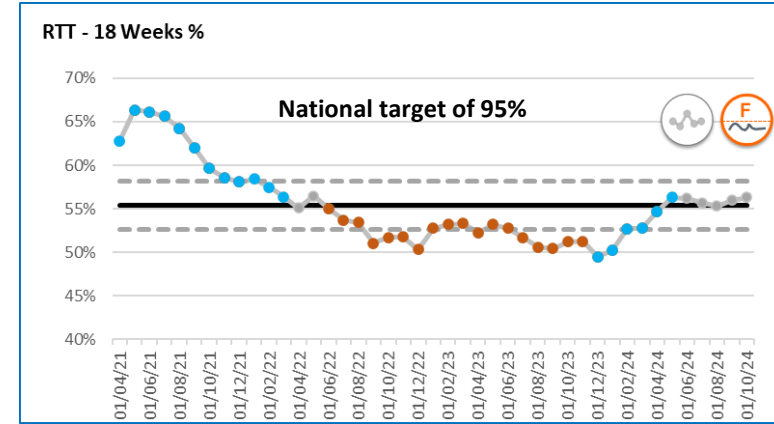
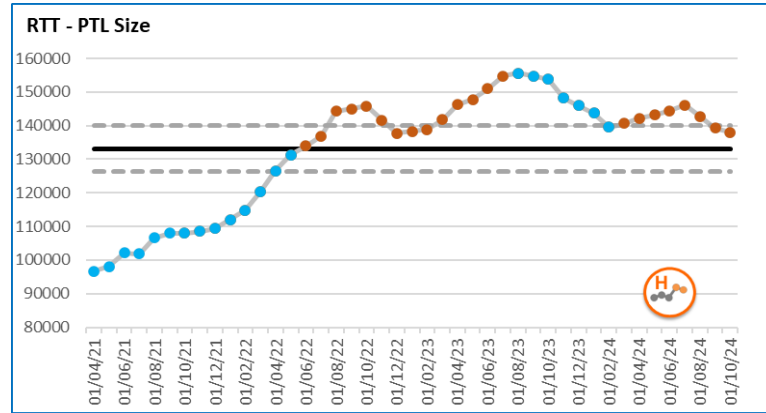


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## Planned Care – PTL Size and Long Waits



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

# Planned Care – PTL Size and Long Waits

ICB Area	What the charts tell us	Issues	Actions
HWE	<ul style="list-style-type: none"> <li>The 78 week wait breaches chart has been removed as all three trusts have reached zero 78 week waits</li> <li>The overall number of patients waiting &gt;65 weeks has decreased significantly, although the September zero target was not achieved. There remains variation at place level</li> <li>The number of patients waiting &gt;52 weeks has been consistently improving since summer 2023</li> <li>The overall PTL size remains high although it has seen a reduction in each of the last three months</li> <li>Due to the change in national guidance, Community Paediatrics patients have been excluded from RTT reporting from February 2024. Waiting lists therefore show significant reductions from February 2024. These waits are included within the Community section of this report</li> </ul>	<ul style="list-style-type: none"> <li>The 65ww target of reaching zero by the end of September has not been achieved, although it should be noted that this was not been met by any ICB nationally</li> <li>The new national target is to reach zero by the end of December, although that is very challenging</li> <li>The end of December 65ww forecast (as of 18<sup>th</sup> December) at HWE is 125: <ul style="list-style-type: none"> <li>ENHT: 38</li> <li>WHTH: 5</li> <li>PAH: 70</li> <li>ISP: 12</li> </ul> </li> <li>Trauma and Orthopaedics (T&amp;O) remains the main specialty under pressure, with ENT also a notable risk</li> <li>Staffing remains a challenge</li> </ul>	<ul style="list-style-type: none"> <li>Princess Alexandra Hospital is in Tier 2 of the national oversight and support infrastructure for Elective (including Diagnostics) recovery. Fortnightly tiering meetings with the NHSE EOE regional team commenced in May</li> </ul> <p><b>Management of waiting lists</b></p> <ul style="list-style-type: none"> <li>System focus on reducing number of patients waiting &gt;65 weeks, with regional and national oversight</li> <li>Demand, capacity &amp; recovery plans are in place to monitor RTT</li> <li>Weekly KLOEs in place with NHSE to track 104/78/65-week positions</li> <li>Fortnightly performance meetings with each of the three acute Trusts are in place with NHSE support</li> <li>Validation and robust PTL management in place</li> </ul> <p><b>Increasing capacity and improving productivity</b></p> <ul style="list-style-type: none"> <li>Pro-active identification of pressured specialties with mutual aid sought via local, regional &amp; national processes</li> <li>Outpatients has a full programme of work to increase productivity including PIFU (patient initiated follow up), reducing follow ups including discharging where appropriate, and increasing take up of Advice &amp; Guidance</li> <li>Maximising use of ISP capacity and WLIs where possible</li> <li>ICB wide GIRFT programme to improve productivity: Theatre Utilisation, Ophthalmology, MSK, Urology, Gynae and ENT</li> </ul>

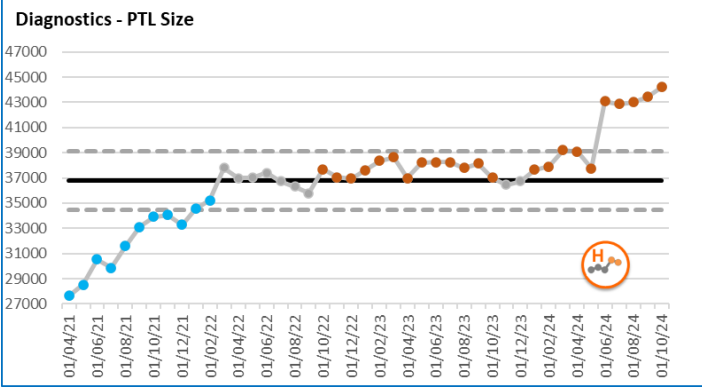
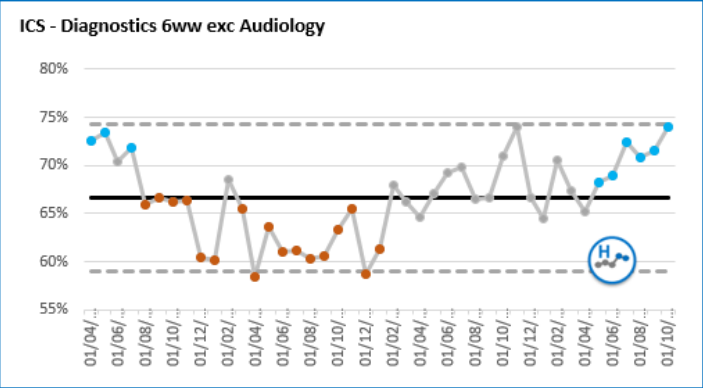
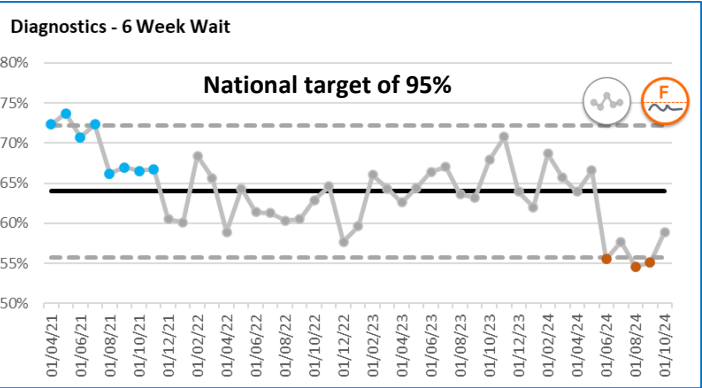


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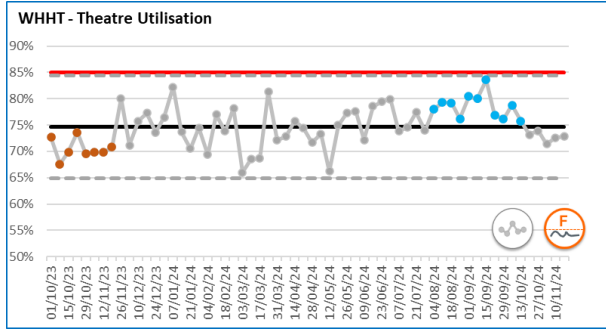
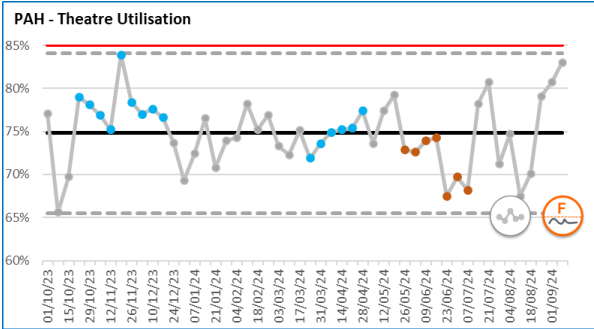
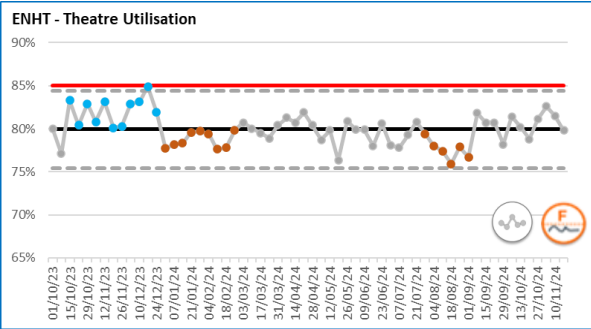
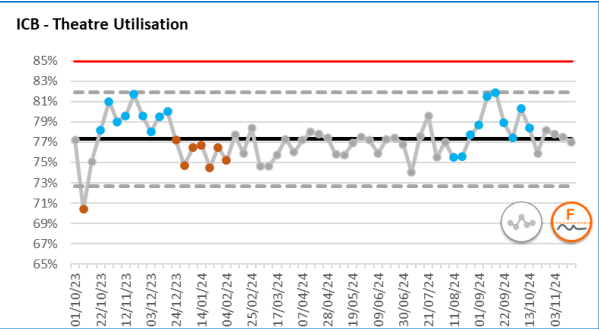


# Planned Care – Diagnostics

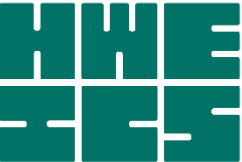


What the charts tell us	Issues	Actions
<ul style="list-style-type: none"><li>October performance improved at all three trusts</li><li>6-week wait performance across the ICS has improved to c.59% after four months of performance at c.56%</li><li>Decline since May driven by the inclusion of ENHT Audiology data</li><li>Excluding audiology, performance is just under 75% overall</li><li>After a period of stability there was a sharp increase in the overall PTL in June, again due to the inclusion ENHT Audiology data. The PTL has however since continued to steadily increase, partly due to some paediatric audiology services remaining closed at ENHT.</li></ul>	<p>There is significant variation in Trust performance: ENHT – 44.8% / WHTH – 93.4% / PAH – 70.2%</p> <p><b>ENHT</b></p> <ul style="list-style-type: none"><li>The significant drop in % &lt;6 weeks in June was caused by Audiology returning to reporting. There are notable capacity issues within the service</li><li>Excluding Audiology, the % &lt;6 weeks was 63.1% in Oct-24. This is worse than peers but has improved from 50.5% in April</li><li>Excluding Audiology, longest waits are in DEXA / MRI</li></ul> <p><b>PAH</b></p> <ul style="list-style-type: none"><li>Non-Obstetric Ultrasound (NOUS), Echocardiography, Cystoscopy and Audiology remain the key challenges at PAH</li></ul> <p><b>WHTH</b></p> <ul style="list-style-type: none"><li>In October, the lowest performing modalities were Cystoscopy and Neurophysiology</li></ul>	<p><b>ENHT</b></p> <ul style="list-style-type: none"><li>Paediatric audiology: waiting list validation is now complete and the weekend jumbo ENT clinics are now running for over 5 years. There is some mutual aid in place for the ABR pathway and hearing aids. The service remains paused for 0-3 years and complex pathways and mutual aid is being sought</li><li>Adult audiology: waiting list validation exercise 50% complete. Lister estates work will commence on 7<sup>th</sup> February. Patients have been contacted via text message with 418 having been discharged. There are ongoing discussions with one outsourcing provider</li><li>ENHT is continuing to increase imaging capacity through restarting MRI outsourcing in December, an MRI van at Lister, weekend &amp; evening DEXA lists and productivity initiatives in ultrasound; with weekend &amp; evening CT lists</li></ul> <p><b>PAH</b></p> <ul style="list-style-type: none"><li>NOUS: 1 x WTE vacancy appointed to - awaiting onboarding which will unlock capacity of a further 600 scans per month from February 2025</li><li>Echocardiography: Additional clinics in place to target backlogs. Funding approved for vacancies, but unable to fill posts. Exploring advertising at higher rates</li><li>Cystoscopy: Additional lists have been running since mid-October providing 60 additional slots per week. Weekend GA Cystoscopy theatre lists also running since end of November providing 6 slots per list</li><li>Audiology: 3 x WTE in post from January will unlock additional capacity. Paed. recovery expected in Jan; Adults in April</li></ul> <p><b>WHTH</b></p> <ul style="list-style-type: none"><li>There is month on month improvement with the recovery trajectory on track</li></ul>

# Planned Care – Theatre Utilisation / Productivity



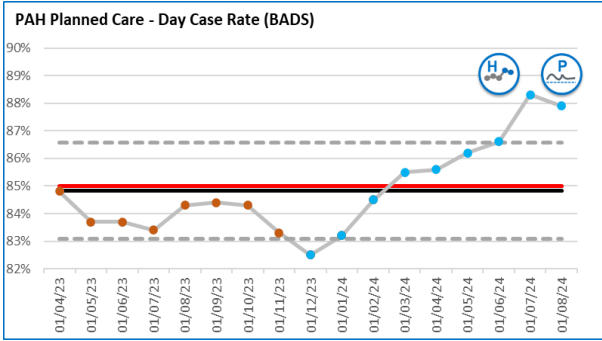
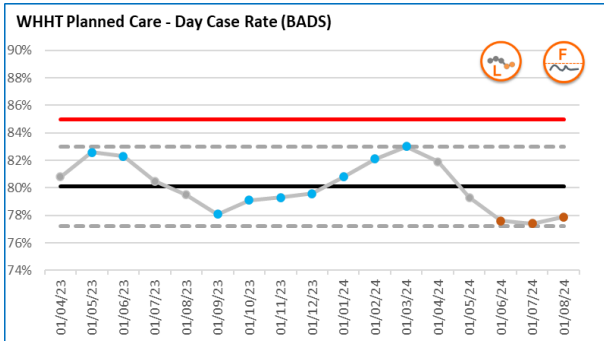
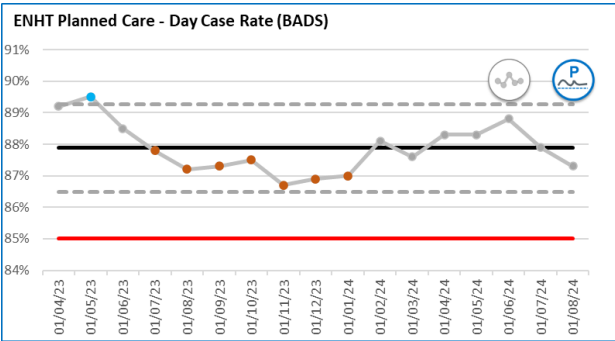
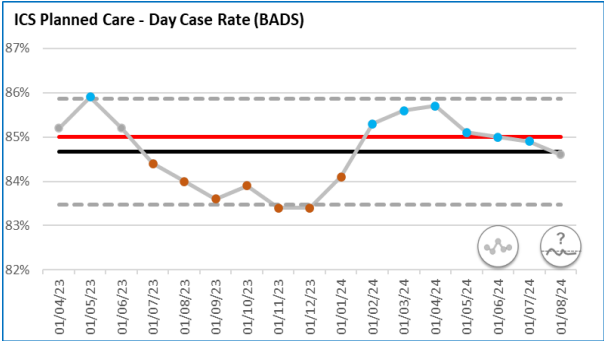
ICB Area	What the charts tell us	Issues	Actions
HWEICB	<p><b>PLEASE NOTE: Data has not been updated for PAH since 8<sup>th</sup> September and is under investigation; this impacts both ICB and PAH charts above from September onwards.</b></p> <ul style="list-style-type: none"><li>ICB theatre utilisation on 3 November was 77.9% which is showing a slightly declining picture over the last two months. This will however have been impacted by the missing data for PAH which would have increased the system average</li><li>Comparable performance has slipped against peers who are performing with an average of 78.3% and a national value of 79.9%</li></ul>	<ul style="list-style-type: none"><li>Overall productivity has declined slightly in October and the beginning of November, a slight improvement at WHTH and a decrease in productivity at ENHT</li><li>ENHT – although generally good performance, capped utilisation has yet to achieve the national target of 85% and is currently at 79.9% (1<sup>st</sup> December)</li><li>WHTH - capped utilisation rates have improved over the last month although they have been on a general declining trend since September. They are currently (1<sup>st</sup> December) achieving 71.6%</li><li>PAH missing data under investigation</li></ul>	<ul style="list-style-type: none"><li>Improvement programmes are discussed at the Theatre Utilisation Network Group</li><li>A series of reviews have taken place with Trusts through the GIRFT theatre programme team and improvements are underway as demonstrated in the improved numbers</li><li>Active theatre improvement programmes at each of the acute providers</li><li>There is a GIRFT review planned for January 2025</li></ul>
	<p><b>Other data</b></p> <ul style="list-style-type: none"><li>Average cases per session for the ICB are the same as peers at 2.4</li><li>For sessions finishing early the average minutes lost was 46 in HWE, a worse position than peers at 40 minutes</li><li>Late starts average 25 minutes lost in HWE with peers losing an average of 21</li></ul>		



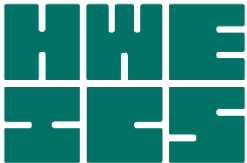
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# Day Case Rates



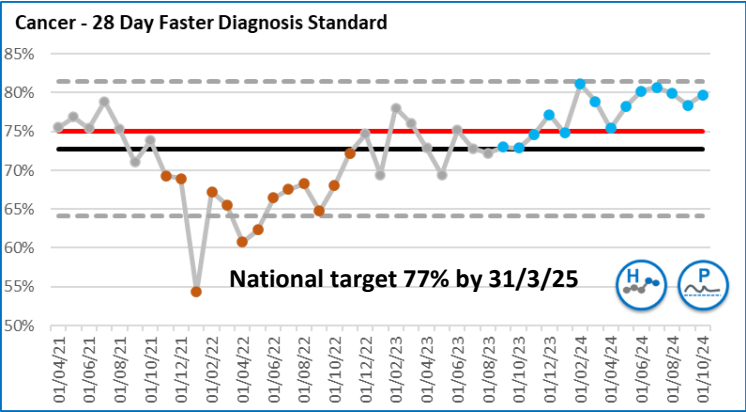
ICB Area	What the charts tell us	Issues	Actions
HWEICB	<ul style="list-style-type: none"><li>August data is the latest available data in Model Hospital</li><li>Day case rates at the ICB were 84.6% in the three months to August, which is just below the 85% national target</li><li>HWE ICS is in the 2<sup>nd</sup> highest quartile nationally</li><li>There is variable performance across the system:<ul style="list-style-type: none"><li>ENHT 84.6%</li><li>PAH 87.9%</li><li>WHHT 77.9%</li></ul></li></ul>	<ul style="list-style-type: none"><li>Specialities where BADs is less than national / peer average are Orthopaedics, Urology and Vascular. This may be attributed to the complexity of patient pathways, and the development of the vascular network, with subsequent pathway changes</li><li>Issues with not listing the intended procedure correctly (listing day case rather than inpatient and vice versa) create inconsistency and incorrect data. Model Hospital measures the intended procedure (rather than the actual), which leads to the under recording of the true day case rate</li><li>Conversion from day case to inpatient stay is high in some specialities due to incorrect listing, complications during surgery, poor pre-operative assessment and management. Specialities with high conversions rates are; Orthopaedics, Breast, General Surgery and Vascular</li></ul>	<ul style="list-style-type: none"><li>Improvements to administrative processes are underway to support the correct listing of procedures through process review, training and education</li><li>Further investigation into reasons for high conversion rate between day case to inpatient required with a possible review of patient pathways for Urology</li><li>Improvements to the pre-operative process to ensure patients are listed correctly and fully optimised for their procedures – project launched in November 2024</li></ul>



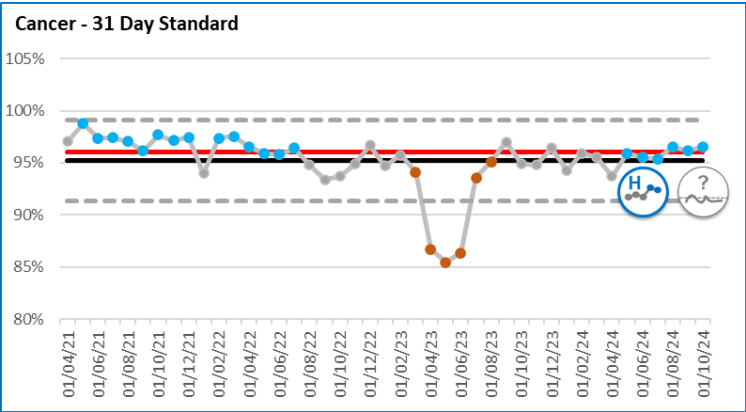
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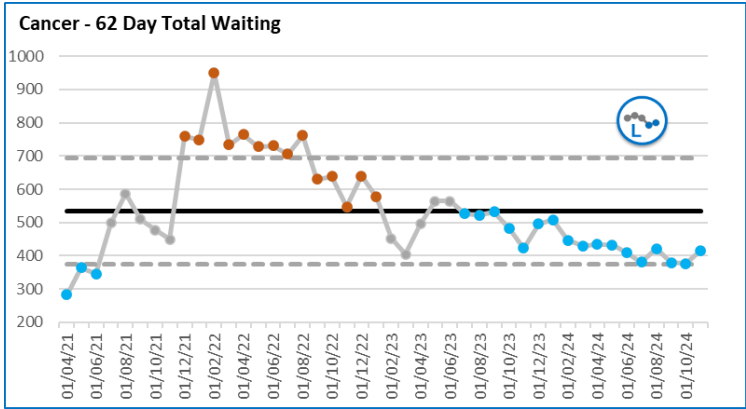
Cancer



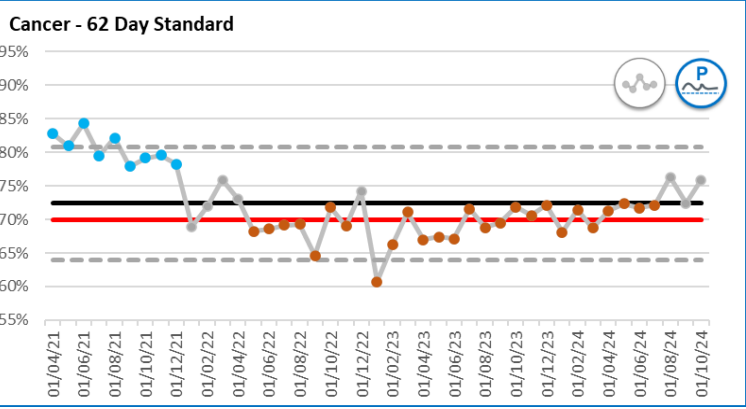
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EAST AND NORTH HERTFORDSHIRE NHS TRUST	72.1%	75.6%	76.2%	76.7%	72.0%	71.8%	74.8%	74.1%	64.2%	72.8%	74.6%	68.1%	64.2%	70.8%	71.8%	72.8%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	81.3%	79.8%	81.4%	82.1%	77.2%	77.2%	77.2%	71.9%	64.7%	47.0%	59.2%	54.6%	52.2%	58.3%	55.3%	60.6%	60.1%	57.8%	63.3%	71.6%	72.8%	70.1%	80.1%	78.7%	68.0%	68.6%	68.6%	69.8%	69.8%	68.2%	68.7%	74.4%	74.1%	78.4%	81.0%	77.7%	80.5%	82.2%	81.3%	84.1%	80.7%	79.0%	79.0%	79.0%	79.0%	79.0%	79.0%	79.0%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	72.3%	74.8%	66.8%	77.1%	75.9%	62.6%	65.1%	60.6%	66.8%	50.9%	69.4%	69.3%	64.1%	65.9%	74.4%	72.2%	72.8%	68.4%	70.4%	73.6%	74.5%	72.1%	77.4%	76.6%	72.4%	71.2%	74.7%	75.3%	75.3%	77.8%	77.0%	74.5%	80.3%	77.9%	70.7%	74.4%	79.5%	80.3%	78.4%	78.3%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	82.8%	
ICS	79.6%	76.9%	75.4%	78.9%	75.3%	71.1%	73.8%	69.3%	68.0%	54.4%	67.3%	65.6%	60.8%	62.5%	66.3%	67.6%	68.2%	72.2%	74.8%	69.4%	78.1%	76.1%	72.8%	69.4%	75.2%	72.8%	72.2%	73.0%	72.8%	74.6%	77.2%	74.8%	81.1%	78.6%	75.4%	78.3%	80.2%	80.7%	79.8%	78.4%	79.7%	79.7%	79.7%	79.7%	79.7%	79.7%	79.7%	



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24				
EAST AND NORTH HERTFORDSHIRE NHS TRUST	94.6%	98.9%	97.7%	98.4%	97.9%	97.4%	98.1%	98.2%	98.6%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	94.4%	97.8%	97.8%	95.9%	95.9%	97.2%	95.9%	97.4%	92.8%	92.8%	85.1%	95.9%	96.2%	96.4%	96.4%	95.9%	94.3%	95.9%	94.8%	94.1%	92.4%	96.7%	99.9%	96.0%	96.0%	97.7%	94.1%	96.4%	96.0%	96.2%	94.4%	97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	92.1%	100.0%	96.7%	93.3%	90.8%	88.9%	95.0%	97.2%	97.8%	85.6%	98.0%	92.7%	81.9%	82.8%	83.3%	92.8%	98.6%	90.4%	95.6%	90.7%	90.6%	91.0%	92.1%	92.8%	92.8%	95.3%	88.8%	91.3%	94.7%	91.5%	85.3%	88.4%	91.8%	97.4%	92.3%	92.3%	94.4%	94.4%	91.8%	91.8%	91.2%	91.1%	98.7%	98.7%	98.7%	98.7%	98.7%
ICS	97.1%	98.7%	97.3%	97.4%	97.1%	96.2%	97.7%	97.2%	97.5%	94.9%	97.4%	97.1%	95.9%	95.9%	95.9%	95.9%	94.4%	94.9%	93.7%	94.9%	96.7%	94.7%	95.7%	94.1%	86.7%	85.3%	85.3%	82.6%	95.1%	97.0%	94.0%	94.4%	96.4%	94.3%	93.9%	95.9%	92.5%	92.5%	95.4%	96.5%	96.2%	96.5%	96.5%	96.5%	96.5%	96.5%	



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WEST HERTFORDSHIRE HOSPITALS NHS TRUST	89	109	88	152	139	128	129	351	347	374	307	261	297	297	277	270	257	233	195	191	184	129	125	127	158	149	135	139	100	118	121	148	142	118	86	97	84	71	63	67	74	58	82	82	
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	107	141	161	212	224	201	190	127	175	176	163	194	182	156	128	152	162	152	185	149	193	182	153	120	148	213	203	166	148	167	149	110	141	195	135	118	141	157	167	162	134	108	110	149	149
EAST AND NORTH HERTFORDSHIRE NHS TRUST	92	114	96	155	184	178	160	193	253	226	272	232	322	275	306	304	329	221	242	203	256	211	170	160	199	224	203	212	229	226	234	194	234	195	170	194	196	192	171	155	220	197	209	184	184



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EAST AND NORTH HERTFORDSHIRE NHS TRUST	89.8%	87.2%	84.7%	88.9%	86.8%	88.2%	88.1%	86.0%	80.4%	84.4%	86.1%	86.1%	79.1%	79.9%	85.4%	82.7%	79.3%	78.0%	78.8%	87.2%	77.5%	78.7%	85.7%	84.3%	82.1%	81.5%	82.7%	82.1%	78.6%	86.3%	82.2%	86.1%	83.6%	82.5%	85.9%	83.6%	82.8%	86.5%	87.5%	84.4%	86.9%	86.9%	86.9%	86.9%	86.9%	86.9%	86.9%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	83.6%	74.5%	85.0%	79.9%	81.3%	71.5%	73.9%	75.4%	76.0%	58.7%	64.7%	72.1%	61.0%	64.6%	60.2%	61.8%	61.6%	59.9%	67.3%	63.7%	68.3%	54.6%	59.2%	61.1%	66.5%	60.2%	64.4%	69.7%	68.8%	75.3%	75.6%	75.0%	70.9%	62.6%	72.7%	71.6%	70.4%	69.5%	74.1%	68.9%	74.9%	78.3%	76.0%	76.0%	76.0%	76.0%	
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	71.5%	78.6%	81.1%	61.4%	73.9%	67.5%	71.0%	68.7%	63.8%	57.4%	57.9%	64.9%	64.9%	51.8%	61.6%	52.3%	59.4%	44.8%	66.1%	58.0%	63.5%	46.9%	56.2%	57.7%	43.0%	48.8%	49.4%	56.4%	49.4%	48.3%	47.1%	40.9%	55.7%	44.2%	48.8%	46.4%	46.8%	54.1%	52.3%	56.0%	59.0%	51.1%	54.4%	54.4%	54.4%		
ICS	82.8%	80.9%	84.3%	79.5%	82.2%	77.9%	79.7%	79.6%	78.3%	68.9%	71.9%	75.9%	73.0%	68.2%	68.6%	69.1%	69.3%	64.9%	71.8%	69.0%	74.2%	60.7%	66.2%	71.1%	66.9%	67.1%	61.6%	68.8%	69.5%	71.8%	70.6%	72.1%	68.7%	71.7%	72.1%	76.3%	72.1%	75.9%	75.9%	75.9%	75.9%	75.9%	75.9%	75.9%	75.9%		



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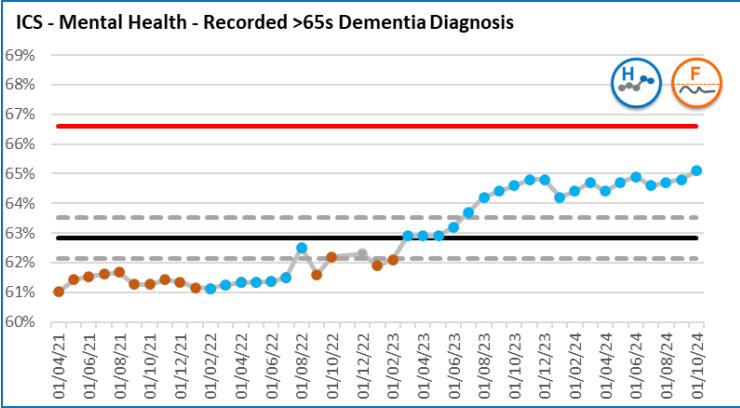


# Cancer

What the charts tell us	Issues	Actions
<ul style="list-style-type: none"><li>28-day Faster Diagnosis Standard (FDS) performance has been steady since April and is above target in October, reaching 79.7%</li><li>The 31-day target was reached both collectively and by each trust in October</li><li>Performance against the 62-day standard improved in October and although remaining below the national target, it is surpassing the 70% standard expected in the 24/25 National Planning Guidance</li><li>Each Trust has improved over the last three months but there is significant 62-day variation between Trusts:<ul style="list-style-type: none"><li>ENHT 86.9%</li><li>WHTH 76%</li><li>PAH 54.4%</li></ul></li><li>The 62-day backlog is variable but with a generally improving trend</li></ul>	<p><b>ENHT</b></p> <ul style="list-style-type: none"><li>All three standards were met by ENHT in October and performance has been consistent across FY2425</li><li>There remain some challenged pathways. Urology is the most challenged of the high-volume pathways</li><li>For the week ending 8<sup>th</sup> December, there were 180 patients waiting longer than 62-days following an urgent cancer referral. This is above the Trust’s recovery trajectory of 150 but an improvement on recent months</li></ul> <p><b>WHTH</b></p> <ul style="list-style-type: none"><li>28-day FDS has seen overall improvement, however four pathways are not meeting the standard: Haematology, Gynae, Brain/CNS and Urology</li><li>The 31-day performance standard has been met across all specialities</li><li>62-day combined is above the interim target of 70, however the Lower GI, Upper GI and Lung pathways failed to meet the standard. Complex diagnostic pathways, patient choice, outpatient capacity and surgical capacity have been cited as reasons</li></ul> <p><b>PAH</b></p> <ul style="list-style-type: none"><li>Rollout of the Trust’s new Electronic Health Record (EHR) system is the key driver in the recent decline in performance - clinic build issues and reduced outpatient capacity</li><li>Urology remains the biggest challenge in terms of FDS performance, with 36.4% achieved in October</li><li>Urology and Skin remain the biggest challenges in terms of the greater than 62-day waits, collectively accounting for 68% of the overall patient backlog</li></ul>	<p><b>ENHT</b></p> <ul style="list-style-type: none"><li>The Urology two-stop service was introduced in October. There is currently an MRI van supporting the pathway, but MRI capacity remains the primary bottleneck. Outsourcing to Pinehill resumed in December</li><li>Breast radiology delays continue due to a Radiologist leaving in June. ENHT is currently organising waiting list initiatives and a locum in to meet capacity requirements</li><li>Some Head &amp; Neck pathway delays due to Oral Surgery consultant admin delays – Deputy Medical Director for Cancer is meeting with consultants to address the delays</li></ul> <p><b>WHTH</b></p> <ul style="list-style-type: none"><li>The Cancer Improvement Programme Board continues to oversee service level plans and service developments. Weekly long wait meetings continue, plus 2-3 times weekly breach validation reviews are in place. The service will be increasing capacity to validate more frequently</li><li>The Cancer Alliance review has been completed for Gynaecology patient pathways and local and specialist MDT processes in WHTHT and ENHT. Improvement/action plans have been developed with the majority of recommendations already actioned</li><li>There has been a Clinical Fellow appointed in the Gynaecology service to support with hysteroscopy clinics along with increased USS and clinic slots for Gynaecology USC referrals</li><li>Development continues for a one-stop diagnostic pathway for Urology using Cancer Alliance transformation funding. Registrar and Band 7 CNS roles began in November</li><li>Planning continues for the transformation of Acute Oncology Service (AOS) and the establishment of a cancer / Haematology ward (Granger) at WGH</li></ul> <p><b>PAH</b></p> <ul style="list-style-type: none"><li>Princess Alexandra Hospital remains in Tier 2 of the national oversight and support infrastructure for Cancer recovery, with the focus being on 62-day recovery</li><li>Focussed bi-weekly escalation meetings are supporting work to provide a greater focus on patients being treated within 62 days</li><li>Significant progress during September in reducing the &gt;62-day backlog. However, in the latest data (15/12) this has slipped again to 181 v. the Trust’s fair shares target of 112</li><li>Additional Urology ANP training to increase biopsy capacity and streamline the front end if the pathway</li></ul>

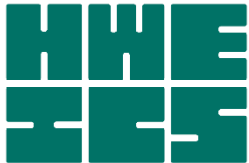


# Mental Health – Dementia Diagnosis in Primary Care



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
ENHCC	59.4	59.7	60.2	60.2	60.2	59.5	59.3	59.5	59.2	59.0	58.8	59.2	59.2	59.2	59.2	59.0	59.1	60.9	59.0	59.8	59.7	59.6	59.7	60.5	60.7	60.7	61.3	61.8	62.5	63.0	63.6	63.8	63.7	62.7	62.8	63.7	62.9	62.9	63.1	62.9	62.7	62.6	63.2
HVCCG	59.2	59.6	59.6	59.8	60.0	59.8	60.1	60.3	60.6	60.5	60.6	60.4	60.6	60.8	60.7	60.6	61.2	60.9	61.3	61.7	61.3	61.1	61.4	61.3	61.5	61.9	62.2	62.2	62.0	62.1	62.3	61.9	62.1	62.0	62.0	62.6	62.5	62.3	62.3	62.6	62.8		
WECCG	67.6	68.0	67.7	67.7	67.6	67.3	67.1	67.0	66.7	66.4	66.5	66.6	66.6	66.5	66.9	67.6	67.7	67.6	68.5	68.3	67.6	68.3	69.9	69.9	70.0	69.8	70.4	70.9	70.9	71.5	71.5	71.5	71.2	71.2	71.5	71.3	71.7	72.7	72.1	72.9	72.8	73.0	
ICS	61.0	61.4	61.5	61.6	61.7	61.3	61.3	61.4	61.4	61.2	61.1	61.2	61.3	61.3	61.4	61.5	62.5	61.6	62.2	62.3	61.9	62.1	62.9	62.9	62.9	63.2	63.7	64.2	64.4	64.6	64.8	64.8	64.2	64.4	64.7	64.4	64.7	64.9	64.6	64.7	64.8	65.1	

ICB Area	What the charts tell us	Issues	Actions
Dementia Diagnosis in Primary Care	<ul style="list-style-type: none"><li>Overall ICS performance continues to move towards achieving the national target and better the EOE average (64.4%)</li><li>October improved to 65.1% (+0.3%) with each HCP seeing a rise:<ul style="list-style-type: none"><li>SWH: 62.8% (+0.2%)</li><li>ENH: 63.2% (+0.6%)</li><li>WE: 73.0% (+0.2%)</li></ul></li><li>Indicative November data shows ICS recorded rates increasing further in SWH (63.1%) and WE (74.1%)</li></ul>	<ul style="list-style-type: none"><li>In Hertfordshire, a trajectory is in place to reduce the waiting list and therefore recover performance against the 12 week wait to diagnosis KPI by the end of Q4</li><li>Estimated prevalence rate of people with dementia rises month on month</li><li>Actions needed in Primary Care (e.g. coding exercise), but not being prioritised in Hertfordshire due to GP capacity and not mandated in ECF</li></ul> <p><b>West Essex</b></p> <ul style="list-style-type: none"><li>Increase in referrals to memory clinics this has placed pressure on the service model and resources leading to a potential delay in diagnosis</li></ul>	<ul style="list-style-type: none"><li>Monthly meetings continue to monitor HPFT progress in Hertfordshire</li><li>Hertfordshire memory service currently reducing waiting lists through increased capacity and on track to recover their KPI in Q4</li><li>Diagnosis remains a key focus of the Hertfordshire Dementia Strategy, with a subgroup progressing actions to improve diagnosis</li><li>Focused meeting of the Dementia Strategy Group (Workstream 2) in New Year to focus on Primary Care actions</li><li>A new and improved EMDASS referral form has been coproduced with partners and will be introduced in the New Year</li></ul> <p><b>West Essex</b></p> <ul style="list-style-type: none"><li>Increase in demand to be raised in 25/26 planning</li></ul>



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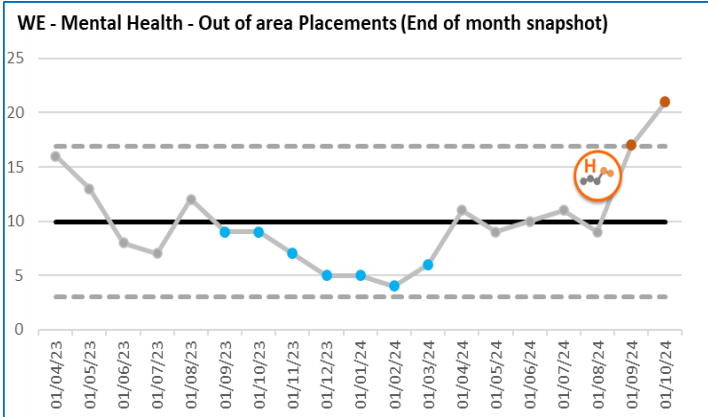
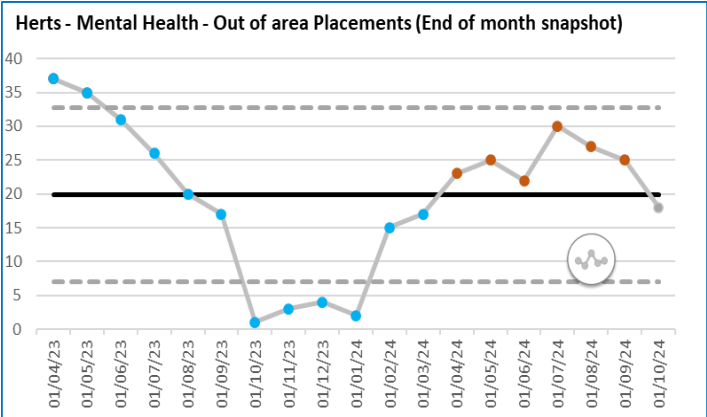


# Mental Health – Out of Area Placements (OAPs)

Number of active inappropriate adult acute OAPs at month end

- The basis for measurement of OAPs has changed for 24/25
- Previous reporting was based on the number of out of area bed days in the month
- From April 24, reporting is based on the number of active OAPs at month end

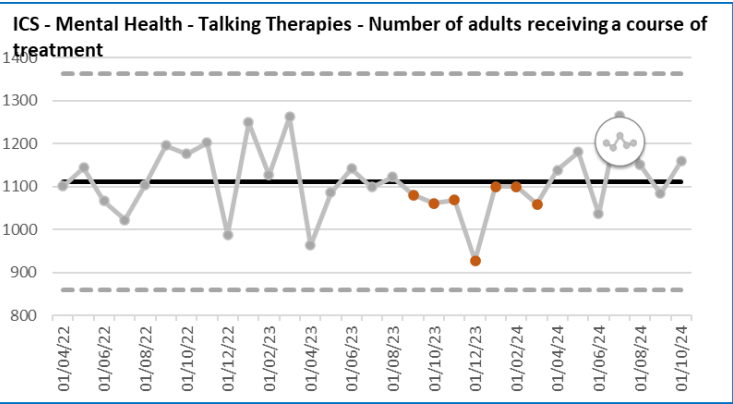
HWE October total out of area placements:  
39 vs. 6 plan



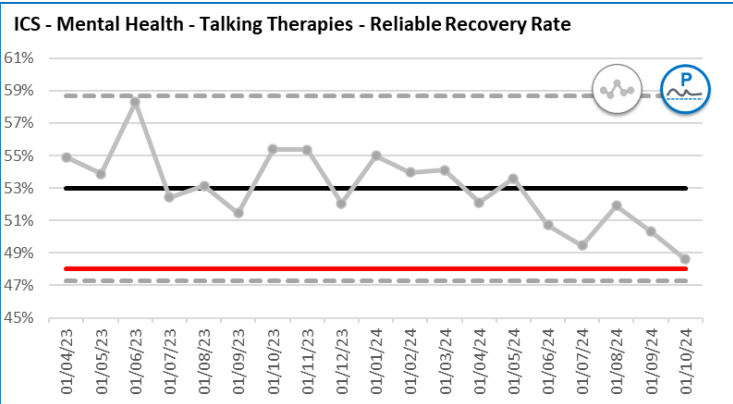
ICB Area	What the charts tell us	Issues	Actions
West Essex	<ul style="list-style-type: none"><li>• Further slippage in October, but indicative November data shows improvement to 11, with the total number of bed days being 997; this is partly due to reporting issues being resolved.</li></ul>	<ul style="list-style-type: none"><li>• The national shortage of MH beds continues</li><li>• NHSE agreed that EPUT reporting for placements within Essex can be recorded as appropriate - 5 in total equating to 231 bed days</li><li>• One placement equates to 324 bed days and was medically fit for discharge in the summer</li></ul>	<ul style="list-style-type: none"><li>• Essex wide review of all inpatient beds as well as at place (West Essex) continues</li><li>• Review and remodel of weekly system DTOC calls with stronger governance and responsibilities</li><li>• Essex wide challenge to EPUT reporting of placements within Essex as previously agreed with NHSE</li><li>• Partnership working and legal support with provider regarding discharge of longest stay patient</li></ul>
Herts	<ul style="list-style-type: none"><li>• Third successive month of improvement following the phased reopening of Aston Ward in October</li></ul>	<ul style="list-style-type: none"><li>• Reduced capacity earlier in the year due to closure of Aston Ward</li><li>• Hertfordshire has a low number of beds per population. Now supported by provision of additional block beds</li><li>• National shortage of MH beds, high occupancy rates and use of OOA beds is likely to continue, particularly over the winter period</li><li>• Placement challenges for service users with complex needs who are ready for discharge</li><li>• Inpatient and Community recruitment</li></ul>	<ul style="list-style-type: none"><li>• Aston Ward now fully open</li><li>• Further alternatives to admission – Crisis House – in place</li><li>• Wider Executive led work at system level to support placement of longer term DTOCs</li><li>• Bed management system continues to be developed and plans in place to include OAPs</li><li>• System-wide group established to review and oversee some of the more complex discharge issues</li><li>• Invitation letter from DHSC and NHSE for an information gathering visit to Hertfordshire ICS to help develop future policy and plans on discharge from mental health settings – initial meeting on 4 Sep 2024. Since this date HPFT have been able to re-open Aston ward and have also held a “perfect week” to support the ongoing flow</li><li>• Key learnings and outcomes from the “Perfect Week” at HPFT included improvements in patient flow (e.g. OAP fell by 5 over the week) and improvements in discharges (especially in the morning), as well as further opportunities identified (such as improvements in ward shift planning process)</li></ul>

# Talking Therapies

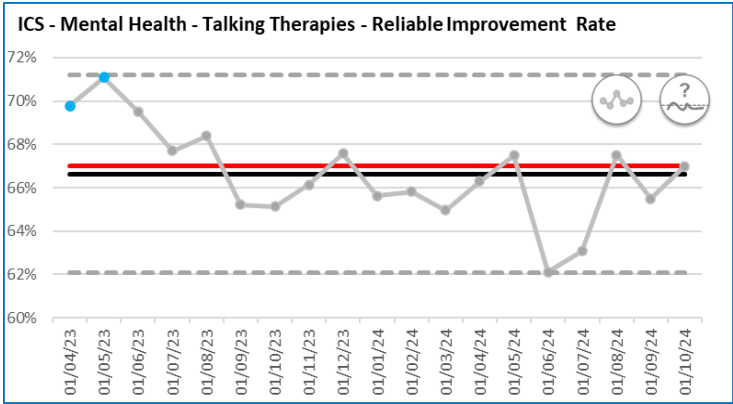
Number of people who are discharged having completed a course of treatment  
Number of patients that achieved reliable recovery  
Number of patients that achieved reliable improvement



Adults receiving treatment	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Hertfordshire	901	923	778	925	930	875	925	956	837	1043	950	911	976
WECCG	160	146	150	175	170	184	214	225	198	222	200	173	183
ICS	1061	1069	928	1100	1100	1059	1139	1181	1035	1265	1150	1084	1159

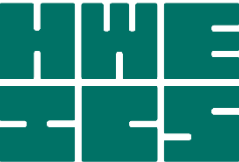


Reliable recovery rate	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Hertfordshire - Actual	55.80%	55.80%	52.80%	55.20%	53.90%	54.00%	50.80%	52.60%	50.48%	48.56%	51.10%	49.00%	47.69%
West Essex - Actual	44.00%	42.90%	33.30%	48.00%	56.00%	57.10%	57.00%	57.30%	52.06%	53.24%	55.61%	56.55%	53.11%
ICS Actual	55.40%	55.30%	52.00%	55.00%	54.00%	54.10%	52.10%	53.60%	50.81%	49.46%	51.98%	50.31%	48.61%



Reliable improvement rate	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Hertfordshire - Actual	64.30%	66.30%	68.30%	65.70%	65.30%	63.70%	64.80%	66.80%	65.71%	66.25%	66.35%	64.53%	65.68%
West Essex - Actual	70.00%	65.07%	64.00%	65.14%	68.82%	71.20%	72.90%	70.50%	73.23%	71.62%	73.00%	70.52%	73.77%
ICS - Actual	65.13%	66.14%	67.56%	65.64%	65.82%	64.97%	66.29%	67.50%	67.15%	67.19%	67.51%	65.49%	66.95%

ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	<ul style="list-style-type: none"><li>Reliable improvement standard marginally missed in November at 66.95%</li><li>Overall completed treatments have increased since September and remain within common cause variation limits</li><li>Although decreased, the System and each Place is consistently achieving the reliable recovery 48% standard</li><li>West Essex services saw 183 people complete treatment in October rising to 188 in November</li></ul>	<ul style="list-style-type: none"><li>Consistency of data collection and quality</li><li>Attrition and drop-out rates are a key challenge following the change in counting for 24/25 this remains ongoing</li><li>Measurement now relates to completion of a course, with at least two appointments. Previously was access / first appointments</li><li>Potential risk in Hertfordshire that procurement process not successful with building capacity to support 'counselling for depression'</li></ul>	<ul style="list-style-type: none"><li>Partnership working with NHSE to provide support clarity and data validation</li><li>Ongoing NHSE discussions re. additional trainee posts for services in line with workforce planning ICB wide. Autumn statement meeting in place for January 2025</li><li>Procurement of counselling providers in Hertfordshire by May 2025, leading to an improvement of pathways and ensuring right modality in place for service users. Extension in place for counselling providers until 30<sup>th</sup> April 2025</li><li>Associated 'counselling for depression' tender documents live in January 2025</li><li>NHS England representation embedded within West Essex contract meetings</li><li>HPFT NHS TT contract meeting in place January 2025</li></ul>



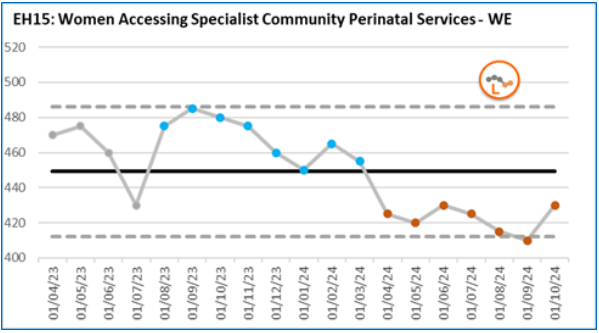
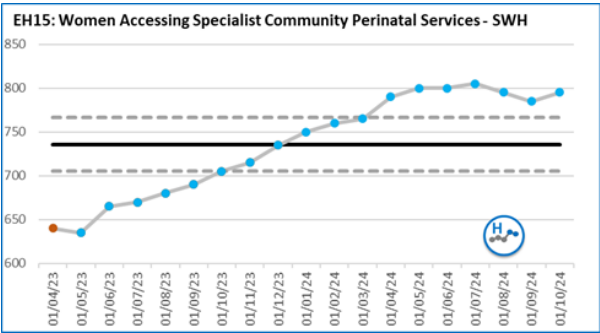
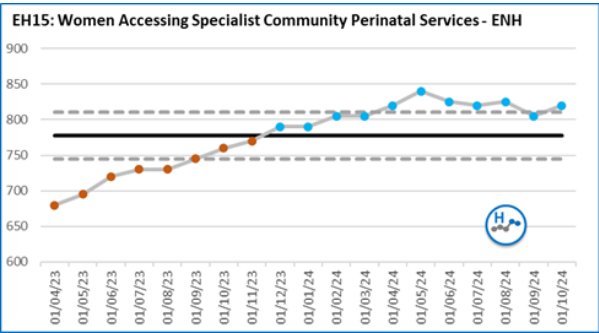
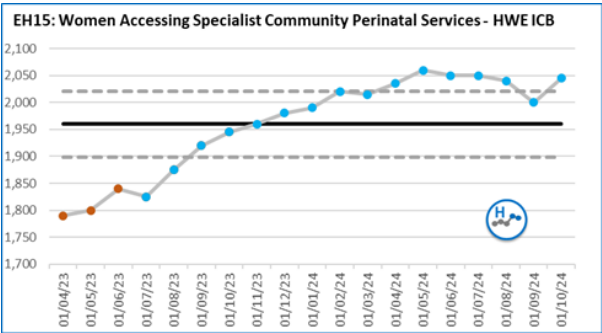
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# Community Perinatal Mental Health

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



HWE 24/25 year-end plan: 2,089

ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	<ul style="list-style-type: none"><li>The number of women accessing Specialist Community Perinatal MH Services is on an improving trend overall and within Hertfordshire</li></ul> <p><b>West Essex</b></p> <ul style="list-style-type: none"><li>Access has been trending below the historic mean for the last 7 months</li><li>However, this remains above the national target of 10% with West Essex achieving 11.15%</li></ul>	<ul style="list-style-type: none"><li>The system is on track to meet target access</li></ul>	<ul style="list-style-type: none"><li>Hertfordshire - Perinatal performance and outcome measures are above target</li><li>Hertfordshire commissioners and Perinatal and BI leads checked target numbers and agreed target will be met</li><li>Outcome measures are the top of performance at region</li></ul> <p><b>West Essex</b></p> <ul style="list-style-type: none"><li>Continually monitor local services on the 12-month access target to ensure services remain on track</li></ul>

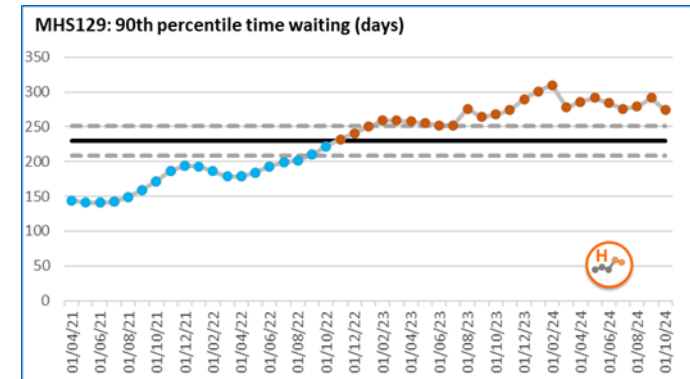
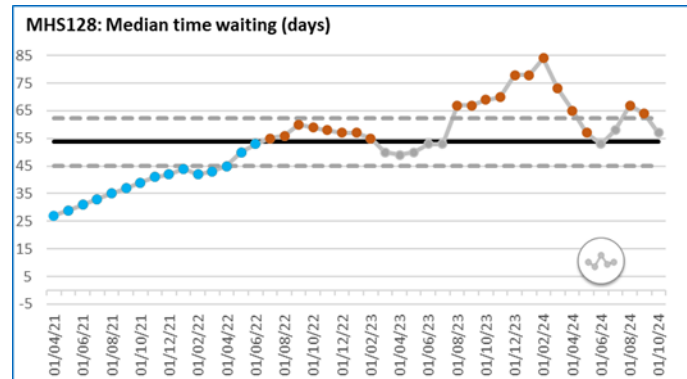
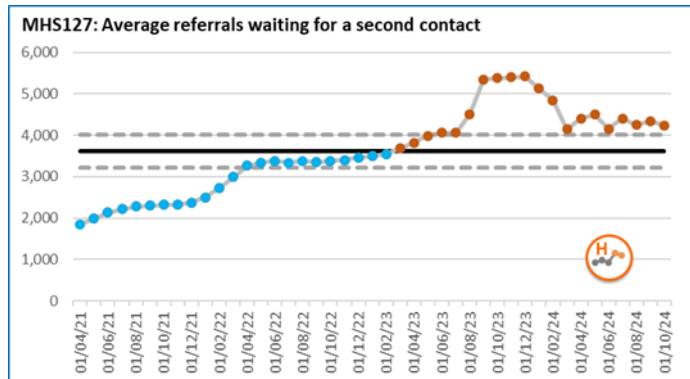


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# Mental Health – Community Waits

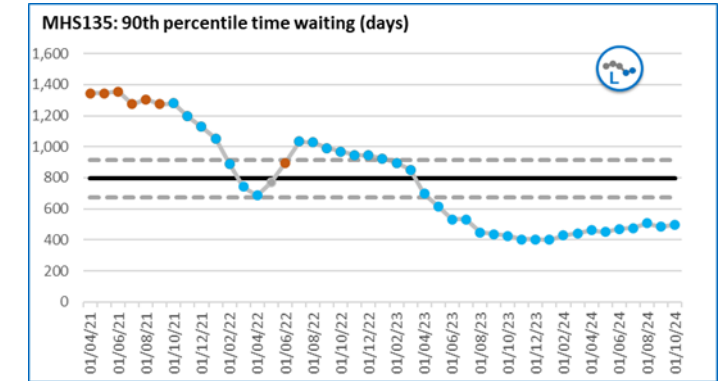
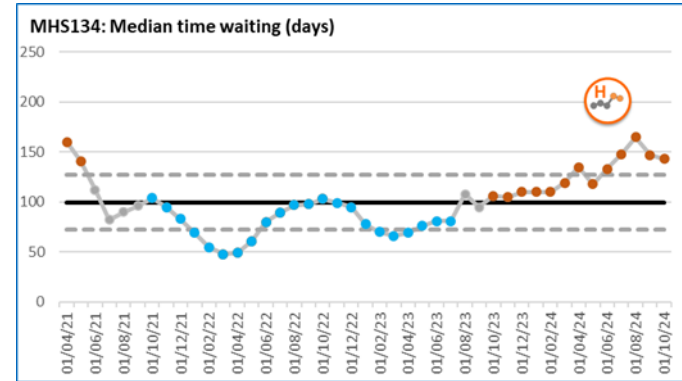
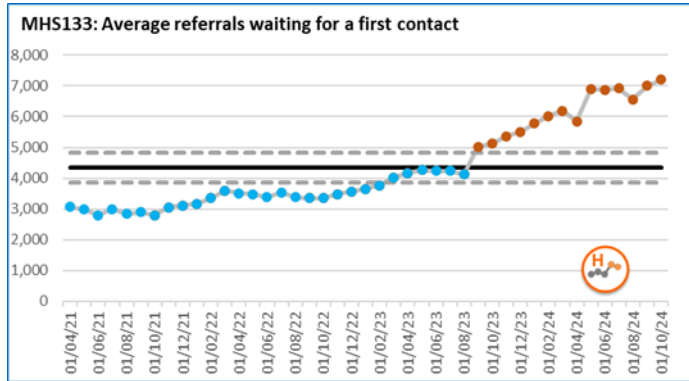
Adults and Older Adults – time still waiting for second contact



ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	<ul style="list-style-type: none"> <li>Median waiting times for a 2<sup>nd</sup> appointment for the quarter to October were 57 days</li> <li>57 days benchmarks well against the national average of 95 days, and has improved in each of the last two months</li> <li>Within the system there is variation of between 35 and 64 days: <ul style="list-style-type: none"> <li>East &amp; North Herts 58 days</li> <li>South &amp; West Herts 64 days</li> <li>West Essex 35 days</li> </ul> </li> <li>90<sup>th</sup> percentile waits for the quarter to October were 274 days</li> <li>274 days benchmarks well against the national average of 653 days, however there is a long-term trend of variation above the historic norm</li> <li>Within the system there is variation of between 270 &amp; 287 days: <ul style="list-style-type: none"> <li>East &amp; North Herts 280 days</li> <li>South &amp; West Herts 270 days</li> <li>West Essex 287 days</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Datasets are not currently complete, and work is ongoing with ICBs and NHSE to finalise collections and reporting. Variation from local data sets to nationally published data</li> <li>Improved performance expected with complete data; current waits reported are for specialist services which have longer waiting times</li> <li>In Hertfordshire, the data flow from Primary Care and VCSFE providers to MHSDS or the GP equivalent has not been worked through. This relates to the transformed PCN areas that have ARRS workers and Enhanced Primary Care. The data collection from these new services is recorded locally on System one or EMIS but this is not a shared system with the MH Trust</li> <li>Not an issue but for noting - West Essex VSCE data flow is via a shared system with MH Trust</li> </ul>	<ul style="list-style-type: none"> <li>NHSE work with ICBs to finalise the data and understand variations</li> <li>In Hertfordshire, a CQI approach is being taken to introducing the new waiting times. Service lines have incorporated the new waiting times into their transformation work. SNOMED codes have been re-mapped on the HPFT EPR, PARIS, and continue to be reviewed as changes are made at National level. Internal reporting is being developed with a first draft expected in January 2025</li> <li>A Trust-wide waiting times steering group is in place to ensure the care and safety of all people waiting for services</li> <li>Hertfordshire is also working with NHSE and Voluntary Community, Faith and Social Enterprise (VCFSE) providers to look at the data flow from them to MHSDS, to include as part of the second contact information</li> <li>Additional CQI process for Older People-s services to ensure that refs and treatment are recorded as for adults</li> <li>All ICBs working with mental health Trusts to review 104 week waits as requested by NHS England</li> <li>All ICBs and providers of services continue to engage with NHSE with regional discussions being held regarding the MH data platform and progress is being made to capture accurate data for all pathways</li> </ul>

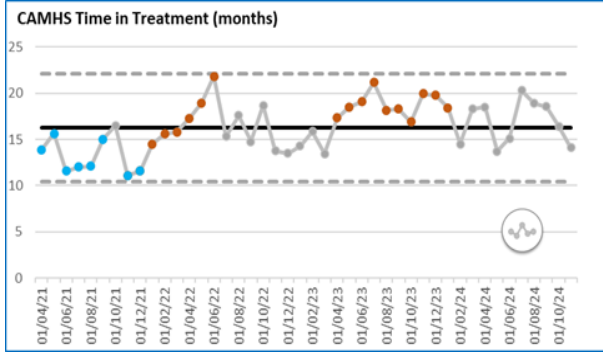
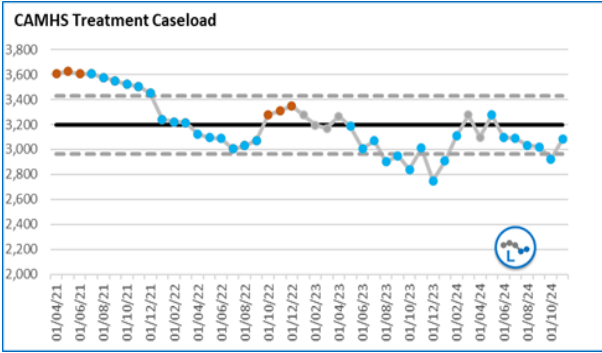
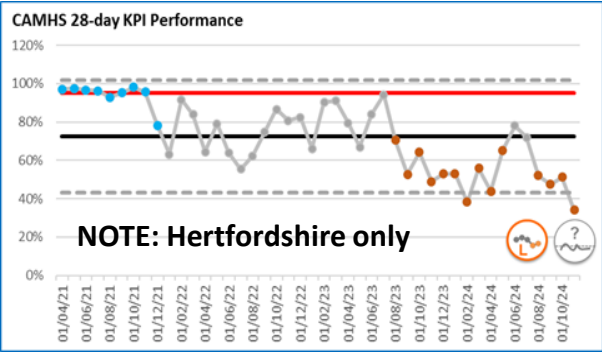
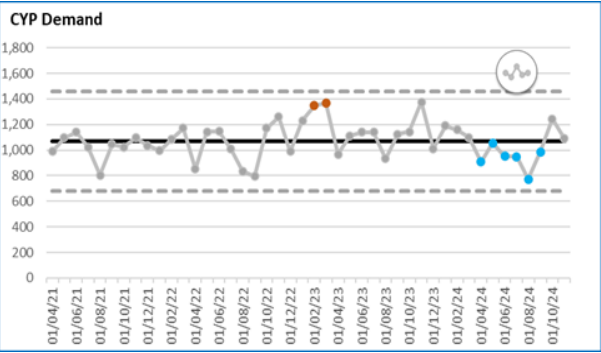
# Mental Health – Community Waits

## Children – time still waiting for a first contact



ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	<ul style="list-style-type: none"> <li>Median waiting times reduced slightly to 143 days, but continue to trend above the historic mean</li> <li>143 days benchmarks well against the national average of 242 days</li> <li>Within the system there is variation of between 53 and 172 days: <ul style="list-style-type: none"> <li>East &amp; North Herts 71 days</li> <li>South &amp; West Herts 172 days</li> <li>West Essex 53 days</li> </ul> </li> <li>90<sup>th</sup> percentile waiting times for the quarter to October were 497 days, and continue on a long-term trend of improvement</li> <li>497 days benchmarks well against the national average of 794 days</li> <li>Within the system there is variation of between 273 &amp; 534 days: <ul style="list-style-type: none"> <li>East &amp; North Herts 273 days</li> <li>South &amp; West Herts 534 days</li> <li>West Essex 374 days</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>The biggest impact on the Hertfordshire waiting list and long waiters is Autism &amp; ADHD backlogs / waiting lists for diagnostic pathways</li> <li>South &amp; West Hertfordshire data is reflective of the historically longer waiting times in the patch, due to ASD / ADHD backlogs (for East &amp; North these services are delivered by ENHT not HPFT/HCT)</li> <li>The 18+ week waiters within West Essex (NELFT) are predominately within the Getting Help element of the Thrive model. At the end of August there were 7 x 18+ week waiters in the service, equating to 2.7% of all waiters</li> </ul>	<ul style="list-style-type: none"> <li>CAMHS services are incorporating the new waiting times in their transformation work and service design. SNOMED coding has been re-mapped on the HPFT EPR, PARIS and internal reporting is under development with first draft expected in January 2025</li> <li>A Trust-wide waiting times steering group is in place to ensure the care and safety of all people waiting for services</li> <li>Local provider dashboards in place assessment &amp; treatment activity, caseloads and waiting times. Average waits not always reflective of challenges experienced by service, but recovery action plans in place where applicable and closely monitored by commissioning leads</li> <li>Commissioners, HPFT and now an HCT representative are linked into EOE waiting times standards group. Long waiters in HPFT all relate to ADHD backlog</li> <li>In NELFT Team Managers monitor their &gt;18-week waiters on a weekly basis. All waiters &gt;18 weeks have a clinical harm review in place and the teams will be working towards seeing all longest waiters as soon as possible. Team will continue to review the &gt;18- week waiters and if there increase in risk, allocation for treatment will be considered as per team capacity and escalated via the Clinical Harm Audits</li> </ul>

# Mental Health – CAMHS Services



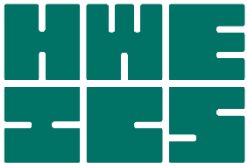
What the charts tell us	Issues	Actions
<p><b>West Essex</b></p> <ul style="list-style-type: none"><li>West Essex does not have a formal KPI for 28 days, but this is monitored at monthly provider meetings</li><li>Slight increase to caseload as of end of Q3 2024/25 when compared to end of Q2</li></ul> <p><b>Herts – HPFT only</b></p> <ul style="list-style-type: none"><li>Demand into the service is, as expected, tracking around the historic mean</li><li>28-day performance has been falling since May-24, issues and actions identified</li><li>Caseloads are steadily reducing</li><li>Time in treatment is variable and close to the historic mean</li></ul>	<p><b>West Essex</b></p> <ul style="list-style-type: none"><li>Challenges continue with recruitment to specialist community eating disorder team manager and clinical lead roles</li></ul> <p><b>Herts – HPFT only</b></p> <ul style="list-style-type: none"><li>Clinicians have reported increased acuity / complexity of caseloads</li><li>Active issue regarding recruitment to vacancies impacting on capacity and performance</li><li>Acquiring highly skilled CAMHS clinicians remains difficult. Non-health support roles being used to bolster teams</li><li>Awaiting updated forecast recovery plans/trajectory. Significant issues remain due to capacity within the CAMHS Quadrant Teams. Work on current and future capacity models is being undertaken to determine expected recovery timescale</li><li>Transfers of care for &gt;18 years to CAMHS are impacting on flow</li></ul>	<p><b>West Essex</b></p> <ul style="list-style-type: none"><li>Recruitment drives ongoing in NELFT with rolling advertisement for ED team manager and clinical lead roles. Support to the CYP ED team provided from within the wider organisation to minimise any impact on CYP engaged with the service; progress monitored at contract meetings</li></ul> <p><b>Herts – HPFT only</b></p> <ul style="list-style-type: none"><li>CAMHS Community waiting times remain at Level 3 business continuity with the Divisional Director leading &amp; monitoring recovery</li><li>SLT professional leads overseeing performance in their quadrant teams</li><li>Recovery trajectory is being updated to reflect vacancies and recruitment to show impact on waiting lists</li><li>Recruitment gaps producing low capacity – 21 WTE vacancies are in pipeline</li><li>Workforce skill analysis &amp; immediate local plans including nursing and social worker workforce being employed via agency underway (Band 7 &amp; Band 8a clinicians)</li><li>Interim leadership in West &amp; East CAMHS and now also in South with focus on patient safety</li><li>Clear patient safety focused plan in situ and held at weekly Quadrant Safety Group</li><li>Care of Waiters (CoW) reviews completed in West and East and most urgent cases in South. Plan for all waiters to have had a clinical contact within 4 weeks. CoW mechanisms including 3-6-9-month waiter pre-treatment – parent / CYP workshops to put in place</li><li>Paris waiting lists to be centralised and activity to record interventions made at assessment stage will improve reporting on waits for treatment</li></ul>

# Mental Health – Learning Disability (LD) Health Checks

LD Health Checks October 2024	Total LD Register (age 14+)	Completed health checks	Health Checks Declined	Patients NOT had a health check	% Completed health checks *	Comparison to October 2023
NHS Hertfordshire and West Essex ICB	7,750	2,817	50	4,883	36.3%	29.8%
East & North Hertfordshire	3,198	1,164	16	2,018	36.4%	29.7%
South & West Hertfordshire	3,395	1,212	22	2,161	35.7%	29.9%
West Essex	1,157	441	12	704	38.1%	25.7%

\* 75% Year End Target

ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	<ul style="list-style-type: none"> <li>All three places achieved the 75% standard in 23/24</li> <li>October 24 data shows the ICB and each place ahead of the equivalent 2023 position at this point in the year</li> </ul>	<ul style="list-style-type: none"> <li>It is challenging to forecast end of year performance against the 75% LD Health Checks standard, as a large proportion of health checks are carried out towards the end of the year, and particularly in Quarter 4</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing work between HWE Team and NHSE to cross check local data against national systems</li> </ul>



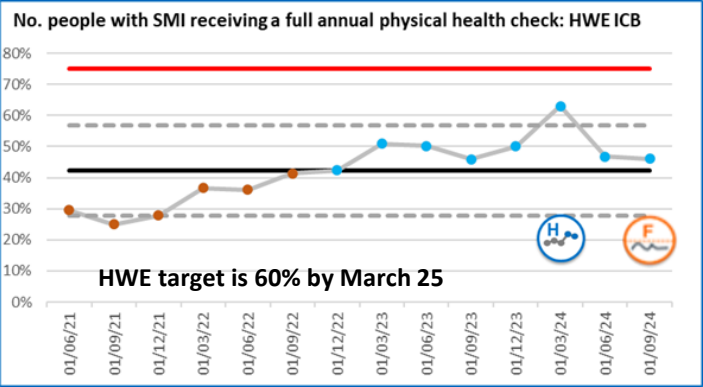
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# Severe Mental Illness (SMI) Health Checks

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

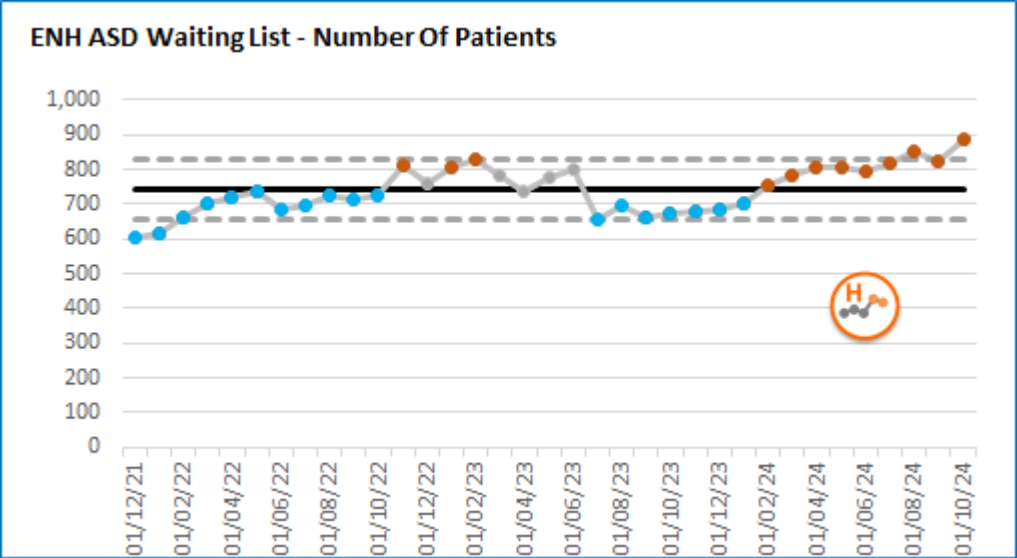


	2021/22				2022/23				2023/24				2024/25	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
East and North Herts Place	19.6%	11.9%	15.1%	25.8%	24.0%	36.3%	40.4%	45.9%	49.7%	47.7%	49.4%	60.5%	52.3%	52.7%
South West Herts Place	39.4%	38.2%	39.5%	47.5%	44.6%	46.4%	43.6%	55.9%	51.0%	44.8%	52.2%	66.9%	38.9%	36.8%
West Essex Place	28.9%	24.5%	30.6%	36.5%	38.5%	38.9%	44.0%	50.4%	49.4%	44.8%	46.4%	59.2%	52.1%	52.4%
NHS Herts & West Essex ICB	29.6%	25.1%	27.9%	36.7%	36.1%	41.3%	42.4%	51.0%	50.2%	45.9%	50.0%	63.0%	46.8%	46.1%

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

What the charts tell us	Issues	Actions
<ul style="list-style-type: none"><li>• As described above, current data is not capturing all health checks undertaken in secondary care MH services</li><li>• Notwithstanding the incomplete datasets, East &amp; North Hertfordshire and West Essex Q2 performance is still ahead of their equivalent 23/24 positions</li><li>• The position in South &amp; West Hertfordshire is notably lower at 36.8%</li><li>• Q2 data pulled from Ardens however shows:<ul style="list-style-type: none"><li>○ ENH: 54%</li><li>○ SWH: 56%</li><li>○ WE: 54%</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Data presented here is considered experimental and accepted nationally by NHSE to be incomplete, both in terms of the number of Practices who have not supplied information, and that some of those that have supplied information have supplied partial data</li><li>• The experimental nature of these statistics will be reviewed and removed once data completeness improves sufficiently</li><li>• SDF funds for secondary mental health services to support primary care ceased in 24/25</li></ul>	<ul style="list-style-type: none"><li>• The data is being extracted from General Practice Extraction Service (GPES), an alternative system this year in Primary Care. There is a piece of work that needs to take place in order that the GPs are recording the data for health checks undertaken in primary care, as well as those carried out when a person is under the care of the MH Trust. This is a known national issue</li><li>• Practice level performance against target in place and to be shared with practices</li><li>• Work with ICB BI leads and Provider leads to understand reporting requirements of secondary mental health services and primary care QOF data to ensure clear guidance and responsibilities, in line with the NHSE reporting procedures</li><li>• Standardise record checking process agreed as an action for the Data Subgroup of the contract meeting</li><li>• HCP place meetings in SW and ENH attended to present current support offer to GPs and identify further actions to support programme of work</li><li>• Support the improvement of interoperability and provider electronic care records and information systems to enable monitoring of performance against equity of access to care</li><li>• Working with Regional MH Team to look at shared care protocols to detail who is responsible for the physical health check, and how support for people who only engage with secondary care and not primary care will be captured, awaiting response</li><li>• Review and development of a potential business case at the end of January 2025 following a decision at the PH SMI Local implementation group to support a request to fund an ICB wide primary care outreach support</li></ul>

# Autism Spectrum Disorder (ASD) – East & North Hertfordshire



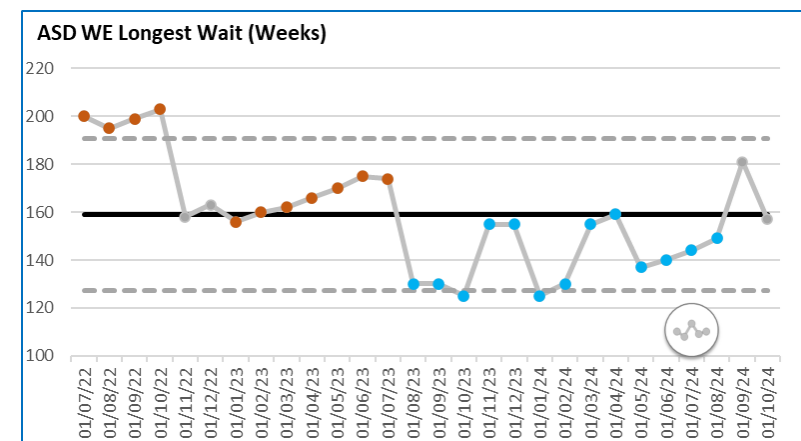
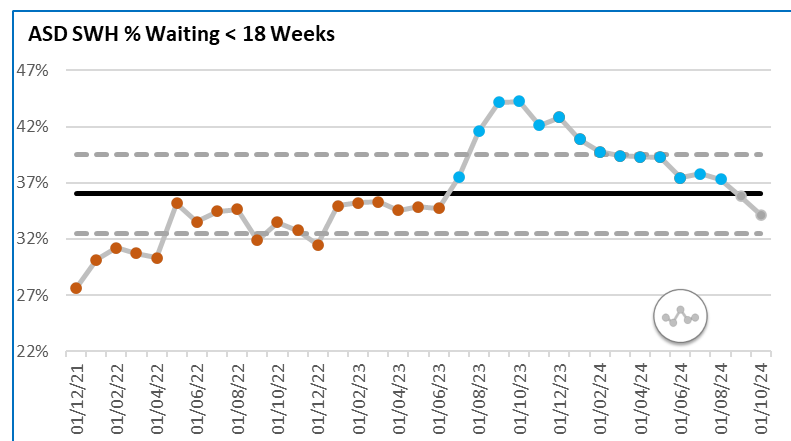
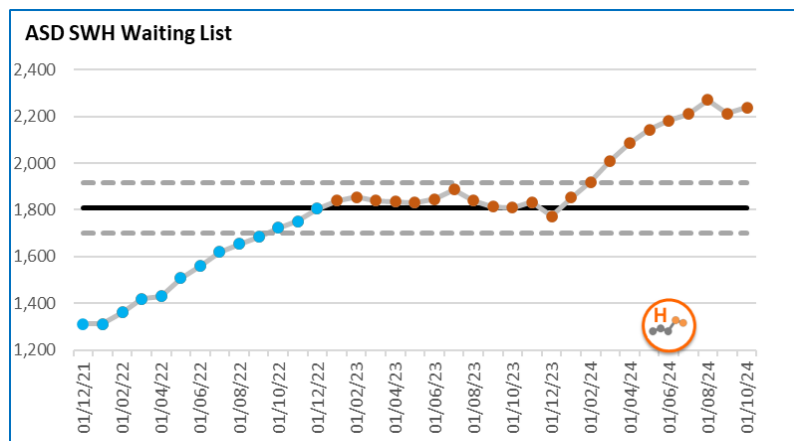
- In ENH, patients have a first appointment with Community Paediatrics. If the clinician, then considers that the patient requires an ASD assessment then they are added to the ASD waiting list
- Data is available on the waiting times for the first community paediatrics appointments and also for ASD assessments once a patient has been added to the ASD assessment waiting list. However, data is not available for both pathways combined
- The chart opposite shows the trend in the number of patients waiting for an ASD assessment once they have been referred by a community paediatrician
- The table below summarises how long patients on the ASD waiting list have been waiting (as of Jun-24):

Waiting list bucket	Number of patients (Sep-24)	Number of patients (Oct-24)
<18 weeks	73	105
18 – 65 weeks	490	502
66 – 78 weeks	92	101
>78 weeks	170	179

ICB Area	What the charts tell us	Issues	Actions
East & North Herts	<ul style="list-style-type: none"><li>• The ASD waiting backlog waiting list continues to increase and reached 887 patients in Oct-24 which is the highest recorded level</li><li>• The number of patients waiting &gt;78 weeks for an ASD assessment has risen from 86 in Dec-23 to 179 in Oct-24</li><li>• The waiting list shown above does not include patients waiting for their first Community Paediatrics appointment, even if they have been referred by their GP as query ASD. It only shows patients who have been assessed by a community paediatrician and referred for a detailed ASD assessment</li></ul>	<ul style="list-style-type: none"><li>• Data not currently reportable on the same basis as the other two ICB Places</li><li>• Backlog funding ended December 2023 and waiting lists are increasing. In addition to this, further increases in demand predicted</li><li>• Awaiting confirmation of investment into the service for 2024/25 and 2025/26</li></ul>	<ul style="list-style-type: none"><li>• Procurement process to outsource assessments for autism paused due to lack of funding</li><li>• Learning Disabilities, Mental Health and Autism HCP continuing to develop support offer for parents, carers, families and CYP with behaviours and / or needs associated with Autism and / or ADHD</li><li>• Funding approved for Neurodiversity Support Centre for the next 3 years</li><li>• Business case completed and going through governance to extend the Understanding My Autism offer for children and young people beyond March 2025</li><li>• Clinicians have agreed future best practice Neurodiversity Model for Hertfordshire. This has been signed off through clinical governance and agreed by operational teams. The MHLDA HCP and providers are now planning implementation of the model</li><li>• Hertfordshire wide single point of referral for all ASD and ADHD is progressing well with providers working together to plan full implementation in spring 2025</li><li>• Partnership for Inclusion of Neurodiversity in schools (PINs programme) is progressing well across the 25 selected schools</li></ul>

# Autism Spectrum Disorder (ASD) – South & West Hertfordshire

Place	Provider	Age	Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			Latest data
			Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
SWH	HCT	Children	2212	2237	⬆️	35.80%	34.15%	⬇️	125	129	⬆️	October

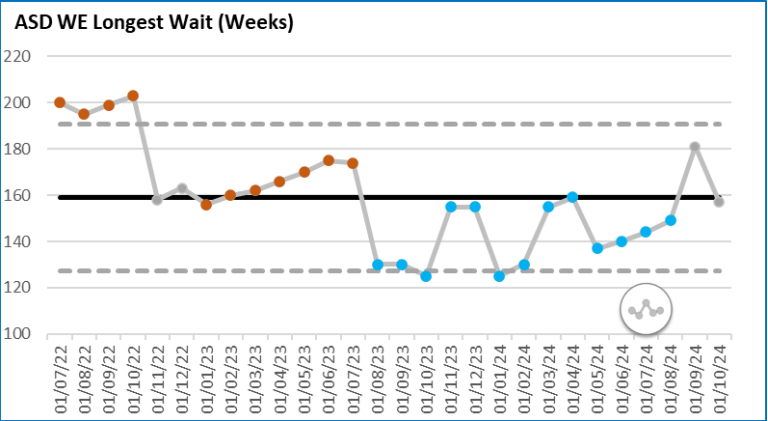
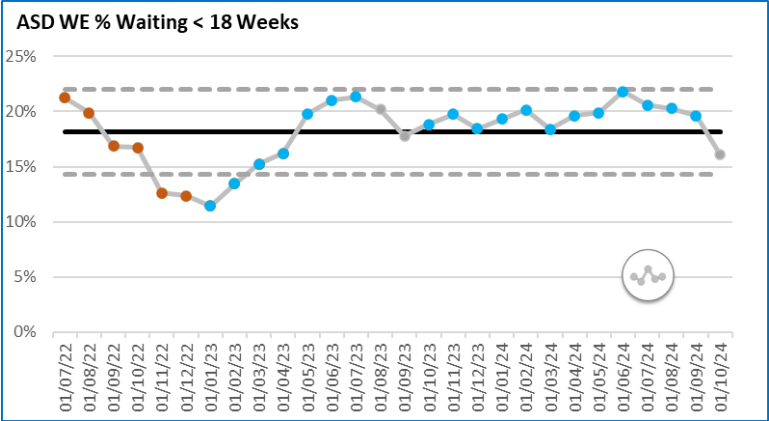
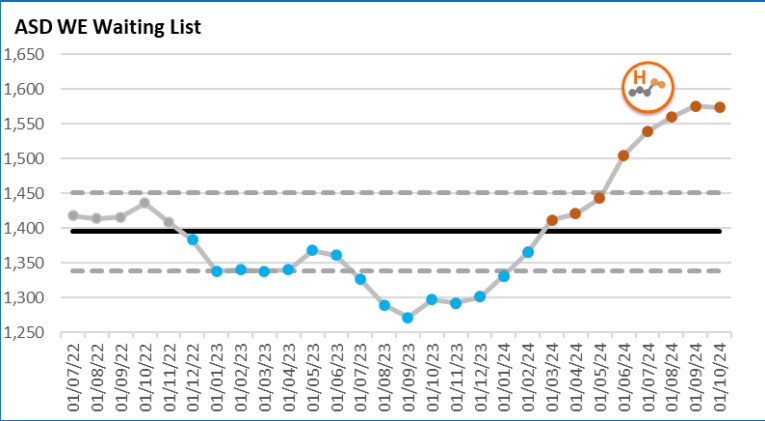


ICB Area	What the charts tell us	Issues	Actions
South & West Herts	<ul style="list-style-type: none"> <li>The overall waiting list remains consistently above the historic mean, but has not grown any further than the peak seen in August</li> <li>The % of ASD waiters &lt; 18 weeks continues to decline and is c.10% lower than October 23</li> <li>The longest waits are variable but within common cause variation limits</li> </ul>	<ul style="list-style-type: none"> <li>Capacity in existing services does not meet demand</li> <li>Further increases in demand predicted</li> <li>Payment will be based on activity in 2024/25</li> <li>Awaiting confirmation of investment into the service for 2025/26</li> </ul>	<ul style="list-style-type: none"> <li>Procurement process to outsource assessments for autism paused due to lack of funding</li> <li>Learning Disabilities, Mental Health and Autism HCP continuing to develop support offer for parents, carers, families and CYP with behaviours and / or needs associated with Autism and / or ADHD</li> <li>Funding approved for Neurodiversity Support Centre for the next 3 years</li> <li>Business case completed and going through governance to extend the Understanding My Autism offer for children and young people beyond March 2025</li> <li>Clinicians have agreed future best practice Neurodiversity Model for Hertfordshire. This has been signed off through clinical governance and agreed by operational teams. The MHLDA HCP and providers are now planning implementation of the model</li> <li>Hertfordshire wide single point of referral for all ASD and ADHD is progressing well with providers working together to plan full implementation in spring 2025</li> <li>Partnership for Inclusion of Neurodiversity in schools (PINs programme) is progressing well across the 25 selected schools</li> </ul>



# Autism Spectrum Disorder (ASD) – West Essex

Place	Provider	Age	Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			Latest data
			Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
WE	HCRG	Children	1576	1574	↓	19.54%	16.07%	↓	181	157	↓	October



ICB Area	What the charts tell us	Issues	Actions
West Essex	<ul style="list-style-type: none"><li>The ASD waiting list remains very high but did not increase for the first time this year</li><li>The % of waiters &lt;18 weeks remains low and has fallen in each of the last four months</li><li>The longest wait is variable but within common cause variation limits</li><li>281 of the 1,574 total waiting list are &gt;104 weeks</li></ul>	<ul style="list-style-type: none"><li>Average monthly referral rate continues to be 75-100% greater than commissioned capacity, for Q2 this was an average of 71 per month against capacity for 40</li><li>Demand and capacity analysis forecasts continued waiting list growth</li><li>Imminent CQC / Ofsted SEND Inspection for Essex. ASD waiting times and progress with improvement since last inspections in 2019 and 2022 expected to be highlighted</li></ul>	<ul style="list-style-type: none"><li>Business case submitted to increase core capacity for sustainable delivery. Awaiting release of identified ICS wide funding</li><li>'Waiting well' workstream continues with local partners at Place, led by HCRG, also linking in with Essex wide joint commissioning initiatives</li></ul>



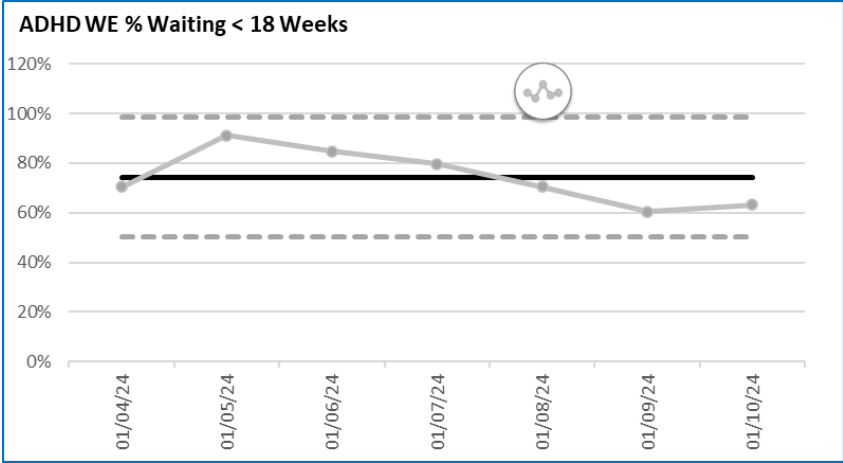
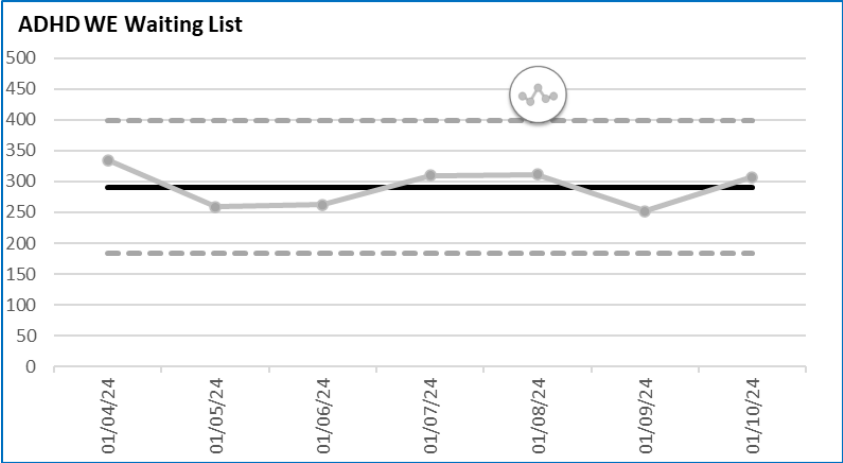
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# Attention Deficit Hyperactivity Disorder (ADHD)

## West Essex & East & North Hertfordshire

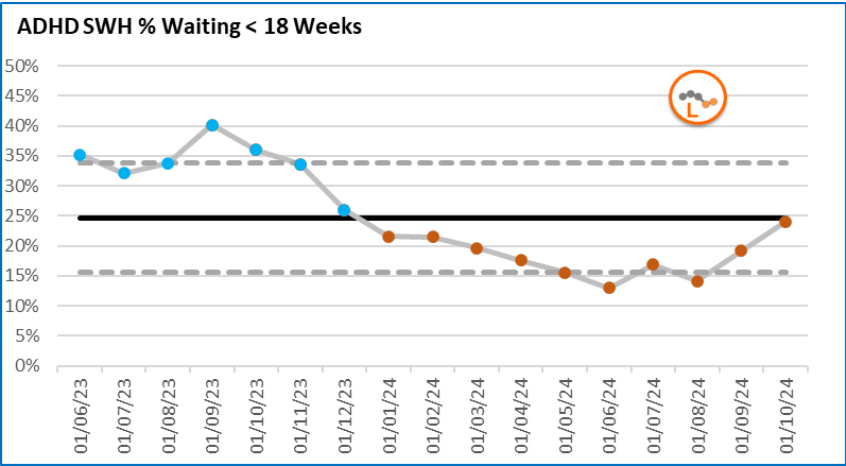
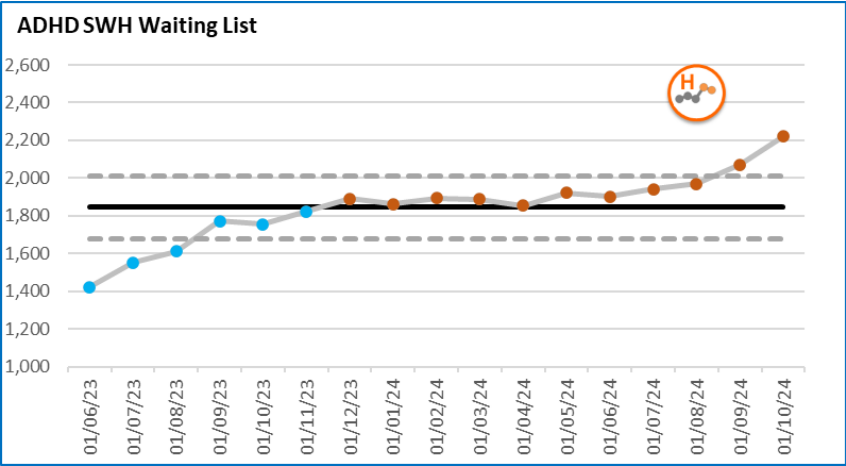
Place	Provider	Age	Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			Latest data
			Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
ENH	ENHT Paediatrics Service	Children	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	October
WE	HCRG	Children	252	307	↑	60.32%	63.19%	↑	51	56	↑	October



ICB Area	What the charts tell us	Issues	Actions
West Essex	<ul style="list-style-type: none"><li>West Essex waiting lists continue to fluctuate at historic average levels</li><li>The % of children waiting &lt;18 weeks are also within common cause variation limits</li><li>The longest wait in West Essex increased by 5 weeks to 56 weeks</li></ul>	<ul style="list-style-type: none"><li>ENHT is not currently able to report on waiting times / waiting list sizes for patients waiting for an ADHD assessment</li><li>Partial reporting of the Essex ADHD Minimum Dataset whilst pathway improvements continue</li><li>Referral rates continues to rise, resulting in risk to maintaining waiting list performance</li></ul>	<ul style="list-style-type: none"><li>Pathway redesign planned to incorporate ASD and ADHD into a single Neuro Diagnostic Service</li><li>Full accurate reporting will not be possible until this work is complete – ambition to complete by end of Q3. In the interim, manual ADHD has been included in this report</li></ul>

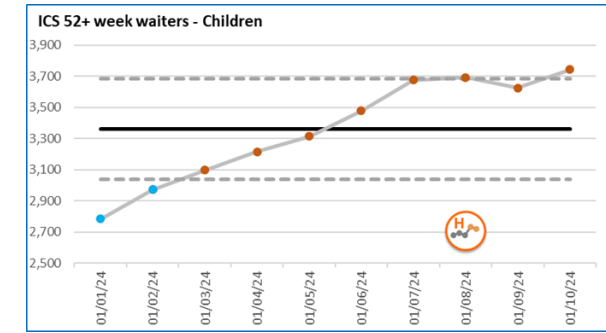
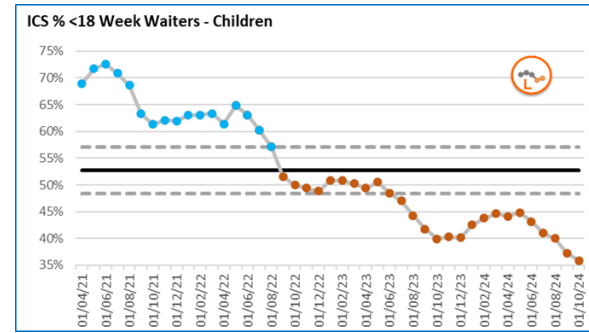
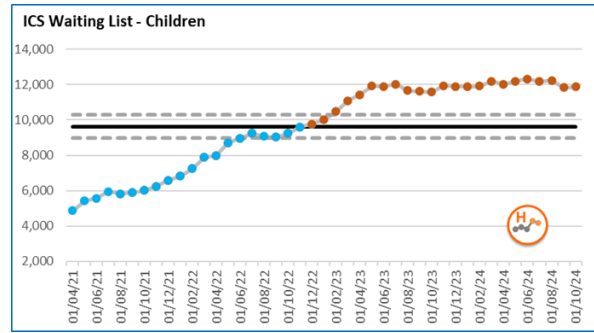
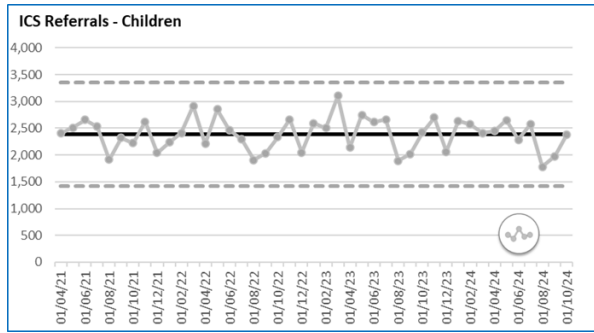
# Attention Deficit Hyperactivity Disorder (ADHD) – South & West Hertfordshire

Place	Provider	Age	Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			Latest data
			Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
SWH	HPFT	Children	2072	2221	⬆️	19.21%	24.04%	⬆️	177	181	⬆️	October



ICB Area	What the charts tell us	Issues	Actions
West Essex	<ul style="list-style-type: none"><li>Overall waiting list was relatively stable but has increased in each of the last four months</li><li>The % of ADHD patients waiting &lt;18 weeks has notable improved in the last two months (up c.10%)</li></ul>	<ul style="list-style-type: none"><li>Payment will be based on activity in 2024/25</li><li>Awaiting confirmation of investment into the service for 2025/26</li></ul>	<ul style="list-style-type: none"><li>Procurement process to outsource assessments for autism paused due to lack of funding</li><li>Learning Disabilities, Mental Health and Autism HCP continuing to develop support offer for parents, carers, families and CYP with behaviours and / or needs associated with Autism and / or ADHD</li><li>Funding approved for Neurodiversity Support Centre for the next 3 years</li><li>Business case completed and going through governance to extend the Understanding My Autism offer for children and young people beyond March 2025</li><li>Clinicians have agreed future best practice Neurodiversity Model for Hertfordshire. This has been signed off through clinical governance and agreed by operational teams. The MHLDA HCP and providers are now planning implementation of the model</li><li>Hertfordshire wide single point of referral for all ASD and ADHD is progressing well with providers working together to plan full implementation in spring 2025</li><li>Partnership for Inclusion of Neurodiversity in schools (PINs programme) is progressing well across the 25 selected schools</li></ul>

# Community Waiting Times (Children)



Place	Age	Referrals			Patients Waiting			% Waiting <18 weeks			Patients Waiting >52 Weeks			Latest data
		Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
ICS	Children	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



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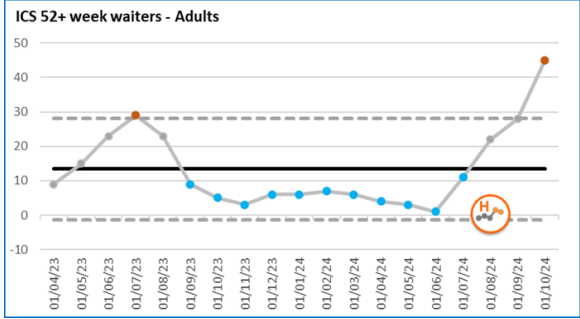
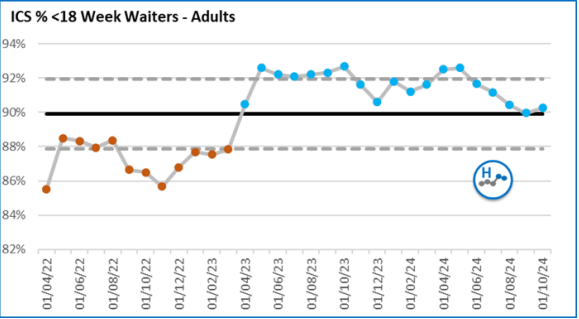
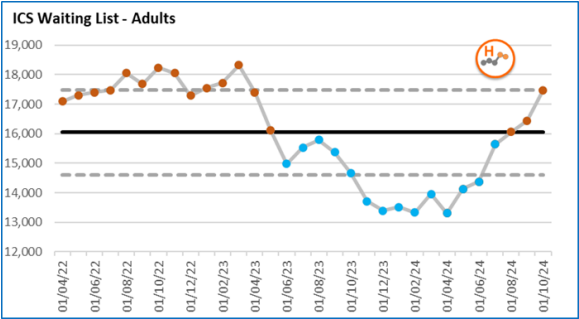
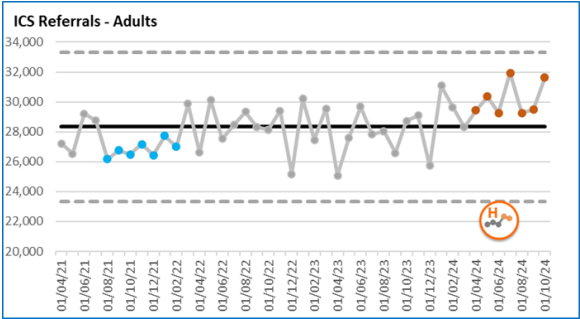


# Community Waiting Times (Children)

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

ICB Area	What the charts tell us	Issues	Actions
ICB	<ul style="list-style-type: none"> <li>Overall referrals to all services continue to fluctuate within expected common cause variation limits</li> <li>The total number of children on waiting lists remains very high, but has plateaued at c.12,000</li> <li>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%</li> <li>The longest waits are within the ENHT Community Paediatrics Service where there are 3,684 x 52 week waits. There are additionally 54 x 52 week waits within HCT services in South &amp; West Hertfordshire, but this is an improvement of 16 in month</li> <li>Consultant led 18-week RTT performance:</li> </ul> <p>SWH Community Paediatrics – 42.1%  SWH Children's Audiology – 40.4%  ENH Community Paediatrics – 14.0%  WE Community Paediatrics – 82.0%</p>	<p><b>Hertfordshire</b></p> <ul style="list-style-type: none"> <li>Most HCT children's specialist services are seeing a marked increase in demand</li> <li>Waiting times in the SWH HCT Community Paediatrics service are improving, with a decreasing number of long waiters and an improvement trend since August 2023</li> <li>There are continued waiting time pressures in Paediatric Audiology in SWH, but there has been improvement with a 36% decrease in total waiters since a high point in June 2023. The service is also currently supporting ENHT newborn hearing pathways</li> <li>Waiting times across Hertfordshire for children's therapies (OT, Speech &amp; Language and Physiotherapy) remain under pressure, but EHCP performance and workforce position is improving</li> </ul> <p><b>West Essex (WE)</b></p> <ul style="list-style-type: none"> <li>Dietetics was the most challenged service in October with 49% achieved. Allergy Dietitian required to manage increase in referrals within the Allergy service</li> <li>Increased demand due to seasonal rise in referrals</li> </ul>	<p><b>Hertfordshire</b></p> <ul style="list-style-type: none"> <li>For HCT services the number of over 52-week waits has reduced from 494 in September 2023, to 115 in October this year, and continues to improve in the most recent data</li> <li>Focus on reducing DNA / NBI rates for children living in relatively more deprived neighbourhoods</li> <li>Outsourcing in place in several services</li> <li>Waiting list initiatives in place for some services to achieve no 65+ week waiters each month</li> <li>Community Paediatrics in SWH is receiving non-recurrent extra investment to increase workforce capacity and introduce new specialist nursing posts. Service working at fully established WTE</li> <li>Community Paediatrics also working with NHSE Elect to optimise waiting list management</li> <li>Paediatric Audiology in SWH is focusing on higher priority appointments, especially follow ups, and signposting to interim advice whilst awaiting assessment. Implementing patient self-booking to reduce NBIs. Demand and capacity analysis completed and identified required staffing model to reduce the waiting list</li> <li>Children's Therapies – increasing capacity through successful recruitment, waiting list initiatives and outsourcing. Pilot for self-booking in one locality has reduced NBI, now being rolled out to other localities</li> <li>EHCP dashboard developed to improve waiting list management</li> </ul> <p><b>Community Paediatrics ENHT</b></p> <ul style="list-style-type: none"> <li>52-week waits are forecast to increase to c.4.2k by March 25. Whilst a deterioration from the current position, this is better than projected in our 24/25 System Operational Plan</li> <li>Referrals have increased by 30% since 19/20, but activity has only increased by 17% (28% increase in follow-up activity, but a 15% decrease in new activity). Ongoing recruitment attempts have been unsuccessful</li> <li>Development of a single model of care for neurodiversity in Hertfordshire is progressing. Proposed service will include a single point of referral for all ADHD / ASD referrals in Hertfordshire and make full use of the MDT for pathways that don't need to be Consultant led</li> </ul> <p><b>West Essex (WE)</b></p> <ul style="list-style-type: none"> <li>Community Paeds caseload cleanse paused to target backlog of referrals – additional hours being provided to address</li> <li>Considering a PIFU approach in Dietetics. Vacancy remains</li> <li>Awaiting release of identified CYP funds from the ICB</li> <li>Preparation for recommissioning of HCRG contract ongoing</li> </ul>

# Community Waiting Times (Adults)



Place	Age	Referrals			Patients Waiting			% Waiting <18 weeks			Patients Waiting >52 Weeks			Latest data
		Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
ICS	Adults	29480	31618	↑	16441	17475	↑	89.97%	90.25%	↑	28	45	↑	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	8859	8888	↑	9731	9871	↑	90.85%	90.60%	↓	19	24	↑	October
ENH	AJM (W/Chairs)	98	113	↑	624	618	↓	61.54%	56.96%	↓	4	13	↑	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	CLCH	6851	7782	↑	1783	1680	↓	96.97%	97.38%	↑	0	0	→	October
SWH	CHEC (Ophthalmology)	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	October
SWH	Circle Health (MSK)	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	October
SWH	Communitas (ENT)	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	October
SWH	The Gynaecology P/Ship	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	October
SWH	HCT	863	1016	↑	1187	1015	↓	83.74%	91.13%	↑	2	0	↓	October
SWH	AJM (W/Chairs)	107	93	↓	660	657	↓	58.94%	54.34%	↓	3	8	↑	October
SWH	All	7821	8891	↑	3630	3352	↓	85.73%	87.05%	↑	5	8	↑	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	12585	13628	↑	2314	3508	↑	100.00%	97.89%	↓	0	0	→	October
WE	EPUT (W/Chairs)	117	98	↓	142	126	↓	99.30%	99.21%	↓	0	0	→	October
WE	Mayflower	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	October
WE	All	12702	13726	↑	2456	3634	↑	99.96%	97.94%	↓	0	0	→	October

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



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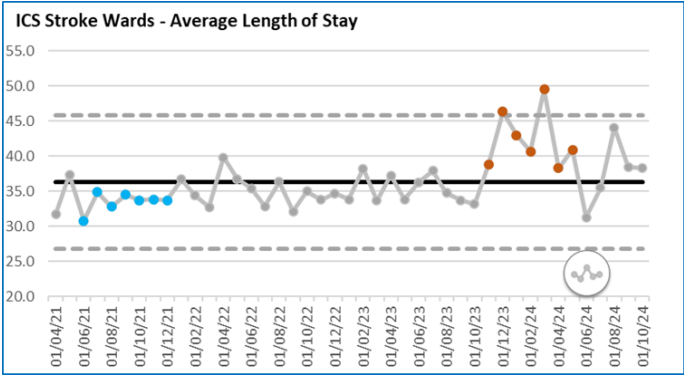
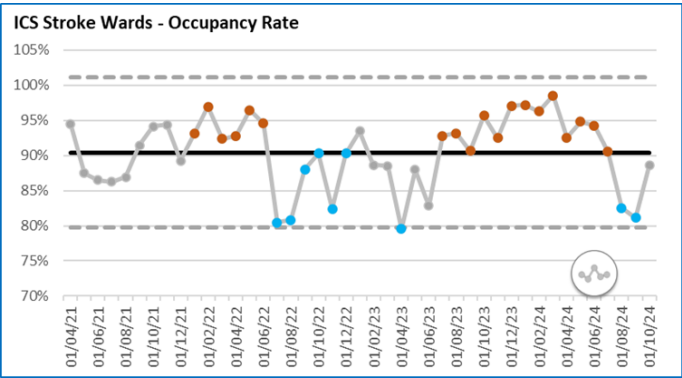
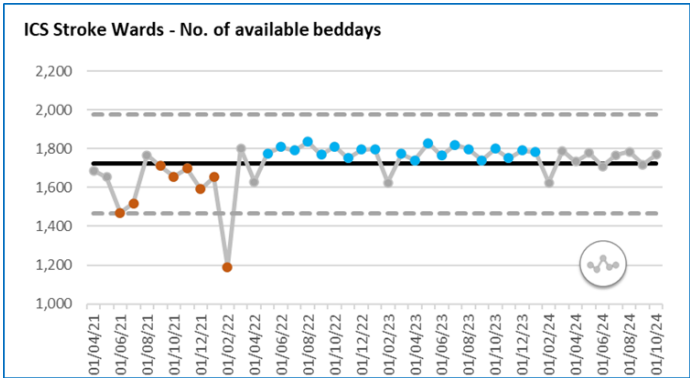


# Community Waiting Times (Adults)

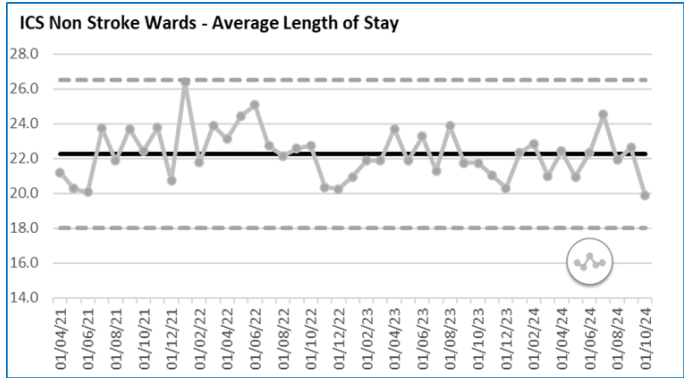
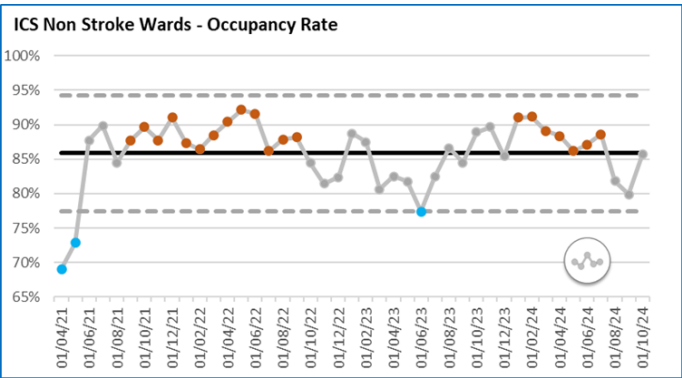
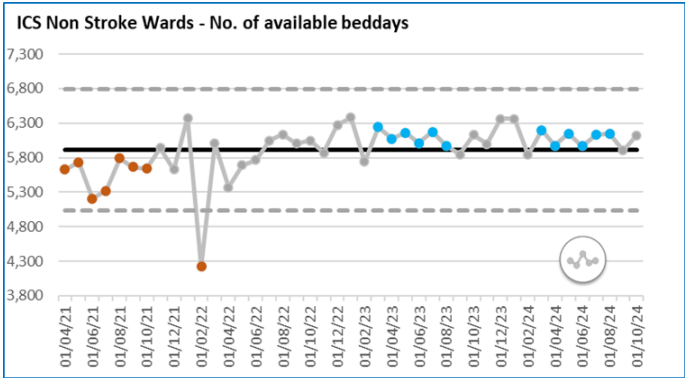
The NHS 18-week Referral to Treatment (RTT) standard only applies to consultant led services. For Adult community services this include Skin Health (ENH), Respiratory (S&W), and Podiatric Surgery (WE). Other services have locally agreed waiting times standards which may be 18 weeks or less. All services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

ICB Area	What the charts tell us	Issues	Actions
ICB	<ul style="list-style-type: none"> <li><b>Data for five community providers is currently excluded from the overall HWE system position as noted on the previous slide. Work is underway to resolve reporting and quality issues with providers and include data in future reports.</b></li> <li>Overall referrals continue an upwards trend and are now showing special cause variation of a concerning nature</li> <li>The % of patients waiting less than 18 weeks remains comparatively strong at 90.3%, compared to the national average of 84.2%</li> <li>Overall waiting lists are also showing special cause variation of a concerning nature. This is driven by high referrals, ENH increases YTD, and the transfer of iMSK patients to EPUT in WE</li> <li>52 week waits increased from 28 to 45 in month – split between HCT and AJM wheelchairs</li> <li>Consultant led 18-week RTT performance:</li> </ul> <p>ENH Skin Health – 88.5% SWH Respiratory – 92.7% WE Podiatric Surgery – 100%</p>	<p><b>East &amp; North Hertfordshire (ENH)</b></p> <ul style="list-style-type: none"> <li>Slight increase in referrals compared to 2022/23</li> <li>Slight reduction in the ‘waiting within target’ performance in recent months when compared to the pre-pandemic baseline and last year</li> </ul> <p><b>South &amp; West Hertfordshire (SWH)</b></p> <ul style="list-style-type: none"> <li>MSK services previously delivered by Connect have been reprocured with Circle. Work continues to resolve a number of data quality issues before incorporation into this report</li> <li>Increase in overall number of referrals. However overall number of patients waiting has decreased</li> <li>There are no patients waiting above 52 weeks</li> </ul> <p><b>AJM (Wheelchairs)</b></p> <ul style="list-style-type: none"> <li>21 x 52 week waits reported in the October position has been improved to 12 in the latest data, and commissioners are working with AJM to closely oversee these remaining cases. It should be noted that quoted waiting times are from referral to chair handover, and patients will have had multiple appointments in the interim with plans in place</li> </ul> <p><b>West Essex (WE)</b></p> <ul style="list-style-type: none"> <li>SLT, Podiatry and Bio-Mechanics breaches of waiting times due to vacancies / capacity. Maximum wait of 12 weeks v. 8 week target</li> <li>MSK breaches and increased PTL following transfer of iMSK patients from Stellar Healthcare on contract termination</li> </ul>	<p><b>East &amp; North Hertfordshire (ENH)</b></p> <ul style="list-style-type: none"> <li>All waits are closely monitored and subject to robust internal governance</li> <li>Service productivity initiatives continue</li> <li>Forecasting suggests a stable trend over the next 12 months, and that overall current waiting time performance will be maintained or slightly improved</li> <li>Comprehensive health inequalities metrics in place and analysis has allowed the Trust to compare waiting times and DNA rates for those living in relative deprivation versus those that do not. Targets have been set to address discrepancies</li> </ul> <p><b>South &amp; West Hertfordshire (SWH)</b></p> <ul style="list-style-type: none"> <li>Working with Circle and ICB contract leads to resolve reporting issues following re-tender of SWH MSK contract from 1<sup>st</sup> April</li> <li>Weekly Divisional review meetings with services remain in place</li> <li>Trajectories currently being updated for services where there are concerns</li> <li>Patient Initiated Follow Up (PIFU) SOP currently being worked up for Lymphoedema. Although this is aimed at follow ups, it will create additional capacity for 1st appointments</li> </ul> <p><b>West Essex (WE)</b></p> <ul style="list-style-type: none"> <li>SLT Locum capacity in place from mid-November. High risk patients being prioritised</li> <li>Podiatry / Bio-Mechanics – 2 x new starters commencing in November &amp; December respectively</li> <li>iMSK recovery plan agreed with full recovery of CRS / ESP services expected by January 25</li> <li>Trajectory for routine Physiotherapy TBC</li> </ul>

# Community Beds (Stroke & Non-Stroke)



Stroke Wards		Number of available beddays			Occupancy Rate			Average length of stay (days)			Latest data
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
ENH	HCT	720	744	↑	80.42%	86.83%	↑	30.3	29.9	↓	October
SWH	CLCH	577	592	↑	84.92%	99.49%	↑	40.5	36.3	↓	October
WE	EPUT	420	434	↑	77.14%	76.73%	↓	50.0	58.0	↑	October
ICS	All	1717	1770	↑	81.13%	88.59%	↑	38.5	38.3	↓	October



Non-Stroke Wards		Number of available beddays			Occupancy Rate			Average length of stay (days)			Latest data
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
ENH	HCT	1590	1643	↑	77.86%	86.73%	↑	24.6	18.7	↓	October
SWH	CLCH	2124	2216	↑	89.50%	88.45%	↓	25.3	21.0	↓	October
WE	EPUT	2190	2263	↑	72.01%	82.15%	↑	17.9	19.6	↑	October
ICS	All	5904	6122	↑	79.88%	85.66%	↑	22.6	19.9	↓	October



# Community Beds (Stroke & Non-Stroke)

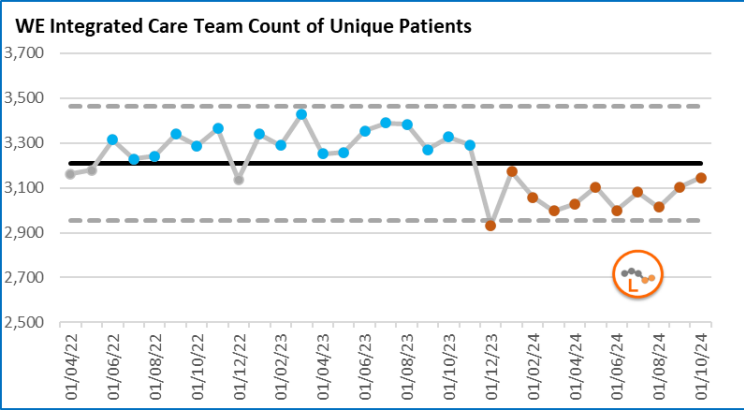
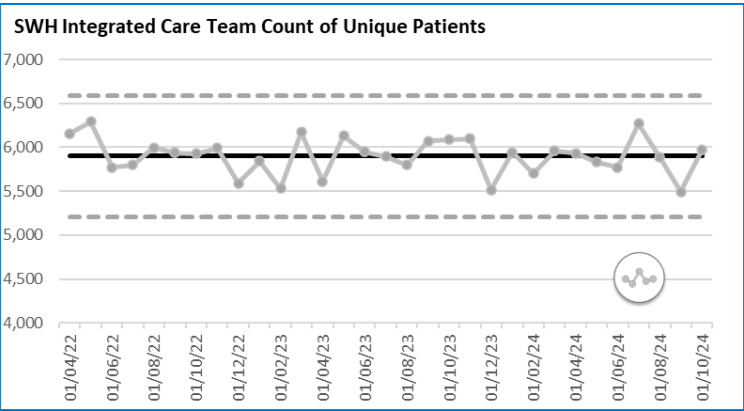
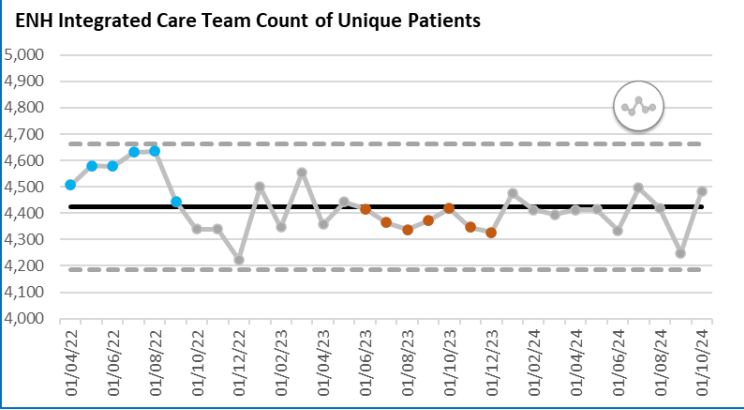
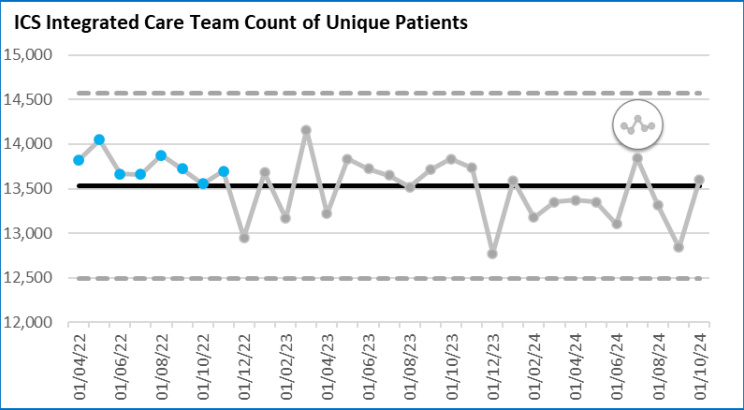
ICB Area	What the charts tell us	Issues	Actions
ICB	<b>Stroke Beds Days</b> <ul style="list-style-type: none"><li>Available stroke bed days remain stable</li><li>Overall stroke bed occupancy rates have returned to historic average levels after the lows seen in August / September</li><li>CLCH occupancy remains very high at 99.5%</li><li>Overall length of stay is within common cause variation limits, but has been largely above the historic average during 2024</li><li>EPUT length of stay remains notably higher than in Hertfordshire</li></ul> <b>Non-Stroke Beds Days</b> <ul style="list-style-type: none"><li>Available non-stroke bed days remain consistent at c.6,100 per month</li><li>Overall non-stroke bed occupancy rates have returned to historic average levels after the lows seen in August / September</li><li>Overall length of stay remains within common cause variation limits</li></ul>	<b>East &amp; North Hertfordshire (ENH)</b> <ul style="list-style-type: none"><li>Bed occupancy remains the highest at Danesbury with an average of 90% over the past 12 months. Herts &amp; Essex and QVM both have a 12-month average occupancy of 82</li><li>Average length of stay over the past 12 months for Herts &amp; Essex averaged 24 days, and 27 days at QVM. At Danesbury, there is now normal variation with an average of 37 days. Admissions into community hospitals show no significant change in trend at Herts and Essex and QVM</li><li>Danesbury has the least admissions with an average of 17 a month, with QVM averaging 18, and Herts &amp; Essex averaging 32</li></ul> <b>South &amp; West Hertfordshire (SWH)</b> <ul style="list-style-type: none"><li>Stroke occupancy rates increased. However slight dip in non-stroke</li><li>Reduction in length of stay for both stroke and non-stroke</li></ul> <b>West Essex (WE)</b> <ul style="list-style-type: none"><li>Length of stay on stroke ward impacted by 4 patients with extensions to stay agreed with agreed with ICB commissioners</li><li>Non-stroke bed occupancy remains low but has improved</li></ul>	<b>East &amp; North Hertfordshire (ENH)</b> <ul style="list-style-type: none"><li>New process regarding criteria to reside in place to support discharge</li></ul> <b>South &amp; West Hertfordshire (SWH)</b> <ul style="list-style-type: none"><li>Daily assurance calls remain in place with HCC with clear escalation process</li><li>Review of Transfer of Care HUB with system partners currently underway</li><li>In partnership with social care colleagues, currently reviewing escalation plan</li></ul> <b>West Essex (WE)</b> <ul style="list-style-type: none"><li>Daily escalation calls in place to support all delayed discharges</li><li>West Essex HCP + Essex County Council plan to use bed capacity to support Discharge to Assess (D2A) patients from November 2024</li></ul>



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# Integrated Care Teams (ICT)



			Contacts (unique patients)			Contacts (unique patients) per 1000 population			Latest data
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
ENH	HCT	All	4248	4484	↑	6.7	7.1	↑	October
SWH	CLCH	All	5492	5975	↑	8.0	8.7	↑	October
WE	EPUT	All	3103	3146	↑	9.3	9.4	↑	October
ICS	All	All	12843	13605	↑	7.8	8.2	↑	October



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# Integrated Care Teams (ICT)

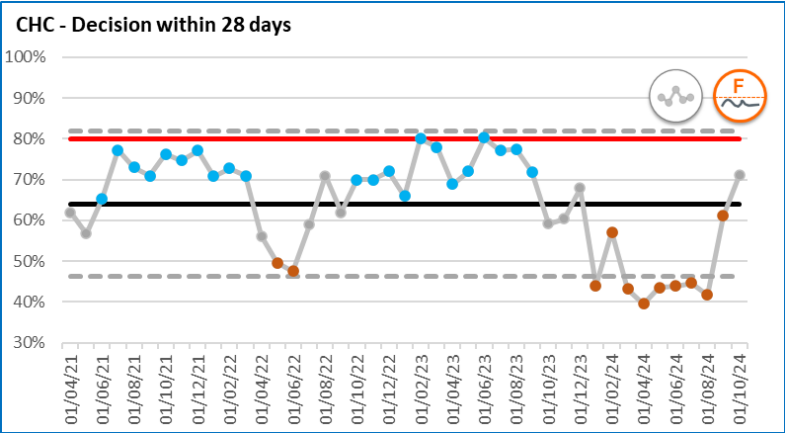
ICB Area	What the charts tell us	Issues	Actions
ICB	<ul style="list-style-type: none"> <li>Unique contacts across the ICS and within the two Hertfordshire Places are within expected common cause variation limits</li> <li>Unique contacts in West Essex have trended below the historic mean for the last 11 months; this is reflective of patients being seen in the most appropriate setting, with the more complex patients sitting with ICTs.</li> </ul>	<p><b>East &amp; North Hertfordshire (ENH)</b></p> <ul style="list-style-type: none"> <li>The number of individuals rereferred to the ICT is similar to pre-pandemic</li> <li>Contacts per month are lower than pre-pandemic (linked to increasing complexity) and there is an increase in the first-to-follow-up appointment ratio</li> <li>The net effect of these factors is that the overall caseload is much higher than in 2019/20 across all localities</li> <li>Patient complexity is increasing, with more intensive treatments required. e.g. numbers of intravenous antibiotics (IV) and End of Life (EOL) patients</li> <li>Performance focus on deferral rates</li> </ul> <p><b>South &amp; West Hertfordshire (SWH)</b></p> <ul style="list-style-type: none"> <li>Increase in number unique patients and number of contacts</li> </ul> <p><b>West Essex (WE)</b></p> <ul style="list-style-type: none"> <li>Since April 2021 ICTs have seen a reduction in referrals. Contacts per patient however have increased, suggesting an increase in acuity of patients receiving care in the community</li> </ul>	<ul style="list-style-type: none"> <li>Care Closer to Home programme underway across HWE to reduce variation and shift to reporting outcomes and impact, to compliment the activity driven data that exists</li> </ul> <p><b>East &amp; North Hertfordshire (ENH)</b></p> <ul style="list-style-type: none"> <li>Steering group in place chaired by HCT Chief Operating Officer</li> <li>A comprehensive transformation programme in place focused on workforce, wound care and diabetes management with the ICT</li> <li>SystemOne optimisation project underway aiming to streamline use of clinical systems with a prospective productivity gain. Some promising initial progress in relation to revised design</li> <li>The Hospital at Home service appears to be effectively supressing Acute demand</li> </ul> <p><b>West Essex (WE)</b></p> <ul style="list-style-type: none"> <li>Work progressing to support development of Integrated Neighbourhood Teams of which the ICTs are integral, alongside socialisation of the new HWE care closer to home model of care. Proactive care model for segments 4 &amp; 5 to support reduction on NELs by 25%</li> </ul>



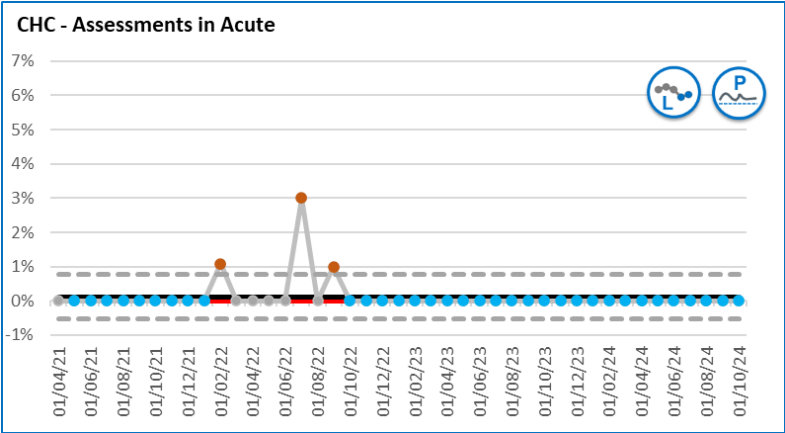
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# Continuing Health Care (CHC)



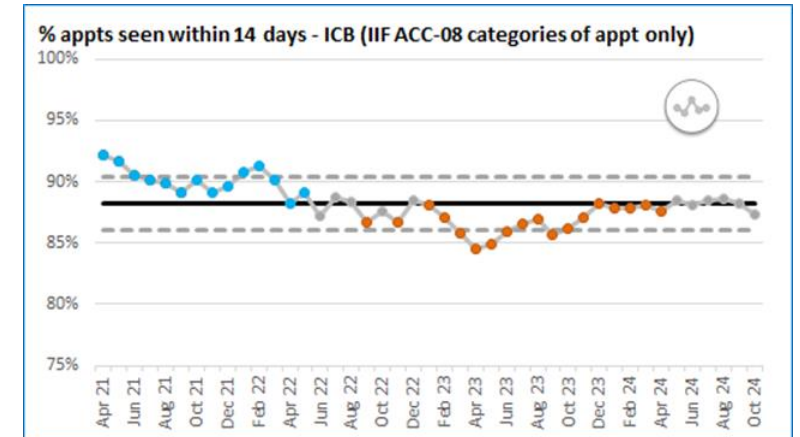
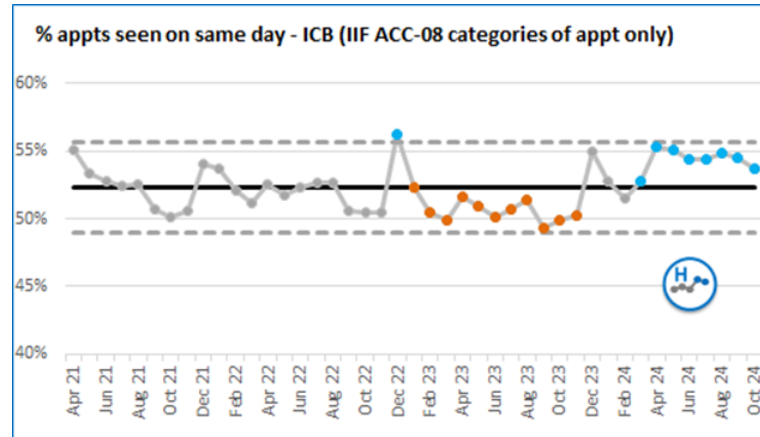
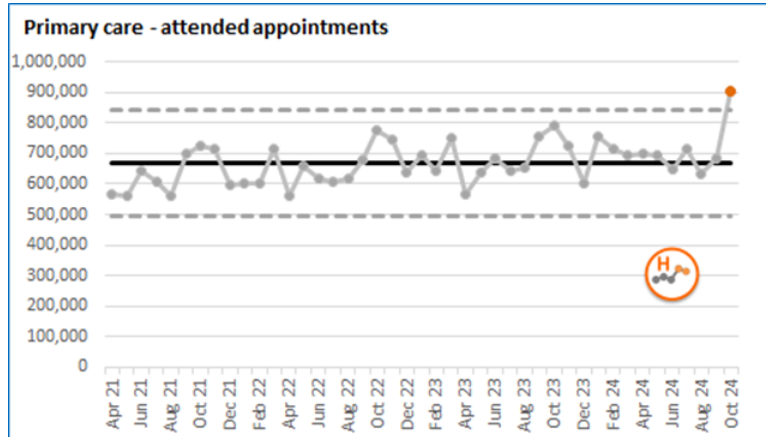
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24								
East & North Hertfordshire	38.7	23.3	50.0	58.8	35.0	66.7	77.7	47.0	44.7	85.2	67.2	69.0	70.8	74.2	94.9	86%	100	83%	100	70%	88%	83%	91%	87%	82	58.6	58.2	175.6	87	58.2	97.5	77.7	180	0	50	0	80	46.7	56.5	0	71	94.8	87.1	76.4	3.6	6.6	4.9				
South & West Hertfordshire	47.2	65.7	74.4	48.1	58.0	46.6	76.1	17.0	3.8	5.7	85.7	80.7	57.1	2.2	3.2	23.4	86%	41%	33%	50%	63%	58%	63%	72%	67%	50	66.1	77.5	67.1	8.6	9.7	56.5	36.4	44.5	84.7	5.9	34.5	42.3	5.2	4.2	3.2	28.0	28.6	4.4	4.5	1.8	0.4				
West Essex	100.8	87.0	71.0	83.0	0.0	88.0	100.0	93.0	92.3	6.8	4.8	0.0	70.0	0.8	9.8	5.8	0.75%	100	85%	89%	81%	78%	64%	87%	89%	91	7.9	1.8	7.9	9.2	9.8	8.7	5.9	2.7	6.0	8.9	2.7	1.4	5.6	8.7	1.5	2.1	1.6	7.7	1.6	5.5					
ICS	62.0	56.8	65.4	77.3	0.7	1.0	7.6	3.7	4.8	7.7	2.7	0.7	7.2	8.7	1.0	5.6	2.4	9.7	6.5	9%	71%	62%	70%	70%	72%	66%	80%	78	68	9.7	2.1	80.3	3.7	1.7	7.5	71.9	5.9	2.6	0.4	6.7	9.4	0.7	1.4	3.9	6.4	5.3	9.4	6.4	1.7	1.1	7.1



	Apr-May-21	May-Jun-21	Jun-Jul-21	Jul-Aug-21	Aug-Sep-21	Sep-Oct-21	Oct-Nov-21	Nov-Dec-21	Dec-21-Jan-22	Jan-Feb-22	Feb-Mar-22	Mar-Apr-22	Apr-May-22	May-Jun-22	Jun-Jul-22	Jul-Aug-22	Aug-Sep-22	Sep-Oct-22	Oct-Nov-22	Nov-Dec-22	Dec-22-Jan-23	Jan-Feb-23	Feb-Mar-23	Mar-Apr-23	Apr-May-23	May-Jun-23	Jun-Jul-23	Jul-Aug-23	Aug-Sep-23	Sep-Oct-23	Oct-Nov-23	Nov-Dec-23	Dec-23-Jan-24	Jan-Feb-24	Feb-Mar-24	Mar-Apr-24	Apr-May-24	May-Jun-24	Jun-Jul-24	Jul-Aug-24	Aug-Sep-24			
East & North Hertfordshire	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	5%	0%	6%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
South & West Hertfordshire	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%	3%	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
West Essex	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
ICS	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	3%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

	What the charts tell us	Issues	Actions
HWEICB	<ul style="list-style-type: none"><li>The 28-day standard has notably improved over the last two months, most significantly in South &amp; West Hertfordshire</li><li>Performance is trending above the historic mean, and ICB projections for the quarter are being met</li><li>October overall performance is significantly improved and has reached levels last seen in October 2023:<ul style="list-style-type: none"><li>Overall ICB – 71%</li><li>West Essex – 65%</li><li>ENH – 65%</li><li>SWH – 80%</li></ul></li><li>The assessments in an acute setting &lt;15% standard continues to be routinely achieved</li></ul>	<ul style="list-style-type: none"><li>The newly recruited starters do not have previous CHC experience and therefore require robust training and development</li><li>The recovery of the 28-day standard is forecast be achieved by Q4 24/25 and is on track</li><li>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</li></ul>	<ul style="list-style-type: none"><li>Weekly meetings are in place across all areas to monitor performance. Additional assurance meetings are being held with NHSE</li><li>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 &amp; West Herts</li><li>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</li></ul>

# Primary Care



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

## What the charts tell us

- There was a sharp increase in the number of attended appointments in Oct-24. This was likely driven by patients attending for winter vaccines. However, the increase was larger than observed in previous Octobers
- The % of appointments seen on the same day of booking has been above the long-term mean for the last seven months, suggesting that there has been a sustained improvement in the % of appointments seen on the same day. The chart above now shows the % of same day appointments for a subset of appointment types where the patient would typically want the first available appointment, rather than reviews / check-ups (IIF ACC-08 categories of appointment)
- The % of appointments which were seen within 14 days of booking has returned towards the mean over the last five months, and performance is only marginally below this year's plan of 89%. The chart above now shows the % of same day attendances for a subset of appointment types where the patient would typically want the first available appointment, rather than reviews / check-ups (IIF ACC-08 categories of appointment)



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# Primary Care

Issues	Actions
<ul style="list-style-type: none"> <li>National contract for 24/25 imposed without agreement and Collective Action in Primary Care added to the risk register</li> <li>General Practice continues to see increases in demand against a backdrop of working through the backlog, workforce pressures and negative media portrayal</li> <li>24/25 focus on cutting bureaucracy, helping practices with cash flow and increase financial flexibilities and continue to improve patient experience of access</li> </ul>	<p><b>Engagement with the National Access Recovery Plan</b></p> <ul style="list-style-type: none"> <li>Logging local intelligence on practices taking part in collective action and ongoing work with HETCG and liaison with LMC to identify and mitigate any issues arising</li> <li>Annual GP Patient Survey (GPPS) was published in July (data collected Jan –Mar 24). Overall slight improvement and PCCC and Primary Care Board oversight of results. Action plan developed through the Access MDT Group Triangulation with other data held does not show any strong correlation e.g. number of appointments, digital telephony etc.</li> <li>GPPS 2024 Dental Access results shows HWE as best performing in East of England</li> <li>Many practices transitioning to Modern General Practice (MGP) through demand / capacity analysis, use of cloud-based telephony, roll out NHS app, online GP registration, development of GP and PCN websites and testing triage models. Audit of latest position for all practices being collated for 24/25 year-end update.</li> <li>Local CAIP - 24 of 35 PCNs have submitted their self-declaration based on the PCN's progress in implementing the Modern General Practice Access (MGPA) model and specifically in delivering against three priority domains. Specifically, these are Better Digital Telephony – 24 PCNs; Simpler Online Requests – 18 PCNs; Faster Care Navigation, Assessment and Response – 21 PCNs. PCNs can submit their self-declaration up to 31 March 25</li> <li>Transition Cover – 121 practices supported with further funding to implement modern general practice</li> <li>All practices now have Cloud Based Telephony of some level. Looking at options for improving services at the circa 25 practices who are on the lowest level of CBT</li> <li>National GP Improvement Programme - 43 practices &amp; 4 PCNs participated in this nationally supported facilitated programme</li> <li>Support Level Framework (SLF): Self-assessment tool to support practice teams in understanding what they do well, what they might wish to do better, and where they might benefit from development support. Roll-out of SLF facilitated sessions for practices at increased pace in 24/25</li> <li>The majority of practices have progressed towards full enablement of prospective records access; over 725k patients across HWE have access to their records; 60% of practices have 90%+ of patients with online access + records access enabled; over 80% of practices with 80%+</li> <li>Partnership working to increase self-referrals in high volume services: Physio, IAPT, Podiatry etc.</li> <li>Communications to support ICB and practice websites, media statements and patient comms re the Delivery Plan</li> <li>Development of PC Dashboard to include further metrics to allow triangulation / narrative in the absence of plan / reporting requirement in national contract</li> <li>Inclusion of newly qualified GPs in the ARR scheme from October 24 onwards</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>Funding for Additional Capacity via PCNs over Winter agreed locally as no National funding this year – action to review PCN plans against 2 agreed priorities - Prevention (frailty, LTC, EOL) or Same day access</li> <li>Enhanced Commissioning Framework (ECF) refined for 24/25 and include shared care monitoring arrangements</li> <li>Trend analysis to identify practices with poor access via complaints and patient contacts</li> <li>Initiatives for Primary Care Workforce to support recruitment and retention, supported by the HSE ICB Training Hub</li> <li>Daily review of OPEL reporting by practices and follow up by place Primary Care Teams with individual practices</li> <li>Pharmacy First now live, work with Community Pharmacy leads and practices to promote service</li> </ul>

# Performance v. 24/25 Operational Plans – Month 7

		Year To Date					
Area	Description	Plan	Actual	Variance to Plan	Variance to Plan %	Performance	Latest Data
Planned Care	Elective day case spells	90,837	94,891	4,054	4.5%	↑	Oct-24
	Elective ordinary spells	8,106	8,526	420	5.2%	↑	Oct-24
	Outpatient procedures	161,242	181,447	20,205	12.5%	↑	Oct-24
	Percentage outpatients follow-up without a procedure	49.6%	47.5%	-2.1%		↓	Oct-24
	Total outpatient attendances	943,447	999,570	56,123	5.9%	↑	Oct-24
	Incomplete (RTT) pathways 65 weeks+	0	194	194		↑	Oct-24
	The number of incomplete Referral to Treatment (RTT) pathways	141,335	138,060	-3,275	-2.3%	↓	Oct-24
	Diagnostic test waiting list over 6 weeks - All Planning Modalities	5,889	16,613	10,724	182.1%	↑	Oct-24
Cancer	Percentage patients seen within 62 days	77.5%	73.2%	-4.3%		↓	Oct-24
	Percentage cancer 28 day waits (faster diagnosis standard)	74.2%	79.0%	4.8%		↑	Oct-24
UEC	Type 1, 2, 3 A&E attendances	299,562	305,832	6,270	2.1%	↑	Oct-24
	Percentage Type 1, 2, 3 A&E attendances < 4 hours	75.6%	72.5%	-3.1%		↓	Oct-24
	Non-elective spells - 0 days length of stay	18,147	28,334	10,187	56.1%	↑	Oct-24
	Non-elective spells - 1+ days length of stay	49,345	50,314	969	2.0%	↑	Oct-24
	Same day emergency care	24,835	-	-	-	↑	Oct-24
Primary Care	Percentage of appointments seen within two weeks	89.1%	88.1%	-1.0%		↓	Oct-24

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



# Mental Health Performance v. 24/25 Operational Plans – Quarter 2

## MONTHLY METRICS

		Year To Date					
Area	Description	Plan	Actual	Variance to Plan	Variance to Plan %	Performance	Latest Data
OAPs	Active inappropriate adult acute mental health OAPs	66	270	204	309.1%	↑	Oct-24
Talking Therapies	Percentage of patients that achieved reliable recovery	48.5%	51.0%	2.5%		↑	Oct-24
	Percentage of patients that achieved reliable improvement	67.1%	66.9%	-0.2%		↓	Oct-24
Dementia	Estimated prevalence of dementia based on GP registered populations	64.9%	64.7%	-0.2%		↓	Oct-24
CYP	Number of CYP supported through NHS funded mental health services receiving at least one contact	132,382	78,495	-53,887	-40.7%	↓	Oct-24

## QUARTERLY METRICS

		Year To Date					
Area	Description	Plan	Actual	Variance to Plan	Variance to Plan %	Performance	Latest Data
Learning Disability	% of AHCs carried out for 14+ year olds on the QOF Learning Disability Register	18.8%	17.3%	-1.4%		↓	Q2
	Learning Disability Inpatient Rate per Million ONS Resident Population	29.01	-			↑	Q2
	Learning Disability Inpatient Rate per Million ONS Resident Population	15.09	-			↑	Q2
SMI	Percentage of people with severe mental illness receiving a full annual physical health check	50.6%	46.1%	-4.4%		↓	Q2

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



# Appendix A: Performance Benchmarking (ICB)

October 2024		Hertfordshire and West Essex ICB						
Area	Activity	Latest published data	Data published	Trend against last month	NATIONAL position National vs (ICB)	REGIONAL position EoE Region vs (ICB)	ICB Ranking	
111	Proportion of calls answered < 60 secs	67.4%	November 24	✗ -21.35%	78.45% (Worse)	76.19% (Worse)	26	
	Proportion of calls abandoned	5.1%	November 24	✗ 33.81%	3.17% (Worse)	3.68% (Worse)	22	
A&E	% Seen within 4 hours	69.7%	November 24	✗ -2.477%	72.14% (Worse)	71.01% (Worse)	32	
	12 Hour Breaches	11.1%	November 24	✓ -5.86%	10.69% (Worse)	9.45% (Worse)	22	
Cancer	28 days Faster Diagnosis	78.4%	October 24	✗ -0.06%	77.11% (Better)	74.53% (Better)	18	
	31 days	92.5%	October 24	✗ -3.96%	91.51% (Better)	88.45% (Better)	23	
	62 days	71.7%	October 24	✗ -0.98%	68.16% (Better)	65.07% (Better)	10	
RTT	Incomplete Pathways <18 weeks	57.4%	October 24	✓ 0.50%	58.9% (Worse)	55.1% (Better)	26	
	52+ weeks as % of total PTL	2.93%	October 24	✓ -9.90%	3.11% (Better)	4.22% (Better)	26	
	65+ weeks as % of total PTL	0.20%	October 24	✓ -13.94%	0.28% (Better)	0.36% (Better)	24	
	78+ weeks as % of total PTL	0.02%	October 24	✗ 26.54%	0.03% (Better)	0.04% (Better)	27	
Diagnostics	6 week wait	35.0%	October 24	✓ -9.36%	20.69% (Worse)	31.27% (Worse)	41	
Mental Health	Dementia Diagnosis rate	65.1%	October 24	✓ 0.46%	65.70% (Worse)	64.20% (Better)	24	
	OOA placements	49	October 24	✓ 14.29%	n/a	n/a	n/a	
CHC *	of eligibility decisions made within 28 day	71.1%	October 24	✓ 14.04%	72.35% (Worse, at 49.13%)	68.35% (Worse, at 49.13%)	38	
	% of assessments carried out in acute	0.0%	October 24	▬ 0.00%	0.57% (Worse, at 1.28%)	0.30% (Worse, at 1.28%)	37	

### LEGEND

**Performance against National/Regional**

Better

Worse

**Performance against previous month**

✓

Improvement

✗

Deterioration

▬

No change

**Provider Ranking**

First quartile

Middle quartile

Lowest quartile

\* CHC benchmarking and ranking is based on quarterly data only.  
The latest data is Q2 for 2024/25 (covering Jul - Sept 2024).

# Appendix B: Performance Benchmarking (Providers / Place)

October 2024			Hertfordshire and West Essex ICB (PROVIDER)														
Area	Activity	Data published	East and North Herts Trust	Trend against last month	Position against National	Position against Region	Provider Ranking	West Herts Teaching Hospital Trust	Trend against last month	Position against National	Position against Region	Provider Ranking	The Princess Alexandra Hospital Trust	Trend against last month	Position against National	Position against Region	Provider Ranking
A&E	% Seen within 4 hours	November 24	70.60%	✖ -1.71%			71	75.92%	✖ -2.344%			34	58.81%	✖ -5.251%			119
	12 Hour Breaches	November 24	13.04%	✔ -12.72%			75	8.82%	✖ 7.03%			47	no submission	▬ 0.00%			119
Cancer	28 days Faster Diagnosis	October 24	76.79%	✔ 1.164%			85	82.94%	✔ 2.70%			26	79.01%	✔ 0.90%			61
	31 days	October 24	96.14%	✔ -0.69%			54	98.72%	✔ 0.63%			21	95.33%	✔ 4.44%			61
	62 days	October 24	86.85%	✔ 2.82%			12	76.02%	✖ -3.00%			45	54.44%	✔ 6.14%			124
RTT	Incomplete Pathways <18 weeks	October 24	58.89%	✔ 0.93%			81	59.70%	✔ 2.33%			75	47.20%	✖ -4.27%			148
	52+ weeks as % of total PTL	October 24	2.69%	✔ -15.96%			97	1.78%	✔ -27.61%			73	4.85%	✔ -1.25%			104
	65+ weeks as % of total PTL	October 24	0.08%	✔ -59.25%			81	0.03%	✖ 75.85%			53	0.40%	✔ -15.07%			112
	78+ weeks as % of total PTL	October 24	0.00%	▬ 0.00%			56	0.02%	✖ 100.00%			122	0.00%	▬ 0.00%			63
Diagnostics	6 week wait	October 24	55.18%	✔ -7.03%			151	6.59%	✔ -21.68%			46	29.84%	✔ -6.33%			127
	Activity	Data published	East and North Herts (06K)	Trend against last month	Position against National	Position against Region	Provider Ranking	South and West Herts (06N)	Trend against last month	Position against National	Position against Region	Provider Ranking	West Essex (07H)	Trend against last month	Position against National	Position against Region	Provider Ranking
Mental Health	Dementia Diagnosis rate	October 24	63.2%	✔ 0.95%			74	62.8%	✔ 0.32%			76	73.0%	✔ 0.27%			25
	OOA placements	October 24	28	✔ 10.71%	n/a	n/a	n/a	28	✔ 10.71%	n/a	n/a	n/a	21	✔ 19.05%	n/a	n/a	n/a
CHC	of eligibility decisions made within 28 day	October 24	64.9%	✔ 1.97%	66.90%	66.90%	74	80.4%	✔ 28.89%	37.50%	37.50%	101	65.5%	✖ -11.54%	61.62%	61.62%	85
	% of assessments carried out in acute	October 24	0.0%	▬ 0.00%	0.98%	0.98%	91	0.0%	▬ 0.00%	1.72%	1.72%	97	0.0%	▬ 0.00%	0.00%	0.00%	64

LEGEND

Performance against National/Regional

Better

Worse

Performance against previous month

✔ Improvement

✖ Deterioration

▬ No change

Provider Ranking

First quartile

Middle quartile

Lowest quartile

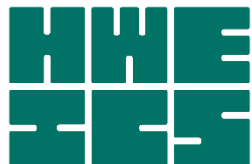
Review of primary care and community data underway to include in future reports



# Appendix D: Glossary of acronyms (1 of 2)

A&E	Accident & Emergency
AAU	Ambulatory Assessment Unit
ADHD	Attention Deficit Hyperactivity Disorder
AHC	Annual Health Check
ASD	Autism Spectrum Disorder
BAME	Black Asian & Minority Ethnic
BAU	Business As Usual
CAMHS	Children & Adolescent Mental Health Service
CCATT	Children Crisis Assessment & Treatment Team
CCC	Care Coordination Centre
CDC	Community Diagnostic Centre
CDU	Clinical Decision Unit
CHAWS	Child Health and Women's Service
CHC	Continuing Healthcare
CISS	Community Intensive Support Service
CLCH	Central London Community Healthcare NHS Trust
CPCS	Community Pharmacy Consultation Service
CQI	Continuous Quality Improvement
CQC	Care Quality Commission
CT	Computerised Tomography (scan)
CYP	Children & Young People
D2A	Discharge to Assess
DEXA	Dual Energy X-ray Absorptiometry (bone density scan)
DMAS	Digital Mutual Aid System
DQ	Data Quality
DST	Decision Support Tool
DTA	Decision To Admit
DTOC	Delayed Transfer of Care
DWP	Department for Work & Pensions
EAU	Emergency Assessment Unit
ECAT	Emergency Clinical Advice and Triage

ECHO	Echocardiogram
ED	Emergency Department
EEAST	East of England Ambulance Service NHS Trust
EIP	Early Intervention in Psychosis
EMDASS	Early Memory Diagnosis and Support Service
EMIS	Supplier of GP Practice systems and software
ENHT	East & North Herts NHS Trust
EPR	Electronic Patient Record
EPUT	Essex Partnership University NHS Foundation Trust
F2F	Face-to-Face
FDS	Cancer 28 day Faster Diagnosis Standard
FHAU	Forest House Adolescent Unit
FNC	Funded Nursing Care
GIRFT	Getting It Right First Time
GP	General Practice
GPPS	GP Patient Survey
HALO	Hospital Ambulance Liaison Officer
HCA	HealthCare Assistant
HCT	Hertfordshire Community Trust
HEG	Hospital Efficiency Group
HPFT	Hertfordshire Partnership NHS Foundation Trust
HCRG	Health Care Resourcing Group
HUC	Hertfordshire Urgent Care
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IPC	Infection prevention and control
IS	Independent Sector
IUC	Integrated Urgent Care
IUATC	Integrated Urgent Assessment and Treatment Centre



Hertfordshire and  
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# Glossary of acronyms (2 of 2)

LA	Local Authority
LD	Learning Disability
LDAH	Learning Disability Annual Health Checks
LMNS	Local Maternity Neonatal System
LMS	Local Maternity System
LoS	Length of Stay
MADE	Multi Agency Discharge Event
MDT	Multi Disciplinary Teams
MH	Mental Health
MHSOP	Mental Health Service for Older People
MOU	Memorandum Of Understanding
MRI	Magnetic Resonance Imaging
MSK	Musculoskeletal
NHSE	NHS England
NICE	The National Institute for Health & Care Excellence
NMCTR	Not Meeting Criteria To Reside
NOK	Next Of Kin
NOUS	Non-Obstetric Ultrasound
OOAP	Out of Area Placements
OPEL	Operational Pressures Escalation Levels
OT	Occupational Therapy
PAH / PAHT	The Princess Alexandra Hospital NHS Trust
PCN	Primary Care Network
PEoLC	Palliative & End of Life Care
PIFU	Patient Initiated Follow-Up
PMO	Project Management Office

PRISM	Primary Integrated Service for Mental Health
PTL	Patient Tracking List
RCA	Root Cause Analysis
REAP	Resource Escalation Action Plan
RESUS	Resuscitation
RTT	Referral to Treatment (18-week elective target)
SACH	St Albans City Hospital
SAFER	Tool to reduce patient flow delays on inpatient wards
SDEC	Same Day Emergency Care
SLT	Speech & Language Therapist
SMART	Surge Management and Resilience Toolset
SMI	Severe Mental Illness
SRG/LDB	System Resilience Group / Local Delivery Board
SSNAP	Sentinel Stroke National Audit Programme
SVCC	Single Virtual Call Centre
T&O	Trauma and Orthopaedic
TOCH	Transfer of Care Hub
TTA	Take Home Medication (To Take Away)
UEC	Urgent Emergency Care
US	Ultrasound Scan
UTC	Urgent Treatment Centre
VCSFE	Voluntary, Community, Faith and Social Enterprise
WAF	Winter Access Fund
WGH	Watford General Hospital
WHHT	West Herts Hospital Trust
WW	Week Waits



Hertfordshire and  
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<b>Meeting:</b>	Meeting in public		<input checked="" type="checkbox"/>	Meeting in private (confidential)		<input type="checkbox"/>		
	HWE ICB Board meeting held in Public			Meeting Date:	31/01/2025			
<b>Report Title:</b>	ICB/ICS In-Year Financial Report			Agenda Item:	15			
<b>Report Author(s):</b>	Debbie Griggs, Deputy Chief Financial Officer							
<b>Report Presented by:</b>	Alan Pond, Chief Financial Officer							
<b>Report Signed off by:</b>	Alan Pond, Chief Financial Officer							
<b>Purpose:</b>	Approval / Decision	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Information	<input type="checkbox"/>
<b>Which Strategic Objectives are relevant to this report [Please list]</b>	<ul style="list-style-type: none"> <li>▪ Increase healthy life expectancy and reduce inequality</li> <li>▪ Improve access to health and care services</li> <li>▪ Achieve a balanced financial position annually</li> </ul>							
<b>Key questions for the ICB Board / Committee:</b>	For discussion and noting							
<b>Report History:</b>	N/A							
<b>Executive Summary:</b>	<p><b>HWE ICS Financial Position:</b> In Month 9 (December), Hertfordshire and West Essex (HWE) Integrated Care System (ICS) reported a Year-To-Date (YTD) <b>deficit position of £23.049m</b>, which is <b>£6.397m behind plan</b>.</p> <p>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.</p> <p>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.</p> <p><b>HWE ICS Agency Cap Compliance</b></p>							





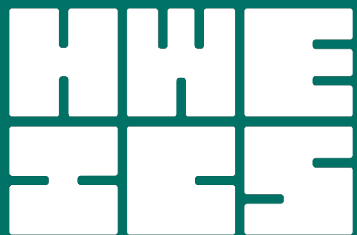
	<p>The Providers' spending on agency staff continues to be within 3.1% Agency Cap at 2.8%. Spending is within plan by £2.2m.</p> <p><b>HWE ICS Delivery of Efficiencies</b> ICS organisations have collectively delivered 96% of the YTD efficiency target of £130m; of the total £125m delivered, £75m (60%) was delivered recurrently.</p> <p><b>HWE ICS Capital position:</b> 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.</p> <p><b>HWE ICB Financial Position:</b> In Month 9 (December), the ICB reported a Year to Date (YTD) position of <b>£3.929m underspent</b>. This is an improvement of £0.817m against the position in the previous month. The ICB planned to be £4.423m underspent at this time, so remains behind the plan with an <b>adverse position of £0.494m</b>. This is an improvement of £13k against Month 8, which was reported as £0.507m adverse to plan.</p> <p>The ICB reported a Forecast Outturn (FOT) position of <b>£6.835m underspend</b>, which is in line with the ICB's agreed Control Total.</p>			
<b>Recommendations:</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>note the financial position of the HWE ICS System at Month 9 2024/25</li> <li>note the financial position of the HWE ICB at Month 9 2024/25</li> </ul>			
<b>Potential Conflicts of Interest:</b>	<i>Indirect</i>	<input type="checkbox"/>	<i>Non-Financial Professional</i>	<input type="checkbox"/>
	<i>Financial</i>	<input type="checkbox"/>	<i>Non-Financial Personal</i>	<input type="checkbox"/>
	<i>None identified</i>			<input checked="" type="checkbox"/>
	N/A			
<b>Implications / Impact:</b>				
<b>Patient Safety:</b>	N/A			



<b>Risk:</b> <i>Link to Risk Register</i>	<i>Risk 679 – Financial Efficiency Risk</i>	
<b>Financial Implications:</b>	N/A	
<b>Impact Assessments:</b> <i>(Completed and attached)</i>	<b><i>Equality Impact Assessment:</i></b>	N/A
	<b><i>Quality Impact Assessment:</i></b>	N/A
	<b><i>Data Protection Impact Assessment:</i></b>	N/A







Hertfordshire and  
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## HWE ICB Board - Meeting in PUBLIC

### Finance Report – Month 9 2024/25

31 January 2025

**Working together  
for a healthier future**



# HWE ICS Finance Executive Summary for Month 9 2024/25

## HWE System Revenue Year to Date (YTD) Position:

The Hertfordshire and West Essex (HWE) System reported a YTD financial position of £23.049m overspent, which is an improvement of £41k against the YTD position at Month 8 but remains behind the planned overspent position of £16.653m, reporting an adverse position against plan of £6.397m.

## HWE System Revenue Forecast Outturn (FOT) Position:

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

## HWE System Efficiency Delivery

HWE System has delivered 96% of the YTD efficiency plan; the recurrent efficiencies delivered were below the expected level at 84% and the non-recurrent efficiencies exceeded the planned levels at 122%.

## **HWE ICS – System Revenue Position at Month 9 2024/25**

# HWE ICS Revenue Financial Position – Month 9 2024/25

The tables below show the Month 9 financial position for HWE ICS.

The ICS is reporting an adverse YTD variance of £6.397m at Month 9. This reflects a deterioration of £0.041m compared to Month 8. However, the ICS is reporting an adverse YTD variance of £6.397m at Month 9, which shows an improvement of £2.186m from the Month 8 adverse position of £8.583m.

Both PAH and WHTH showed significant reductions in the adverse variance to plan whereas HPFT continued to deteriorate against plan.

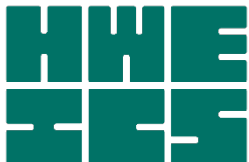
HWE ICS reported the expected achievement of breakeven, in line with the revised Control Total, by the end of the financial year.

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)
<b>TOTAL ICS</b>	<b>(14,507)</b>	<b>(23,090)</b>	<b>(8,583)</b>

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)
<b>TOTAL ICS</b>	<b>(16,652)</b>	<b>(23,049)</b>	<b>(6,397)</b>

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
<b>TOTAL ICS</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source of data; IFR /PFRs



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## HWE ICS Financial Run Rate – Month 9 2024/25

The monthly Run Rate for the HWE System is summarised in the table below.

- The ICB has reduced its run rate over the past four months compared to the average from Months 1 to 9.
- HPFT has achieved a breakeven or surplus position for the past three months.
- Both HCT and WHTH reported a surplus in-month position for the first time in Month 9.
- ENHT recorded the highest in-month deficit in Month 9 compared to the average positions from Months 1-9.
- PAH performed better than its Months 1 to 9 average position.

M9 YTD Surplus / (Deficit) Position - Financial Year 2024/25														
Org'n	Restated Month 5 Actual	Month 6 Actual	Month 7 Actual	Month 8 Actual	Month 9 Actual	Months 1-5 Average monthly surplus / (deficit)	Month 6 In-month surplus / (deficit)	Month 7 In-month surplus / (deficit)	Month 8 In-month surplus / (deficit)	Month 9 In-month surplus / (deficit)	Months 1-9 Average monthly surplus / (deficit)			
ENHT	(1.305)	(1.318)	0.260	0.243	(0.555)	(0.261)	(0.013) ↓	1.578 ↓	(0.017) ↑	(0.798) ↑	(0.062)			
HCT	(0.578)	(0.743)	(0.903)	(1.077)	(0.955)	(0.116)	(0.165) ↑	(0.160) ↓	(0.174) ↑	0.122 ↓	(0.106)			
HPFT	(4.441)	(5.345)	(5.285)	(5.276)	(5.276)	(0.888)	(0.904) ↑	0.060 ↓	0.009 ↑	0.000 ↑	(0.586)			
PAH	(4.817)	(6.724)	(5.443)	(6.437)	(6.582)	(0.963)	(1.907) ↑	1.281 ↓	(0.994) ↑	(0.145) ↓	(0.731)			
WHTH	(8.162)	(9.821)	(11.406)	(13.655)	(13.610)	(1.632)	(1.659) ↑	(1.585) ↓	(2.249) ↑	0.045 ↓	(1.512)			
ICB	(1.798)	(0.665)	1.007	3.112	3.929	(0.360)	1.133 ↓	1.672 ↓	2.105 ↓	0.817 ↑	0.437			
<b>TOTAL ICS</b>	<b>(21.101)</b>	<b>(24.616)</b>	<b>(21.770)</b>	<b>(23.090)</b>	<b>(23.049)</b>	<b>(4.220)</b>	<b>(3.515)</b>	<b>2.846</b>	<b>(1.320)</b>	<b>0.041</b>	<b>(2.561)</b>			
Month 5 has been restated to reflect the £20m deficit control total funding and Industrial Action funding														

# HWE ICS Revenue Financial Position – Month 9 2024/25 – by HCP

The table below shows the values of the Month 9 Year-To-Date variance attributed to the relevant HCPs and the ICB.

2024/25 Financial Position by HCP - Month 9 YTD

Org'n	ENH HCP	SWH HCP	WE HCP	MHLDA HCP	ICB	Total YTD Variance
ENHT	(653)	(40)				(693)
HCT	(575)	(88)				(663)
HPFT				(2,591)		(2,591)
PAH	446		869			1,315
WHTH		(3,271)				(3,271)
ICB	(1,929)	(2,095)	(1,057)		4,586	(494)
TOTAL ICS	(2,712)	(5,493)	(188)	(2,591)	4,586	(6,397)



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# HWE ICS - Providers Agency Cap Compliance

The table below on the left compares the Month 9 and Month 8 compliance to the Agency Cap by each ICS Provider, the consistent positive below plan achievement at 2.8%.

The table below on the right shows the total provider agency spend is less than plan and is only 64.9% of annual ceiling at Month 9 compared to planned target of 69.7%.

Reporting Month 9						
Orgn	ENHT	HCT	HPFT	PAH	WHTH	ICS Providers
	%	%	%	%	%	%
YTD Plan	2.5%	3.2%	2.9%	3.3%	3.2%	
YTD Actual	2.7%	2.5%	2.7%	3.4%	2.4%	2.8%
YTD Total Gross Staff Costs £000's	326,142	91,076	192,895	209,836	278,115	814,093
YTD Total Agency Spend £000's	8,681	2,321	5,147	7,137	6,664	22,482

Reporting Month 8						
Orgn	ENHT	HCT	HPFT	PAH	WHTH	ICS Providers
	%	%	%	%	%	%
YTD Plan	2.6%	3.2%	3.0%	3.4%	3.2%	
YTD Actual	2.7%	2.6%	2.7%	3.5%	2.5%	2.8%
YTD Total Gross Staff Costs £000's	289,867	80,963	171,907	187,592	247,764	980,331
YTD Total Agency Spend £000's	7,841	2,144	4,675	6,549	6,257	27,466

Reporting Month 9		
Description	Value £000's	% of Agency Ceiling
HWEICS System level Provider Agency Annual Ceiling	46,124	100.0%
YTD Provider Agency Spend Plan	32,164	69.7%
YTD Provider Agency Actual Spend	29,950	64.9%

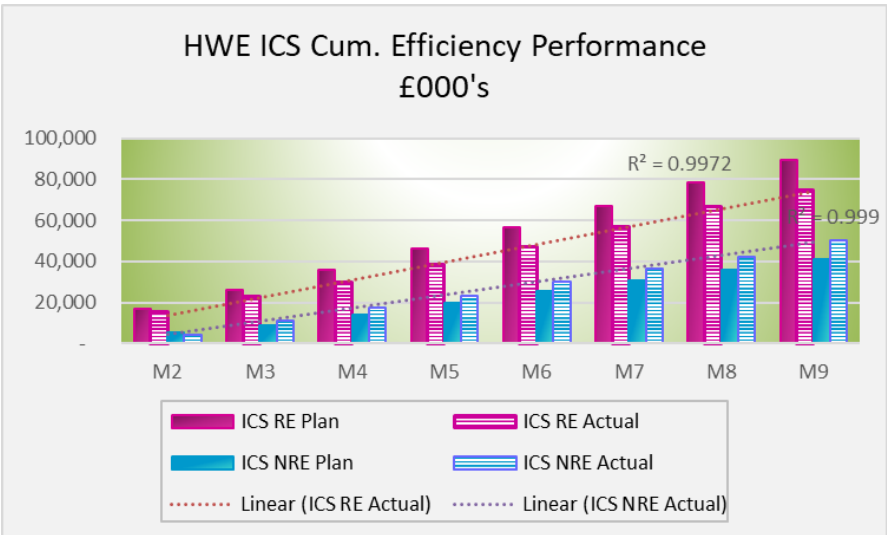
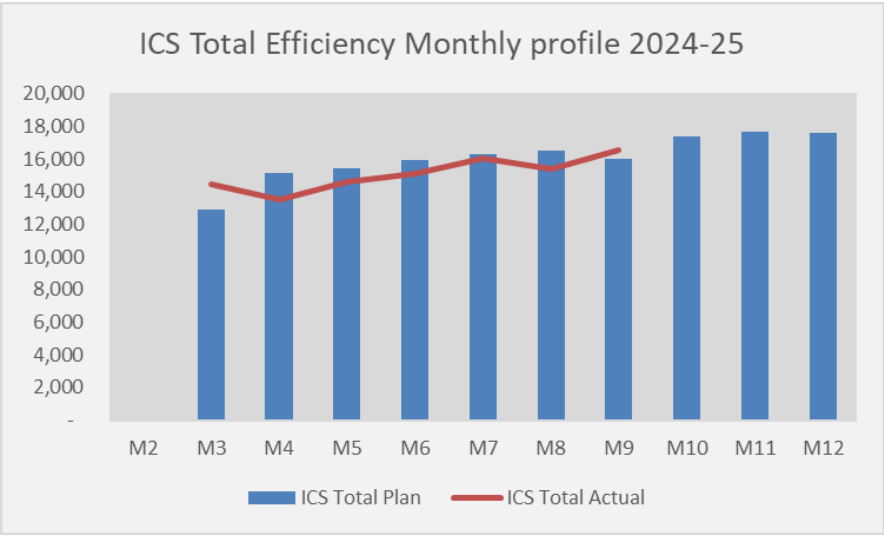


# HWE ICS - Efficiency Performance at Month 9 2024/25

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

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

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



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## ICB - Revenue Position at Month 9 2024/25

# HWE ICB Year-To-Date Position Detail – Month 9 2024/25

In Month 9 (December), the ICB reported a Year to Date (YTD) position of £3.929m underspent. This is an improvement of £0.817m against the position in the previous month. The ICS planned to be £4.423m underspent at this time, so remains behind the plan with an adverse position of £0.494m. This is an improvement of £0.013m against Month 8, which was reported as £0.507m adverse to plan.

The main areas of overspend are:

- Continuing Healthcare Services (CHC) improved their position by £1.043m, due to the crystallisation of expected credit notes. The recurrent run rate remains close to the projected outturn values.
- The position for Prescribing deteriorated this month, following the notification that October costs were higher than anticipated.

There was a positive movement in Specialised Commissioning, which was a combination of the release of uncommitted reserves and other underspending areas. This non-recurrent benefit will be used as mitigation for the undelivered ICS Efficiency Target of £4.9m, allowing the full £25m of non-recurrent System Support to be transferred to the Intra Providers.

Summary HWE ICB Expenditure Position as at Month 9 (December) 2024/25			
Year to Date			
Budget	Actual	Variance	Expenditure Category
£'000	£'000	£'000	
1,380,736	1,381,471	(735)	Acute Services
240,208	235,983	4,226	Specialised Commissioning
124,937	129,985	(5,047)	Continuing Healthcare (CHC)
241,457	240,808	649	Community Health Services
249,142	250,071	(929)	Mental health Services
360,918	360,465	453	Primary Care Service
178,827	182,451	(3,624)	Prescribing
4,741	4,742	(1)	Other Commissioned Services
19,508	19,278	230	Corporate Services (Running Costs)
4,930	1,166	3,764	Other Programme Costs
39,074	38,684	391	Service Development Funding (SDF)
10,892	6,339	4,553	Reserves
<b>2,855,372</b>	<b>2,851,443</b>	<b>3,929</b>	<b>Total Expenditure</b>
0	0	4,423	Planned Underspend
<b>2,855,372</b>	<b>2,851,443</b>	<b>(494)</b>	<b>Month 9 Reporting Position</b>



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# HWE ICB Forecast Outturn Position – Month 9 2024/25

At Month 9, the ICB reported a Forecast Outturn (FOT) position of £6.835m underspend, which is in line with the ICB's agreed Control Total.

There was a positive movement in Specialised Commissioning, which was a combination of the release of uncommitted reserves and other underspending areas. This non-recurrent benefit will be used as mitigation for the undelivered ICS Efficiency Target of £4.9m and other non-recurrent cost pressures that have arisen during the year.

Summary HWE ICB Expenditure Position as at Month 9 (December) 2024/25			
Annual Budget £'000	Forecast Outturn £'000	Variance £'000	Expenditure Category
1,789,698	1,791,796	(2,099)	Acute Services
319,170	313,536	5,634	Specialised Commissioning
166,004	169,264	(3,260)	Continuing Healthcare (CHC)
323,886	322,807	1,079	Community Health Services
333,121	334,448	(1,327)	Mental health Services
480,001	479,762	239	Primary Care Service
236,232	241,026	(4,794)	Prescribing
6,246	6,246	0	Other Commissioned Services
26,120	26,120	(0)	Corporate Services (Running Costs)
18,048	14,366	3,682	Other Programme Costs
57,602	56,855	747	Service Development Funding (SDF)
17,644	10,711	6,933	Reserves
<b>3,773,772</b>	<b>3,766,937</b>	<b>6,835</b>	<b>Total Forecast Outturn</b>
		6,835	Target Underspend
<b>0 Variance to Control Total</b>			



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# HWE ICB - Efficiencies Position – Month 9 2024/25

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

Description	YTD (M9)			Annual		
	Plan	Actual	Variance Surplus/ Deficit)	Plan	Actual	Variance Surplus/ Deficit)
	£000's	£000's	£000's	£000's	£000's	£000's
Net Financial Position	4,423	3,929	(494)	6,835	6,835	0
Recurrent Efficiencies	53,479	47,514	(5,965)	71,565	65,865	(5,700)
Non-Recurrent Efficiencies	21,592	24,598	3,006	30,586	34,098	3,512
Total Efficiencies	75,071	72,112	(2,959)	102,151	99,963	(2,188)



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## **HWE ICS - Capital Position at Month 9 2024/25**

# HWE ICS – System Capital Forecast at Month 9

## HWE ICS System Capital Allocations

HWE ICS received total system capital allocations of £85.014m for the System, including GPIT Allocation and voluntary sector mental health grants.

ICS successfully secured £5.8m of capital through bidding against National slippage. The table below shows the forecast outturn against total system allocations.

System Capital Annual Forecast Outturn

Description	System Allocations	FOT						
		ENHT	HCT	HPFT	PAH	WHTH	ICB	System
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
IFRS 16	15,439							
CDEL BAU	61,875							
UEC Allocation -WHTH	1,000							
Bonus Capital	3,693						950	
GPIT	2,448						2,448	
Mental Health Grants	559						559	
Total Allocations Received	85,014	21,838	7,983	12,580	18,407	20,253	3,957	85,018
Additional Approval from National Slippage								-
Allocations Pending	5,800	2,200				3,600		5,800
Total Allocations / Forecast Outturn	90,814	24,038	7,983	12,580	18,407	23,853	3,957	90,818

<b>Meeting:</b>	Meeting in public	<input checked="" type="checkbox"/>	Meeting in private (confidential)	<input type="checkbox"/>									
	NHS HWE ICB Board meeting held in Public		Meeting Date:	31/01/2025									
<b>Report Title:</b>	ICB Committee Summary Reports		Agenda Item:	09									
<b>Report Author(s):</b>	Governance Leads, HWE ICB												
<b>Report Presented by:</b>	Committee Chairs / Executive Leads												
<b>Report Signed off by:</b>	Michael Watson, Chief of Staff												
<b>Purpose:</b>	Approval / Decision	<input type="checkbox"/>	Assurance	<input type="checkbox"/>									
			Discussion	<input type="checkbox"/>									
			Information	<input checked="" type="checkbox"/>									
<b>Which Strategic Objectives are relevant to this report [Please list]</b>	<ul style="list-style-type: none"> <li>▪ Increase healthy life expectancy, and reduce inequality</li> <li>▪ Give every child the best start in life</li> <li>▪ Improve access to health and care services</li> <li>▪ Increase the numbers of citizens taking steps to improve their wellbeing</li> <li>▪ Achieve a balanced financial position annually</li> </ul>												
<b>Key questions for the ICB Board / Committee:</b>	N/A												
<b>Report History:</b>	N/A												
<b>Executive Summary:</b>	<p>Each ICB Sub-Committee has produced a summary document providing an update from the last meeting.</p> <p>All summary reports can be found in the information section of the agenda.</p> <table border="1"> <thead> <tr> <th>Committee</th> <th>Date of meeting</th> <th>Chair</th> </tr> </thead> <tbody> <tr> <td>Audit and Risk Committee</td> <td>6 December 2024</td> <td>Catherine Dugmore</td> </tr> <tr> <td>System Transformation and Quality Improvement Committee</td> <td>15 January 2025</td> <td>Thelma Stober</td> </tr> </tbody> </table>				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
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	
<b>Recommendations:</b>	The Board is asked to <b>note</b> the contents of the report.			
<b>Potential Conflicts of Interest:</b>	<i>Indirect</i>	<input type="checkbox"/>	<i>Non-Financial Professional</i>	<input type="checkbox"/>
	<i>Financial</i>	<input type="checkbox"/>	<i>Non-Financial Personal</i>	<input type="checkbox"/>
	<i>None identified</i>			<input checked="" type="checkbox"/>
	N/A			
<b>Implications / Impact:</b>				
<b>Patient Safety:</b>	n/a			
<b>Risk:</b> <i>Link to Risk Register</i>	n/a			
<b>Financial Implications:</b>	n/a			
<b>Impact Assessments:</b> <i>(Completed and attached)</i>	<i>Equality Impact Assessment:</i>	N/A		
	<i>Quality Impact Assessment:</i>	N/A		
	<i>Data Protection Impact Assessment:</i>	N/A		





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## ICB Committee Summary Document

### Audit and Risk Committee – Friday 06 December 2024

Signed off by Chair and Executive  
Lead:

Chair - Catherine Dugmore  
Executive Lead - Alan Pond (Michael Watson in lieu of AP)

Key items discussed:  
(From agenda)

- Quorate meeting
- Declarations – none raised
- Minutes – 18.06.24 and 06.09.24 – **approved**.
- Governance report – updated provided to all of the sections referenced below and noted:
  - Policy update
  - Conflicts of Interest – approval from Committee to publish the updated declarations register.
  - Gifts and Hospitality – approval from Committee to publish the updated Gifts and Hospitality Register.
  - Use of seal
  - Special Payment
  - Fit and Proper Person Test
  - Constitution update
- Risk and Board Assurance Framework (BAF) Report – update provided, and paper noted. Summary points: noting of Executive Sub-Group for risk, and development of Health Care Partnerships in support of the system perspective.
  - The evolution of the ICBs Risk Reporting – to maximise the message being given.
  - The committee noted the Terms of Reference of the newly created Executive Sub-Group for risk
  - The Committee requested that the ToRs of the Risk Review group are reviewed by the Executive Sub-Group before returning to the committee for approval
- Information Governance update to Senior Information Risk Owner (SIRO) & Caldicott Guardian Quarter 3, 2024-2025 Report – **noted**. Noted ongoing work within the ICB.
- HWE ICB Annual Accounts Timetable December 2024 – extraordinary meeting in April to focus on accounts. Agreed to have, with smaller group including CEO, CFO, Audit Chair and NEMs.
- HWE ICB Simulated Email Phishing Campaign 2024 – the report was **noted**. An area of continued focus. Recommendations in section 7 of the report supported alongside linking this work with primary care colleagues via the Primary Care Committees whilst also noting due diligence within own organisations:
  - User Awareness Training

	<ul style="list-style-type: none"> <li>• Direct Additional Cyber Awareness Sessions</li> <li>• General Staff Awareness Sessions</li> <li>• Directorate Business Continuity Plans</li> <li>• HWE ICB Losses October 2024</li> <li>• HWE ICB Salary overpayments overview October 2024 – noted revision of leaver forms to mitigate salary overpayments happening.</li> <li>• External Audit 23/24 update No.2 Controls Section of Audit Completion Report</li> <li>• Update on the Contracts Awarded under the Provider Selection Regime – <a href="#">noted</a>. Use of revised report welcomed and supported by the Committee.</li> <li>• NHS Hertfordshire and West Essex ICB Internal Audit Progress Report – <a href="#">noted</a>.</li> <li>• NHS Hertfordshire and West Essex ICB – Healthcare – benchmarking of internal audit findings 2023/24 – <a href="#">noted</a>.</li> <li>• Audit and Risk Committee Workplan – noted: <ul style="list-style-type: none"> <li>• Recommended amendment to Impact assessment for reports – EQIA (Equality Impact Assessments) /QIA (Quality Impact Assessment) /DPIA (Data Privacy Impact Assessments) – to be noted as forming part of normal assurance documented in each board/committee papers cover sheet.</li> <li>• Whistleblowing updates – to form regular agenda item. Suggested areas: update of current referral figures; and general updates on regulations/recommendations/ areas for noting by the committee.</li> </ul> </li> </ul>
<b>Key points made / Decisions taken:</b>	Noted as above.
<b>Committees to note:</b>	<ul style="list-style-type: none"> <li>• Executive Sub-Group for risk – request to consider <ul style="list-style-type: none"> <li>• Voluntary, Community, Faith, Social Enterprise (VCFSE)</li> <li>• Cost of living inequalities</li> <li>• Fourth purposes of the ICBs</li> <li>• Inequality and agency.</li> </ul> </li> </ul>
<b>Board to note:</b>	To note as above.
<b>Forward plan issues:</b>	To schedule an extraordinary meeting for April 2025.
<b>Date of next meeting</b>	7 <sup>th</sup> February 2025

## ICB Committee Summary Document

System Transformation and Quality Improvement Committee – Wednesday 15 January 2025	
Signed off by Chair and Executive Lead:	T Stober / N Hammond / F Shattock
Key items / Decisions taken:	<ul style="list-style-type: none"> <li>▪ <b>Committee governance - work plan</b> – leads are asked to identify future reports to be included in the 2025/26 work plan.</li> <li>▪ <b>Update from task and finish group</b> – focus of the group has been to work with HCP leads ensuring their quality and performance reports are presented to the Committee. Further work will continue with HCP Committee chairs to ensure there is a consistent report feeding through to this Committee.</li> <li>▪ Further work has taken place to ensure meeting papers are more succinct, the patient voice continues to feed through to the Committee and performance and quality reporting is aligned.</li> <li>▪ The group will be stood down for now and will reconvene following the committee effectiveness survey for this year and any additional work that may be required.</li> <li>▪ <b>Health and Care Partnership Committee updates</b> from South and West Herts and West Essex following their meetings held in December 2024.</li> <li>▪ The Committee noted that there is a need to continue links between committees and the work carried out by HCP to understand how these are performing and to identify possible areas of rising concern.</li> <li>▪ <b>HWE Integrated Quality &amp; Performance Reporting</b></li> <li>▪ <b>Performance report</b> - overview of the performance of services being delivered by the system against key standards and benchmarks. Issues are escalated by exception with a focus on actions and next steps being taken to address.</li> <li>▪ High risk areas include, children's community waits, neurodiversity pathways with concerns raised around funding.</li> <li>▪ UEC position deteriorated with increased ambulance response times. This has been impacted by the recent Level 3 Incident.</li> <li>▪ Two areas of improvement were highlighted as being de-escalated from the highest risk category namely CHC and Diagnostics.</li> <li>▪ <b>Quality Escalation Report</b> – there is ongoing work to address the challenges within paediatric audiology at ENHT, with work at system level including mutual aid discussions.</li> <li>▪ Joint assurance and improvement activity continues and remains in partnership with multiple ICB teams working alongside Elysium Healthcare, aligned to the ICS Safety Improvement Process.</li> <li>▪ AJM continues to have challenges in achieving performance in line with the improvement plan, the trajectory and therefore we will continue to have internal discussions and work with partners.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ <b>Quality Dashboard</b> – update report with the dashboard detailing broader view of a range of quality metrics. The report provides sufficient assurance of the robust processes in place to monitor and oversee the improvements that are required in terms of quality.</li> <li>▪ <b>SEND update</b> – following the last inspection the service has a rating of requires improvement. The partnership has co-developed a large programme of improvement, which includes strengthening governance, leadership, data, and quality. Challenge is noted within neurodiversity wait times.</li> <li>▪ <b>Medium Term Plan Priorities Update – Frailty Deep Dive</b> – presentation provided on the work taking place across the programme to reduce non-elective activity and improve quality and experience of care. There are a number of key interventions which will in turn have a greater impact on non-elective hospital admissions.</li> <li>▪ <b>Feedback from Patient Quality Sub-Group</b> – the group received update reports on audiology improvement programme and medicine management project as well as broader quality overview.</li> <li>▪ The group will continue to focus on patient representation and ensuring they are aligned to provide support to the work that is in progress.</li> <li>▪ <b>Continuing Healthcare Report</b> – 80% recovery trajectory has been set for the ICB by NHSE which is anticipated to be achieved by the Q4.</li> <li>▪ The Committee noted the significant work that has taken place with the CHC which show improvements that are being made.</li> <li>▪ <b>ICB Prevent Policy</b> – Committee members recommend this policy for approval following the ICB governance process.</li> <li>▪ <b>ICB Risk Register (Quality and Performance)</b> – overview of the quality and performance risks, the Committee agreed with the proposed plans to increase the UEC risk from 16 to 20. This is due to the delays across the system with handover delays and achieving the 4-hour standard.</li> </ul>
<b>Items for escalation / Board to note:</b>	Risk in relation to funding for children's community wait lists.
<b>Date of next meeting:</b>	Wednesday 12 March 2025

## ICB Committee Summary Document - Public

### Strategic Finance and Commissioning Committee – held on 09.01.25

Signed off by Chair and Executive  
Lead:

Nick Moberly - Chair  
Alan Pond – Executive Lead

Key items discussed:  
(From agenda)

- Quorate meeting.
- Apologies noted.
- No additional declarations raised.
- Minutes noted and approved for 12.09.24 and extraordinary meeting held on 22.11.24
- Workplan – 24/25 noted. 25/26 to come back in March meeting, with feedback from colleagues prior to this surrounding items.
- Mouth 8 Finance Report – update surrounding deficit against in-year pressures. Continued dialogue with NHS England.
- 2025/26 Baseline Budget report – update provided ahead of expected guidance and planning numbers. Identified this is a clinical, operational (including workforce, back office and digital) with finance position. Setting the context and working jointly. Noted the different planning process for 25/26 through Health Care Partnerships and acute collaboratives.
- Financial Recovery Board summary update – question raised with the Committee, over whether this board is meeting the asks? Five workstreams update balanced against peers in the region.
- Prescribing Report – noted.
- Continuing Healthcare update – noted.
- Contracts from 1st April 2025 and change to contract value/tariff 24-25
- Impact of ceasing level 3 & 4 Psychology Support for Cancer Patients. Committee support recommendation based on the ICB continues to monitor the situation via the Cancer Programme, ensuring that level 1 & 2 services are not overwhelmed. There is not enough evidence currently to suggest the ICB should pursue a business case for level 3 & 4 services but will continue to monitor and listen to feedback from service users and clinical teams.
- South and West Hertfordshire Health Care Partnership – Pro-Active Care pilot – supportive of the approach in principle. Noting the additional scoping work in support of substantive business case.
- HCP Committee Update Reports – noted. Query noting what information the committee will be seeking moving forward.
- HCP Planning Framework – committee welcome potential for holistic planning top to bottom in the system, caution raised over potential complexity including the governance and consistency in presentation to understand what is

	<p>going well etc. Further consideration over what role this committee will play.</p> <ul style="list-style-type: none"> <li>Hertfordshire and West Essex Area Prescribing Committee (APC) Report <ul style="list-style-type: none"> <li>Approve the recommendations of HWE APC on mandatory NICE Technology Appraisal (TA) treatments and highlighted cost impact / pressures.</li> <li>Approve the recommendations of HWE APC for treatments not included in the NICE work programme and highlighted cost impact / pressures / savings.</li> <li>Note HWE APC items: <ul style="list-style-type: none"> <li>Information and agreed actions for drug safety updates/alerts</li> <li>Publication of NICE TAs that are commissioning responsibility of NHS England</li> <li>Guideline Updates, Pathways and other Information as specified</li> </ul> </li> </ul> </li> <li>Policies recommended by the ICB's Clinical Policies Group – paper noted, with updates provided. <ul style="list-style-type: none"> <li>Updated local policies: <ul style="list-style-type: none"> <li>Hybrid closed loop systems for adults</li> <li>Injections and radiofrequency denervation for non-specific back pain</li> <li>Removal of abnormally placed hair and hirsutism (also to be consolidated into cosmetic procedures policy)</li> <li>Repair to earlobes (unchanged but to be consolidated into cosmetic procedures policy)</li> <li>Rhinophyma surgical treatment (also to be consolidated into cosmetic procedures policy) Potential Conflicts of Interest: Implications / Impact: Roll-over of local policy with no changes required:</li> <li>Lymphoedema services – specialist treatment in the private sector Retired local policy - Uterine/vaginal prolapse (part of pelvic organ prolapse) Updated national policy to be ratified locally:</li> <li>surgical removal of benign skin lesions Retired national policy (ratified locally)</li> <li>Upper GI endoscopy</li> <li>Liver function, creatinine kinase and lipid level tests (lipid lowering therapy)</li> <li>Prostate-specific antigen (PSA) test</li> <li>Troponin test</li> </ul> </li> <li>Proposal approved that clinical policies are routinely reviewed every 3 years, rather than every 2 years, but earlier if there are significant changes to the evidence, guidance or concerns raised.</li> <li>Committee to note: <ul style="list-style-type: none"> <li>There are no plans for any further reviews, guidance or updates from the national EBI programme. –</li> <li>The Clinical Policies Group Oct 24 meeting minutes and papers</li> <li>EBI and IFR team quarterly reports for Q4 and Q1.</li> </ul> </li> </ul> </li> <li>Primary Care Commissioning Committee summary – update noted.</li> </ul>
<b>Key points made / Decisions taken:</b>	Noted as above.
<b>Committees to note:</b>	<ul style="list-style-type: none"> <li>CHC update also received at System Transformation and Quality Improvement Committee.</li> </ul>



	<ul style="list-style-type: none"> <li>• Noting linking of data and assurance being received by the Strategy Committee.</li> </ul>
<b>Board to note:</b>	To note as above.
<b>Forward plan issues:</b>	<ul style="list-style-type: none"> <li>• Financial Recovery Board - requested briefing update for March.</li> <li>• HCP reporting – and what is sought from this committee moving forward.</li> <li>• HCP Planning Framework – update for March committee.</li> </ul>
<b>Date of next meeting</b>	13 <sup>th</sup> March 2025

## ICB Committee Summary Document

People Board: 23 <sup>rd</sup> January 2025	
Signed off by Chair and Executive Lead:	RB, TM
Key items discussed: (From agenda)	<ul style="list-style-type: none"> <li>• Workforce Transformation Programme Report</li> <li>• Workforce Risk and Assurance Report</li> <li>• Clinical Education Expansion</li> <li>• Talent and Leadership</li> </ul>
Key points made / Decisions taken:	<p><b>Workforce Transformation</b> – System is 0.6% over planned total workforce despite 81wte reduction. HWE currently 1.2% off-plan – equating to £12.4m over planned spend on total workforce, largely relating to substantive staff costs i.e. rebanding of HCAS from B2-3. Audiology remains of concern task and finish group have received mapping and analysis. Linking the work of Herts Futures with the requirements set out in the Get Britain Working white paper. 25/26 operational planning initial returns for February. The Committee discussed the initial focus of the people elements of the operational guidance with focus on reducing temporary staffing, reducing sickness absence and job planning. The Committee agreed to discuss sickness absence and job planning at the next Committee once providers had undertaken the work required for the operational plan. UoH partnership programme workforce leads now in post, key priorities set out. Digital Staff Passport will be taken to ICS wide IG group to ensure early involvement.</p> <p><b>Workforce Risk and Board Assurance Report</b> – An overview of the Executive risk group which will ratify and approve risks discussed at Boards and Committees. Discussion on <b>498</b> (Specialist area recruitment difficulties) continued need to articulate specific areas of challenge e.g. paediatric audiology and maintain a focus on emerging workforce risks due to the impact on patient outcomes, no change to risk score. <b>634</b> (workforce data) recommended that the score is reduced as QlikSense ISA now in place, primary care data collected nationally by NHSE doesn't match with analysis requirements and challenges around social care data for non Local Authority providers continue to prevent risks of achieving system wide picture. <b>678</b> (staff banding 5/6) no change to score but new national nursing profiles expected summer 2025, evidence review and audits required by each employer. Noted the potential financial risks which will require scenario planning. Committee agreed to keep risk score under review. <b>725</b> (education commissioning) recommended score reduction due to progress in education commission review and planning.</p> <p><b>Clinical Education Expansion</b> – Governance structures developing and reporting lines established, positive engagement and impacts from sustained engagement with schools and FE. Challenges noted relating to sharing data. System seeking simulated study facilities and support through universities but also challenged on placement capacity</p>

	<p>and funding where tariff can't be accessed for apprenticeship placements. Clinical placement management system essential to support clinical expansion and no current funding available. Need to ensure we're considering community-based model and embrace digitally enabled workforce. Consider international recruited staff and the barriers to accessing training funds. Consider multidisciplinary/transdisciplinary skills development. Opportunities for sharing best practice from education from outside of the system and VCSFE sector i.e. Samaritans. Need to address cultural challenges for future workforce around digital enablement..</p> <p><b><u>Talent and Leadership</u></b> – New committee leadership and membership, refocused on collaboration and sharing best practice and reach across primary care, social care and VSCFE sectors. Mary Seacole building momentum. Exemplar career pathways work for Nursing at HPFT, seeking to collaborate and exploit opportunities to replicate. Leadership development currently managed locally, exploring where this can be undertaken at system level. Appraisal focus, examples embedding scope for growth model, Digital leadership and enablement identified as an area of focus to develop further. Considering development of system wide internal work experience ambassador network to embed the support career development pathways and improve retention. Request of sharing staff stories to promote awareness of programmes through trade union representatives and learning from best practice e.g. neighboring ICB promoting tech enabled social care education programme and voluntary sector placements through Samaritans. Primary care has strong focus on digital training and technology use, primary care currently seeking training feedback and will share back to the committee. National people operating model will be forthcoming, there will be an increased need to collaborate and streamline. Commitment to push harder on one solution to training and career development tools and programmes in line with the national people operating model.</p>
<b>Date of next meeting</b>	20 <sup>th</sup> March 2025



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## ICB Committee Summary Document

### East and North Herts Health Care Partnership Board – 06.12.24

Signed off by Chair and Executive Lead:	<ul style="list-style-type: none"> <li>• Adam Sewell-Jones (Chair)</li> <li>• Sharn Elton (Executive Lead)</li> </ul>
Key items discussed: (From agenda)	<ul style="list-style-type: none"> <li>• Quorate meeting - Query surrounding quoracy for this meeting. Confirmed as: <b><i>A quorum will be at least 50% of membership, but for decisions to be taken on delegated matters, and in line with the ICBs constitution, that must include a minimum of three members of the ICB board or their deputies.</i></b></li> <li>• Apologies noted.</li> <li>• Declarations of Interests – no declarations raised for items on the agenda.</li> <li>• ENH Development Directors Update – <a href="#">for noting</a>.             <ul style="list-style-type: none"> <li>• System dynamic modelling – data dashboard, support better intelligence and overview surrounding activity.</li> <li>• Scrutiny of frailty and UEC plan. Further discussion surrounding data and interoperability. What are we going to do in our health and care system to recognize the interoperability as part of future commissioning or adaption of current systems.</li> </ul> </li> <li>• Transformation Portfolio Overview – <a href="#">for noting</a>.             <ul style="list-style-type: none"> <li>• Transformation Highlights (inc. primary care highlights):                 <ul style="list-style-type: none"> <li>• The main piece of work is understanding what the dashboard is telling us, and making sure we are focusing on the right things through the delivery groups.</li> <li>• Primary Care – update provided surrounding support level framework, national programme. In line with national figures, Winter capacity starting in November. Primary Care Networks noted as undertaking proactive or same day care. Evidence of improved practice including more Consultant-to-Consultant referrals or urgent referrals via the Consultant, taking the pressure off GPs as the referrer. Identifying opportunities for interface, and proposal for this to be tabled as a future HCP board item.</li> <li>• Risks – <a href="#">noted</a>. With areas being picked up through wider discussions.</li> </ul> </li> <li>• Discussion (1)                 <ul style="list-style-type: none"> <li>• Care Closer to Home (CCTH) Update – noted update on progress of work, and future paper for January. Dashboard being developed on 25% and how we are going to measure progress. Four task and finish groups have been set-up, including falls gap analysis.</li> <li>• Outputs from Frailty conference</li> </ul> </li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Integrated Neighbourhood Team (INT) development approach – discussed the implementation guide which has aided in building the momentum. Care being taken to support use of mirroring templates, generic system and co-production.</li> <li>• Discussion (2) <ul style="list-style-type: none"> <li>• Future planning:</li> <li>• System Dynamic Modelling – simulation modelling i.e. if you change a model in one part, what is the impact in another. The model working at an interval of time. Less good for optimisation, prediction, and more operational questions (use Discrete Event Simulation for this). Effective to identify focus of resource. Used for “what if...?” conversations. Next steps – updating some of the numbers used for empirical evidence and bringing back a more up-to-date picture here. It is whether you think proportions of people have changed flowing round the system. The data can be updated. Board queried work being undertaken with Delphi, to potential links to this method of modelling.</li> </ul> </li> <li>• Performance Review – performance metric summary provided for noting. Areas identified areas of risk. Verbal updates provided to data during the meeting, noting capturing a point in time. Committee noted the quality of the report and thanked the team.</li> <li>• Heath Care Partnership (HCP) Governance – <a href="#">noted</a>. Update provided on wider discussions and development.</li> <li>• Overview of ENH HCP Partnership Board workplan – <a href="#">noted</a>.</li> <li>• Sub-committee reports – <a href="#">noted</a>. <ul style="list-style-type: none"> <li>• CFPC</li> <li>• QPC</li> <li>• CPTC</li> </ul> </li> </ul>
<b>Key points made / Decisions taken:</b>	Noted as above.
<b>Committees to note:</b>	Noted as above.
<b>Board to note:</b>	This summary will be received by the ICB Board when it sits in January 2025.
<b>Forward plan issues:</b>	Board to review workplan for feedback.
<b>Date of next meeting</b>	7 <sup>th</sup> February 2025

## ICB Committee Summary Document

### WEST ESSEX HEALTH CARE PARTNERSHIP BOARD 21 November 2024

Signed off by Chair and Executive  
Lead:

Key items discussed:  
(From agenda)

#### Part 1 - ICB Sub Committee – Business Items

HCP sub committee reports:

- Transformation and Quality Improvement Committee
- Finance and Commissioning Committee
- Operational Delivery & Performance Committee

Development Plan & Governance Structure Update

MOU

Risk Register

#### Part 2 - Delivering HCP Priorities

Strategic Priorities Discussion

- SRO introduction
- Developing an Integrated Delivery Plan
- Localities' perspectives
- Organisations' perspectives

WEHCP Priorities Highlight Report

#### Part 3 - HCP Wider Determinants

Development of the West Essex One Public Estate Group

Potential Opportunity for Neighbourhood Health Services.

## Key points made / Decisions taken:

### Actions and Matters Arising

- Key updates:
  - Georgina Blakemore confirmed as Epping Forest ICP Board representative.
  - ECC membership concerns addressed in updated Terms of Reference.
  - Estates Strategy discussion deferred to the "One Public Estate" agenda item.
  - Board diversity improved with new representatives.
  - Richard Boyce volunteered as Vice Chair of the HCP Board.

### Strategic Priorities Discussion

- Emphasis on organisationally agnostic, agile, and holistic approaches.
- Importance of fostering trust and positive relationships.
- **Integrated Delivery Plan Development:**
  - Proposal for Health & Care Partnerships to lead 2025/26 NHS operational, workforce, and financial planning.
  - Concerns raised about funding restrictions and patient data double counting.
  - Plan to monitor and integrate shared resources and improve data intelligence.
- **Locality Updates:**
  - **Epping Forest:** Issues with service access pathways and GP workload challenges.
  - **Harlow:** Focus on addressing deprivation, integrating services, and capital investment needs.
  - **Uttlesford:** Planning for aging populations, Frailty Team initiatives, and data sharing permissions.

### WEHCP Priorities Highlight Report

- Report noted for information.

### Subcommittee Reports

- Transformation and Quality Improvement Committee:
  - Expanded meeting agendas and improved quality dashboards planned.
  - Suggestions for socially driven metrics (e.g., excess winter deaths) and Place-based outcome measures.
- Finance and Commissioning Committee: Progress on comprehensive financial reports and sharing data across organisations.
- Operational Delivery & Performance Committee: Alternating monthly focus between operational standards and acute UEC.

### Development Plan & Governance Structure

- Subcommittee Terms of Reference to be reviewed in December and again in six months.



	<ul style="list-style-type: none"> <li>• Emphasis on incorporating the patient voice and co-production in transformation projects.</li> </ul> <p><b>Memorandum of Understanding (MOU)</b></p> <ul style="list-style-type: none"> <li>• Updated MOU includes principles for collaboration, resource sharing, and voluntary sector engagement.</li> <li>• Action: EK to include voluntary and acute sector partners in the MOU.</li> </ul> <p><b>Risk Register</b></p> <ul style="list-style-type: none"> <li>• Mixed views on the current level of information provided. Background and broader risks to be reconsidered.</li> </ul> <p><b>West Essex One Public Estate Group</b></p> <ul style="list-style-type: none"> <li>• Development of pan-West Essex Healthy Places and One Public Estate group to align housing and healthcare planning.</li> <li>• Actions: <ul style="list-style-type: none"> <li>◦ Convene the One Public Estate meeting.</li> <li>◦ Request updates on dentistry issues from the ICB.</li> </ul> </li> </ul> <p><b>Neighbourhood Health Services</b></p> <ul style="list-style-type: none"> <li>• Discussion deferred to the next meeting.</li> </ul> <p><b>Other Notable Items</b></p> <ul style="list-style-type: none"> <li>• Mental Health Pilot in Education: A potential initiative discussed, with a decision to revisit in future meetings.</li> <li>• Various board papers noted for reference.</li> </ul>
<b>Committees to note:</b>	<p><b>Key Actions</b></p> <ul style="list-style-type: none"> <li>• Address patient voice and co-production in governance.</li> <li>• Finalise and circulate subcommittee Terms of Reference.</li> <li>• Convene One Public Estate meeting and escalate dentistry issues to the ICB.</li> </ul>
<b>Date of next meeting</b>	Date of next meeting – 16 January 2024 (Note this meeting has been changed to 30 January 2025)



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## ICB Committee Summary Document

### Mental Health, Learning Disabilities and Autism Health and Care Partnership Board Friday 12 December 2024

Signed off by Chair and Executive  
Lead:

Ed Knowles, Development Director

#### Key items discussed: (From agenda)

- Development directors report
- The Mental Health Bill has been introduced to Parliament. A future board session will focus on the implications of the Bill including how it will impact on practice across the NHS and HCC and the potential resource implications.
- The MHLDA HCP submitted an organisational response to the Change NHS consultation process, drawing on the feedback and experiences of frontline staff and people with lived experience of mental health, learning disabilities and neurodivergence.
- The first meetings of the MHLDA HCP's two new subcommittees (Quality, Transformation & Performance and Finance & Commissioning) have taken place.
- The Crisis Winter Comms Campaign has successfully launched for 2024. Materials have been updated to include a wide and more diverse spread of organisations in Hertfordshire committed to supporting people in crisis.
- The Dementia Strategy work continues with a workshop scheduled for February 2025 focussing on Young Onset Dementia. A Residential and Nursing Care provider summit is being planned for the New Year.
- The CYP ND Support Hub business case has been approved. This will allow this service to continue for the next three years. The service provides information and support to parents and carers of neurodivergent young people.
- Crisis Care Partnership Board (CCPB) update
- The Board received an update on the activity of the CCPB over the last 6 months and the development of its work programme for 2025.
- Mental Health Urgent Care Centre (MHUCC) building works are due to be completed in December 2024 and the service will be running with full capacity in January 2025 with the ability to accept self-referrals and walk-ins. The recent evaluation of the MHUCC including data showed the impact of the service in reducing the number of admissions and in helping to decompress Accident and Emergency Departments.
- The development of crisis support for Children and Young People is noted as compliant and working towards key features and best practice identified in national guidance.
- Work is taking place to implement the Right Care Right Person model in Hertfordshire.

	<ul style="list-style-type: none"> <li>• Work is taking place in relation to harmonising the Missing Person/AWOL policies across Hertfordshire Constabulary and the acute hospital trusts as well as the work underway to ensure that the Mental Health Response Vehicle and the MHUCC Urgent Care Centre fully support the ambitions of Right Care, Right Person.</li> <li>• HPFT are exploring the Patient Carer Race Equality Framework (PCREF) data and building this into evaluation to understand the data as a whole across the crisis pathways.</li> <li>• <b>Primary and Community Mental Health – Primary Care Focus</b></li> <li>• The Board received a presentation on community mental health services and focused on Primary Care's role in supporting people's mental health.</li> <li>• Over 40% of GP appointments involve mental health concerns in both adults and children and young people.</li> <li>• GPs are handling large and complex case loads of mental health concerns and the need for the MHLDA HCP to consider what services are available, what they are commissioned to do and how we might best integrate services and support to best effect.</li> <li>• HPFT's Primary Care Mental Health services covers, Talking Therapies, Primary Care Mental Health Team and Mental Health Workers (ARRS Funded) as First point of liaison, assessment and support in primary care for people with SMI.</li> <li>• The proposed assessment and delivery approach within HPFT will increasingly involve a multi-disciplinary team to holistically address mental health, social care and physical health needs to improve outcomes for people.</li> <li>• The Care Closer to Home (CCH) framework which had been developed for frailty and the opportunity to overlay mental health transformation and better support for people with learning disabilities onto this framework. This would ensure that all primary care transformation would consider the needs of people with SMI and Learning Disabilities. The MHLDA HCP endorsed this approach and recommended that HWE ICB consider this overlay in approving the overall CCH model.</li> <li>• <b>HWE ICB Guidance</b></li> <li>• HWE ICB's proposed new approach to planning this year will conclude in a 3-year Integrated Delivery Plan (IDP) 25/26 – 27/28 for each Health and Care Partnership.</li> <li>• MHLDA HCP planning discussion will need to focus on the growth of Autism and ADHD diagnostics and its link to wider paediatrics.</li> </ul>
<b>Forward plan:</b>	<ul style="list-style-type: none"> <li>• Board briefing session to focus on SDF funding.</li> <li>• Mental Health Bill - implications of the Bill to discuss potential impact on current practice and resources.</li> </ul>
<b>Date of next meeting</b>	Friday 10 January 2025

## ICB Meeting Notes and Actions

### Patient Engagement Forum (PEF) – 14 January 2024

Signed off by Chair and Lead:	Patient Chair: Alan Bellinger / Michael Watson, Chief of Staff	
	<p><b>Patient representatives</b></p> <p>Michael Carn (East and North Herts Community Assembly patient representative)</p> <p>Leighton Colegrave (ICB Primary Care Transformation Group Citizen representative, East and North Herts)</p> <p>Alan Bellinger- patient Chair (ICB Buddy Scheme patient representative)</p> <p>Justin Jewitt (Patient Safety Partners and Quality Committee patient representative)</p> <p>Andrew Smith – Herts service user representative, Viewpoint</p> <p>Helen Clothier, Patient representative South and West Herts</p> <p>Paul Campion, Quality patient group</p> <p>Marianne Hiley (Citizen representative on ICB Primary Care Transformation Group, South and West Herts)</p> <p>Nishall Garala – patient and community representative West Essex</p> <p>Mark Hill (SWH patient volunteer)</p> <p>Peter Wilson (ENH patient volunteer)</p> <p>Neela Hibbert (West Essex patient representative)</p> <p>Kevin Minier (SWHerts Co-production Board representative)</p> <p>Leigh Hutchins (WHTH patient panel)</p> <p>Claire Uwins (ENH patient representative)</p> <p>Rajwant Kaur Singh West Essex patient representative)</p> <p>Martin Norman (ENH patient representative)</p>	<p><b>Herts and West Essex Integrated Care Board staff</b></p> <p>Michael Watson (Chief of Staff)</p> <p>Lauren Oldershaw (Senior Communications and Engagement Officer)</p> <p>Louise Manders (Deputy Head of Communications and Engagement)</p> <p>Nuala Milbourn (Deputy Chief of Staff, Communications and Engagement)</p> <p>Paul Burstow (ICB Chair)</p> <p>Heather Aylward (Engagement Manager)</p> <p><b>Apologies</b></p> <p>Indra Jones, John Wigley, Jenny Bridger</p>

**Key items  
discussed:  
(From agenda)**

Main focus: discussions with Paul Burstow, ICB chair.

Paul thanked PEF members for their valuable contribution, particularly mentioning:

- Working with the ICB's pharmacy team on a project to increase the number of medicine reviews being taken up by patients over 65 and taking 8 or more medicines.
- Volunteering to have blood pressure reading training to offer this in networks and communities, supporting the ICB's hypertension (high blood pressure) identification work, which is a priority identified in the ICB's medium term plan.
- Helping to design and test the new ICS website.
- Supporting the development of GP practice patient groups (PPGs) and producing a 'toolkit' of information to support this.
- Helping to generate over 1000 responses to a recent frailty survey by using community networks.

Members were reminded that the PEF is an advisory and steering group directly accountable to the ICB Board and at its inaugural meeting it was agreed PEF would:

- Inform the Board's work to ensure that patient needs, views and experiences are at the centre of decision making.
- Provide assurance to the Board that there is meaningful involvement and participation in ICB projects.

Paul reinforced a collaborative approach and not a performance management or scrutinising one and suggested including a Board Non-Executive Member as a PEF members, in line with original plans in the People and Communities Framework. This would help the Forum to connect with the Board in a regular collaborative setting.

The Patient Engagement Report to the ICB Board was discussed and how that can be developed as a tool for the Board to better engage with PEF.

The meeting also discussed the relationship and overlap with the Quality Patient Group and more work is needed on this to clarify and delineate the roles and responsibilities of the two groups, both of which are currently their reviewing terms of reference. The PEF's role in posing patient questions to the Board was also discussed.

ICB engagement updates included the Youth Council, Mount Vernon Cancer Centre and the NHS 10 year plan: Workshop in a box engagement session on 28 January which is being run with PEF members.

PEF members update:

- Medicines project,
- Quality committee
- Project to reduce the number of patients who do not attend their GP appointments
- PEF volunteers on
  - Frailty
  - Planned Care

	<ul style="list-style-type: none"> <li>• Urgent and Emergency Care</li> <li>• Follow-up work on the introduction of a new musculoskeletal service</li> <li>• Patient participation group networks task and finish group</li> <li>• Communications group</li> </ul>
<b>Agreed Actions:</b>	<ol style="list-style-type: none"> <li>1. Identify a Non-Executive Member of the ICB Board to join the PEF</li> <li>2. Develop the Patient Engagement Forum report to the board for the ICB to better engage with the PEF</li> <li>3. PEF to review their terms of reference, clarifying role and responsibilities – taking into account the same work being undertaken by the Quality Patient Group</li> </ol>
<b>Items for escalation / Committees / Board to note:</b>	The Board to note the discussions and actions.
<b>Date and time of next meeting:</b>	<p>Next meeting:</p> <p>Face to face at The Forum on 10 February 10-2pm to discuss and agree PEF terms of reference</p>